

CHAPTER 80 - FORMS

DISPATCH FORMS. All units will use appropriate forms as designated by this Mobilization Guide and by their Coordination Center.

- **RESOURCE ORDER FORM**
See National Interagency Mobilization Guide, Page 103
- **MOBILE FOOD & SHOWER SERVICE REQUEST FORM**
See National Interagency Mobilization Guide, Page 105
- **PASSENGER AND CARGO MANIFEST FORM**
See National Interagency Mobilization Guide, Page 106
- **AIRCRAFT FLIGHT REQUEST/SCHEDULE FORM**
See National Interagency Mobilization Guide, Page 108
- **INFRARED AIRCRAFT SCANNER REQUEST FORM**
See National Interagency Mobilization Guide, Page 110
- **FAA TEMPORARY TOWER REQUEST FORM**
See National Interagency Mobilization Guide, Page 111
- **PREPAREDNESS/DETAIL REQUEST FORM**
See National Interagency Mobilization Guide, Page 112
- **INCIDENT STATUS SUMMARY (ICS-209) FORM**
See National Interagency Mobilization Guide, Page 113
- **WILDLAND FIRE ENTRAPMENT/FATALITY INITIAL REPORT FORM**
See National Interagency Mobilization Guide, Page 117
- **DOCUMENTATION OF LENGTH OF ASSIGNMENT EXTENSION REQUIREMENTS FORM**
See National Interagency Mobilization Guide, Page 119

Copies of the following forms are provided in the subsequent pages:

- **SAFECOM FORM**
See form and instructions at: <https://www.safecom.gov/>
- **INTERAGENCY REQUEST FOR TEMPORARY FLIGHT RESTRICTION** http://www.airspacecoordination.org/coord/tfr_request.pdf
- **DOCUMENTATION OF CONTACTS REQUESTING DECONFLICTION OF AIRSPACE BY THE MILITARY** See <http://gacc.nifc.gov/gbcc/aircraft.php> under Aviation Forms
- **AIRSPACE BOUNDARY MANAGEMENT PLAN AND CHECKLIST**
<http://www.airspacecoordination.org>
- **INCIDENT MANAGEMENT TEAM PERFORMANCE EVALUATION**
<http://gacc.nifc.gov/gbcc/dispatch.php>
- **GREAT BASIN BUYING TEAM PERFORMANCE EVALUATION**
<http://gacc.nifc.gov/gbcc/business.php>

REQUEST FOR A TEMPORARY FLIGHT RESTRICTION

| | | | |
|---|--------------------------------------|--|--------------------------------------|
| DATE: _____ | | FAA ARTCC requires phone notification. | |
| TIME: _____ | | ARTCC _____ | |
| Resource Order Number: _____ | | FAA PHONE: _____ FAX: _____ | |
| Request Number: A - _____ | | DISPATCH OFFICE _____ | |
| | | PERSON REQUESTING TFR: _____ | |
| | | 24 HR. PHONE (No Toll Free #s) _____ | |
| Circular Degrees Minutes Seconds Only – use zero's for seconds if unavailable | | | |
| LAT/LONG of Center Point (US NOTAM OFFICE FORMAT dddmmssN/dddmmssW) | | RADIUS (NM) (5 NM is standard) | |
| N/ W | | | |
| Polygon (List perimeter points in clockwise order). For NES Input: Use the same NAVAID if possible for each point. List nearest NAVAID (distance < 50 NM) - do not use NDB or T-VOR. (For lat/long - Degrees Minutes Seconds only) | | | |
| Point # | Lat/Long format dddmmssN/dddmmssW | Point # | Lat/Long format dddmmssN/dddmmssW |
| 1 | N W | 5 | N W |
| 2 | N W | 6 | N W |
| 3 | N W | 7 | N W |
| 4 | N W | 8 | N W |

NOTAM # of TFR being replaced _____

Altitude (MSL: Only) _____

24 hours a day? _____ or Daytime Operational Hours: (UTC) _____ to _____

Incident TFR Duration: _____ to _____ (Estimate – 2 months out is ok)

Format: YYMMDDhhmm to YYMMDDhhmm

Geographic Location of Incident (NM from nearest well known location recognizable to general aviation or local town, state)

Agency in Charge _____ Incident Name _____

24 hour phone number (No toll Free #s) _____ VHF-AM Air to Air Frequency _____

This will affect the following Special-Use Airspace: (MOA, RA, WA, PA, AA): _____

| This will affect the following Military Training Routes: | | | | | |
|--|------------|---------------------|-------|------------|---------------------|
| Route | SEGMENT(S) | SCHEDULING ACTIVITY | Route | SEGMENT(S) | SCHEDULING ACTIVITY |
| | | | | | |
| | | | | | |

NOTAM # _____ Time Issued _____ Date ____/____/____

Date/Time TFR Canceled: _____ By: _____ Replaced by _____

Feb 2015

Approved by the Interagency Airspace Subcommittee

Suggestions for improvements may be sent to Julie Stewart at j5stewart@blm.gov

DOCUMENTATION OF CONTACTS REQUESTING DECONFLICTION OF AIRSPACE BY THE MILITARY

| I. MILITARY TRAINING ROUTES (MTRs) | | | | | | | | | | |
|---|----------------------------------|-------------------------------|----------------------------|---------------|-------------|---|--|------------------------------|---------------------------------|---|
| REQUEST CLOSURE OF SEGMENTS OR RESTRICTION (eg. ALTITUDE ADJUSTMENT) OF THE FOLLOWING MTRs: | | | | | | | | | | |
| DATE / TIME | SCHEDULING AGENCY ACTIVITY | COMMERCIAL PHONE NUMBER | DECONFLICTION REQUESTED ON | | | CONTACT MADE TO (SCHEDULER NAME) | CONTACT MADE BY (DISPATCHER NAME) | IS ROUTE HOT? (Y/N) | REMARKS/ (DAILY CONTACTS) | RESTRICTION LIFTED (DATE/TIME AND CONTACTS) |
| | | | ROUTE • | FROM POINT | TO POINT | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| II. SPECIAL-USE AIRSPACE (SUA) (MOAs, RAs, etc.) | | | | | | |
|---|-----------------------------|-----------------|---|--|---------------------------------|---|
| RELAY INFORMATION ON REVERSE ("INTERAGENCY REQUEST FOR TEMPORARY FLIGHT RESTRICTION") TO THE SCHEDULING AGENCY AND/OR MILITARY ATC FACILITY | | | | | | |
| DATE / TIME | SCHEDULING AGENCY OR ATC | PHONE NUMBER | REQUEST RELAYED TO (SCHEDULER NAME) | REQUEST RELAYED BY (DISPATCHER NAME) | REMARKS/ (DAILY CONTACTS) | RESTRICTION LIFTED (DATE/TIME AND CONTACTS) |
| | | | | | | |
| | | | | | | |

Great Basin Interagency - Airspace Boundary Management Plan and Checklist

PURPOSE: The requirement for increased management and coordination is due to the possibility of two or more agencies/cooperators conducting simultaneous, uncoordinated aviation operations within those areas which would unknowingly put the responding aerial operations within close proximity to another, placing aircraft and crews at risk. The purpose of this plan is to identify such boundaries and Initial Attack zones and provide means of communication, coordination, and airspace deconfliction within those areas.

Aerial operations on, or adjacent to agency/cooperator boundaries, and areas where a neighboring agency/cooperator provides fire suppression on lands administered by the adjoining agency/cooperator (mutual aid, shared, or exchanged Initial Attack areas or zones) require increased management and coordination.

GUIDELINES & PROCEDURES:

- A. An imaginary 10 mile wide neutral air corridor will center on agency/cooperator boundaries. The neutral air for mutual or exchanged Initial Attack areas or zones will encompass the whole zone plus 5 miles outside the zones boundaries.
- B. Any agency conducting aerial operations within a corridor or zone will immediately notify the adjoining agency/cooperator of such operations. This is accomplished to and from dispatch offices prior to the commencement of operations and when operations cease. Examples of aerial operations include recon, fire suppression missions, special aviation projects, resource management flights, helicopter logging, etc.
- C. Agency aircraft will establish contact on the assigned air-to-air frequency. Should contact not be made, the contact air-to-air frequency will be Air Guard 168.625 Mhz. This frequency will be designated for initial contact and coordination between converging aircraft within corridors and zones only when contact is not otherwise possible. Because this frequency is programmed as the default receive frequency in all agency and contract aircraft FM radios and is intended for initial contact and emergency purposes only, it is imperative that this frequency not be utilized for tactical or logistical purposes. If Guard is used to establish initial contact, aircraft are expected to switch to an alternative frequency (i.e. the local or incident air-to-air frequency, etc.).
- D. When aircraft from two or more adjoining agencies/cooperators are being committed to the same general area of a corridor/zone:
 - Considering complexity, dispatch an Air Tactical Group Supervisor (ATGS).
 - Approaching aircraft will establish air-to-air frequency contact prior to entering the area.
 - Aircraft rely upon dispatch centers for current relevant information. Therefore, coordination between dispatch centers must occur prior to dispatch.
- E. When an aircraft is dispatched to an incident within a corridor/zone and no other aircraft are known to be present:
 - The approaching aircraft will attempt to establish contact on the assigned frequency. If unsuccessful, Guard frequency 168.625 will be utilized.
 - Perform a high level recon prior to low-level activities.
 - Practice see and avoid.
 - The dispatch initiating the flight will notify and coordinate with the adjoining agency/ cooperator dispatch.
- F. Temporary Flight Restrictions (TFRs) within or in close proximity to corridors/zones will be coordinated and information shared between the responsible dispatch offices.

