

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: <div style="display: flex; justify-content: space-between;"> <div> Date From: _____ Time From: _____ </div> <div> Date To: _____ Time To: _____ </div> </div>
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): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between;"> <div> <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 </div> <div> <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/> Weather Forecast/Tides/Currents </div> </div> </div> <div style="width: 50%;"> Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div> </div>	
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____	
8. Approved by Incident Commander: Name: _____ Signature: _____	
ICS 202	IAP Page _____ Date/Time: _____