

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: 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 border="0"><tr><td><input type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td><td rowspan="5"><u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</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 Forcast/Tides/Currents</td></tr><tr><td><input type="checkbox"/> ICS 206</td><td></td></tr></table>			<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<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 Forcast/Tides/Currents	<input type="checkbox"/> ICS 206	
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____											
<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 Forcast/Tides/Currents												
<input type="checkbox"/> ICS 206													
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____													
8. Approved by Incident Commander: Name: _____ Signature: _____													
ICS 202	IAP Page _____	Date/Time: _____											