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 97

- **MOBILE FOOD & SHOWER SERVICE REQUEST FORM**
  See National Interagency Mobilization Guide, Page 99

- **PASSENGER AND CARGO MANIFEST FORM**
  See National Interagency Mobilization Guide, Page 100

- **AIRCRAFT FLIGHT REQUEST/SCHEDULE FORM**
  See National Interagency Mobilization Guide, Page 102

- **INFRARED AIRCRAFT SCANNER REQUEST FORM**
  See National Interagency Mobilization Guide, Page 104

- **FAA TEMPORARY TOWER REQUEST FORM**
  See National Interagency Mobilization Guide, Page 105

- **PREPAREDNESS/DETAIL REQUEST FORM**
  See National Interagency Mobilization Guide, Page 106

- **INCIDENT STATUS SUMMARY (ICS-209) FORM**
  See National Interagency Mobilization Guide, Page 107

- **FUELS AND FIRE BEHAVIOR ADVISORY TEMPLATE**
  See National Interagency Mobilization Guide, Page 111

- **WILDLAND FIRE ENTRAPMENT/FATALITY INITIAL REPORT FORM**
  See National Interagency Mobilization Guide, Page 112

- **DOCUMENTATION OF LENGTH OF ASSIGNMENT EXTENSION REQUIREMENTS FORM**
  See National Interagency Mobilization Guide, Page 114

Copies and/or links of the following forms are provided in the subsequent pages:

- **SAFECOM FORM**
  See form and instructions at: https://www.safecom.gov/

- **AIRCRAFT DISPATCH FORM**
  https://gacc.nifc.gov/gbcc/aircraft.php

- **INTERAGENCY REQUEST FOR TEMPORARY FLIGHT RESTRICTION**
  https://www.nwcg.gov/committees/interagency-airspace-subcommittee

- **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**
  https://gacc.nifc.gov/gbcc/aircraft.php under Aviation Forms

- **INCIDENT MANAGEMENT TEAM PERFORMANCE EVALUATION**
  https://gacc.nifc.gov/gbcc/overhead.php under IMT Toolbox

- **GREAT BASIN BUYING TEAM PERFORMANCE EVALUATION**
  http://gacc.nifc.gov/gbcc/business.php

AIRCRAFT DISPATCH FORM

INCIDENT NAME:	DATE:	TIME:	SUNSET+30:
INCIDENT ORDER #:		CHARGE CODE:	
DESCRIPTIVE LOCATION:			ELEVATION:
LATITUDE:	LONGITUDE:		
BEARING (DEG):	DISTANCE (NM):		FROM:
INITIAL POINT (IP) DESCRIPTIVE LOCATION:			
IP LATITUDE:	IP LONGITUDE:		
FLIGHT FOLLOW:	F/F FREQUENCY:		TONE:
AIR CONTACT:	A/A FREQUENCY:		TONE:
GROUND CONTACT:	A/G FREQUENCY:		TONE:
HAZARDS:			
OTHER AIRCRAFT:			
RELOAD BASE(S)			

COMMENTS:

REQUEST FOR A TEMPORARY FLIGHT RESTRICTION

DATE: _____ TIME: _____	FAA ARTCC requires phone notification. ARTCC _____ FAA PHONE:_____FAX:_____
Resource Order Number: _____ 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 ddmmssN/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 **ddmmssN/dddmmssW**		Point #	Lat/Long format **ddmmssN/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

DOCUMENTATION OF CONTACTS REQUESTING DECONFLICTION OF AIRSPACE BY THE MILITARY

I. MILITARY TRAINING ROUTES (MTRs)

REQUEST CLOSURE OF SEGMENTS OR RESTRIOCTION (eg, ALTITUDE ADJUSTMENT) OF THE FOLLOWING MTRs:

DATE / TIME	SCHEDULING 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 SCHEDULIN 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	_____	_____
	_____	_____
	_____	_____
Smokejumpers	_____	_____

(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

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**	

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.

Complete the follow evaluation narratives and rating for each question

0 – did not achieve expectations 3 – met expectations 5 – excelled

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?

Circle one	0	1	2	3	4	5

(Explain)

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?

Circle one	0	1	2	3	4	5

(Explain)

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)						

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)						

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

March 2018

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 Name, Position, Phone #: _____

Evaluation Criteria

1. Describe the BUYT Leader's strengths and weaknesses. How effective were they at managing the BUYT?

2. How promptly was the Buying Team able to supply goods and services to meet incident needs? Please explain.

3. How was the Buying Team's attitude during the assignment? Their ability to anticipate and respond to changing conditions, such as additional incidents and/or workloads? Please explain.

4. Describe how the BUYT coordinated, cooperated and communicated with outside entities (Incident Agency(s) IBA(s) Expanded Dispatch IMT(s), local community, local landowners etc.)

5. How complete was the BUYT's documentation & closeout package?

6. How well did the team transition? Did the team transition to (circle one): **Home Unit** or **Replacement BUYT**

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

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

This evaluation has been discussed by and between the Designated Agency Representative and the BUYT 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)