

ICS Form 202

INCIDENT/TRAINING OBJECTIVES	1. Incident/Training Name	2. Date	3. Time
4. Operational Period (Date/Time)			
5. General Safety Message			
6. Weather Forecast for Operational Period			
7. Attachments (# if attached) <input type="checkbox"/> Organization List (ICS 203) <input type="checkbox"/> Medical Plan (ICS 206) <input type="checkbox"/> Other _____ <input type="checkbox"/> Assignment List (ICS 204) <input type="checkbox"/> Incident Map _____ <input type="checkbox"/> Communications Plan (ICS 205) <input type="checkbox"/> Traffic Plan _____			
8. Prepared by	9. Approved by		

