

# 2024 Northern Utah Interagency Incident Organizer



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

|                                     |  |
|-------------------------------------|--|
| <b>WildCAD Number</b>               |  |
| <b>Descriptive Location</b>         |  |
| <b>Command Freq.</b>                |  |
| <b>Tactical Freq.</b>               |  |
| <b>Air to Ground Freq.</b>          |  |
| <b>Air to Air Freq. (as needed)</b> |  |

**Relay the following information to dispatch upon first visual contact:**

|                                      |                                         |
|--------------------------------------|-----------------------------------------|
| <b>Descriptive Location or Legal</b> |                                         |
| <b>Incident Name</b>                 |                                         |
| <b>Size (in acres)</b>               |                                         |
| <b>Spread Potential</b>              | Low            Moderate            High |
| <b>Values Threatened</b>             | None    Structures    Others    Life    |
| <b>Additional Resources</b>          |                                         |

**Complete the following table before submitting:**

|                                    |  |
|------------------------------------|--|
| <b>Incident Name</b>               |  |
| <b>Fire Code(s)</b>                |  |
| <b>Final Incident Commander</b>    |  |
| <b>Fire Report Completion Date</b> |  |

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\***



Field Fire Report

To: Type 3, 4 and 5 Incident Commanders  
From: **Northern Utah Interagency Agency Administrators**  
Subject: 2024 Delegation of Authority for Type 3, 4 and 5 Incident Commanders

As a Type 3, 4, or 5 Incident Commander in the Northern Utah Dispatch Area, you are delegated the authority to manage wildfires according to the framework of laws, agency policy, and agency administrator direction. This delegation includes the authority to obligate funds as necessary to manage these wildfires in a cost-effective manner.

During this incident, you are expected to coordinate incident activities with the appropriate Agency Administrator(s) and/or Operational Duty Officer(s) for the affected areas.

As an IC, you must keep firefighter and public safety your highest priority on every fire. The IC is expected to coordinate with the jurisdictional duty officer in the event of a serious accident/incident.

Your management objectives should provide for the following considerations:

- Firefighter and public safety as the highest priority
- Specific resource and/or functional concerns as identified by the host Agency Administrator(s) and/or Operational Duty Officer(s)
- Agency Administrator needs to approve all Heavy Equipment use for fires on federal lands
- A course of action which will have the greatest probability of success with lowest amount of exposure

It is expected that you utilize the Northern Utah Interagency Fire Center (NUIFC) Incident Organizer to coordinate and document activities on the incident. Some key actions/responsibilities include:

- Complete and provide an initial size-up and field fire report in a timely manner
- Develop, implement, and monitor safe and effective operational objectives which reflect local fire and resource management goals
- Maintain accountability for all assigned resources including managing fatigue
- Implement the Risk Management Process, as outlined in the *Incident Response Pocket Guide*.

While Type 3 incidents may initially operate under this delegation, it is recommended that Type 3 Incident Commanders (ICT3) obtain a signed, incident specific Delegation of Authority and Letter of Intent from the Agency Administrator as soon as is practical. ICT3 will not assume collateral duties.

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.

*\*Located in the most recent NUIFC OP as Appendix J which is reviewed 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:**



## 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|------------------|
| <p><b><u>B1. Infrastructure/Natural/Cultural Concerns</u></b><br/>                     Based on the number and kinds of values to be protected, and the difficulty to protect them, rank this element low, moderate, or high.<br/>                     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&amp;E species habitat, and cultural sites.</p>                                                                                              | L                    | M                    | H                    |                  |
| <p><b><u>B2. Proximity and Threat of Fire to Values</u></b><br/>                     Evaluate the potential threat to values based on their proximity to the fire, and rank this element low, moderate, or high.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | L<br>Far             | M                    | H<br>Near            |                  |
| <p><b><u>B3. Social/Economic Concerns</u></b><br/>                     Evaluate the potential impacts of the fire to social and/or economic concerns, and rank this element low, moderate, or high.<br/>                     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.</p> | L                    | M                    | H                    |                  |
| Hazards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                      |                      | Notes/Mitigation |
| <p><b><u>B4. Fuel Conditions</u></b><br/>                     Consider fuel conditions ahead of the fire and rank this element low, moderate, or high.<br/>                     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.</p>                                                                                                                                                                                                                                                                                                                                                                        | L                    | M                    | H                    |                  |
| <p><b><u>B5. Fire Behavior</u></b><br/>                     Evaluate the current and expected fire behavior and rank this element low, moderate, or high.<br/>                     Considerations: intensity; rates of spread; crowning; profuse or long-range spotting.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | L                    | M                    | H                    |                  |
| <p><b><u>B6. Potential Fire Growth</u></b><br/>                     Evaluate the potential fire growth, and rank this element low, moderate, or high.<br/>                     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.</p>                                                                                                                                                                                                                                                                                                                                                                        | L                    | M                    | H                    |                  |
| Probability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                      |                      | Notes/Mitigation |
| <p><b><u>B7. Time of Season</u></b><br/>                     Evaluate the potential for a long-duration fire and rank this element low, moderate, or high.<br/>                     Considerations: time remaining until a season ending event.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | L<br>Late            | M<br>Mid             | H<br>Early           |                  |
| <p><b><u>B8. Barriers to Fire Spread</u></b><br/>                     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.</p>                                                                                                                                                                                                                                                                                                                      | L<br>Many            | M                    | H<br>Few             |                  |
| <p><b><u>B9. Seasonal Severity</u></b><br/>                     Evaluate fire danger indices and rank this element low/moderate, high, or very high/extreme.<br/>                     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.</p>                                                                                                                                                                                                                                                                                                                               | L/M                  | H                    | VH/E                 |                  |
| Enter the number of items circled for each column.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="text"/> | <input type="text"/> | <input type="text"/> |                  |

