

Appendix A – Exhibits

Form Link

Interagency forms: http://www.nifc.gov/nicc/logistics/coord_forms.htm

OES web page: www.calema.ca.gov

Chapter 10

- Resource Extension Request form – page 2170

Chapter 20

- FC 106 Intercom Script – page 5.....171
- Fire Class and Size Chart – page 11174
- Resource Order Form – page 7.....175
- Resource Order Continuation Form176
- Emergency Release Form – page 8177

Chapter 60

- OES Name Request Justification form – page 121178
- Preparedness/Detail Request form – page 121179

Chapter 70

- California Frequency Tones – page 141180
- National Mobile Food Service/Shower Unit request form – page 142.....181

Chapter 80

- Incident Aircraft Certification Form – page 146182
- FC 106 Intercom Script – page 147.....171
- Aircraft Flight Request form (FS 9400-1a) – page 148.....183
- Fire Traffic Area (FTA) graphic – page 151184
- Interagency Request for Temporary Flight Restriction (FAR Part 91.137) – page 159.....185
- Passenger and Cargo Manifest – page 160.....186
- Infrared Aircraft Scanner Order – page 156.....187
- Documentation of Contacts Requesting Deconfliction of Airspace by the Military form – page 159188

Resource Extension Request Form

Resource Extension Request Form

RESOURCE and INCIDENT INFORMATION:

Resource Name: _____

Incident Name: _____ Incident #: _____ Request #: _____

Position on Incident: _____

EXTENSION INFORMATION:

Prior to any extension consider the health, readiness and capability of the resource. The health and safety of incident personnel and resources will not be compromised under any circumstances.

| |
|---|
| <p><u>Length of Extension and last work day:</u></p> <p><u>Justification (Select from the list below):</u></p> <p><input type="checkbox"/> Life and property are imminently threatened,</p> <p><input type="checkbox"/> Suppression objectives are close to being met, or</p> <p><input type="checkbox"/> Replacement resources are unavailable or have not yet arrived.</p> |
|---|

REQUESTED BY* :

Incident Supervisor: _____ Incident Position: _____

1) Resource or Resource Supervisor: _____

2) Incident Commander or Deputy: _____

3) Host GACC Coordinator on Duty: _____

4) Home Unit Supervisor: _____

5) Sending GACC Coordinator on Duty: _____

6) NICC (only if National Resource): _____

**Signatures should be gathered in the order they are numbered above*

December 2011

FC 106 Intercom Script

All requests for agency initial attack and immediate need extended attack aircraft will be ordered through the GACC via the Intercom. The script below will be used to ensure all required information is conveyed in a standard format.

New Order

When aircraft is requested via the intercom it is assumed they are being requested for a wildland fire.

For use of aircraft on incidents other than a wildland fire, the incident type must be announced at the start of the intercom traffic. Example: North Ops, Fortuna, new order, aircraft for Air Rescue. All incident, location and hazard information will be provided but the frequencies provided will be limited to what is being used for this incident type.

| Required Information: | Examples: |
|---|--|
| Unit with the new incident addresses GACCs/Regions, Units/Forests, and air bases affected, based on where the requests have been placed in ROSS. | North Ops, Redding Air Attack Base, Redding, New Order (Wait for acknowledgement) |
| Incident Name | On Incident name Millville |
| Order Number | Order number SHU-5555 |
| Descriptive Location (i.e. prominent landmark or community; do not use street addresses) | Descriptive location: Highway 44, 5 miles east of Palo Cedro |
| Legal Description and Latitude/Longitude Decimal minutes: read only 2 numbers past the decimal. 40 33.4051 would be 40 degrees 33 decimal 40 minutes. Read: four zero degrees; three three decimal four zero minutes. Read: one two two degrees; one zero decimal zero three minutes. | Legal: Section 6, Township 32 North, Range 2 East, off Mt. Diablo Latitude: 40 degrees 33 decimal 40 minutes; by Longitude 122 degrees 10 decimal 03 minutes. |
| FM Air Tactics and Frequency and Tone (if applicable) Read: one five one decimal three zero two five. | Air Tactics: Air Tactics 23, 151.3025 |
| Air to Air AM (Victor) Frequency Read: one three five decimal five seven five. | Victor: 135.575 |
| Air to Ground Frequency and Tone (if applicable) Read: one five one decimal two two zero; Tone one | Air to Ground: CDF Air to Ground 151.220 Tone 1 |
| Ground Tactical (Frequency # given when tac is non-standard) | Ground Tactics: CDF Tac 6 |
| Command Frequency and Repeater Tone (Frequency # given when Command is non-standard) | Command: SHU Local Tone 6. |
| Break | Break (Pause for North Ops/South Ops to acknowledge before continuing) |
| Request Numbers and resources dispatched or needed | Alpha 1, using Air Attack 240; Alpha 2, to Redding for 1 air tanker; Alpha 3, to Redding for 1 air tanker; Alpha 4, requesting one air tanker Alpha 5, using Copter 205 |
| Other Aircraft | Other Aircraft: CHP Copter H13 |
| Hazards | 500 KV Power lines over the fire |

