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|---|--|--------------------------------|
| 1. Incident Name  | 2. Operational Period (Date/Time)<br>From: _____ To: _____ | INCIDENT OBJECTIVES<br>ICS 202 |
| 3. Objective(s)   |  |                                |
| 4. Operational Period Command Emphasis (Safety Message, Priorities, Key Decisions/Directions)           |  |                                |
| Approved Site Safety Plan Located at:<br>5. Prepared by: (Planning Section Chief) _____ Date/Time _____ |  |                                |