2016 Northern Utah Interagency Incident Organizer

Prior to responding to an incident obtain the following information:

WildCAD Number	
Descriptive Location	
Command Freq.	
Tactical Freq.	
Air to Ground Freq.	
Air to Air Freq.(as needed)	

Relay the following information to dispatch upon first visual contact:

Descriptive Location or Legal	
Incident Name	
Size (in acres)	
Spread Potential	Low Moderate High
Values Threatened	None Structures Others Life

Complete the following table before submitting:

Incident Name	
Fire Code(s)	
Final Incident Commander	
Fire Report Completion Date	

The final IC will submit the Incident Organizer along with all other associated documentation to the Zone FOS/FMO/AFMO responsible for the incident.

All GPS coordinates are WGS84 Datum, Degrees Decimal Minutes

To: Type 3, 4 and 5 Incident Commanders

From: Northern Utah Interagency Agency Administrators

Subject: Delegation of Authority for Type 3, 4 and 5 Incident Commanders

The following list of expectations and responsibilities will help each of you for the role of Incident Commander:

- **Firefighter and public safety is the highest priority on every fire.**
- Only commit responders to operations when and where they can be successful, and under conditions where important values actually at risk are protected with the least exposure necessary.
- Coordinate with the Duty Officer/Agency Administrator to implement the 5 R's: Right plan, Right place, Right time, Right assets and Right duration.
- Follow the procedure for completing this Incident Organizer as outlined in the table of contents.
- Develop, implement, and monitor safe and effective Incident Action Plan objectives which reflect local fire and resource management goals. If a Wildland Fire Decision Support System (WFDSS) is completed, use it as a guide for Incident Action Plan development.
- Disengage suppression activities immediately if strategies, tactics, and communications cannot be maintained safely.
- Maintain command and control of the incident at all times.
- Identify and protect Point of Origin.
- Document any transfer of command on Unit Log ICS form 214; relay this information to all fire line personnel and the Northern Utah Interagency Fire Center (NUIFC).
- Give complete briefings to fire line personnel (see the *Incident Response Pocket Guide*).
- Document all briefings on the resource summary log.
- Complete the Incident After Action Review.
- **Do not assume collateral duties** as a Type 3 Incident Commander.
- Implement the Risk Management Process, as outlined in the *Incident Response Pocket Guide*.
- Monitor fatigue levels; ensure that work/rest policy is adhered to.

We have the utmost respect for your knowledge and professionalism. You serve in an extremely important leadership role with critical responsibilities. Please understand that your actions will be supported in situations where you take appropriate precautions to safeguard firefighters and the public.

**This is located in the 2016 NUIFC AOP as Appendix F which is authorized annually.*

FIELD FIRE REPORT

FIRE NAME: _____ **FIRE NUMBER:** _____

DATE: _____ **TIME:** _____

INCIDENT COMMANDER: _____

DESCRIPTIVE LOCATION: _____

LEGAL: Township _____ Range _____ Section (s) _____

COORD (At PoO): LAT: Deg_____ Dec.Min._____ LONG: Deg_____ Dec.Min._____

OWNERSHIP(s): _____ ESTIMATED SIZE: _____acres

CAUSE: Natural __ Human __ PoO Protected: Yes __ No ___ → Fire Investigator (name): _____

ESTIMATED CONTAINMENT: DATE: _____ TIME: _____

ESTIMATED CONTROL: DATE: _____ TIME: _____

VALUES THREATENED: [N] NO [Y] YES (specify:_____

CONTROL PROBLEMS: [N] NO [Y] YES (specify:

ADDITIONAL RESOURCES NEEDED: [N] NO [Y] YES (specify:_____

SPREAD POTENTIAL:

[1] Low [2] Moderate [3] High [4] Extreme

FIRE BEHAVIOR:

[1] Smoldering [3] Running [5] Torching [7] Crowning/Spotting

[2] Creeping [4] Spotting [6] Crowning [8] Erratic

FLAME LENGTH (Average flame length at head of fire): _____ feet

WIND SPEED_____MPH WIND DIRECTION N S E W NW NE SW SE

TOPOGRAPHY (Topography in vicinity of fire origin):

[1] Ridgetop [4] Middle 1/3 of slope [7] Valley Bottom

[2] Saddle [5] Lower 1/3 of slope [8] Mesa or plateau

[3] Upper 1/3 of slope [6] Canyon Bottom [9] Flat or rolling

SLOPE (Percent slope in vicinity of fire origin):

[1] 0-25% [2] 26-40% [3] 41-55% [4] 56-75% [5] 76+%

FBPS FUEL MODEL:

[1] Short Grass (1 ft) [5] Brush (2 ft) [9] Hardwood Litter

[2] Timber w/ Grass Understory [6] Dormant Brush [10] Timber (Litter & Understory)

[3] Tall Grass (3 ft) [7] Southern Rough [11] Light Logging Slash

[4] Chaparral/Brush (6 ft) [8] Closed Timber Litter [12] Medium Logging Slash

ASPECT: (Circle) N S E W NW NE SW SE

ELEVATION: Top _____ feet. Bottom _____ feet.

STAGING AREA LOCATION: _____

LCES SAFETY CHECKLIST

Safety Concerns: ☐ **NO** ☐ **YES (Specify_____)**

Ensure all GPS coordinates are WGS84 Datum, Degrees Decimal Minutes

FINAL FIRE REPORT DATA

The information from this sheet will be used to complete agency specific Fire Reports

Discovery Date & Time:	**M**		**D**		**Y**		**TIME**	
Initial Attack Date & Time:	**M**		**D**		**Y**		**TIME**	
Containment Date & Time:	**M**		**D**		**Y**		**TIME**	
Control Date & Time:	**M**		**D**		**Y**		**TIME**	
Out Date & Time:	**M**		**D**		**Y**		**TIME**	
Total Acres:								
BLM Acres:								
USFS Acres:								
State Acres:								
County and Private Acres:								
Other Acres (specify):								
NFDRS outputs on start date:	**BI**				**ERC**			
Acres at time of Discovery:								
Acres at time of IA:								
Lat & Long at Origin:	**LAT**				**LONG**			
Fire Cause:								
Topography:								
Aspect at Origin (circle):	**NW**	**N**	**NE**	**E**	**SE**	**S**	**SW**	**W**
Slope at Origin:								
High elevation:								
Low elevation:								
Name of Closest RAWS:								
Fuel Description:								

Remarks:

RESOURCE SUMMARY LOG

Resource ID	Resource Type	ETA	Arrived/ Time	# of People	*Briefed (IRPG) √	Assignment	Released/ Time	E-Number
			□/( )		□		□/( )	
			□/( )		□		□/( )	
			□/( )		□		□/( )	
			□/( )		□		□/( )	
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			□/( )		□		□/( )	

Wildland Fire Risk and Complexity Assessment

The Wildland Fire Risk and Complexity Assessment should be used to evaluate firefighter safety issues, assess risk, and identify the appropriate incident management organization. Determining incident complexity is a subjective process based on examining a combination of indicators or factors. An incident's complexity can change over time; incident managers should periodically re-evaluate incident complexity to ensure that the incident is managed properly with the right resources.

