

1. Incident Name:	2. Operational Period (Date / Time) From: _____ To: _____	INCIDENT OBJECTIVES ICS 202-OS
<b>3. Overall Incident Objective(s) – 10 Common Objectives</b>  <input type="checkbox"/> Ensure the safety of the public and response personnel <input type="checkbox"/> Control the source of the spill. <input type="checkbox"/> Manage a coordinated response effort. <input type="checkbox"/> Maximize the protection of environmentally sensitive areas. <input type="checkbox"/> Contain and recover the spilled oil/material. <input type="checkbox"/> Recover and rehabilitate injured wildlife. <input type="checkbox"/> Remove oil from impacted shoreline areas. <input type="checkbox"/> Minimize economic impacts. <input type="checkbox"/> Keep stakeholders informed of response activities. <input type="checkbox"/> Keep the public informed of response activities. <input type="checkbox"/> <input type="checkbox"/>		
<b>4. Objectives for specified Operational Period</b>          		
<b>5 Safety Message for specified Operational Period</b>          		
<b>Approved BCO Site Specific Safety and Health Plan Located at:</b>		
<b>6. Weather – see attached</b>		
<b>7. Tides and currents – see attached</b>		
<b>8. Time of Sunrise: _____ Time of Sunset: _____</b>		
<b>9. Attachments (mark “x” if attached)</b>  <input type="checkbox"/> Organization List (ICS 203) <input type="checkbox"/> Incident Map(s) <input type="checkbox"/> BCO Site Specific Safety and Health Plan <input type="checkbox"/> Assignment List (ICS 204) <input type="checkbox"/> Incident Status Summary (ICS209) <input type="checkbox"/> _____ <input type="checkbox"/> Communications List (ICS 205) <input type="checkbox"/> Resources at Risk Summary <input type="checkbox"/> _____		
<b>Prepared By: (Planning Section Chief)</b>		<b>Date / Time</b>
<b>INCIDENT OBJECTIVES</b>	<b>September 2003</b>	<b>ICS 202-OS</b>

## 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.