**Relative Risk Rating (circle one):**

|                 |                                                                                  |
|-----------------|----------------------------------------------------------------------------------|
| <b>Low</b>      | Majority of items are "Low", with a few items rated as "Moderate" and/or "High". |
| <b>Moderate</b> | Majority of items are "Moderate", with a few items rated as "Low" and/or "High". |
| <b>High</b>     | 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).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | <b>L</b>   | <b>M</b> | <b>H</b>  |                  |
| Implementation Difficulty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |            |          |           | Notes/Mitigation |
| <p><b><u>C1. Potential Fire Duration</u></b><br/>           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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | N/A<br>Very Short | L<br>Short | M        | H<br>Long |                  |
| <p><b><u>C2. Incident Strategies (Course of Action)</u></b><br/>           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.<br/>           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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Very Low          | L          | M        | H         |                  |
| <p><b><u>C3. Functional Concerns</u></b><br/>           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).<br/>           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.</p> | Very Low          | L          | M        | H         |                  |
| Socio/Political Concerns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |            |          |           | Notes/Mitigation |
| <p><b><u>C4. Objective Concerns</u></b><br/>           Evaluate the complexity of the incident objectives and rank this element very low, low, moderate, or high.<br/>           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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Very Low          | L          | M        | H         |                  |
| <p><b><u>C5. External Influences</u></b><br/>           Evaluate the effect external influences will have on how the fire is managed and rank this element very low, low, moderate, or high.<br/>           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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                               | Very Low          | L          | M        | H         |                  |
| <p><b><u>C6. Ownership Concerns</u></b><br/>           Evaluate the effect ownership/jurisdiction will have on how the fire is managed and rank this element very low, low, moderate, or high.<br/>           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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Very Low          | L          | M        | H         |                  |
| Enter the number of items circled for each column.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |            |          |           |                  |



**Part C: Organization (continued)**

**Recommended Organization (circle one):**

|               |                                                                                                                       |
|---------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Type 5</b> | Majority of items rated as "Very Low"; a few items may be rated in other categories.                                  |
| <b>Type 4</b> | Majority of items rated as "Low", with some items rated as "Very Low", and a few items rated as "Moderate" or "High". |
| <b>Type 3</b> | Majority of items rated as "Moderate", with a few items rated in other categories.                                    |
| <b>Type 2</b> | Majority of items rated as "Moderate", with a few items rated as "High".                                              |
| <b>Type 1</b> | 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: \_\_\_\_\_

## Go No Go Checklist For Engaging Wildfires within the five mile radius the US Magnesium Smokestack

| Incident Commander :                                                                                                              |          |   |               |   |               |   |               |   |
|-----------------------------------------------------------------------------------------------------------------------------------|----------|---|---------------|---|---------------|---|---------------|---|
|                                                                                                                                   | On scene |   | Re-evaluation |   | Re-evaluation |   | Re-evaluation |   |
| Time :                                                                                                                            |          |   |               |   |               |   |               |   |
|                                                                                                                                   | Y        | N | Y             | N | Y             | N | Y             | N |
| <b>US Magnesium Plant Operations</b>                                                                                              |          |   |               |   |               |   |               |   |
| Are you in contact with the US Magnesium Liaison?                                                                                 |          |   |               |   |               |   |               |   |
| Has the Liaison provided you with the current operating status at the plant?                                                      |          |   |               |   |               |   |               |   |
| Has the US Magnesium Liaison indicated the area is safe to work in?                                                               |          |   |               |   |               |   |               |   |
| <b>Status of Fire</b>                                                                                                             |          |   |               |   |               |   |               |   |
| Can the fire be contained in four hours or less?                                                                                  |          |   |               |   |               |   |               |   |
| Can fire be managed with current resources?                                                                                       |          |   |               |   |               |   |               |   |
| Do you expect little to no perimeter growth?                                                                                      |          |   |               |   |               |   |               |   |
| Can the fire be accessed reasonably?                                                                                              |          |   |               |   |               |   |               |   |
| <b>Weather</b>                                                                                                                    |          |   |               |   |               |   |               |   |
| Have you obtained a spot weather forecast?                                                                                        |          |   |               |   |               |   |               |   |
| Do the current weather conditions allow for engagement of the fire?                                                               |          |   |               |   |               |   |               |   |
| Is the wind directing the US Mag smoke plume away from the fire?                                                                  |          |   |               |   |               |   |               |   |
| Are weather conditions predicted to remain favorable for the selected suppression strategy?                                       |          |   |               |   |               |   |               |   |
| <b>Human Factors</b>                                                                                                              |          |   |               |   |               |   |               |   |
| Do you feel comfortable with the selected strategy and tactics?                                                                   |          |   |               |   |               |   |               |   |
| Are all responders familiar with and had the opportunity to review the Refusal of Risk protocol as it applies to this assignment? |          |   |               |   |               |   |               |   |

An answer of 'NO' to any of the above questions indicate the use of an indirect suppression strategy to contain the fire using roads and natural barriers outside the five mile radius surrounding the US Magnesium smokestack.

