

# Wyoming Type 3 IMT Operations Guide 2021



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## Standard Operating Procedures:

1. There will be three standing Type 3 teams formed within Wyoming. The teams will be rostered and dispatched from the team host dispatch center in 2021. They will be on a two-week rotation beginning in late-June and ending in September. If a team is assigned during its rotation period, the next team in rotation does not come up. Requests for additional type 3 teams will be filled from the cadre list or other availability lists. During regional preparedness level 5, the Management Board should contact members on the cadre list to determine availability for a team commitment of one-week rotations for a second and third team. These teams will be configured the same as the permanent teams, as available resources permit.
2. In the case of Command and General Staff (C&GS) positions that are identified as shared, a clear decision will be made prior to a team's on-call period which individual will be filling the position for that time. The ICs for that on-call period will inform the dispatch centers as to the full roster for that period.
3. On each Friday prior to a team's on-call period a conference call will be held to: 1) review the roster for the upcoming team, including any known vacancies, 2) confirm the roster with the host Dispatch Center including specific position qualifications in IROC, and 3) confirm the level of availability (local, geographic area, national) for team mobilization. The conference call is open and should include representatives from the host dispatch center, team leadership, and the Management Board. If Management Board member(s) are not available, they shall designate an acting. Prior to the Friday call the IMT Management Board will review the current fire situation and expected weather and fire danger predictions to make a determination regarding off-unit availability. This decision will be communicated to the upcoming IC in order for them to finalize their team roster based on availability. This call will be held on Wednesday of that week.
4. When the IMTs are listed as available beyond the local dispatch area, the host Dispatch Center will communicate their status to the appropriate GACC of the hosting Dispatch Center overhead desk. Any additional status requirements that come with out of area mobilizations will be adhered to.
5. When using a Type 3 organization or incident command organization, a manager must avoid using them beyond the Type 3 complexity level. Current incident complexity guidelines (such as those in the Red Book) will be utilized to determine incident complexity. Circumstances may exist where a transition to a type 1 or 2 team is necessary and the Type 3 team must manage the incident until the transition can take place.
6. A Type 3 IC or OSC will not serve concurrently as a single resource boss or have any non-incident related collateral duties. The IC will be responsible for command and general staff positions not filled.
7. Trainee assignments will be utilized as much as possible during these local incidents. The IC will determine how many and what positions will have trainees assigned. Other trainee positions will be considered and filled on a case-by-case basis.
8. IMT's will follow the RMA IMT's (Type 1 and 2) COVID plan for 2021 as practicable, and follow the RMACC/GBACC Wildland Fire Response Plans as guidance for organizing and conducting incident management activities.
9. An approved Incident Action Plan (IAP) will be developed for operational activities on the incident. As appropriate an IAP may be developed to cover multiple operational periods.

10. An operational briefing will be completed for all incoming resources and before each operational period. Refer to the current Incident Response Pocket Guide for outline. Briefings will be conducted via radio or with social distancing to minimize disease transmission.
11. The Incident Commander is responsible to establish a clear chain of command.
12. The IC in conjunction with the Command and General Staff will ensure roles and responsibilities are clearly understood. The IC should delegate and clarify assignments to other team members and personnel. The IC is responsible to ensure that span of control is not exceeded on the incident for all positions.
13. Ordering will typically be handled by the Logistics Section Chief (LSC) directly through the responsible dispatch center. Based on team configuration the IC may change the ordering to other functional positions.
14. To make ordering simple, orders may be placed by using the “Operations Supply Order” form.
15. The IC, Operations and Logistics must work closely to ensure ordering is consolidated and orders placed in a timely fashion. Dispatch needs to notify the team if resource and supply ordering procedures are becoming a burden on the dispatch center operations.
16. The center manager should monitor the incident’s impacts on the dispatch center operations to consider activating expanded dispatch when necessary. Should expanded dispatch be activated, close coordination is necessary between personnel on the incident, dispatch, expanded dispatch, and the local procurement and cache personnel to ensure orders are placed correctly and adequate documentation is available after incident personnel are demobilized.
17. Procedures for ICS-209’s and spot weather forecast requests need to be clarified with dispatch in the initial stages of team mobilization. The IMT is responsible for submittal of an ICS-209 daily. Submittal of a 209 update will occur as required by dispatch workload timeframes, taking into account communications capability from personnel on the incident. Ideally spot weather requests will occur early in an operational period.
18. ICs are encouraged to participate in any GACC hosted IC calls during periods of higher preparedness levels across the area. ICs should become familiar with timing and format for these calls to best represent incident status and resource needs. If necessary, the hosting Unit Duty Officer can fulfill this role on behalf of the incident/IC.
19. If an incident will require 24 hour staffing a clear definition of who will assume the IC role and other chief and group positions during the night shift needs to be determined. The minimum qualification level of these individuals needs to be determined well in advance of the shift change. Structure of the relief organization for a night shift should fit the complexity anticipated for nighttime management of the incident. The IC will determine this and should discuss possibilities with the appropriate Duty Officer and/or Agency Administrator.
20. The IC and Agency Administrator(s) (or their specified representative) will schedule daily briefings to cover the day’s events and accomplishment of objectives. These briefings can be in a format mutually agreed to by the IC and Agency Administrator(s), considering COVID related concerns.
21. The IC is granted authority to modify team structure to meet his/her needs as long as agency policy is adhered to.

22. The Plans Section Chief (PSC) is responsible for preparing the final documentation in accordance with the guidelines given in “IMT Instructions for Incident Records Management” in Appendix B.
23. The Finance Section Chief (FSC) is responsible for preparing the final documentation in accordance with the guidelines given in “Wyoming Type 3 Finance Package Guidelines” in Appendix D.
24. The IC trainee position will be filled according to the priority listing under the position listing in the cadre. If the first trainee is unavailable to take the assignment, the second person on the list will be notified to fill the position for that call out period. A second IC trainee may also be mobilized to shadow the IMT and gain experience with emerging incidents and/or fill critical needs in supporting functions.

### **2021 Type III IMT Rotation**

The two-week on-call period runs from 0001 hours MDT on Sunday to 2400 hours MDT on Saturday.

<b>Team</b>	<b>Availability Dates</b>
1	6/27 – 7/10
2	7/11 – 7/24
3	7/25 – 8/7
1	8/8 – 8/21
2	8/22– 9/4
3	9/5 – 9/18

## IMT Rosters - 2021

Team 1 – June 27- July 10 and August 8-21, 2021. Host Dispatch Center: Casper

Position	Name	Home Unit
ICT3 (Shared)	Mark Randall	HDD BLM
	Shane McCormick	HDD BLM
OPS		
2 DIVS	Jeffery Priebe	HDD BLM
	Zeb McWilliams	
	Travis Pardue	
Plans (Shared)	Michael Davin	HDD BLM
	Rebecca Swenson	
Logistics		
Finance		
Safety		
MEDL		
Information		

Team 2 –July 11-24 and August 22-September 4,2021. Host Dispatch Center: Teton

Position	Name	Home Unit
ICT3 (Shared)	Ron Steffens	Grand Teton National Park
	Dave Wilkins	Bridger/Teton NF
OPS (Shared)	Chris Vero	Bridger/Teton NF
2 DIVS (Shared)	Sarah Westendorf	
	Darrin Pepple	
Plans	Jenny Kruger	Grand Teton National Park
Logistics	Matt Selleck	Grand Teton National Park
	Steve LaRosa	Grand Teton National Park
Finance	Eric Gregory	Albany County
Safety		
MEDL		
Information	Clayton Hanson	Fort Laramie National Park

Team 3 – July 25- August 7 and September 9-18, 2021. Host Dispatch Center: Cody

<b>Position</b>	<b>Name</b>	<b>Home Unit</b>
ICT3	Dick Terry Jon Warder	Wyoming State Forestry Bighorn NF
OPS	Russ Wenke	Park County
2 DIVS	Larry Trapp TJ Hunt	Campbell County Sweetwater County
Plans (Shared)	Stan Mitchem Bernie Bornong	Albany County
Logistics (Shared)	Robin Brooks Bill Hitt Dana Stone	Albany County
Finance	Krisanda Kappus	Wyoming State Forestry
Safety	Chris Green	
MEDL	Lonny Luke	Goshen County
Information	Melanie Wilmer	Med/Bow NF

TYPE 3 INCIDENT COMMANDER PRIORITY TRAINEES: When a team is dispatched a trainee will be assigned by Host Dispatch Center Representative using the priority list below: Hosting agency may assign their own.

- 1. CODY MCFARLAND**
- 2. ANDY WILLIAMS**
- 3. RYAN MORGAN**
- 4. SHAD COOPER**

## Appendix A: Incident Commander Toolbox

### Delegation of Authority Checklist for Type 3 IC's

The assigned ICT3 shall be formally delegated authority to manage the incident by the respective agency administrator (Forest Supervisor, Field Area Manager, District Ranger, Park Superintendent, County Fire Warden or Fire District Board Chair(s), Refuge Manager, etc.) for which they are working.

Delegations may differ between agencies<sup>1</sup> but the following items should be considered in receiving a delegation of authority.

- ☐ Is the incident complexity analysis complete, accurate, and up-to-date, and does it support the assignment of a Type 3 Incident Management Team?
- ☐ Is the selected management strategy clear and have a reasonable chance at success?
- ☐ Are specific geographic bounds given as part of your management strategy?
- ☐ Is Initial Attack being delegated within geographic bounds or by TFR area?
- ☐ Are the following functions being assumed by the local unit? (i.e. someone is specifically assigned to each of these roles)
  - ☐ Resource Advisor,
  - ☐ Public Information,
  - ☐ Finance/Procurement,
  - ☐ Agency Representative
- ☐ Are the limits of your authority clearly stated?
- ☐ Will the Agency Administrator (AA) retain approval for authorization of shifts greater than 16 hours or is that delegated to the IC?
- ☐ Can you place resource orders directly with the local dispatch center?
- ☐ What level of contact are the AAs expecting (daily, more or less frequently?) Are there other non-routine events (injuries, evacuations...) that would trigger immediate notification to the AAs?
- ☐ Who will be representing the AAs at daily planning meetings?
- ☐ What level of documentation does the home unit expect upon IMT demobilization?

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<sup>1</sup> The Interagency Standards for Fire and Fire Aviation Operations (Red Book) typically includes a sample Delegation of Authority in the appendices.



- ☐ Are specific turnback standards going to be developed to guide transition back to local unit management?

### Great Basin IC Call Agenda

The IC call is held daily at 0800 MDT/0700 PDT when Type 1,2 IMTs are mobilized within the GACC **1-877-779-1564 / 173546 #** **When the call function is active, they welcome updates from T3 incidents/ICs. They go in order of incident priority established by the GMAC or GACC the previous evening upon receipt and review of the ICS-209. Team rosters will be approved by the type 3 oversight committed. When a team is scheduled to be up on the Eastern Great Basin rotation, the IC will work with Teton Interagency Dispatch and Eastern Great Basin Coordination Center to ensure that an accurate roster is completed for the timeframe the team has agreed to be available. Rosters and rotation guidelines for the Great Basin are located at <https://gacc.nifc.gov/gbcc/overhead.php>**

Great Basin Incident Commander Conference Call Agenda <b>2021</b>	
Date:	Note taker:
GB MAC/GACC Coordinator:	
Agenda/Incident Commander Discussion Points: <u>Summarize the following in 4 min or less:</u> <ul style="list-style-type: none"> <li>• Fire Size / % contained / # of people / Cost to date</li> <li>• Significant changes since the last 209</li> <li>• BRIEF fire synopsis /Critical Incident Information (use Directional vs DIVS's)</li> <li>• Political Issues / Community Meetings</li> <li>• Closures / Evacuations / Public Safety Issues</li> <li>• Major Safety Concerns / Injuries / Accidents</li> <li>• Critical Resource Needs</li> <li>• Resources Available to Reassign/Share/Demob</li> </ul>	
Predictive Services:	
GBCC Update:	
1 Fire: IC:	
2 Fire: IC:	
3 Fire: IC:	
4 Fire: IC:	
MAC Coordinator	
Date/Time of Next Call:	

## **Rocky Mountain Area Incident Commanders (IC) Call**

**RMCC IC call-necessary for the IC to be on it if in competition for resources or to hold on to resources**

- ☐ Phone#: **1888-844-9904**      Passcode: 466 5462#
- ☐ Fire Name:
- ☐ Prepared by:
- ☐ Position on incident:
- ☐ Situational Update since last 209 (size, values at risk, evacuations, etc):
  
- ☐ Critical Resource Needs for next 24/48/72 hours? Include specific quantity & type of each critical resource needed and describe how it will help.
  
- ☐ Have orders been placed? List all orders for critical needs pending in the dispatch system.
  
- ☐ Impact of UTFs – describe how lack of critical resources will affect success:
  
- ☐ Are there any resources you are willing to loan/share short-term (list quantity and type of each resource)?
  
