

CHAPTER 80 - FORMS

DISPATCH FORMS

The Eastern Area Coordination Center (EACC) website contains a variety of forms and links to forms. Forms can be found under the appropriate subject listing: Dispatch, Aviation, Incident Business, etc., on the EACC website: <http://qacc.nifc.gov/eacc>.

In additional, both the National Interagency Mobilization Guide (NMG, Ch. 80) and the National Interagency Coordination Center website have forms available for dispatch use: http://www.nifc.gov/nicc/logistics/coord_forms.htm.

The following forms can be found in this chapter:

- Passenger and Cargo Manifest - Test Form
- Resource Extension Request Form
- When to Report Wild Fire Incidents with an ICS-209
- Incident Status Summary (ICS-209)
- Eastern Area Monthly/Seasonal Significant Fire Potential Report
- Preparedness/Detail Request
- Mobile Food and Shower Service Request
- Resource Order
- Resource Order Form Continuation Page
- EACC Team Mobilization Checklist
- Wildland Fire Fatality and Entrapment Initial Report
- EACC Tactical Aircraft Request
- Aircraft Flight Request/Schedule
- Hazard Analysis and Dispatch/Aviation Manager Checklist
- Aviation Information Briefing Package
- Infrared Aircraft Scanner Request Form
- Temporary Tower Request

Passenger and Cargo Manifest

Crew Name:

Flight Manager Name & Phone:

Ordering Unit:		Incident / Project Name:		Incident / Project Number:	
Carrier Name or Vehicle List (Make / Model / License):		Departure Location:	ETD	Arrival Location:	ETA
Report To:			If Delayed, Contact:		
Passenger / Cargo Name (Include contact numbers for leaders – CREP, CRWB, CRWB(t), etc.)	M/F	Passenger Weight	Cargo Weight	Position / AD Class (e.g. - FFTZ/AD-C)	Home Unit / Jetport
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
Number of Passengers on Page:		Passenger / Cargo Weight:		Total Weight:	
Signature of Authorized Representative:				Date:	

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.

Length of Extension and Last Work Day:

Justification (Select from the List Below):

- Life and property are imminently threatened,
- Suppression objectives are close to being met, or
- Replacement resources are unavailable or have not yet arrived

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: _____

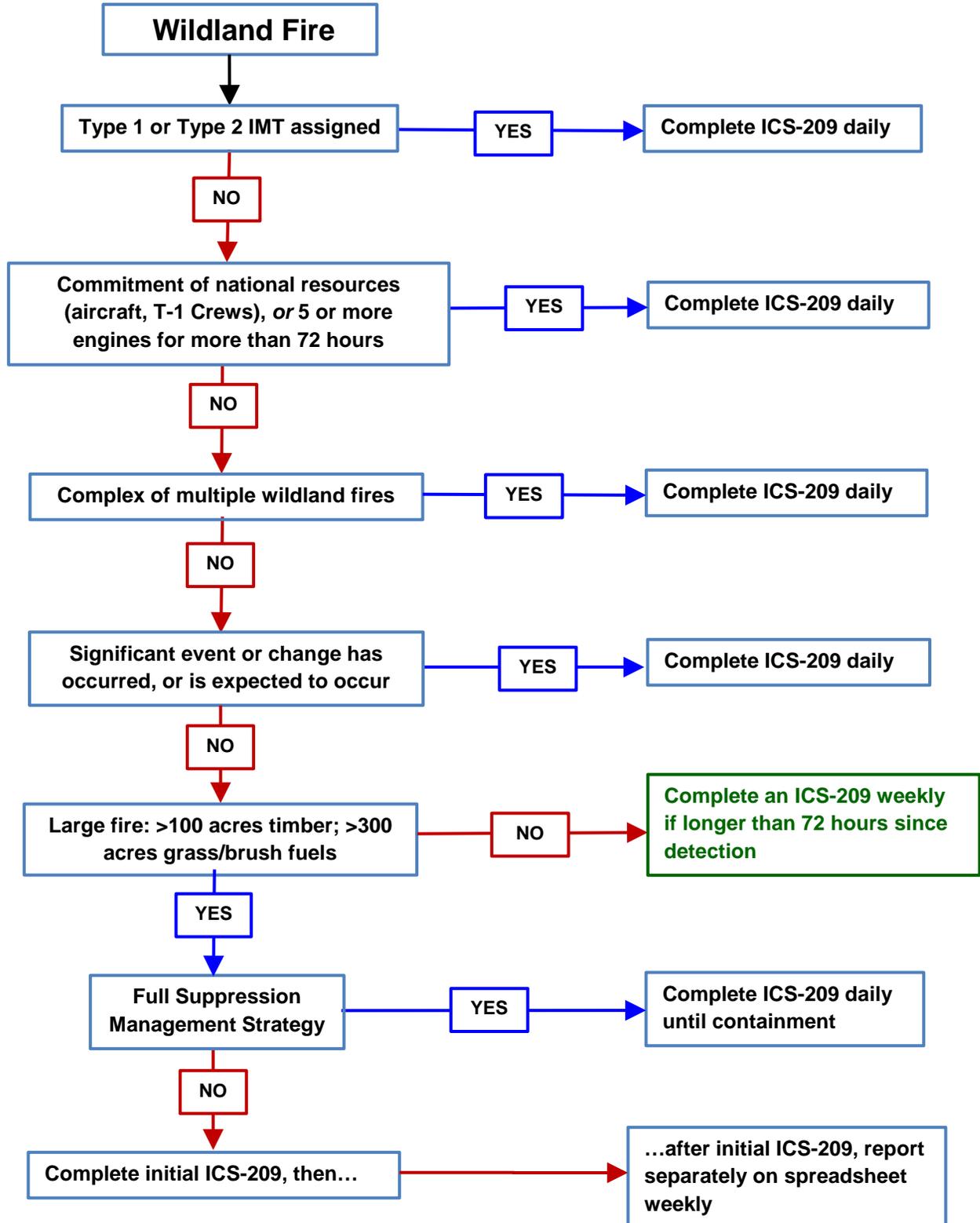
5) Sending GACC (excluding single-resource Overhead): _____

