

NHICS FORM 202 | INCIDENT OBJECTIVES

1. INCIDENT NAME:			2. FACILITY NAME:		
3. DATE PREPARED:		4. TIME PREPARED:		5. OPERATIONAL PERIOD DATE/TIME:	
6. GENERAL COMMAND & CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDING ALTERNATIVES):					
1)					
2)					
3)					
4)					
5)					
7. WEATHER/ENVIRONMENTAL IMPLICATIONS FOR PERIOD: (INCLUDES AS APPROPRIATE: FORECAST, WIND SPEED/DIRECTION, DAYLIGHT)					
1)					
2)					
3)					
4)					
5)					
8. GENERAL SAFETY/STAFF MESSAGES TO BE GIVEN: (e.g. PERSONAL PROTECTIVE EQUIPMENT (PPE), PRECAUTIONS, CASE DEFINITIONS - REFER TO NHICS FORM 261: INCIDENT ACTION PLAN SAFETY ANALYSIS)					
1)					
2)					
3)					
4)					
5)					
9. ATTACHMENTS (MARK IF ATTACHED):					
<input type="checkbox"/> NHICS FORM 203: ORGANIZATION ASSIGNMENT LIST <input type="checkbox"/> NHICS FORM 205: INCIDENT COMMUNICATION PLAN <input type="checkbox"/> NHICS FORM 206: STAFF INJURY PLAN <input type="checkbox"/> NHICS FORM 251: FACILITY SYSTEM STATUS REPORT <input type="checkbox"/> NHICS FORM 261: INCIDENT ACTION PLAN SAFETY ANALYSIS			<input type="checkbox"/> TRAFFIC PLAN <input type="checkbox"/> INCIDENT MAP <input type="checkbox"/> OTHER: _____		
10. PREPARED BY (PLANNING SECTION CHIEF):					
11. APPROVED BY (INCIDENT COMMANDER):					