



INCIDENT OBJECTIVES ICS 202

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? ____ YES ____ NO Location of Approved Site Safety Plan:																
8. ATTACHMENTS (CHECK IF ATTACHED) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 35%;">ORGANIZATION LIST - ICS 203</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 35%;">MEDICAL PLAN - ICS 206</td> <td style="width: 10%; vertical-align: top;">OTHERS:</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>DIV. ASSIGNMENT LISTS - ICS 204</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>SAFETY MESSAGE/ PLAN - ICS 2018</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>COMMUNICATIONS PLAN - ICS 205</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>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	
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9. Prepared by PSC	Name and Signature:	Date Prepared:	Time Prepared:													
10. Approved by IC	Name and Signature:	Date Approved:	Time Approved:													