6) NICC (only if National Resource): _____

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

January 2013

When to Report Wildland Fire Incidents with an ICS-209



A final 209 shall be completed at containment and/or control.

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:		2. Incident Number:	
*3. Report Version (check one box on left): <input type="checkbox"/> Initial Rpt # <input type="checkbox"/> Update (if used): <input type="checkbox"/> Final	*4. Incident Commander(s) & Agency or Organization:	5. Incident Management Organization:	*6. Incident Start Date/Time: Date: _____ Time: _____ Time Zone: _____
7. Current Incident Size or Area Involved (use unit label – e.g., "sq mi," "city block"):	8. Percent (%) Contained Completed	*9. Incident Definition:	10. Incident Complexity Level:
		*11. For Time Period: From Date/Time: _____ To Date/Time: _____	

Approval & Routing Information

*12. Prepared By: Print Name: _____ ICS Position: _____ Date/Time Prepared: _____	*13. Date/Time Submitted Time Zone: _____
*14. Approved By: Print Name: _____ ICS Position: _____ Signature: _____	*15. Primary Location, Organization, or Agency Sent To:

Incident Location Information

*16. State:	*17. County/Parish/Borough:	*18. City:
19. Unit or Other:	*20. Incident Jurisdiction:	21. Incident Location Ownership (if different than jurisdiction):
22. Longitude (indicate format): Latitude (indicate format):	23. US National Grid Reference:	24. Legal Description (township, section, range):
*25. Short Location or Area Description (list all affected areas or a reference point):		26. UTM Coordinates:
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels):		

Incident Summary

*28. Significant Events for the Time Period Reported (summarize significant progress made, evacuations, incident growth, etc.):				
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.):				
30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property			
	Other Minor Structures			
	Other			
ICS 209, Page 1 of		<i>* Required when applicable.</i>		