- ☐ Demob planned for next 24/48/72 hours (list quantity and type of each resource):
  
- ☐ Other items that may have significant impacts on success:

## **Appendix B: Planning Toolbox**

- A. Overhead Check-in sheets
- B. Engines Check-in sheets
- C. Crew Check-in sheets
- D. Equipment Check-in sheets
- E. Aircraft Check-in sheets
- F. Helicopter Module information
- G. IMT Instructions for Fire Incident Records Management

Incident #: \_\_\_\_\_

## OVERHEAD CHECK-IN SHEET

O# \_\_\_\_\_

## Plans Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Item Code ID: \_\_\_\_\_

Trainee? Y / N Home Unit ID: \_\_\_\_\_ AD Employee? Y / N

Agency: \_\_\_\_\_  
(e.g., BLM, NWS, NPS, FS, BIA, State, City, Contractor, Cooperator)

Mobilization Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check-In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

DMOB City: \_\_\_\_\_ DMOB State: \_\_\_\_\_ Travel Method: \_\_\_\_\_

E# for Vehicle: \_\_\_\_\_ Which Agency/Airport did you rent vehicle from? \_\_\_\_\_

Jet Port Code: \_\_\_\_\_ 1<sup>st</sup> Full Shift Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Coming from another Fire? Y / N Fire Name &amp; Start Date: \_\_\_\_\_

Home Unit Supervisor: \_\_\_\_\_ Home Unit #: \_\_\_\_\_

Available for Reassignment? Y / N (Agency only)

If yes, which quals are you willing to perform?  
\_\_\_\_\_

\*Return Air Ticket Needed? Y / N \*Will you need a ride to the Airport? Y / N

\*Are you Self- Sufficient? Y / N

\*If a Return Ticket is needed, **YOU MUST SEE DEMOB** to give DOB, Gender, and Legal Name on ID before leaving Check-InAny ATV's / UTV's? Y / N If yes, E# \_\_\_\_\_ ☐ Obtain ATV/UTV Approval from IC

I understand that it is my responsibility to let Ops/Supervisor know the status of my work/rest ratio when I check in with them \_\_\_\_\_ (initial)

## DMOB Section

DMOB Date/Time (Actual): \_\_\_\_\_

ETD from camp: \_\_\_\_\_

Destination: \_\_\_\_\_

ETA Home: \_\_\_\_\_

RON Location(s) /Dates &amp; Times: \_\_\_\_\_

If Reassigned, Fire Name: \_\_\_\_\_

ETA: \_\_\_\_\_

Expanded Dispatch Notified of DMOB/Travel: Y / N

Date/Time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Finance Information

Home Unit Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_

Home Unit Fax Number: \_\_\_\_\_

Home Unit Email (time): \_\_\_\_\_

Email address: \_\_\_\_\_

**AD Employees:** AD Hire Form Copy Attached? Y / N (Verify AD Rate)

Initial Employment? (first season assignment)? Y / N

Employee Common Identifier: \_\_\_\_\_

**FS AD Only:** Travel Posted by: Incident or Home Unit (Circle one)

Lodging/Baggage Receipts? Y / N

POV Miles posted on CTR? Y / N

Travel Spreadsheet? Y / N

Copy of Cooperator agreement received? Y / N

Vehicles Inspected through Ground Support? Y / N

## DMOB SIGN-OFF LIST

\_\_\_\_\_ Time/Finance \_\_\_\_\_ (Go here 1<sup>st</sup> to save time)

\_\_\_\_\_ Supply Unit \_\_\_\_\_ Training \_\_\_\_\_

\_\_\_\_\_ Communications \_\_\_\_\_ Weed Wash \_\_\_\_\_

\_\_\_\_\_ Ground Support \_\_\_\_\_ DMOB \_\_\_\_\_ Last Stop!

\_\_\_\_\_ Other \_\_\_\_\_

SCKN:

Red Card:

Manifest:

eSUTE:

Incident #: \_\_\_\_\_

## ENGINE CHECK-IN SHEET

E# \_\_\_\_\_

**Plans Information**Engine Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
(e.g., PNF 617, Iron Horse #2)**E mail address:**Item Code: \_\_\_\_\_ Home Unit ID: \_\_\_\_\_  
(Listed on Red Card)Agency: \_\_\_\_\_  
(e.g., NPS, FS, BIA, State, City, Contractor, Cooperator)

Mobilization Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check-In Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

DMOB City: \_\_\_\_\_ DMOB State: \_\_\_\_\_

Travel Method: \_\_\_\_\_ Jet Port Code: \_\_\_\_\_ # Personnel: \_\_\_\_\_  
(In case of Emergency)1<sup>st</sup> Full Shift Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_ Available for Reassignment? Y / N (Agency only)

Coming from another Fire? Y / N Fire Name &amp; Start Date: \_\_\_\_\_

Any ATV's / UTV's? Y / N If yes, E# \_\_\_\_\_ ☐ Obtain ATV/UTV Approval from IC

Does your engine have foam capability? Y / N CAFS? Y / N

**Engine Type:**☐ Type I ☐ Type II ☐ Type III ☐ Type IV ☐ Type V ☐ Type VI

Vehicle Type/ ID/License No: \_\_\_\_\_

**ROSTER RESOURCE** (leader, crew): (If they provide a manifest just attach and don't fill out this section. Confirm manifest is correct)

Leader Primary \_\_\_\_\_ Item Code: \_\_\_\_\_

Leader Secondary \_\_\_\_\_ Item Code: \_\_\_\_\_

Crew Member \_\_\_\_\_ Item Code: \_\_\_\_\_

Crew Member \_\_\_\_\_ Item Code: \_\_\_\_\_

Crew Member \_\_\_\_\_ Item Code: \_\_\_\_\_

Crew Member \_\_\_\_\_ Item Code: \_\_\_\_\_

# Of crewmembers with Medical Training?

1<sup>st</sup> Responder \_\_\_\_\_ EMTB \_\_\_\_\_ EMT1 \_\_\_\_\_ EMT2 \_\_\_\_\_

Medical Equipment with crew?: \_\_\_\_\_

Will you be swapping out crewmembers during their assignment or when they reach their 14-day limit? Y / N (Tell them if they are, they need to notify check-in when switching)

I understand that it is my responsibility to let Ops/Supervisor know the status of my work/rest ratio when I check in with them \_\_\_\_\_ (initial)

**Finance Information**

Home Unit Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Unit Phone Number: \_\_\_\_\_

Home Unit Fax Number: \_\_\_\_\_

Home Unit Email (time): \_\_\_\_\_

☐ Verify Crew Manifest (names) and Employee Status  
of all crewmembers (Fed/State/AD/Other).☐ Verify Position/Pay Rate/ECI (casual hire form) for AD  
crewmembers

Contractor/Cooperator Name: \_\_\_\_\_

Contract #: \_\_\_\_\_

VIN: \_\_\_\_\_

Point of Hire/DDP: \_\_\_\_\_

☐ Complete Copy of Contract or Cooperator Rate Agreement☐ Vehicles Inspected through Ground Support☐ Copy of Pre-Inspection☐ Chainsaw Inspected**DMOB**

Destination: \_\_\_\_\_ ETA Home: \_\_\_\_\_

RON Location(s) /Dates &amp; Times: \_\_\_\_\_

If Reassigned, Fire Name: \_\_\_\_\_ ETA: \_\_\_\_\_

Expanded Dispatch Notified of DMOB/Travel Y / N e/Time: \_\_\_\_\_

**DMOB SIGN-OFF LIST**\_\_\_\_\_ Time/Finance \_\_\_\_\_ (Go here 1<sup>st</sup> to save time)

\_\_\_\_\_ Supply Unit \_\_\_\_\_ Training \_\_\_\_\_

\_\_\_\_\_ Communications \_\_\_\_\_ Weed Wash \_\_\_\_\_

\_\_\_\_\_ Ground Support \_\_\_\_\_ DMOB \_\_\_\_\_ Last Stop!

SCKN:

Red Card:

Manifest:

eISUTE:

DMOB:

Incident #: \_\_\_\_\_

## CREW CHECK-IN SHEET

C# \_\_\_\_\_

### Plans Information

Crew Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Item Code: \_\_\_\_\_

Home Unit: \_\_\_\_\_ Agency: \_\_\_\_\_ Mob Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Listed on Red Card) (E.g. FS, BIA, City, State, Cooperator)

Check in Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check in Time: \_\_\_\_\_ Jet Port Code: \_\_\_\_\_

Demob City: \_\_\_\_\_ Demob State: \_\_\_\_\_ # of Personnel: \_\_\_\_\_  
(Final Destination) (Final Destination)

1<sup>st</sup> Full Shift Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Coming from another fire? Y / N If Yes, Fire Name & 1<sup>st</sup> Day Worked: \_\_\_\_\_

Leader Name: \_\_\_\_\_ Secondary Leader: \_\_\_\_\_

Self Sufficient (with credit card)? Y / N Available for Reassignment Y / N (Agency Only)

Travel Method: AOV Contract-Vehicle AIR RENTAL BUS/E# \_\_\_\_\_ Is bus staying? Y / N

Vehicle Type/ID/License No: \_\_\_\_\_

Any ATV's / UTV's? Y / N If yes, E# \_\_\_\_\_ ☐ Obtain ATV/UTV Approval From IC

Any Crew Training Needs: \_\_\_\_\_

# Of Crew members with Medical Training? 1<sup>st</sup> Responder \_\_\_\_\_ EMTB: \_\_\_\_\_ EMTI: \_\_\_\_\_ EMTP: \_\_\_\_\_

Medical Equipment with you? Type: \_\_\_\_\_

Will you be swapping out crewmembers during their assignment or when they reach their 14-day limit? Y / N (Tell them if they are, they need to notify check-in when switching)

I understand that it is my responsibility to let Ops/Supervisor know the status of my work/rest ratio when I check in with them \_\_\_\_\_ (initial)

### DMOB Section

DMOB Date/Time (Actual): \_\_\_\_\_ Destination: \_\_\_\_\_

ETA Home: \_\_\_\_\_ RON Location(s) /Dates & Times: \_\_\_\_\_

If Reassigned, Fire Name: \_\_\_\_\_ ETA: \_\_\_\_\_

Expanded Dispatch Notified of DMOB/Travel Y / N Date/Time: \_\_\_\_\_

#### DMOB SIGN-OFF LIST

\_\_\_\_\_ Supply Unit \_\_\_\_\_ Time/Finance \_\_\_\_\_ (Go here 1<sup>st</sup> to save time)

\_\_\_\_\_ Training \_\_\_\_\_ Communications \_\_\_\_\_ Weed Wash \_\_\_\_\_

\_\_\_\_\_ Ground Support \_\_\_\_\_ DMOB \_\_\_\_\_ Last Stop! \_\_\_\_\_ Other \_\_\_\_\_

### Finance Information

#### AGENCY CREW

Home Unit Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Unit Phone: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

Home Unit Email (time) \_\_\_\_\_

#### **Crew Boss email:**

- ☐ Verify Crew Manifest (names) and Employee Status of all crewmembers (Fed/State/AD/Other).
- ☐ Verify ECI for AD crewmembers.
- ☐ e-ISuite Employee Common Identifier (**AD only**)
- ☐ Cooperator Rate Agreement Required? Y / N
- ☐ AD position/pay rate listed on Crew manifest.
- ☐ Chainsaw Inspection Completed
- ☐ Vehicle Inspection Completed

#### CONTRACT CREW

Company Crew Designator # \_\_\_\_\_

Company Name: \_\_\_\_\_

- ☐ Complete Copy of Contract
- ☐ Qualifying Travel Receipts (e-ISuite Add)
- ☐ Chainsaw Inspection Completed
- ☐ Vehicle Inspection Completed

Incident #: \_\_\_\_\_

## EQUIPMENT CHECK-IN SHEET

E# \_\_\_\_\_

**Plans Information**

Equipment Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Item Code: \_\_\_\_\_ Home Unit ID: \_\_\_\_\_ Agency: \_\_\_\_\_  
(e.g., BLM, FS, State, City, Contractor, Cooperator)

Mob Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check in Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check in Time: \_\_\_\_\_

Demob City: \_\_\_\_\_ Demob State: \_\_\_\_\_

Travel Method: \_\_\_\_\_ Jetport: \_\_\_\_\_ # Personnel: \_\_\_\_\_

1<sup>st</sup> Full Shift Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_ Available for Reassignment? Y / N (Agency only)

Coming from another Fire? Y / N Fire Name &amp; Start Date: \_\_\_\_\_

If the Equipment is a Crew Bus, Identify Crew Name and Resource #: \_\_\_\_\_

Primary Operator's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If ordered for a double shift, list relief operator's name: \_\_\_\_\_

Cell Phone of relief operator: \_\_\_\_\_

Equipment VIN/Lic#: \_\_\_\_\_

Trailer VIN/Lic#: \_\_\_\_\_

Any ATV's / UTV's? Y / N If yes, E# \_\_\_\_\_ ☐ Obtain ATV/UTV Approval from ICWill you be swapping out crewmembers during their assignment or when they reach their 14-day limit? Y / N  
(Tell them if they are they need to notify check-in when switching)

I understand that it is my responsibility to let Ops/Supervisor know the status of my work/rest ratio when I check in with them \_\_\_\_\_ (initial)

**DMOB Section**

DMOB Date/Time (Actual): \_\_\_\_\_

ETD from camp: \_\_\_\_\_

Destination: \_\_\_\_\_

ETA Home: \_\_\_\_\_

RON Location(s) /Dates &amp; Times: \_\_\_\_\_

If Reassigned, Fire Name: \_\_\_\_\_

ETA: \_\_\_\_\_

Expanded Dispatch Notified of DMOB/Travel Y / N

Date/Time: \_\_\_\_\_

**For Heavy Equipment** Make & Model: \_\_\_\_\_

T1 T2 T3 SK1 SK2 SK3 SK4 SK5 (circle one)

Is there a transport with your equipment? Y / N

If YES is there a separate operator? Y\* / N

\*Name of Transport Operator: \_\_\_\_\_

Does equipment have: lights for night operation? Y / N

**For Water Tenders & equipment with water tanks**

Tank Capacity / Gallons: \_\_\_\_\_

Operations or Logistics Potable or Non-Potable

**Finance Information**

Contractor/Cooperator Name: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Point of Hire: \_\_\_\_\_

Hire Date: \_\_\_\_\_

**Operator email address:**Will the transport be retained at incident? Y\*\* / N  
(\*\*NOTE: Ops must designate transport to stay with equipment.)☐ Complete Copy of Contract or Cooperator Rate Agreement☐ Copy of Pre-Inspection

Contracting Officer: \_\_\_\_\_

Contracting Officer Phone / Email: \_\_\_\_\_

**DMOB SIGN-OFF LIST**\_\_\_\_\_ Time/Finance \_\_\_\_\_ (Go here 1<sup>st</sup> to save time)

\_\_\_\_\_ Supply Unit \_\_\_\_\_ Training \_\_\_\_\_

\_\_\_\_\_ Communications \_\_\_\_\_ Weed Wash \_\_\_\_\_

\_\_\_\_\_ Ground Support \_\_\_\_\_ DMOB \_\_\_\_\_ Last

Stop!

