



Moab Interagency Fire Incident Organizer

Updated 1/01/2023



Prior to responding to an incident, obtain the following information:

Incident Name	
Incident Number	UT-
Initial Location	

Command Freq.	
Tactical Freq.	
Air to Ground Freq.	
Air to Air Freq.(as needed)	

Complete the following table before submitting:

P# / Fire Code #	
District / Unit	
Report Completion Date	

The final IC will submit the Incident Organizer along with all other associated documentation to **MIFC via email utmfc@firenet.gov, No Later Than 5 days after the fire is called out. MIFC 435-259-1850**

/Signatures/	
I.C.: _____	Date: _____
FMO/AFMO: _____	Date: _____

March 2nd
2023

MEMORANDUM

To: Type 3,4, and 5 Incident Commanders
From: Moab Interagency Fire Management Board
Subject: Expectations and Responsibilities for Type 3, 4, and 5 Incident Commanders

We delegate the authority to manage wildfires within the Moab Interagency Fire Management Area (MIFMA) to all Type 3, 4, 5 Incident Commanders (IC), to include out of area resources assisting within the MIFMA. This delegation applies to short duration or emerging incidents, an incident specific delegation of authority may be initiated if the situation warrants. **As an IC, you must keep firefighter and public safety your highest priority on every fire.** Additionally, you should manage the incident cost-efficiently and with as little environmental damage as possible.

- Develop, implement, and monitor safe and effective Incident Action Plan objectives and viable strategies and tactics for the incident, which reflect local fire and resource management goals. Use the most up to date modeling to support decisions.
- Disengage suppression activities immediately if strategies, tactics, and communications cannot be maintained safely. Every firefighter has the right to know their assignments are safe.
- Implement the Risk Management Process, as outlined in the *Incident Response Pocket Guide*.
- Maintain command and control of the incident at all times. Document any Transfer of Command and relay this information to all fireline personnel and dispatch.
- Give complete briefings to fireline personnel (see the *Incident Response Pocket Guide*) and document all briefings on the Resource Summary.
- **Do not assume collateral duties** as Type 3 Incident Commanders.
- Monitor fatigue levels. Ensure crews, overhead, and support personnel are getting a 2:1 work/rest ratio. Written justification is required for any shift over 16 hours after the first operational period and mitigation measures must be taken.
- The 10 standard firefighting orders are firm, do not bend or break them.
- Regularly verify, communicate, and update common incident information to the public as well as internal and external stakeholders. Ensure that interagency coordination partners are fully involved in the planning process.
- **Assure Work-Rest Guidelines are strictly followed.**
- Promote the Principles of a High Reliability Organization (HRO) on every incident.
- Complete and document an After Action Review (AAR) on every incident.
- Establish a unified command quickly when appropriate (multi-jurisdictional situations)
- Follow established guidance and protocols for special areas of concern contained in the MIFC Annual Operation Plan.
- Follow established guidelines and procedures for Sage Grouse Management Areas (SGMA) of concerns.
- We have the utmost respect for your knowledge and professionalism. You serve an extremely important leadership role. Please understand that your actions will be supported in any cases where you take appropriate precautions to safeguard firefighters and the public.

**Delegation of Fire Management Authority and
Transfer of Fiscal Responsibility between
Utah Division of Forestry, Fire and State Lands and
[Participating Eligible Entity]**

Definition as outlined in the Cooperative Agreement for Participating Entities: Delegation of Fire Management Authority and Transfer of Fiscal Responsibility (“Delegation”) occur simultaneously with **one** of the following events (check all that apply):

- State or federally owned lands are involved in the incident; or,**
- Firefighting resources are ordered through an Interagency Fire Center (beyond “pre-planned dispatch”); or,**
- At the request of the Participating Entity having jurisdiction by the local fire official on scene; or,**
- By decision of the State Forester after consultation with local authorities.**

Delegation to FFSL means FFSL or its designee becomes the primary incident commander, in a unified command environment with the agency having jurisdiction.

BASED UPON one of the foregoing having occurred it is hereby agreed by and between the parties that Fire Management Authority and Fiscal Responsibility is hereby delegated and transferred to the Division of Forestry, Fire and State Lands. Responsibility for fire suppression costs depends upon applicable statutes, rules, and agreements.

Participating Entity Fire Official:

Name/Title	Signature
Date	Time

Forestry, Fire and State Lands Official (or designee):

Name/Title	Signature
Date	Time

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* Incident Complexity Analysis	All Fires	9
* Incident Commander SOP Checklist	All Fires	10
Unit Log	Any major event on all fires	11-13
* Documentation for Shifts in Excess of 16 hours and 2:1 work rest.	All fires where operational shifts exceed 2:1 work/rest ratio.	14
* Incident After Action Review	All Fires. Agency Official may review and sign.	15
* Final Fire Report	All Fires	16
Spot Weather Request and Forecast	All fires that will not be controlled in the current burn period or if a Red Flag Warning or Fire Weather Watch has been issued.	17-18
Fire Cause Determination Report	All suspected human caused fires	19-20
* Incident Action Plan	An IAP is required on the 2 nd day of an uncontained fire. Objectives required for all USFS	21-22
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Logistics Help Page	Reference Document	27
* Resource Summary	All Fires	2
* Denotes Forms required to be filled in for 30-Mile accident prevention (FS)		