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:			2. Incident Number:		
Additional Incident Decision Support Information					
*31. Public Status Summary:	A. # This Reporting Period	B. Total # to Date	*32. Responder Status Summary:	A. # This Reporting Period	B. Total # to Date
<i>C. Indicate Number of Civilians (Public) Below:</i>			<i>C. Indicate Number of Responders Below:</i>		
D. Fatalities			D. Fatalities		
E. With Injuries/Illness			E. With Injuries/Illness		
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue		
G. Missing (<i>note if estimated</i>)			G. Missing		
H. Evacuated (<i>note if estimated</i>)			H. Sheltering in Place		
I. Sheltering in Place (<i>note if estimated</i>)			I. Have Received Immunizations		
J. In Temporary Shelters (<i>note if est.</i>)			J. Require Immunizations		
K. Have Received Mass Immunizations			K. In Quarantine		
L. Require Immunizations (<i>note if est.</i>)					
M. In Quarantine					
<i>N. Total # Civilians (Public) Affected:</i>			<i>N. Total # Responders Affected:</i>		
33. Life, Safety, and Health Status/Threat Remarks:			*34. Life, Safety, and Health Threat Management:		A. Check if Active
			A. No Likely Threat	<input type="checkbox"/>	
			B. Potential Future Threat	<input type="checkbox"/>	
			C. Mass Notifications in Progress	<input type="checkbox"/>	
			D. Mass Notifications Completed	<input type="checkbox"/>	
			E. No Evacuation(s) Imminent	<input type="checkbox"/>	
			F. Planning for Evacuation	<input type="checkbox"/>	
			G. Planning for Shelter-in-Place	<input type="checkbox"/>	
			H. Evacuation(s) in Progress	<input type="checkbox"/>	
			I. Shelter-in-Place in Progress	<input type="checkbox"/>	
			J. Repopulation in Progress	<input type="checkbox"/>	
			K. Mass Immunization in Progress	<input type="checkbox"/>	
			L. Mass Immunization Complete	<input type="checkbox"/>	
			M. Quarantine in Progress	<input type="checkbox"/>	
			N. Area Restriction in Effect	<input type="checkbox"/>	
35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):					
36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:					
12 hours:					
24 hours:					
48 hours:					
72 hours:					
Anticipated after 72 hours:					
37. Strategic Objectives (define planned end-state for incident):					
ICS 209, Page 2 of			* Required when applicable.		

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:
<i>Additional Incident Decision Support Information (continued)</i>	
<p>38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.</p> <p>12 hours:</p> <p>24 hours:</p> <p>48 hours:</p> <p>72 hours:</p> <p>Anticipated after 72 hours:</p>	
<p>39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:</p> <p>12 hours:</p> <p>24 hours:</p> <p>48 hours:</p> <p>72 hours:</p> <p>Anticipated after 72 hours:</p>	
<p>40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:</p> <ul style="list-style-type: none"> 1) critical resource needs identified above, 2) the Incident Action Plan and management objectives and targets, 3) anticipated results. <p>Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.</p>	
41. Planned Actions for Next Operational Period:	
42. Projected Final Incident Size/Area (use unit label – e.g., “sq mi”):	
43. Anticipated Incident Management Completion Date:	
44. Projected Significant Resource Demobilization Start Date:	
45. Estimated Incident Costs to Date:	
46. Projected Final Incident Cost Estimate:	
47. Remarks (or continuation of any blocks above – list block number in notation):	
ICS 209, Page 3 of	* Required when applicable.

	<p><i>Eastern Area Monthly/Seasonal Significant Fire Potential Report</i></p>	
<p>Reporting Unit's Name</p>		
<p>Precipitation Outlook</p>	<p><i>Example:</i> Above normal for the northern two-thirds of the Unit. Normal amounts for the remainder.</p>	
<p>Temperature Outlook</p>	<p><i>Example:</i> Below normal across the northern two-thirds of the Unit. Above normal southward.</p>	
<p>Fuels and Fire Danger Concerns</p>	<p><i>Example:</i> Late season heavy snow has produced downed and dead fuels, which may become potential fuels late this month. Fire danger index values will remain at normal levels. 100 and 1000 hour fuel moistures are expected to also remain near normal levels.</p>	
<p>Prescribed fire implications</p>	<p><i>Example:</i> Rainfall early last month made prescribed fire projects difficult to complete. This trend will continue based on above normal projected rains in the north.</p>	
<p>Miscellaneous</p>	<p><i>Example:</i> Last month was the third wettest month on record for northern portions of the Unit.</p>	

PREPAREDNESS/DETAIL REQUEST

ATTACHMENT TO RESOURCE ORDER NUMBER: _____ REQ. NO(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 OF VEHICLES: _____

