

1. Incident Name	2. Operational Period (Date / Time) From: _____ To: _____	INCIDENT OBJECTIVES ICS 202-OS
3. Overall Incident Objective(s)		
4. Objectives for specified Operational Period		
5. Safety Message for specified Operational Period		
Approved Site Safety Plan Located at:		
6. Weather See Attached Weather Sheet		
7. Tides / Currents See Attached Tide / Current Data		
8. Time of Sunrise Time of Sunset		
9. Attachments (mark "X" if attached)		
<input type="checkbox"/> Organization List (ICS 203-OS)	<input type="checkbox"/> Medical Plan (ICS 206-OS)	<input type="checkbox"/> Resource at Risk Summary (ICS 232-OS)
<input type="checkbox"/> Assignment List (ICS 204-OS)	<input type="checkbox"/> Incident Map(s)	<input type="checkbox"/> _____
<input type="checkbox"/> Communications List (ICS 205-OS)	<input type="checkbox"/> Traffic Plan	<input type="checkbox"/> _____
10. Prepared by: (Planning Section Chief)		Date / Time
INCIDENT OBJECTIVES		June 2000 ICS 202-OS

INCIDENT OBJECTIVES (ICS FORM 202-OS)

Purpose. The Incident Objectives form describes the basic incident strategy, control objectives, and provides weather, tide and current information, and safety considerations for use during the next operational period. The Attachments list at the bottom of the form also serves as a table of contents for the Incident Action Plan.

Preparation. The Incident Objectives form is completed by the Planning Section following each formal Planning 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.

Item #	Item Title	Instructions
		NOTE: ICS form 202-OS, Incident Objectives, serves as part of the Incident Action Plan (IAP) (not complete until attachments are included).
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.	Overall Incident Objective(s)	Enter clear, concise statements of the objectives for managing the response. These objectives usually apply for the duration of the incident.
4.	Objectives for specified Operational Period	Enter short, clear, concise statements of the objectives for the incident response for this operational period. Include alternatives.
5.	Safety Message for the specified Operational Period	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.
6.	Weather	Attach a sheet with the observed and predicted weather.
7.	Tides/Currents	Attach a sheet with the predicted tide and current information for the specified operational period.
8.	Sunrise/Sunset	Enter predicted times for sunrise and/or sunset (local time, 24-hour clock) during the specified operational period.
9.	Attachments	Mark an "X" in boxes for forms attached to the IAP.
10.	Prepared By	Enter the name of the Planning Section Chief completing the form.
	Date/Time	Enter the Date (month, day, year) and Time (24-hour clock) the form was prepared.