

# Northern Utah Interagency Incident Organizer



**Prior to responding to an incident obtain the following information:**

<b>WildCAD Number</b>	
<b>Descriptive Location</b>	
<b>Command Freq.</b>	
<b>Tactical Freq.</b>	
<b>Air to Ground Freq.</b>	
<b>Air to Air Freq.(as needed)</b>	

**Relay the following information to dispatch upon first visual contact:**

<b>Descriptive Location or Legal</b>	
<b>Incident Name</b>	
<b>Size (in acres)</b>	
<b>Spread Potential</b>	Low      Moderate      High
<b>Values Threatened</b>	None      Structures      Others      Life

**Complete the following table before submitting:**

<b>Incident Name</b>				
<b>Fire Code(s)</b>				
<b>Final Incident Commander</b>				
<b>Fire Operations Zone</b>	<b>North</b>	<b>South</b>	<b>East</b>	<b>West</b>
<b>Fire Report Completion Date</b>				

The final IC will submit the Incident Organizer along with all other associated documentation to the Zone FOS/AFMO responsible for the incident.

**04/24/12 Final Version**



To: Type 3, 4 and 5 Incident Commanders

From: Northern Utah Interagency Operations Group & Agency Administrators

Subject: Expectations and Responsibilities for Type 3, 4 and 5 Incident Commanders

The following list of expectations and responsibilities will help each of you in the role of Incident Commander:

- **Firefighter and public safety will be your highest priority on every fire.**
- Follow the procedure for completing this Incident Organizer as outlined in the table of contents.
- Develop, implement, and monitor safe and effective Incident Action Plan objectives which reflect local fire and resource management goals. If a Wildland Fire Decision Support System (WFDDSS) is completed, use it as a guide for Incident Action Plan development.
- Disengage suppression activities immediately if strategies, tactics, and communications cannot be maintained safely.
- Maintain command and control of the incident at all times.
- Document any Transfer of Command on ICS form 214; relay this information to all fire line personnel and Northern Utah Interagency Fire Center (NUIFC).
- Give complete briefings to fire line personnel (see the *Incident Response Pocket Guide*).
- Document all briefings on the Resource Summary.
- Complete the Incident After Action Review.
- **Do not assume collateral duties** as a Type 3 Incident Commander.
- Implement the Risk Management Process, as outlined in the *Incident Response Pocket Guide*.
- Monitor fatigue levels; ensure that work/rest policy is adhered to.

We have the utmost respect for your knowledge and professionalism. You serve an extremely important leadership role with critical responsibilities. Please understand that your actions will be supported in situations where you take appropriate precautions to safeguard firefighters and the public.

## TABLE OF CONTENTS AND INSTRUCTIONS

* Items are required to be filled in for 30-mile Accident Prevention (Forest Service).		
Document Name	Required Documentation For:	Pg.
Field Fire Report	All Fires.	3
Fire Report Data	All Fires.	4
*Resource Summary	All Fires.	5
*Incident Complexity Analysis	All Fires.	6
Incident Commander Checklist	All Fires.	7
Fire Cause Determination Report	All suspected human caused fires.	9
Spot Weather Request and Forecast	All fires that will not be controlled in the current burn period or if a Red Flag Warning or Fire Weather Watch has been issued.	11
*Incident Action Plan	An IAP is required on the 2 <sup>nd</sup> day of an uncontained fire. Objectives required for all USFS. NUIFC needs a daily copy of IAP.	13
Unit Log	Any major events on all fires.	15
Incident Status Summary (ICS-209)	All fires in Timber over 100 acres and in grass over 300 acres.	17
*Incident After Action Review	All Fires. Agency Official may review and sign.	19
SAFENET	All situations applicable.	20
SAFECOM	All situations applicable.	21
*Documentation for Shifts in Excess of 16 Hours and 2:1 work rest.	All fires where applicable, prior to exceeding.	22
NUIFC Federal IA Resources	Reference Document	23
Hospitals	Reference Document	24
NUIFC Repeater Map	Reference Document	25
NUIFC Contact Lists	Reference Document	26
NUIFC Frequency Plan	Reference Document	27

# FIELD FIRE REPORT

FIRE NAME: \_\_\_\_\_ FIRE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

## INITIAL SIZE-UP BRIEFING (Report to NUIFC)

INCIDENT COMMANDER: \_\_\_\_\_

DESCRIPTIVE LOCATION: \_\_\_\_\_

LEGAL: Township \_\_\_\_\_ Range \_\_\_\_\_ Section (s) \_\_\_\_\_

COORD: LAT: Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec \_\_\_\_\_ LONG: Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec \_\_\_\_\_

COORD (BLM ONLY): LAT: Deg \_\_\_\_\_ Dec.Min. \_\_\_\_\_ LONG: Deg \_\_\_\_\_ Dec.Min. \_\_\_\_\_

OWNERSHIP(s): \_\_\_\_\_ ESTIMATED SIZE: \_\_\_\_\_ acres

CAUSE: Natural \_\_\_\_\_ Human \_\_\_\_\_ → Fire Investigator (name): \_\_\_\_\_

ESTIMATED CONTAINMENT: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

ESTIMATED CONTROL: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

VALUES THREATENED:  N NO  Y YES(specify: \_\_\_\_\_)

CONTROL PROBLEMS:  N NO  Y YES (specify: \_\_\_\_\_)

ADDITIONAL RESOURCES NEEDED:  N NO  Y YES (specify: \_\_\_\_\_)

SPREAD POTENTIAL:

1 Low  2 Moderate  3 High  4 Extreme

FIRE BEHAVIOR:

1 Smoldering  3 Running  5 Torching  7 Crowning/Spotting  
 2 Creeping  4 Spotting  6 Crowning  8 Erratic

FLAME LENGTH (Average flame length at head of fire): \_\_\_\_\_ feet

WIND SPEED \_\_\_\_\_ MPH WIND DIRECTION N S E W NW NE SW SE

TOPOGRAPHY (Topography in vicinity of fire origin):

1 Ridgetop  4 Middle 1/3 of slope  7 Valley Bottom  
 2 Saddle  5 Lower 1/3 of slope  8 Mesa or plateau  
 3 Upper 1/3 of slope  6 Canyon Bottom  9 Flat or rolling

SLOPE (Percent slope in vicinity of fire origin):

1 0-25%  2 26-40%  3 41-55%  4 56-75%  5 76+%

FBPS FUEL MODEL:

1 Short Grass (1 ft)  5 Brush (2 ft)  9 Hardwood Litter  
 2 Timber w/ Grass Understory  6 Dormant Brush  10 Timber (Litter & Understory)  
 3 Tall Grass (3 ft)  7 Southern Rough  11 Light Logging Slash  
 4 Chaparral/Brush (6 ft)  8 Closed Timber Litter  12 Medium Logging Slash

ASPECT: (Circle) N S E W NW NE SW SE

ELEVATION: Top \_\_\_\_\_ feet. Bottom \_\_\_\_\_ feet.