Instructions:
Incident Commanders should complete Part A and Part B and relay this information to the Agency Administrator. If the fire exceeds initial attack or will be managed to accomplish resource management objectives, Incident Commanders should also complete Part C and provide the information to the Agency Administrator.

Part A: Firefighter Safety Assessment

Evaluate the following items, mitigate as necessary, and note any concerns, mitigations, or other information.

Evaluate these items	Concerns, mitigations, notes
LCES	
Fire Orders and Watch Out Situations	
Multiple operational periods have occurred without achieving initial objectives	
Incident personnel are overextended mentally and/or physically and are affected by cumulative fatigue.	
Communication is ineffective with tactical resources and/or dispatch.	
Operations are at the limit of span of control.	
Aviation operations are complex and/or aviation oversight is lacking.	
Logistical support for the incident is inadequate or difficult.	

Part B: Relative Risk Assessment

Values				Notes/Mitigation
B1. Infrastructure/Natural/Cultural Concerns **Based on the number and kinds of values to be protected, and the difficulty to protect them, rank this element low, moderate, or high.** Considerations: key resources potentially affected by the fire such as urban interface, structures, critical municipal watershed, commercial timber, developments, recreational facilities, power/pipelines, communication sites, highways, potential for evacuation, unique natural resources, designated areas (i.e. wilderness), T&E species habitat, and cultural sites.	**L**	**M**	**H**	
B2. Proximity and Threat of Fire to Values **Evaluate the potential threat to values based on their proximity to the fire, and rank this element low, moderate, or high.**	**L** Far	**M**	**H** Near	
B3.Social/Economic Concerns **Evaluate the potential impacts of the fire to social and/or economic concerns, and rank this element low, moderate, or high.** Considerations: impacts to social or economic concerns of an individual, business, community or other stakeholder; degree of support for the wildland fire program and resulting fire effects; other fire management jurisdictions; tribal subsistence or gathering of natural resources; air quality regulatory requirements; public tolerance of smoke, including health impacts; potential for evacuation and ingress/egress routes; and restrictions and/or closures in effect or being considered.	**L**	**M**	**H**	
Hazards				**Notes/Mitigation**
B4. Fuel Conditions **Consider fuel conditions ahead of the fire and rank this element low, moderate, or high.** Evaluate fuel conditions that exhibit high ROS and intensity for your area, such as those caused by invasive species or insect/disease outbreaks; and/or continuity of fuels.	**L**	**M**	**H**	
B5. Fire Behavior **Evaluate the current and expected fire behavior and rank this element low, moderate, or high.** Considerations: intensity; rates of spread; crowning; profuse or long-range spotting.	**L**	**M**	**H**	
B6. Potential Fire Growth **Evaluate the potential fire growth, and rank this element low, moderate, or high.** Considerations: Considerations would include current and expected fire growth based on fire behavior analysis and the weather forecast and/or the ability to control the fire.	**L**	**M**	**H**	
Probability				**Notes/Mitigation**
B7. Time of Season **Evaluate the potential for a long-duration fire and rank this element low, moderate, or high.** Considerations: time remaining until a season ending event.	**L** Late	**M** Mid	**H** Early	
B8. Barriers to Fire Spread **Evaluate the barriers to fire spread and their potential to limit fire growth, and rank this element low, moderate, or high.** Considerations: If many natural and/or human-made barriers are present, rank this element low. If some barriers are present, rank this element moderate. If no barriers are present, rank this element high.	**L** Many	**M**	**H** Few	
B9. Seasonal Severity **Evaluate fire danger indices and rank this element low/moderate, high, or very high/extreme.** Considerations: Fire danger indices such as energy release component (ERC); drought status; live and dead fuel moistures; fire danger indices; adjective fire danger rating; geographic area preparedness level.	**L/M**	**H**	**VH/E**	
Enter the number of items circled for each column.				

Relative Risk Rating (circle one):

Low	Majority of items are “Low”, with a few items rated as “Moderate” and/or “High”.
Moderate	Majority of items are “Moderate”, with a few items rated as “Low” and/or “High”.
High	Majority of items are “High”; A few items may be rated as “”Low” or “Moderate”.

Part C: Organization

Relative Risk Rating (From Part B)					
Circle the Relative Risk Rating (from Part B).		**L**	**M**	**H**	
Implementation Difficulty					**Notes/Mitigation**
C1. Potential Fire Duration **Evaluate the estimated length of time that the fire may continue to burn if no action is taken and amount of season remaining. Rank this element low, moderate, or high.** Note: This will vary by geographic area.	**N/A** Very Short	**L** Short	**M**	**H** Long	
C2. Incident Strategies (Course of Action) **Evaluate the level of firefighter and aviation exposure required to successfully meet the current strategy and implement the course of action. Rank this element as very low, low, moderate, or high.** Consider the likelihood that those resources will be effective; exposure of firefighters; reliance on aircraft to accomplish objectives; and whether there are clearly defined trigger points.	**Very Low**	**L**	**M**	**H**	
C3. Functional Concerns **Evaluate the need to increase organizational structure to adequately and safely manage the incident, and rank this element very low (minimal resources committed), low (adequate), moderate (some additional support needed), or high (current capability inadequate).** Considerations: Incident management functions (logistics, finance, operations, information, planning, safety, and/or specialized personnel/equipment) are inadequate and needed; availability of resources; access to EMS support; heavy commitment of local resources to logistical support; ability of local businesses to sustain logistical support; substantial air operation which is not properly staffed; worked multiple operational periods without achieving initial objectives; incident personnel overextended mentally and/or physically; Incident Action Plans, briefings, etc. missing or incomplete; performance of firefighting resources affected by cumulative fatigue; and ineffective communications.	**Very Low**	**L**	**M**	**H**	
Socio/Political Concerns					**Notes/Mitigation**
C4. Objective Concerns **Evaluate the complexity of the incident objectives and rank this element very low, low, moderate, or high.** Considerations: clarity; ability of current organization to accomplish; disagreement among cooperators; tactical/operational restrictions; complex objectives involving multiple focuses; objectives influenced by serious accidents or fatalities.	**Very Low**	**L**	**M**	**H**	
C5. External Influences **Evaluate the effect external influences will have on how the fire is managed and rank this element very low, low, moderate, or high.** Considerations: limited local resources available for initial attack; increasing media involvement, social/print/television media interest; controversial fire policy; threat to safety of visitors from fire and related operations; restrictions and/or closures in effect or being considered; pre-existing controversies/ relationships; smoke management problems; sensitive political concerns/interests.	**Very Low**	**L**	**M**	**H**	
C6. Ownership Concerns **Evaluate the effect ownership/jurisdiction will have on how the fire is managed and rank this element very low, low, moderate, or high.** Considerations: disagreements over policy, responsibility, and/or management response; fire burning or threatening more than one jurisdiction; potential for unified command; different or conflicting management objectives; potential for claims (damages); disputes over suppression responsibility.	**Very Low**	**L**	**M**	**H**	
Enter the number of items circled for each column.					

