Incident Objectives (ICS-202)

1) Incident Name:	**2) Operational Period:** Date From: Date To: Time From: Time To:

3) Objectives:

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 the Incident Action Plan)

☐ ICS 203	☐ ICS 207	Other Attachments
☐ ICS 204	☐ ICS 208	☐ _____
☐ ICS205	☐ Map/Chart	☐ _____
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐ _____
☐ ICS 206		☐ _____

7) Prepared By:

Name: _____ Position/Title: _____

Signature: _____ Date/Time: _____

8) Approved By Incident Commander

Name: _____

Date/Time: _____ Signature: _____