

ISO Incident Summary

MABAS 1
Incident Safety Officer-Post Incident Evaluation

Incident Date: _____ Time: _____ Location: _____

Agency: _____ Alarm Level: _____ Incident Type: _____

| Incident Commander | Operations | PRIMARY ISO ADDITIONAL ISO | RIT RIT Officer | Fire Inv. | Other |
|--------------------|------------|-------------------------------|--------------------|-----------|-------|
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Describe incident scene upon arrival and assumption of ISO duties:

Identify any *immediate actions* that were taken for conditions or situations that were life threatening:

Identify any observations made or actions taken for situations that required intervention on behalf of the I/C or other officers for *potentially hazardous* situations:

In general, describe any safety concerns that should be addressed at the local level at this incident:

Operational Review

| Safety Analysis (add comments to page 3) | |
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| <i>Incident Operations</i> | <p><u>COMMUNICATIONS</u></p> <p><input type="checkbox"/> Companies on ASSIGNED FIREGROUND</p> <p><input type="checkbox"/> Command monitoring IFERN & other</p> <p><input type="checkbox"/> Box alarm report to Division 1 with progress reports as needed</p> <p><input type="checkbox"/> Control of communications maintained</p> <p><input type="checkbox"/> Companies operating on correct freq.</p> <p><input type="checkbox"/></p> |
| | <p><u>GENERAL SAFETY</u></p> <p><input type="checkbox"/> 2 EMS Units on scene and available</p> <p><input type="checkbox"/> Accountability system used</p> <p><input type="checkbox"/> Incident action plan established</p> <p><input type="checkbox"/> Risk / Benefit evaluation</p> <p><input type="checkbox"/> Traffic control established</p> <p><input type="checkbox"/> Scene hazards mitigated</p> <p><input type="checkbox"/> Rehab established</p> <p><input type="checkbox"/></p> |

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| <p><u>COMMAND STRUCTURE/IMS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Strategy identified and communicated <input type="checkbox"/> Span of control appropriate <input type="checkbox"/> Divisions/Groups/Branches established <input type="checkbox"/> STAGING officer assigned <input type="checkbox"/> Updating of incident action plan <input type="checkbox"/> Forecasting of events <input type="checkbox"/> Resources ahead of needs <input type="checkbox"/> SSO established | <p><u>RIT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> RIT equipped and in-place (SOG #420) <input type="checkbox"/> RIT completed size-up <input type="checkbox"/> Incident briefing completed with ISO/OPS <input type="checkbox"/> RIT Officer Assigned and in-place <input type="checkbox"/> RIT took pro-active approach to assignment <input type="checkbox"/> RIT Assist teams available <input type="checkbox"/> |
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| Scene Evaluation | Fire Operations (add comments or observations to page 3) | |
| | <input type="checkbox"/> Adequate manpower for all assignments | <input type="checkbox"/> Collapse zone(s) established |
| | <input type="checkbox"/> Water supply established / adequate | <input type="checkbox"/> Master stream safety |
| | <input type="checkbox"/> Back-up lines in place and manned | <input type="checkbox"/> Ground ladders positioned/secured |
| | <input type="checkbox"/> Utilities controlled | <input type="checkbox"/> Aerial ladders positioned |
| | <input type="checkbox"/> Exposures covered & checked | <input type="checkbox"/> Ventilation operations |
| | <input type="checkbox"/> Building construction evaluation | <input type="checkbox"/> Air monitoring |
| | <input type="checkbox"/> PAR as required | <input type="checkbox"/> Incident termination activities |

Notes:

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Incident Sketch (if applicable)

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|---|---------------------|-------------|
| | | |
| ISO Incident Review Performed By | Submitted To | Date |