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

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

10. LENGTH OF DETAIL: _____ THROUGH _____ INCLUDING TRAVEL

11. ESTABLISHED WORKWEEK: _____ HOURS OF DUTY: _____

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

ROTATION PAID BY: SENDING UNIT: _____ REQUESTING UNIT: _____

13. BASE SALARY PAID BY: _____

TRAVEL PAID BY: _____ PER DIEM PAID BY: _____

14. EQUIPMENT USE MILEAGE/FOR/ETC. 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 B & F OFFICER: _____

TELEPHONE NUMBER: _____

19. TEMPORARY DUTY STATION: _____

ADDRESS/P.O. BOX: _____ TELEPHONE: _____

20. GOVERNMENT LODGING: []YES []NO

GOVERNMENT COOKING FACILITIES ONLY: []YES []NO MESS HALL: []YES []NO

COMMERCIAL LODGING: []YES []NO RATE: \$_____ - MEALS []YES []NO

21. NEAREST COMMERCIAL AIRLINE CITY: _____

22. REMARKS: _____

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

EACC TEAM MOBILIZATION CHECKLIST

1. The Coordinator on Duty (COD) should call the IC and Dispatch Center Manager to inform them of the team being called out. Discuss critical items listed below. Do not make notifications between the hours of 2300 and 0500. If between the hours of 2200 and 2300 the IC and Dispatch Centers/On Call Dispatcher will be notified, but no mobilization will occur. Refer to EACC Mob Guide, Ch. 20 for mobilization standards.

COD Name: _____

IC Name: _____

Date and Time called: _____

Requesting unit's preferred transportation for IMT? Fly or Drive? Jetport, if flying?

Fly _____ Jetport _____ Drive _____

When and where is the initial team briefing being held?

Location: _____

Address: _____

Rental cars, laptops, and cell phones authorized? For whom?

Date and time needed negotiable?

ADs authorized? Are there any limitations?

Trainees:

- a. How many trainees are authorized to accompany team? (No more than 6)
- b. Are trainees authorized for miscellaneous Overhead positions?

Are there special conditions? Example: a team member to meet up with the team several days later. (The IC/Team Leader should be already aware of this.)

2. Call the EACC Duty Officer and keep them informed.
3. Print off a copy of the pending team resource order and fax it to all affected dispatch centers.

Date/time fax was sent: _____



Wildland Fire Fatality and Entrapment INITIAL REPORT

Complete this report for fire-related entrapment and/or fatalities. Timely reporting of wildland-related entrapments or fatalities is necessary for the rapid dissemination of accurate information to the fire management community. It will also allow fire safety and equipment specialists to quickly respond to these events as appropriate. This initial report does not replace agency reporting or investigative responsibilities, policies, or procedures. Immediately notify the National Interagency Coordination Center (NICC). Submit this written report within 24 hours—**even if some data are missing**—to the address given below.

NICC—National Interagency Fire Center
3833 South Development Ave.

Phone: 208-387-5400
Fax: 208-387-5414

NICC Intelligence Section
E-mail: nicc_intell@nifc.blm.gov

Submitted by: _____ Position: _____

Agency: _____ Location: _____

Phone: _____ E-mail: _____

1. General Information

- Date of event _____ Time _____ • Fire name, location, agency, etc. _____
- Number of personnel involved _____
- Number of: Injuries _____ Fatalities _____

2. Fatalities

- Type of accident:

<input type="checkbox"/> Aircraft	<input type="checkbox"/> Vehicle	• Employing agency _____
<input type="checkbox"/> Natural (lightning, drowning, etc.)	<input type="checkbox"/> Smoke	• Unit name _____
<input type="checkbox"/> Medical (heart, stroke, heat, etc.)	<input type="checkbox"/> Entrapment	• Address _____
<input type="checkbox"/> Struck by falling object	<input type="checkbox"/> Other	• For further information, contact _____
- Where fatality/entrapment occurred:

<input type="checkbox"/> Fire site	<input type="checkbox"/> In transit	Home unit address _____
<input type="checkbox"/> Incident base	<input type="checkbox"/> Other	Phone _____

Note: In the event of fatality(s), do not release name(s) until next of kin are notified.

3. Fire-Related Information

- Fuel model _____
- Temperature _____ RH _____ Wind _____ mph
- Topography _____
_____ Slope _____ %
- Fire size at the time of the incident/accident _____ acres
- Incident management type at the time of the incident/accident:
(circle one) 1 2 3 4 5
- Urban/wildland intermix? Yes No
- Cause of fire: Natural Incendiary Accidental
 Unknown

4. Entrapment Information

A situation where personnel are unexpectedly caught in a fire-behavior-related, life-threatening position where escape routes or safety zones are absent, inadequate, or have been compromised. An entrapment may or may not include deployment of a fire shelter. Note: Engine and dozer burnovers also constitute entrapments.

