



Incident Objectives (ICS-202)

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|--|----------|--|-------------------------------------|--------------------------|---------|--|
| 1. INCIDENT NAME | | 2. OPERATIONAL PERIOD | Date From | | Date To | |
| | | | Time From | | Time To | |
| 3. OBJECTIVE(S) | | | | | | |
| | | | | | | |
| | | | | | | |
| 4. OPERATIONAL PERIOD COMMAND EMPHASIS | | | | | | |
| | | | | | | |
| | | | | | | |
| General situational awareness | | | | | | |
| | | | | | | |
| | | | | | | |
| 5. SITE SAFETY PLAN REQUIRED? | | Approved site safety plan(s) located at: | | | | |
| Yes No | | | | | | |
| 6. ATTACHMENTS (check if attached) | | | | | | |
| <input type="checkbox"/> | ICS 203 | <input type="checkbox"/> | ICS 208 | <input type="checkbox"/> | | |
| <input type="checkbox"/> | ICS 204 | <input type="checkbox"/> | Map / Chart | <input type="checkbox"/> | | |
| <input type="checkbox"/> | ICS 205 | <input type="checkbox"/> | Weather Forecast / Tides / Currents | <input type="checkbox"/> | | |
| <input type="checkbox"/> | ICS 205A | <input type="checkbox"/> | Blank ICS 214 | <input type="checkbox"/> | | |
| <input type="checkbox"/> | ICS 206 | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| 7. PREPARED BY | | | | Signature | | |
| Name | | Position/Title | | | | |
| 8. APPROVED BY (Incident Commander) | | Name | | Signature | | |
| | | Date | | | | |