

# INCIDENT OBJECTIVES (ISARC-610 & ICS 202)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____
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**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):

<input type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<u>Other Attachments:</u>
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input type="checkbox"/> _____
<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"/> _____

**7. Prepared by:** Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**8. Approved by Incident Commander:** Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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