

Fire Investigation Safety Plan

Case # _____ Date _____ Address _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is this scene safe to proceed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have completed a 360 degree survey of the exterior of the structure. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The utilities have been secured. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Physical hazards. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Structural stability. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Electrical hazards. (LOTO) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Air Monitoring in place | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Chemical Hazards | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Weather hazards. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Biological hazards. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Mechanical hazards. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Radiological Hazards | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Other Hazards. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Insufficient light hazard. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is law enforcement needed | <input type="checkbox"/> | <input type="checkbox"/> |

What hazards have been identified? _____

Should I proceed with this investigation. Is this scene reasonably safe? Yes No

Should I delay this investigation. Do I need more help or equipment? Yes No

Hazard mitigation efforts. _____

PPE needed for this investigation.

Latex or similar gloves , hard hat , turnout coat , turnout pants , protective gloves , safety boots , safety glasses , dust mask , respirator , SCBA .

Conduct safety briefing. Yes No

Investigators Signature _____

Reevaluate this plan periodically throughout the investigation as needed.