

## ICS Form 202

<b>INCIDENT OBJECTIVES</b>	<b>1. INCIDENT NAME</b>	<b>2. DATE</b>	<b>3. TIME</b>
<b>4. OPERATIONAL PERIOD (DATE/TIME)</b>			
<b>5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)</b>			
<b>6. WEATHER FORECAST FOR OPERATIONAL PERIOD</b>			
<b>7. GENERAL SAFETY MESSAGE</b>			
<b>8. Attachments (<input checked="" type="checkbox"/> if attached)</b>			
<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"/> _____	
<b>9. PREPARED BY (PLANNING SECTION CHIEF)</b>		<b>10. APPROVED BY (INCIDENT COMMANDER)</b>	