

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD  
**CRITICAL INFORMATION REQUIREMENTS (ICS 202B-CG)**

**PRIVACY NOTICE**

**AUTHORITY:** USCG is authorized to collect the information pursuant to Emergency Management Manual, Volume IV: Incident Management and Crisis Response, COMDTINST M3010.24; Management of Domestic Incidents, Homeland Security Presidential Directive-5 (HSPD-5); National Preparedness, Presidential Policy Directive-8 (PPD-8); U.S. Coast Guard Emergency Management Manual, Volume I: Emergency Management Planning Policy, COMDTINST M3010.11; 40 C.F.R. § 300.125(a)(b); 14 U.S.C. § 504; Commandant, general powers.

**PURPOSE:** USCG collects the information to provide strategic direction for managing incident responses and organize the priorities of the incident response.

**ROUTINE USES:** USCG will use this information to assist the Coast Guard and other agencies in all facets of emergency and incident management to prioritize and gauge the effectiveness of response actions. Information from this form may be disclosed externally as a "routine use" pursuant to DHS/USCG/PIA-008 Marine Information for Safety and Law Enforcement (MISLE).

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. In order to assist with maintaining confidentiality respondents are advised not to disclose any additional personally identifiable information (PII) in their free-form responses.

**GENERAL INSTRUCTIONS**

**Purpose.** The Critical Information Requirements form (ICS 202B-CG) supplements the ICS 202-CG form by documenting the Critical Information Requirements for the next operational period.

**Preparation.** The ICS 202B-CG is completed by the Planning Section following each Unified Command Objectives Meeting conducted (input may be made during the Initial Unified Command Meeting) and supports the Command Direction for the Command and General Staff meeting and when preparing the Incident Action Plan.

**Distribution.** The ICS 202B-CG may be included with the Incident Action Plan (IAP) and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Description
1.	Incident Name	Enter the name assigned to the incident.
2.	Incident Location	Enter the location of the incident / City and State or Country if applicable.
3.	Operational Period	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4.	Critical Information Requirements	Enter clear concise statements of strategic direction for managing the response. These priorities are for the incident response for this operational period and the duration of the incident. Priorities are listed in order of importance.  Clearly identify which items are immediately reportable to Command.
5.	Prepared by <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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1. Incident Name:

2. Incident Location:

3. Operational Period (Date/Time):

From:

To:

4. Critical Information Requirements:

5. Prepared by:

Name:

Position Title:

Signature:

Date/Time: