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 203	☐ ICS 208	Other Attachments:
☐ ICS 204	☐ Map/Chart	☐ _____
☐ ICS 205	☐ Weather Forecast/Tides/Currents	☐ _____
☐ ICS 205A	☐ Blank ICS 214	☐ _____
☐ ICS 206		☐ _____

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

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

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