**2013 Rawlins SEAT Base Operating Plan**

**1300 N. Airport Road**

**Rawlins, WY 82301**

**High Desert District WY BLM**

****

**Ferris Mountain Fire 2012**

|  |  |  |  |
| --- | --- | --- | --- |
| **GENERAL AIRPORT INFORMATION** | | | |
| **Airport Name:**  Rawlins Municipal Airport | **FAA Identifier:** RWL | | **Lat:** N 41 48.3 |
| **Long:** W 107 12.0 |
| **Elevation:** 6813’ | **Runway Length:** 7008’ x 100’ | | **Unicom Frequency:** 123.0 |
| **Directions To Airport:** *Provide driving directions to the airport:*  From I-80 Westbound: Take first Rawlins exit (Cedar St.), Take first R. on Airport Rd. follow up the hill N. to airport.  From I-80 Eastbound: Take last Rawlins exit (Cedar St.) Take first R. on Airport Rd. to airport. | | | |
| **Airport Manager:**  Mike Rose, Rawlins Carbon County Airport | | **Fuel:** [ X ] Jet-A [ X ] Av-Gas | |
| **General Operating Hours:**  7am to 7pm Mon-Fri and 8am to 5pm Sat-Sun | | **Office Phone:** 307-324-2361  **After Hours Fueling:** Same as above | |
| **Primary Person Designated as a Contact for the SEAT Operation:**  [] Airport Manager [X] OtherGreg Reser District Aviation Manager (307-350-2202) | | | |
| **Agreements:** *List any agreements or MOUs that are in place for the SEAT operations:*  [] No agreements [] Verbal Agreement [X] Formal Written Agreement [] Formal Written MOU  [] Other:  Lease agreement with Carbon County for Ramp space and retardant loading space as well as lease of Helibase office space. | | | |
| **Security:** *Describe the type of security the airport has, like locked gates, fences, security cards etc.:*  Locked 6’ Chain Link Fence. Airport Access Gates have security code access. | | | |
| **Airport Access:** *Describe any concerns or procedures for accessing the airport:*  None | | | |
| **Comments:** *Provide a brief narrative about any special concerns for operating at the airport:*  Scott McConchie is contact for key to the helibase. Cell # 307-710-1094  Rawlins Dispatch also has key. Phone # 1-800-295-9953 | | | |
| **AIRPORT FUELING** | | | |
| **Describe the procedures established for ordering fuel on the base:**  Call Rawlins Carbon County Airport @ 307-324-2361 | | | |
| ***General* response time for fuel truck:**  [X] < 15 min [] < 30 min [] > 30 min [] Other: | | | |
| **Does the airport allow hot re-fueling operations for SEATs ?** [X] Yes [] No | | | |
| **Does the airport have a designated area for hot re-fueling ?** [X] Yes [] No  Location of the designated area: Loading Pit | | | |
| **Comments on fueling:**  Per 2011 ISOG there shall be no simultaneous “hot” reloading and refueling of SEATs. Only aircraft carded for hot re-fueling shall be allowed to hot re-fuel. The SEAT contractor must comply with the base operational plans as they pertain to hot re-fueling. | | | |

|  |
| --- |
| **JETTISON AREAS** |
| **Describe the jettison area establish for the base:**  Lat: N 41 59’ 27.7” Long: W 107 11’ 7.4” Elevation 6570’ |
| Descriptive area:  5 miles north of the airport |

