| **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 207 Other Attachments:⬜ ICS 204 ⬜ ICS 208 ⬜ ⬜ ICS 205 ⬜ Map/Chart ⬜ ⬜ ICS 205A ⬜ Weather Forcast/Tides/Currents ⬜ ⬜ ICS 206 ⬜  |
| **7. Prepared by:** Name: Position/Title: Signature:  |
| **8. Approved by Incident Commander:** Name: Signature:  |
| **ICS 202** | **IAP Page \_\_\_\_\_** | Date/Time:  |