

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____												
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): <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> ICS 202</td><td><input type="checkbox"/> ICS 206</td><td rowspan="5" style="vertical-align: top;"><u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td></tr></table>			<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents
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7. Prepared by: Name: _____ Position/Title: _____ Signature: _____													
8. Approved by Incident Commander: Name: _____ Signature: _____													
ICS 202	IAP Page _____	Date/Time: _____											