

1. Incident Name	2. Operational Period (Date/Time) From:                      To:	INCIDENT OBJECTIVES ICS 202-CG
3. Objective(s)		
4. Operational Period Command Emphasis (Safety Message, Priorities, Key Decisions/Directions)		
<p>Approved Site Safety Plan Located at:</p> <p>5. Prepared by: (Planning Section Chief) <span style="float: right;">Date/Time</span></p>		

## INCIDENT OBJECTIVES (ICS 202-CG)

**Purpose.** The Incident Objectives form describes the basic incident strategy, control objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

**Preparation.** The Incident Objectives form is completed by the Planning Section following each Command and General Staff Meeting conducted in preparing the Incident Action Plan.

**Distribution.** The Incident Objectives form will be reproduced with the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Objective(s)	Enter clear, concise statements of the objectives for managing the response. These objectives are for the incident response for this operational period and for the duration of the incident. Include alternatives.
4.	Operational Period Command Emphasis	Enter clear, concise statements for safety message, priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If available, a safety message should be referenced and attached. At the bottom of this box, enter the location where approved Site Safety Plan is available for review.
5.	Site Safety Plan Prepared By Date/Time	Note location of the approved Site Safety Plan. Enter the name of the Planning Section Chief completing the form. Enter date (month, day, year) and time prepared (24-hour clock).

NOTE: ICS 202-CG, Incident Objectives, serves as part of the Incident Action Plan (IAP)