|  |  |  |  |
| --- | --- | --- | --- |
| **DISPATCH INFORMATION** | | | |
| **Dispatch Call Sign:**  Rawlins Dispatch  KOD 466 | | **Office Phone: 307-328-4393**  **Office Fax: 307-328-4229**  **Aviation Dispatcher**: Scott Russell 1-800-295-9953 | |
| **Aviation Frequencies Monitored by the Dispatch Office:**  [X] National Flight Following [X] Air Guard [] Unicom [ ] National RAMP  [X] Other: | | | |
| **Agency Frequencies Monitored by the Dispatch Office:**  [X] USFS [X] BLM [] BIA [] NPS [] FWS [] State  [] Other: | | | |
| **Flight Following Requirements:**  [] AFF [] Agency Flight Following with 15 min Check-Ins [X] Combination AFF / Agency  [] Other: | | | |
| **Primary Flight Following Frequency:** *Provide the frequency used to flight follow from the SEAT base:* | | | |
| **RX:**  **168.275** | **TX:**  **168.275** | | **Tone:**  **None** |
| **Name of Flight Following Frequency Listed Above:**  [] National Flight Follow [X] Other: Rawlins Base | | | |
| **Initial Check-In Information:** *(List information required for the pilot to provide the dispatcher on initial contact.)*  [X] T-Number [X] Amount of Fuel [X] Mission Objective [X] General Heading [X] ETA to Incident  [X] Other: Souls on Board | | | |
| **Check-In Requirements:** *(Describe procedures established for check-ins.)*  [] Dispatcher monitors AFF only, no verbal contact with pilot.  [] Dispatch monitors AFF, verbal “ops normal” with pilot.  [] Dispatch requires 15 min verbal check-ins (Current location, bearing, operational status report).  [X] Other: Dispatch monitors AFF, 30 min verbal “ops normal” with pilot. Alternative “check in “ procedures can be implemented as long as the procedure is agreed upon and documented in writing on the 9400-1a, Resource Order, or other written record prior to the mission. | | | |
| **Dispatch Close Out Requirements:** *(Check all the procedures that apply when landing at the airport.)*  [X] Call dispatch when 5 miles out of landing at the airport , or when entering sterile cockpit environment.  [X] Call dispatch when the pilot is on the ground at the airport.  [] Call dispatch when the pilot is in the pit.  []Other: | | | |
| **Comments on Flight Following:** *(Provide a brief narrative about any special concerns for flight following.)*  **Refer to WY State Aviation Plan Section 5.3.5** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ordering General Supplies and Equipment** | | | |
| **Placing Orders:** *(Identify the primary source the SEMG should use to order their supplies / equipment from.)*  [X] Unit Aviation Manager [X] Dispatch Office  [] Other: | | | |
| **Documenting Orders:** *(Describe how the SEMG should document their request for supply / equipment orders.)*  [] Use General Message Form [X] Verbal Request  [X] Other: General Message if requested | | | |
| **Inventory Procedures:** *(Describe how the SEMG should keep track of their supply and equipment orders.)*  [X] SEAT Base Inventory Sheet (See Appendix) [] Local Inventory Form  []Other | | | |
| **SEAT BASE FACILITIES** | | | |
| **SEAT Base Facilities is identified as:** *(Check the one that best describes the base facilities.)*  [] Category I [X] Category II [] Category III Category IV | | | |
| **SEAT Base Facilities Contains the following:** *(Provide as much detail as possible in the comments.)* | | | |
| **Item** | **Yes** | **No** | **Comments** |
| Outside Shade | X |  | Limited |
| Indoor Office Space | X |  | Limited-Share with Helitack Crew/other aviation assets |
| Electricity | X |  |  |
| Water | X |  |  |
| Indoor Restrooms | X |  | No Shower |
| Portable Toilets |  |  |  |
| Kitchen Area | X |  | Sink, Microwave, No Stove |
| Sleeping Area |  | X |  |
| Outside Lights |  | X |  |
| Garbage Services | X |  |  |
| Storage Area |  |  |  |
| **Other Amenities:** *(List any amenities like microwave, showers, TV, etc.)* | | | |