Part C: Organization (continued)

Recommended Organization (circle one):

Type 5	Majority of items rated as “Very Low”; a few items may be rated in other categories.
Type 4	Majority of items rated as “Low”, with some items rated as “Very Low”, and a few items rated as “Moderate” or “High”.
Type 3	Majority of items rated as “Moderate”, with a few items rated in other categories.
Type 2	Majority of items rated as “Moderate”, with a few items rated as “High”.
Type 1	Majority of items rated as “High”; a few items may be rated in other categories.

Rationale:

Use this section to document the incident management organization for the fire. If the incident management organization is different than the Wildland Fire Risk and Complexity Assessment recommends, document why an alternative organization was selected. Use the “Notes/Mitigation” column to address mitigation actions for a specific element, and include these mitigations in the rationale.

Name of Incident:_____ Unit(s):_____

Date/Time:_____ Signature of Preparer:_____

Incident Commander Checklist

- ☐ Verify all frequencies assigned (if radio coverage is poor on the assigned frequency work with the NUIFC to find a frequency that will work better) and all units responding to the incident.

- ☐ Name the incident (use the closest geographical reference and keep the name short) and obtain an alpha numeric incident code from NUIFC.

- ☐ Flag the route to the incident (red and white striped flagging for BLM). Start from major roads and clearly flag each turn on both sides of road.

- ☐ Designate a briefing and staging area. All resources will check in with the IC and get 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 Marshall 154.280 Tx/Rx Narrowband.

- ☐ Complete the Initial Size-up Briefing on the Initial Field Fire Report and relay this information to NUIFC on a command frequency.

- ☐ Complete the Incident Complexity Analysis. Ensure the proper management level is in place or on order.

- ☐ Develop objectives for the incident in coordination with the jurisdictional Duty Officer. Utilize strategies and tactics that are safe and have achievable objectives. All type 3 incidents require a written IAP. Incident objectives should be consistent with the resource objectives outlined in management plans.

- ☐ When the fire is suspected to be human caused; complete the Fire Cause Determination Report and protect the point of origin.

- ☐ Determine the point of origin and relay coordinates to NUIFC to identify ownership. Ensure all GPS coordinates are WGS84 datum, Degrees Decimal Minutes (DD MM.MMM).

- ☐ Establish unified command when appropriate. Ensure NUIFC and all resources on the incident know who the incident commander is at all times.

- ☐ Plan for operational resources needed to control the incident.

- ☐ Order the necessary and appropriate operational resources through NUIFC by 2000 for the next operational period.

Incident Commander Checklist (continued)

- ☐ Ensure current or planned air operations have appropriate air support function. Contact duty officer and/or local Unit Aviation Manager (UAM) or Forest Aviation Office (FAO) for advice on additional air support.

- ☐ Ensure all contract resources are inspected through NUIFC/Cache prior to obtaining an assignment.

- ☐ NUIFC 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 NUIFC. Request a spot weather forecast for each operational period that the fire is uncontrolled or if a Red Flag Warning/Fire Weather Watch has been issued.

- ☐ Confirm with NUIFC that the jurisdictional duty officer has been briefed.

- ☐ Notify NUIFC as soon as it looks like the incident will go past 1830 and extended staffing will be needed.

- ☐ An Incident Status Summary (ICS-209) will be submitted to NUIFC by 1800 for all active fires reaching the 100(timber)/300(grass/brush) criteria OR if the fire is not going to be suppressed but managed for long duration. Long duration is more than 72 hours. Submit a final 209 when the fire is contained or controlled AND national resources are no longer being ordered by the incident OR the fire is declared out.

- ☐ Order logistical resources needed to support the incident through NUIFC.

- ☐ Facilitate incident AARs after each operation period. Document a final incident AAR (in the Incident Organizer page 25) after the fire is controlled.

- ☐ Any resources not able to arrive at their home unit by 2200 after completing a shift on a fire, may need to RON at the incident or within close proximity. Notification will be made to the duty officer of this instance. Local cooperators may be exempt with duty officer approval.

- ☐ Complete all appropriate crew time reports (CTR), shift tickets and evaluations for all off unit resources prior to their demobilization.

- ☐ Keep NUIFC informed on changes in conditions/personnel.

- ☐ Release resources accounting for driving limits and work/rest issues. Coordinate demobilization with jurisdictional duty officer for in demand resources.

- ☐ Complete the Final Fire Report Data form in the Incident Organizer when the incident is declared out.

Fire Cause Determination Report

FIRE NAME: _____ **DATE :** _____ **FIRE #:** _____

REPORT COMPLETED BY: _____

LAND STATUS AT ORIGIN: FEDERAL (LIST) [ ]_____ STATE [ ] PRIVATE [ ]
Burn Permit Issued: Yes [ ] No [ ] Permitee Name: _____

LOCATION OF ORIGIN: LAT: Deg_____ Dec.Min._____ LONG: Deg_____ Dec.Min._____

SEQUENCE OF EVENTS DATE & TIME *(name & agency)*

HOW REPORTED: _____ BY _____ TO _____

FIRST RESOURCE ON SCENE: _____ NAMES OF PERSONNEL ON RESOURCE:

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

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

CAUSE CATEGORIES (List specific cause, if known)

[ ] Lightning	[ ] Debris Burning/Land Clearing	[ ] Railroad
[ ] Campfire	[ ] Arson	[ ] Juveniles
[ ] Smoking	[ ] Equipment	[ ] Miscellaneous (*explain*)

KEY INFORMATION and CRITERIA FOR LEO DISPATCH

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

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

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

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

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

WEATHER ***(upon arrival)***
TIME: **DRY BULB:** **WET BULB:** **RH:** **WD:** **WS:**

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

SKETCH OF AREA OF ORIGIN (bird's-eye view) **NOT TO SCALE**

NORTH

LEGEND

PHOTOGRAPH LOG

PHOTO#	DESCRIPTION (*Indicate direction*)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

SALT LAKE CITY SPOT FORECAST REQUEST

Required Elements *

PROJECT NAME

***Project Name:**

☐ Wildfire ☐ HAZMAT

☐ Prescribed Fire ☐ SAR

Ignition Time: ☐ Mountain Local Time

Date:

REQUESTING AGENCY

NOTE: Do not use commas in this section.

***Requesting Agency:**

***Requesting Official:**

***Phone Number:** Ext.

FAX Number:

Contact Person:

REASON FOR SPOT FORECAST REQUEST

***Must choose either Wildfire or one of the Non-Wildfire reasons**

☐ **Wildfire** ☐ **Non-Wildfire**

LOCATION

***Lat:**

***Lon:**

7.5' Quad:

Legal (T/R): _ _ _ ☐ UT

*Enter Lat/Lon, Legal(T/R) also acceptable.

