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 ☐ No ☐

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan)**:**

☐ ICS 202	☐ ICS 206	Other Attachments:
☐ ICS 203	☐ ICS 207	☐ _____
☐ ICS 204	☐ ICS 208	☐ _____
☐ ICS 205	☐ Map/Chart	☐ _____
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐ _____

7. Prepared by: Name: _____ Position/Title: _____ Signature: _____

8. Approved by Incident Commander: Name: _____ Signature: _____

ICS 202	**IAP Page _____**	Date/Time: _____