| **Office Equipment Available at the Base:**  [X ] Copier [ X] Computer [ X] Internet Access [ X] Printer [ X] Fax Machine [ X] Telephone (landline)  [X ] Other: DSL and Dialup | | | |
| **Types of Radios Available at the Base:**  [X ] VHF-AM Base Station [ ] VHF-AM Vehicle Radio [ ] VHF-AM Handheld Radio  [X ] VHF-FM Base Station [ ] VHF-FM Vehicle Radio [ ] VHF-FM Handheld Radio  Other: | | | |
| **Vehicle Parking** | | | |
| **Area Designated for Parking at the SEAT Base:** *(Describe area designated for parking at the SEAT Base facilities.)*  Limited Parking at Base outside airport security fence | | | |
| **Overflow Parking Area:** *(Describe the area designated for overflow parking.)*  Available | | | |
| **SEAT Base Facility Security** | | | |
| *(Describe the general security measures established for the base like fencing, locked gates, security cards etc.)*  BLM building facilities are fenced w/6’ chain link fence and 2 20’ lift up gates that are locked 24/7. Ramp area in contained inside the airport fencing, but is accessible to anyone on the airport. | | | |
| **Is the SEAT Base Facility locked up during the night?** [X] Yes [] No | | | |
| **Are the SEAT Managers issued a key?** [X] Yes [] No  Comments: Only upon request. | | | |
| **Are the contractors issued a key?** [] Yes [X] No  Comments: | | | |
| **Primary person responsible for locking up the base facilities:** HDD Helicopter Mgr. or SEMG | | | |
| **Primary person responsible for opening up the base facilities:** Same as above | | | |
| **Comment on the SEAT Base Facilities:** Primarily a helitack base, except during time when other aviation assets may be assigned to area. | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RAMP Operations** | | | | | | | | |
| **Number of pits:** | | **1** | **Tie downs in the pit area:** [X] Yes [] No | | | | | |
| **Max number of SEATs the base can load:** | | **5** | **Tie down availability outside the RAMP space:** *(Check one)* | | | | | |
| [] No Tie Downs | | [] Limited Tie Downs | | | [X] Tie Downs Available |
| **Aircraft Overflow staging or parking area:** (*Describe the area used to stage SEATs out of the pit area)*  Tie downs opposite parking area- unless it is in the way of helitack operations. | | | | | | | | |
| **Vehicle access on RAMP:** [] No Vehicle Allowed [X] Support Vehicles Only [] SEMG Vehicle  [] Other Vehicles: | | | | | | | | |
| **RAMP Vehicle Ingress / Egress Routes:** (*Describe the procedures for a vehicle to access the RAMP)*  Go through the gate just to the East of the Helibase building. | | | | | | | | |
| **RAMP Personnel** | | | | | | | | |
| **The base has the following personal assigned or authorized for the RAMP operations:**  [X] SEMG [] RAMP Managers [ ] Parking Tender [X ] Contractor Loaders [ ] Government Loaders  [] Other: | | | | | | | | |
| **Authorized Personnel Allowed to Load SEATs:**  [X] SEAT Vendor Personnel [X] Qualified Government Personnel  [X] Other: | | | | | | | | |
| **Specialized Loading Program Established for the Base:**  [X] Yes [] No  If yes, describe the program or type of qualifications loader need to work at the base: Other than SEAT vendor personnel, only personnel qualified through the Blue Card qualifications/training program established by the CO BLM are allowed to participate in SEAT reloading operations. | | | | | | | | |
| **PPE Required for RAMP** | | | | | | | | |
| **Dress Code for Government Personnel:**  [X] Long Pants [X] Shorts Authorized  [X] Boots [X] Closed Toe Shoes  [] Other: | | | | | **Dress Code for Contractor Personnel:**  [X] Long Pants [X] Shorts Authorized  [X] Boots [X] Closed Toe Shoes  [X] Other: As specified in contract. | | | |
| **PPE Requirements for Government Personnel:**  [X] Eye Protection [X] Hearing Protection  [] Other: | | | | | **PPE requirements for Contractor Personnel:**  [X] Eye Protection [X] Hearing Protection  [] Other: | | | |
| **Vest Requirements for Government Personnel:** | | | | | **Vest Requirements for Contractor Personnel:** | | | |
