

## INCIDENT OBJECTIVES (D 202)

|   |  |                                |                                |                                |                           |                                |                                |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
|---|--|--------------------------------|--------------------------------|--------------------------------|---------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------------------|------------------------------------|--------------------------------|-----------------------------------|--|--------------------------------|----------------------------------|--|--------------------------------|
| <b>1. Incident Name:</b>  | <b>2. Operational Period:</b> Date From: _____ Date To: _____<br>Time From: _____ Time To: _____ |                                |                                |                                |                           |                                |                                |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>3. Objective(s):</b>   |  |                                |                                |                                |                           |                                |                                |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>4. Operational Period Emphasis:</b>  |  |                                |                                |                                |                           |                                |                                |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| General Situational Awareness   |  |                                |                                |                                |                           |                                |                                |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located at:</b>  |  |                                |                                |                                |                           |                                |                                |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> D 203</td> <td><input type="checkbox"/> D 207</td> <td style="vertical-align: top;"><u>Other Attachments:</u></td> </tr> <tr> <td><input type="checkbox"/> D 204</td> <td><input type="checkbox"/> D 208</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table> |  |                                | <input type="checkbox"/> D 203 | <input type="checkbox"/> D 207 | <u>Other Attachments:</u> | <input type="checkbox"/> D 204 | <input type="checkbox"/> D 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"/> _____ | <input type="checkbox"/> ICS 206 |  | <input type="checkbox"/> _____ |
| <input type="checkbox"/> D 203  | <input type="checkbox"/> D 207   | <u>Other Attachments:</u>      |                                |                                |                           |                                |                                |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <input type="checkbox"/> D 204  | <input type="checkbox"/> D 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"/> _____ |                                |                                |                           |                                |                                |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <input type="checkbox"/> ICS 206  |  | <input type="checkbox"/> _____ |                                |                                |                           |                                |                                |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____   |  |                                |                                |                                |                           |                                |                                |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| <b>8. Approved by Emergency Manager and Department Representatives</b>  |  |                                |                                |                                |                           |                                |                                |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |
| D 202   | IAP Page _____   | Date/Time: _____               |                                |                                |                           |                                |                                |                                |                                  |                                    |                                |                                   |  |                                |                                  |  |                                |

## D 202

### Incident Objectives

**Purpose.** The Incident Objectives (D 202) describes the basic incident strategy, incident objectives, priorities, and safety considerations for use during the next operational period.

**Preparation.** The D 202 is completed by the Emergency Manager following the Objectives Meeting. The objectives should be approved by the Emergency Manager and Department Representatives.

**Distribution.** The D 202 should be reproduced and included with the IAP and may be part of the IAP/EAP.

#### Notes:

- The D 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank D 202 and repaginate as needed.

| Block Number | Block Title   | Instructions  |
|--------------|---|---|
| 1            | <b>Incident Name</b>  | Enter the name assigned to the incident. If needed, an incident number can be added.  |
| 2            | <b>Operational Period</b> <ul style="list-style-type: none"><li>• Date and Time From</li><li>• Date and Time To</li></ul> | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.  |
| 3            | <b>Objective(s)</b>   | Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.<br><br>Objectives should follow the SMART model or a similar approach:<br><b>S</b> pecific – Is the wording precise and unambiguous?<br><b>M</b> easurable – How will achievements be measured?<br><b>A</b> ction-oriented – Is an action verb used to describe expected accomplishments?<br><b>R</b> ealistic – Is the outcome achievable with given available resources?<br><b>T</b> ime-sensitive – What is the timeframe? |
| 4            | <b>Operational Period Emphasis</b>  | Enter emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize. Examples: Be aware of falling debris, secondary explosions, etc.   |
|              | General Situational Awareness   | General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (D 208).  |
| 5            | <b>Site Safety Plan Required?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                             | Safety Officer should check whether or not a site safety plan is required for this incident.  |
|              | <b>Approved Site Safety Plan(s) Located At</b>  | Enter the location of the approved Site Safety Plan(s).   |

| Block Number | Block Title  | Instructions   |
|--------------|--|--|
| 6            | <p><b>Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):</p> <input type="checkbox"/> D 203<br><input type="checkbox"/> D 204<br><input type="checkbox"/> D 205<br><input type="checkbox"/> ICS 205A<br><input type="checkbox"/> ICS 206<br><input type="checkbox"/> D 207<br><input type="checkbox"/> D 208<br><input type="checkbox"/> Map/Chart<br><input type="checkbox"/> Weather Forecast/<br>Tides/Currents Other<br><p style="text-align: center;">Attachments:</p> | <p>Check appropriate forms and list other relevant documents that are included in the IAP.</p> <input type="checkbox"/> D 203 – Organization Assignment List<br><input type="checkbox"/> D 204 – Assignment List<br><input type="checkbox"/> ICS 205 – Incident Radio Communications Plan<br><input type="checkbox"/> ICS 205A – Communications List<br><input type="checkbox"/> ICS 206 – Medical Plan<br><input type="checkbox"/> D 207 – EOC Organization Chart<br><input type="checkbox"/> D 208 – Safety Message/Plan |
| 7            | <p><b>Prepared by</b></p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> </ul>  | <p>Enter the name, position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).</p>  |
| 8            | <p><b>Approved by Emergency Manager and Department Representatives</b></p> <ul style="list-style-type: none"> <li>• Check box</li> <li>• Date/Time</li> </ul>  | <p>The objectives should be approved by the Emergency Manager and the Department Representatives.</p>  |