TASK FORCE OBJECTIVES (TF 202)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

3. Objective(s):

4. Operational Period Command Emphasis:

General Situational Awareness

5. Site Safety Plan Required? Yes ☐ No ☐

Approved Site Safety Plan(s) Located at:

6. Tactical Action Plan (the items checked below are included in this Tactical Action Plan)**:**

		Other Attachments:
☐ 202	☐ 206	☐ _____
☐ 203	☐ 208	☐ _____
☐ 218	☐ 213	☐ _____
☐ 205	☐ Map/Chart	☐ _____
☐ 205A	☐ Weather Forecast	☐ _____

7. Prepared by: Name: _____ Position/Title: _____ Signature: _____

8. Approved by: Name/Position: _____ Signature: _____

TF 202		Date/Time: _____