STAGING AREA LOCATION: \_\_\_\_\_

## LCES SAFETY CHECKLIST

Safety Concerns:  NO  YES (Specify \_\_\_\_\_)

## FINAL FIRE REPORT DATA

The information from this sheet will be used to complete agency specific Fire Reports

<b>Discovery Date &amp; Time:</b>	M		D		Y		<b>TIME</b>	
<b>Initial Attack Date &amp; Time:</b>	M		D		Y		TIME	
<b>Containment Date &amp; Time:</b>	M		D		Y		TIME	
<b>Control Date &amp; Time:</b>	M		D		Y		TIME	
<b>Out Date &amp; Time:</b>	M		D		Y		TIME	
<b>Total Acres:</b>								
<b>BLM Acres:</b>								
<b>USFS Acres:</b>								
<b>State Acres:</b>								
<b>County and Private Acres:</b>								
<b>Other Acres (specify):</b>								
<b>NFDRS outputs on start date:</b>	BI				ERC			
<b>Acres at time of Discovery:</b>								
<b>Acres at time of IA:</b>								
<b>Lat &amp; Long at Origin:</b>	LAT				LONG			
<b>Fire Cause:</b>								
<b>Topography:</b>								
<b>Aspect at Origin (circle):</b>	NW	N	NE	E	SE	S	SW	W
<b>Slope at Origin:</b>								
<b>High elevation:</b>								
<b>Low elevation:</b>								
<b>Name of Closest RAWS:</b>								
<b>Fuel Description:</b>								
<b>Remarks:</b>								



## \*INCIDENT COMPLEXITY ANALYSIS

(Other agency policies may require specific minimum staffing standards)

<b>Fire Behavior</b>	<b>Yes*</b>	<b>No</b>
Fuels extremely dry and susceptible to long-range spotting or you are currently experiencing extreme fire behavior		
Weather forecast indicating no significant relief or worsening conditions.		
Current or predicted fire behavior dictates indirect control strategy with large amounts of fuel within planned perimeter.		
<b>Firefighter Safety</b>	<b>Yes*</b>	<b>No</b>
Performance of firefighting resources affected by cumulative fatigue.		
Overhead overextended mentally and/or physically.		
Communication ineffective with tactical resources or dispatch.		
<b>Organization</b>	<b>Yes*</b>	<b>No</b>
Operations are at the limit of span of control (as per your agency policy).		
Incident action plans, briefings, etc, missing or poorly prepared.		
Variety of specialized operations, support personnel or equipment.		
Unable to properly staff air operations.		
Limited local resources available for initial attack.		
Heavy commitment of local resources to logistical support.		
Existing forces worked 24 hours without success.		
Resources unfamiliar with local conditions and tactics.		
<b>Values to be protected</b>	<b>Yes*</b>	<b>No</b>
Urban interface: structures, developments, recreational facilities, or potential for evacuation.		
Fire burning or threatening more than one jurisdiction and potential for unified command with different or conflicting management objectives.		
Unique natural resources, special-designation areas, critical municipal watershed, T & E species habitat, cultural value sites.		
Sensitive political concerns, media involvement, or controversial fire policy.		

**If you have checked "Yes" on 3 or more of the analysis boxes, consider requesting the next level of incident management support.**

# Incident Commander Checklist

- Verify all frequencies assigned and all units responding to the incident.
- Name the incident and obtain an alpha numeric incident code from NUIFC. Use the closest geographical reference and keep it short.
- Flag the route to the incident (red and white striped flagging for BLM). Start from major roads and clearly flag each turn on both sides of road.
- Designate a briefing and staging area. All resources will be checked in and briefed.
- Post lookouts, ensure communications work and identify escape routes and safety zones.
- Coordinate with State/County Fire Wardens to account for all fire department resources. Make contact on State Fire Marshall 154.280 Tx/Rx Narrowband.
- Complete the Initial Size-up Briefing on the Initial Field Fire Report and relay this information to NUIFC on a VHF radio.
- Complete the Incident Complexity Analysis. Ensure the proper management is in place or ordered.
- Develop objectives for your incident in coordination with Duty Officer. Use strategies and tactics that are safe and achieve the objectives. All Type 3 Incidents require a written IAP. Incident objectives should be consistent with Land Use Plan resource objectives.
- When the fire is suspected to be human caused; complete the Fire Cause Determination Report.
- Determine ownership and relay coordinates to NUIFC. Request a GIS specialist (or equivalent for USFS/DNR) if the fire is ten acres or larger, or if the ownership of the fire is not clear. NUIFC prefers to compute LAT LONG in DDMMSS.S (WGS 84) coordinates in WILDCAD as other programs such as WFDSS and FireCode require Deg. Min. Sec.
- Establish a unified command when appropriate. Ensure NUIFC and all resources on the incident know who the Incident Commander is.
- Plan for operational resources needed to control the incident.