Old Order, New Request – Immediate Need

| Required Information: | Examples: |
|--|---|
| Unit with the existing old incident addresses their GACC/Region. | North Ops, Redding, old order SHU-5555, new request (Wait for acknowledgement) |
| Request Numbers and resources dispatched or needed | Alpha 6, requesting one air tanker, any type, Alpha 7, requesting one type 2 air tanker. |

Old Order, Fill Information

| Required Information: | Examples: |
|---|---|
| Unit/Airbase filling the request addresses the GACC/Region and requesting Unit and provides the order number of the incident the aircraft is being assigned to. | North Ops, Redding, Redding Air Attack Base, old order SHU-5555, aircraft information (Wait for acknowledgement) |
| Request Number, resource identifier, eta to incident and AFF Status of Aircraft. | Alpha 1, Air Attack 240 off Redding ETA 1520. (AFF Status of Aircraft) “Positive/Negative AFF”. |

Old Order, Release Information

Once the aircraft has departed their base and Fill Information is voiced over the intercom, the resource is considered to be released requiring release information from the requesting Unit. If positive radio contact has not been made with the responding aircraft, notify the GACC, sending Unit and Airbase by stating “Negative Contact”. This advises the GACC, sending Unit and Airbase that the requesting ECC has not been able to contact the aircraft to advise them of the release.

An aircraft is considered “Canceled” only if prior to becoming airborne and receiving Fill Information the aircraft is determined not to be needed.

| Required Information: | Examples: |
|--|---|
| Unit with the existing old incident addresses their GACC, sending Unit and Airbase. | North Ops, Oroville, Chico Air Attack Base, Redding old order, SHU-5555. aircraft release (Wait for acknowledgement) |
| Request Number, resource identifier, load status, the name of the base they are returning to and eta | On Alpha 4, Tanker 93 released with half a load, returning to Chico, ETA 1548. |

Incident Information

If an incident is escalating and the ECC feels that it will need to continue ordering resources or will have resources committed for an extended length of time, providing a brief incident update over the intercom is appropriate. This update will allow neighboring Units to assess potential for resource requests. Updates are low priority traffic on the intercom.

Incident/Fire Update example;

“North Ops, Redding incident update on SHU-5555, the Millville incident. The fire is 150 acres with moderate rate of spread in grass, brush and oak woodlands. Potential for 500 acres. Anticipate additional orders for aircraft, crews, equipment and overhead.”

FC106 Intercom Voice Out Script

North Ops, and/or South Ops _____,
 (ECC's and Tanker Bases you would Notify), (Your Unit)

New Order (Wait for acknowledgement from each location you contacted)

On Incident Name: _____ Order Number: _____
 (3 letter unit identifier plus inc #)

Descriptive Location: _____
 (Major Landmark, City, Town – something recognizable to a resource coming from out of the Unit.)