# 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) |                                                       |                                                           |
|--------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Lightning               | <input type="checkbox"/> Debris Burning/Land Clearing | <input type="checkbox"/> Railroad                         |
| <input type="checkbox"/> Campfire                | <input type="checkbox"/> Arson                        | <input type="checkbox"/> Juveniles                        |
| <input type="checkbox"/> Smoking                 | <input type="checkbox"/> Equipment                    | <input type="checkbox"/> Miscellaneous ( <i>explain</i> ) |

## 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:** \_\_\_\_\_

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**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 ( <i>Indicate direction</i> ) |
|--------|-------------------------------------------|
| 1.     |                                           |
| 2.     |                                           |
| 3.     |                                           |
| 4.     |                                           |
| 5.     |                                           |
| 6.     |                                           |
| 7.     |                                           |

|                                                |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------|------------------------------------|---------------------------------------|--------------------------------|--------------------------|------------------------------|
| <b>INCIDENT ACTION PLAN</b>                    |                                                                                                                     | Incident Name       | Number                        | Date Prepared                      | Time Prepared                         |                                |                          |                              |
|                                                |                                                                                                                     | Operational Period: |                               | Date:                              | <input type="checkbox"/> Day          | <input type="checkbox"/> Night |                          |                              |
| <b>Incident Objectives</b>                     |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
| 1                                              | SAFETY to firefighters and general public for the duration of the incident.                                         |                     |                               |                                    |                                       |                                |                          |                              |
| 2                                              |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
| 3                                              |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
| 4                                              |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
| <b>Weather Forecast for Operational Period</b> |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
| BURN PERIOD                                    | SKY COVER                                                                                                           | TEMPERATURE         | HUMIDITY                      | WIND                               |                                       | HAINES INDEX                   |                          |                              |
|                                                |                                                                                                                     |                     |                               | <input type="checkbox"/> EYE-LEVEL | <input type="checkbox"/> 20-FOOT      |                                |                          |                              |
|                                                |                                                                                                                     |                     |                               | DIRECTION                          | VELOCITY                              |                                |                          |                              |
|                                                |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
|                                                |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
| <b>Medical Plan (ICS 206 WF)</b>               |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
| Incident/Project Name                          |                                                                                                                     |                     | Operational Period            |                                    |                                       |                                |                          |                              |
|                                                |                                                                                                                     |                     | Date/Time                     |                                    |                                       |                                |                          |                              |
| <b>Ambulance Services</b>                      |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
| Name                                           | Complete Address                                                                                                    |                     | Phone & EMS Frequency         |                                    | Advanced Life Support (ALS)<br>Yes No |                                |                          |                              |
|                                                |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
|                                                |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
| <b>Air Ambulance Services</b>                  |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
| Name                                           | Phone                                                                                                               |                     | Type of Aircraft & Capability |                                    |                                       |                                |                          |                              |
|                                                |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
|                                                |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
| <b>Hospitals</b>                               |                                                                                                                     |                     |                               |                                    |                                       |                                |                          |                              |
| Name<br>Complete Address                       | GPS Datum – WGS 84<br>Coordinate Standard<br>Degrees Decimal Minutes<br>DD° MM.MMM' N - Lat<br>DD° MM.MMM' W - Long |                     | Travel Time<br>Air Gnd        |                                    | Phone                                 | Helipad<br>Yes No              |                          | Level<br>of Care<br>Facility |
|                                                | Lat:                                                                                                                |                     |                               |                                    |                                       | <input type="checkbox"/>       | <input type="checkbox"/> |                              |
|                                                | Long:                                                                                                               |                     |                               |                                    |                                       |                                |                          |                              |
|                                                | VHF:                                                                                                                |                     |                               |                                    |                                       |                                |                          |                              |
|                                                | Lat:                                                                                                                |                     |                               |                                    |                                       | <input type="checkbox"/>       | <input type="checkbox"/> |                              |
|                                                | Long:                                                                                                               |                     |                               |                                    |                                       |                                |                          |                              |
|                                                | VHF:                                                                                                                |                     |                               |                                    |                                       |                                |                          |                              |
|                                                | Lat:                                                                                                                |                     |                               |                                    |                                       | <input type="checkbox"/>       | <input type="checkbox"/> |                              |