## Incident Commander Checklist (continued)

- Order the necessary and appropriate operational resources through NUIFC by 2000 for the next operational period.
- Ensure all contract resources are inspected through NUIFC prior to obtaining an assignment.
- NUIFC will coordinate with County Dispatch Centers for EMS and local law enforcement issues upon request.
- Complete the Spot Weather Forecast Request and relay the information to NUIFC. Request a spot weather forecast for each operational period that the fire is uncontrolled or if a Red Flag Warning/Fire Weather Watch has been issued.
- Confirm with NUIFC that the Operational Duty Officer has been briefed.
- Notify NUIFC if they will need to extend staffing.
- An Incident Status Summary (ICS-209) will be submitted to NUIFC by 2000 for all action fires reaching the 100(timber)/300(grass/brush) criteria OR if the fire is not going to be suppressed but managed for long duration. Long duration is more than 72 hours. A final 209 will be submitted when the fire is contained AND national resources are no longer being requested by the incident OR when the fire is controlled OR out.
- Order logistical resources needed to control the incident through NUIFC.
- Facilitate incident AARs after each operation period. Document a final incident AAR (in the Incident Organizer page 19) after the fire is controlled.
- Complete all appropriate Crew Time Reports, shift tickets and evaluations for all off unit resources prior to their demobilization.
- Keep NUIFC informed on changes in conditions/personnel.
- Demobilize resources according to driving limits and work/rest issues. Coordinate demobilization with Operational Duty Officer for competitive resources.
- Complete the Final Fire Report Data form in the Incident Organizer when the incident is declared out.

# Fire Cause Determination Report

FIRE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ FIRE #: \_\_\_\_\_

REPORT COMPLETED BY: \_\_\_\_\_

LAND STATUS AT ORIGIN: FEDERAL (LIST)  \_\_\_\_\_ STATE  PRIVATE

LOCATION OF ORIGIN: LAT: Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec \_\_\_\_\_ LONG: Deg \_\_\_\_\_ Min \_\_\_\_\_ Sec \_\_\_\_\_

BLM COORD: LAT: Deg \_\_\_\_\_ Dec.Min. \_\_\_\_\_ LONG: Deg \_\_\_\_\_ Dec.Min. \_\_\_\_\_

SEQUENCE OF EVENTS	DATE & TIME	(name & agency)
HOW REPORTED: _____	BY _____	TO _____
FIRST RESOURCE ON SCENE: _____	NAMES OF PERSONNEL ON RESOURCE: _____	

## ORIGIN DETERMINATION

SIZE OF AREA SEARCHED: \_\_\_\_\_ PERIMETER SEARCH DONE?  YES  NO

ORIGIN DETERMINED BY:  Burn Pattern  Witness  Other \_\_\_\_\_  Not Found

## CAUSE CATEGORIES (List specific cause, if known)

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> Lightning | <input type="checkbox"/> Debris Burning/Land Clearing | <input type="checkbox"/> Railroad                         |
| <input type="checkbox"/> Campfire  | <input type="checkbox"/> Arson                        | <input type="checkbox"/> Juveniles                        |
| <input type="checkbox"/> Smoking   | <input type="checkbox"/> Equipment                    | <input type="checkbox"/> Miscellaneous ( <i>explain</i> ) |

## KEY INFORMATION and CRITERIA FOR LEO DISPATCH

1) WITNESSES?  YES  NO NAME OR DESCRIBE: \_\_\_\_\_  
(*phone#/address/other*) \_\_\_\_\_

2) SUSPECTS?  YES  NO NAME OR DESCRIBE: \_\_\_\_\_  
(*phone#/address/other*) \_\_\_\_\_

3) VEHICLES?  YES  NO DESCRIBE: \_\_\_\_\_  
LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_ COLOR: \_\_\_\_\_ MAKE: \_\_\_\_\_  
MODEL: \_\_\_\_\_

4) SUSPECT ARSON?  YES  NO DESCRIBE: \_\_\_\_\_

5) EVIDENCE?  YES  NO DESCRIBE: \_\_\_\_\_  
*Does evidence need to be collected?*  YES  NO \_\_\_\_\_

## WEATHER (*upon arrival*)

TIME: \_\_\_\_\_ DRY BULB: \_\_\_\_\_ WET BULB: \_\_\_\_\_ RH: \_\_\_\_\_ WD: \_\_\_\_\_ WS: \_\_\_\_\_

**DESCRIBE EVENTS, SCENE, & ANY OTHER INFORMATION (use another page if necessary):**

SKETCH OF AREA OF ORIGIN (bird's-eye view)

NOT TO SCALE

NORTH



**LEGEND**



**PHOTOGRAPH LOG**

PHOTO#	DESCRIPTION ( <i>Indicate direction</i> )
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

# SALT LAKE CITY SPOT FORECAST REQUEST

Required Elements \*

PROJECT NAME	REQUESTING AGENCY
<p><b>*Project Name:</b></p> <p> <input type="checkbox"/> Wildfire      <input type="checkbox"/> WFU   <input type="checkbox"/> HAZMAT  <input type="checkbox"/> Prescribed Fire      <input type="checkbox"/> SAR                 </p> <p>Ignition Time: <input type="checkbox"/> Mountain Local Time</p> <p>Date: _____</p>	<p><b>NOTE: Do not use commas in this section.</b></p> <p><b>*Requesting Agency:</b></p> <p><b>*Requesting Official:</b></p> <p><b>*Phone Number:</b> _____ Ext. <input style="width: 40px;" type="text"/></p> <p>FAX Number: _____</p> <p>Contact Person: _____</p>

REASON FOR SPOT FORECAST REQUEST
<p><b>*Must choose either Wildfire or one of the Non-Wildfire reasons</b></p> <p> <input type="checkbox"/> <b>Wildfire</b>                                      <input type="checkbox"/> <b>Non-Wildfire</b> </p>

LOCATION	FUEL
<p><b>*Lat:</b> _____</p> <p><b>*Lon:</b> _____</p> <p>7.5' Quad: _____</p> <p><b>Legal (T/R):</b>    -       -       -   <input type="checkbox"/> UT</p> <p><small>*Enter Lat/Lon, Legal(T/R) also acceptable.</small></p> <p><b>*Elevation:</b>    Top    Bottom</p> <p>                    <input style="width: 40px;" type="text"/>   <input style="width: 40px;" type="text"/></p> <p>Drainage: <input style="width: 100px;" type="text"/></p> <p><b>*Aspect:</b> <input style="width: 40px;" type="text"/></p> <p>Size: <input style="width: 40px;" type="text"/> (Acres)</p>	<p>Type: <input style="width: 60px;" type="text"/></p> <p style="text-align: center;">Sheltering</p> <p><input type="checkbox"/> Full</p> <p><input type="checkbox"/> Partial</p> <p><input type="checkbox"/> Unsheltered</p>

