



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? <u>YES</u> <u>NO</u> <p>Location of Approved Site Safety Plan:</p>																		
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	
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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:															