|                                             |       |                                         |                     |  |                                        |                          |                          |                     |  |
|---------------------------------------------|-------|-----------------------------------------|---------------------|--|----------------------------------------|--------------------------|--------------------------|---------------------|--|
|                                             | Long: |                                         |                     |  |                                        |                          |                          |                     |  |
|                                             | VHF:  |                                         |                     |  |                                        |                          |                          |                     |  |
|                                             | Lat:  |                                         |                     |  |                                        | <input type="checkbox"/> | <input type="checkbox"/> |                     |  |
|                                             | Long: |                                         |                     |  |                                        |                          |                          |                     |  |
|                                             | VHF:  |                                         |                     |  |                                        |                          |                          |                     |  |
| <b>1. Division   Branch   Group</b>         |       | <b>Area Location Capability</b>         |                     |  |                                        |                          |                          |                     |  |
| Click here to enter text.                   |       | <b>EMS Responders &amp; Capability:</b> |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Equipment Available on Scene:</b>    |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Medical Emergency Channel:</b>       |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>ETA for Ambulance to Scene:</b>      |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Air:</b>                             |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Ground:</b>                          |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Approved Helispot:</b>               |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Lat:</b>                             |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Long:</b>                            |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>EMS Responders &amp; Capability:</b> |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Equipment Available on Scene:</b>    |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Medical Emergency Channel:</b>       |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>ETA for Ambulance to Scene:</b>      |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Air:</b>                             |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Ground:</b>                          |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Approved Helispot:</b>               |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Lat:</b>                             |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Long:</b>                            |                     |  |                                        |                          |                          |                     |  |
| <b>2. Name &amp; Location</b>               |       | <b>Remote Camp Location(s)</b>          |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Point of Contact:</b>                |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>EMS Responders &amp; Capability:</b> |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Equipment Available on Scene:</b>    |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Medical Emergency Channel:</b>       |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>ETA for Ambulance to Scene:</b>      |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Air:</b>                             |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Ground:</b>                          |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Approved Helispot:</b>               |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Lat:</b>                             |                     |  |                                        |                          |                          |                     |  |
| <b>Long:</b>                                |       |                                         |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Point of Contact:</b>                |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>EMS Responders &amp; Capability:</b> |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Equipment Available on Scene:</b>    |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Medical Emergency Channel:</b>       |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>ETA for Ambulance to Scene:</b>      |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Air:</b>                             |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Ground:</b>                          |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Approved Helispot:</b>               |                     |  |                                        |                          |                          |                     |  |
|                                             |       | <b>Lat:</b>                             |                     |  |                                        |                          |                          |                     |  |
| <b>Long:</b>                                |       |                                         |                     |  |                                        |                          |                          |                     |  |
| <b>3. Prepared By (Medical Unit Leader)</b> |       |                                         | <b>4. Date/Time</b> |  | <b>5. Reviewed By (Safety Officer)</b> |                          |                          | <b>6. Date/Time</b> |  |
|                                             |       |                                         |                     |  |                                        |                          |                          |                     |  |

## INCIDENT STATUS SUMMARY (ICS 209 WF)

|                                                                                                                                                                                      |                                                                |                                             |                                                                                        |                                       |                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------|
| <b>*1. Incident Name:</b>                                                                                                                                                            |                                                                | <b>*2. Incident Number:</b>                 |                                                                                        |                                       |                                                                                  |
| <b>*3. Report Version</b><br>(check one box on left):<br><br><input type="radio"/> Initial      Rpt #<br><input type="radio"/> Update      (if used):<br><input type="radio"/> Final | <b>*4. Incident Commander(s) &amp; Agency or Organization:</b> | <b>5. Incident Management Organization:</b> | <b>*6. Incident Start Date/Time:</b><br>Date: _____<br>Time: _____<br>Time Zone: _____ |                                       |                                                                                  |
| <b>7. Current Incident Size or Area Involved</b> (use unit label – e.g., “Acres“, Square Miles“):                                                                                    | <b>8a. Percent (%) Contained or Completed:</b><br><br>_____    | <b>*9. Incident Type:</b> _____             |                                                                                        | <b>10. Incident Complexity Level:</b> | <b>*11. For Time Period:</b><br>From Date/Time: _____<br><br>To Date/Time: _____ |
|                                                                                                                                                                                      |                                                                | <b>*Cause:</b> _____                        |                                                                                        |                                       |                                                                                  |
|                                                                                                                                                                                      |                                                                | <b>*Strategy:</b> _____ %                   |                                                                                        |                                       |                                                                                  |
|                                                                                                                                                                                      |                                                                | Monitor                                     |                                                                                        |                                       |                                                                                  |
|                                                                                                                                                                                      |                                                                | Confine                                     |                                                                                        |                                       |                                                                                  |
| <b>b. Total % of Perimeter that will be Contained or Completed:</b><br><br>_____                                                                                                     |                                                                | Point Zone Protection                       |                                                                                        |                                       |                                                                                  |
|                                                                                                                                                                                      |                                                                | Full Suppression                            |                                                                                        |                                       |                                                                                  |

### Approval & Routing Information

|                                                                                                    |                                                                |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>*12. Prepared By:</b><br>Print Name: _____ ICS Position: _____<br><br>Date/Time Prepared: _____ | <b>*14. Date/Time Submitted:</b><br><br>Time Zone:             |
| <b>*13. Approved By:</b><br>Print Name: _____ ICS Position: _____<br><br>Signature: _____          | <b>*15. Primary Location, Organization, or Agency Sent To:</b> |

