

**DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
INCIDENT OBJECTIVES (ICS 202-CG)**

PRIVACY NOTICE

AUTHORITY: USCG is authorized to collect the information pursuant to Emergency Management Manual, Volume IV: Incident Management and Crisis Response, COMDTINST M3010.24; Management of Domestic Incidents, Homeland Security Presidential Directive-5 (HSPD-5); National Preparedness, Presidential Policy Directive-8 (PPD-8); U.S. Coast Guard Emergency Management Manual, Volume I: Emergency Management Planning Policy, COMDTINST M3010.11; 40 C.F.R. § 300.125(a)(b); 14 U.S.C. § 504, Commandant; general powers.

PURPOSE: USCG collects the information to describe the basic incident strategy, objectives, command emphasis, priorities, and safety considerations.

ROUTINE USES: USCG will use this information to assist the Coast Guard and other agencies in all facets of emergency and incident management to prioritize and gauge the effectiveness of response actions. Information from this form may be disclosed externally as a "routine use" pursuant to DHS/USCG/PIA-008 Marine Information for Safety and Law Enforcement (MISLE).

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information is voluntary. In order to assist with maintaining confidentiality respondents are advised not to disclose any additional personally identifiable information (PII) in their free-form responses.

GENERAL INSTRUCTIONS

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

Preparation. The ICS 202-CG is completed by the Planning Section following each Command and General Staff Meeting conducted in preparing the Incident Action Plan (IAP).

Distribution. The ICS 202-CG 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.

Note: The ICS 202-CG serves as part of the IAP.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Incident Location	Enter the location of the incident / City and State or Country if applicable.
3.	Operational Period	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.
4.	Objectives	<p>Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives should be listed in priority order. Objectives may be 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.</p> <p>Ensure to denote which Objectives are Operational (O) and which are Management (M) while labeling Operational Objectives with A, B, C, etc. Try to avoid using numbers since each of the objectives are equally important.</p> <p>Objectives should follow the SMART model or a similar approach:</p> <ul style="list-style-type: none"> • Specific – Is the wording precise and unambiguous? • Measurable – How will achievements be measured? • Action-oriented – Is an action verb used to describe expected accomplishments? • Realistic – Is the outcome achievable with given available resources? • Time-sensitive Enter clear, concise statements of the objectives for managing the response. <p>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.</p>
5.	Operational Period Command Emphasis	Enter clear, concise statements for the Safety Message, priorities, and key command emphasis / decisions / direction. 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.
6.	Site Safety Plan Required?	Safety Officer should check whether a site safety plan is required for this incident.
7.	Site Safety Plan located at:	Enter the location where the approved Site Safety Plan is located.
8.	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

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1. Incident Name:

2. Incident Location:

3. Operational Period (Date/Time):

From:

To:

4. Objective(s):

O/M

5. Operational Period Command Emphasis: (Safety Message, Priorities, Key Decisions, Directions)

6. Site Safety Plan Required: Yes ☐ No ☐

7. Site Safety Plan located at:

8. Prepared by:

Name:

Position Title:

Signature:

Date/Time: