

SAFETY PLAN	TASK #	DATE PREPARED: TIME PREPARED:
FOR OPERATIONAL PERIOD #	TASK NAME:	PREPARED BY (LOGISTICS):

IDENTIFIED HAZARD #	HAZARD NAME:
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DESCRIPTION:

PRECAUTIONS:

SPECIAL INSTRUCTIONS:

SAFETY EQUIPMENT REQUIRED

ITEM DESCRIPTION	U	ITEM DESCRIPTION	U	ITEM DESCRIPTION	U
CLIMBING HELMET		CLIMBING ROPE(S)		AVALANCHE BEACON	
WORK GLOVES		EDGE ROPES			
LATEX GLOVES		SIT HARNESS			
GOGGLES		CHEST HARNESS			
PARTICLE MASK		FULL-BODY HARNESS			
WHITewater HELMET		PFD			
WHITewater PFD		FLOATER SUIT			

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