### Incident Location Information

|                                                                                                                            |                                        |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------|
| <b>*16. State:</b>                                                                                                         | <b>*17. County/Parish/Borough:</b>     | <b>18. City:</b>                                                             |
| <b>19. Unit or Other:</b>                                                                                                  | <b>20. Incident Jurisdiction:</b>      | <b>*21. Incident Location Ownership</b><br>(if different than jurisdiction): |
| <b>*22. Latitude</b> (indicate format):<br><br><b>Longitude</b> (indicate format):                                         | <b>23. US National Grid Reference:</b> | <b>24. Legal Description</b> (township, section, range):                     |
| <b>*25. Short Location or Area Description</b> (list all affected areas or a reference point):                             |                                        | <b>26. UTM Coordinates:</b>                                                  |
| <b>27. Note any geospatial data available</b> (indicate data format, content, and collection time information and labels): |                                        |                                                                              |

### Incident Summary

|                                                                                                                                                                                                                                                 |                                       |                                   |              |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|--------------|----------------|
| <b>*28. Observed Fire Behavior or Significant Events for the Time Period Reported</b> (describe fire behavior using accepted terminology. For non-fire incidents, describe significant events related to the materials or other causal agents): |                                       |                                   |              |                |
| <b>29. Primary Fuel Model, Materials, or Hazards Involved</b> (hazardous chemicals, fuel types, infectious agents, radiation, etc):                                                                                                             |                                       |                                   |              |                |
| <b>30. Damage Assessment Information</b><br>(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<br>(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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|---------------------------------------------------------|-------------------------------|-----------------------|----------------------------|--------------------|
| <i>C. Indicate Number of Civilians (Public) Below:</i>                                                                                                                                                                                                                                                                                        |  |                            | <i>C. Indicate Number of Responders Below:</i>          |                               |                       |                            |                    |
| 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                                        |                               |                       |                            |                    |
| <i>N. Total # Civilians (Public) Affected:</i>                                                                                                                                                                                                                                                                                                |  |                            | <i>N. Total # Responders Affected:</i>                  |                               |                       |                            |                    |
| <b>33. Life, Safety, and Health Status/Threat Remarks:</b>                                                                                                                                                                                                                                                                                    |  |                            | <b>*34. Life, Safety, and Health Threat Management:</b> |                               | Check if Active       |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  |                            | A. No Likely Threat                                     |                               | <input type="radio"/> |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  |                            | B. Potential Future Threat                              |                               | <input type="radio"/> |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  |                            | C. Mass Notifications in Progress                       |                               | <input type="radio"/> |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  |                            | D. Mass Notifications Completed                         |                               | <input type="radio"/> |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  |                            | E. No Evacuation(s) Imminent                            |                               | <input type="radio"/> |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  |                            | F. Planning for Evacuation                              |                               | <input type="radio"/> |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  |                            | G. Planning for Shelter-in-Place                        |                               | <input type="radio"/> |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  |                            | H. Evacuation(s) in Progress                            |                               | <input type="radio"/> |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  |                            | I. Shelter-in-Place in Progress                         |                               | <input type="radio"/> |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  |                            | J. Repopulation in Progress                             |                               | <input type="radio"/> |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  |                            | K. Mass Immunization in Progress                        |                               | <input type="radio"/> |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  |                            | L. Mass Immunization Complete                           |                               | <input type="radio"/> |                            |                    |
| M. Quarantine in Progress                                                                                                                                                                                                                                                                                                                     |  | <input type="radio"/>      |                                                         |                               |                       |                            |                    |
| N. Area Restriction in Effect                                                                                                                                                                                                                                                                                                                 |  | <input type="radio"/>      |                                                         |                               |                       |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  | <input type="radio"/>      |                                                         |                               |                       |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  | <input type="radio"/>      |                                                         |                               |                       |                            |                    |
|                                                                                                                                                                                                                                                                                                                                               |  | <input type="radio"/>      |                                                         |                               |                       |                            |                    |
| <p><b>*36. Projected Incident Activity, Potential, Movement, Escalation, or Spread</b> and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:</p> <p><b>12 hours:</b></p> <p><b>24 hours:</b></p> <p><b>48 hours:</b></p> <p><b>72 hours:</b></p> <p><b>Anticipated after 72 hours:</b></p> |  |                            |                                                         |                               |                       |                            |                    |
| <p><b>37. Strategic Objectives</b> (define planned end-state for incident):</p>                                                                                                                                                                                                                                                               |  |                            |                                                         |                               |                       |                            |                    |
| 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):