- Brief description of the accident _____

Entrapment Description

- Person trapped With fire shelter Without fire shelter
- Burns/smoke injuries incurred while in fire shelter Yes No
- Burns/smoke injuries incurred while escaping entrapment Yes No
- Burns/smoke injuries incurred while fighting fire Yes No
- Fire shelter performed satisfactorily Yes No

- Fire shelter was available, but not used Yes No

Personal Protective Equipment Used

- Fire shelter Yes No Gloves Yes No
- Protective pants Yes No Boots Yes No
- Protective shirt Yes No Goggles ... Yes No
- Face/neck protection Yes No Hardhat ... Yes No

		EACC TACTICAL AIRCRAFT REQUEST			
DATE:		TIME:		PHONE:	
REQUESTING PERSON / LOCATION:				AGENCY:	
AIRCRAFT REQUESTED:					
# AIR TANKERS:		# HELICOPTERS:		OTHER:	
GENERAL LOCATION:					
LEGAL DESCRIPTION:		COUNTY:		STATE:	
FORTY:		SEC:		TWN:	
LAT (DM):		LONG (DM):			
AIR CONTACT:		A/A FREQUENCY:		TONE:	
GROUND CONTACT:		A/G FREQUENCY:		TONE:	
OTHER AIRCRAFT AND HAZARDS:					
FIRE SIZE:		FUEL TYPE:			
VALUES THREATENED:					
BEARING: (AZIMUTH / DEGREES):					
FROM:			DISTANCE (NM):		
MTR / SUA: <input type="checkbox"/> Yes <input type="checkbox"/> No			TFR: <input type="checkbox"/> Yes <input type="checkbox"/> No		
COMMENTS:				RELOAD BASE:	
TRANSPONDER CODE 1255			LANDING LIGHTS ON		

*** ALL Federal Tactical Aircraft Requests **MUST** be followed up with a ROSS request***

Faxed to WI-EACC (414-944-3838)	Date:	Time:	By:
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HAZARD ANALYSIS AND DISPATCH/AVIATION MANAGER CHECKLIST

<p>I. MISSION FLIGHT HAZARD ANALYSIS (fire flights exempt provided a pre-approved plan is in place). The following potential hazards in the area of operations have been checked, have been identified on flight itinerary map, and will be reviewed with Pilot and Chief-of-Party prior to flight:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Military Training Routes (MTRs) or Special-Use Airspace (MOAs, Restricted Areas, etc.) <input type="checkbox"/> Areas of high-density air traffic (airports); Commercial or other aircraft <input type="checkbox"/> Wires/transmission lines; wires along rivers or streams or across canyons <input type="checkbox"/> Weather factors: wind, thunderstorms, etc. 	<ul style="list-style-type: none"> <input type="checkbox"/> Towers and bridges <input type="checkbox"/> Other aerial obstructions: <input type="checkbox"/> Pilot flight time/duty day limitations and daylight/darkness factors SUNRISE: _____ SUNSET: _____ <input type="checkbox"/> Limited flight following communications 	<ul style="list-style-type: none"> <input type="checkbox"/> High elevations, temperatures, and weights: MAX LANDING ELEV (MSL): _____ MIN. FLIGHT ALTITUDE AGL: _____ <input type="checkbox"/> Transport of hazardous materials <input type="checkbox"/> Other: _____
<p>II. DISPATCHER/AVIATION MANAGEMENT CHECKLIST</p>		
<ul style="list-style-type: none"> <input type="checkbox"/> Pilot and aircraft carding checked with source list and vendor; carding meets requirements; <input type="checkbox"/> <u>OR</u>, Necessary approvals have been obtained for use of uncarded cooperator, military, or other-government agency aircraft and pilots <input type="checkbox"/> Check with vendor that an aircraft with sufficient capability to perform mission safety has been scheduled <input type="checkbox"/> Qualified Aircraft Chief-of-Party has been assigned to the flight (noted on reverse) <input type="checkbox"/> All DOI passengers have received required aircraft safety training; <input type="checkbox"/> <u>OR</u>, Aviation manager will present detailed safety briefing prior to departure; <input type="checkbox"/> Bureau Aircraft Chief-of-Party will be furnished with a Chief-of-Party/Pilot checklist and is aware of its use 	<ul style="list-style-type: none"> <input type="checkbox"/> Means of flight following and resource tracking requirements have been identified <input type="checkbox"/> Flight following has been arranged with another unit if flight crosses jurisdictional boundaries and communications cannot be maintained <input type="checkbox"/> Flight hazard maps have been supplied to Chief-of-Party for nonfire low-level missions <input type="checkbox"/> Procedures for deconfliction of Military Training Routes and Special-Use Airspace have been taken <input type="checkbox"/> Chief-of-Party is aware of PPE requirements. <input type="checkbox"/> Cost analysis has been completed and is attached <input type="checkbox"/> Other/Remarks: 	<p style="text-align: center;">III. APPROVALS</p> <p>Note: Reference Handbook 9420 for approval(s) required.</p> <p>A. MISSION FLIGHT: HAZARD ANALYSIS PERFORMED BY:</p> <p style="text-align: center;">_____ Chief-of-Party Signature</p> <p>B. MISSION FLIGHT: HAZARD ANALYSIS REVIEWED BY:</p> <p style="text-align: center;">_____ Dispatcher Or Aviation Manager Signature Required</p> <p>C. IF NON-FIRE, ONE-TIME (NON-RECURRING), SPECIAL-USE MISSION, SIGNATURE OF LINE MANAGER IS REQUIRED **:</p> <p style="text-align: center;">_____ DATE: _____</p> <p>D. THIS FLIGHT IS APPROVED BY (Authorized Signature):</p> <p style="text-align: center;">_____ DATE: _____</p> <p style="text-align: center;"><i>** For recurring Special-Use Missions, signature is required on Special-Use Air Safety Plan, and not required here.</i></p>

