

S A F E N E T

“a ground safecom program”

Purpose:

The SAFENET has three primary purposes: (1) to provide immediate reporting and correction of unsafe situations or close calls in wildland fire; (2) to provide a means of sharing safety information throughout the fire community; and (3) to provide long-term data that will assist in identifying trends.

SAFENET Submission:

1. **Anyone** may initiate a SAFENET for the purpose of reporting an unsafe condition, unsafe procedure, or near hit. In order for the SAFENET originator to receive notification of corrective action the originator's name should be included on the form. However, it is important to know that SAFENET **may** be submitted anonymously in accordance with 29 CFR 1960.
2. In order to ensure the most immediate corrective action, SAFENET **should** be submitted to **one** of the following, in the order shown: (1) the supervisor; (2) local fire management officer; (3) fireline safety officer; (4) incident commander; (5) agency administrator. Since the primary purpose of SAFENET is to initiate corrective action, the desired reporting is to the immediate supervisor who can most effectively and quickly take corrective action. However, the originator has the right (under 29 CFR 1960) to submit SAFENET to any level of the organization.

SAFENET Review:

Step 1. Anyone receiving a SAFENET is responsible for initiating action to correct the unsafe situation. Normally, this corrective action can most effectively be taken by the supervisor or the incident management team. In some cases it may be necessary for the local fire management officer or agency administrator to take corrective action. In some unusual cases, it may be necessary for the action to be taken at the state/regional or national level.

Step 2. The individual taking corrective action must document that action on the SAFENET. The reviewer will then contact the SAFENET originator (if a name has been provided) to notify that corrective action has been taken. That notification will also be documented on the SAFENET.

Step 3. Once the corrective action has been taken and the originator notified, the agency administrator will be notified through the local safety manager or fire management officer. Following review by the agency administrator, the SAFENET will be forwarded to the state/regional fire management officer (within 7 days).

Step 4. The state/regional fire management officer is responsible for any necessary follow up on corrective actions and dissemination of information to other fire program managers across the five federal wildland agencies. The state/regional fire management officer will make copies of the SAFENET for own files and send a copy to the state/regional safety manager.

Step 5. The original SAFENET will be submitted to **SAFENET, P.O. Box 16645, Boise, ID 83715-6645**.

<h1 style="margin: 0;">SAFENET</h1> <p style="margin: 0;">Wildland Fire Safety & Health Network</p> <p style="margin: 0;">Report unsafe situations in wildland and prescribed fire operations.</p>	
<p>The purpose of SAFENET is:</p> <p>(1) to provide immediate reporting and correction of unsafe situations or close calls in wildland fire;</p> <p>(2) to provide a means of sharing safety information throughout the fire community;</p> <p>(3) to provide long-term data that will assist in identifying trends.</p> <p><i>Submitting a SAFENET is not a substitute for on-the-spot correction(s).</i></p>	
<p>When filing a SAFENET:</p> <p>You are encouraged to submit it to your supervisor for immediate corrective action;</p> <p>You have the option to submitting SAFENET to any level of the organization (local FMO, fire safety officer, incident commander, agency administrator) for corrective action;</p> <p>If you submit SAFENET directly to the national center electronically, you are encouraged to provide a copy to your supervisor;</p> <p>You have the right to report unsafe conditions anonymously, in accordance with 29 CFR 1960.</p>	
<p>Reported by: Name (optional) _____ Phone _____</p> <p style="margin-left: 100px;">Agency/Organization _____ Date Reported _____</p>	
△ EVENT	
<p>Date _____ Local Time _____</p> <p>Incident Name & Number _____</p> <p>State _____ Jurisdiction/Local Unit _____</p> <p>Incident Type: <input type="checkbox"/> Wildland <input type="checkbox"/> Prescribed <input type="checkbox"/> Wildland Fire for Resource Benefits <input type="checkbox"/> All Risk <input type="checkbox"/> Training</p> <p>Activity: <input type="checkbox"/> Fireline <input type="checkbox"/> Support <input type="checkbox"/> Transport to/from <input type="checkbox"/> _____ <input type="checkbox"/> _____</p> <p>Stage of Incident: <input type="checkbox"/> Initial Attack <input type="checkbox"/> Extended attack <input type="checkbox"/> Transition/Transfer of Command <input type="checkbox"/> Mop Up <input type="checkbox"/> Demob</p> <p>Position title _____ <small>(Firefighter, division supervisor, facilities unit leader, etc.)</small></p> <p>Task _____ <small>(Line construction, structure protection, camp activities, etc.)</small></p> <p>Management Level _____ <small>(Type 5, 4, 3, 2, 1)</small></p> <p>Resources involved _____ <small>(Crew equipment, overhead, etc.)</small></p>	
△ SAFETY/HEALTH ISSUE	
<p>Brief description of concern/condition or potential issue:</p> 	
△ CONTRIBUTING FACTORS	
<p><input type="checkbox"/> Fire behavior <input type="checkbox"/> Equipment <input type="checkbox"/> Communications <input type="checkbox"/> Situation Awareness</p> <p><input type="checkbox"/> Fatigue <input type="checkbox"/> Environmental <input type="checkbox"/> Performance <input type="checkbox"/> Other Human Factors <input type="checkbox"/> Other</p>	

△ ENVIRONMENT
Describe: (weather, fire behavior, fuels, terrain, footing, road condition, etc.)
△ NARRATIVE
Describe in detail what happened and the resulting safety/health issues:
△ SITUATION REVIEW
Reporting Individual: please list anything that, if changed, would prevent this safety issue in the future:
△ CORRECTIVE ACTION TAKEN
What do you suggest to ensure this does not happen again?
Corrective action taken by: _____ Date _____
Originator notified by: _____ Date _____
Filed electronically <input type="checkbox"/> Yes Date _____ Hard copies should be mailed to at www.nifc.gov <input type="checkbox"/> No SAFENET, P.O. Box 16645, Boise, ID 83715-6645
Reviewers: Identify, implement, and document action taken in a timely manner. Imminent danger issues will be addressed immediately. Other safety-related performance issues will be addressed as soon as possible and the final reviewer will notify originator of action taken. SAFENET should be received at the state/regional level within seven days of completion, and at the national office within 30 days.
Reviewer _____ Date _____
Reviewer _____ Date _____

Appendix A

PMS 405-2 (3/00)

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