**Name:**

**Date:**

**Time:**

**Method of Contact:**

Phone

In person

# 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

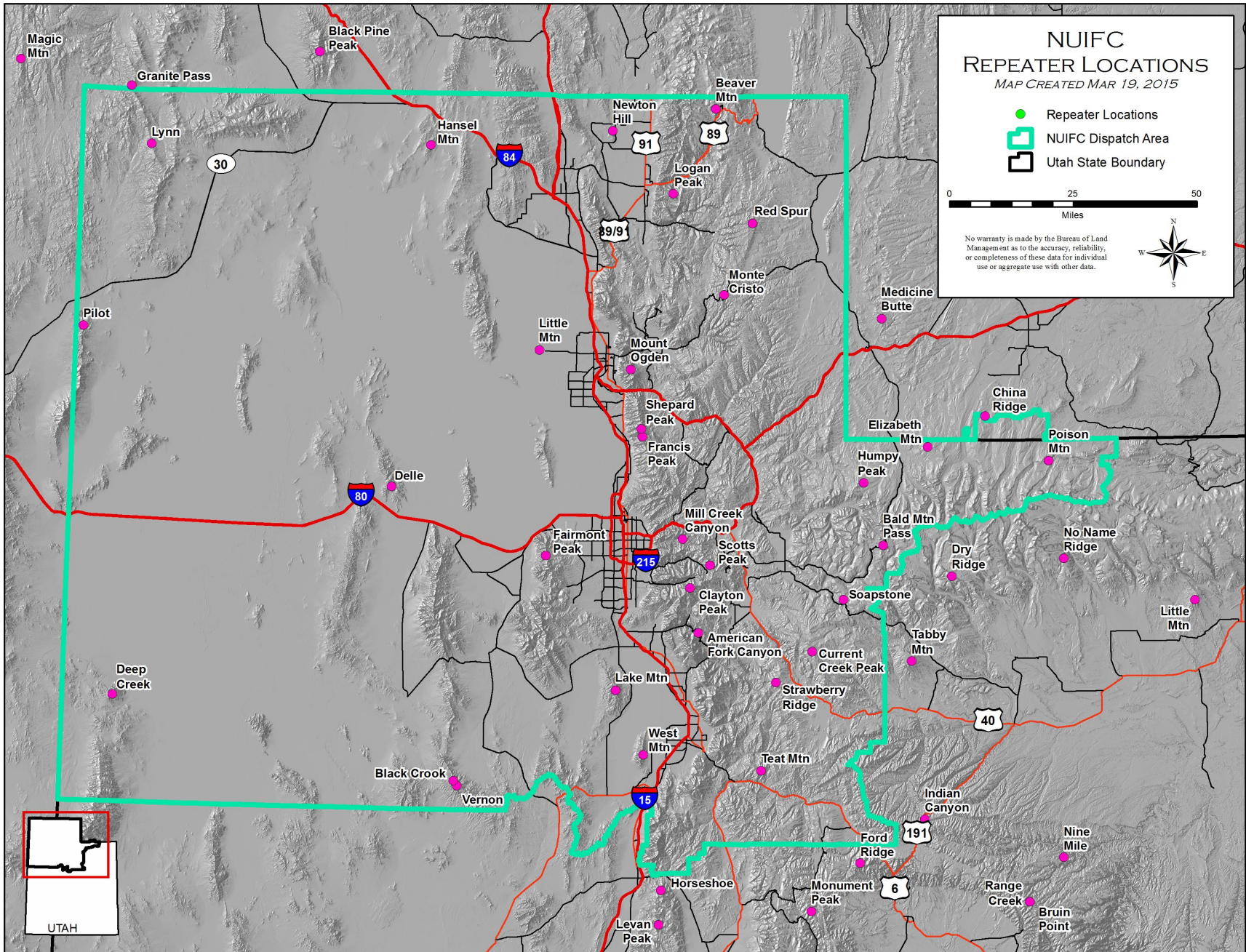
## NUIFC FEDERAL AND STATE IA RESOURCES

| RESOURCE ID                 | RESOURCE TYPE       | AGENCY | LOCATION            | PRIMARY CONTACT      |
|-----------------------------|---------------------|--------|---------------------|----------------------|
| <b>WEST DESERT DISTRICT</b> |                     |        |                     |                      |
| E-2312                      | Type 3 Engine       | BLM    | Muskrat             | Vacant               |
| E-2314                      | Type 3 Engine       | BLM    | Muskrat             | Baldwin, James       |
| E-2611                      | Type 6 Engine       | BLM    | Muskrat             | Newton, Bob          |
| E-2621                      | Type 6 Engine       | BLM    | Vernon              | Vacant               |
| E-2423                      | Type 4 Engine       | BLM    | Vernon              | Luoma, Davin         |
| E-2424                      | Type 4 Engine       | BLM    | Vernon              | Scroggin, Ryan       |
| E-2622                      | Type 6 Engine       | BLM    | Vernon              | Vacant               |
| E-2313                      | Type 3 Engine       | BLM    | Vernon              | Vacant               |
| D-2821                      | D6 IA Dozer         | BLM    | Vernon              | Hillman, B/Wadsworth |
| WT-2906                     | 3500-gallon Tender  | BLM    | Vernon              | Vacant               |
| WT-2905                     | 3500-gallon Tender  | BLM    | Muskrat             | Syring, Matt         |
| AA-80K                      | Air Attack Platform | BLM    | Atlantic Air        | Vacant               |
| H-1BH                       | Type 3 Helicopter   | BLM    | TVY                 | Blackett, Austin     |
| <b>UINTA-WASATCH-CACHE</b>  |                     |        |                     |                      |
| E-411                       | Type 4 Engine       | USFS   | Salt Lake R.D.      | Tamowski, D. Brock   |
| E-321                       | Type 3 Engine       | USFS   | Pleasant Grove R.D. | DeLange, Karl        |
| E-381                       | Type 3 Engine       | USFS   | Spanish Fork R.D.   | Mike Stoutsenberger  |
| Squad 81                    | 10 Person IA Module | USFS   | Spanish Fork R.D.   | Ford, Taylor         |
| E-361                       | Type 3 Engine       | USFS   | Weber Basin         | Lambert, Josh        |
| E-371                       | Type 3 Engine       | USFS   | Logan R.D.          | Garret Henry         |
| E-631                       | Type 6 Engine       | USFS   | Heber R.D.          | Vacant               |
| E-641                       | Type 6 Engine       | USFS   | Mt View R.D.        | Harbour, Derek       |
| H-6MW                       | Type 1 Helicopter   | USFS   | Mountain Green      | Turner, Tim          |
| TBA                         | Type 2 Helicopter   | USFS   | Mountain Green      | Turner, Tim          |
| TBA                         | Type 3 Helicopter   | USFS   | Mountain Green      | Turner, Tim          |
| TBA                         | Type 3 Helicopter   | USFS   | Mountain Green      | Turner, Tim          |
| <b>WASATCH FRONT AREA</b>   |                     |        |                     |                      |
| E-630                       | Type 6 Engine       | STATE  | Salt Lake           | Vacant               |
| SF Helitack                 | Type 3 Helicopter   | STATE  | Spanish Fork        | Greg Wilson          |

