

INCIDENT OBJECTIVES	1. Incident Name	2. Date	3. Time									
4. Operational Period												
5. General Control Objectives for the Incident (include alternatives) Management Objectives : Operational Objectives :												
6. Weather Forecast for Period												
7. General Safety Message												
8. Attachments (mark if attached)												
<table border="0"><tr><td><input type="checkbox"/> Organization List - ICS 203</td><td><input type="checkbox"/> Medical Plan - ICS 206</td><td><input type="checkbox"/> (Other)</td></tr><tr><td><input type="checkbox"/> Div. Assignment Lists - 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"/> (Other)	<input type="checkbox"/> Div. 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"/>
<input type="checkbox"/> Organization List - ICS 203	<input type="checkbox"/> Medical Plan - ICS 206	<input type="checkbox"/> (Other)										
<input type="checkbox"/> Div. 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"/>										
9. Prepared by (Planning Section Chief)	10. Approved by (Incident Commander)											