

Aerial Supervision Logbook

The Aerial Supervision Logbook contains forms and references utilized by aerial supervisors. These forms are also available online at:

http://www.blm.gov/nifc/st/en/prog/fire/Aviation/aerial_supervision.html

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Descriptions

Annual Aerial Supervision Summary	Summarizes annual missions and hours
IQCS Responder Form	IQCS experience record
Aerial Supervision Mission Log	Individual mission log which also tracks cumulative missions and flight hours
Aerial Supervision Mission Evaluation	Utilized to evaluate individual aerial supervision performance
ASM/ATS Competency Check Form	ASM/ATS checkride
Airtanker Drop Evaluation	Individual tanker drop form
SEAT Pilot Evaluation	SEAT pilot mission evaluation
Aircraft Mission Checklist – Aerial Supervision	Required enroute checklist for aerial supervision
Airtanker Briefing Checklist	Standard airtanker briefing tool
Aerial Supervision Transition Checklist	Reference tool for aerial supervision transition
Daily Cost Summary	Generic aerial supervision cost summary
Flight Time/Duty Day Log	Tracks cumulative pilot flight time and duty day hours.
Fire Sizeup	Generic fire sizeup form
Aerial Supervision Mission Form	Aerial supervision mission organizer
Notes	Blank pages

Annual Aerial Supervision Mission Summary

ATGS: Fill out this form at the end of fire season and fax it to your GACC ATGS Cadre Member/IQCS Representative by 10/31

GACC Cadre Member: Sign this form and fax it to your National Program Manager by 11/15

ATGS Name:	Total Flight Time:
Date:	Total # of Missions:
Forest/District:	
Phone#:	Email
Fax#:	
GACC Cadre Member Name	GACC Cadre Member Fax #
GACC Cadre Member Phone #	GACC Cadre Member Email:
ATGS Comments:	
GACC Cadre Member Comments:	
ATGS Signature:	Date:
GACC Cadre Member Signature:	Date:

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ATGS Comments:	
GACC Cadre Member Comments:	
ATGS Signature:	Date:
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GACC Cadre Member Comments:	
ATGS Signature:	Date:
GACC Cadre Member Signature:	Date:



Incident Qualifications and Certification Individual Employee Update

(Note: this form is to be used only for updating employee records that are already established in the IQCS)

Header Information			
First Name			
Last Name		Employment Kind <small>(Career, Career Seasonal, Casual Hire, Temporary, Volunteer)</small>	
Middle Initial		Fitness Rating <small>(Arduous, Moderate, Light, None)</small>	
Employee Number <small>(IQCS #)</small>		Fitness Date <small>(MM/DD/YYYY)</small>	
Org Code		Group <small>(IMT Member and Team name)</small>	
Unit ID		IRDP Incident Responder Development Plan <small>(Y/N)</small>	
OPM Job Code <small>(this can be found on the SF 50)</small>		Salary plan/Grade <small>(GS, WG, WL, WS, AD, ES, EM)</small>	

Incident Qualification Card <i>(only the job you want on your incident qualifications card)</i>			
Qualified Jobs		Trainee Jobs	
Job Code	Job Code	Job Code	Job Code

JOB CODE = Four digit code for the job performed (ex.: **FFT2** = Firefighter Type 2)

Training administered within IQCS will automatically be applied to the individual's record when the course session is completed

Employee Training Entry (Documentation Required)			
Course Code	Date Completed (MM/DD/YYYY)	Course Code	Date Completed (MM/DD/YYYY)
EXAMPLE: S190	02/21/04		

Instructor Experience Entry

Course Code	Course Start Date (MM/DD/YY)	Instructor Level L=lead U=unit	IQCS Session # (If Applicable) / Course Location (Training Facility Name)/Course Coordinator (if known)
EXAMPLE: S390	04/01/04	U	0224/WFTC/JOECOORD

Task Books

Initiated, But Not Completed		
Event Code	Job Code	Initiated Date
<i>Example: WF</i>	<i>Example: FFT1</i>	<i>Example: MM/DD/YYYY</i>