Initial Fire Size-Up

Fire Name:				IC Name:			
Fire Number:		USDA:		DOI:		State:	
Descriptive Location:							
Coordinates at Origin:	Geographic:		Lat.			Long.	
	UTM (nad83):		E.			N.	
	Legal:		Tn.		Rg.		Se.
Estimated Size(acres):				Ownership:			
Apparent Cause:		<input type="checkbox"/> Natural <input type="checkbox"/> Human		--> Fire investigator Name:			
Are structures threatened?			<input type="checkbox"/> No <input type="checkbox"/> Yes(specify)				
Any control problems?			<input type="checkbox"/> No <input type="checkbox"/> Yes(specify)				
Additional resources needed?			<input type="checkbox"/> No <input type="checkbox"/> Yes(specify)				
Any other values threatened?			<input type="checkbox"/> No <input type="checkbox"/> Yes(specify)				
Burning in or towards fuel units?			<input type="checkbox"/> No <input type="checkbox"/> Yes(specify)				
Hazards:							
Estimated Containment:		Date			Time		
Estimated Control:		Date			Time		
Fire Complexity		<input type="checkbox"/> Type III		<input type="checkbox"/> Type IV		<input type="checkbox"/> Type V	
Spread Potential		<input type="checkbox"/> 1. Low		<input type="checkbox"/> 2. Moderate		<input type="checkbox"/> 3. High <input type="checkbox"/> 4. Extreme	
Fire Behavior		<input type="checkbox"/> 1. Smoldering		<input type="checkbox"/> 3. Running		<input type="checkbox"/> 5. Torching	
		<input type="checkbox"/> 2. Creeping		<input type="checkbox"/> 4. Spotting		<input type="checkbox"/> 6. Crowning	
Flame Length		<input type="checkbox"/> 7. Crown/Spotting		<input type="checkbox"/> 8. Erratic			
Slope at head of fire		<input type="checkbox"/> 1. 0-25%		<input type="checkbox"/> 2. 26-40%		<input type="checkbox"/> 3. 41-55%	
		<input type="checkbox"/> 4. 56-75%		<input type="checkbox"/> 5. 76+%			
Position on Slope		<input type="checkbox"/> 1. Ridge Top		<input type="checkbox"/> 4. Middle 1/3 of slope		<input type="checkbox"/> 7. Valley Bottom	
		<input type="checkbox"/> 2. Saddle		<input type="checkbox"/> 5. Lower 1/3 of slope		<input type="checkbox"/> 8. Mesa/Plateau	
		<input type="checkbox"/> 3. Upper 1/3 of slope		<input type="checkbox"/> 6. Canyon Bottom		<input type="checkbox"/> 9. Flat or rolling	
Aspect		<input type="checkbox"/> 0. Flat		<input type="checkbox"/> 2. NE		<input type="checkbox"/> 4. SE	
		<input type="checkbox"/> 1. N		<input type="checkbox"/> 3. E		<input type="checkbox"/> 5. S	
		<input type="checkbox"/> 6. SW		<input type="checkbox"/> 7. W		<input type="checkbox"/> 8. NW	
		<input type="checkbox"/> 9. Ridgetop					
Fuel Type		<input type="checkbox"/> 1. Short Grass (1 ft)		<input type="checkbox"/> 5. Brush (2 ft)		<input type="checkbox"/> 9. Hardwood Litter	
		<input type="checkbox"/> 2. Timber w/ Grass		<input type="checkbox"/> 6. Dormant Brush		<input type="checkbox"/> 10. Timber (litter & understory)	
		<input type="checkbox"/> 3. Tall Grass (3 ft)		<input type="checkbox"/> 7. Southern Rough		<input type="checkbox"/> 11. Light Logging Slash	
		<input type="checkbox"/> 4. Chaparral Brush (6 ft)		<input type="checkbox"/> 8. Closed Timber Litter		<input type="checkbox"/> 12. Medium Logging Slash	
Wind Speed (mph):				Gusts (mph):			
Wind Direction		<input type="checkbox"/> 0. Calm		<input type="checkbox"/> 2. NE		<input type="checkbox"/> 4. SE	
		<input type="checkbox"/> 1. N		<input type="checkbox"/> 3. E		<input type="checkbox"/> 5. S	
		<input type="checkbox"/> 6. SW		<input type="checkbox"/> 7. W		<input type="checkbox"/> 8. NW	
		<input type="checkbox"/> 9. Erratic					
Current Weather Conditions:							
Elevation		_____ Ft					
Staging Area Location:							
LCES in Place (Refer to IRPG)		<input type="checkbox"/> No		<input type="checkbox"/> Yes			

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report	
<p>FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.</p> <p>FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.</p>	
<p>Use the following items to communicate situation to communications/dispatch.</p>	
<p>1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report) Ex: "Communications Div. Alpha. Stand-by for Emergency Traffic."</p>	
<p>2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure. Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."</p>	
Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE Ex: Unconscious, difficulty breathing, bleeding severely, 2 nd - 3 rd burns more than 4 palm sizes, heat stroke, disoriented. <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. Ex: Significant trauma, unable to walk, 2 nd - 3 rd burns not more than 1-3 palm sizes. <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness.
Nature of Injury or illness & Mechanism of Injury	Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)
Transport Request	Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location	Descriptive Location & Lat. / Long. (WGS84)
Incident Name	Geographic Name + "Medical" (Ex: Trout Meadow Medical)
On-Scene Incident Commander	Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)
Patient Care	Name of Care Provider (Ex: EMT Smith)

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:
Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:
Example: Paramedics/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable			
Function	Channel Name/Number	Receive (RX)	Transmit (TX)
COMMAND			Tone/NAC *
AIR-TO-GRND			
TACTICAL			

7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.