| Color | Position (SEMG, Loader, RAMP, etc) | | | | Color | Position (SEMG, Loader, RAMP, etc) | | |
|  |  | | | |  |  | | |
|  |  | | | |  |  | | |
|  |  | | | |  |  | | |
| [X ] No Vest Requirements for Government Personnel | | | | | [X ] No Vest Requirements for Contractor Personnel | | | |
| **RAMP Operations** | | | | | | | | |
| **Wash Down Equipment:**  [] No Wash Down Area  [] Regular Faucet / Garden Hose  [X] Pressurized Washer | | | | **Containment Pit or Area:**  [X] Established Containment Pit  [] Temporary Containment Pit / Area  [] No Containment Pit | | | **Safety Equipment on RAMP:**  [X] Eye Wash Station  [X] First Aid Kit  [X] Fire Extinguisher  [] E-Vac Kits  [X] Other: Crash Rescue Kit | |
| **Wash Down Area:** *(Describe)*  Pit area has hose and nozzle with water supplied from hydrant to wash down. | | | | **RAMP / Pit Drainage**: *(Describe)*  Drain is located in the middle of the pits. (no level area on ramp) Drains east into the field | | |
| **Designated Maintenance or Shut Down Area:** *(Describe the area designated for SEATs to use when they need to shut down for problems or maintenance work.)*  In front of France Flying service or hangers. | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pit Access** | | | | | | | | | |
| **Established Procedures for SEATs Entering the Pit:**  *(Describe the type of authorization that allows the pilot to enter the pit area.)*  The pilot will call “Rawlins Seat Base” on 123.975 to request entrance to pit area. The loader will hand direct the A/C to proper loading pit. | | | | | | **Established Procedures for SEATs Departing the Pit:**  *(Describe the type of authorization that allows the pilot to exit the pit area.)*  Pilot will receive a “thumbs up” (hand signal) from the loader and will call “Rawlins Seat Base” on 123.975 and request departure from the pit area. | | | |
| **RAMP COMMUNICATIONS** | | | | | | | | | | |
| **RAMP Frequency:**  [X] VHF-AM: 123:975  [] Other: | | | | **Radio Equipment Used on RAMP:**  [X] VHF-AM Radios [] VHF-FM Radios  [X] Other: | | | | | |
| **Headsets required on RAMP:** [] Yes [X] No  **If Yes, what frequency is monitored:** [X] VHF-AM 123.975 [] Other: | | | | | | | | | |
| **FLIGHT LAUNCH ROTATION** | | | | | | | | | |
| **Describe the flight rotation procedures established for the base:** *(Who is up first for a dispatch)*  Rotations adhere to first in, first out regardless of agency affiliation and land ownership at the site of the incident.  SEAT crews coming into an established rotation after days off start at the bottom of the list. | | | | | | | | | |
| **WATER SYSTEM** | | | | | | | | | |
| **Water Supply Lines:** *(Check the ones that apply to the water supply system.)*  [X] Underground Plumbed Water Lines [] Surface Water Supply Lines [X] Hose lay: off hydrant that is due east of helitack building.  [] Other | | | | | | | | | |
| **Water Metering System in Place for the Base:**  [X] Yes [] No  *If yes, describe the procedures:* During operations a water meter is attached to the hydrant to monitor water use. | | | | | | | | | |
| **Water Valve System:** *(Provide as much detail as possible in the comments.)* | | | | | | | | | |
| **Type of Valve** | **Yes** | | **No** | | **Location / Comments** | | | | |
| Primary Shut Off Valve | X | |  | | Primary water valve located on hydrant | | | | |
| Additional Shut Off Valve | X | |  | | Added | | | | |
| Additional Shut Off Valve |  | |  | |  | | | | |
| **Other Miscellaneous Valves:** Secondary shutoff placed on hydrant to avoid interruption of hose lay. | | | | | | | | | |
| **Comments on the water system:** | | | | | | | | | |
| **WATER SUPPLY** | | | | | | | | | |
| **Primary Water Source**: *(Describe the primary water source used by the base.)*  Primary source of water is city water supply. | | | | | | | | | **Capacity:** N/A |