Legal: _____
 (Section, Township, Range, and Meridian)

Latitude: _____ by Longitude: _____
 (Degree, Decimal Minute format) (Degree, Decimal Minute format)

Air Tactics, _____; Victor, _____
 (Frequency Name and Number) (Frequency Number)
 (and Tone (if required))

Air to Ground, _____ Ground Tactics, _____
 (Frequency Name, Number) (Frequency Name)
 (and Tone (if required)) (Freq. # is optional, use if unfamiliar frequency)

Command _____
 (Frequency Name, Repeater Tone)
 (Frequency Number is optional, use if unfamiliar frequency)

Break (wait for OCC acknowledgement to continue)

Alpha One – Requesting (or Using if aircraft you direct dispatch) _____
 Type of Aircraft

Alpha Two – Requesting (or Using if aircraft you direct dispatch) _____
 Type of Aircraft

Alpha Three - Requesting (or Using if aircraft you direct dispatch) _____
 Type of Aircraft

Alpha Four - Requesting (or Using if aircraft you direct dispatch) _____
 Type of Aircraft

Other Aircraft: _____
 (any aircraft at or going to incident not noted above)

Aircraft Hazards: _____
 (Power lines, etc.)

NWCG Fire Class Size**NWCG Wild Land Fire Class Size**

| | |
|---------|--|
| Class A | .25 or less |
| Class B | more than .25 but less than 10 acres |
| Class C | 10 acres or more, but less than 100 acres |
| Class D | 100 acres or more, but less than 300 acres |
| Class E | 300 acres or more, but less than 1000 acres |
| Class F | 1000 acres or more, but less than 5000 acres |
| Class G | 5000 acres or more |

OES Name Request Justification



CALIFORNIA FIRE & RESCUE MASTER MUTUAL AID SYSTEM NAME REQUEST JUSTIFICATION ORDER FORM



Instructions

1. The completed form will be submitted to incident ordering.
2. Incident ordering will submit form to Expanded who will forward to the OES Operational Area the incident is located within.
3. If the name request is outside of the Operational Area, the form will be placed up to the OES Region.
4. If the name request is outside of the OES Region, the form will be placed up to OESH.
5. If the request is placed to OESH, or if the incident is located Out of State, fax/email form to:
Email: warning.center@ops.caloes.ca.gov Fax: (916) 845-8910
 Once approved by OESH, the form shall not be forwarded to the filling Region/Op Area.

Incident Name: _____ Incident#: _____

Request#: _____ ICS Position: _____

Name of person being ordered: _____

Agency of person being ordered: _____

Justification

| | | |
|---|-----|----|
| Have Resource Orders for this position been returned "Unable to Fill" in Local Government ROSS? | YES | NO |
| Has the availability of the person been confirmed? | YES | NO |
| Has the person's Chief/Supervisor approved this special request? | YES | NO |

Identification of person recommending the name request order

Recommending Person's:

Name: _____ Title: _____ Phone#: _____

Home Agency/Unit: _____ Incident Phone#: _____

Name Request Authorization

| | | |
|---|-----|----|
| Has this request been reviewed by the incident ICS Functional Chief | YES | NO |
|---|-----|----|

Name: _____ Title: _____ Date: _____

| | | |
|---|-----|----|
| Has this request been approved by the IC or DPIC? | YES | NO |
|---|-----|----|