***Elevation:** Top Bottom

Drainage:

***Aspect:**

Size: (Acres)

FUEL

Type:

Sheltering

☐ Full

☐ Partial

☐ Unsheltered

OBSERVATIONS

Place	Elev.	Time	Wind	Temp	Wet bulb	RH	Dew pt.	Sky/Weather

PRIMARY FORECAST ELEMENTS

TDA TNT TMR (Today, Tonight, Tomorrow)

☐ ☐ ☐ LAL

☐ ☐ ☐ Haines Index

☐ ☐ ☐ Clearing Index

☐ ☐ ☐ Sky/Weather

☐ ☐ ☐ Temperature

☐ ☐ ☐ Humidity

☐ ☐ ☐ Wind - 20 Foot

REMARKS

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
□ Today (sunrise to dusk) □ This Afternoon (noon until dusk) □ This Evening (16:00 until dusk) □ Tonight (sunset until sunrise)	□ Mostly Sunny/Clear □ Fair □ Partly Cloudy □ Mostly Cloudy □ Cloudy □ Variable Clouds	_____ Fº □ High □ Low □ Range	_____% □ Maximum □ Minimum □ Range	□ Upslope □ Downslope Direction: _____ Velocity _____ mph Gusts _____ mph	□ Upslope □ Downslope Direction: _____ Velocity _____ mph Gusts _____ mph	Haines: LAL: BI: Clearing Index:
□ Today (sunrise to dusk) □ This Afternoon (noon until dusk) □ This Evening (16:00 until dusk) □ Tonight (sunset until sunrise)	□ Mostly Sunny/Clear □ Fair □ Partly Cloudy □ Mostly Cloudy □ Cloudy □ Variable Clouds	_____ Fº □ High □ Low □ Range	_____% □ Maximum □ Minimum □ Range	□ Upslope □ Downslope Direction: _____ Velocity _____ mph Gusts _____ mph	□ Upslope □ Downslope Direction: _____ Velocity _____ mph Gusts _____ mph	Haines: LAL: BI: Clearing Index:
Outlook For (Date): _____	□ Mostly Sunny/Clear □ Fair □ Partly Cloudy □ Mostly Cloudy □ Cloudy □ Variable Clouds	_____ Fº □ High □ Low □ Range	_____% □ Maximum □ Minimum □ Range	□ Upslope □ Downslope Direction: _____ Velocity _____ mph Gusts _____ mph	□ Upslope □ 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:**

INCIDENT ACTION PLAN

Incident Name	Number	Date Prepared	Time Prepared

Operational Period: Date:
Shift: ☐ Day ☐ Night

Incident Objectives

1	SAFETY to firefighters and general public for the duration of the incident.
2	
3	
4	

Weather Forecast for Operational Period

BURN PERIOD	SKY COVER	TEMPERATURE	HUMIDITY	WIND ☐ EYE-LEVEL ☐ 20-FOOT		HAINES INDEX
				DIRECTION	VELOCITY	

Medical Plan (ICS 206 WF)

Incident/Project Name	Operational Period
	Date/Time

Ambulance Services

Name	Complete Address	Phone & EMS Frequency	Advanced Life Support (ALS) Yes	No

Air Ambulance Services

Name	Phone	Type of Aircraft & Capability

Hospitals

Name Complete Address	GPS Datum – WGS 84 Coordinate Standard Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long		Travel Time Air	Gnd	Phone	Helipad Yes	No	Level of Care Facility
	Lat:					☐	☐	
	Long:							
	VHF:							
	Lat:					☐	☐	
	Long:							
	VHF:							

	Lat:					☐	☐	
	Long:							
	VHF:							
	Lat:					☐	☐	
	Long:							
	VHF:							

1. Division | Branch | Group	Area Location Capability	
Click here to enter text.	EMS Responders & Capability:	
	Equipment Available on Scene:	
	Medical Emergency Channel:	
	ETA for Ambulance to Scene:	
	Air:	
	Ground:	
	Approved Helispot:	
	Lat:	
	Long:	
	EMS Responders & Capability:	
	Equipment Available on Scene:	
	Medical Emergency Channel:	
	ETA for Ambulance to Scene:	
	Air:	
	Ground:	
	Approved Helispot:	
	Lat:	
	Long:	

2. Name & Location	Remote Camp Location(s)	
	Point of Contact:	
	EMS Responders & Capability:	
	Equipment Available on Scene:	
	Medical Emergency Channel:	
	ETA for Ambulance to Scene:	
	Air:	
	Ground:	
	Approved Helispot:	
	Lat:	
	Long:	
	Point of Contact:	
	EMS Responders & Capability:	
	Equipment Available on Scene:	
	Medical Emergency Channel:	
	ETA for Ambulance to Scene:	
	Air:	
	Ground:	
	Approved Helispot:	
	Lat:	
	Long:	

3. Prepared By (Medical Unit Leader)	4. Date/Time	5. Reviewed By (Safety Officer)	6. Date/Time

Medical Incident Report

FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use items one through nine to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS/DISPATCH

Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)

2. INCIDENT STATUS: *Provide incident summary and command structure.*

Nature of Injury/Illness		*Describe the injury (Ex: Broken leg with bleeding)*
Incident Name		*Geographic Name + "Medical" (Ex: Trout Meadow Medical)*
Incident Commander		*Name of IC*
Patient Care		*Name of Care Provider (Ex: EMT Smith)*

3. INITIAL PATIENT ASSESSMENT: *Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.*

Number of Patients:	Male / Female	Age:	Weight:

Conscious? ☐ YES ☐**NO = MEDEVAC!**

Breathing? ☐ YES ☐ **NO = MEDEVAC!**

Mechanism of Injury: *What caused the injury?*	
Lat/Long (Datum WGS84) Ex: N 40º 42.45' x W 123º 03.24'	

4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY

SEVERITY	TRANSPORT PRIORITY
☐ **URGENT-RED Life threatening injury or illness.** *Ex: Unconscious, difficulty breathing, bleeding severely, 2º – 3º burns more than 4 palm sizes, heat stroke, disoriented.*	Ambulance or MEDEVAC helicopter. Evacuation need is **IMMEDIATE.**
☐ **PRIORITY-YELLOW Serious Injury or illness.** *Ex: Significant trauma, not able to walk, 2º – 3º burns not more than 1-2 palm sizes.*	Ambulance or consider air transport if at remote location. Evacuation may be **DELAYED.**
☐ **ROUTINE-GREEN** Not a life threatening injury or illness. *Ex: Sprains, strains, minor heat-related illness.*	Non-Emergency. Evacuation considered **Routine of Convenience.**

5. TRANSPORT PLAN:

Air Transport: (Agency Aircraft Preferred)

☐ Helispot	☐ Short-haul/Hoist	☐ Life Flight	☐ Other

Ground Transport:

☐ Self-Extract	☐ Carry-Out	☐ Ambulance	☐ Other

6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:

☐ Paramedic/EMT(s)	☐ Crew(s)	☐ SKED/Backboard/C-Collar
☐ Burn Sheet(s)	☐ Oxygen	☐ Trauma Bag
☐ Medication(s)	☐ IV/Fluid(s)	☐ Cardiac Monitor/AED

☐ Other (i.e. splints, rope rescue, wheeled litter)

7. COMMUNICATIONS:

Function	Channel Name/Number	Receive (Rx)	Tone/NAC *	Transmit (Tx)	Tone/NAC *
Ex: Command	*Forest Rpt, Ch. 2*	*168.3250*	*110.9*	*171.4325*	*110.9*
COMMAND					
AIR-TO-GRND					
TACTICAL					
MEDEVAC	UHP Statewide	155.5050		155.5050	162.2

