

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD (DATE/TIME)			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
7. GENERAL SAFETY MESSAGE			
8. ATTACHMENTS (✓ IF ATTACHED)			
<input type="checkbox"/> ORGANIZATION LIST (ICS 203)	<input type="checkbox"/> MEDICAL PLAN (ICS 206)	<input type="checkbox"/> _____	
<input type="checkbox"/> ASSIGNMENT LIST (ICS 204)	<input type="checkbox"/> INCIDENT MAP	<input type="checkbox"/> _____	
<input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____	
9. PREPARED BY (PLANNING SECTION CHIEF)	10. APPROVED BY (INCIDENT COMMANDER)		

ICS 202