| Position                      | Name                | Work          | Cell         | Position                | Name             | Work         | Cell         |
|-------------------------------|---------------------|---------------|--------------|-------------------------|------------------|--------------|--------------|
| BLM WDD                       |                     |               |              | UWF                     |                  |              |              |
| FMO (acting)                  | Erik Valdez         | 801-320-8335  | 208-312-1692 | Forest FMO CH1          | Chadwick, Brook  | 801-999-2148 | 801-702-7116 |
| AFMO                          | Vacant              |               |              | Deputy FMO (OPS) CH2    | Siemers, Nate    |              | 385-421-8457 |
| FOC Muskrat & Vernon          | Hillman, Nick       | 801-320-8339  | 801-641-6425 | NZFM0 DV61              | Sanocki, Jeff    |              | 928-380-3983 |
| FOS Muskrat & Vernon          | Doherty, Mike       | 801-320-8385  | 801-598-5992 | NZAFMO BC71             | Robison, Scott   | 435-755-3635 | 435-730-1907 |
| Salt Lake Helitack Supt.      | Vacant              | 801-320-8363  |              | WBJC FMO DV62           | Everett, Brandon | 801-476-5993 | 385-239-7399 |
| Salt Lake Helitack Asst.      | Blackett, Austin    | 801-320-8330  | 801-750-0064 | WBJC AFMO BC61          | Dave Inskeep     |              | 505-716-3346 |
| Unit Aviation Manager         | Josh Archibald      | 801-320-8382  |              | CZFM0 DV11              | Fetzer, Roy      |              | 435-770-4303 |
| Air Attack                    | Vacant              |               |              | CZAFMO BC11             | Oatway, Davis    |              | 801-368-7615 |
| INVF/PIO                      | Hunter, Nate        | 801-320-8345  | 801-541-0489 | SZFM0 DV21              | Armantrout, Matt | 801-796-4897 | 801-361-8257 |
| TVY SEAT Base Mgr             | Olive, Keith        | 801-320-8325  | 801-503-7851 | SZAFMO BC81             | Hill, Mike       |              | 951-233-2382 |
| Vernon Sta.                   | 435-839-3456        | Musktrat Sta. | 435-884-3765 | SZAFMO BC21             | Vacant           |              |              |
| Lone Peak Conservation Center |                     |               |              | EZFM0 DV31              | Lamping, Robert  | 435-654-7217 | 801-556-9249 |
| Lone Peak Center Mgr          | Trembly, Jesse      |               | 385-535-5055 | EZAFMO BC31             | Gardai, Connor   |              | 385-223-6361 |
| Duty Officer                  |                     |               | 801-633-2687 | EZAFMO BC41             | Elliott, John    | 307-782-2415 | 801-230-7877 |
| Fish and Wildlife             |                     |               |              | Forest Aviation Officer | Rackham, Lee     |              | 801-725-6985 |
| Rocky Basin FMO               | Haberstick, Erik    | 435-881-5715  |              | Hill Tanker Base        | Vacant           | 801-777-2202 |              |
| Rocky Basin FMS               | Buyers, Andy        | 435-230-3598  |              | Wasatch HLB MGR         | Turner, Tim      | 801-876-3391 | 435-668-5972 |
| State of Utah                 |                     |               |              | Cache Mgr               | Ravenberg, Gary  | 801-495-7604 | 801-560-8195 |
| Bear River Area Mgr           | Swenson, Tracy      | 435-752-8701  |              | County Wardens          |                  |              |              |
| Bear River Area FMO           | Richards, Dusty     | 435-279-5643  | 435-890-2071 | Juab 3A703              | Lewis, Chris     |              | 435-623-2542 |
| Wasatch Fr Area Mgr           | Anderson, R. Joseph |               | 385-786-5588 | Sanpete 3A702           | Petersen, Thomas | 435-835-2117 | 435-668-2068 |
| Wasatch Fr Area FMO           | Waters, Brett       |               | 385-226-1461 | Utah 3A304              | Nielsen, Garrett |              | 385-290-0670 |
| Northeast Area Mgr            | Eriksson, Mike      |               | 435-671-9170 | Box Elder 3A203         | Johnson, Brad    |              | 435-890-0728 |
| Northeast Area FMO            | Lafontaine, Ryan    |               | 385-375-0552 | Rich 3A23               | Larsen, Rick     |              | 435-881-6368 |
| INVF/LEO                      | Winder, Jim         |               | 801-834-7610 | Tooele 3A303            | Walton, Dan      | 435-833-8123 | 435-241-0027 |
| SF Helitack                   | Greg Wilson         |               | 801-888-2372 | Wasatch 1L510           | Morgan, Troy     |              | 435-671-8079 |
|                               |                     |               |              |                         |                  |              |              |

