



Incident Objectives (ICS-202)

1. INCIDENT		Name				Number			
2. OPERATIONAL PERIOD		Date From		Time From		Date To		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							