

## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b>	Date From: _____ Date To: _____ Time From: _____ Time To: _____
<b>3. Objective(s):</b>		
<b>4. Operational Period Command Emphasis:</b>		
General Situational Awareness		
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>		
<b>6. Incident Action Plan</b> (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	<b>Other Attachments:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____		
<b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____		
ICS 202	IAP Page _____	Date/Time: _____