### INCIDENT OBJECTIVES (ICS 202)

**1. Incident Name:**

**2. Operational Period:**
- Date From: 
- Date To: 
- Time From: HHMM
- Time To: HHMM

**3. Objective(s):**

**4. Operational Period Command Emphasis:**
- General Situational Awareness

**5. Site Safety Plan Required?**
- Yes ☐ No ☐
- Approved Site Safety Plan(s) Located at: ______________________________

**6. Incident Action Plan** (the items checked below are included in this Incident Action Plan):
- ICS 203 ☐ ICS 207 ☐
- ICS 204 ☐ ICS 208 ☐
- ICS 205 ☐ Map/Chart ☐
- ICS 205A ☐ Weather Forecast/Tides/Currents ☐
- ICS 206 ☐
- Other Attachments:
  - ______________________________
  - ______________________________
  - ______________________________
  - ______________________________

**7. Prepared by:**
- Name: 
- Position/Title: 
- Signature: ________________

**8. Approved by Incident Commander:**
- Name: 
- Signature: ______________________

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