



ICS Form 202

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE	3. TIME
4. OPERATIONAL PERIOD (Date/Time)			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (Include alternatives)			
6. WEATHER FORECAST			
7. GENERAL SAFETY MESSAGE			
8. ATTACHMENTS (Check 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)		