AVIATION INFORMATION BRIEFING PACKAGE

To be used to brief incoming aviation resources such as: helicopter modules and flight crews, assigned air tankers, SEAT managers and flight crew, ATGS and flight crew, Incident Management Teams and any other aviation resources as necessary. Development of an Aviation Information Briefing Package containing all of this information still requires a verbal briefing by a unit aviation manager to be effective.

- Regional Aviation Management Plan
- Unit Aviation Management Plan Supplement
- Unit Aircraft Crash, Search and Rescue Guide
- Unit lat/long administrative maps
- Unit Flight Hazard Map
- Unit Flight Following protocols
- Zone initial attack Victor Frequencies
- Unit Communications/frequencies quick-reference sheet
- Unit Communications repeater map
- Unit Helibases/Helisports/Airstrips/Dip-site and/or water sources. Latitude and Longitude list and site specific summary.
- Regional Office Fire and Aviation personnel phone list
- Unit Fire and Aviation phone directory and Organization Chart
- Boundary airspace procedures
- Local Medical and EMS facilities and aviation resources. Including lat/long for helipads, aircraft type, call signs and N#, frequencies and phone #s.
- Resource issues. i.e.: Use of foam or retardant, sensitive species, water sources, options for water sources, noxious weeds, private property, containment of hazmat, etc.
- Other known aviation activities such as Law enforcement, media, private aircraft, air tours, unit detection flights, cooperating agency detection flights, etc.
- Procedures for CWN module “marry up” and new aviation resource briefing. i.e.: Location, time, facilities, etc.
- Fuel sources
- Local street maps(s), restaurant and hotel list

INFRARED AIRCRAFT SCANNER REQUEST

Incident# & Project#:		BLM#:	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)

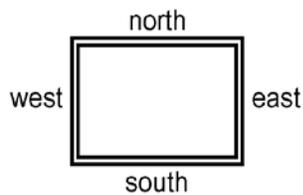
VOR:		Azimuth:		Distance:	
VOR:		Azimuth:		Distance:	

Mission Objective and Description:

LATITUDE/LONGITUDE INFORMATION NEEDED FOR EACH MISSION

Mapping Block

NORTH		
SOUTH		
EAST		
WEST		



TEMPORARY TOWER REQUEST FORM

(Note - this form should be used in conjunction with the checklists located in Chapter 11 of the Interagency Airspace Coordination Guide (www.fs.fed.us/r6/fire/aviation/airspace). Please attach this form to the Resource Order and forward both forms to the appropriate FAA Regional Operations Center (ROC), through established ordering channels.

