



Incident Objectives (ICS 202)

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| 1. INCIDENT NAME | | 2. DATE PREPARED | 3. TIME |
| 4. OPERATIONAL PERIOD (Date/Time) | Date From: Time From: | Date To: Time To: | |
| 5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (Include alternatives) | | | |
| 6. WEATHER FORECAST | | | |
| 7. GENERAL SAFETY MESSAGE | | | |
| 8. ATTACHMENTS (Check if attached) | | | |
| Organization List (ICS 203) | Medical Plan (ICS 206) | _____ | |
| Assignment List (ICS 204) | Incident Map | _____ | |
| Communications Plan (ICS 205) | Traffic Plan | _____ | |
| 9. PREPARED BY (Planning Section Chief) | 10. APPROVED BY (Incident Commander) | | |
| SIGNATURE | SIGNATURE | | |