8. ADDITIONAL INFORMATION: Updates/Changes, etc.

REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

MEDICAL PLAN – REQUIRED FOR ALL FIRES

PRIMARY MEDICAL RESPONDER: _____ QUALIFICATION: _____

SECONDARY MEDICAL RESPONDER: _____ QUALIFICATION: _____

TYPE AND LOCATION OF MEDICAL EQUIPMENT: _____

CLOSEST GROUND BASED MEDIVAC: LAT: _____ LONG: _____

DESCRIPTIVE LOCATION: _____

DRIVING DIRECTIONS: _____

LOCATION OF MEDIVAC HELISPOT: LAT: _____ LONG: _____

DESCRIPTIVE LOCATION: _____

Lat/Long: Deg. Min. Sec. NAD 83 Type 2 helispot (90' safety circle and 20' x 20' touchdown pad)

Type 3 helispot (75' safety circle and 15' x 15' touchdown pad)

WATER SOURCE INFORMATION

SOURCE NAME: _____ LAT: _____ LONG: _____

LAT: _____ LONG: _____

IS THE WATER SOURCE APPROVED? **Y N** (circle one)

ROAD ACCESS? **Y N** (circle one) DRIVING DIRECTIONS: _____

ESTIMATED GALLONS REMOVED FROM WATER SOURCE: _____

FOREST SERVICE FIRES ONLY

THE FOLLOWING LIST OF QUESTIONS CAN ASSIST THE LINE OFFICER IN DETERMINING FIRE SUPPRESSION STRATEGIES. PLEASE RELAY THIS INFORMATION TO DISPATCH. **THIS IS NOT A COMPLETE LIST!**

- DO YOU THINK THE FIRE COULD SAFELY BENEFIT THE ECOSYSTEM WITH LIMITED RISK? Yes No
If you answered "No" to the above question, it is not necessary to proceed.
- DESCRIBE THE FIRE BEHAVIOR (Fuel type burning, % active perimeter, flame length)
- DESCRIBE THE FUEL TYPE, FUEL LOADING, AND CONTINUITY OF FUELS
- HAVE VALUES AT RISK BEEN IDENTIFIED (i.e. Cabins, Fences, Archeology, Improvements)? Yes No
- IDENTIFY POTENTIAL NATURAL AND MAN-MADE CONTAINMENT OPTIONS.
(i.e. road#, trail #, alpine)
- WHAT DO YOU THINK THE FIRE WILL DO IN THE NEXT SEVERAL DAYS?
- WHAT ARE THE RESOURCE NEEDS FOR THE NEXT OPERATIONAL PERIOD FOR YOUR RECOMMENDED MANAGEMENT STRATEGY?
- OTHER INFORMATION:
 - IS THERE DIFFICULT TERRAIN OR FUELS THAT MAY WANT TO BE AVOIDED?
 - IS SMOKE CURRENTLY AFFECTING HIGHWAYS OR COMMUNITIES?

INCIDENT COMPLEXITY ANALYSIS (Type 3, 4, 5)

Fire Behavior	Yes*	No
Fuels extremely dry and susceptible to long-range spotting or you are currently experiencing extreme fire behavior.		
Weather forecast indicating no significant relief or worsening conditions.		
Current or predicted fire behavior dictates indirect control strategy with large amounts of fuel within planned perimeter.		
Firefighter Safety		
Performance of firefighting resources affected by cumulative fatigue.		
Overhead overextended mentally and/or physically.		
Communication ineffective with tactical resources or dispatch.		
Organization		
Operations are at the limit of span of control.		
Incident action plans, briefings, etc. missing or poorly prepared.		
Variety of specialized operations, support personnel or equipment.		
Unable to properly staff air operations.		
Limited local resources available for initial attack.		
Heavy commitment of local resources to logistical support.		
Existing forces worked 24 hours without success.		
Resources unfamiliar with local conditions and tactics.		
Values to be Protected		
Urban interface; structures, developments, recreational facilities, or potential for evacuation.		
Fire burning or threatening more than one jurisdiction and potential for unified command with different or conflicting management objectives.		
Unique natural resources, special-designation areas, critical municipal watershed, T&E species habitat, cultural value sites.		
Sensitive political concerns, media involvement, or controversial fire policy.		

*** If you have checked "Yes" on 3 to 5 of the analysis boxes, consider requesting the next level of incident management support.**

Type 5 Characteristics: (a) Ad hoc organization managed by a type 5 IC. (b) Primarily local resources used. (c) ICS command and general staff positions are not activated. (d) Resources vary from two to six firefighters. (e) Incident is generally contained within the first burning period and often within a few hours after resources arrive on scene. (f) Additional firefighting resources or logistical support are not usually required.