Great Basin Airspace Boundary Checklist (Example):**(1)** Date: _____ Time: _____ Dispatcher: _____**(2)** Fire Name and/ or Number: _____**(3)** Geographic Location: _____

Latitude x Longitude: _____ x _____

VOR Distance and Bearing: _____

(4) Aircraft Responding:

| | Tail # | Departure Point |
|---------------|--------|-----------------|
| Air Attack | _____ | _____ |
| Lead | _____ | _____ |
| Air Tankers | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| Helicopters | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| Smokeyjumpers | _____ | _____ |

(5) Is there a TFR in place or requested? Yes No

If yes, what are the parameters? Center Point: Lat. _____ Long. _____

Radius: _____ nm

Altitude: _____ MSL

(6) Radio Frequencies:

Flight Following Frequency: _____

Air to Air (VHF-AM): _____

Air to Ground (VHF-FM): _____

(7) Are there military training routes or Special Use Airspaces near the incident? Yes No

What are the Routes or SUA Involved? _____

If yes, has the Scheduling Activity been notified? Yes No

Have Flight Crews been notified? Yes No

(8) Adjacent Jurisdiction Dispatch Centers: CHECK ALL APPLICABLE and FAX

Dispatch Center: Phone: Fax:

Dispatch Center: Phone: Fax:

Dispatch Center: Phone: Fax:

(9) Has a follow up phone call been made to all Dispatch Centers checked above? Yes No

INTERAGENCY INCIDENT MANAGEMENT TEAM EVALUATION

APPENDIX I

Appendix I

Incident Management Team Performance Evaluation

| | | | |
|---|---|------------------------|---|
| Team IC | | Incident Type | |
| Incident Name | | Incident Number | |
| Assignment Dates | | Total Acres | |
| Host Agency | | Evaluation Date | |
| Administrative Unit | | Sub-Unit | |
| <p>At the conclusion of each incident management team (IMT) assignment, the agency administrator or representative should complete this initial performance evaluation (sections 1-5). This evaluation should be discussed directly with the incident commander. The initial performance evaluation should be delivered by the agency administrator without delay to the incident commander, the state/regional fire management officer, and the chair of the IMT's home geographic area multi-agency coordination group to ensure prompt follow-up to any issues of concern.</p> | | | |
| <p style="text-align: center;">Complete the follow evaluation narratives and rating for each question</p> <p style="text-align: center;">0 – did not achieve expectations 3 – met expectations 5 – excelled</p> | | | |
| <p>1. How well did the Team accomplish the objectives described in the Wildland Fire Decision Support System (WFDSS) the Delegation of Authority, and the Agency Administrator Briefing?</p> | | | |
| Circle one | 0 | 1 | 2 |
| 3 | 4 | 5 | |
| <p>(Explain)</p> | | | |
| <p>2. How well did the Team manage the cost of the incident? Did the team follow agency incident operating guidelines? Were follow-up issues identified and documented for the Agency Administrator i.e.; invoices, OWCP and vendor issues?</p> | | | |
| Circle one | 0 | 1 | 2 |
| 3 | 4 | 5 | |
| <p>(Explain)</p> | | | |

APPENDIX I**INTERAGENCY INCIDENT MANAGEMENT TEAM EVALUATION**

| | | | | | | |
|--|---|---|---|---|---|---|
| 3. How did the Team demonstrate sensitivity to resource limits/constraints and environmental concerns? | | | | | | |
| Circle one | 0 | 1 | 2 | 3 | 4 | 5 |
| (Explain) | | | | | | |
| 4. How well did the Team deal with sensitive political and social concerns? | | | | | | |
| Circle one | 0 | 1 | 2 | 3 | 4 | 5 |
| (Explain) | | | | | | |
| 5. Was the Team professional in the manner in which they assumed management of the incident and how they managed the total incident? How did the Team handle transition either to another IMT or in returning the incident the hosting agency? | | | | | | |
| Circle one | 0 | 1 | 2 | 3 | 4 | 5 |
| (Explain) | | | | | | |
| 6. How well did the Team anticipate and respond to changing conditions, was the response timely and effective? | | | | | | |
| Circle one | 0 | 1 | 2 | 3 | 4 | 5 |
| (Explain) | | | | | | |
| 7. How well did the Team place the proper emphasis on safety? | | | | | | |
| Circle one | 0 | 1 | 2 | 3 | 4 | 5 |
| (Explain) | | | | | | |

