

INCIDENT OBJECTIVES (ICS 202)

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? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at:		
6. Incident Action Plan (the items checked below are included in this Incident Action Plan):		
<input type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A <input type="checkbox"/> ICS 206	<input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 208 <input type="checkbox"/> ICS 215A <input type="checkbox"/> Weather Forecast/Tides/Currents <input type="checkbox"/> ICS 206K9	Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
8. Approved by Incident Commander: Name: _____ Signature: _____		
ICS 202	IAP Page _____	Date/Time: _____