Incident Objectives (ICS 202)

| **1. Incident Name:**  GA ARES SET 2024 | | | **2. Operational Period:** | | | | Date From: 11/9/2024 | | | | Date To: 11/9/2024 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Time From: 0830 | | | | Time To: 1030 |
| **3. Objective(s):** | | | | | | | | | | | |
| - GA ARES operators are responding to requests from various supported agencies including local Emergency Operations Centers, emergency shelters, hospitals, and other oranizations as requested.  - Pass message traffic as request using the appropriate amateur radio allocated frequencies and operating mode for the messages.  - Log all inbound/outbound traffic.  - Plan operations for extended operations if necessary. Schedule operator shifts to ensure that operators receive proper rest and sustenance for effective messaging operations.  - If operator shift changes are required, current operator will fully brief replacement operator on the status of local activity, supported agency contacts, outstanding messages still waiting on responses, and any other critical information.  - Maintain adequate fuel supplies for generator operation where commercial power is not available to prevent interruption in message communications.  - Stage backup equipment if possile.  - Follow all GA ARES Standard Operating Guidelines. | | | | | | | | | | | |
| **4. Operational Period Command Emphasis:** | | | | | | | | | | | |
| 1. Setup required equipment in a safe and efficient manner. 2. Make sure all message traffic is delivered exactly as received from agency personnel. Confirm message content before transmitting if there are questions about the request. 3. Follow all rules and regulations of the supported organization. | | | | | | | | | | | |
| General Situational Awareness | | | | | | | | | | | |
| Maintain awareness of impending severe weather, fire danger, and any other hazards that may be present including unsafe electrical sources and volital gases that may be present because of initial incident and follow-up incidents if occurring. | | | | | | | | | | | |
| **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  ICS 204  ICS 208  ICS 205  Map/Chart  ICS 205A  Weather Forecast/Tides/Currents  ICS 206  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Other Attachments: | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| **7. Prepared by:** | Name: Lee Stone | | | | | Position/Title: Section Emergency Coodinator | | | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **8. Approved by Incident Commander:** | | | | Name: Lee Stone | | | | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **ICS 202** | | **IAP Page 1** | | | Date/Time: 10/22/2024 8:00 AM | | | | | | |

**ICS 202**

**Incident Objectives**

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

**Preparation.** The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

**Distribution.** The ICS 202 may be reproduced with the IAP and may be part of 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.

**Notes:**

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

| **Block Number** | **Block Title** | **Instructions** |
| --- | --- | --- |
| **1** | **Incident Name** | Enter the name assigned to the incident. If needed, an incident number can be added. |
| **2** | **Operational Period**   * Date and Time From * Date and Time To | 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** | **Objective(s)** | 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.  Objectives should follow the SMART model or a similar approach:  **S**pecific – Is the wording precise and unambiguous?  **M**easurable – How will achievements be measured?  **A**ction-oriented – Is an action verb used to describe expected accomplishments?  **R**ealistic – Is the outcome achievable with given available resources?  **T**ime-sensitive – What is the timeframe? |
| **4** | **Operational Period Command Emphasis** | Enter command 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 based on the Incident Commander’s or Unified Command’s direction. 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 (ICS 208). |
| **5** | **Site Safety Plan Required?**  Yes c No c | Safety Officer should check whether or not a site safety plan is required for this incident. |
| **Approved Site Safety Plan(s) Located At** | Enter the location of the approved Site Safety Plan(s). |
| **6** | **Incident Action Plan** (the items checked below are included in this Incident Action Plan):  c ICS 203  c ICS 204  c ICS 205  c ICS 205A  c ICS 206  c ICS 207  c ICS 208  c Map/Chart  c Weather Forecast/ Tides/Currents  Other Attachments: | Check appropriate forms and list other relevant documents that are included in the IAP.  c ICS 203 – Organization Assignment List  c ICS 204 – Assignment List  c ICS 205 – Incident Radio Communications Plan  c ICS 205A – Communications List  c ICS 206 – Medical Plan  c ICS 207 – Incident Organization Chart  c ICS 208 – Safety Message/Plan |
| **7** | **Prepared by**   * Name * Position/Title * Signature | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock). |
| **8** | **Approved by Incident Commander**   * Name * Signature * Date/Time | In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page. |