Initiated And Completed (1 column per Task Book)		
<i>Job Code, and Initiated Date</i> Example: WF-FFT1 MM/DD/YYYY	<i>Job Code, and Initiated Date</i>	<i>Job Code, and Initiated Date</i>
<i>Final Evaluator</i> Example: Last Name, First Name, Middle Initial	<i>Final Evaluator</i>	<i>Final Evaluator</i>
<i>Title</i> Example: Station Manager	<i>Title</i>	<i>Title</i>
<i>Home Unit</i> Example: NMNPA, Norther Pueblos Agency	<i>Home Unit</i>	<i>Home Unit</i>
<i>Phone Number</i> Example: 801-354-5678	<i>Phone Number</i>	<i>Phone Number</i>
<i>Certifier's IQCS Empl ID (NOT SSN)</i> Example: This Person Must Be In The IQCS Data Base	<i>Certifier's IQCS Empl ID</i>	<i>Certifier's IQCS Empl ID</i>
<i>Title</i> Example: District FMO	<i>Title</i>	<i>Title</i>
<i>Home Unit</i> Example: ORWSA, Warm Springs Agency	<i>Home Unit</i>	<i>Home Unit</i>
<i>Phone Number</i> Example: 801-456-9875	<i>Phone Number</i>	<i>Phone Number</i>
<i>Certification Date</i> Example: MM/DD/YYYY	<i>Certification Date</i>	<i>Certification Date</i>

Aerial Supervision Mission Log			
Date	Fire Name		Location (City/State)
	Fire Number (s)		Mission Position
Pilot			ASM ATGS () ()
			Total Flight Time
Resources:	#	Type	Description of Events
ASM			
Lead			
Airtankers			
SEATS			
Helicopters			
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Media			
Other			
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Date	Fire Name		Location (City/State)
	Fire Number (s)		Mission Position
Pilot			ASM ATGS
			() ()
			Total Flight Time
Resources:	#	Type	Description of Events
ASM			
Lead			
Airtankers			
SEATS			
Helicopters			
Jumpships			
Media			
Other			
Complexity Level:		Region:	Agency:
Missions to Date:		Flight Time to Date:	

Aerial Supervision Mission Log			
Date	Fire Name		Location (City/State)
	Fire Number (s)		Mission Position
Pilot			ASM ATGS
			() ()
			Total Flight Time
Resources:	#	Type	Description of Events
ASM			
Lead			
Airtankers			
SEATS			
Helicopters			
Jumpships			
Media			
Other			
Complexity Level:		Region:	Agency:
Missions to Date:		Flight Time to Date:	

Aerial Supervision Mission Log			
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			() ()
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Resources:	#	Type	Description of Events
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Jumpships			
Media			
Other			
Complexity Level:		Region:	Agency:
Missions to Date:		Flight Time to Date:	

Aerial Supervision Mission Log			
Date	Fire Name		Location (City/State)
	Fire Number (s)		Mission Position
Pilot			ASM ATGS () ()
			Total Flight Time
Resources:	#	Type	Description of Events
ASM			
Lead			
Airtankers			
SEATS			
Helicopters			
Jumpships			
Media			
Other			
Complexity Level:		Region:	Agency:
Missions to Date:		Flight Time to Date:	

Aerial Supervision Mission Log			
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	Fire Number (s)		Mission Position
Pilot			ASM ATGS () ()
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Resources:	#	Type	Description of Events
ASM			
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Airtankers			
SEATS			
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Media			
Other			
Complexity Level:		Region:	Agency:
Missions to Date:		Flight Time to Date:	

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Resources:	#	Type	Description of Events
ASM			
Lead			
Airtankers			
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Media			
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Complexity Level:		Region:	Agency:
Missions to Date:		Flight Time to Date:	

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Other			
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Complexity Level:		Region:	Agency:
Missions to Date:		Flight Time to Date:	

