

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	Date From: Date Time From: HHMM	Date To: Date Time To: HHMM
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 207	<u>Other Attachments:</u>	
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/>	_____
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/>	_____
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/>	_____
<input type="checkbox"/> ICS 206		<input type="checkbox"/>	_____
7. Prepared by:	Name: _____	Position/Title: _____	Signature: _____
8. Approved by Incident Commander:	Name: _____	Signature: _____	
ICS 202	IAP Page	Date/Time: Date	