

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED									
4. OPERATIONAL PERIOD (DATE/TIME)												
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)												
8. ATTACHMENTS (✓ IF ATTACHED) <table data-bbox="154 1801 1518 1911"><tr><td><input type="checkbox"/> ORGANIZATION LIST (ICS 203)</td><td><input type="checkbox"/> MEDICAL PLAN (ICS 206)</td><td><input type="checkbox"/> _____</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"/> _____	<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"/> _____
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<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)										