OBSERVATIONS								
Place	Elev.	Time	Wind	Temp	Wet bulb	RH	Dew pt.	Sky/Weather
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>							
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>							
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>							
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>							

PRIMARY FORECAST ELEMENTS	REMARKS
<p>TDA TNT TMR (Today, Tonight, Tomorrow)</p> <p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LAL  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Haines Index  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clearing Index  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sky/Weather  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Temperature  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Humidity  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wind - 20 Foot                 </p>	<p style="text-align: center;"><b>REMARKS</b></p> <p style="height: 150px;"> </p>

# SPOT WEATHER FORECAST

*The Fire Weather Forecaster will Furnish the Following:*

**Discussion Outlook:**

**Date and Time:**

Burn Period	Sky Cover	Temperatures	Humidity	Eye-level Wind	20-foot Wind	Indices
<input type="checkbox"/> Today (sunrise to dusk) <input type="checkbox"/> This Afternoon (noon until dusk) <input type="checkbox"/> This Evening (16:00 until dusk) <input type="checkbox"/> Tonight (sunset until sunrise)	<input type="checkbox"/> Mostly Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable Clouds	_____ F°  <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____%  <input type="checkbox"/> Maximum <input type="checkbox"/> Minimum <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity _____ mph Gusts _____ mph	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity _____ mph Gusts _____ mph	Haines: LAL: BI: Clearing Index:
<input type="checkbox"/> Today (sunrise to dusk) <input type="checkbox"/> This Afternoon (noon until dusk) <input type="checkbox"/> This Evening (16:00 until dusk) <input type="checkbox"/> Tonight (sunset until sunrise)	<input type="checkbox"/> Mostly Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable Clouds	_____ F°  <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____%  <input type="checkbox"/> Maximum <input type="checkbox"/> Minimum <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity _____ mph Gusts _____ mph	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity _____ mph Gusts _____ mph	Haines: LAL: BI: Clearing Index:
Outlook For (Date):  _____	<input type="checkbox"/> Mostly Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable Clouds	_____ F°  <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____%  <input type="checkbox"/> Maximum <input type="checkbox"/> Minimum <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity _____ mph Gusts _____ mph	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity _____ mph Gusts _____ mph	Haines: LAL: BI: Clearing Index:
<b>Name of Fire Weather Forecaster:</b>				<b>Fire Weather Office Issuing Forecast:</b>		
<b>Forecast Received by (Name):</b>		<b>Date:</b>	<b>Time:</b>	<b>Forecast Received at (Location) via:</b>		

<b>INCIDENT ACTION PLAN</b>	Incident Name	Number	Date Prepared	Time Prepared
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Operational Period: \_\_\_\_\_ Date: \_\_\_\_\_  
 Shift:  Day  Night

**\*Objectives for the Incident**

1	SAFETY to firefighters and general public for the duration of the incident.
2	
3	
4	
5	

**Weather Forecast for Operational Period**

BURN PERIOD	SKY COVER	TEMPERATURE	HUMIDITY	WIND		HAINES INDEX
				DIRECTION	VELOCITY	

**Medical Emergency Procedures**

In the event of a medical emergency provide the following information to Northern Utah Interagency Fire Center:

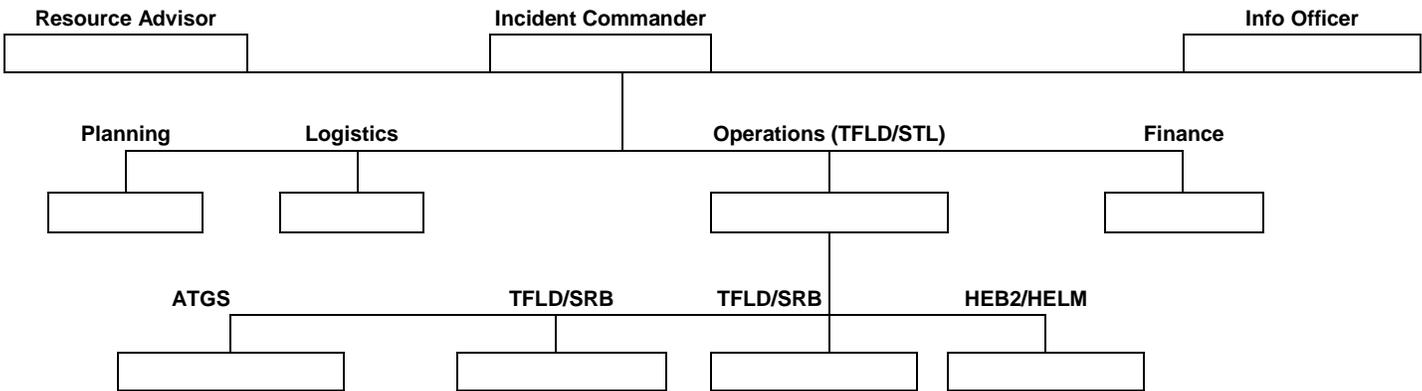
1. Declare the nature of the emergency  
 Is this a medical injury/illness? If injury/illness—is it Life Threatening?
2. If Life Threatening, then request that the designated frequency be cleared for emergency traffic
3. Identify the on-scene Point of Contact (POC) by Resource and Last name (i.e. POC is TFLD Smith)
4. Identify nature of incident, number injured, patient assessment(s) and location (geographic and GPS coordinates)
5. Identify on-scene medical personnel by position and name (i.e. EMT Jones)
6. Identify preferred method of patient transport
7. Request any additional resources and/or equipment needed
8. Document all information received and transmitted on the radio or phone
9. Identify any changes in the on-scene Point of Contact or medical personnel as they occur

**Medical Plan**

HOSPITAL & AID STATIONS								
NAME	LOCATION	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GROUND		YES	NO	YES	NO

<b>Incident Name:</b>	<b>Incident Number:</b>	<b>Date:</b>	<b>Start Time:</b> <b>End Time:</b>
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**Current Organization**



