

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 (☑ if attached) <table><tr><td><input type="checkbox"/> Organization List (ICS 203)</td><td><input type="checkbox"/> Medical Plan (ICS 206)</td><td><input type="checkbox"/> Weather Forecast</td></tr><tr><td><input type="checkbox"/> Assignment List (ICS 204)</td><td><input type="checkbox"/> Incident Map</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> Communications Plan (ICS 205)</td><td><input type="checkbox"/> Traffic Plan</td><td><input type="checkbox"/></td></tr></table>				<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"/>
<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)										