

# Safety Officer Incident Check List

**Incident Type:** Barricade  EOD Incident  CIB Incident  Fire Incident  Other

**Explain Other:** \_\_\_\_\_

**Safety Officer (s)** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_

**Incident Location:** \_\_\_\_\_

**Incident Commander:** \_\_\_\_\_ **Scene Supervisor (s):** \_\_\_\_\_

**Specialty Supervisors:** \_\_\_\_\_

**Temperature** \_\_\_\_\_ **F** **Humidity** \_\_\_\_\_ **% Wind Speed/direction** \_\_\_\_\_

**Weather concerns:** Extreme Heat  Extreme Cold  Snow  Rain

**Scene Accountability:** YES  NO  NONE

If None explain \_\_\_\_\_

**Resources:** Medic Units  PD or FD Canteen  FD Support – (Consult with Incident Commander)

Other: \_\_\_\_\_

**Terrain concerns and Accessibility:** \_\_\_\_\_

**Traffic Control conducted by:** \_\_\_\_\_

**Traffic Concerns:** \_\_\_\_\_

**Perimeter Locations:** \_\_\_\_\_

**PPE needed:** YES  NO

If Yes, What is recommended PPE \_\_\_\_\_

**Air Quality Check:**

(By who and what was the AQ) NOTE DATE and TIME \_\_\_\_\_

Decontamination set up? YES  NO

If Yes, Where and by whom: \_\_\_\_\_

**Work Rest Times:**

**Other Safety Concerns:** Rotations  Hydration  Nutrition  Scene Security  Other

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_