| **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: | |