| NUIFC                      |                    |              |              | County Wardens |                 |  |              |
|----------------------------|--------------------|--------------|--------------|----------------|-----------------|--|--------------|
| NUIFC Center Manager       | Moore, Carrie      | 801-495-7601 | 801-870-7701 | Summit 3A401   | Boyer, Bryce    |  | 435-640-2075 |
| Asst. Center Manager (BLM) | McDaniels, Melanie | 801-495-7602 | 385-228-1298 | Morgan 3A300   | Vickers, Dave   |  | 801-554-8984 |
| Asst Center Manager (ST)   | Morton, Trish      | 801-495-7603 | 385-272-2349 | Davis 3A301    | Foreman, August |  | 385-264-2428 |
| Asst Center Manager (FS)   | Vacant             | 801-495-7600 | 385-375-0128 | Weber 3A261    | Cooper, Rick    |  | 435-760-2092 |





**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.*

| <b>IDENTIFIER</b>                      | <b>AGENCY</b> | <b>RX</b> | <b>TX</b> | <b>TX Tone</b> |
|----------------------------------------|---------------|-----------|-----------|----------------|
| State Fire Marshall                    | Utah          | 154.2800  | 154.2800  | N/A            |
| Tac 1                                  | BLM           | 166.5000  | 166.5000  | 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          | 169.1750  | 169.1750  | N/A            |
| Tac 6                                  | USFS          | 169.0750  | 169.0750  | N/A            |
| Tac 7                                  | USFS          | 169.1875  | 169.1875  | N/A            |
| Tac 8                                  | USFS          | 167.3000  | 167.3000  | N/A            |
| Air-to-Ground 41                       | NUIFC         | 167.4750  | 167.4750  | 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 RX/TX    |
| 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          |
| Tidd's Ridge N4                        | UT-UWF        | 172.3750  | 164.8750  | 156.7          |
| Vernon N4                              | UT-UWF        | 172.3750  | 164.8750  | 167.9          |
| VMed 28 Primary                        |               | 155.340   | 155.340   | Tx 156.7       |
| VMed 29 Secondary                      |               | 155.3475  | 155.3475  | Tx 156.7       |
| UHP Statewide (Air Ambulance Utah)     | UT-NWS        | 155.5050  | 155.5050  | 162.2          |

# 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 Officer (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 1600 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 19 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.





# MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

| Medical Incident Report                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------|---------------|------------|
| <b>FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.</b>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| <b>FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.</b>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| <b>Use the following items to communicate situation to communications/dispatch.</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| <b>1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report)</b><br><i>Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."</i>                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| <b>2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure.</b><br><i>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."</i> |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| Severity of Emergency / Transport Priority                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> <b>RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b><br><i>Ex: Unconscious, difficulty breathing, bleeding severely, 2<sup>o</sup> – 3<sup>o</sup> burns more than 4 palm sizes, heat stroke, disoriented.</i> |              |                                                                                     |               |            |
| <input type="checkbox"/> <b>YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.</b><br><i>Ex: Significant trauma, unable to walk, 2<sup>o</sup> – 3<sup>o</sup> burns not more than 1-3 palm sizes.</i>                                                                                                                              |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| <input type="checkbox"/> <b>GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport</b><br><i>Ex: Sprains, strains, minor heat-related illness.</i>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| Nature of Injury or Illness & Mechanism of Injury                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     |              | <i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i> |               |            |
| Transport Request                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     |              | <i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>                    |               |            |
| Patient Location                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                     |              | <i>Descriptive Location &amp; Lat. / Long. (WGS84)</i>                              |               |            |
| Incident Name                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                     |              | <i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>                       |               |            |
| On-Scene Incident Commander                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |              | <i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>          |               |            |
| Patient Care                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                     |              | <i>Name of Care Provider (Ex: EMT Smith)</i>                                        |               |            |
| <b>3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)</b>                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| Patient Assessment: See IRPG page 106                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| Treatment:                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| <b>4. TRANSPORT PLAN:</b>                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| 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:                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| <b>5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:</b>                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| <i>Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extraction</i>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| <b>6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| Function                                                                                                                                                                                                                                                                                                                                                                | Channel Name/Number                                                                                                                                                                                                                                                                 | Receive (RX) | Tone/NAC *                                                                          | Transmit (TX) | Tone/NAC * |
| COMMAND                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| AIR-TO-GRND                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| TACTICAL                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| <b>7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| <b>8. ADDITIONAL INFORMATION: Updates/Changes, etc.</b>                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |
| <b>REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.</b>                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     |              |                                                                                     |               |            |