Type 4 Characteristics: (a) Ad hoc organization managed by a type 4 IC. (b) Primarily local resources. (c) ICS command and general staff positions are not activated. (d) Resources vary from a single resource to multiple resource task forces or strike teams. (e) Incident is usually limited to one operational period in the control phase. Mopup may extend into multiple operational periods. (f) Written incident action plan (IAP) is not required. A documented operational briefing will be completed for all incoming resources. Refer to the **Incident Response Pocket Guide** for a briefing checklist.

Type 3 Characteristics: Type 3 IC'S are qualified according to the 310-1. No non-fire concurrent responsibilities or single resource boss duties. Not all type 3 complexity incidents require full command and general staff positions. As an incident escalates, a continuing reassessment of the complexity level should be done. (a) Ad hoc or pre-established type 3 organization managed by an ICT3. (b) Some or all of ICS functional areas activated as necessary to manage the incident. (c) Incident Complexity Analysis process is formalized and certified daily. It is the IC's responsibility to continually reassess the complexity level of the incident. When the complexity analysis indicates a higher complexity level the IC must ensure that suppression operations remain within the scope and capability of the existing organization and that span of control is consistent with established ICS 19 standards. (d) Local and non-local resources used. (e) Resources vary from several resources to several task forces/strike teams. (f) May be divided into divisions. (g) May require staging areas and incident base. (h) May involve low complexity aviation operations. (i) May involve multiple operational periods prior to control, which may require a written Incident Action Plan (IAP).

Incident Commander SOP Checklist

- Verify all frequencies assigned and all units responding to the fire.
- Name the fire and obtain a fire number from MIFC. Use the closest geographical reference and keep it short.
- Flag the route to the fire. Start from major roads and clearly flag each turn on both sides of road.
- Designate a briefing and staging area. All resources will be checked in and briefed.
- Post lookouts, ensure communications work and identify escape routes and safety zones.
- Coordinate with state/county fire wardens to account for all fire department resources. Make contact on State Fire 154.280 Tx/Rx.
- Ensure an Interagency Cost Share Agreement has been completed as per agency guidelines for multi-jurisdictional incidents.
- Complete the Initial Size-up Briefing on the Initial Field Fire Report and relay this information to MIFC on the radio.
- Complete the Incident Complexity Analysis. Ensure the proper management is in place or ordered.
- Develop objectives for your incident. Use strategies and tactics that are safe and achieve the objectives. All Type 3 fires require a written IAP. Incident objectives should be consistent with Land Use Plan resource objectives.
- When the fire is suspected to be human caused; complete the Fire Cause Determination Report and order a Fire Investigator.
- Determine ownership, if ownership of the fire is not clear relay LAT / LONG DDMMS (NAD 83) to MIFC. If the fire could be close to 1/10th of an acre or larger, GPS the perimeter and submit to agency GIS specialist.
- Establish a unified command when appropriate. Ensure MIFC and all resources on the fire know who is in command.
- Order the necessary and appropriate operational resources through MIFC. Plan for operational resources needed to control the fire.
- Ensure all contract resources are inspected through MIFC prior to obtaining an assignment.
- MIFC will coordinate with county dispatch centers for EMS and local law enforcement issues upon request.
- Complete the Spot Weather Forecast Request and relay the information to MIFC on all fires that will not be controlled in the current burn period or if a RED FLAG WARNING or FIRE WEATHER WATCH has been issued.
- Notify MIFC if dispatch will need to extend staffing.
- Submit a completed Intelligence Summary (ICS-209) to MIFC by 1600 for all action fires in timber over 100 acres and in grass or brush over 300 acres. Submit daily 209 updates until the fire is controlled—then submit a final 209.
- Logistic orders (I.E. meals, beverages and other supplies) must be submitted by 1000 to receive meals that same day and by 1600 to receive meals and supplies the next morning.
- Facilitate incident AARs after each operation period. Document a final incident AAR after the fire is controlled.
- Complete all appropriate CTRs, shift tickets, general messages, and evaluations for all resources prior to their demob.
- Keep MIFC informed on changes in conditions/personnel hourly or as needs arise.
- Demob resources according to driving limits and work/rest issues.
- Complete the Final Fire Report Data form in the Incident Organizer when the fire is declared out.

*** JUSTIFICATION FOR SHIFTS IN EXCESS OF 16 HOURS / 2:1**

The following criteria has been determined to justify working shifts exceeding sixteen consecutive hours and/or the 2:1 work rest guidelines.

FIRE NAME _____ **FIRE#** _____

EMPLOYEES

Name	Name

_____ Shifts in excess of 16 hours/ exceeding 2:1 on _____ (Date) _____ were due to establishing initial control of fire.

_____ Shifts in excess of 16 hours/ exceeding 2:1 on _____ (Date) _____ were due to dispatching manpower and resources during critical fire situation.

_____ Shifts in excess of 16 hours/ exceeding 2:1 on _____ (Date) _____ were due to emergency rescue work.

_____ Arduous travel. Travel on overtime necessary because suitable subsistence and lodging were not available. (May be applicable when returning from fire.)

_____ Travel time not administratively controllable. Required to return to home unit as quickly as possible and by most expedient method because of fire situation. (May be applicable when returning from fire detail assignment.)

_____ Other.

X _____
Incident Commander

Duty Officer Concurrence: Name:

Date: _____ **Time:** _____ **Method of Contact:** Phone In Person

***Incident After Action Review**

Date:

Conducted by:

What was planned?

