

# Moab Interagency Fire Center - Type 5 Incident Organizer 2024

## TYPE 5 INCIDENT COMPLEXITY ANALYSIS

TYPE 5 INCIDENT	Yes	No
Span of control > 1 Resource ( 5 People)		
RH < 25%		
Wind > 5mph		
Containment >2 hours		

If two or more factors are checked Yes, consider classifying incident as Type 4. If decision has been made to stay at Type 5, document your rationale and discussion. If fire is Type 4, order IC if not qualified.

**TAKE ACTION ONLY TO THE LEVEL OF YOUR TRAINING AND QUALIFICATIONS UNTIL RELIEVED.**

If transition does take place, give a thorough briefing to incoming IC and make transition of command official with dispatch and fire line personnel.

IC COMMENTS:	Date:	Time:

### Initial Fire Size Up

Fire Name/Number:	IC Name	P# - Fire Number: USFS:	DOI:	State:
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Initial Location:

Command Freq:	Tactical Freq:	Air – Ground Freq:
Township/Range/Section	Fire Location: (hddd °mm'ss.s")	UTM:
Township:	LAT:	Easting :
Range:	LONG:	Northing :
Section:            ¼ sec:		Estimated Size:
		Ownership:

Apparent Cause: Natural \_\_\_\_\_ Human \_\_\_\_\_ Fire Investigator Name \_\_\_\_\_

Structures Threatened? No \_\_\_ Yes \_\_\_ (Specify)      Control Problems? No \_\_\_ Yes \_\_\_ (Specify)

Additional Resources Needed? No \_\_\_ Yes (Specify)

Any other Values Threatened? No \_\_\_ Yes \_\_\_ (specify)

Hazards: \_\_\_\_\_

Estimated Containment:    Date: \_\_\_\_\_    Time: \_\_\_\_\_

Estimated Control:         Date: \_\_\_\_\_    Time: \_\_\_\_\_

Spread Potential 1) Low    2) Moderate    3) High    4)Extreme

Fire Behavior: 1) Smoldering 2) Creeping 3) Running 4) Spotting 5) Torching 6) Crowning 7) Crowning/Spotting 8) Erratic

Flame Length \_\_\_\_\_      Slope at head of fire:    \_\_\_ 0-25%    \_\_\_ 26-40%    \_\_\_ 41-55%    \_\_\_ 56-75%    \_\_\_ 76+%

Position on Slope: 1)Ridge top 2)Saddle 3) Lower 1/3 4)Middle 1/3 5)Upper 1/3 6)Canyon Bottom 7)Valley Bottom 8) Mesa/Plateau 9)Flat/Rolling

Aspect 1) Flat 2) North 3)NE 4) E 5)SE 6)S 7)SW 8) W 9)NW 10) Ridge top

Fuel Type 1) Short Grass 2) Timber w/grass 3) Tall Grass 4) Chaparral Brush 5) Brush 2ft 6) Dormant Brush 7)Southern Rough 8) Closed Timber Litter 9) Hardwood Litter 10) Timber (litter & understory) 11) Light Logging Slash 12) Medium Logging Slash

Wind Speed \_\_\_\_\_      Gusts \_\_\_\_\_      Direction \_\_\_\_\_

Weather Condition: 1) Clear 2) Scattered Clouds 3) Building Cumulus 4) T-Storms in Area 5) Lightning 6) Overcast 7) Showers L or H

Elevation \_\_\_\_\_ Ft      Staging Area Location: \_\_\_\_\_

LCES in Place (Refer to IRPG) No \_\_\_\_\_ Yes \_\_\_\_\_

### Predicted Weather

% Cloud Cover \_\_\_\_\_ Temp \_\_\_\_\_ RH% \_\_\_\_\_ 20' Winds \_\_\_\_\_ Wind Direction \_\_\_\_\_

Haines/LAL \_\_\_\_\_

Remarks:

### Spot Forecast

% Cloud Cover \_\_\_\_\_ Temp \_\_\_\_\_ RH % \_\_\_\_\_ Wind Speed \_\_\_\_\_ Direction \_\_\_\_\_

Tomorrow \_\_\_\_\_ Temp \_\_\_\_\_ RH% \_\_\_\_\_ Wind Speed \_\_\_\_\_ Direction \_\_\_\_\_

**FINAL FIRE REPORT**

<b>FIRE</b>	<b>USDA:</b>	<b>DOI:</b>	<b>STATE:</b>
<b>DESCRIPTIVE LOCATION:</b>			
<b>DISCOVERY DATE</b>	(mm/dd/yyyy)	<b>TIME:</b>	<input type="checkbox"/> Estimated <input type="checkbox"/> Actual
<b>INITIAL ATTACK DATE</b>	(mm/dd/yyyy)	<b>TIME:</b>	<input type="checkbox"/> Estimated <input type="checkbox"/> Actual
<b>CONTAINED</b>	(mm/dd/yyyy)	<b>TIME:</b>	<b>ACRES:</b>
<b>CONTROLLED</b>	(mm/dd/yyyy)	<b>TIME:</b>	<b>ACRES:</b>
<b>ACTUAL OUT DATE</b>	(mm/dd/yyyy)	<b>TIME:</b>	<b>ACRES:</b>
<b>COORDINATES AT ORIGIN:</b>	<b>GEOGRAPHIC</b>	<b>LAT:</b>	<b>LONG:</b>
	<b>UTM:</b>	<b>Easting:</b>	<b>Northing:</b>
	<b>LEGAL:</b>	<b>Township:</b>	<b>Range:</b>
<b>ELEVATION (ft):</b>	<b>SLOPE (%)</b>	<b>COUNTY:</b>	
<b>REPORTED BY:</b>	<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		
<b>STATISTICAL CAUSE:</b>	<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): _____		
<b>GENERAL CAUSE:</b>	<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		
<b>SPECIFIC CAUSE:</b>	<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 Power line <input type="checkbox"/> 26 Fireworks <input type="checkbox"/> 27 Playing with Matches <input type="checkbox"/> 28 Repel Predators <input type="checkbox"/> 29 Stove Fuel <input type="checkbox"/> 30 Other		
<b>CLASS OF PEOPLE:</b>	<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"/> 10 Not Person Caused		
<b>NFFL FUEL MODEL</b>	<input type="checkbox"/> 1 Grass (1ft) <input type="checkbox"/> 2 Timber w/Grass <input type="checkbox"/> 3 Grass (3ft) <input type="checkbox"/> 4 Chaparral (6ft) <input type="checkbox"/> 5 Brush (2ft) <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		
<b>NFDRS FUEL MODEL</b>	<input type="checkbox"/> A Annual Grasses <input type="checkbox"/> C Open Timber w/Grass <input type="checkbox"/> F Mature, closed oak, open P/J <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		

**Incident Objectives**

**1. Safety of Firefighters and Public.**

- 2.
- 3.
- 4.
- 5.

Your goal is to manage the incident and not create another.

- **Take Charge** of assigned resources
- **Motivate** firefighters with “can do safely” attitude
- **Demonstrate Initiative** by taking action in the absence of orders
- **Communicate** by giving specific instructions and asking for feedback
- **Supervise** at the scene of action

**Major Event (ICS 214) Documentation of Safety and Health Hazard Compliance**

➤	_____
➤	_____
➤	_____
➤	_____
➤	_____
➤	_____
➤	_____

<b>Signature (IC)</b> _____	<b>Signature (Agency Approver)</b> _____
<b>Date</b> _____	<b>Date</b> _____