INTERAGENCY INCIDENT MANAGEMENT TEAM EVALUATION

APPENDIX I

| | | | | | | |
|---|---|---|---|---|---|---|
| 8. Did the Team activate and manage the mobilization/demobilization in a timely and cost effective manner? | | | | | | |
| Circle one | 0 | 1 | 2 | 3 | 4 | 5 |
| (Explain) | | | | | | |
| 9. How well did the Team use local resources, trainees, and closest available forces? | | | | | | |
| Circle one | 0 | 1 | 2 | 3 | 4 | 5 |
| (Explain) | | | | | | |
| 10. How did the Team notify the incident agency regarding triggers for initiating a cost share agreement or large fire cost review? How were those recommendations implemented? | | | | | | |
| Circle one | 0 | 1 | 2 | 3 | 4 | 5 |
| (Explain) | | | | | | |
| 11. Was the IC engaged and in charge of the Team and the Incident? How well did the IC function and operate as a leader? | | | | | | |
| Circle one | 0 | 1 | 2 | 3 | 4 | 5 |
| (Explain) | | | | | | |

APPENDIX I

INTERAGENCY INCIDENT MANAGEMENT TEAM EVALUATION

| | | | | | | |
|--|---|---|---|---|-------|---|
| 12. How timely was the IC in assuming responsibility for the incident and initiating action? | | | | | | |
| Circle one | 0 | 1 | 2 | 3 | 4 | 5 |
| (Explain) | | | | | | |
| 13. How did the IC show sincere concern and empathy for the hosting unit and local conditions? | | | | | | |
| Circle one | 0 | 1 | 2 | 3 | 4 | 5 |
| (Explain) | | | | | | |
| 14. Did the Incident Management Team provide an organized financial package (comps/claims documentation completed, payment documents forwarded, I-suite updated, etc.) to the host unit or next IMT prior to demobilization? | | | | | | |
| Circle one | 0 | 1 | 2 | 3 | 4 | 5 |
| (Explain) | | | | | | |
| 15. Other comments: | | | | | | |
| Agency Administrator or Representative: | | | | | Date: | |
| Incident Commander: | | | | | Date: | |



GREAT BASIN

BUYING TEAM EVALUATION

Instruction: The Designated Agency Representative completes the performance evaluation prior to release of the Buying Team. **Please be detailed.** The Buying Team Leader shall forward a copy of the rating to the Buying Team Coordinator (see contact information on bottom of form) immediately upon return from assignment.

Incident Name/Number: _____ Dates on Incident: _____

Incident Agency: _____

Buying Team Name: _____

Evaluator's Name & Position: _____

Evaluator's Phone No.: _____

Evaluation Criteria

1. Describe how effective the Leader was at managing the Buying Team (BUYT) and its activities?

2. Describe the BUYT Leader's leadership strengths and weaknesses. Was it obvious that he/she was in charge?

3. Describe how well the Buying Team adhered to the Interagency Incident Business Management Handbook, geographic area supplements, and local policies and procedures.

4. Describe the BUYTs skills in evaluating the availability of goods and services, prices, and delivery costs. Did the team select the source best meeting incident needs?

5. How well did the BUYT make sound cost management decisions and provide documentation to support their decision? Explain.

6. How promptly was the Buying Team able to supply goods and services for the incident? Explain.

7. Describe ways in which the BUYT was sensitive to local community issues, local businesses, local contractors, and local land owners?

8. How well did the BUYT manage accountable property? Explain.

9. Describe the BUYT's performance in settling claims (if applicable).

10. How was the Buying Team's ability to anticipate and respond to changing conditions, such as additional incidents and/or workloads? Explain.

11. Describe how the BUYT coordinated, cooperated and communicated with the following functions.

Incident Agency(s)
IBA(s)
Expanded Dispatch
IMT(s)

12. How complete was the BUYT's documentation package? Was it submitted appropriately? Explain.

13. What was the BUYT's attitude during the assignment? Did they work in a professional manner? Explain.

14. What are the areas this BUYT could improve upon? Please give detailed feedback.

15. What are the areas this BUYT was successful in? Please give detailed feedback.

This evaluation has been discussed by and between the following Designated Agency Representative and the Buying Team Leader.

| | | |
|----------------------------|-----------|------|
| Agency Representative Name | Signature | Date |
| | | |
| Buying Team Leader Name | Signature | Date |
| | | |

**Forward copy of evaluation to Sierra Hellstrom
immediately upon return from assignment**

srhellstrom@fs.fed.us * 801-625-5764 (Office) * 801-940-4935 (Cell) * 801-625-5365 (Fax)

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