What actually happened?

Why did it happen?

What can we do next time?

Is there a need to file a SAFENET/SAFECOM (Circle)

Yes

No

X _____
(Appropriate Agency Reviewing Official)

(Title)

(Date)

Final Fire Report

Fire Name: USDA:		DOI:		State:	
Descriptive Location:					
Discovery Date: (mm/dd/yyyy)		Time:		<input type="checkbox"/> Estimated <input type="checkbox"/> Actual	
Initial Attack Date: (mm/dd/yyyy)		Time:		<input type="checkbox"/> Estimated <input type="checkbox"/> Actual	
Contain Date: (mm/dd/yyyy)		Time:		<input type="checkbox"/> Estimated <input type="checkbox"/> Actual	
Control Date: (mm/dd/yyyy)		Time:		<input type="checkbox"/> Estimated <input type="checkbox"/> Actual	
Out Date: (mm/dd/yyyy)		Time:		<input type="checkbox"/> Estimated <input type="checkbox"/> Actual	
Final Fire Acres:		Acres by Ownership			
		BLM		USFS	
		STATE		NPS	
Coordinates at Origin:	Geographic: Lat.		Long.		
	UTM (nad83): E.		N.		
	Legal: Tn.		R.		Se. $\frac{1}{4}$ Se.
Elevation(ft):		Slope (%):		County:	
Reported by:	<input type="checkbox"/> 1 FS Lookout <input type="checkbox"/> 2 Other Lookout <input type="checkbox"/> 3 FS Patrol <input type="checkbox"/> 4 Other FS Employee <input type="checkbox"/> 5 Cooperator <input type="checkbox"/> 6 FS Permittee <input type="checkbox"/> 7 FS Aircraft <input type="checkbox"/> 8 Other Aircraft <input type="checkbox"/> 9 Infrared <input type="checkbox"/> 10 Other				
Statistical Cause:	<input type="checkbox"/> 1 Lightning <input type="checkbox"/> 2 Equipment Use <input type="checkbox"/> 3 Smoking <input type="checkbox"/> 4 Campfire <input type="checkbox"/> 5 Debris Burning <input type="checkbox"/> 6 Railroad <input type="checkbox"/> 7 Arson <input type="checkbox"/> 8 Children <input type="checkbox"/> 9 Misc. (Specify)				
General Cause:	<input type="checkbox"/> 1 Timber Harvest <input type="checkbox"/> 2 Harvest Other Prod <input type="checkbox"/> 3 Forest/Range mgt. activities <input type="checkbox"/> 4 Highway <input type="checkbox"/> 5 Power Reclaim <input type="checkbox"/> 6 Hunting <input type="checkbox"/> 7 Fishing <input type="checkbox"/> 8 Other Rec. <input type="checkbox"/> 9 Resident <input type="checkbox"/> 10 Other				
Specific Cause:	<input type="checkbox"/> 1 Lightning <input type="checkbox"/> 2 Aircraft <input type="checkbox"/> 3 Vehicle Burn <input type="checkbox"/> 4 Exhaust-Power Saw <input type="checkbox"/> 5 Exhaust - other <input type="checkbox"/> 6 Logging <input type="checkbox"/> 7 Brakes <input type="checkbox"/> 8 Cook Fire <input type="checkbox"/> 9 Warming Fire <input type="checkbox"/> 10 Smoking <input type="checkbox"/> 11 Trash Burn <input type="checkbox"/> 12 Burn Dump <input type="checkbox"/> 13 Field Burn <input type="checkbox"/> 14 Land Clearing <input type="checkbox"/> 15 Slash Burn <input type="checkbox"/> 16 Right-of-way Burn <input type="checkbox"/> 17 Resource mgt Burn <input type="checkbox"/> 18 Grudge Fire <input type="checkbox"/> 19 Pyromania <input type="checkbox"/> 20 Smoke out Bees/Game <input type="checkbox"/> 21 Insect/Snake Control <input type="checkbox"/> 22 Job Fire <input type="checkbox"/> 23 Blasting <input type="checkbox"/> 24 Burning Building <input type="checkbox"/> 25 Powerline <input type="checkbox"/> 26 Fireworks <input type="checkbox"/> 27 Play w/matches <input type="checkbox"/> 28 Repel Predators <input type="checkbox"/> 29 Stove Fuel <input type="checkbox"/> 30 Other				
Class of People:	<input type="checkbox"/> 1 Owner <input type="checkbox"/> 2 Permittee <input type="checkbox"/> 3 Contractor <input type="checkbox"/> 4 Public Employee <input type="checkbox"/> 5 Local Permanent <input type="checkbox"/> 6 Seasonal <input type="checkbox"/> 7 Transient <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 Visitor <input type="checkbox"/> 0 Not person caused				
NFFL Fuel Model:	<input type="checkbox"/> 1. Short Grass (1 ft) <input type="checkbox"/> 2. Timber w/ Grass <input type="checkbox"/> 3. Tall Grass (3 ft) <input type="checkbox"/> 4. Chaparral Brush (6 ft) <input type="checkbox"/> 5. Brush (2 ft) <input type="checkbox"/> 6. Dormant Brush <input type="checkbox"/> 7. Southern Rough <input type="checkbox"/> 8. Closed Timber Litter <input type="checkbox"/> 9. Hardwood Litter <input type="checkbox"/> 10. Timber (litter & understory) <input type="checkbox"/> 11. Light Logging Slash <input type="checkbox"/> 12. Medium Logging Slash <input type="checkbox"/> 13. Heavy Logging Slash				
NFDRS Fuel Model:	<input type="checkbox"/> A Annual Grasses <input type="checkbox"/> C Open Timber w/Grass <input type="checkbox"/> F Mature, closed Oak, open PJ <input type="checkbox"/> H Conifer Little Understory <input type="checkbox"/> G Dense Conifer w/Litter <input type="checkbox"/> O Dense Tamarisk, Salt Cedar <input type="checkbox"/> T Sagebrush/Grass				

