

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)												
6. WEATHER FORECAST FOR OPERATIONAL PERIOD												
7. GENERAL/SAFETY MESSAGE												
8. ATTACHMENTS (CHECK IF ATTACHED) <table border="0" style="width: 100%; margin-top: 10px;"> <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"/> DIVISION ASSIGNMENT LIST (ICS 204)</td> <td><input type="checkbox"/> INCIDENT MAP</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> COMMUNICATION 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"/> DIVISION ASSIGNMENT LIST (ICS 204)	<input type="checkbox"/> INCIDENT MAP	<input type="checkbox"/> _____	<input type="checkbox"/> COMMUNICATION PLAN (ICS 205)	<input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____
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<input type="checkbox"/> COMMUNICATION PLAN (ICS 205)	<input type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____										
202 ICS 3 - 80	9. PREPARED BY (PLANNING SECTION)	10. APPROVED (INCIDENT COMMANDER)										