

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 FOR OPERATIONAL PERIOD			
7. GENERAL SAFETY MESSAGE			
8. Attachments (<input checked="" type="checkbox"/> if attached)			
<input type="checkbox"/> Organization List (ICS 203)	<input type="checkbox"/> Medical Plan (ICS 206)	<input type="checkbox"/> Weather Forecast _____	
<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)	