

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):			