| **Water Ordering Procedures**: *(Describe the procedures established for ordering water.)*  Can call County water tenders through RWC Dispatch if hydrant is not working. | | | | | | | | | |
| **Trigger Point for Re-Ordering Water:** *(Describe when you should notify the unit to re-supply the water source.)*  When hydrant is out of order call county water tenders. Can set up 2,500 gal. pumpkin to assure water supply. | | | | | | | | | |
| **Timeline for Re-Supplying Water:** *(Document the estimated time frame for re-supplying water.)*  [X] Immediate [] One -Two Hours [] Two –Three Hours [] Other: | | | | | | | | | |
| **Back Up Water Source:** *(Describe any backup water sources available for the base.)*  Order up water tenders through Rawlins Dispatch. Response time is 15 min. | | | | | | | | | |
| **RETARDANT SYSTEM** | | | | | | | | | |
| **Retardant Supplier:** *(Check One)* [] Full Service Contract [X] Government Supplies Retardant  [] Other: | | | | | | | | | |
| **Retardant Pumping System:** *(Check the best one that applies to the base set up)*  [] Fully service contract that mixes the water and retardant and loads the aircraft as part of the contract.  [] Water and retardant directly supplied to the vendor support vehicle, mixed, and loaded on aircraft.  [X] Water and retardant directly supplied to ground mixing tank, mixed and loaded on the aircraft.  [] Other:  M | | | | | | | | | |
| **Retardant Refractometer Readings:** *(Describe how refractometer readings are taken during the mixing process)*  Taken during loading. The contractor is required by contract to verify each load of retardant. (ISOG 2011 Chapter VIII Sec. 1 paragraph 3). | | | | | | | | | |
| **Retardant Pumps:** [X] Government Owned [] SEAT Contractor [] Full Service Contract Equipment  [] Other: | | | | | | | | | |
| **How many primary pumps does the base have:**  [X] one [] two [] three [] four | | | | | | **Back-up pumps Available:**  [X] Yes [] No | | | |
| **Retardant Pump Maintenance: Who is responsible for supplying fuel, oil, gaskets, etc for the pumps?**  [X] Government Personnel [] SEAT Contractor [] Full Service Contractors  [] Other | | | | | | | | | |
| **Retardant Pump Maintenance: Who is responsible for maintaining the pumps?**  [X] Government Personnel [] SEAT Contractor [] Full Service Contractors  [] Other | | | | | | | | | |
| **RETARDANT SUPPLY** | | | | | | | | | |
| **Type of Retardant Used** | | | | | | | **Type of Foam Used** | **Type of Gel Used** | |
| **Liquid:**  LC95A | | **Powder:** | | | | |  |  | |
| Mix Ratio: 5:1  Refractometer:12.25-14.25 | | Mix Ratio:  Refractometer: | | | | | Mix Ratio: | Mix Ratio:  Marsh Funnel Time: | |
| Re-Order Trigger Point:  1,500- when retardant level drops below | | Re-Order Trigger Point: | | | | | Re-Order Trigger Point: | Re-Order Trigger Point: | |
| **Ordering Retardant / Suppressants:** *(Describe the procedures established for ordering retardant or suppressants.)*  Retardant orders processed through Rawlins Dispatch. | | | | | | | | | |
| **Timeline for Re-Supplying Retardant:** *(Document the estimated time frame for re-supplying retardant.)*  [] < 12 Hours [X] < 24 Hours [] < 36 Hours [] < 48 Hours [] Other: | | | | | | | | | |
| **RETARDANT STORAGE TANKS** | | | | | | | | | |
| **Number of storage tanks at the base:** 1 | | | | | | **Maximum gallons of liquid retardant :** 6,000g | | | |
| **RETARDANT RE-CIRCULATION PROCEDURES** | | | | | | | | | |
| **Retardant re-circulation schedule :**  [] Daily [] Every 2-3 Days [X] Weekly  [] Other | | | | | | **Length of time designated for re-circulation:**  [X] 30 min. [] 1 Hour [] 2 Hours [] 3 Hours  []Other | | | |
| **Primary person designated to re-circulate the retardant:** Local helitack crew can re-circulate retardant at suggested intervals. When helitack crew is unavailable another HDD personnel will be able to pick up re-circulation duties. | | | | | | | | | |
| **COMMENTS ON RETARDANT SYSTEM** | | | | | | | | | |
| 6,000 gal. LC tank Phoschek 95A | | | | | | | | | |