**Resources Assigned This Period**

Resource Designator	Leader	Number Persons	Location	Assignment

**General / Safety Message**

**Communication Summary**

	Tx	Rx	Tone	Remarks
<b>Tactical (Tac )</b>				
<b>Tactical (Tac )</b>				
<b>Air to Ground</b>				
<b>Air to Air (Victor)</b>				
<b>Air to Ground/Search &amp; Rescue</b>	155.505	155.505		UHP Search & Rescue Statewide
<b>Command</b>	<b>Simplex</b>			
	<b>Repeater</b>			





### Incident Status Summary (ICS-209)

1: Date	2: Time	3: Initial	Update	Final	4: Incident Number	5: Incident Name
6: Incident Kind/Strategy		7: Start Date Time	8: Cause	9: Incident Commander	10: Incident Command Organization	11: State-Unit
12: County	13: Latitude and Longitude Lat: Long: Ownership at Origin:		14: Short Location Description (in reference to nearest town):			
15: Size/Area Involved	16: % Contained or MMA	17: Expected Containment Date:	18: Line to Build	19: Estimated Costs to Date	20: Declared Controlled Date: Time:	
21: Injuries this Reporting Period:	22: Injuries to Date:	23: Fatalities	24: Structure Information			
			Type of Structure	# Threatened	# Damaged	# Destroyed
25: Threat to Human Life/Safety: Evacuation(s) in progress ---- No evacuation(s) imminent -- Potential future threat ----- No likely threat -----			Residence			
			Commercial Property			
			Outbuilding/Other			
26: Projected incident movement/spread in 12, 24, 48 and 72 hour time frames:						
12 hours:						
24 hours:						
48 hours:						
72 hours:						
27: Values at Risk: include communities, critical infrastructure, natural and cultural resources in 12, 24, 48 and 72 hour time frames:						
12 hours:						
24 hours:						
48 hours:						
72 hours:						
28: Critical Resource Needs (amount, type, kind, and number of operational periods in priority order in 12, 24, 48 and 72 hour time frames): <b>ex. 3 CRW1 (4); 1 HEL1 (5);</b>						
12 hours						
24 hours:						
48 hours:						
72 hours:						
29: Major problems and concerns (control problems, social/political/economic concerns or impacts, etc.) Relate critical resources needs identified above to the Incident Action Plan.						



# After Action Review

Date: \_\_\_\_\_ Conducted by: \_\_\_\_\_

What was planned?

What actually happened?

Why did it happen?

What can we do next time?

Is there a need to file a SAFENET or SAFECOM? No  Yes

Wildland Fire Accidents? No  Yes

*If Yes, specify below:*

- Entrapment
- Equipment Damage
- Near-miss
- Injury \_\_\_\_\_

\_\_\_\_\_  
Agency Reviewing Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# SAFE NET

CALL TO FILE (1-888-670-3938) Wildland Fire Safety and Health Network  
FILE ONLINE AT [www.nifc.gov](http://www.nifc.gov) and click on the SAFE NET link

## REPORTED BY

Name (optional) \_\_\_\_\_ Phone \_\_\_\_\_

Agency/Organization \_\_\_\_\_ Date Reported \_\_\_\_\_

## EVENT

Date and Time \_\_\_\_\_ Jurisdiction/Local Unit \_\_\_\_\_

Incident Name & Number \_\_\_\_\_ State \_\_\_\_\_

- | <i>Incident Type</i>                        | <i>Incident Activity</i>                        | <i>Stage of Incident</i>                 |
|---|---|--|
| <input type="checkbox"/> Wildland           |   | <input type="checkbox"/> Initial Attack  |
| <input type="checkbox"/> Prescribed         | <input type="checkbox"/> Line                   | <input type="checkbox"/> Extended Attack |
| <input type="checkbox"/> Wildland Fire Use  | <input type="checkbox"/> Support                | <input type="checkbox"/> Transition      |
| <input type="checkbox"/> All Risk           | <input type="checkbox"/> Transport to/from      | <input type="checkbox"/> Mop Up          |
| <input type="checkbox"/> Training           | <input type="checkbox"/> Readiness/Preparedness | <input type="checkbox"/> Demo            |
| <input type="checkbox"/> Fuel Treatment     |   | <input type="checkbox"/> Non-Incident    |
| <input type="checkbox"/> Work Capacity Test |   | <input type="checkbox"/> Other           |

Position Title \_\_\_\_\_

Task \_\_\_\_\_

Management Level \_\_\_\_\_

Resources Involved \_\_\_\_\_

## CONTRIBUTING FACTORS

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fire Behavior | <input type="checkbox"/> Environmental | <input type="checkbox"/> Communications        |
| <input type="checkbox"/> Human Factors | <input type="checkbox"/> Equipment     | <input type="checkbox"/> Other (Explain Below) |

Other:

## NARRATIVE

Describe in detail what happened including the concern or potential issue, the environment (weather, terrain, fire behavior, etc), and the resulting safety/health issue. If more room is required, use a separate piece of paper and include it with this form.

## CORRECTIVE ACTION

Please document how you tried to resolve the problem and list anything that, if changed, would prevent this safety issue in the future.



**Reported By (Optional)**

Name:

E-Mail:

Phone:

Cell Phone:

Pager:

Org:

:Org-Other

Date Submitted:

**EVENT**

Date:    
 mm / dd / yyyy

Local Time:    
 24 hour clock

Injuries:

Damage:

Operational Control:

Location:    
 Airport, City, Lat/Long, or Fire Name

Agency:

Region:

State:

Unit:

**MISSION**

Type:  Other:

Procurement:  Other:

Persons Onboard:  Special Use:  Hazardous Materials:

Departure Point:  Destination:

**AIRCRAFT**

Type:  Tail #:  Manufacturer:  Model:

Owner/Operator:  Pilot:

**Narrative:** (A brief explanation of what happened)

**Corrective Action:** (What was done to correct the problem)



## NUIFC FEDERAL IA RESOURCES

### MUSKRAT ZONE (WDD)

RESOURCE ID	RESOURCE TYPE	AGENCY	LOCATION	PRIMARY CONTACT
E-2431	Type 4 Engine	BLM	Muskrat Fire Station	Knudson, Gerald
E-2433	Type 4 TATRA	BLM	Muskrat Fire Station	Hunter, Nathan
E-2438	Type 4 Engine	BLM	Muskrat Fire Station	Hillman, Nick
E-2637	Type 6 Engine	BLM	Muskrat Fire Station	Newton, Robert
WT-2206	3500 gallon Tender	BLM	Muskrat Fire Station	
WT-2205	3500 gallon Tender	BLM	Tooele Valley Airport	Archibald, Josh
AA-163	Air Attack Platform	BLM	SLC/Millionaire	Kline, Jeff
H-2BH	Type 3 Helicopter	BLM	Tooele Valley Airport	Kenny, Patrick