*(NAC for digital radio system)

8. EVACUATION LOCATION:

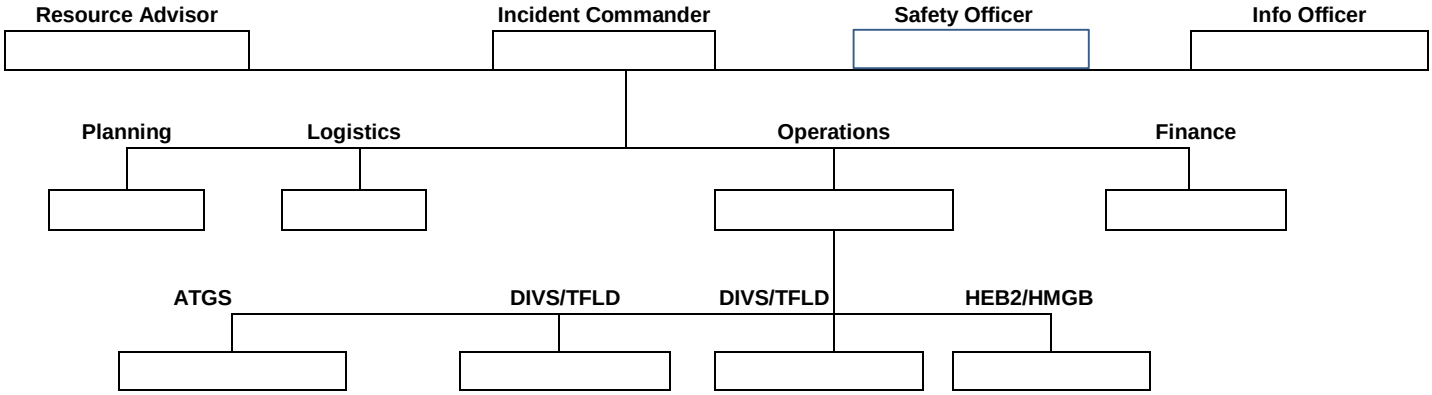
Lat/Long (Datum WGS84) *EX: N 40 42.45' x W 123 03.24'*	
Patient's ETA to Evacuation Location:	
Helispot/Extraction Size and Hazards:	

9. CONTINGENCY:

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

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

Current Organization



Resources Assigned This Period

Resource Designator	Leader	Number Persons	Location	Assignment

General / Safety Message

Communication Summary

		Tx	Rx	Tone	Remarks
Tactical (Tac)					
Tactical (Tac)					
Air to Ground					
Air to Air (Victor)					
Air to Ground / Medevac		155.5050	155.5050	162.2	UHP Statewide
Command	Simplex				
	Repeater				

UNIT LOG - ICS 214	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Unit Name/Designators	5. Unit Leader (Name and Position)		6. Operational Period

7. Personnel Roster Assigned

Name	ICS Position	Home Base

8. Activity Log

	Major Events

9. Prepared by (Name and Position)

UNIT LOG (continued)

8. Activity Log	
Time	Major Events

Incident Status Summary (NIMS ICS 209)

*1. Incident Name:			2. Incident Number:	
*3. Report Version (check one box on left): O Initial O Update O Final Rpt # (if used):	*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. 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 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 ___ | * 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. Sheltering in Place		
I. Sheltering in Place (note if estimated)			I. Have Received Immunizations		
J. In Temporary Shelters (note if est.)			J. Require Immunizations		
K. Have Received Mass Immunizations			K. In Quarantine		
L. Require Immunizations (note if est.)					
M. In Quarantine					
N. Total # Civilians (Public) Affected:			N. Total # Responders Affected:		

33. Life, Safety, and Health Status/Threat Remarks:

35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):

*34. Life, Safety, and Health Threat Management:	A. Check if Active
A. No Likely Threat	O
B. Potential Future Threat	O
C. Mass Notifications in Progress	O
D. Mass Notifications Completed	O
E. No Evacuation(s) Imminent	O
F. Planning for Evacuation	O
G. Planning for Shelter-in-Place	O
H. Evacuation(s) in Progress	O
I. Shelter-in-Place in Progress	O
J. Repopulation in Progress	O
K. Mass Immunization in Progress	O
L. Mass Immunization Complete	O
M. Quarantine in Progress	O
N. Area Restriction in Effect	O
	O
	O
	O
	O

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., “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.

Incident Resource Commitment Summary

48. Agency or Organization:	49. Resources (summarize resources by category, kind, and/or type; show # of resources on top ½ of box, show # of personnel associated with resource on bottom ½ 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.

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 or SAFECOM? **No** ☐ **Yes** ☐

Wildland Fire Accidents? **No** ☐ **Yes** ☐ ***If Yes, specify below:***

- ☐ **Entrapment**
- ☐ **Equipment Damage**
- ☐ **Near-miss**
- ☐ **Injury** _____

Agency Reviewing Official	Title	Date

SAFE NET

CALL TO FILE (1-888-670-3938) Wildland Fire Safety and Health Network
FILE ONLINE AT www.nifc.gov and click on the SAFE NET link

REPORTED BY

Name (optional)_____ Phone_____

Agency/Organization _____ Date Reported _____

EVENT

Date and Time _____ Jurisdiction/Local Unit _____

Incident Name & Number _____ State _____

Incident Type	*Incident Activity*	*Stage of Incident*
☐ Wildland		☐ Initial Attack
☐ Prescribed	☐ Line	☐ Extended Attack
☐ Wildland Fire Use	☐ Support	☐ Transition
☐ All Risk	☐ Transport to/from	☐ Mop Up
☐ Training	☐ Readiness/Preparedness	☐ Demo
☐ Fuel Treatment		☐ Non-Incident
☐ Work Capacity Test		☐ Other

Position Title _____
Task _____
Management Level _____
Resources Involved _____

CONTRIBUTING FACTORS

☐ Fire Behavior	☐ Environmental	☐ Communications
☐ Human Factors	☐ Equipment	☐ Other (Explain Below)

Other:

NARRATIVE

Describe in detail what happened including the concern or potential issue, the environment (weather, terrain, fire behavior, etc), and the resulting safety/health issue. If more room is required, use a separate piece of paper and include it with this form.

CORRECTIVE ACTION

Please document how you tried to resolve the problem and list anything that, if changed, would prevent this safety issue in the future.

SAFECOM
Aviation Safety Communique'

Reported By (Optional)

Name:

E-Mail:

Phone:

Cell Phone:

Pager:

Org:

:Org-Other

Date Submitted :

EVENT

Date: mm / dd / yyyy

Local Time: 24 hour clock

Injuries:

Damage:

Location: Airport, City, Lat/Long, or Fire Name

Operational Control:

Agency:

State:

Region:

Unit:

MISSION

Type:

Other:

Procurement:

Other:

Persons Onboard:

Special Use:

Hazardous Materials:

Departure Point:

Destination:

AIRCRAFT

Type

Tail #:

Manufacturer:

Model:

Owner/Operator:

Pilot:

Narrative: *(A brief explanation of what happened)*

Corrective Action: *(What was done to correct the problem)*

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

The following criteria has been determined to justify working shifts exceeding 16 hours and/or consecutive days that do not meet the 2:1 work rest guidelines.