Attach a map with the polygon of the fire. Include TRS cross on map for reference.
This is required for all agencies, on all fires.

Spot Weather Request

Time:		Date:		Incident Name:			
Requesting Agency:			Requesting Official:				
Contact Person:			Fax #:		Phone #:		
Incident Date: Time:			Elevation: Top: Bottom:				
Lat/Long:			Drainage:				
Aspect:		Sheltering: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Unsheltered					
Fuel Type:	<input type="checkbox"/> Grass	<input type="checkbox"/> Brush	<input type="checkbox"/> Timber	<input type="checkbox"/> Slash	<input type="checkbox"/> Timber w/Grass	<input type="checkbox"/> Other	
Fuel Model: <input type="checkbox"/> 1,2,3 <input type="checkbox"/> 4,5,6,7 <input type="checkbox"/> 8,9,10 <input type="checkbox"/> 11,12,13							
Location and name of nearest weather observing station (distance and direction from project):							
Weather Observations from project or nearby station(s): (winds in compass direction e.g. N, NW, etc)							
Place:	Elev:	Obs Time	20 ft Wind Dir: Speed:	Eye Lev. Wind Dir: Speed:	Temp Dry: Wet:	Moisture DP: RH:	Remarks
Requested Forecast Period:				Primary Forecast Elements (check all that are needed)			
Date				(For management ignited wildland fires, provide prescription parameters.)			
Start				Sky/Weather: <input type="checkbox"/>			
End				Temperature: <input type="checkbox"/>			
Forecast needed for:				Humidity: <input type="checkbox"/>			
<input type="checkbox"/> Today				20 ft Wind: <input type="checkbox"/>			
<input type="checkbox"/> Tonight				Valley: <input type="checkbox"/>			
<input type="checkbox"/> Day 2				Ridge Top: <input type="checkbox"/>			
<input type="checkbox"/> Extended				Other <input type="checkbox"/>			
				Specify:			

SPOT WEATHER FORECAST

The Fire Weather Forecaster will Furnish the Following:

Discussion Outlook:

Date and Time:

Burn Period	Sky Cover	Temperatures	Humidity	Eye-level Wind	20-foot Wind	Indices
<input type="checkbox"/> Today (sunrise to dusk) <input type="checkbox"/> This Afternoon (noon until dusk) <input type="checkbox"/> This Evening (16:00 until dusk) <input type="checkbox"/> Tonight (sunset until sunrise)	<input type="checkbox"/> Mostly Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable Clouds	_____ F° <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____ % <input type="checkbox"/> Maximum <input type="checkbox"/> Minimum <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity: _____ mph Gusts: _____ mph	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity: _____ mph Gusts: _____ mph	Haines: LAL: BI: Clearing Index:
<input type="checkbox"/> Today (sunrise to dusk) <input type="checkbox"/> This Afternoon (noon until dusk) <input type="checkbox"/> This Evening (16:00 until dusk) <input type="checkbox"/> Tonight (sunset until sunrise)	<input type="checkbox"/> Mostly Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable Clouds	_____ F° <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____ % <input type="checkbox"/> Maximum <input type="checkbox"/> Minimum <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity: _____ mph Gusts: _____ mph	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity: _____ mph Gusts: _____ mph	Haines: LAL: BI: Clearing Index:
Outlook For (Date): _____	<input type="checkbox"/> Mostly Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable Clouds	_____ F° <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____ % <input type="checkbox"/> Maximum <input type="checkbox"/> Minimum <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity: _____ mph Gusts: _____ mph	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction: _____ Velocity: _____ mph Gusts: _____ mph	Haines: LAL: BI: Clearing Index:

Name of Fire Weather Forecaster: _____ **Fire Weather Office Issuing Forecast:** _____

Forecast Received by (Name): _____ **Date:** _____ **Time:** _____ **Forecast Received at (Location) via:** _____

Fire Cause Determination Report

FIRE NAME:

DATE (mm/dd/yy):

FIRE #:

REPORT COMPLETED BY:

LAND STATUS AT ORIGIN: FEDERAL (LIST) [] _____ STATE [] PRIVATE []

LOCATION OF ORIGIN (UTM): Zone **N** **E**

SEQUENCE OF EVENTS DATE TIME (List name & agency)

ESTIMATED TIME OF ORIGIN	_____	BY	_____
REPORTED	_____	BY	_____ TO _____
FIRST ON SCENE	_____	WHO?	_____
ORIGIN PROTECTED, BEGIN	_____	BY	_____
SEARCH, BEGIN:	_____	BY	_____
ORIGIN RELEASED	_____	BY	_____ TO _____