### VERNON ZONE (WDD)

E-2632	Type 6 Engine	BLM	Vernon Fire Station	Kutterer, Kevin
E-2436	Type 4 Engine	BLM	Vernon Fire Station	Metz, Pete
E-2434	Type 4 Engine	BLM	Vernon Fire Station	Greenfield, Todd
E-2635	Type 6 Engine	BLM	Vernon Fire Station	Scroggin, Ryan

### SOUTH ZONE (USFS)

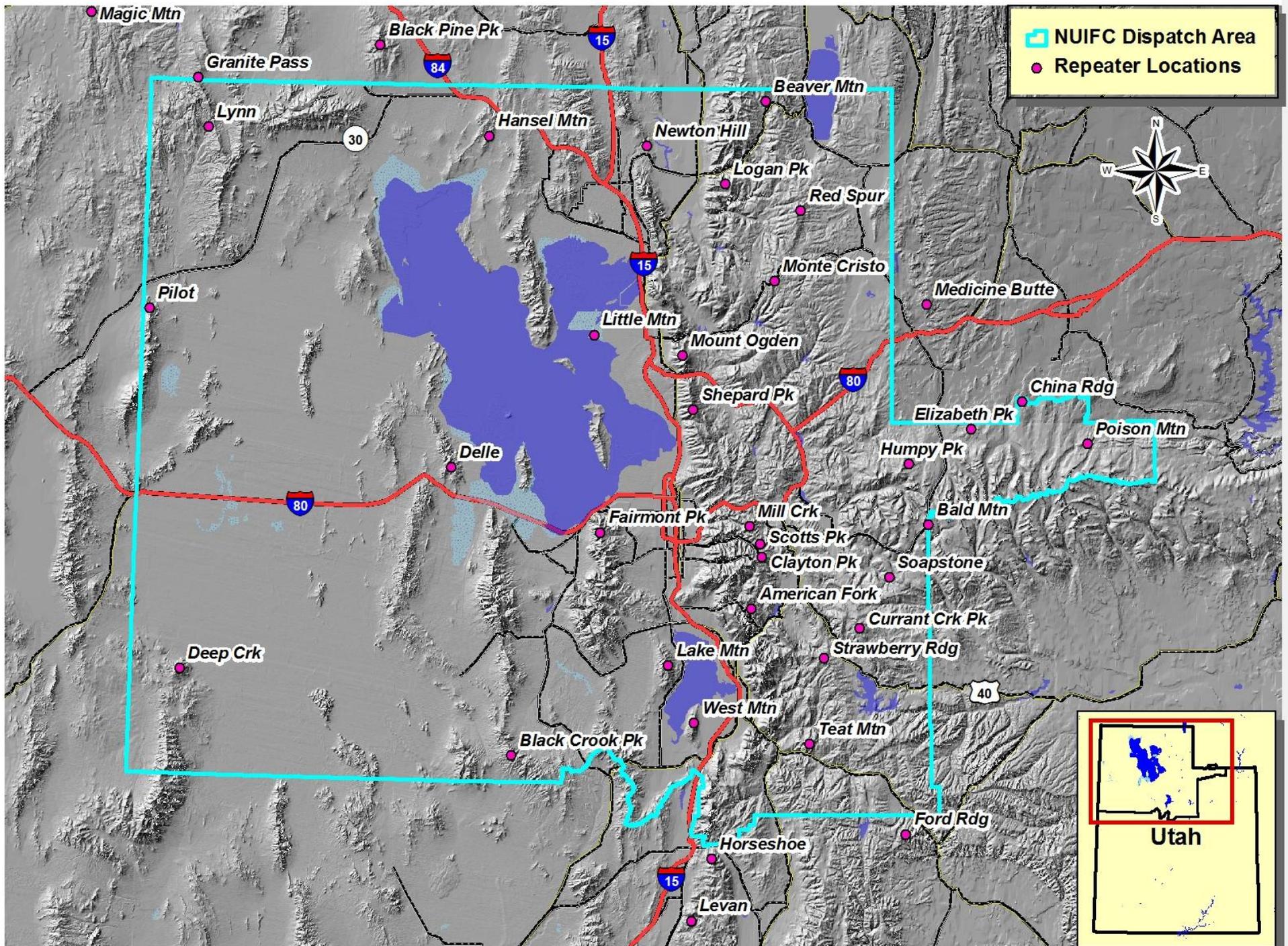
E-431	Type 4 Engine	USFS	Heber R.D.	Turner, James
E-421	Type 4 Engine	USFS	Pleasant Grove R.D.	DeLange, Karl
E-481	Type 4 Engine	USFS	Spanish Fork R.D.	Dyke, Mike
Squad 2-1	5 person IA	USFS	Pleasant Grove R.D.	Framme, Larry
Squad 8-1	5 person IA	USFS	Spanish Fork R.D.	Williams, Joe
H-6SG	Type 3 Helicopter	USFS	Mountain Green	Scott, Mike

### NORTH ZONE (USFS)

E-411	Type 4 Engine	USFS	Salt Lake R.D.	Zimmerman, Shane
E-461	Type 4 Engine	USFS	Ogden R.D.	Erickson, Mike
E-471	Type 4 Engine	USFS	Logan R.D.	Robison, Scott
E-441	Type 4 Engine	USFS	Mountain View/Evanston	Stoddard, Wade
Squad 1-1	5 person IA	USFS	Salt Lake R.D.	Everett, Brandon
H-2LM	Type 3 Helicopter	USFS	Mountain Green	Byers, Mike