Name: _____ Title: _____

Phone#: _____ Date: _____

Preparedness/Detail Request Form

PREPAREDNESS/DETAIL REQUEST

ATTACHMENT TO RESOURCE ORDER NUMBER: _____

REQUEST NUMBER /S/: _____

1. POSITION(S): _____ NUMBER OF PERSONS REQUESTED: _____

2. MINIMUM "RED CARD" RATING: _____

3. EMPLOYMENT STATUS: REGULAR FEDERAL AGENCY AD OTHER _____

4. AGENCY UNIFORM: YES NO FIRE RESISTANT CLOTHING: YES NO

5. DRIVERS LICENSE NEEDED: YES NO ENDORSEMENT: _____

6. GOVERNMENT VEHICLE: YES NO TYPE: _____

7. PRIVATE VEHICLES AUTHORIZED: YES NO NUMBER: _____

8. RADIOS NEEDED: YES NO TYPE: _____ NUMBER: _____

9. REQUESTING UNIT'S ELECTRONIC TECHNICIAN'S NAME: _____

TELEPHONE: _____

10. LENGTH OF DETAIL: _____ THROUGH: _____

11. ESTABLISHED WORKWEEK: _____

HOURS OF DUTY: _____

OVERTIME AUTHORIZED: YES NO

AUTHORIZATION NUMBER: _____

12. PERSONNEL MAY BE ROTATED: YES NO HOW OFTEN: _____

ROTATION PAID BY: _____

13. BASE SALARY PAID BY: _____

TRAVEL PAID BY: _____ PER DIEM PAID BY: _____

14. EQUIPMENT USE MILEAGE PAID BY: _____

15. REQUESTING UNIT'S ELECTRONIC ADDRESS: _____

16. REQUESTING UNIT'S ESTIMATED TOTAL COST: _____

17. REQUESTING UNIT'S PERSONNEL OFFICER: _____

TELEPHONE NUMBER: _____

18. REQUESTING UNIT'S FINANCE OFFICER: _____

TELEPHONE NUMBER: _____

19. TEMPORARY DUTY STATION:

ADDRESS/P.O. BOX: _____

TELEPHONE: _____

20. GOVERNMENT LODGING: YES NO MESS HALL: YES NO

GOVERNMENT COOKING FACILITIES ONLY: YES NO

COMMERCIAL LODGING: YES NO RATE: \$ _____ MEALS YES NO

21. NEAREST COMMERCIAL AIRLINE CITY: _____

22. REMARKS: _____

California Frequency Tones**STANDARD CTCSS TONES USED IN REGION 5**

| <u>TONE</u> | <u>FREQUENCY</u> | <u>NAC</u> |
|-------------|------------------|------------|
| 1 ----- | 110.9 ----- | 455 |
| 2 ----- | 123.0 ----- | 4CE |
| 3 ----- | 131.8 ----- | 526 |
| 4 ----- | 136.5 ----- | 555 |
| 5 ----- | 146.2 ----- | 5B6 |
| 6 ----- | 156.7 ----- | 61F |
| 7 ----- | 167.9 ----- | 68F |
| 8 ----- | 103.5 ----- | 40B |
| 9 ----- | 100.0 ----- | 3E8 |
| 10 ----- | 107.2 ----- | 430 |
| 11 ----- | 114.8 ----- | 47C |
| 12 ----- | 127.3 ----- | 4F9 |
| 13 ----- | 141.3 ----- | 585 |
| 14 ----- | 151.4 ----- | 5EA |
| 15 ----- | 162.2 ----- | 656 |
| 16 ----- | 192.8 ----- | 788 |

National Mobile Food Service/Shower Unit Request Form**MOBILE FOOD & SHOWER SERVICE REQUEST FORM**

Incident Name: _____ Financial Code: _____
 Resource Order #: _____ Food Service Request E#: _____
 Shower Unit Request E#: _____

I. FOOD SERVICE: Requested Date, Time, Meal Types, and Number of Meals

1. Date of first meal: _____ Time of first meal: _____

2. Estimated number for the first three meals:

1st meal: _____ Hot Breakfast Sack Lunch Dinner
 2nd meal: _____ Hot Breakfast Sack Lunch Dinner
 3rd meal: _____ Hot Breakfast Sack Lunch Dinner

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time first meals are to be served: Date: _____ Time: _____

(Minimum guaranteed payment is based on these estimates, see Section G.2.2):

1st meal: _____ Hot Breakfast Sack Lunches Dinner
 2nd meal: _____ Hot Breakfast Sack Lunches Dinner
 3rd meal: _____ Hot Breakfast Sack Lunches Dinner

II. Location

Reporting location: _____

Contact person at the Incident: _____

III. Additional Information

Spike Camps: Yes _____ No _____ Unknown _____

Estimated Duration of Incident _____ Estimated Personnel at Peak _____

Dispatch Contact: _____ Telephone Number: _____

IV. SHOWER SERVICE: Requested Date and Time Mobile Shower Unit is needed

Date Requested _____ Time Requested _____

Mobile Shower Unit type ordered: Large (12+ stalls) [____] Small (4-11 stalls) [____]