FIRE NAME_____FIRE #_____

EMPLOYEES

NAME	NAME

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

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

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

_____ Arduous travel. Travel on overtime necessary because suitable subsistence and lodging not available to remain until following day. (*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:

_____ Mitigation measures used to reduce fatigue (requirement):

X_____
Incident Commander

Operational Duty Officer Approval: **Name:**

Date: **Time:** **Method of Contact:** ☐ Phone
☐ In person

NUIFC FEDERAL AND STATE IA RESOURCES				
WEST DESERT DISTRICT				
RESOURCE ID	**RESOURCE TYPE**	**AGENCY**	**LOCATION**	**PRIMARY CONTACT**
E-2431	Type 4 Engine	BLM	Muskrat Fire Station	Vacant
E-2438	Type 4 Engine	BLM	Muskrat Fire Station	Hillman, Nick
E-2637	Type 6 Engine	BLM	Muskrat Fire Station	Newton, Bob
E-2632	Type 6 Engine	BLM	Vernon Fire Station	Mortensen, Derek
E-2436	Type 4 Engine	BLM	Vernon Fire Station	Pippin, Matt
E-2434	Type 4 Engine	BLM	Vernon Fire Station	Greenfield, Todd
E-2635	Type 6 Engine	BLM	Vernon Fire Station	Scroggin, Ryan
E-2633	Type 6 Engine	BLM	Muskrat Fire Station	Osterkamp, Dan
D-2851	D7 IA Dozer	BLM	Muskrat Fire Station	Stevens, Spencer
WT-2206	3500 gallon Tender	BLM	Vernon Fire Station	Stone, Corey
WT-2205	3500 gallon Tender	BLM	Tooele Valley Airport	Quintana, Henry
AA-163	Air Attack Platform	BLM	Tac Air SLC	Kline, Jeff
H-1BH	Type 3 Helicopter	BLM	Tooele Valley Airport	Kenny, Patrick
UINTA-WASATCH-CACHE SOUTH ZONE				
E-631	Type 6 Engine	USFS	Heber R.D.	Siemers, Nate
E-421	Type 4 Engine	USFS	Pleasant Grove R.D.	DeLange, Karl
E-481	Type 4 Engine	USFS	Spanish Fork R.D.	Wilson, Tom
Squad 81	10 person IA Module	USFS	Spanish Fork R.D.	Williams, Joe
UINTA-WASATCH-CACHE NORTH ZONE				
E-611	Type 6 Engine	USFS	Salt Lake R.D.	Watson, Mike
E-461	Type 4 Engine	USFS	Weber Basin Job Corp.	Erickson, Mike
E-671	Type 6 Engine	USFS	Logan R.D.	Robison, Scott
E-441	Type 4 Engine	USFS	Mountain View, WY	Stoddard, Wade
Squad 11	10 person IA Module	USFS	Weber Basin Job Corp.	Inskeep, David
H-7PJ	Type 3 Helicopter	USFS	Mountain Green	Byers, Mike
H-8PJ	Type 3 Helicopter	USFS	Mountain Green	Scott, Mike
WASATCH FRONT AREA				
E-630	Type 6 Engine	STATE	Salt Lake	Bourgeois, David
BEAR RIVER REFUGE				
E-6422	Type 6 Engine	USFWS	Brigham City	Haen, Josh

NUIFC CONTACT LIST

WEST DESERT DISTRICT BLM

POSITION	NAME	WORK	CELL
FMO	Kincaid, Justin	801-977-4316	801-541-4020
AFMO	Vacant	801-977-4381	
FOS	Kutterer, Kevin	801-977-4337	801-554-0288
FOS	Garber, Ryan	801-977-4300	385-228-6775
Salt Lake Helitack Supt.	Kenny, Patrick	801-977-4363	801-541-5637
Salt Lake Helitack Asst.	Wilson, Greg	801-977-4336	801-232-4259
Unit Aviation Manager	Seng, Jeremy	801-977-4322	602-361-4753
	TVY Helibase	435-882-4429	435-843-5170 fax
	Helitack Chase Truck		801-824-1882
	TVY SEAT Base	435-843-5302	435-843-5170 fax
	Muskrat Fire Station	435-884-3765	435-884-6110 fax
	Muskrat Line 2	435-884-3558	
	Vernon Fire Station	435-839-3456	435-839-3486 fax
Investigation / Fire Info	Rigby, Teresa	801-977-4344	801-232-9252

LONE PEAK CONSERVATION CENTER

Lone Peak Center Mgr.	Peck, Gary		801-560-8105
Lone Peak Ops. Coord.	Ley, Preston		801-573-5798

BEAR RIVER REFUGE

Rocky Basin Zone FMO	Swenson, Tracy		801-560-8105
Rocky Basin Zone AFMO	Haberstick, Erik	435-734-6425	435-881-5715

UTAH DIVISION OF FORESTRY, FIRE, & STATE LANDS

POSITION	NAME	WORK	CELL
Bear River Area Manager 3A20	Hamp, Blain	435-752-8701	435-881-6979
Bear River Area FMO 3A21	Richards, Dustin	435-752-8701	435-890-2071
Wasatch Fr Area Mgr 3A30	Bristol, Trent		801-656-7138
Wasatch Fr Area FMO 3A300	Vickers, Dave		801-554-8984
Northeast Area Manager	Eriksson, Mike		435-671-9170
Northeast Area FMO 3A400	Lamping, Robert		435-671-3327

UINTA-WASATCH-CACHE NATIONAL FOREST

POSITION	NAME	WORK	CELL
Forest FMO Chief 1	Pfister, Kevin	801-999-2147	801-783-8688
Deputy Forest FMO Chief 2	Chadwick, Brook	801-999-2148	801-702-7116
North Zone FMO DV1	Vacant		
South Zone FMO DV2	Briggs, Allen	801-796-4897	801-631-7616
AFMO Sp Fk & Pl Grove BC8	Armantrout, Matt	801-794-6768	801-361-8257
AFMO Heber/Kamas BC3	Away on detail	435-654-7217	801-556-9249
AFMO Logan BC7	Turner, James	435-755-3627	435-671-2871
AFMO Salt Lk & Ogden BC1	Kirby, Chris	801-733-2669	801-673-3780
AFMO EV/M.V. BC4	Thiel, Kurt	307-782-2415	801-230-7877
Wasatch Helitack Supt.	Scott, Mike	801-377-6753	801-368-7585
Wasatch Helitack Supt.	Roe, Larry	801-625-5112	801-725-5161
Wasatch Helitack Supt.	Byers, Mike	801-625-5112	801-510-3433
Wasatch Helitack Asst Supt	Thompson, Bryan	801-625-5112	
Wasatch Helitack Asst. Supt.	Hansen, Mike	801-625-5112	435-712-2991
Wasatch Helitack Asst Supt	Turner, Tim	801-625-5112	435-668-5972
Forest Aviation Officer	Rackham, Lee		801-725-6985
Air Tanker Base Manager	Vacant		801-440-6604