Aerial Supervision Mission Evaluation

Name:		Date:		# Evaluation Missions (Taskbook):			
Trainee: Y N		Mission Eval: Y N		# Missions this Incident:			
Incident Name:				Total Missions to Date (logbook):			
Incident Location:				Fuel Model(s):			
Incident Complexity: Type 1 Type 2 Type 3 Initial Attack Prescribed Fire Other (all risk):							
Airspace Complexity Elements: TFR WUI MOA/SUA ATC							
# of Aircraft Assigned Helicopters Airtankers Lead/ASM/HLCO Other							
Evaluation Elements (see below):		1	2	3	4	N/A	Remarks
Pre-Mission Procedures							
En Route Procedures/Communication							
FTA Entry							
Determine FTA Altitudes							
Determine Hazards							
Confirm Objectives and Priorities w/Gnd							
Initial Briefing							
Tactical Briefing/Target Description							
Line Clearance (AC and Ground)							
Departure Briefing							
Separation (vertical, horizontal)							
Transition Routes							
IP/Holding Areas							
Checkpoints/Fences							
Helicopter Routes							
Coordination with Ground Personnel							
Provide Fire information/Sizeup							
Recommend Strategies/Tactics							
Provide Safety Oversight							
Coordination with Dispatch							
Emergencies (Aircraft, Medevac, IWI)							
Post Mission (debrief, log, payment docs)							
Safety							
Span of Control Mitigation							
Situational Awareness							
Risk Management							
CRM (Info/task sharing w/pilot)							
FW/RW Mission Prioritization							
Aerial Supervision Transition Briefing							
Frequency Management							
Other							
Focus Areas – Next Mission:							
Evaluation Flight Result: Pass Fail							
Instructor/Check Airman:				Date:			

Evaluation Elements		
4	None	No assistance required or deficiency noted.
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Scores of 1 or 2 require remarks.

Aerial Supervision Mission Evaluation

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Trainee: Y N		Mission Eval: Y N		# Missions this Incident:			
Incident Name:				Total Missions to Date (logbook):			
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Frequency Management							
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Scores of 1 or 2 require remarks.

Aerial Supervision Mission Evaluation

Name:		Date:		# Evaluation Missions (Taskbook):			
Trainee: Y N		Mission Eval: Y N		# Missions this Incident:			
Incident Name:				Total Missions to Date (logbook):			
Incident Location:				Fuel Model(s):			
Incident Complexity: ___ Type 1 ___ Type 2 ___ Type 3 ___ Initial Attack ___ Prescribed Fire ___ Other (all risk):							
Airspace Complexity Elements: ___ TFR ___ WUI ___ MOA/SUA ___ ATC							
# of Aircraft Assigned ___ Helicopters ___ Airtankers ___ Lead/ASM/HLCO ___ Other							
Evaluation Elements (see below):		1	2	3	4	N/A	Remarks
Pre-Mission Procedures							
En Route Procedures/Communication							
FTA Entry							
Determine FTA Altitudes							
Determine Hazards							
Confirm Objectives and Priorities w/Gnd							
Initial Briefing							
Tactical Briefing/Target Description							
Line Clearance (AC and Ground)							
Departure Briefing							
Separation (vertical, horizontal)							
Transition Routes							
IP/Holding Areas							
Checkpoints/Fences							
Helicopter Routes							
Coordination with Ground Personnel							
Provide Fire information/Sizeup							
Recommend Strategies/Tactics							
Provide Safety Oversight							
Coordination with Dispatch							
Emergencies (Aircraft, Medevac, IWI)							
Post Mission (debrief, log, payment docs)							
Safety							
Span of Control Mitigation							
Situational Awareness							
Risk Management							
CRM (Info/task sharing w/pilot)							
FW/RW Mission Prioritization							
Aerial Supervision Transition Briefing							
Frequency Management							
Other							
Focus Areas – Next Mission:							
Evaluation Flight Result: ___ Pass ___ Fail							
Instructor/Check Airman:				Date:			

Evaluation Elements		
4	None	No assistance required or deficiency noted.
3	Minor	Non-Critical deviations are noted, but the outcome of the event/objective was never in doubt.
2	Moderate	Coaching was required and the outcome of the event/objective was in doubt.
1	Significant	Frequent coaching was required. The outcome of the event was in doubt and safety was compromised or the individual failed to accomplish the critical task.
NA	Task/procedure not applicable to this mission.	

Evaluation Requirements:

Six elements (bold text and shading) have been identified as mission critical and require a rating of 4 in order to pass the evaluation flight.

All other elements require a minimum rating of 3 in order to pass the evaluation flight.

Scores of 1 or 2 require remarks.