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time Mobile Shower Unit to be operational: Date: _____ Time: _____

National Interagency Coordination Center – 208-387-5400

Incident Aircraft Certification Form**INCIDENT – AIRCRAFT CERTIFICATION**

Date of Operation _____ Incident # _____

Incident Name _____ Request # _____

Responding Agency Aircraft ID _____ FAA # _____

FLIGHT OPERATIONS CONDUCTED (Check where appropriate)

- | | |
|---|---|
| <input type="checkbox"/> Initial Attack | <input type="checkbox"/> Helicopter |
| <input type="checkbox"/> Extended Attack | <input type="checkbox"/> Airplane |
| <input type="checkbox"/> Respond with Crew | <input type="checkbox"/> Water Dropping |
| <input type="checkbox"/> Smoke Investigation | <input type="checkbox"/> Recon |
| <input type="checkbox"/> Lightning Detection | <input type="checkbox"/> Crew Shuttling |
| <input type="checkbox"/> Aerial Firing Operations | <input type="checkbox"/> Air Operation |
| <input type="checkbox"/> Firefighter Medevac | <input type="checkbox"/> Civilian Medevac |
| <input type="checkbox"/> Other _____ | |

Significant or Imminent Threat (Check where appropriate)

- Death
- Serious Injury
- Damage to property
- Damage to natural resources

Private Sector Services Availability (Check where appropriate)

- Not Capable of Meeting Operational needs
- No Aircraft Available
- No Aircraft Available in a timely manner
- Aircraft on Order

Certifying Person:

Person Receiving Information:

Name: _____

Name: _____

Title: _____

Title: _____

Agency: _____

Agency: _____

Date: _____

Date: _____

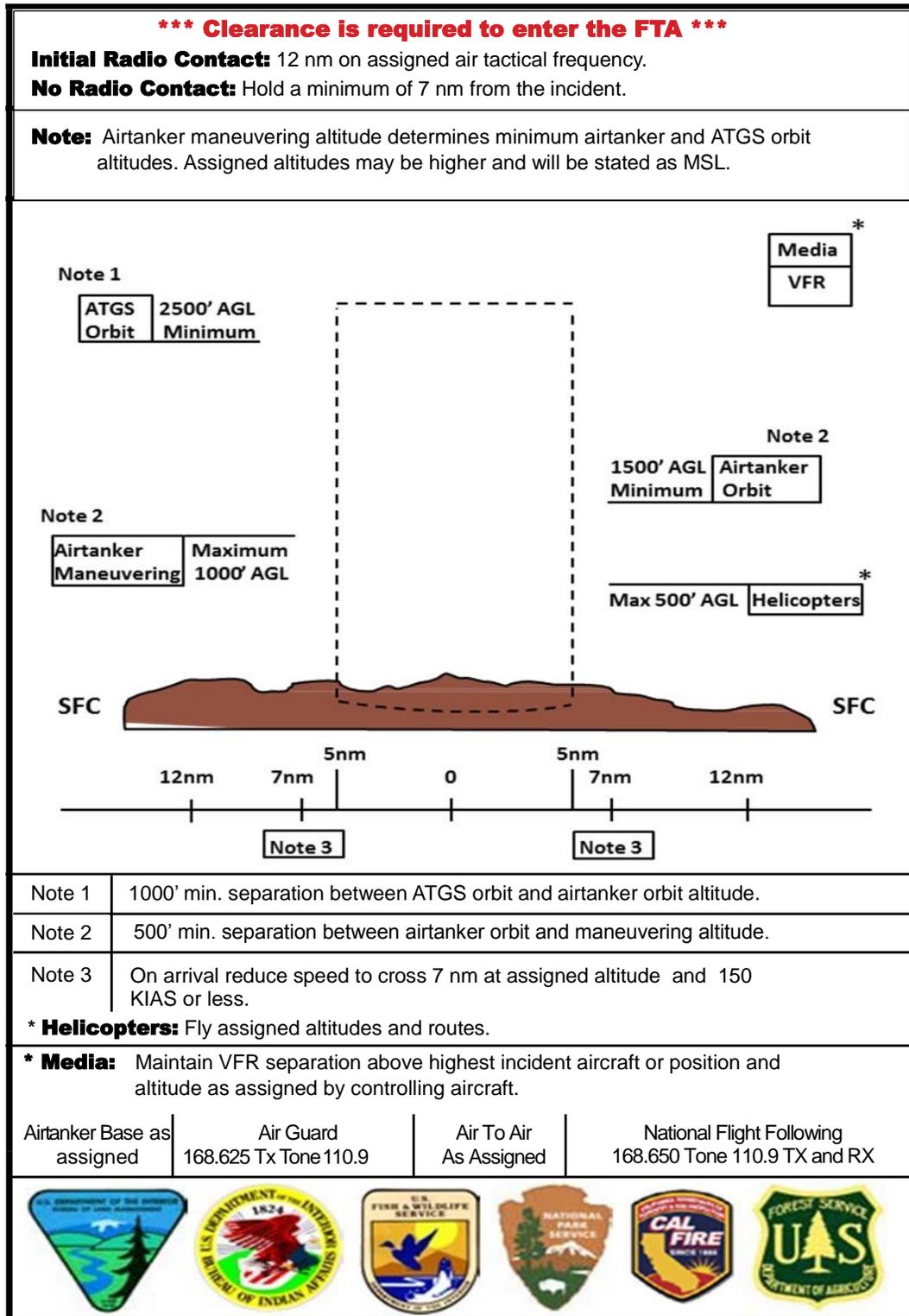
Time: _____

Time: _____

Fax to the sending Unit of the aircraft.

Fire Traffic Area (FTA) Graphic

Fire Traffic Area (FTA) 01 May 2013



National Interagency Airspace: <http://airspacecoordination.org>

Interagency Request for Temporary Flight Restriction (FAR Part 91.137)

INTERAGENCY REQUEST FOR TEMPORARY FLIGHT RESTRICTION

| | |
|--|--|
| RESOURCE ORDER NUMBER: Request #: A - | DATE: TIME: |
| TO: FAA ARTCC _____ FAA PERSON CONTACTED: _____ FAA PHONE: _____ FAX: _____ | FROM: DISPATCH OFFICE _____ PERSON REQUESTING TFR: _____ 24 HR. PHONE _____ |

Check if this TFR is a replacement. If so, NOTAM # of TFR being replaced. _____

Geographic Location of Incident _____

| Location (Circular TFR) | | | | | |
|-------------------------|--------|----------|--------------------------|---|--------|
| VOR | RADIAL | DISTANCE | LAT/LONG of Center Point | | RADIUS |
| | | | N/ | W | |

OR (Polygon TFRs should be rare and only used if circular shape is not adequate.)

| Location (Polygon TFR) | | | | | | | | | | | |
|------------------------|--------|--------|----------|----------|---|-------|--------|--------|----------|----------|---|
| Point | VOR ID | Radial | Distance | Lat/Long | | Point | VOR ID | Radial | Distance | Lat/Long | |
| 1 | | | | N/ | W | 5 | | | | N/ | W |
| 2 | | | | N/ | W | 6 | | | | N/ | W |
| 3 | | | | N/ | W | 7 | | | | N/ | W |
| 4 | | | | N/ | W | 8 | | | | N/ | W |

Altitude restrictions: _____ FEET MSL

The _____ / _____ at _____, _____

is in charge of on scene emergency response activities. TFR to provide a safe environment for fire fighting aircraft operations; effective immediately, until further notice, 24 hrs/day.

| The requested TFR affects the following Special-Use Airspace: | | | | | |
|--|---------------------|------------|-------|---------------------|------------|
| The requested TFR affects the Military Training Routes listed below: | | | | | |
| Route | SCHEDULING ACTIVITY | SEGMENT(S) | Route | SCHEDULING ACTIVITY | SEGMENT(S) |
| | | | | | |
| | | | | | |

IMPORTANT NOTE TO FAA: If the TFR affects SUA and/or MTR(s), we request NOTAM distribution to all military bases involved, to the Coordinating Flight Service Station, and, for MTRs, to the Flight Service Station and Air Route Traffic Control Center with responsibility for the airspace at the route entry point(s).