|  |  |
| --- | --- |
| **INITIAL BRIEFINGS** | |
| **Primary person designated to provide the initial briefing to incoming pilots:**  [X] Unit Aviation Manager [X] Air Base Manager [X] SEMG [] Other: | |
| **Check what elements are given to the pilot on their initial briefing:**  [X] Local Briefing Packet [X] Maps [X] Frequency Lists [X] Repeater Locations [] Organizational Chart  [X] Other: Resources available and other aircraft | |
| **Primary person designated to provide the initial briefing to incoming SEMG:**  [X] Unit Aviation Manager [X] Air Base Manager [] FMO [X] Other Outgoing SEMG | |
| **Check what elements are given to the SEMG on their initial briefing:**  [X] Local Briefing Packet [X] Maps [X] Frequency Lists [X] Repeater Locations [X] Organizational Chart  [X] Other: Radio/Headset if available. | |
| **Type of Aerial Hazard Map Available at the Base:** *(Describe what the base is using for their aerial hazard map.)*  Aerial hazard maps are posted in dispatch and at the base. | |
| **DAILY MORNING OPERATIONS** | |
| **Primary person designated to give the morning briefing ?**  [] Unit Aviation Manager [] Air Base Manager [X] SEMG [] Other: | |
| **Primary source of Intel for the base:**  [] Intel directly available at the base [X] Dispatch faxes Intel to base [] Intel brought out to the base  []Other: | |
| **General time frame for morning briefings:** 0900-1000 includes pilot, loader and driver | |
| **Check the items that are reviewed during the morning briefing:**  [X] National Sit Report [X] GACC Sit Report [X] Local Sit Report [X] Weather [X] Lightning Map  [X] ERC / BI [X] Aviation Resource Report [X] Fire Status [X] Frequencies [X] Airspace  [] Other | |
| Pilots required to do morning radio check:  [X] Yes [] No → | If yes, who do they perform their radio check with?  RWL Seat Base AM&FM |
| Loaders required to do morning radio check:  [X] Yes [] No → | If yes, who do they perform their radio check with?  RWL Seat Base |
| SEMG required to perform a morning check-in ?  [X] Yes [] No → | If yes, who do they contact?  Rawlins Dispatch 328-4393 |
| **Lunch Scheduling Low Fire Activity:** *(Describe scheduling lunch breaks during periods of low fire activity.)*  [] Contractors remain at base [X] Contractors depart base [X] Contractors stagger or rotate for coverage  [] Other: | |
| **Lunch Scheduling High Fire Activity:** *(Describe scheduling lunch breaks during periods of high fire activity.)*  [] Contractors remain at base [] Contractors depart base [X] Contractors stagger or rotate for coverage  [X] Other: Designated personnel can retrieve and deliver meals as needed. | |
| **Lunch Scheduling During an Ongoing Fire:** *(Describe scheduling lunch breaks during periods of high fire activity.)*  [X] Government provides contractors lunch [] Contractors stagger or rotate for coverage  [] Other: Governmentt orders lunch for the base at their discretion. | |
| **DAILY EVENING OPERATIONS** | |
| **Evening Meals Provide at the Base:** [X] Yes [] No  If Yes, describe the trigger point for providing an evening meal to contractors: Ongoing operations till sunset and at the discretion of the Governmentt. | |
| **Evening Debrief:** *(Describe the general base policy for conducting end of day de-briefing sessions.)*  [X] Always conducted at the end of each day [] Conducted next day in AM briefing  Unless personnel are hitting duty day limits, then rotate to morning briefing. | |
| **Primary person designated to give the evening debriefing?**  [] Unit Aviation Manager [] Air Base Manager [X] SEMG [] Other: | |
| **Who is responsible for providing base personnel with the duty day shut down time and next day on time:**  [X] Dispatch [] Air Base Manager [] FMO  [] Other: | |