\_\_\_\_\_ Other \_\_\_\_\_

SCKN:

Red Card:

Manifest:

eSUITE:

Incident #: \_\_\_\_\_

**AIRCRAFT CHECK-IN SHEET**

A# \_\_\_\_\_

Helicopter Name and Tail # and call sign \_\_\_\_\_  
(Resource name example Helicopter T2S- 205HQ))

Crew Leader Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Item Code: \_\_\_\_\_

Home Unit ID: \_\_\_\_\_ Agency: \_\_\_\_\_ Mob Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check-in Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
(e.g., ID-STF; Listed on red Card) (e.g., NPS, FS, BIA, State, City, Contractor, Cooperator)

Demob City \_\_\_\_\_ Demob State \_\_\_\_\_ Method of Travel: AOV POV Rental AIR Other \_\_\_\_\_ # of Personnel: \_\_\_\_\_  
(Final Destination)

1<sup>st</sup> Full Shift Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_ Coming from another incident? YES NO If yes, Fire Name & 1<sup>st</sup> Day Worked: \_\_\_\_\_

Vehicle Types & IDs: \_\_\_\_\_

Will you be swapping out crew when they reach their 14-day limit? YES NO

Do you have any ATV's or UTV's? YES NO If yes, E# \_\_\_\_\_ ☐ Obtain ATV/UTV Approval from IC

**ROSTER RESOURCE** (leader, crew): If they provide a manifest just attach and don't fill out this section. Confirm manifest is correct

Leader Primary Name _____	Item Code _____	Leader Secondary Name _____	Item Code: _____
Crew Member _____	Item Code: _____	Crew Member _____	Item Code: _____
Crew Member _____	Item Code: _____	Crew Member _____	Item Code: _____
Crew Member _____	Item Code: _____	Crew Member _____	Item Code: _____

**Finance Information**

See Helicopter Module Information form for government crew member information.

**Cost Tracking**

Type of Contract: AMD / FS / State / CWN Daily Availability Applies? YES / NO Exclusive Use Contract Expires: \_\_\_\_\_  
☒ If AOB approved Lodging and M&IE? ☒ Type 1 or Type 2 Restricted HEMG Travel Method: AOV / REN / AIR / AIR+REN  
☒ Verify Aircraft Agency Identification Number List: \_\_\_\_\_ ( e.g. H407, HT411)

**DMOB Section**

DMOB Date/Time (Actual): \_\_\_\_\_ ETD from camp: \_\_\_\_\_  
Destination: \_\_\_\_\_ ETA Home: \_\_\_\_\_  
RON Location(s) /Dates & Times: \_\_\_\_\_ If Reassigned, Fire Name & ETA: \_\_\_\_\_  
Expanded Dispatch Notified of DMOB/Travel Y / N Date/Time: \_\_\_\_\_

**DMOB SIGN-OFF LIST**

_____ Communications _____	_____ Time/Finance _____	(Go here 1st to save time)	_____ DMOB _____	Last Stop!
_____ Weed Wash _____	_____ Supply Unit _____		_____ Training _____	
_____ Ground Support _____	_____ Other _____			

SCCN: \_\_\_\_\_

Red Card: \_\_\_\_\_

Manifest: \_\_\_\_\_

eISUTE: \_\_\_\_\_

DMOB: \_\_\_\_\_



## HELICOPTER MODULE INFORMATION

Module Name: \_\_\_\_\_  
(e.g., Aircraft Tail # if ordered with A#)

Are the crewmembers attached to the ship, or do they have separate O-Numbers? (Check One)    ☐ Attached (ordered with A#)                      ☐ Ordered as Module (ordered with O#)

HEMG Name: \_\_\_\_\_ O- \_\_\_\_\_

SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

HECM Name: \_\_\_\_\_ O- \_\_\_\_\_

SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

HECM Name: \_\_\_\_\_ O- \_\_\_\_\_

SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

HECM Name: \_\_\_\_\_ O- \_\_\_\_\_

SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

HECM Name: \_\_\_\_\_ O- \_\_\_\_\_

SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

HECM Name: \_\_\_\_\_ O- \_\_\_\_\_

SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

HECM Name: \_\_\_\_\_ O- \_\_\_\_\_

SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

**Please ensure that all crewmembers with O-numbers have completed the Check-In process individually.**

## IMT Instructions for Fire Incident Records Management Version 04/06/2010

Incident Management Teams (IMTs) can find complete information and a variety of tools to manage incident records at the NWCG website <http://www.nwcg.gov/committees/incident-records-subcommittee/resources>. The current version of the Interagency Standards for Fire and Aviation Operations (Redbook) also gives direction on incident records management in Chapter 11, p.234. A summary of requirements, guidance and tools follows:

### **Retention Guidance**

Found under "Agency **Policy and Guidance**" on the NWCG website, this reference sheet shows the documents with Permanent retention value that will be transferred to the National Archives by the incident agency. Other documents have Temporary (7 years or less) retention value.

### **Incident History File**

Documents with long-term retention value are compiled at the close of the incident into the "Incident History File" (IHF) per the Redbook, Chapter 11.

IMTs will create an IHF to present to the host unit at close of incident.

Planning Section gathers the Permanent records from the various sections/units where generated to assemble the IHF (see Retention Guidance to identify IHF contents).

Permanent maps should be folded flat and boxed with the rest of the IHF.

File the IHF at the front of the first box of records or in a separate boxes) labeled as "Permanent Records, Incident History File" when documentation is handed off to the host unit.

In event of multiple team transitions, incident records should remain at the ICP so the IHF can be assembled by the final IMT and handed off to the host unit at incident closeout.

### **Graphic Examples for File Organization**

IMTs can download **Graphic Examples for File Organization** from the IMT tools section on NWCG website.

Use (along with the Master Documentation Index) as a guide for standardizing documentation files to minimize problems for incoming teams and to simplify post-incident use.

Distribute graphics or the Master Documentation Index to each section to help organize records.

### **IMT Filing Labels**

Filing labels that mirror the *Master Documentation Index* can be downloaded at the NWCG website. Additional labels can be created by editing the WORD document as needed.

Labels are color coded by functional unit. They can also be printed in black and white.

**Permanent** documents are marked "PERM IHF" for identification when the IHF is assembled.

Sensitive/confidential documents are marked "CONFIDENTIAL" and should be handed off to the appropriate unit official at close of incident.

Labels are available in two sizes (other brands compatible with Avery will also work):

1/5 cut - Avery #5167/8167 mailing labels 1/2" x 1 1/2", 80/page in 4 columns. Fits 1" plastic tab.

113 cut - Avery # 8366 filing labels 11/16" x 37/16", 30/page in 2 columns. Fits 3/4" plastic tab

Tips for use and formatting of labels:

- Download from NWCG site to computer file BEFORE printing labels.
- Labels were created as a Word2007 file. Formatting problems may occur if using Word2003.
- Practice first on plain paper. Hold up to light against label stock. If misaligned, try adjusting top and left margins by going to File, Page Setup, Margins.
- Inkjet ink runs if labels get wet. If wet conditions are anticipated, print out sets of labels on a laser printer pre-incident.

### Organizing Documents in the Files

File documents into standard (non-hanging) file folders and label those file folders.

Place labeled file folders inside labeled hanging files in plastic bins.

Plastic storage bins that accommodate hanging files are recommended for incident records. Stackable bins with a hinged, interlocking lid facilitate transport and storage. These can be reused for other incidents.

DO NOT leave any empty pre-labeled folders in the documentation package when turned over to the host unit. Remove file folders if not used!

### Master Documentation Index Box Indexes

Two types of indexes are available to IMTs on the NWCG website.

The Master Documentation Index can be used both to organize records on the incident and as the final index. When a document is present, check it off. The box # identifies the location of a record when there are multiple boxes. Place it in the front of Box #1. The index is formatted as a 2-column table in WORD. Edit as necessary by deleting documents that don't exist and substituting those needed. Additional rows can be added by right clicking, but adjustments to format may then be needed.

The Box Indexes are intended to be printed on card stock and placed inside front of each plastic bin so the contents of each box can be easily seen. A *Box Index* was created for the IHF and each functional section. Contents can be checked off when present. Indexes can be edited in WORD format as needed.

### Records Retention Kit / Kit Supply Ordering Guide

Pre-assembled Records Retention Kits are available from the fire cache (NFES #2990). See Kit, Records Retention in the NFES catalog for a description.

In addition, the Records Retention Kit Supply Ordering Guide (available on the NWCG website) can be used to assemble a local pre-incident records retention kit or to acquire additional supplies through Supply or Procurement on an incident.

## **Financial and Confidential Records**

Except for the **Final Statement of Costs**, don't mix Finance Section (Fiscal) records with other records. Finance Section records have a different retention period, and the host unit will need to transfer separately to the Federal Records Center.

Sensitive/confidential records covered by the Privacy Act **must be protected**. Social Security Numbers, Tax Identification Numbers, personal information such as personal phone numbers/addresses cannot be left in the documentation package. Hand off to the appropriate agency official at the host unit.

Original **Patient Evaluation (PE)** forms should be given to employee with instructions that it be given to their employer. The PE copy retained by the Medical Unit **MUST** be protected for duration of incident. Post-Incident, additional copies of PE should be destroyed by Medical Unit or the incident agency. **Do NOT leave in incident documentation package.**

## Appendix C: Logistics Toolbox

### Type 3 Incident Start Up Supply Pre-Order

NFES #	Quantity	Description		
		Delegation of Authority		
		WFDDS		
		Quad Maps of fire area		
		Ice		
		Porta Potties		
		Assorted Fruit		
		Hot Dinners, Cold Breakfast, Lunches		
		Fuel		
		<b>TRAILERS (from list)</b>		
		<b>Logistical support (from list)</b>		
		<b>Covid supplies</b>		
OUT OF STATE DISPATCH		Box of Computers /2 Printers (BT Forest)		

## Appendix C: Logistics Toolbox

LINE SUPPLY ORDER FORM									
Date &Time Order Received	Order # (DIVS + #)	Location & Time for Delivery			Mode of Delivery				
		(Division#, Helispot#, Drop Point#, Lat. Long, Spike Camp			(Drive, Helicopter Internal, Long Line, DIVS to Pick up)				
Date: Time:		Location: Date/Time needed:			Ground Support: Helibase: <b>Pick up by /@</b>				
Order received in Communication			Time:		Name:				
Order received in Supply			Time:		Name:				
Order received in Ground Support			Time:		Name:				
Order received by FDUL			Time:		Name:				
Order received by Helibase			Time:		Name:				
<b>Accountable Property #</b>						<b>All crew level orders will be placed through DIVS</b>			
#	Qty	Item		Shipped	#	Qty	Item		
1		Meals: Breakfast			30		Folding Tank (1500 gal) ea		
2		Meals: Lunches			31		Pumpkin, 1500 Gal ea		
3		Meals: Dinners			32		Pumpkin (3000 / 6000 Gal) ea		
4		Meals: MRE's, # of cases 12/case)			33		Hose, 1.5" (100'roll) roll		
5		Water, cubic (5gal) ea			34		Hose, 1" (100'roll) roll		
6		Gatorade Case			35		Hose, ¾ ( Garden) (50'roll) roll		
7		Water Bottled Case			36		Reducer, 1.5" x 1" ea		
8		Toilet Paper roll			37		Reducer, 1" x ¾" ea		
9		Bath in a bag, (100/box) Box/ea			38		Gated Y, 1.5" ea		
10		Batteries: AA Box (24 ea/box)			39		Gated Y, 1" ea		
11		Batteries: Specify Type AAA / C / D ea			40		Gated Y, ¾" ea		
12		Flagging: Specify Type roll			41		Shut-off Value, ¾" ea		
13		Fiber Tape roll			42		In-line T, 1.5" x 1" ea		
14		Parachute Cord ft/roll			43		Nozzle, 1.5" ea		
15		Garbage Bags Box/ea			44		Nozzle, 1" ea		
16		20 Man First Aid Kit ea			45		Nozzle,, ¾" ea		
17		Fusee Case			48		Double female, 1" and 1 ½" ea		
18		Shovel ea			49		Double male, 1" and ½" ea		
19		Pulaski ea			50		Inline tees, 1 ½" – 1" ea		
20		Combi ea			<b>General Kits (Order Gas Separately)</b>				
21		Backpack Pump, full ea			51		Chainsaw Kit ea		
22		Backpack Pump, empty ea			52		Sprinkler Kit ea		
23		Drip Torch, Full ea			53		High Pressure Pump Kit, includes pump and 1 quarts 2 cycle oil ea		
24		Drip Torch, Empty ea							
25		Visqueen feet/roll			54		Lightweight Pump Kit, includes 1 quart 2 cycle oil ea		
26		Foam 5 GAL/ea							
27					55		Volume Pump Kit, includes pump and 2 quarts Oil – SAE 10-30 WT ea		
28									
29	<b>½ MILE HOSE PACKAGE # of Packages ( )</b>			<b>FUEL</b>					
	Item			Quantity	56		Fuel, Unleaded Gal		
	1 ½" Hose			15	57		Fuel, Premium (chainsaws) 89 octane or better <b>(Prefer Ethanol Free)</b> Gal		
	1" Hose			30					
	¾" Hose			15	58		Fuel, Diesel Gal		
	1 ½" – 1" Reducer			15	59		Fuel, Drip Torch (3:1 mix) Gal		
	1" Nozzle (KK/Forester)			15	<b>Oil</b>				
	1 ½" Y			15	60		Bar Oil QT/Gal		
	1" – ¾" Reducer			15	61		2-cycle oil: Saw ea		
	¾" Y			15	<b>Air Support</b>				
	¾" Nozzle			15	62		Swivel, size: _____ ea		
	1" and 1 ½" double female			3	63		Lead line ea		
	1" and ½" double male			3	64		Cargo Net, Size: _____ ea		



## Appendix D: Finance Toolbox

### 1. Wyoming Type 3 Finance Package Guidelines

These guidelines may be used by the incident agency to identify the Type 3 Finance requirements for the IFP (Incident Finance Package) and may be amended to meet agency-specific requirements.

