

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD (DATE/TIME)			
5. GENERAL OBJECTIVES FOR THE INCIDENT (AND ALTERNATIVES)			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
7. GENERAL SAFETY MESSAGE			
8. ATTACHMENTS (CHECK IF ATTACHED)			
<input type="checkbox"/> ORGANIZATION LIST (IMS 203) <input type="checkbox"/> CHART _____			
<input type="checkbox"/> ASSIGNMENT LIST (IMS 204) <input type="checkbox"/> INCIDENT MAP _____			
<input type="checkbox"/> COMMUNICATIONS PLAN (IMS 205) <input type="checkbox"/> OTHER _____			
IMS 202	PREPARED BY:	APPROVED BY:	