ORIGIN DETERMINATION

SIZE OF AREA SEARCHED: _____ X _____ PERIMETER SEARCH DONE? [] YES [] NO

ORIGIN DETERMINED BY: [] Burn Pattern [] Witness [] Other(Describe) _____ [] Not Found

Fire Cause:	() 3. Smoking	() 6. Railroad	() 9. Other
() 1. Lightning	() 4. Camp Fire	() 7. Arson	(explain:)
() 2. Equipment Use	() 5. Debris Burning	() 8. Children	

IF you check "YES" for any of the following criteria, ORDER AN LEO

CRITERIA FOR LEO DISPATCH

1) ARE THERE WITNESSES? [] YES [] NO NAME OR DESCRIBE: _____
(phone#/address/other) _____

2) ARE THERE SUSPECTS? [] YES [] NO NAME OR DESCRIBE: _____
(phone#/address/other) _____

3) ANY VEHICLES? [] YES [] NO DESCRIBE: _____
LICENSE # _____ STATE: _____ COLOR: _____ MAKE: _____ MODEL: _____

4) SUSPECT ARSON? [] YES [] NO DESCRIBE: _____

5) ANY EVIDENCE? [] YES [] NO DESCRIBE: _____ Does evidence need to be collected? [] YES [] NO

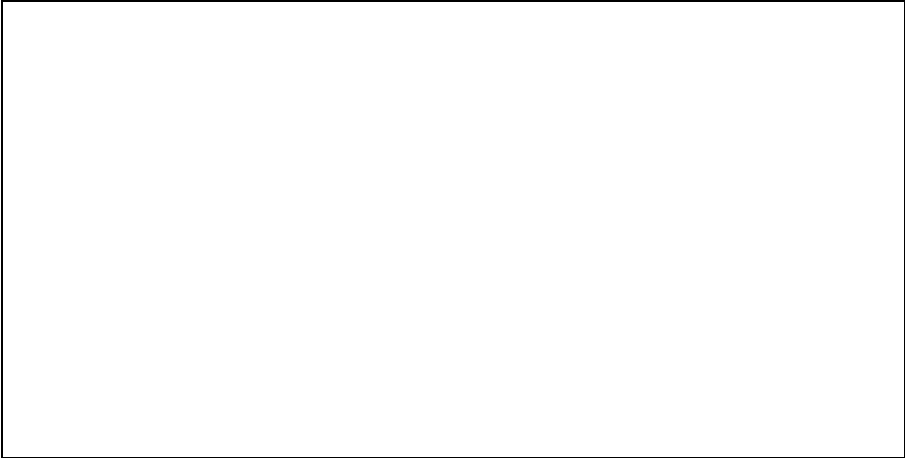
PHOTOGRAPHS TAKEN? [] YES (Use photo log) [] NO

Fire Cause Determination Report –cont.-

DESCRIBE EVENTS, SCENE, & ANY OTHER INFORMATION (use another page if necessary):

SKETCH OF AREA OF ORIGIN

NOT TO SCALE



1. Indicate north 2. Create legend



WEATHER (upon arrival)

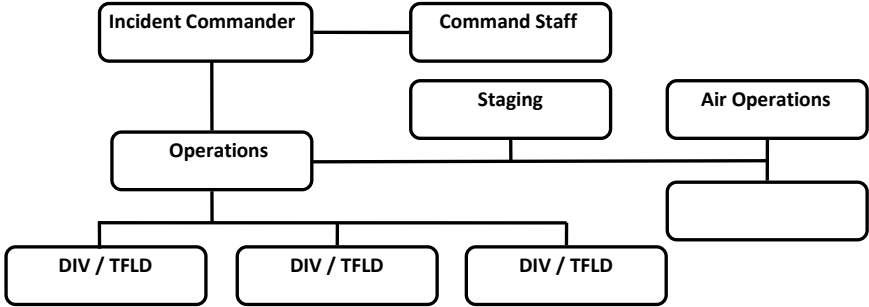
TIME:	DRY BULB:	WET BULB:	RH:	WD:	WS:
-------	-----------	-----------	-----	-----	-----

PHOTOGRAPH LOG

PHOTO#	DESCRIPTION (<i>Indicate direction</i>)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	

INCIDENT ACTION PLAN		Incident name	Number	Date Prepared	Time Prepared			
		Operational Period		Date: Shift:	<input type="checkbox"/> Day	<input type="checkbox"/> Night		
*Objectives for the Incident								
1.	SAFETY to firefighters and general public for the duration of the incident.							
2.								
3.								
4.								
5.								
Weather Forecast for Operational Period								
BURN PERIOD	CLOUD COVER	TEMPERATURE	HUMIDITY	WIND		HANES INDEX		
				DIRECTION	SPEED			
				<input type="checkbox"/> EYE-LEVEL				
				<input type="checkbox"/> 20-FOOT				
General/Safety Message								
Medical Plan								
HOSPITAL & AID STATIONS								
NAME	LOCATION	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GROUND		YES	NO	YES	NO
MEDICAL EMERGENCY PROCEDURES								
Major Medical Injuries:	Notify Incident Commander, who will initiate medical evacuation.							
Minor Medical Injuries:	Notify immediate Line Supervisor on appropriate tactical frequency; initiate appropriate first aid procedures.							