#### 1.1. TIME UNIT DOCUMENTS Digital signatures and copies of CTR's, Shift Tickets, OF-288's, OF-286's, etc. can be accepted as circumstances arise requiring the use of remote or virtual Finance.

Emergency Firefighter Time Reports, OF-288.

Attach Crew Time Report, (CTR) SF-261 to the OF-288 it belongs with.

Provide written documentation on outstanding items, unresolved issues, and problems.

##### A. Crews:

File copies are to be grouped by crew, alphabetized within the crew, and labeled with crew name. Provide a copy of crew agreement if applicable.

##### B. Regular Government Employees and Cooperators:

###### (1) Crews:

File copies are to be grouped by crew, alphabetized within the crew, and labeled appropriately.

###### (2) Single Resource:

Alphabetize file copies and label appropriately.

#### 1.2. COMPENSATION FOR INJURY DOCUMENTS

1. Provide written general narrative that documents actions and decisions of the Injury Compensation Specialist or Compensation Claims Unit Leader without including any Privacy Act protected information.

Examples of information for the narrative include: statistical information re: number of claims filed, number of medical authorizations issued, etc.

2. Injury Compensation Documents.

No injury/illness claim documentation shall be kept.

A. Submit original Injury/Illness Log.

B. Destroy temporary copies of claim documentation

#### 1.3. CLAIMS INCIDENT DOCUMENTS

1. Provide written documentation on all outstanding items, unresolved issues, problems, etc. Include recommendations for resolution.

2. Claim Documents.

A. Submit original Claims Log.

B. Personal Property Loss/Damage Claims: Utilize the Incident Claims Case File Envelope.

Provide original documentation including written claim, supervisor statement, investigation report, etc. Include incident recommendations as appropriate.

C. Potential Claims: Utilize the Incident Claims Case File Envelope. Provide documentation (pictures,

statements, written reports, maps, etc.) on all potential claims. Include incident recommendations as appropriate.



1.4. PROCUREMENT EQUIPMENT) DOCUMENTS Digital signatures and copies of CTR's, Shift Tickets, OF-288's, OF-286's, etc. can be accepted as circumstances arise requiring the use of remote or virtual Finance.

- a) Equipment Files - **Utilize the Emergency Equipment Rental-Use Envelope, OF-305**; file alphabetically into two groups: Ready for payment and follow-up required. ***CLEARLY identify follow-up needed and any payments that need to be made by paying agency.*** Individual Emergency Equipment Rental-Use envelopes shall include:
- A. Emergency Equipment Rental Agreement, OF-294.
  - B. Vehicle/Heavy Equipment Checklist (Pre- and Post-use Inspection), 0-296.
  - C. Emergency Equipment Shift Tickets, OF-297 (in chronological order).
  - D. Emergency Equipment Use Invoice, OF-286, completed and signed.
  - E. Emergency Equipment Fuel and Oil Issues, OF-304.
  - F. Resource Order Number.
  - G. Emergency Firefighter Time Forms, OF-288, as necessary.
  - H. Any completed Check In Forms.
  - I. Other deduction/credit documentation, e.g., agency-provided repair/parts invoices.
  - J. Documentation of existing or potential contract claims.
  - K. Follow-up required.

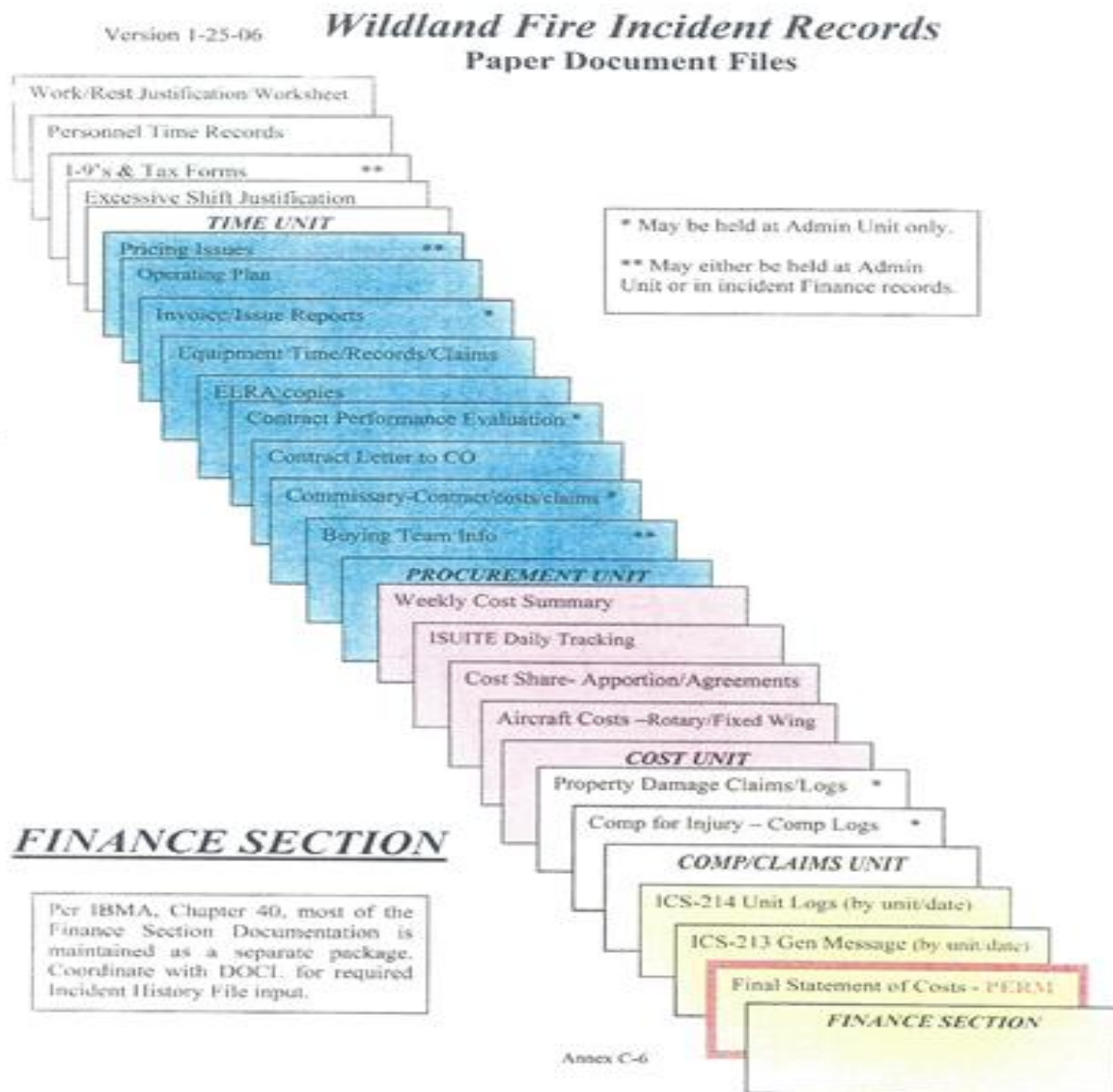
Original documentation is submitted to the payment office designated on the contract/agreement. If a payment office is not designated on the contract/agreement, the jurisdictional agency is responsible for processing payment. Retain a complete copy of all documentation for the Incident Finance Package (IFP).

- b) Provide documentation of all Land-Use and other agreements that have been entered into by the IMT. Documentation shall include:
- A. Original agreement.
  - B. Pre-use and final inspection.
  - C. Release from Liability, if applicable.
  - D. Pictures, statements, etc.
  - E. Identify follow-up needed and provide recommendation for resolution.
- c) Provide documentation of all purchases made by the incident personnel, e.g., agency charge card or convenience check purchases.

1.5. COST UNIT DOCUMENTATION

- 1. Provide written narrative that documents actions and decisions of the Cost Unit Leader.
- 2. Provide written documentation on all outstanding items, unresolved issues, problems, etc ..
- 3. Submit original Daily Cost Estimates with supporting documentation. Sort chronologically.
- 4. Provide originals of cost analysis/projections and cost savings measures.
- 5. Include copies of accrual reports submitted to the incident agency, if applicable.
- 6. Include any other documentation including computer-generated reports, graphs, and printouts.
- 7. Provide copies of cost share agreements.

## 2. Finance Incident Records Files



## ELANACE TOOL KIT

## Links

#### 4. BLY WY Incident Business Operating Guidelines



#### **Bureau of Land Management Wyoming Incident Business Operating Guidelines**

The following outlines standard Incident Business Operating Guidelines for Bureau of Land Management (BLM) Wyoming. These guidelines emphasize the critical financial and administrative procedures to be followed on incidents and are intended to complement the NWCG Standards for Interagency Incident Business Management (SIIBM) which provides national direction and highlights the geographic area supplements to the handbook. These guidelines are provided to support Incident Management Team (IMT) operations and to provide consistency in incident business management operations.

Any changes to these guidelines will be negotiated with the Agency Administrator, Incident Business Advisor and the State Incident Business Lead.



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## **Incident Business Advisor (INBA)**

The INBA reports to and is supervised by the Agency Administrator (AA). The primary duty of the INBA is to provide the AA with an overview of business administration of the incident, to identify any significant issues in the finance area, and to make suggestions for improvements when needed. The INBA is a subject matter expert in fire business management with national, regional, and local knowledge. Specific responsibilities are further defined in the INBA Delegation of Authority (Appendix B).

An INBA must be assigned to any wildfire with costs of \$5 million or more. The complexity of the incident and the potential costs should be considered when assigning an INBA. If a qualified INBA is not available, the AA will appoint a financial advisor to monitor expenditures. Other considerations for ordering an INBA are:

- No qualified personnel on the unit
- Incident business complexity exceeds qualification level of unit personnel
- Unit personnel's regular duties preclude involvement as the INBA to the extent needed
- Multi-agency involvement (local, county, state, Federal, National Guard, U.S. Military, Tribal Government, and FEMA)
- Anticipation of complex incident business management (aircraft, cost share agreements, military equipment, buying teams, payment teams)
- Multiple incidents with IMTs on the Unit
- Impact on unit is anticipated to be of long duration
- Politically sensitive incident

In the absence of an INBA, the AA is responsible for coordinating incident business responsibilities on their unit.

Contact information for the Incident Business Advisor and Agency Administrative Staff is listed in Appendix A.

## **AD Hiring and Support**

All Federal Administratively Determined (AD) exception positions must be approved at the appropriate State level (Contact INBA for additional information).

Hiring Officials shall complete a Single Resource Casual Hire Information Form, PMS 934 at the time of hire. A copy must be attached with each OF-288 submitted for payment. If there are any pay rate changes at the incident, the incident supervisor will record the pay rate/position change on the CTR as well as a general message and note in remarks block of the OF-288; a new PMS 934 is not necessary.

- Casuals (ADs) hired by the Department of Interior (DOI) – OF-288 and other required documentation will be given to the employee upon demobilization for submission through their home units. All DOI AD travel will be processed by the home unit and not by the IMT on the OF-288.
- Casuals hired by the Forest Service (FS) – OF-288 and other required documentation should be submitted directly from the incident to the Albuquerque Service Center (ASC).
  - Travel reimbursement for FS casual employees should be processed by IMTs or hiring units for incident assignments utilizing the OF-288 whenever possible. For additional guidance on items that should and should not be reimbursed utilizing the OF-288, see the 2019 FS Casual Hire Travel Process: [https://www.fs.fed.us/sites/default/files/2019-04/2019\\_usfscasualtravelpolicy.pdf](https://www.fs.fed.us/sites/default/files/2019-04/2019_usfscasualtravelpolicy.pdf).

Subsistence guidance for ADs:

- AD employees will be subsisted by the Agency whenever possible.
- ADs are expected to be self-sufficient and may have to incur out-of-pocket expenses. Out-of-pocket expenses must be authorized in advance before reimbursement can be made. If out-of-pocket expenses are incurred while on incident where adequate food and lodging are being provided, a justification from the IMT FSC or hiring unit is required in order to be reimbursed for those expenses. The agency may provide lodging and meals as dictated by the situation.
- Transportation of ADs to and from incidents and/or pre-authorized pre-season training will coordinate through dispatch. The ADs method of transportation will be indicated on the Single Resource Casual Hire Information Form (PMS 934). Air transportation will usually be arranged and paid for by the Government.

Forest Service and Department of the Interior AD Pay Plans can be found at:  
<https://sites.google.com/firenet.gov/incident-business-toolbox/home>

## **Work Rest Guidelines**

To maintain safe and productive incident activities, incident management personnel must appropriately manage work and rest periods, assignment duration and shift length for personnel including casuals, (AD), contracted crews, and Emergency Equipment Rental Agreement (EERA) resources.

Work shifts that exceed 16 hours and/or consecutive days that do not meet the 2:1 work/rest ratio should be the exception and no work shift exceed 24 hours. However, in situations where this does occur (for example: initial attack), personnel will resume 2:1 work/rest ratio as quickly as possible and mitigate where possible.

The Incident Commander (IC) or AA must justify work shifts that exceed 16 hours and those that do not meet the 2:1 work to rest ratio. Justification will be documented in the daily incident records or with employee time records on initial attack.

## **Compensation for Injury and Agency-Provided Medical Care**

If a DOI employee is injured submit all paperwork to the employee's home unit as soon as possible.

If a Forest Service employee is injured see Appendix C for processing ASC-OWCP information to ASC-OWCP.

If State employee is injured refer to the SIIBM Rocky Mountain Area (RMA) Chapter 50 Supplement to the pertinent state section.

Additional Information is provided in the RMA Claim Matrix (Appendix C)

## **Acquisition**

Additional Reference Material: SIIBM RMA Chapter 20 Supplement

Placing orders for tactical and support water tenders require the type of tender be identified on the resource order.

The IMT will not sign up any resources that did not go through proper dispatch channels unless prior approval is obtained from the AA, State Incident Business Lead, or INBA.

