



## Incident Objectives (ICS 202)

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		