| | |
|---------------|--|
| NOTAM # _____ | ISSUED AT _____ (Time) On _____ / _____ (Date) |
|---------------|--|

Date/Time TFR Cancelled: _____ By: _____

Passenger and Cargo Manifest (SF245)

| | | | | | | | |
|---|-----|-------------------------------------|---------------------|-----------------|----------------------------------|---|---------------------|
| STANDARD FORM 245 (6/77) Prescribed by USDA FSM 5716 USDI MP9400.518 | | PASSENGER AND CARGO MANIFEST | | | | NO. OF PASSENGERS ON THIS PAGE _____ | PAGE _____ OF _____ |
| ORDERING UNIT | | PROJECT NAME | | | PROJECT NO. | | |
| NAME OF CARRIER | | MODE OF TRANS & ID NO. | | | PILOT OR DRIVER | | |
| CHIEF OF PARTY | | REPORT TO: | | | IF DELAYED CONTACT | | |
| DEPARTURE | | INTERMEDIATE STOPS | | | DESTINATION | | |
| PLACE | ETD | ETA | PLACE | ETD | ETA | PLACE | |
| | | | | | | | |
| PASSENGER AND/OR CARGO NAME | | M/F | PASSENGER WEIGHT | CARGO WEIGHT | DUTY ASSIGNMENT IF APPLICABLE | | HOME UNIT |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
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| 15. | | | | | | | |
| 16. | | | | | | | |
| 17. | | | | | | | |
| 18. | | | | | | | |
| 19. | | | | | | | |
| 20. | | | | | | | |
| 21. | | | | | | | |
| 22. | | | | | | | |
| SIGNATURE OF AUTHORIZED REPRESENTATIVE | | | | | | DATE | |

CHIEF OF PARTY COPY

Infrared Aircraft Scanner Order

AIRCRAFT SCANNER ORDER

Incident/Project#:

FireCode#:

A#

| | | | |
|----------------------------|--|-----------------------------------|---|
| Incident Name: | | Date/Time: | |
| Ordering Unit: | | Telephone #: | |
| Local Dispatch: | | Telephone #: | |
| GACC: | | Telephone #: | |
| National IR Coord: | | Telephone #: | (208) 387-5381 |
| | | FAX # | |
| | | Cell # | (208) 859-4475 |
| Regional IR Coord: | | Telephone #: | () |
| | | FAX #: | () |
| | | Cell # | () |
| IR Interpreter Ordered: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Telephone # () |
| IR Interpreter Assigned: | | Cell # | () |
| Location: Motel | | Motel # | () |
| Office or ICP | | FAX # | () |
| SITL Name and Location: | | Telephone #: | () |
| Incident Elevation (AVG): | Feet MSL | Approximate Size: | Acres |
| Weather Over The Incident: | | | |
| Delivery Point: | | | Alt. Delivery Pt: |
| Delivery type: | <input type="checkbox"/> Land Aircraft | <input type="checkbox"/> Air Drop | <input type="checkbox"/> Scanned file (give email address or ftp site in box below) |
| Delivery time: | | | |
| Delivery point weather: | | | |

Radio Frequencies:

| | | | | | | |
|-------------------------------|-----|-----|-------|-----|-----|-------|
| Local admin. Unit | Tx: | Mhz | Tone: | Rx: | Mhz | Tone: |
| Alternative Freq | Tx: | Mhz | Tone: | Rx: | Mhz | Tone: |
| Air Tactical Group Supervisor | Tx: | Mhz | Tone: | Rx: | Mhz | Tone: |

Incident Location from 2 VORs:

(Degrees)

(nautical miles)

| | | | | | |
|-------------|--|-----------------|--|------------------|--|
| VOR: | | Azimuth: | | Distance: | |
| VOR: | | Azimuth: | | Distance: | |

Mission Objective and Description:

LATITUDE/LONGITUDE INFORMATION NEEDED FOR EACH MISSION

Mapping Block

| | | |
|-------|--|--|
| NORTH | | |
| SOUTH | | |
| EAST | | |
| WEST | | |