ASM/ATS Competency Training/Proficiency Check

Name:			Position:			Date:			
Aircraft Type:			N#:	Flight Time:			Location:		
Crew Position: ATS Trainee			Type Check: ATS Trainee			Training: Recurrent Annual Initial			
Grade all applicable items: (+) Satisfactory (-) Unsatisfactory Unsatisfactory marks require comments in the remarks section.									
Pre-Flight	ATS	Trainee		Tactics (low level)	ATS	Trainee			
Crew brief				Personnel location					
AC and radio setup				Separation					
Preparation/organization				Situational awareness					
Fire order information				Inter-cockpit commo					
				Over target					
Enroute				Drop evaluation					
Use of time									
Knowledge of the environment				CRM					
Air to ground commo				Teamwork					
				Judgement					
Tactics/Recon				Emergency procedures					
approaching the incident				Verbal skills					
Scouting the area				Non-verbal skills					
Hazard Identification				Risk analysis					
Risk mitigation									
Approach and Exit				Other					
General Flight									
Use of checklists									
Aircraft instrument knowledge									
Procedures									
Remarks:									
Results of Checkride: Approved Not Approved									
Check Airman Name (print)				Check Airman Signature					
Trainee/ATS Name (print)				Trainee/ATS Signature					

ASM/ATS Competency Training/Proficiency Check

Name:			Position:			Date:			
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Risk mitigation									
Approach and Exit				Other					
General Flight									
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Procedures									
Remarks:									
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Aircraft instrument knowledge								
Procedures								
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AIR TANKER DROP EVALUATION

DATE of Drop(s) _____

INCIDENT NAME: _____ INCIDENT #: _____

DISCRIPTIVE LOCATION: _____

TANKER #: _____ Pilot: _____

VENDOR : _____

Elevation: _____ Wind: _____

TERRAIN: Steep Rolling Flat

FUEL TYPE: Timber Open Timber Brush Grass Urban Interface

Unacceptable Poor Good Excellent

Communications: 1 2 3 4

Fire Area Traffic Pattern 1 3 4

Target Acquisition: 1 3 4

Drop Accuracy: 1 2 3 4

Number of Drops: _____

OBSERVATIONS, RECOMDATIONS/ COMMENTS:

Evaluators Name: _____ Position: _____

Address: _____ Organization: _____

_____ Phone: _____

_____ Fax: _____

Email: _____ Cell: _____

AIR TANKER DROP EVALUATION

DATE of Drop(s) _____

INCIDENT NAME: _____ INCIDENT #: _____

DISCRIPTIVE LOCATION: _____

TANKER #: _____ Pilot: _____

VENDOR : _____

Elevation: _____ Wind: _____

TERRAIN: Steep Rolling Flat

FUEL TYPE: Timber Open Timber Brush Grass Urban Interface

Unacceptable
Poor
Good
Excellent

Communications: 1 2 3 4

Fire Area Traffic Pattern 1 3 4

Target Acquisition: 1 3 4

Drop Accuracy: 1 2 3 4

Number of Drops: _____

OBSERVATIONS, RECOMDATIONS/ COMMENTS:

Evaluators Name: _____ Position: _____

Address: _____ Organization: _____

_____ Phone: _____

_____ Fax: _____

Email: _____ Cell: _____

AIR TANKER DROP EVALUATION

DATE of Drop(s) _____

INCIDENT NAME: _____ INCIDENT #: _____

DISCRIPTIVE LOCATION: _____

TANKER #: _____ Pilot: _____

VENDOR : _____

Elevation: _____ Wind: _____

TERRAIN: Steep Rolling Flat

FUEL TYPE: Timber Open Timber Brush Grass Urban Interface

Unacceptable
Poor
Good
Excellent

Communications: 1 2 3 4

Fire Area Traffic Pattern 1 3 4

Target Acquisition: 1 3 4

Drop Accuracy: 1 2 3 4

Number of Drops: _____

OBSERVATIONS, RECOMDATIONS/ COMMENTS:

Evaluators Name: _____ Position: _____

Address: _____ Organization: _____

_____ Phone: _____

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Email: _____ Cell: _____

AIR TANKER DROP EVALUATION

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TANKER #: _____ Pilot: _____

VENDOR : _____

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TERRAIN: Steep Rolling Flat

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Poor
Good
Excellent

Communications: 1 2 3 4

Fire Area Traffic Pattern 1 3 4

Target Acquisition: 1 3 4

Drop Accuracy: 1 2 3 4

Number of Drops: _____

OBSERVATIONS, RECOMDATIONS/ COMMENTS:

Evaluators Name: _____ Position: _____

Address: _____ Organization: _____

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Poor
Good
Excellent

Communications: 1 2 3 4

Fire Area Traffic Pattern 1 3 4

Target Acquisition: 1 3 4

Drop Accuracy: 1 2 3 4

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AIR TANKER DROP EVALUATION

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TANKER #: _____ Pilot: _____

VENDOR : _____

Elevation: _____ Wind: _____

TERRAIN: Steep Rolling Flat

FUEL TYPE: Timber Open Timber Brush Grass Urban Interface

Unacceptable
Poor
Good
Excellent

Communications: 1 2 3 4

Fire Area Traffic Pattern 1 3 4

Target Acquisition: 1 3 4

Drop Accuracy: 1 2 3 4

Number of Drops: _____

OBSERVATIONS, RECOMDATIONS/ COMMENTS:

Evaluators Name: _____ Position: _____

Address: _____ Organization: _____

_____ Phone: _____

_____ Fax: _____

Email: _____ Cell: _____

Single Engine Air Tanker Pilot Evaluation

Air tanker Number: _____ Assigned Base: _____

Aircraft Type: _____

Fire Incident/incident number: _____

Geographic Location: _____

Pilot: _____ Company: _____

FIRE OPERATIONS

Did Resource Meet Mission Expectation? _____

I/A Response Time: _____ Reload Turn Times: _____

Steep Terrain Operations: Yes No

Drop Patterns Acceptable: _____

Fuel Type

Light Fuels *Moderate Fuels* *Heavy Fuels*

Uniformity of Coverage: _____

Tank system: *Constant flow* *Gravity feed*

PRODUCT DISPENSED

Water *Retardant* *Foam* *Gel* Other: _____
Total Gallons Delivered _____ Number of drop _____

EVALUATOR COMMENTS / OBSERVATIONS (use additional pages if needed.)

EVALUATOR: Incident Commander Air Attack Lead Plane Air Operations
Air Support Air tanker Base Manager Division Supervisor
Crew Boss Other: _____

Name: _____ Date: _____
Phone: (_____) _____ -- _____ Ex: _____
Organization: _____ Cell: (_____) _____ -- _____
Address: _____ Fax: (_____) _____ -- _____
Email: _____

Please provide one copy to:

National Program Manager, SEAT
National Interagency Fire Center
3833 South Development Drive
Boise ID 83705

Single Engine Air Tanker Pilot Evaluation

Air tanker Number: _____ Assigned Base: _____

Aircraft Type: _____

Fire Incident/incident number: _____

Geographic Location: _____

Pilot: _____ Company: _____

FIRE OPERATIONS

Did Resource Meet Mission Expectation? _____

I/A Response Time: _____ Reload Turn Times: _____

Steep Terrain Operations: Yes No

Drop Patterns Acceptable: _____

Fuel Type

Light Fuels *Moderate Fuels* *Heavy Fuels*

Uniformity of Coverage: _____

Tank system: *Constant flow* *Gravity feed*

PRODUCT DISPENSED

Water *Retardant* *Foam* *Gel* Other: _____
Total Gallons Delivered _____ Number of drop _____

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3833 South Development Drive
Boise ID 83705

Single Engine Air Tanker Pilot Evaluation

Air tanker Number: _____ Assigned Base: _____

Aircraft Type: _____

Fire Incident/incident number: _____

Geographic Location: _____

Pilot: _____ Company: _____

FIRE OPERATIONS

Did Resource Meet Mission Expectation? _____

I/A Response Time: _____ Reload Turn Times: _____

Steep Terrain Operations: Yes No

Drop Patterns Acceptable: _____

Fuel Type

Light Fuels Moderate Fuels Heavy Fuels

Uniformity of Coverage: _____

Tank system: Constant flow Gravity feed

PRODUCT DISPENSED

Water Retardant Foam Gel Other: _____
Total Gallons Delivered _____ Number of drop _____

EVALUATOR COMMENTS / OBSERVATIONS (use additional pages if needed.)

