

INCIDENT OBJECTIVES ICS 202	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
	4. OPERATIONAL PERIOD (DATE/TIME)		
5. GENERAL CONTROL OBJECTIVES			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
7. GENERAL/SAFETY MESSAGE			
8. ATTACHMENTS			
<input type="checkbox"/> ORGANIZATIONAL CHART (ICS 203) <input type="checkbox"/> MEDICAL PLAN (ICS 206) <input type="checkbox"/> _____			
<input type="checkbox"/> DIVISION ASSIGNMENT LIST (ICS 204) <input type="checkbox"/> INCIDENT MAP <input type="checkbox"/> _____			
<input type="checkbox"/> COMMUNICATIONS PLAN (ICS 205) <input type="checkbox"/> _____			
<input type="checkbox"/> TRAFFIC PLAN			
ICS 202	9. PREPARED BY PLANNING SECTION (CHIEF)	10. APPROVED BY INCIDENT COMMANDER	