|  |
| --- |
| **PROCEDURES ESTABLISHED FOR ORDERING SEATS** |
| **An order to mobilize a SEAT will *be received*  from the following source**:  [X] Dispatch Office [] Unit Aviation Officer [] Air Base Manager [] FMO  [] Other: |
| **The order will be sent to the base by the following method:** [X] Fax [X] Landline [X] Cell Phone  [X] Radio |
| **The order will be documented on the following form when dispatched from the base:**  [] NFES 2657 Aircraft Dispatch Form [X] Local Aircraft Dispatch Form [] ATB-3 [X] Resource Order |
| **The order to mobilize a SEAT will be *given* to the following person:**  [X] SEAT Manager [] Unit Aviation Officer [] Air Base Manager  []Other: |
| **Type of documentation a pilot will receive to mobilize for an order:**  [X] Copy of the Aircraft Dispatch Form [X] Verbal Notification  [] Other: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADMINISTRTION** | | | | | | | | |
| **Billee Codes for the Area of Operation** | | | | | | | | |
| **Agency** | **Unit Name** | **Billee Code** | |  | **Agency** | **Unit Name** | | **Billee Code** | |
| BLM | Rawlins Field Office | 6800 | |  | FWS |  | |  | |
| USFS |  |  | |  | STATE |  | |  | |
| BIA |  |  | |  |  |  | |  | |
| NPS |  |  | |  |  |  | |  | |
| **Charge Codes:** | | | | | | | | |
| **Obtaining Charge Code Information:** *(Describe how the SEMG obtains their charges codes each day for the OAS 23.)*  RWC Dispatch will provide SEMG with charge code information upon request. | | | | | | | | |
| **Who is authorized to sign the AMD 23E:**  SEMG or Unit Aviation Manager | | | | | | | | |
| Per Diem Rates for the Area of Operation: | | | | | | | | |
| **Per Diem Rate for the Area →** | | | **Location Name:** Rawlins | | | | **$ Rate:** CONUS | |