Most items under Equipment Hire have been competitively solicited and should not be signed up outside of the national solicitation process unless the Dispatch Priority List (DPL) has been exhausted. If that is the case, resources may then signed up as an Incident Only EERA utilizing the specifications and terms and conditions in

the national solicitation templates posted at: <http://www.fs.fed.us/business/incident/solicitations.php> or the SIIBM RMA Chapter 20 Supplement

Also, utilize the 90% rates posted at <http://www.fs.fed.us/business/incident/viprreports.php> or the SIIBM RMA Chapter 20 Supplement: Incident Rates Only Guide. Resources should be ordered in accordance with the National Mob Guide for these types of equipment.

These resources should be ordered through our Resource Ordering System (ROSS). When equipment resources are not found in ROSS, expanded dispatch may elect to have the Buying Team or local procurement locate and fill the resource order.

### **Land Use and Facility Agreements**

If no agreement exists, the IMT will coordinate with the local AA or INBA to determine appropriate use and rates.

All facilities and land used by the incident will be under agreement, including no cost agreements. Any exceptions will be approved by the AA, or INBA.

All rental equipment, with the owner's concurrence, will have a lease purchase clause inserted in the procurement document to allow maximum flexibility to meet cost effectiveness goals.

See Land Use Agreement Template (Appendix D)

### **Contractor Performance Evaluations**

Performance evaluations for contractors will be collected by finance personnel and mailed to the appropriate Contracting Officer prior to the incident closeout. If time does not allow for mailing, finance personnel will prepare the evaluations and give them over to the host agency for mailing.

### **Buying Team Procedures**

SIIBM RMA Chapter 40 Supplement provides information on guidelines and procedures of a buying team in Rocky Mountain Region.

The INBA will consult with the AA, IMT and the Buying Team Leader to determine when to release a Buying Team.

### **Supplemental Food and Drinks**

The IMT will follow direction in Chapter 20 of the SIIBM, in regards to supplemental food and drinks. Any supplemental food/drinks provided will require IC justification AND concurrence from the AA. The only acceptable justification is to meet the expanded nutritional needs of firefighters performing prolonged or arduous work.

Supplemental foods are not authorized for mobilization centers, staging areas or personnel not engaged in work on the incident. No other supplemental food or drinks shall be authorized. Purchasing jerky products, chips, gum, soda-pop, "designer drinks" and so-called "energy" drink (containing caffeine, guarana, ephedra, and other stimulants), etc. are not allowed.



## Telephones

IMTs will be authorized use of their government cell phones when ordered. When fire activity occurs at remote locations where cellular telephone coverage is non-existent, the following policy is established for Incident Resources that are not attached to IMT:

- Where possible the agency will establish landlines for incident use. Agency may approve Satellite Systems.
- If cell phone use is deemed appropriate and necessary for the assignment, the agency may provide cellular telephones and/or satellite cell phones.
- No cell phone purchases shall be made using an Incident Cost Code.

## Purchase/Rental Property

In accordance with the Federal Acquisition Regulations, the decision to rent or purchase property should be made on a case-by-case basis through evaluation of comparative costs and other factors. The following are factors that should be considered:

- Estimate the length of time the equipment will be used
- Cumulative rental payments for the estimated period of use
- Net purchase price
- Transportation and installation costs
- Maintenance and other service costs
- A rental with purchase option should be used (i.e. fax machines)
- Cost of handling and disposal following the incident

The length of time the equipment will be utilized is often unknown. The use of day/week rental rates may help lower overall costs.

All incident procured property must be returned to the appropriate owner, e.g., incident agency or local, geographic, or national cache. Property procured by the incident that will be retained on the local unit should be communicated to the local incident procurement staff. If property is missing, damaged or unserviceable, complete the Property Loss or Damage Report Fire Suppression, OF-289.

## Rental Vehicles

Vehicle rentals are not authorized unless specified on a resource order and needed for incident operations. Unless a rental car is specifically authorized, personnel without a government owned vehicle will be transported through ground support. IMTs are expected to keep the number of rental vehicles to a minimum.

The National Emergency Rental Vehicle (NERV) BPA is to be used on incidents where one of the following are present:

- The vehicle is anticipated to be traveling off the maintained road.
- The renter needs a 4x4 SUV or Pickup to meet the needs of the assignment.
- The vehicles needed will be managed by ground support or Buying Team and utilized by multiple resources.
- The renter is not self-sufficient or able to procure the vehicle needed for the assignment through the agency standard travel reservation system (TCM, BCD or ETS2)

Rates, damage thresholds, cleaning fees and delivery/drop-off charges have been pre-negotiated. Vehicles are to be requested electronically through <https://sites.google.com/a/firenet.gov/nerv/home> with a valid resource order.

Individuals renting off-road vehicles through the government travel process should be the exception, not the rule and will remain the responsibility of the individual. In order to ensure travel reimbursement for rental vehicles, the individual traveler is required to have the approval to use a rental car noted on their resource order. Individuals who rent a vehicle without having been pre-approved on their resource order run the risk of not being reimbursed and being personally liable for this cost. Damage to a vehicle rented through the agency travel process will be handled through the process established by travel regulations.

Rental vehicles procured on a Government Travel Card cannot be transferred to a Buying Team member, PROC, or any other member of the host unit. A vehicle rented at a commercial facility on an employee's travel card will be the sole responsibility of the employee who initially rented it, to ensure it is returned to the vendor, and payment in full is posted to the employee's travel card.

## Restricted Items

The following items are either restricted from purchasing, or have defined limitations. Take into account the remoteness of the base camp or the distance to a cache when applying this direction. Assigned Supply Unit Leaders and/or Buying Teams will refer to this list when purchasing supplies and services for incident operations.

- Alcoholic beverages of any type are prohibited.
- EpiPens are the responsibility of each individual and should be issued as a personal prescription.
- Local purchase of newspapers for the incident is limited to 5 per day per incident up to 250 personnel. Limit newspapers 1 for every 50 personnel per day on incidents with over 250 assigned personnel.
- Orders for specific magazines, newspapers, or other literature.
- Clothing, buttons, stickers, hats, etc., with special or specific printing, coloring, or logos are prohibited.
- Pillows, sleeping bags, and sleeping pads (other than regular General Services Administration (GSA) or fire cache type).
- Working Capital Fund (WCF) and GSA vehicle modifications/repairs will be coordinated through the local fleet manager.
- Use of motels, hotels, or other commercial lodging should be rare for personnel assigned to an incident base. Any exception must be approved in advance by the AA or INBA. If the request is not approved, employees will not be reimbursed for any expenses incurred and their home unit notified of the denial.
- Fees for the use of recreational facilities (i.e., hot springs).
- Massage or other therapist services.
- Chairs – Utilize local cache resources before renting from an outside source.
- Trailers and motor homes will be for office use only. They will not be used for sleeping quarters.
- Cots, other than those ordered through the cache system, will need to be justified (i.e., health and safety reasons) and approved in writing by the IC and INBA.
- Awards and or gifts of appreciation.
- Plants and flowers
- Any service/supply not deemed necessary for suppression of the fire or essential to the incident. If it is not clear, consult the AA or INBA.

All purchased equipment will be transferred to the appropriate fire cache at the end of the incident. Logistics Unit in conjunction with the BUYT will ensure the local unit is aware of any property item procured for tracking purposes.

## Specialty Items

The AA or INBA must approve rentals/purchasing of the following specialty items and as a guideline, the following items will be tracked with an AD-107/DI-105:

Cameras (digital and video)

Cellular Telephones

Satellite Telephones  
Laptop Computers  
Handheld Radios  
Fax Machines (purchase only)  
Golf Carts  
ATVs/UTVs

GPS Units  
IPad/other "Tablet" type units  
Printers (purchase only)  
Scanners (purchase only)  
Copy Machines (purchase only)

Procurement officials must follow agency regulations when purchasing/renting any of the above items. Accountable property should be procured by local agency personnel whenever possible.

All purchased equipment will be transferred to the appropriate fire cache at the end of the incident. Logistics Unit in conjunction with the BUYT will ensure the local unit is aware of any property item procured for tracking purposes.

## **Property Management**

Use of personal or home unit cell phones, computers, and satellite phones will not be reimbursed, unless approved by the Host/Incident Agency. Home unit project funds are to be used to cover any use charges, loss or damage. If needed for assignment, the incident unit will obtain cellular phones. Orders for cellular phones will be transmitted through dispatch and will be filled per agency regulations. If the resource is ordered with cell phone or laptop, then the home unit can charge the incident for incident related costs only.

IMTs or other incident personnel (e.g., INBA) may authorize replacement of non-NFES or non-standard cache items if delegated authority by the incident agency. If no delegation exists documentation is provided to the incident agency for review and determination. Written documentation is provided to the home unit, authorizing replacement of government property items that have been destroyed or rendered otherwise unserviceable while being used on the incident.

Replacement of non-standard items not procured through mandatory sources of supply (SIIBM RMA Chapter 20 Supplement) may be authorized up to a dollar limit identified through these sources; costs beyond this amount should be covered by home unit program dollars. Prototype equipment will not be replaced with suppression funds. The incident agency may require the damaged property be turned in before replacement is authorized.

No contractor equipment will be replaced through the incident supply cache. Contractors must go through the contract claim process for replacement of lost or damaged items.

Incident replacements should follow direction in SIIBM RMA Chapter 30 Supplement. Only an assigned INBA or the AA can authorize replacement of non-expendable or non-standard cache items. The incident agency should require that damaged property be turned in before replacement or a replacement authorization is issued. Items being replaced due to normal wear and tear should not be replaced with incident funds.

Ordinary Wear and Tear is defined as: Conditions under which equipment and/or supplies are subjected to under normal operations.

During the demobilization process, Agency specific forms (e.g. Forest Service AD-112, BLM DI-103) will be processed when items are not returned to supply. The employee's supervisor will always sign these forms.

All lost, damaged, or destroyed property items to be replaced as part of the incident's cost shall be described as such on an AD-112/DI-103, or assigned to the incident for rehab or mop up (manifest to the Agency). All property left with the Agency at the close of the incident will be properly transferred to the fire cache on an AD-107/DI-105.

## **Cooperative Relations**

Additional Reference Material: SIIBM RMA Chapter 10 and Chapter 50 Supplements provide detailed information on incident business procedures when resources from the states of Wyoming, Colorado, Kansas, Nebraska and South Dakota are utilized on federal fires or when an IMT is on a state fire.



## Claims

**Contract Claims:** Contract claims may be settled by the original contracting officer, or a designated successor contracting officer, acting within their delegated warrant authority and limits set by the incident agency. In the event a settlement cannot be reached and a dispute arises, the written final decision shall be made by the contracting officer initiating the EERA or I-BPA or an agency-designated successor contracting officer. Incident personnel shall not advise, comment or solicit a contractor's claim.

**Tort and Employee Claims:** Before leaving the incident, the Comp/Claims Unit Leader will audit the documentation and prepare a log of all claims, defining what is included and what is left to collect on each claim. The case files should be enclosed in an Incident Claims Case File Envelope (OF-314). The log and envelopes will be given personally to the incident agency claims liaison at the end of the incident.

## Cost Accounting and Cost Share Agreements

**Additional Reference:** Rock Mountain Coordinating Group Agency Payment Toolkit (Appendix E)

**Cost Savings Measures:** Cost efficiency continues to be a primary objective for IMTs. Cost containment efforts should focus on high cost resources, under-utilized equipment, extravagant purchases, sensitive items, and property accountability issues.

Specific cost saving measures will be documented and provided to the AA.

**Cost Shares:** Cost share agreements will follow guidance in the applicable cooperative agreement. Cost share agreements should be drafted as early in the incident as possible.

It is the IMT's responsibility to track and report costs as required by the incident agencies or as outlined in the Cost Share Agreement. The Finance Section will ensure costs are tracked in e-ISuite in accordance with the cost share method utilized.

**Incident Accruals** – All federal incidents with FS expenses involving Type 1 and 2 IMT's are required to send daily accrual reports to the ASC-Incident Finance Branch. These accruals will be sent using the daily export and upload functions of e-ISuite.

For those incidents not utilizing e-ISuite, submit manual accrual information to ASC-Incident Finance Branch. Email to [asc\\_acct\\_ops@fs.fed.us](mailto:asc_acct_ops@fs.fed.us) or fax to 1-866-816-9532.

## e-ISuite Repository Requirements

IMTs are required to upload the e-ISuite database at the end of their assignment. Any usernames/passwords necessary to access the database should also be provided to the host unit. The IMT will not retain any of the e-ISuite information.

IMTs should do the following:

- Create a data transfer file and complete the data transfer to Enterprise:  
[https://famit.nwcg.gov/sites/default/files/eisuite\\_QRC\\_Data\\_Transfer%2020170112.pdf](https://famit.nwcg.gov/sites/default/files/eisuite_QRC_Data_Transfer%2020170112.pdf)
- Upload a database backup at team transition and incident close out to the e-ISuite Data Repository Site: <https://isuite.nwcg.gov/Repository/index.html>.

## Closeout

The Final Finance Package will meet the uniform filing scheme for incident records packages, located at: <https://www.nwcg.gov/committees/incident-planning-subcommittee#collapseTwo>

The expectation is to have all possible payment packages closed out prior to IMT close out. Payment packages should be retained at the BLM Home Unit for processing (unless otherwise directed). For FS jurisdiction, payment packages should be sent directly from the IMT to ASC-IF. All national contract payments and Forest Service sponsored AD payments, regardless of jurisdictional ownership, will be sent to ASC for payment. This includes national caterers.

Any packages not closed out or other outstanding issues will be discussed at the finance package transition, immediately prior to the IMT closeout.

At the end of the incident, the Final Incident Package will be turned in at the closeout to the AA, INBA, or the District or State Incident Business Lead.

