

| OBJECTIVES ICS 202 | 1. INCIDENT NAME | 2. DATE PREPARED | 3. TIME PREPARED |
|---|--|------------------|--------------------------------------|
| 4. OPERATIONAL PERIOD (Date/Time) | | | |
| 5. OVERALL INCIDENT OBJECTIVE: | | | |
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| 6. OBJECTIVES FOR THIS OPERATIONAL PERIOD: | | | |
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| 7. WEATHER FORECAST FOR OPERATIONAL PERIOD | | | |
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| 8. GENERAL/SAFETY MESSAGE | | | |
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| 9. ATTACHMENTS (<input checked="" type="checkbox"/> IF ATTACHED) | | | |
| <input type="checkbox"/> ORGANIZATION LIST (ICS 203) <input type="checkbox"/> MEDICAL PLAN (ICS 206) <input type="checkbox"/> | | | |
| <input type="checkbox"/> ASSIGNMENT LISTS (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"/> | | | |
| ICS 202 5-94 | 10. PREPARED BY (Planning Section Chief) | | 11. APPROVED BY (Incident Commander) |