### Hospitals (Helipad communications in Utah utilize 123.025)

City	Name and Address	Lat/Long	Phone #	Helipad	Burn
Salt Lake City, UT	University of Utah Medical Center <u>Air Med</u> 50 North Medical Drive, SLC UT	40° 46' 21" 111° 50' 15"	801-581-2991	Yes	Yes
Murray, UT	Intermountain Medical Center <u>Life Flight</u> 5121 S Cottonwood St, Murray, UT 84157	40° 39' 37" 111° 53' 22"	801-507-7000	Yes	No
Tooele, UT	Mountain West 2055 North Main St., Tooele, UT 84074-9819	40° 33' 57" 112° 17' 49"	435-843-3600 435-882-9011	Yes	No
Provo, UT	Utah Valley Regional Medical Center <u>Air Med</u> 1034 North 500 West, Provo, UT 84604	40° 14' 53" 111° 39' 57"	801-373-7850 801-371-7126	Yes	No
Evanston, WY	Evanston Regional Hospital 190 Arrowhead Drive, Evanston, WY 82930	41° 14' 38" 110° 59' 20"	615-377-9600 307-789-3636	Yes	No
Nephi, UT	Central Valley Medical Center 48 west 1500 North, Nephi, UT 84648	39° 43' 50" 111° 50' 16"	435-623-1242	Yes	No
Heber, UT	Heber Valley Medical Center 1485 South Hwy. 40, Heber, UT 84032	40° 29' 25" 111° 24' 20"	435-654-2500	Yes	No
Logan, UT	Logan Regional Medical Center 1400 North 500 East, Logan, UT 84341	41° 45' 19" 111° 49' 14"	435-716-2240	Yes	No
North Logan, UT	Cache Valley Hospital 2380 North 400 East, North Logan, UT 84341	41° 46' 30.5" 111° 49' 17.2"	435-713-9600 ER: 435-713-9598	Yes	No
Park City, UT	Park City Medical Center 900 Round Valley Drive , Park City, UT 84	40° 41' 16.2" 111° 28' 13.7"	435-658-7000	Yes	No
Ogden, UT	Ogden Regional Medical Center <u>Air Med</u> 5475 South 500 East, Ogden, UT 84405	41° 09' 51" 111° 58' 19"	801-479-2111	Yes	No
Ogden, UT	McKay Dee Hospital <u>Life Flight</u> 4401 Harrison Boulevard, Ogden, UT 84405	41° 10' 58" 111° 57' 18"	801-387-2800	Yes	No
Brigham City, UT	Brigham City Community Hospital 950 South 500 West, Brigham City, UT 84302	41° 31' 28" 112° 15' 36"	801-734-9471	Yes	No
Ely, NV	William Bee Ririe Hospital 1500 Avenue H, Ely, NV 89301-2615	39° 15' 17" 114° 51' 34"	775-289-3612	No	No
Elko, NV	Northeastern Nevada Regional Hospital 2001 Errecart Blvd., Elko, NV 89801-8333	40° 49' 27" 115° 43' 47"	775-738-5151	Yes	No
Burley, ID	Cassia Regional Medical Center 1501 Hiland Ave, Burley, ID 83318-2682	42° 32' 05" 113° 46' 49"	208-678-4444	Yes	No
Twin Falls, ID	Magic Valley Regional Medical Center Box 409, Twin Falls, ID 83303	42° 33' 53" 114° 29' 43"	280-737-2000	Yes	No



This data may not meet BLM standards for accuracy and content. Different data sources and input scales may cause misalignment of data layers. Transportation network has not been verified.

## NUIFC CONTACT LIST

West Desert District BLM			
POSITION	NAME	WORK	CELL
FMO	Kline, Jeff	801-977-4316	801-541-4020
AFMO	L.J. Brown	801-977-4381	801-541-0828
Vernon FOS	Jackson, Steve	801-977-4382	801-541-0827
Muskrat FOS	Haberstick, Erik	801-977-4339	801-243-3136
Salt Lake Helitack Supt.	Kenny, Patrick	801-977-4363	801-541-5637
Salt Lake Helitack Asst.	Wilson, Greg	801-977-4336	801-232-4259
SEAT Manager		801-977-4300	801-243-8923
	TVY Helibase	435-882-4429	435-843-5170 fax
	Helitack Chase Truck		801-824-1882
	TVY SEAT Base	435-843-5302	435-843-5170 fax
	Muskrat Fire Station	435-884-3765	435-884-6110 fax
	Muskrat Line 2	435-884-3558	
	Vernon Fire Station	435-839-3456	435-839-3486 fax
	Rosebud Fire Station	801-599-7133	801-450-8064 fax
Fire Information	Darboven, Erin	801-977-4328	801-243-0004
Duty Officer (back-up)	Chadwick, Brook	801-977-4311	801-541-6173
Duty Officer (back-up)	Rigby, Teresa	801-977-4344	801-232-9252

STATE of UTAH			
POSITION	NAME	WORK	CELL
State FMO (FF & SL)	Dunford, Tracy	801-538-5502	801-558-6508
State AFMO	Freeman, Shane	801-538-5501	801-560-1072
Bear River Area Manager	Hamp, Blain	435-752-8701	435-881-6979
North East Area Manager	Eriksson, Mike		435-671-9170
Wasatch Fr.Area Manager	Bloodworth, Ben		801-656-7138
Wasatch Front Area FMO	Briggs, Allen	801-538-5466	801-554-8984
Northeast Area FMO	Rutter, Steve		435-671-3327
Bear River Area FMO	Richards, Dustin	435-752-8701	435-890-2071

US FOREST SERVICE			
POSITION	NAME	WORK	CELL
FMO	Pfister, Kevin	801-236-3423	801-783-8688
AFMO	Sorenson, Gayle	801-342-5108	435-979-6431
North Zone FMO	Peel, Cody	801-625-5392	801-368-7197
South Zone FMO	<i>Vacant</i>	801-342-5258	801-857-5455
AFMO Spanish Fork	Armantrout, Matt	801-342-5268	801-995-2882
AFMO Heber	Lamping, Rob	435-654-7217	801-556-9249
AFMO Logan	Kurpius, Jesse	435-755-3620	435-757-2036
AFMO Salt Lake		801-733-2669	801-673-3780
AFMO EV./M.V.	Thiel, Kurt	307-782-2415	801-230-7877
Wasatch Helitack Supt.	Scott, Mike	801-377-6753	801-368-7585
Wasatch Helitack Asst. Supt.	Fowler, Nick	801-377-6753	801-368-7515
Wasatch Helitack Supt.	Roe, Larry	801-625-5112	801-725-5161
Wasatch Heli. Asst. Supt.	Bryan Thompson	801-625-5112	
Wasatch Helitack Supt.	Byers, Mike	801-625-5112	801-510-3433
Wasatch Asst. Supt.	Hansen, Mike	801-625-5112	435-712-2991
Fuels Specialist	Stansfield, Jon	801-342-5141	801-361-9478
Aviation Officer	Rackham, Lee		801-725-6985