The AA in conjunction with the District Incident Business Lead will provide a financial performance rating 60-120 days following the incident. The RMA Finance Evaluation can be found at:  
[https://gacc.nifc.gov/rmcc/incident\\_busn\\_management.php](https://gacc.nifc.gov/rmcc/incident_busn_management.php)

The following BLM Incident Business leads are to be notified and included in the financial closeout of the incident based on the district:

**BLM WY Incident Business Lead Contact**

**High Plains District Contact**

Kayla Davin

BLM WY State Office, Cheyenne, WY

w. 307-775-6054, c. 307-256-2565

**High Desert District Incident Business Contact**

Glenda Lindsay

HDD, Rock Springs, WY

w. 307-352-0265, c. 307-209-1729

**Wind River Big Horn Basin District Incident Business Contact**

Wade Wyman

WRBBD, Worland, WY

w. 307-347-5203, c. 307-388-5144

## Appendixes

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## Appendix A – Incident Business and Agency Contacts

Authority/responsibility for Incident Business Administration practices is delegated to the following agency personnel:

**To be filled out upon arrival of Incident Management Team and/or INBA**

<b>Incident Specific Contacts:</b>	<b>Name</b>	<b>Phone Number</b>
Incident Business Advisor (INBA)	_____	_____
Agency Administrator (AA)	_____	_____
Duty Officer	_____	_____
AD Hiring Contact	_____	_____
Acquisition/Contracting	_____	_____
IT Contact	_____	_____
Law Enforcement	_____	_____
Fleet Contact	_____	_____
Safety Contact	_____	_____

### **BLM Wyoming Incident Contacts by District (Valid thru 2019)**

<b>Wyoming State Office, Cheyenne, WY</b>				
<b>Title</b>	<b>Name</b>	<b>Office</b>	<b>Cell</b>	<b>Other</b>
State Fire Management Officer	Paul Hohn	307-775-6100	307-253-8576	
Assistant State Fire Management Officer	Richard Putnam	307-775-6443	307-350-2207	
State Aviation Manager	Greg Reser	307-775-6237	307-350-2202	
State Fuels Program Manager	Vacant	307-775-6086		
State Fire Planner	Gwenan Poirier	303-239-3689	303-945-6709	
Prevention and Mitigation	Carmen Thomason	307-352-0320		
State Fire Budget/Incident Business Program Lead	Kayla Davin	307-775-6054	307-256-2565	
Radio Program Contact	Vacant	307-775-6488	307-431-4709	
Compensation/OWCP (HIPPA)	Missy Cook	307-775-6352		
Fleet		307-775-6286		
Safety	Matthew Clementi	307-775-6269	307-343-0495	
Acquisition/Contracting Contract Claims	Kelly Palmer	307-775-6056		
Human Resource Officer	Randy Warren	307-775-6037		

High Desert District, Rock Springs, WY				
Title	Name	Office	Cell	Other
District Manager	Tim Wakefield	307-352-0202		
Fire Management Officer	Frank Keeler	307-352-0282	307-350-6994	
Assistant FMO- Operations	Jon Ziegler	307-352-0236	307-350-6996	
Assistant FMO- Fuels	Michael Wengert	307-352-0217	307-250-3027	
District Fire Business	Glenda Lindsay	307-352-0265	307-209-1729	
Radio Technician	James Payne	307-352-0298	307-389-7492	
Safety	Robin Wellhouse	307-352-0350	307-389-2786	
Dispatch Center Manager	Rob Neibauer	307-233-1145		
Unit Aviation Manager (UAM)	Mark Randall	307-367-5350	307-231-9092	

High Plains District, Casper, WY				
Title	Name	Office	Cell	Other
District Manager	Kevin Christenson	307-261-7777		
Fire Management Officer	Kirk Strom	307-261-7690	307-215-4392	
Assistant FMO- Operations	Craig Short	307-261-7696	307-262-2840	
Assistant FMO- Fuels/UAM	Eric Chapman	307-261-7512		
Fire Business	State Lead	307-775-6054	307-256-2565	
Radio Technician	Billy Liska	307-261-7604	307-259-0348	
Safety	Vacant			
Dispatch Center Manager	Rob Neibauer	307-233-1145		

Wind River/Big Horn Basin District, Worland, WY				
Title	Name	Office	Cell	Other
District Manager	Kimber Liebhauser	307-347-5243	307-275-2238	
Fire Management Officer	Richard Zimmerlee	307-347-5188	307-912-2381	
Assistant FMO- Operations	Vacant	307-332-8472		
Assistant FMO- Fuels	Rance Neighbors	307-347-5148	307-431-9878	
Fire Business	Wade Wyman	307-347-5203	307-388-5203	
Radio Technician	Randy Savage	307-347-5184	307-431-4543	
Safety	Vacant			
Dispatch Center Manager	Katie Williamson	307-578-5757	307-921-1422	
Unit Aviation Manager (UAM)	Henry Gilliland	307-587-5900	406-740-0768	



## Appendix B – Incident Business Advisor Delegation of Authority

Date: \_\_\_\_\_

Route To: \_\_\_\_\_

Subject: Delegation of Authority, Incident Business Advisor (INBA)

To: Incident Business Advisor, (Host Agency) \_\_\_\_\_

This letter authorizes *(name)* \_\_\_\_\_ to act as an Incident Business Advisor (INBA) for the \_\_\_\_\_ *(district name)*. The INBA works as a liaison and advisor between the \_\_\_\_\_ (Agency) and the Incident Team(s) for all issues related to incident business management.

Specific responsibilities include:

- Maintaining close communication with the Incident Commander, Finance Section Chief, and other members of the Incident Management Team, Area Command Team, and other administrative sections within the host agency.
- Coordinates with Finance Section Chief for a daily flow of information. This will include a report of current progress of incident business administration operations and copies of the current cost projections and obligations.
- Attends incident planning meetings. Represents the agency and assists the Incident Management Team in strategic cost planning, transitions or significant changes in status.
- Provides guidance to administrative representative or agency administrator for the need to assign a Liaison to ensure all payment packages are complete prior to transmittal to a Payment Center.
- Represents the agency in cost management activities and works with the team to ensure cost control measures and other fiscal controls are in place. Specifically, the INBA will monitor, track and document their involvement in cost containment items such as WFDSS, Cost Share Agreements, and daily costs/obligations COST reports. Special emphasis will be placed on reviewing large cost centers.
- Will review questionable orders as requested by the Buying team or Expanded Dispatch, and hold until clarification is made with the IMT. Questionable items, which cannot be resolved between the IMT and the INBA, will be discussed with the Agency Administrator for resolution.
- Provides advice to the agency and the Incident Management Team(s) concerning local, regional and national incident business management policies. The INBA will provide communication links, guidance, and advice to facilitate efficiency in business management practices.
- Reviews incident business administration practices to ensure compliance with approved practices, and obtains necessary information or interpretations of laws, regulations, and agreements as needed to efficiently and effectively accomplish administrative practices.
- Specifically monitors business administration activities at Expanded Dispatch, Buying Teams, ICP or any other sites that may support the incident. The INBA has full access to any and all administrative functions of the incident, and is expected to make frequent site visits to all support locations.
- Verify the Incident Management Team has an established process to ensure that property is tracked, recovered, and/or disposed of properly on the incident
- Advises the Incident Commander, Agency Administrator, agency administrative representative and/or interagency coordinating groups such as MAC and Area Command teams of the need for special support units such as Buying Units, Payment Liaison Teams, Claims Teams, or other support as needed.

- Participates in the Incident Management Team initial briefings and exit meeting and provides a critique of team incident business activities to both the Agency Administrator and the team.
- Represents the agency in other related activities as needed and identified by the Agency Administrator or as requested by the Incident Commander or Area Command.
- Provides briefings to the Agency Administrator, MAC, Area Command and agency administrative representative, as needed.

The INBA is the primary point of contact, but coordination will be maintained with \_\_\_\_\_.  
(Agency Administrator)

cc: District Managers; Incident Management Team

## Appendix C – Rocky Mountain Area Claims Matrix

ROCKY MOUNTAIN AREA AGENCY CLAIMS MATRIX					
Common Claim Examples	Employee Claim for Loss or Damage to Personal Property, OI 389 or 385 282	Motor Vehicle Accident Report, SF-91	Statement of Witness, SF-91	Claim for Damage, Injury or Death, SF-95	Fire Property Loss or Damage Report, OI 289
Reduced Employee Personal Property	Form should be completed for all Employee Claims for personal property loss or damage.				OI 389 should be completed at the incident. Approval is required before replacement or repair per federal guidelines.
State Employee Personal Property	The state may have their own form or process. Submission of these forms may be used to internally begin the claim process.				OI 289 is recommended to be completed at the incident.
Cooperative Equipment of Property					OI 289 should be completed at the incident. Approval is required before replacement or repair.
Contractor Equipment or Property		Statement of Witness form may be completed for vehicle accidents and other property loss or damage.		Claim for Damage form should be completed to return property unless to start the process of filing a Tort or Non-Tort Claim.	
Private Land Owner Property Damage				Claim for Damage form should be completed by vehicle property owner to start the process of filing either a Tort or Non-Tort Claim (T only).	
RV Damage: Responsibility of vehicle owner or personal insurance company.	Motor Vehicle Accident Report form shall be completed for all vehicle accidents for documentation of accident.	Optional Form: Statement of Witness form may be completed for vehicle accidents and other property loss or damage.		Claim for Damage form should be completed by the owner(s) to start the process of filing a Tort or Non-Tort (T only) Claim.	
Cooperative Vehicle Damage	Motor Vehicle Accident Report form shall be completed for all vehicle accidents for documentation of accident.	Statement of Witness form may be completed for vehicle accidents and other property loss or damage.			Form should be completed at incident. Repair or replacement of damage per state and/or local guidelines.
General Vehicle Damage	Motor Vehicle Accident Report form shall be completed for all vehicle accidents for documentation of accident.	Statement of Witness form may be completed for vehicle accidents and other property loss or damage.		Claim for Damage form should be completed by owner to start the process of filing a Tort or Non-Tort (T only) Claim. (Subrogation Claims for all vehicle loss or damage).	Form should be completed at incident.

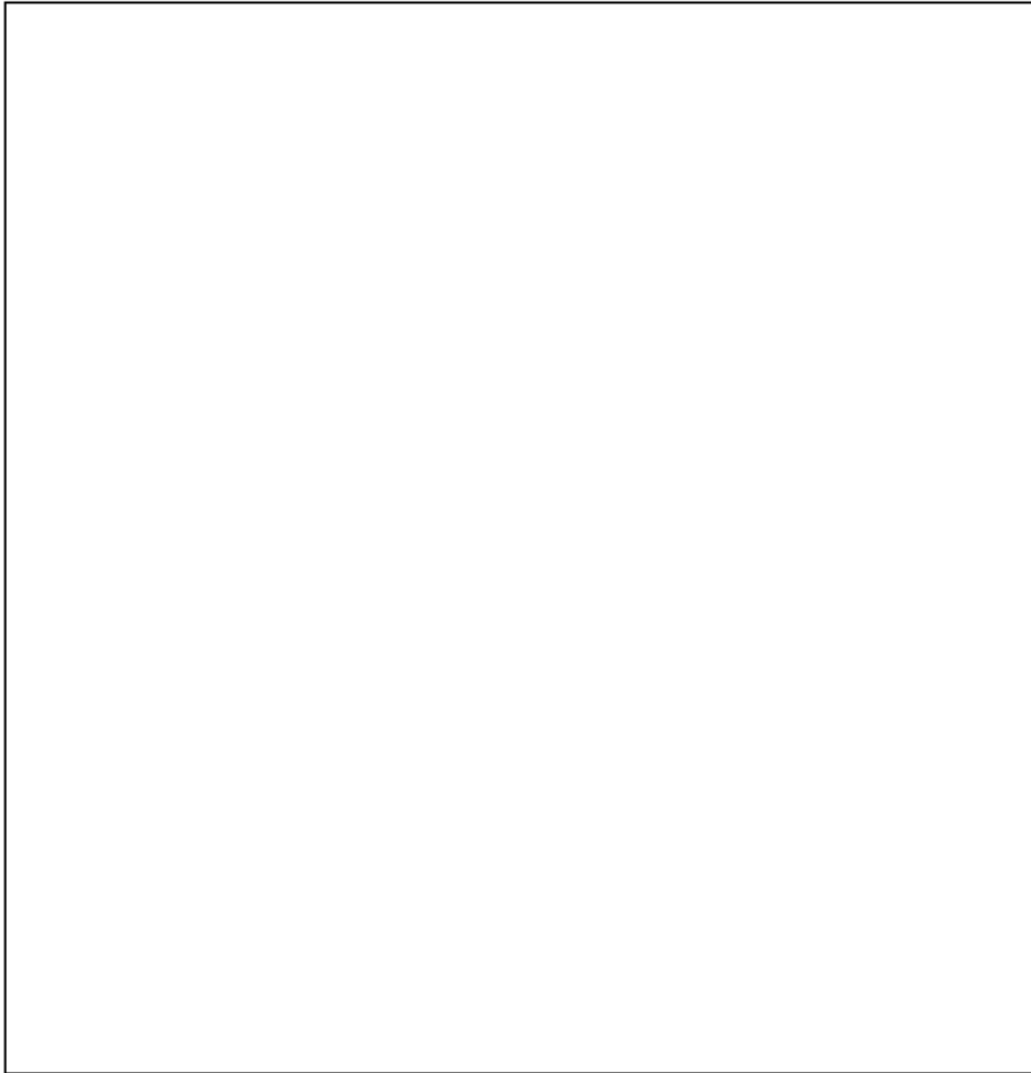
## Appendix D – Land Use Agreement Template

