



INCIDENT OBJECTIVES ICS 202

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| 1. INCIDENT/EVENT NAME | 2. OPERATIONAL PERIOD From (Date and Time): To (Date and Time): | | | | | | | | | | | | | | | | | |
| 3. OBJECTIVES FOR THE OPERATIONAL PERIOD | | | | | | | | | | | | | | | | | | |
| 4. OPERATIONAL PERIOD COMMAND EMPHASIS | | | | | | | | | | | | | | | | | | |
| 5. GENERAL SITUATION AWARENESS (WEATHER FORECAST) | | | | | | | | | | | | | | | | | | |
| 6. GENERAL SAFETY MESSAGE | | | | | | | | | | | | | | | | | | |
| 7. SITE SAFETY PLAN REQUIRED? <u> YES </u> <u> NO </u> Location of Approved Site Safety Plan: | | | | | | | | | | | | | | | | | | |
| 8. ATTACHMENTS (CHECK IF ATTACHED) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;">ORGANIZATION LIST - ICS 203</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;">MEDICAL PLAN - ICS 206</td> <td style="width: 25%; text-align: center;">OTHERS:</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">DIV. ASSIGNMENT LISTS - ICS 204</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">SAFETY MESSAGE/ PLAN - ICS 2018</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">COMMUNICATIONS PLAN - ICS 205</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">INCIDENT/EVENT MAP</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> | ORGANIZATION LIST - ICS 203 | <input type="checkbox"/> | MEDICAL PLAN - ICS 206 | OTHERS: | <input type="checkbox"/> | DIV. ASSIGNMENT LISTS - ICS 204 | <input type="checkbox"/> | SAFETY MESSAGE/ PLAN - ICS 2018 | | <input type="checkbox"/> | COMMUNICATIONS PLAN - ICS 205 | <input type="checkbox"/> | INCIDENT/EVENT MAP | |
| <input type="checkbox"/> | ORGANIZATION LIST - ICS 203 | <input type="checkbox"/> | MEDICAL PLAN - ICS 206 | OTHERS: | | | | | | | | | | | | | | |
| <input type="checkbox"/> | DIV. ASSIGNMENT LISTS - ICS 204 | <input type="checkbox"/> | SAFETY MESSAGE/ PLAN - ICS 2018 | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | COMMUNICATIONS PLAN - ICS 205 | <input type="checkbox"/> | INCIDENT/EVENT MAP | | | | | | | | | | | | | | | |
| 9. Prepared by PSC | Name and Signature: | Date Prepared: | Time Prepared: | | | | | | | | | | | | | | | |
| 10. Approved by IC | Name and Signature: | Date Approved: | Time Approved: | | | | | | | | | | | | | | | |