I. GENERAL INFORMATION:

Incident Name: _____ Management/Fiscal Code: _____

Resource Order Number: _____ Request Number: _____ Date: _____

II. POINTS OF CONTACT

	<u>Name/Agency</u>	<u>Telephone</u>
Ordering Unit:	_____	_____
Air Ops/Air Support:	_____	_____
Local or Expanded Dispatch:	_____	_____
Geographic Area Coordination Ctr:	_____	_____
National Interagency Coordination Ctr:	_____	_____
FAA POC at ROC:	_____	_____
Airport Owner/Operator:	_____	_____

Has the Airport Owner been notified? YES NO

Requested Operational Hours: _____

Estimated Length of Duration: _____

III. SUPPORT INFORMATION

Closest City/Town: _____ State: _____

Where is the proposed location of the temporary tower (Select one or explain):

Airport Name & FAA Code: _____ Helibase: _____

Incident Command Post: _____ Other: _____

Is a facility available on site for use as a tower (Select one or explain)?

FBO Site/Room Rental/Etc.: _____ Rental Trailer: _____

Facility to be built on site: _____ Other: _____

Conditions to expect for overnight at site: Camp _____ Hotel: _____

Is a vehicle (Gov't. or rental) available for tower personnel? YES NO

(Please attach detailed driving directions to the reporting site - note road closures, hazardous conditions, easiest route of travel, etc.)

IV. EQUIPMENT SURVEY - Refer to Chapter 11 checklist/Interagency Airspace Coordination Guide

What equipment do you currently have (radios, etc.) for use by tower personnel?

What equipment do you need? (radios, etc.)

Have you completed an inventory of equipment?

AVIATION WEBSITES	ADDRESS
Interagency Airspace Coordination	http://www.airspacecoordination.org/
Sunrise and Sunset Tables	http://aa.usno.navy.mil/data/docs/RS_OneYear.php
Airport Navigator	http://www.airnav.com/airports
Office of Aviation Services (OAS)	https://www.doi.gov/aviation
SAFECOM	https://www.safecom.gov/
NIFC Solicitations and Contracts	http://www.fs.fed.us/fire/contracting
Forest Service Aviation Safety	http://www.fs.fed.us/fire/av_safety
Federal Aviation Administration	http://www.faa.gov
Temporary Flight Restrictions	http://tfr.faa.gov
Interagency Helicopter Operations Guide (IHOG)	http://www.nifc.gov/policies/pol_intgncy_guides.html
DISPATCH WEBSITES	ADDRESS
National Interagency Coordination Center	http://gacc.nifc.gov/links/links.htm
EACC Website	http://gacc.nifc.gov/eacc/
ROSS	http://famit.nwcg.gov/applications/ROSS
Incident Business Management Information	http://www.fs.fed.us/fire/ibp
Publications Mgmt. System (PMS) and NWCG National Fire Equipment System Catalog Part 2, Task books	http://www.nwcg.gov/pms/pms.htm
Driving Directions	http://www.mapquest.com
Per Diem Rates	http://gsa.gov/portal/category/21287
Unit Identifier Booklet	http://www.nifc.gov/nicc/logistics/references.htm
SAFENET	http://safenet.nific.gov
FIRE WEBSITES	ADDRESS
National Wildland Fire Coordinating Group	http://www.nwcg.gov
Canadian Interagency Forest Fire Centre (CIFFC)	http://www.ciffc.ca
EACC Predictive Services	http://gacc.nifc.gov/eacc/predictive_services/predictive_services.htm
Interagency Standards for Fire and Aviation Operations (Redbook)	http://www.nifc.gov/policies/pol_intgncy_guides.html
Fire Danger Pocket Cards	http://fam.nwcg.gov/fam-web/pocketcards/default.htm
TRAINING WEBSITES	ADDRESS
National Interagency Prescribed Fire Training Center	http://fire.r9.fws.gov/pftc/
Eastern Area Training	http://www.nationalfiretraining.net/ea/index.html
National Wildland Fire Training	http://www.nationalfiretraining.net
PREDICTIVE WEBSITES	ADDRESS
National Hurricane Center	http://www.nhc.noaa.gov/
Remote Automated Weather Stations	http://raws.fam.nwcg.gov/
NWS Central Region Home Page	http://www.crh.noaa.gov
NWS Eastern Region Home Page	http://erh.noaa.gov
Lightning Maps	http://www.nifc.blm.gov/cgi/Lightning.cgi
GOVERNMENT AGENCY WEBSITES	ADDRESS
Federal Emergency Management Agency	http://www.fema.gov
Department of Homeland Security	https://www.whitehouse.gov/issues/homeland-security
National Association of State Foresters	http://www.stateforesters.org