EVALUATOR: Incident Commander Air Attack Lead Plane Air Operations
Air Support Air tanker Base Manager Division Supervisor
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Single Engine Air Tanker Pilot Evaluation

Air tanker Number: _____ Assigned Base: _____

Aircraft Type: _____

Fire Incident/incident number: _____

Geographic Location: _____

Pilot: _____ Company: _____

FIRE OPERATIONS

Did Resource Meet Mission Expectation? _____

I/A Response Time: _____ Reload Turn Times: _____

Steep Terrain Operations: Yes No

Drop Patterns Acceptable: _____

Fuel Type

Light Fuels Moderate Fuels Heavy Fuels

Uniformity of Coverage: _____

Tank system: Constant flow Gravity feed

PRODUCT DISPENSED

Water Retardant Foam Gel Other: _____
Total Gallons Delivered _____ Number of drop _____

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Single Engine Air Tanker Pilot Evaluation

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Drop Patterns Acceptable: _____

Fuel Type

Light Fuels *Moderate Fuels* *Heavy Fuels*

Uniformity of Coverage: _____

Tank system: *Constant flow* *Gravity feed*

PRODUCT DISPENSED

Water *Retardant* *Foam* *Gel* Other: _____
Total Gallons Delivered _____ Number of drop _____

EVALUATOR COMMENTS / OBSERVATIONS (use additional pages if needed.)

EVALUATOR: Incident Commander Air Attack Lead Plane Air Operations
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Single Engine Air Tanker Pilot Evaluation

Air tanker Number: _____ Assigned Base: _____

Aircraft Type: _____

Fire Incident/incident number: _____

Geographic Location: _____

Pilot: _____ Company: _____

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Light Fuels *Moderate Fuels* *Heavy Fuels*

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Drop Patterns Acceptable: _____

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National Interagency Fire Center
3833 South Development Drive
Boise ID 83705

Single Engine Air Tanker Pilot Evaluation

Air tanker Number: _____ Assigned Base: _____

Aircraft Type: _____

Fire Incident/incident number: _____

Geographic Location: _____

Pilot: _____ Company: _____

FIRE OPERATIONS

Did Resource Meet Mission Expectation? _____

I/A Response Time: _____ Reload Turn Times: _____

Steep Terrain Operations: Yes No

Drop Patterns Acceptable: _____

Fuel Type

Light Fuels Moderate Fuels Heavy Fuels

Uniformity of Coverage: _____

Tank system: Constant flow Gravity feed

PRODUCT DISPENSED

Water Retardant Foam Gel Other: _____
Total Gallons Delivered _____ Number of drop _____

EVALUATOR COMMENTS / OBSERVATIONS (use additional pages if needed.)

EVALUATOR: Incident Commander Air Attack Lead Plane Air Operations
Air Support Air tanker Base Manager Division Supervisor
Crew Boss Other: _____

Name: _____ Date: _____
Phone: (_____) _____ -- _____ Ex: _____
Organization: _____ Cell: (_____) _____ -- _____
Address: _____ Fax: (_____) _____ -- _____
Email: _____

Please provide one copy to:

National Program Manager, SEAT
National Interagency Fire Center
3833 South Development Drive
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Aircraft Mission Checklist

Aerial Supervision

Pre-Flight

- Mission fuel Confirmed
- Weather enroute/destination Checked
- Resource order/mission brief Accomplished
- Standard aircraft brief Accomplished

After Takeoff/Enroute

- GPS Set
- Communication/radios Confirmed/set
- Other aircraft on scene/enroute Confirmed
- Level of supervision on scene Confirmed
- Alternate airport(s) Confirmed
- Time on station (Bingo) Determined /**Re evaluate***
- Crew brief Accomplished

Prior to FTA Entry

- Altimeter Set
- Pulse/ landing lights On
- Transponder On/ALT

*** In the event of divert to a new incident, Checklist items after “Pre-flight” will be re-done.**

Airtanker Briefing Checklists

Initial Tanker Briefing	
FTA Entry Location and Altitude	
Altimeter	
Your Altitude	
Other Aircraft and Respective Altitudes	
Portion of Load	
Coverage Level	
General Hazards	
Tactical Briefing	
Target Description	
Objective	
Specific Hazards	
Aircraft in Drop Area and Separation Method	
Drop Clearance	
Departure Briefing	
Drop Evaluation	
Reload Instructions	
Confirm Flight Following	
Other	

Aerial Supervision Transition Checklist

Current strategy and tactics	
Priorities	
Division locations and breaks	
Hazards	
Helibase/helispot locations	
Dipsites	
Other landmarks	
Ground contacts	
Confirm command, tactical, alert to ground, and victor frequencies	
Tankers assigned, locations, assignments, rotation, reload bases, retardant effectiveness	
Planned tanker missions	
Helicopters assigned, locations, assignments, mission types,	
Helicopter fuel and flight time status	
Planned helicopter missions	
Aerial supervision assigned: Lead/ASM, HLCO: Location, assignments, and fuel status	
Transition times: (ATGS/Lead/ASM)	