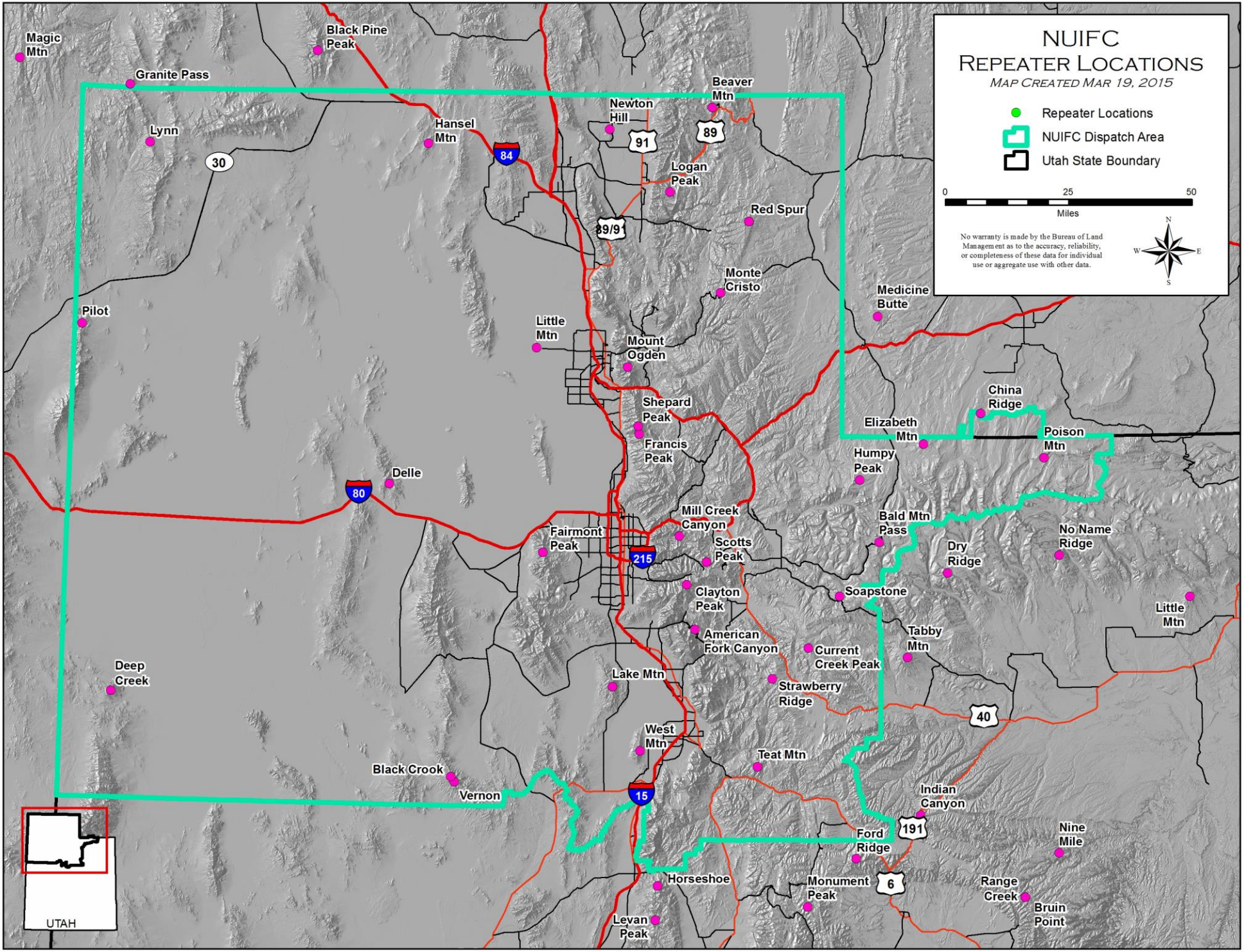
COUNTIES OF UTAH

POSITION	NAME	WORK	CELL
Juab 3A703	Ostler, Brett	435-623-2642	435-681-0035
Sanpete 3A702	Petersen, Thomas	435-835-2117	435-668-2068
Utah 3A304	Cortez, Kevin	801-851-4125	801-404-1915
Box Elder 3A201	Newman, Spencer		435-890-0728
Rich 3A23	Ames, Dan		801-652-2706
Tooele 3A303		435-843-4727	435-241-0027
Wasatch 1L629	Morgan, Troy	435-654-1411	435-671-8079
Summit 3A401	Boyer, Bryce	435-615-3600	435-640-2075
Morgan 3A302	Carrigan, Boyd		801-829-2048
Davis 3A301	Sanders, Robert		801-618-9400
Cache 3A222	Vacant		
Weber 3A261	Cooper, Rick		435-760-2092

Northern Utah Interagency Fire Center

Business	801-495-7600
Fire Emergency (24-7)	801-495-7611
Fire Center Fax	801-495-7671 (fax)
On-Call Dispatcher	801-310-3109 (cell)

Center Manager	Lodge, Sean	801-495-7601	801-556-3575
Asst. Center Manager	Vacant	801-495-7602	
Asst. Center Manager	Vacant	801-495-7603	
Cache Manager	Ravenberg, Gary	801-495-7604	801-560-8195


NUIFC
Repeater Locations
Map Created Mar 19, 2015
Repeater Locations
NUIFC Dispatch Area
Utah State Boundary
0
25
50
Miles
No warranty is made by the Bureau of Land Management as to the accuracy, reliability, or completeness of these data for individual use or aggregate use with other data.
N
W
E
S
Magic Mtn
Black Pine Peak
Granite Pass
Lynn
Hansel Mtn
Newton Hill
Beaver Mtn
Logan Peak
Red Spur
Monte Cristo
Medicine Butte
Pilot
Little Mtn
Mount Ogden
Shepard Peak
Francis Peak
China Ridge
Elizabeth Mtn
Poison Mtn
Humpy Peak
Delle
Mill Creek Canyon
Fairmont Peak
Scotts Peak
Bald Mtn Pass
No Name Ridge
Dry Ridge
Clayton Peak
Soapstone
Little Mtn
American Fork Canyon
Current Creek Peak
Tabby Mtn
Deep Creek
Lake Mtn
Strawberry Ridge
West Mtn
Teat Mtn
Black Crook
Vernon
Indian Canyon
Ford Ridge
Nine Mile
Horseshoe
Monument Peak
Range Creek
Bruin Point
Levan Peak
UTAH
30
84
91
89
89/91
80
215
40
15
191
6

NUIFC INITIAL ATTACK FREQUENCY PLAN

The following frequencies are assigned by NUIFC for initial attack fires within the dispatch area. Although 800 MHz systems are being used within the NUIFC area, they are not assigned by NUIFC and will not be used for interagency tactical or command frequencies. ***All 2016 frequencies are Narrowband****.*