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INCIDENT AGENCY (name, address, phone number)	<div style="text-align: right;">Page ____ of ____</div> <div style="text-align: center;"> <b>AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT AGREEMENT NUMBER</b> </div>	
OWNER (name, address, phone number; include day/night/ecl/fax)  DUNS: EDI/SSN: PAYMENT ADDRESS (Same as above, or _____)	EFFECTIVE DATES a. beginning _____	b. ending _____
TYPE OF CONTRACTOR (X APPROPRIATE BOXES) <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> HUBBUST <input type="checkbox"/> SERVICE DISABLED VETERAN <input type="checkbox"/> PUBLIC ENTITY	INCIDENT NAME:  INCIDENT NUMBER:  RESOURCE ORDER NUMBER:  JOB CODE (#) AND OVERRIDE:	
<p>The owner of the property described herein, or the duly appointed representative of the owner, agrees to furnish the land/facilities for use as _____.</p> <p><b>DISCUSSION OF LAND/FACILITIES:</b> Address or specific location. If street or highway address is unavailable, use distance from nearest city, crossroads, or other significant landmark. The local description of how to get to the land/facilities is also acceptable.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>County: _____ State: _____ Township: _____ Range: _____ Section: _____</p> <p><b>ORDINARY WEAR AND TEAR:</b> Ordinary wear and tear is based on the customary use of the land/facilities, and not the use resulting from the incident.</p> <p><b>RATE:</b> For each month that the land/facilities are used, the Government will pay the rate of \$_____ per month. Ordinary wear and tear is included in the rate. The minimum amount guaranteed to be paid under this agreement shall be \$_____, regardless of the length of use. Payment shall be in accordance with the incident Agency payment procedures. Payment for a lesser period shall be prorated based on a month being 30 days and rounded to the nearest dollar.</p> <p><b>UTILITIES AND SERVICES:</b> (check only one)</p> <p><input type="checkbox"/> The above rate includes utility charges for the following: <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> WATER <input type="checkbox"/> TOILET SUPPLIES  <input type="checkbox"/> JANITORIAL SERVICES &amp; SUPPLIES <input type="checkbox"/> TRASH REMOVAL <input type="checkbox"/> SEPTIC SERVICE <input type="checkbox"/> EXISTING TELECOMMUNICATIONS</p> <p><input type="checkbox"/> The above rate excludes utility charges. The Government will pay to the owner the sum determined due by the Contracting Officer based on: _____.</p> <p><b>RESTORATION:</b> Restoration beyond ordinary wear and tear. (check only one)</p> <p><input type="checkbox"/> The above sum includes Government restoration of land/facilities. Restoration shall be performed to the extent reasonably practical. Restoration work includes: _____.</p> <p><input type="checkbox"/> The above sum excludes restoration of land/facilities. Reasonable costs incurred by the owner in restoring land/facilities to their prior condition shall be submitted to the Contracting Officer.</p> <p><b>ALTERATIONS:</b> The Government may make alterations, attach fixtures or signs, erect temporary structures in or upon the land/facilities, install temporary conduits, trenching for utilities, which shall be the property of the Government. Alterations will be removed by the Government after the termination of the emergency use, unless otherwise agreed.</p> <p><b>ORAL STATEMENTS:</b> Oral statements or commitments supplementary or contrary to any provisions of this Agreement shall not be considered as modifying or affecting the provisions of this Agreement.</p> <p><b>CONDITION REPORTS:</b> A joint pre and post-use physical inspection report of the land/facilities shall be made and signed by the parties; the purpose of the inspections shall be to reflect the existing site condition. Refer to attached Checklists.</p> <p><b>OTHER:</b> Describe in detail: _____.</p> <p><b>TERMS AND CONDITIONS:</b> See attachment.</p> <p><b>CHECKLIST(s):</b> See attachment.</p>		

Agreement No: \_\_\_\_\_

Fill in the following drawing showing the land/facilities under agreement. Include buildings, roads, paved areas, utility lines, fences, ditches, landscaping and any other physical features which help describe the area.



**ADDITIONAL CLAUSES:**

The Attached Federal Acquisition Regulation (FAR) Clauses apply to this agreement.

OWNER / OWNER'S AGENT SIGNATURE.	DATE.	CONTRACTING OFFICER'S SIGNATURE.	DATE.
PRINT NAME AND TITLE.		PRINT NAME AND TITLE.	
PHONE NUMBER (if different from Owner's)		PHONE NUMBER.	

[illegible]

Date: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

**REMARKS:**

Date: \_\_\_\_\_

## Appendix E – Rocky Mountain Area Agency Payment Matrix

ROCKY MOUNTAIN AREA AGENCY PAYMENT MATRIX					
AGENCY	ADs	PAYMENTS	TRAVEL	AGENCY EQUIPMENT	WORKERS COMPENSATION
BUREAU OF INDIAN AFFAIRS	Sent back with the AD for the home unit to process	Processed by the incident agency and/or a payment team	Home unit processes	NA	Original paperwork goes home with the Crew Boss or mailed to the home unit. PUC Employee home unit compensation coordinator
BUREAU OF LAND MANAGEMENT	Sent back with the AD for the home unit to process	Processed by the incident agency and/or a payment team	Home unit processes	NA	Mail original paperwork to the home unit. POC Employee home unit compensation coordinator
NATIONAL PARK SERVICE	Sent back with the AD for the home unit to process	Processed by the incident agency and/or a payment team	Home unit processes	NA	Mail original paperwork to the home unit. POC Employee home unit compensation coordinator
U.S. FISH & WILDLIFE SERVICE	Sent back with the AD for the home unit to process	Processed by the incident agency and/or a payment team	Home unit processes	NA	Mail original paperwork to the home unit. POC Employee home unit compensation coordinator
U.S. FOREST SERVICE	<p>Uploaded to ASC via eTrans.</p> <p>Original CU 289 with attachments sent overnight to ASC.</p> <p>Albuquerque Service Center</p> <p>Incident Finance-Central Pay 1010</p> <p>Sun. Avenue NE</p> <p>Albuquerque, NM 87109</p> <p>(877) 373-7340</p>	<p>Original invoice with deductions if applicable. If agreement are sent overnight to ASC from the incident.</p> <p>USDA Forest Service</p> <p>ASC-Incident Finance-CIBS</p> <p>1010 Sun. Ave NE</p> <p>Albuquerque, NM 87109</p> <p>(877) 373-7340</p> <p>(Does not apply to Cooperative Agencies)</p>	<p>ADs processed on GS-260 via eTrans or the official electronic travel system in accordance with 2010 General Use Travel Process. (877) 373-7340</p>	NA	<p>Authorized Forest Service employees can centrally access eSafety via one link on the ConnectedR dashboard. If you are a non-authorized user, you will access eSafety by clicking a URL link provided by your supervisor. Otherwise, upload CA 1 or CA 2 faced to 866 839 8501 and eSafety to USDA Forest Service, ASC-Incident Resource Management, 2900 Marshall Street, NE WC Annex, Albuquerque, NM 87109, (877) 373-7340 Option #2</p>





## Appendix E: Safety Toolbox

### I. ICP/**Spike** Safety Plan

Insert Name of IMT

ICP Safety Plan

Insert Name of Fire

We want all personnel on this incident to have a safe and enjoyable assignment. As an Incident Management Team (IMT), we have a few basic safety rules that are standard for everyone's safety and wellness.

**Safety is our #1 Goal for all incident activities!!! Please report unsafe situations to any Team member as soon as possible. Please take the time to correct unsafe situations that you find! If unsafe situations are not corrected, please contact the Safety Officer or IC.**

#### **EMPLOYEE SAFETY!WELFARE & SECURITY**

This plan addresses basic employee safety, security, and welfare, Stay in Place, and Evacuation protocols applicable to a typical ICP/Base Camp/**Spike Camp** environment, that are applicable to most fire or all risk incidents. The Command and General Staff (C&GS) will determine when and if the Stay in Place or Evacuation procedures (outlined below) should be implemented. Agency specific protocol is located in the Red Book page 07-14, and will serve as a reference for evacuation and stay in place procedures planning.

The Medical Unit Leader (MEDL) will be designated as the "Lead" for handling medical emergencies at ICP.

**Personal Protective Equipment (PPE)**, commensurate with the task, will be worn when performing duties around camp. This includes tasks associated with vehicles, mechanized equipment, tool use, for sharpening, loading and un-loading trucks, and handling of fuel and fuel containers. PPE includes: 8" boots, hard hats, long sleeve shirt, approved safety glasses or goggles, and gloves, as required by the task to be completed. **PPE for those performing extra cleaning to include rubber or nitrile gloves, face mask, eye protection (face shield or other), and disposable gowns (if available).**

For safety reasons, **no swimming** is allowed in rivers, lakes, or hot springs.

Smoking within the ICP is allowed only in designated smoking areas. No smoking is allowed in the sleeping areas, food unit, and shower area.

**INSERT NAME OF IMT** does not have a "Closed Camp" policy. **However**, we request that you represent the firefighters of this incident with honor, dignity, and professionalism while assigned to the incident, both when **ON DUTY and AFTER HOURS**. This includes the main ICP, all spike camps, and surrounding communities. Inappropriate behavior will not be tolerated.

ICP Situational Awareness: 10 mph speed limit in, and around ICP. Traffic may be designated "One Way" in various areas of the ICP-watch for road signs. Please park in designated areas, and not on the roads in the sleeping area. A mix of personnel, tents, and vehicles in sleeping areas is a deadly combination.

### Hygiene Relative to Disease Prevention:

To promote personal hygiene, and the well being of personnel assigned to the incident, all persons **must wash their hands** before **eating**, and after using the restroom facilities. **Social distancing, use of masks in close quarters when feasible, and hand sanitizing needed, along with agency specific cleaning of fleet. Perform daily “Am I Fit” application of RMACC screening tool and ensure self-care is occurring. “Module As One” camp settings will be utilized, and avoid intermingling with other crews. Briefings will be done as remotely/spaced as possible. Food will be served in single unit servings, with supplemental foods provided, as feasible. PPE for those receiving/distributing food is face masks and nitrile gloves.**

Refrain from keeping food, candy, and other sweets in tents/sleeping areas. Bears and small disease bearing mammals can be attracted to these items.

### WORK ENVIRONMENT/HUMAN RELATIONS

No illegal drugs or alcohol are permitted on this incident. Violators will be sent home immediately, and a letter will be sent to the home unit supervisor. This "ZERO TOLERANCE POLICY" is mandated by this Incident Management Team (IMT) and our host agency.

Horseplay is rough and rowdy play that does not contribute effectively to a productive and safe work or R&R environment. Horseplay can often lead to inappropriate behavior such as fighting or harassment. Employees engaged in horseplay that results in inappropriate behavior risk demob at the earliest opportunity with documentation of the behavior sent to the home unit.

### ENVIRONMENTAL HAZARDS

The Safety Officer (SOF) in conjunction with the (C&GS) will develop a system sufficient to address the safety issues associated with the **INSERT NAME OF FIRE**. The following hazards and risks, associated with wildland fire, were identified during the Agency Administrator briefing and Team transition as significant local hazard potentials: **LIST HAZARDS BELOW-THE ONES NOW LISTED ARE EXAMPLES ONLY.**

- Extreme Fire Behavior, due to dry fuels, high temperatures, and low RH's
- Dehydration, and other heat related illness
- Mine Sites and HAZMA T
- Steep rocky terrain
- Driving on all highways and narrow dusty secondary roads within and surrounding the fire
- Public, commerce, and recreational users on Hwy 22, 89, etc.
- Long travel times to fireline, remote camps, and small communities
- Hazard trees
- Snakes and biting insects
- Livestock, including cattle on rangelands, horses, etc.
- Bears in and surrounding the fire area

### ICP HAZARDS (REVISE LIST AS NEEDED)

- Extreme Temperatures
- Windy, Blowing Dust Conditions
- Disease transmission
- Trip/falls
- Wildlife

- Congestion-people and vehicles
- Unsanitary conditions – COVID/Disease risk

## **FIRE CAMP LOCATION**

ICP/ Base Camp is located at **INSERT LOCATION OF CAMP. Include address and lat/long for EMS purposes.**

## **SPIKE CAMP LOCATIONS**

**Spike camps are located at: INSERT LOCATION OF CAMP(S). Include address and lat/long for EMS purposes.**

## **REMOTE/VIRTUAL PERSONNEL LOCATIONS**

**The following team personnel are working remotely and are located at the following locations. They are responsible for their own safety practices but are included for accountability purposes. Remote includes those away from primary camp facilities (motel, etc), while virtual includes employees at home units:**

- **Insert Name, Contact #, Location (address), Virtual or Remote**

## **ICP "RALLY POINTS"**

ICP is generally set up in areas that will allow sufficient space for all resources to **"STAY IN PLACE"** in the event that the ICP is ever threatened by fire, flood, thunderstorms, other severe weather events, or man caused hazards. **However, in the event that a threat poses a hazard to the ICP**, personnel will be advised by the **Communications Unit** (Command and Logistics net, public address speaker system, word of mouth, etc.) to proceed to a pre-determined **"RALLY POINT"**.

- Unit leaders, or designates, will be responsible for personnel assigned to their respective function. This includes a head count at the designated "rally" point by each Section Chief following accountability of personnel.
- Once all personnel are accounted for, instructions will be provided directing personnel to stage at the rally point, return to or stay at the ICP, or evacuate to a different location.
- All ICP personnel will remain at the rally point until released by the IMT. To the extent possible, ICP personnel should group at the rally point by functional area to facilitate accountability.

**The Logistics Section Chief (LSC) will designate an "on-site" rally point for all ICP resources. The "ON-SITE" RALLY POINT for this incident will be the same location used for the morning operations briefing unless changed by the IMT. The LSC will also designate an "off-site" rally point for all ICP resources. The "OFF -SITE" RALLY POINT for this incident will be **INSERT PHYSICAL LOCATION & DIRECTIONS**, unless changed by the IMT. This site should preferably be upwind of the ICP.**

## GLOSSARY

- **Threat:** Any internal or external hazard that endangers the health, safety, or ability of ICP personnel to perform their duties, e.g. burn-overs, micro-bursts, flooding, infectious diseases, HAZMAT spills, propane explosions, explosive treats, toxins, violent offenders, etc.
- **Rally point:** Pre-selected areas both on and off site where personnel can assemble to be briefed, share information, receive directions about necessary precautions to mitigate a threat, and/or be directed back to their work sites or an alternate safer location.
- **Evacuation Plan:** A pre-determined plan for temporarily or permanently evacuating some or all personnel from the ICP, due to the existence of an eminent or likely threat. Time constraints and a sense of urgency are characteristics of an evacuation. An evacuation will be treated as an "Incident within an Incident", and the Operations Section Chief (OSC) will designate an on-scene Incident Commander, i.e. the "Evacuation IC". The "**Evacuation IC**" reports directly to the OSC for the duration of the event.
- **Stay in Place Plan:** Depending on the nature and severity of the threat, and the ability of the IMT to mitigate risks to personnel from the threat, the IMT may deem that staying in place presents less risk to personnel than a whole scale evacuation. A Stay in Place action will be treated as an "Incident within an Incident", and an on-scene Incident Commander will be designated by the OSC, i.e. a "**Stay in Place IC**". The "**Stay in Place IC**" will report directly to the OSC for the duration of the event.
- **Relocation Plan:** A controlled, planned move of the ICP because of a potential future threat to the ICP, or to facilitate more effective incident management. A relocation of the ICP is typically orchestrated by the LSC, and lacks the sense of urgency typical of an evacuation. A relocation of the ICP will not be managed as an "Incident within an Incident", unless requested by the LSC.

