

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD (Date/ Time)			
5. GENERAL OBJECTIVES FOR THE INCIDENT (Include Alternatives)			
5a OBJECTIVES FOR THE Operational Period			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
7. GENERAL/SAFETYMESSAGE			
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 Lists (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"/> _____	
ICS - 202	9. PREPARED BY (Planning Section Chief)	10. APPROVED BY (INCIDENT COMMANDER)	