IDENTIIFIER	AGENCY	RX	TX	TX Tone
State Fire Marshall	Utah	154.2800	154.2800	N/A
Tac 1	BLM	166.2375	166.2375	N/A
Tac 2	BLM	166.9625	166.9625	N/A
Tac 3	BLM	169.3625	169.3625	N/A
Tac 4	Utah	156.0675	156.0675	N/A
Tac 5	USFS	168.1750	168.1750	N/A
Tac 6	USFS	169.0750	169.0750	N/A
Tac 7	USFS	169.9000	169.9000	N/A
Air-to-Ground 74	NUIFC	154.3100	154.3100	N/A
Air-to-Ground 57	NUIFC	168.7250	168.7250	N/A
Air-to-Ground (Local Flight Following)	NUIFC	168.500	168.500	100.0
Portable Repeater/Relay (SOA 1)	NUIFC	168.7750	164.9125	N/A
Portable Repeater/Relay (SOA 2)	NUIFC	172.1375	166.3125	N/A
Delle	UT-WDD	170.5125	163.0250	136.5
Hansel	UT-WDD	170.5125	163.0250	123.0
Deep Creek	UT-WDD	170.5125	163.0250	167.9
Lynn	UT-WDD	170.5125	163.0250	103.5
Pilot Peak	UT-WDD	170.5125	163.0250	146.2
Black Crook	UT-WDD	173.6750	164.7750	110.9
West Mountain	UT-WDD	173.6750	164.7750	156.7
Francis Peak	UT-WDD	173.6750	164.7750	167.9
Red Spur	UT-WDD	173.6750	164.7750	131.8
Mt. Ogden N1	UT-UWF	169.9500	164.1250	110.9
Little Mtn N1	UT-UWF	169.9500	164.1250	123.0
Red Spur N1	UT-UWF	169.9500	164.1250	131.8
Monte Cristo N1	UT-UWF	169.9500	164.1250	136.5
Logan Peak N1	UT-UWF	169.9500	164.1250	146.2
Beaver Mtn N1	UT-UWF	169.9500	164.1250	156.7
Newton Hill N1	UT-UWF	169.9500	164.1250	167.9
Fairmont Peak N2	UT-UWF	173.7750	164.9375	110.9
Mill Creek Cyn N2	UT-UWF	173.7750	164.9375	123.0
Scotts Peak N2	UT-UWF	173.7750	164.9375	131.8
Shepard Peak N2	UT-UWF	173.7750	164.9375	136.5
China Ridge N2	UT-UWF	173.7750	164.9375	146.2
Poison Mtn N2	UT-UWF	173.7750	164.9375	156.7
Medicine Butte N2	UT-UWF	173.7750	164.9375	167.9
Elizabeth Peak N2	UT-UWF	173.7750	164.9375	103.5
Scotts Peak N3	UT-UWF	172.4000	164.8250	110.9
Humpy Peak N3	UT-UWF	172.4000	164.8250	123.0
Bald Mtn N3	UT-UWF	172.4000	164.8250	131.8
Soapstone N3	UT-UWF	172.4000	164.8250	136.5
Currant Creek N3	UT-UWF	172.4000	164.8250	146.2
Strawberry Ridge N3	UT-UWF	172.4000	164.8250	156.7
Clayton Peak N4	UT-UWF	172.3750	164.8750	110.9
American Fork N4	UT-UWF	172.3750	164.8750	123.0
Lake Mtn N4	UT-UWF	172.3750	164.8750	131.8
Teat Mtn N4	UT-UWF	172.3750	164.8750	136.5
Ford Ridge N4	UT-UWF	172.3750	164.8750	146.2
Horseshoe Flat N4	UT-UWF	172.3750	164.8750	156.7
Vernon N4	UT-UWF	172.3750	164.8750	167.9
State Lake Mtn.	UT-NWS	151.3700	159.4050	151.4
State Logan Peak	UT-NWS	151.2350	159.4200	151.4
State Hidden Peak	UT-NWS	151.1450	159.3000	151.4
UHP Statewide (Air Ambulance Utah)	UT-NWS	155.5050	155.5050	162.2

Hospitals (Helipad communications in Utah utilize 123.025)					
City	**Name and Address**	**Lat/Long**	**Phone #**	**Helipad**	**Burn**
Salt Lake City, UT	University of Utah Medical Center Air Med 50 North Medical Drive, SLC UT	40˚ 46.3' 111˚ 50.3'	801-581-2991	Yes	Yes
Murray, UT	Intermountain Medical Center Life Flight 5121 S Cottonwood St, Murray, UT 84157	40˚ 39.6' 111˚ 53.4'	801-507-7000	Yes	No
Tooele, UT	Mountain West 2055 North Main St., Tooele, UT 84074-9819	40˚ 33.9' 112˚ 17.8'	435-843-3600 435-882-9011	Yes	No
Provo, UT	Utah Valley Regional Medical Center Air Med 1034 North 500 West, Provo, UT 84604	40˚ 14.9' 111˚ 39.9'	801-373-7850 801-371-7126	Yes	No
Evanston, WY	Evanston Regional Hospital 190 Arrowhead Drive, Evanston, WY 82930	41˚ 14.6' 110˚ 59.3'	615-377-9600 307-789-3636	Yes	No
Nephi, UT	Central Valley Medical Center 48 west 1500 North, Nephi, UT 84648	39˚ 43.8' 111˚ 50.3'	435-623-1242	Yes	No
Heber, UT	Heber Valley Medical Center 1485 South Hwy. 40, Heber, UT 84032	40˚ 29.4' 111˚ 24.3'	435-654-2500	Yes	No
Logan, UT	Logan Regional Medical Center 1400 North 500 East, Logan, UT 84341	41˚ 45.3' 111˚ 49.2'	435-716-2240	Yes	No
North Logan, UT	Cache Valley Hospital 2380 North 400 East, North Logan, UT 84341	41˚ 46.5' 111˚ 49.3'	435-713-9600 ER: 435-713-9598	Yes	No
Park City, UT	Park City Medical Center 900 Round Valley Drive , Park City, UT 84	40˚ 41.3' 111˚ 28.2'	435-658-7000	Yes	No
Ogden, UT	Ogden Regional Medical Center Air Med 5475 South 500 East, Ogden, UT 84405	41˚ 9.9' 111˚ 58.3'	801-479-2111	Yes	No
Ogden, UT	McKay Dee Hospital Life Flight 4401 Harrison Boulevard, Ogden, UT 84405	41˚ 11' 111˚ 57.3'	801-387-2800	Yes	No
Brigham City, UT	Brigham City Community Hospital 950 South 500 West, Brigham City, UT 84302	41˚ 31.8' 112˚ 1.4'	801-734-9471	Yes	No
Ely, NV	William Bee Ririe Hospital 1500 Avenue H, Ely, NV 89301-2615	39˚ 15.3' 114˚ 51.6'	775-289-3612	No	No
Elko, NV	Northeastern Nevada Regional Hospital 2001 Errecart Blvd., Elko, NV 89801-8333	40˚ 49.5' 115˚ 43.8'	775-738-5151	Yes	No
Burley, ID	Cassia Regional Medical Center 1501 Hiland Ave, Burley, ID 83318-2682	42˚ 32.1' 113˚ 46.8'	208-678-4444	Yes	No
Twin Falls, ID	Magic Valley Regional Medical Center Box 409, Twin Falls, ID 83303	42˚ 33.9' 114˚ 29.7'	280-737-2000	Yes	No