

TEAM LOGO

2023 Safety Officer Position Duty Worksheet

Incident Name:

Name

Date

INITIAL REQUIREMENTS (Resource Order Received/IMT Mobilization Call) <ul style="list-style-type: none"> <input type="checkbox"/> IWI Plan (Draft reviewed by IC prior to taking command) <input type="checkbox"/> IWI IMT contact list and contact process (Text/WhatsApp/GroupMe) <input type="checkbox"/> Snag Hazard/Medical Evac times/ Potential Control/Suppression Difficulty (RMA Dashboard) <input type="checkbox"/> Preorder for additional Safety Officers <input type="checkbox"/> Contact List for SOFs 	
INBRIEFING (Emerging Incident) <ul style="list-style-type: none"> <input type="checkbox"/> Agency Contacts/Notification Protocol for Accidents/Injuries/Illness <input type="checkbox"/> Hospital Liaison List/Plan <input type="checkbox"/> Known Hazards (unique to unit) <input type="checkbox"/> Local Medical Response Capabilities/Challenges <input type="checkbox"/> Infectious Disease Plan <input type="checkbox"/> Safety Challenges <input type="checkbox"/> Safety Concerns 	TRANSITION IN BRIEFING (From Existing Team) <ul style="list-style-type: none"> <input type="checkbox"/> Agency Contacts/Notification Protocol for Accidents/Injuries/Illness <input type="checkbox"/> Known Hazards (unique to unit) <input type="checkbox"/> Local Medical Response Capabilities/Challenges <input type="checkbox"/> SRA Products (Summary) <input type="checkbox"/> 215R (Top 10s) <input type="checkbox"/> Trends (Past and Emerging) <input type="checkbox"/> Medical Summary <input type="checkbox"/> Prior inspections <input type="checkbox"/> Investigations/Safecomms/Safenets
DAY 1 <ul style="list-style-type: none"> <input type="checkbox"/> IWI plan validated and signed by IC <input type="checkbox"/> Ensure all functions have completed Pre IWI duties (Comms Unit, MEDL etc) <input type="checkbox"/> Resource Orders for additional SOFs <input type="checkbox"/> Operational Map displayed in safety workspace (labeled with safety officer and medical assignment locations) <input type="checkbox"/> Develop 215R with OSC (Top 1-10 Hazards for operation) 	
<ul style="list-style-type: none"> <input type="checkbox"/> Develop IAP Safety Message (Top 3-5 Hazards from 215R) <input type="checkbox"/> Participate in Values Discussion <input type="checkbox"/> SRA Risk to Responders initiated <input type="checkbox"/> Snag Hazard/Medical Evac/ Potential Control/Suppression Difficulty (RMA Dashboard) <input type="checkbox"/> ICP/Base Camp Emergency / Evacuation Plan (Incident Specific) 	
DAILY DUTIES (Within Camp) <ul style="list-style-type: none"> <input type="checkbox"/> Pre-Brief with Operations (Identify Specific Geographic Hazards) <input type="checkbox"/> Operational Briefing (Top 1-3 Hazards) <input type="checkbox"/> Helibase/Air Ops Briefing <input type="checkbox"/> Safety Officer Briefing (with Assigned Safety Officers) <input type="checkbox"/> Regional Safety Call (if applicable) <input type="checkbox"/> Strategic Risk Assessment (SRA)/StratOps Meeting <input type="checkbox"/> C&G Meeting <input type="checkbox"/> ICP Inspections <input type="checkbox"/> Strategy Meeting <input type="checkbox"/> Tactics Meeting 	
<ul style="list-style-type: none"> <input type="checkbox"/> Develop 215R with OSC (Top 1-10 Hazards for operation) <input type="checkbox"/> Planning Meeting <input type="checkbox"/> Night Operations Briefing (If Applicable) <input type="checkbox"/> 209 Update for recordable injuries/illness (SIT Unit) <input type="checkbox"/> Develop IAP Safety Message (Top 3-5 Hazards from 215R) <input type="checkbox"/> Validate Medical Plan ICS 206 <input type="checkbox"/> Safety Officer Debriefing (with Assigned Safety Officers) <input type="checkbox"/> Documentation of injuries/mishaps/close calls/ near misses 	

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2023 Safety Officer Position Duty Checklist

Incident Name:

Name

Date

DAILY DUTIES (Lead Safety Within Field) <ul style="list-style-type: none"> <input type="checkbox"/> Pre-Brief with Operations (Identify Specific Geographic Hazards) <input type="checkbox"/> Operational Briefing (Top 1-3 Hazards) <input type="checkbox"/> Safety Officer Briefing (with Assigned Safety Officers) <input type="checkbox"/> Helibase/Air Ops Briefing <input type="checkbox"/> Strategic Risk Assessment (SRA)/StratOps Meeting (If Applicable) <input type="checkbox"/> Communicate with Ground Support and Medical Unit for emerging trends <input type="checkbox"/> Field Identification of Operational Hazards and Observations <input type="checkbox"/> 1400 Lead Safety Call (Field Observations) <input type="checkbox"/> Validate (Ground truth) Hazards Identified in 215R <input type="checkbox"/> Safety Officer Debriefing (with Assigned Safety Officers) <input type="checkbox"/> Documentation of injuries/mishaps/close calls/ near misses 	
DAY 1-7 <ul style="list-style-type: none"> <input type="checkbox"/> IWI Scenario for C&G (within first 3days) <input type="checkbox"/> Implement IWI Lessons Learned (If Applicable) <input type="checkbox"/> ICP/Base Camp Emergency/Evacuation Plan (Incident Specific) <input type="checkbox"/> ICP/other Incident Facility Inspections (consider completing Helibase/Air Tanker Base and kitchen inspections twice per incident) <input type="checkbox"/> Review Aviation Crash/Rescue Plan 	DAY 7-14 <ul style="list-style-type: none"> <input type="checkbox"/> ICP/other Incident Facility Inspections (dependent on complexity) <input type="checkbox"/> Taskbooks/Performance Evaluations <input type="checkbox"/> Demob Plan meets Agency requirements <input type="checkbox"/> Check for Safecom/Safenets
TRANSITION OUT BRIEFNG (To New Incoming Team) <ul style="list-style-type: none"> <input type="checkbox"/> Agency Contacts/Notification Protocol for Accidents/Injuries/Illness <input type="checkbox"/> Known Hazards (unique to unit) <input type="checkbox"/> Local Medical Response Capabilities/Challenges <input type="checkbox"/> Transition Document <input type="checkbox"/> SRA Products (Summary) <input type="checkbox"/> 215R (Top 10s) <input type="checkbox"/> Trends (Past and Emerging) <input type="checkbox"/> Medical Summary <input type="checkbox"/> Prior inspections <input type="checkbox"/> Investigations/Safecom/Safenets 	
CLOSING OUT INCIDENT (Transition to Incoming Team / Back to Home Unit) <ul style="list-style-type: none"> <input type="checkbox"/> Transition Document <input type="checkbox"/> Executive Narrative (Safety Summary) <input type="checkbox"/> Close out Meeting <input type="checkbox"/> Incident Management Team AAR <input type="checkbox"/> Taskbooks/Performance Evaluations 	