

UT-FIF, R4 FQRC REVIEW AND CERTIFICATION FORM



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|---------------------------|---------|-----------------|-------------------------|----------|------------------|
| Name: | | | | | |
| Forest/District: | | | | | |
| Training Position: | | | | | |
| Initiation Date: | | | Completion Date: | | |
| Status: | Trainee | Recertification | CIM | Taskbook | Field Evaluation |

This Section to be filled out by recommending committee member/District AFMO

Evaluation Summary

| Incident Name | Complexity (Type 1-5) | Fire Location ST/UNIT | Date of Assignment | # of Shifts | Fuel Type | | | | Evaluator Name | Final Evaluator |
|---------------|--------------------------|--------------------------|--------------------|-------------|-----------|-------|--------|-------|----------------|--------------------|
| | | | | | Grass | Brush | Timber | Slash | | |
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|---|-------|-------|------------|-------|
| Has an assignment been completed off Unit? | YES | NO | Where? | |
| For operations positions, what fuel types have been encountered | Grass | Brush | Timber | Slash |
| If for DIVS, has Team assignment been completed? | YES | NO | Fire Name: | |
| IF for FFT1, has handcrew assignment been completed? | YES | NO | Fire Name: | |
| For RXB1/RXB2, has appropriate burn plan been completed? | YES | NO | RX Name: | |

FOREST QUALIFICATION AND REVIEW COMMITTEE – eSign or printed name/ signature/date

(IQCS account manager has ensured all training has been completed and all certificates are on file.)

| | | | |
|-------------------------------------|------|----------|--------|
| IQCS Acct. Manager/Training Officer | Date | Approved | Denied |
| Deputy Fire Staff Officer | Date | Approved | Denied |
| D/ZAFMO Representative | Date | Approved | Denied |
| Line Officer Representative | Date | Approved | Denied |
| Fuels Representative (if needed) | Date | Approved | Denied |

Additional Comments:

FOREST CERTIFICATION eSignature or printed name/signature/date

| | | | |
|--------------------------------|------|----------|--------|
| Certifying Official/Forest FMO | Date | Approved | Denied |
|--------------------------------|------|----------|--------|

REGIONAL CERTIFICATION (Signature required for CIM Field Evals only)

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|------------------------|------|----------|--------|
| R4 FAM Deputy Director | Date | Approved | Denied |
|------------------------|------|----------|--------|