COUNTY			
POSITION	NAME	WORK	CELL
Juab County Warden	Ostler, Brett	435-623-2642	435-681-0035
Sanpete County Warden	Petersen, Thomas	435-835-2117	435-668-2068
Utah County Warden	Cortez, Kevin	801-851-4125	801-404-1915
Box Elder County Warden	Martz, Greg	435-734-3831	435-730-4594
Rich County Warden	Ames, Dan		801-652-2706
Tooele County Warden	Arnold, Roice	435-843-4727	435-241-0027
Wasatch County Warden	<i>Vacant</i>	435-654-1411	435-671-3325
Summit County Warden	Boyer, Bryce	435-615-3600	435-640-2075
Morgan County Warden	Carrigan, Boyd		801-829-2048
Davis County Warden	Vickers, Dave		801-726-5501
Cache County Warden	Pettigrew, Craig	435-755-1670	435-994-1627
Weber County Warden	Vickers, Dave		801-726-5501

### Northern Utah Interagency Fire Center

Business	801-495-7600	Center Manager	McCabe, Roni	801-495-7601	801-616-0533
Fire Emergency (24-7)	801-495-7611	Asst. Center Manager	Hancock, Celeste	801-495-7602	801-556-3575
Fire Center Fax	801-495-7671 or 7670 (fax)	Asst. Center Manager	Lodge, Sean	801-495-7603	801-623-8959
On-Call Dispatcher	801-310-3109 (cell)	Cache Manager	Ravenberg, Gary	801-908-1908	801-560-8195

## NUIFC INITIAL ATTACK FREQUENCY PLAN

*The following frequencies are assigned by NUIFC for initial attack fires within the dispatch area. Although 800 MHz systems are being used within the NUIFC area, they are not assigned by NUIFC and will not be used for interagency tactical or command frequencies. All 2012 frequencies are Narrowband.*

IDENTIFIER	AGENCY	RX	TX	Tone
State Fire Marshall	NUIFC	154.2800	154.2800	N/A
Tac 1	NUIFC	166.2375	166.2375	N/A
Tac 2	NUIFC	166.9625	166.9625	N/A
Tac TBD	NUIFC	TBD	TBD	N/A
Tac 4	NUIFC	156.0675	156.0675	N/A
Tac 5	NUIFC	168.1750	168.1750	N/A
Air-to-Ground 1	NUIFC	154.3100	154.3100	N/A
Air-to-Ground 57	NUIFC	168.7250	168.7250	N/A
Air-to-Ground (Local Flight Following)	NUIFC	168.500	168.500	N/A
Portable Repeater/Relay (SOA 1)	NUIFC	168.7750	164.9125	N/A
NAME	AGENCY	RX	TX	TX TONE
Delle	UT-WDD	170.5125	163.0250	136.5
Hansel	UT-WDD	170.5125	163.0250	123.0
Deep Creek	UT-WDD	170.5125	163.0250	167.9
Lynn	UT-WDD	170.5125	163.0250	103.5
Pilot Peak	UT-WDD	170.5125	163.0250	146.2
Black Crook	UT-WDD	173.6750	164.7750	110.9
West Mountain	UT-WDD	173.6750	164.7750	156.7
Logan Peak	UT-WDD	173.6750	164.7750	146.2
Red Spur	UT-WDD	173.6750	164.7750	131.8
Mt. Ogden N1	UT-UWF	169.9500	164.1250	110.9
Little Mtn N1	UT-UWF	169.9500	164.1250	123.0
Red Spur N1	UT-UWF	169.9500	164.1250	131.8
Monte Cristo N1	UT-UWF	169.9500	164.1250	136.5
Logan Peak N1	UT-UWF	169.9500	164.1250	146.2
Beaver Mtn N1	UT-UWF	169.9500	164.1250	156.7
Newton Hill N1	UT-UWF	169.9500	164.1250	167.9
Fairmont Peak N2	UT-UWF	173.7750	164.9375	110.9
Mill Creek Cyn N2	UT-UWF	173.7750	164.9375	123.0
Scotts Peak N2	UT-UWF	173.7750	164.9375	131.8
Shepard Peak N2	UT-UWF	173.7750	164.9375	136.5
China Ridge N2	UT-UWF	173.7750	164.9375	146.2
Poison Mtn N2	UT-UWF	173.7750	164.9375	156.7
Medicine Butte N2	UT-UWF	173.7750	164.9375	167.9
Elizabeth Peak N2	UT-UWF	173.7750	164.9375	103.5
Scotts Peak N3	UT-UWF	172.4000	164.8250	110.9
Humpy Peak N3	UT-UWF	172.4000	164.8250	123.0
Bald Mtn N3	UT-UWF	172.4000	164.8250	131.8
Soapstone N3	UT-UWF	172.4000	164.8250	136.5
Currant Creek N3	UT-UWF	172.4000	164.8250	146.2
Strawberry Ridge N3	UT-UWF	172.4000	164.8250	156.7
Clayton Peak N4	UT-UWF	172.3750	164.8750	110.9
American Fork N4	UT-UWF	172.3750	164.8750	123.0
Lake Mtn N4	UT-UWF	172.3750	164.8750	131.8
Teat Mtn N4	UT-UWF	172.3750	164.8750	136.5
Ford Ridge N4	UT-UWF	172.3750	164.8750	146.2
Horseshoe Flat N4	UT-UWF	172.3750	164.8750	156.7
Vernon N4	UT-UWF	172.3750	164.8750	167.9
State Lake Mtn.	UT-NWS	151.3700	159.4050	151.4
State Logan Peak	UT-NWS	151.2350	159.4200	151.4
State Hidden Peak	UT-NWS	151.1450	159.3000	151.4