NHICS 202 | INCIDENT OBJECTIVES



1. INCIDENT NAME		2. OPERAT	IONAL PERIOD			
	:	DATE:	FROM:	то:		
		TIME:	FROM:	то:		
3. INCIDENT OBJECTIVES						
4. FACTORS TO CONSIDER Considerations in relationship to the objectives and priorities, including weather and situational awareness.						
5. NHICS 215A – INCIDENT ACTION PLAN (IAP) SAFETY ANALYSIS and/ or SITE SAFETY PLAN?						
Approved Site Safety Plan Locations:						
6. PREPARED BY	PRINT NAME:					
	DATE/TIME:		FACILITY:			
7. APPROVED BY	PRINT NAME:		SIGNATURE:			
	DATE/TIME:					

NHICS 202 | INCIDENT OBJECTIVES



INSTRUCTIONS

PURPOSE: Describes the basic incident strategy, incident objectives, command priorities, and safety

considerations for use during the next operational period.

ORIGINATION: Planning Section Chief for each operational period as part of the Incident Action Plan (IAP).

COPIES TO: May be reproduced with the IAP and given to Command Staff, Section Chiefs, and all

supervisory personnel at the Section and Branch level.

NOTES: If additional pages are needed, use a blank NHICS 202 and repaginate as needed.

Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS	
1	Incident Name	Enter the name assigned to the incident.	
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.	
3	Incident Objectives	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.	
4	Factors to Consider	Enter considerations for the operational period, which may include tactical priorities or a general situational awareness for the operational period. It may be a sequence of events or order of events to address. 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 provided by the Safety Officer.	
5	NHICS 215A or Site Safety Plan Required	Safety Officer should check whether or not a Site Safety Plan is required for this incident.	
	Approved Site Safety Plan Locations	Enter the locations of the approved Site Safety Plan.	
6	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.	
7	Approved by	If additional Incident Commander signatures are required, attach a blank page. Enter date (m/d/y), time prepared (24-hour clock), and facility.	