ATGS AIRCRAFT DAILY COST SUMMARY

Date _____ Aircraft N# _____ Contractor _____

Contract# _____ Flight Invoice# _____

Incident Name _____ Incident Number _____

ATGS'S Name _____ Home Unit _____

	HRS		RATE		
Flight Time		X		=	

	HRS		RATE		
Guaranteed		X		=	

	HRS		RATE		
Standby		X		=	

	No. of C e w m n		RATE		
RON Cost		X		=	

Misc Cost		=	
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TOTAL COST = _____

COMMENTS

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COMMENTS

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Pilot Name	Information From Last Log						
	Last Date(s) Off-Duty:	Cumulative FT Last 5 Consecutive Days On Duty:					

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ACTUAL ON DUTY TIME (Including Pre-Flight)							
<i>ADD 14 HOURS FOR MAXIMUM DUTY DAY</i>	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs
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ACTUAL OFF-DUTY TIME:							
CUMULATIVE FLIGHT TIME PREVIOUS 5 DAYS							
+ TOTAL FLIGHT TIME TODA	+	+	+	+	+	+	+
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+ TOTAL FLIGHT TIME TODAY	+	+	+	+	+	+	+
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CUMULATIVE FLIGHT TIME PREVIOUS 5 DAYS							
+ TOTAL FLIGHT TIME TODA	+	+	+	+	+	+	+
= TOTAL FLIGHT TIME THIS 6-DAY PER OD *	=	=	=	=	=	=	=

INSERT DATES OF NEXT 7 D YS IN BOXES							
EARLIEST PILOT COULD BE ON DUTY							
ACTUAL ON DUTY TIME (Including Pre-Flight)							
<i>ADD 14 HOURS FOR MAXIMUM DUTY DAY</i>	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs	+ 14 Hrs
= MUST BE OFF-DUTY AT:	=	=	=	=	=	=	=
ACTUAL OFF-DUTY TIME:							
CUMULATIVE FLIGHT TIME PREVIOUS 5 DAYS							
+ TOTAL FLIGHT TIME TODAY	+	+	+	+	+	+	+
= TOTAL FLIGHT TIME THIS 6-DAY PERIOD	=	=	=	=	=	=	=

Max Flight Time = 8 Hours Max Duty Day = 14 Hours Min Rest Period = 10 Hours Required Days Off = 2 Days in 14

Fire Size Up

Fire Name/#:

Descriptive Location:

Coordinates: Latitude _____ Longitude _____

Approximate Size: _____ Acres

Fuel Type: Grass Brush Timber Logging Slash

Character of Fire:

Smoldering Running Torching Spotting

Creeping Spotting Crowning Erratic

Spread Potential: Low Moderate High Extreme

Elevation: _____ Feet

Aspect: Nor South East West

Position on S ope:

Ridge Top Middle 1/3 of Slope Valley Bottom

Saddle Lower 1/3 of Slope Mesa/Plateau

Upper 1/3 of Slope Canyon Bottom Flat or Rolling

Slope at Head of Fire: 0-25% 26-40% 41-75% >76%

Wind Speed: _____ MPH

Wind Direction: North South East West Erratic

Does the fire constitute any control problems? No Yes (Specify):

Is life or property threatened? No Yes (Specify):

Are additional resources needed? No Yes (Specify):

Hazard(s):

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Hazard(s):

Date:	Time:		Pumpkin		
Souls:	Fuel:	hrs	ETE:		
Fire Name:		Number:			
Location: X					
Contacts		Altimeter			
IC		Air Attack		ft	
OPS		Lead/ASM		ft	
				ft	
Frequencies				ft	
Disp/FF		Tankers		ft	
Air/Gnd		ID	# Drops	ETA	
Tac					
FW Vic					
RW VIC					
		Helicopters		ft	
		ID	ETA	Location	
		Target Location:			
		Coverage Level:			
		Hazards:			

Date:	Time:	Pumpkin	
Souls:	Fuel:		
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Contacts		Altimeter	
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			ft
Frequencies			ft
Disp/FF		Tankers	
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