

INCIDENT OBJECTIVES	1. Incident Name	2. Date	3. Time
	4. Operational Period		
5. General Control Objectives for the Incident (include alternatives)			
6. Weather Forecast for Period			
7. General Safety Message			
8. Attachments (mark if attached)			
<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)		