**Documentation:**

|  |
| --- |
| **Types of Record Keeping Required at the Base:** *(List the documents that the unit requires copies of for the system of records keeping.)*  [X ] SEAT Inspection Sheets [ X] SEAT Tanker Logs [ X] SEAT Cost Summary Sheets [ X] AMD 23E  [X ] Other: Copies of the pilot/driver duty charts. |
| **Who is designated to receive copies of all the documentation generated at the base:** *(Name of agency personnel)*  All documentation will be sent to RWC Dispatch. RWC Dispatch will then forward all necessary documentation on to Unit Aviation Manager. |
| **What is the timeframe for providing the agency with the copies of the required documentation:**  [ X] Daily [] Every Week [ ] Every Two Weeks [ ] At the End of Your Assignment  [X ] Other: Required documents should be sent to RWC daily or as soon as time permits. |

|  |  |  |
| --- | --- | --- |
| **CRASH RESCUE OPERATIONS** | | |
| Nearest Hospital: **Carbon County Memorial Hospital Rawlins, WY (307) 324-2221** | Lat: **N 41°47’24”** | Long: **W 107°15’48”** |
| Nearest Trauma Center: **Wyoming Medical Center**  **Casper, WY (800)-442-2222** | Lat: **N 42°50’56”** | Long: **W 106°18’27”** |
| Nearest Burn Center: **University of Utah Hospital**  **Salt Lake City, UT (801)-581-2121** | Lat**: N 40°46’01”** | Long: **W 111°50’19”** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REPORTING ACCIDENT / INCIDENTS ON THE SEAT BASE** | | | | |
| DATE: | | TIME: | REPORTED BY: |
| **INCIDENT INFORMATION** | | | |
| **WHAT TYPE OF INCIDENT OBSERVED OR REPORTED ?** | | | |
| **WHO / WHAT IS INVOLVED ?** | | | |
| **EMERGENCY MEDICAL SUPPORT (EMS)** | | | |
| **WHAT TYPE OF EMS IS REQUIRED ?**  Injuries ?  YES  NO  UNKNOWN | | | |
| **STEP ONE:** Try to document as much of the information possible on the table above from your observations or the individual that is reporting the incident. | | |
| **STEP TWO**:  **DIAL: 911 TO REPORT THE INCIDENT AND REQUEST ASSISTANCE**.  TIME NOTIFIED: | | |
| **STEP THREE:** Notify the appropriate Initial Attack Dispatch Office and relay the known information so they can activate their Aviation Mishap Response Plan.  **DISPATCH OFFICE: \_\_\_\_\_\_Rawlins Dispatch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_1-800-295-9953\_\_\_\_**\_\_\_\_\_\_    TIME NOTIFIED: | | |
| **STEP FOUR:** Establish who is the On Scene Incident Commander (IC) and who are the On Scene Incident Responders. Appoint a main contact on site for the dispatch office to call for further information or instructions. Relay the names and titles to dispatch.  **ON SCENE IC**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ON SCENE RESPONDER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **MAIN CONTACT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **NOTE: *Be prepared to provide the dispatch office with the following information:***  Make / Model of Aircraft:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N#:\_\_\_\_\_\_\_\_\_\_\_ Call Sign:\_\_\_\_\_\_\_\_\_\_  Type of Fuel: Jet- A:\_\_\_\_ AV-GAS:\_\_\_\_\_ AMOUNT:\_\_\_\_\_\_\_\_\_\_\_\_  Pilot Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Driver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Loader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Make / Model of Fuel Truck: \_\_\_\_\_\_\_\_\_\_\_\_License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount of Fuel:\_\_\_\_\_\_\_\_\_\_\_ | | |

Appendix:

Complete the following forms when SEAT operations are being conducted at the base:

* SEAT Base Organizational Chart
* SEAT Base Contact List
* SEAT Base Inventory Sheet
* Important SEAT Base Operations Contacts

**SEAT BASE**

**ORGANIZATIONAL CHART**

**Date:\_\_\_\_\_\_\_\_\_\_\_ SEAT Base Location:\_**Rawlins Carbon County Airport

**Unit Aviation officer**

Greg Reser (307-350-2202)

**SEAT Base Point of Contact**

*(Name of the individual directly assigned to oversee the SEAT base operation.)*

Name: Title:

**SEAT Manager**

T-

T-

T-

**SEAT Manager**

**SEAT Manager**

T-

T-

T-

T-

T-

T-

**RAMP Manager**

**Radio Operator**

**Other Positions**

*(Names and Positions)*

**Fire Management Officer**

Frank Keeler (307-350-6994)

**Date:\_\_\_\_\_\_\_\_\_ SEAT BASE CONTACT LIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SEAT Managers** |  | **SEAT Contractor Personnel** |  | **Other Contacts** |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |
| Name:  Phone: |  | Name: Tanker #:  Phone: [] Pilot [] Driver |  | Title:  Name:  Phone: |

**SEAT Base Inventory Sheet**

**Name of SEAT Base:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Base:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Description**  *(List of supplies and equipment on base.)* | **Ownership**  *(Agency, Airport, EERA, etc)* | **Check-Out By**  *(Name and date checked-out)* | **Documentation Used**  *(General Message, Resource Order, etc)* | **Return Information**  *(Name of person and date returning)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| m |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Important SEAT Base Operations Contacts**

**Rawlins Interagency Dispatch** 1-800-295-9953

**1300 Third Street**

**Rawlins, WY 82301**

**Vacant** Dispatch Center Manager (307) 328-4397 (w)

Rawlins, WY (307) 772-1286 (c)

**Frank Keeler** HDD FMO (307) 352-0282 (w)

Rock Springs, WY (307) 350-6994 (c)

**Greg Reser** HDD Unit Aviation Manager (307) 367-5350 (w)

Pinedale, WY (307) 350-2202 (c)

**Jason Baldwin** State Aviation Manager (307) 775-6237 (w)

BLM-Cheyenne, WY (307) 630-0070 (c)

**Rick Caldwell** Rawlins Carbon County (307) 324-2361 (w)

Airport Board Chaiman

**Mike Rose** Rawlins Carbon County (307) 321-2273 (c)

Airport Manager