

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):		
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____
7. Prepared by: Name: _____ Position/Title: _____ Signature: <u>Amani Cruz</u>		
8. Approved by Incident Commander: Name: _____ Signature: <u>Pablo McClain</u>		
ICS 202	IAP Page _____	Date/Time: _____