Incident Name:	Incident Number:	Date:	Start Time: End Time:
Current Organization			



Resources Assigned This Period				
--------------------------------	--	--	--	--

Resource Designator	Leader	Number Persons	Location	Assignment

Control Operations:

Communication Summary				
-----------------------	--	--	--	--

	Tx	Rx	Tone	Remarks
Tactical (Tac)				
Tactical (Tac)				
Air to Ground				
Air to Air (Victor)				
Command	Simplex			
	Repeater			

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., "Acres", "Square Miles"):	8a. Percent (%) Contained or Completed: _____ b. Total % of Perimeter that will be Contained or Completed: _____
Monitor _____ Confine _____ Point Zone Protection _____ Full Suppression _____				
*11. For Time Period: From Date/Time: _____ To Date/Time: _____				

Approval & Routing Information

*12. Prepared By: Print Name: _____ ICS Position: _____ Date/Time Prepared: _____	*14. Date/Time Submitted: Time Zone: _____
*13. 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. Latitude (indicate format): _____ Longitude (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 geospatial data available (indicate data format, content, and collection time information and labels):		

Incident Summary

*28. Observed Fire Behavior or Significant Events for the Time Period Reported (describe fire behavior using accepted terminology. For non-fire incidents, describe significant events related to the materials or other causal agents):				
29. Primary Fuel Model, 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 (up to 72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Multiple Residences			
	G. Mixed Commercial / Residential			
	H. Nonresidential Commercial Property			
	I. Other Minor Structures			
ICS 209, Page 1 of ____		* Required when applicable.		

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		
C. Indicate Number of Civilians (Public) Below:			C. Indicate Number of Responders Below:				
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 (note if estimated)			G. Missing				
H. Evacuated (note if estimated)			H. Evacuated				
I. Sheltering In Place (note if estimated)			I. Sheltering In Place				
J. In Temporary Shelters (note if est.)			J. In Temporary Shelters				
K. Have Received Mass Immunizations			K. Have Received Immunizations				
L. Require Immunizations (note if est.)			L. Require Immunizations				
M. In Quarantine			M. In Quarantine				
N. Total # Civilians (Public) Affected:			N. Total # Responders Affected:				
33. Life, Safety, and Health Status/Threat Remarks:			*34. Life, Safety, and Health Threat Management:				
						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"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
*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.							

Additional Incident Decision Support Information (continued)

***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.

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

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.

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.

41. Planned Actions for Next Operational Period:

42. Projected Final Incident Size/Area (use unit label – e.g., "Acres", "Square Miles"):

43. Anticipated Incident Containment or 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):

Incident Resource Commitment Summary

48. Agency or Organization:	49. Resources (summarize resources by category, kind, and/or type; show # of resources on top 1/4 of box, show # of personnel associated with resource on bottom 1/4 of box):															50. Additional Personnel not assigned to a resource:	51. Total Personnel (Includes those associated with resources - e.g., aircraft or engines - and individual overhead):	
52. Total Resources:																		
53. Additional Cooperating and Assisting Organizations Not Listed Above:																		
ICS 209, Page ____ of ____										* Required when applicable.								

LOGISTICS HELP PAGE

One Day Order Amounts:

Item	Amount	Considerations
MREs	1 Case per 3 People	7 Cases per Crew
Water	2.5 Gal per Person	10, 5 gallon Cubies per Crew
Batteries (AA)	1 Box Per 2 Radios	
Saw Fuel and Bar oil	1 Gal. Fuel, 2 Qt. Oil per 4 Hours	Specify Fuel Mix Ratio 50:1
Pump Fuel	1 Gal. Fuel per 1Hour Mark 3 pump 5 Gal. per 8 Hours	Specify Fuel Mix Ratio According to Pump Type, (pg. 95 IRPG)
Hose and Appliances	Figure 100' of 1" Laterals for every 200' of 1 ½" Trunk line and 50' of ¾ " Laterals for every 100' of 1"	Remember; Gated Wyes, Reducers, Nozzles, Hose clamps, Port-a-tanks, Etc...
Toilet Facilities, and Garbage Bags	1 Porta-Potty per 10 People for 40 Hours	Toilet Paper, Wash Stations. Lots of Garbage Bags.

Things to Keep In Mind

- Place Supply orders to Dispatch by 1000 hours to receive orders later that operational period.
- Place Supply Orders by 1600 hours to receive order the next operational shift.
- When ordering a Pump Kit, consider ordering 2 just in case there is a problem with one.
- Hot meals, dinners for that shift must be ordered by 1000 hours, meals for the next shift must be ordered by 1600 hours.
- Will you need a Fuel Truck?
- When ordering additional resources, Be Specific (i.e., Crew type, Engines with foam capabilities and type, Helicopter with bucket, etc...)
- Are there Resource concerns? (i.e., Watersheds, Archeology, Whirling Disease, etc...)
- When selecting a base camp/staging area, consider using private land as a last option. If that is the only option have a land-use agreement in place before occupancy.
- Is Base Camp sufficient for the incoming resources and logistical support?

RESOURCE SUMMARY

Resource ID	Resource Type	Contact Person	ETA	Arrive/ Time	# of People	*Briefed (Y/N)	Assignment	Release/ Time	Agency

NOTES