**INSERT SIGNATURE**

Incident Commander

**INSERT DATE**

Date

## ICP EVACUATION PROCEDURES

### GENERAL

The procedures outlined below will be in effect after a review of fire activity or other threat adjacent to or within the ICP which poses an immediate threat to the ICP. Immediately upon determining that said threat poses a risk to personnel, the IC will activate this plan. The LSC will contact local agency law enforcement and/or local law enforcement as needed, to ensure their support and assistance with the evacuation.

### EVACUATION/RELOCATION AREA

The relocation area for all personnel evacuated from the ICP/ Base Camp area will be pre-determined in the early stages of the incident by the LSC as part of the risk management process, and coordinated with the C&G Staff, local law enforcement, and host unit. **THE RELOCATION AREA FOR THIS INCIDENT IS** **INSERT DIRECTIONS AND LOCATION.** Travel will be by convoy and supervised by Ground Support.

## **COMMAND STAFF**

The Incident Commander (IC) will:

- Notify the Agency Administrator.
- Coordinate information flow with the designated Agency Representative.
- Oversee overall management of the incident.

The Safety Officer (SOF) will:

- Utilize the Risk Management Process (RMP) in conjunction with the Operations Section Chief (OSC) and the "Evacuation IC" to evaluate the viability of the plan, and the potential impact on fire suppression activities in effect or planned.
- Assist Command & General Staff (C&G) with the evacuation.
- Facilitate an "After Action Review".

The Public Information Officer (PIO) will:

- After approval by the IC and in conjunction with the Agency Representative, prepare a public information release.

## **ALL SECTION CHIEFS & UNIT LEADERS**

- Identify personnel needing to travel prior to planned evacuation and relay to Ground Support and coordinate with the SOF.
- Package and pack essential materials needed for uninterrupted service to the incident.
- Account for all personnel by functional group before and after arrival at the relocation area.

## **OPERATIONS**

- All Operations personnel will be self-sufficient during the evacuation effort. Personnel will remain mobile to meet the operational objectives, and to assist with the evacuation as needed. All personnel should be available to work without logistical support for two operational periods.
- An Evacuation IC" by the OSC, and will supervise the evacuation and all suppression actions in and around the ICP. {S)he will be responsible for briefing all ICP personnel (including contractor personnel) on the plan, and individual roles and responsibilities.
- The "Evacuation IC", SOF, and OSC will work together closely to determine what if any fire suppression activities may have to be modified or eliminated because of the evacuation.
- If the threat is a potential burn-over, the OSC, SOF, and "Evacuation Ic" will determine if resources are adequate to protect part or the entire ICP infrastructure.
- The "Evacuation IC" will keep the OSC fully apprised of the status of the evacuation, and notify him/her when the evacuation is complete.

## **LOGISTICS SECTION**

Unit leaders have outlined procedures to continue service for firefighting efforts. The following is a synopsis by unit.



- **Medical**
  - Maintain the ability to provide medical services to all personnel at the ICP and fireline.
- **Supply**
  - Camp crews will use busses/vans identified for transportation to the relocation site. Crew leaders must be briefed in advance on protocols to ensure safe and efficient egress.
- **Food**
  - MRE's and water will be distributed or cached for operations and support personnel to ensure firefighting efforts continue for up to 48 hours without any logistical support.
- **Ground Support**
  - Ground support personnel will aid personnel in need of transportation to the relocation facility. All ground support vehicles and drivers must be accounted for during and after evacuation and firefighting efforts.
- **Communications**
  - Communications will remain intact during relocation. Communications personnel will maintain service during the incident from a fixed or mobile unit. A tactical channel will be designated by the LSC as the "Evacuation Tactical Frequency". "Command" will be used as a back-up frequency, but every effort will be made not to overload Command, due to on-going fire suppression activities.

## **FINANCE**

- Items identified to remove or relocate: This includes all pay documents, the financial database, computers, and other personal items.

## **PLANS**

- Coordinate with Finance on removal of database.
- Coordinate with Ground Support on loading and removing documentation to designated area.

## **ICP "STAY IN PLACE" PROCEDURES**

### **GENERAL:**

- The OSC will advise the IC that fire activity does not pose an immediate or unmanageable threat to the ICP.
- The IC will activate the Stay in Place plan.
- A "Stay in Place IC" will be designated by the OSC, and will supervise all suppression and support actions in and around the ICP. {S}he will be responsible for briefing all ICP personnel (including contractor personnel) on the plan, and individual roles and responsibilities.
- The "Stay in Place IC" will ensure that appropriate and adequate internal and external ICP protection measures are in place. Mitigation measures may include thinning, caching of pumps and hoses, building fireline around the ICP, and/or partial evacuation of selected personnel and infrastructure from the ICP.
- All staff areas will provide assistance as needed to Logistics for protecting vital infrastructure in the ICP area.

- All fireline qualified personnel working in camp may be needed in a fire suppression role.
- Nomex, hardhats, and gloves (at a minimum) will be authorized by Logistics for distribution
- **A Tactical channel will be designated by the LSC, as the "stay in place tactical frequency".** "Command" will be used as a backup frequency, but every effort will be made not to overload Command, due to on-going fire suppression activities.
- All external announcements will be approved by the IC
- Each Section Chief shall complete a personnel accountability report.
- All personnel will be in full PPE during the Stay in Place event.
- All Command and General Staff personnel will identify their tent location in sleeping areas to Logistics for emergency recall.

## **COMMAND STAFF**

The Incident Commander (IC) will:

- Notify the Agency Administrator.
- Coordinate information flow with the designated Agency Representative.
- Oversee overall management of the incident.

The Safety Officer (SOF) will:

- Utilize the Risk Management Process (RMP) in conjunction with the Operations Section Chief (OSC) and the "Stat in Place IC" to evaluate the viability of the plan, and the potential impact on fire suppression activities in effect or planned.
- Assist Command & General Staff (C&G) with the Stay in Place event.
- Facilitate an "After Action Review".

The Public Information Officer (PIO) will:

- After approval by the IC and in conjunction with the Agency Representative, prepare a public information release.

## **ALL SECTION CHIEFS & UNIT LEADERS**

- Maintain accountability of all personnel until the threat is declared over by the IC

## **OPERATIONS**

- All Operations personnel will be self-sufficient during the Stay in Place effort. Personnel will remain mobile to meet the operational objectives, and to assist as needed. All personnel should be available to work without logistical support for two operational periods.
- The "Stay in Place IC", SOF, and OSC will work together closely to determine what if any fire suppression activities may have to be modified or eliminated because of the Stay in Place event.
- The OSC and "Stay in Place IC" will determine what resources are needed to implement the Stay in Place plan.
- The "Stay in Place IC" will keep the OSC fully updated on the status of the event, and recommend to the OSC when it can be terminated.



## **LOGISTICS**

- Move tents and other portable equipment to a central location that will not impede ingress/egress of engines and other fire suppression equipment.
- Alert individuals during morning/evening briefings that it may be necessary to relocate tents before leaving ICP.
- Consolidate outlying facilities i.e. ground support, fueling, etc. in a designated area.
- Ensure basic functions such as ground support, medical, and the caterer are functional during episode.
- Designate personnel to protect or cover dumpsters, shower bladders, caterer infrastructure, etc. so that operations can continue during and following the Stay in Place event.
- Turn off air conditioning to buildings and remove propane heaters from yurts.
- Pre-position fire extinguishers near yurts, office tents and trailers.
- Move vehicles to a pre-determined area prior to the onset of the event. This includes leaving keys in vehicles during the Stay in Place scenario.
- Supply unit will consolidate flammables, LPG tanks, fusees, and other potential HAZMA T. Cover above mentioned materials with fire shelters or wrap, and clearly sign as such. Supply unit will contact Operations when mission is completed.
- Supply and Communications Units need to be capable of staying operational during a "Stay in Place" event.
- Ground Support will identify a vehicle and driver to assist Planning Section to carry sensitive documents, database, etc. to a designated area.
- Camp crews will fill a sufficient number of portable back pack pumps, and with direction from the "Stay in Place IC", position pumps in strategic locations. Consider flagging these locations with readily identifiable color of flagging.
- Consider using sprinklers to cover some sensitive areas of camp, such as water storage bladders, caterer's tents and general area, and the LPG storage area.

## **FINANCE**

- Identify items to potentially remove or relocate: This includes all pay documents, the financial database, computers, and other personal items.

## **PLANS**

- Coordinate with Finance on potential removal of database.
- Coordinate with Ground Support on potential loading and removal of documentation to designated area.

# Wyoming Type III Teams

## Medical Incident Within an Incident

### Action Plan

### [[Fire Name]]

*[[ITEMS IN BLUE NEED TO BE UPDATED FOR EACH INCIDENT]]*

**INCIDENT COMMANDER (IC)** is responsible for overall action in case of an “INCIDENT WITHIN AN INCIDENT.”

- On-scene MEDICAL INCIDENT IC completes Medical Incident Report for all medical incidents.

**GREEN.** On occurrence of a “**GREEN**” injury, the closest medical personnel will assess and attend to the patient. The first fireline Supervisor or Leader on scene will take command and inform others in the chain, from TFLD to DIVS to OPS to IC, of the incident. Supervisor or designee will document all information, including times, for safety and medical documentation.

**YELLOW** or **RED INCIDENT.** On occurrence of a “**YELLOW**” or a “**RED**” injury, the closest medical personnel will assess and attend to the patient. The first fireline Supervisor or Leader on scene will become the Medical Incident IC.

- The IC of the Medical Incident within an Incident will follow the procedure and complete the Medical Incident Report in the IAP or IRPG. Medical Incident IC will contact **[[Local Dispatch]]** and declare “**MEDICAL EMERGENCY.**”
- The IC of the Medical Incident will provide all the Medical Incident Report (MIR) information to the Medical Unit Leader. Upon hearing of the incident the nearest DIVS, OPS or SOFR should respond to the scene to assist in any capacity needed.
- Upon arrival at the scene, DIVS, OPS or SOFR should take immediate action to:
  - Confirm who is in charge and continue execution of the IAP Medical Plan.
  - Facilitate travel of Medics to the scene.
  - Secure the scene, identify witnesses for the investigation, and document all actions taken with time and dates.
  - Remove all unnecessary personnel from the accident scene.
  - In consultation with the INCIDENT IC, determine what if any operations should be suspended.
  - Conduct and document an on scene AAR immediately upon conclusion of the Incident within an Incident.
- Immediately upon notification of an incident requiring emergency action, all available Command and General Staff shall report to the **established ICP radio site**. As a group, they shall assist the on-scene commander handling the accident as necessary.

**IC or OPSC will make positive contact with **[[Local Dispatch]]**, inform them of the emergency, and make any requests for additional resources.**

**MEDL will ensure that the primary care provider’s requests are being promptly addressed.**

**IC will inform Agency Administrators of incident, and local host agency of employee(s) shall arrange for home unit notification.**

## **Appendix F: Medical Toolbox**

**PSC will assign a team member to document all communications and will ensure that all required notifications are made and documented.**

Once the care of the patient/patients is ensured, Command and General Staff will meet and follow the **Roles and Responsibilities Checklist (Appendix 1)** to ensure all follow-up actions are being completed.

All information released from the incident shall be through the incident Information Officer with approval of the Incident Commander.

At no time during the incident will the name of the victim(s) be used over the radio.

The need for a Critical Incident Stress Debriefing for incident personnel will be discussed by the Core Team with input from the local unit and involved individuals. The IC will approve such debriefings.

**Should a COVID or other disease suspected incident occur, IC (or as delegated) will inform local County Health official to determine appropriate responses, including a chain of contact, and best practices (isolation/quarantine, testing, etc) for all fire personnel shall be identified. Transport of any suspected cases shall be by those equipped with proper PPE (EMS preferred).**

**APPROVED BY:**

\_\_\_\_\_  
**Incident Commander**

\_\_\_\_\_  
**Date**

## **[[Fire Name]] Cooperator PHONE LIST**

<b>[[Local Dispatch]]</b>	<b>???-???-????</b>
<b>Teton Dispatch</b>	<b>307-739-3630</b>
<b>Casper Dispatch</b>	<b>307-233-1140</b>
<b>Cody Dispatch</b>	<b>307-578-5740</b>
<b>Agency Administrators</b>	<b>???-???-????</b>
<b>Local Agencies (EMS)</b>	<b>???-???-????</b>
<b>Local Health Coordinator (COVID)</b>	<b>???-???-????</b>

# Medical Incident within an Incident

## APPENDIX 1

Green: Minor, non-life threatening.

Yellow: Potentially life threatening needs transport.

Red: Life threatening.

Responsibility	RED	GREEN
YELLOW		
<b>Incident Commander/ Deputy Incident Commander</b>	Ensures the Incident Emergency Plan is implemented.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Notifies Agency Administrator and Geographic Coordination Center. Concur on a course of action for follow up.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Maintains command and control, and evaluates the continuity of operations and incident organization needs.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Determines and communicates the C&G roles and responsibilities in relation to jurisdictional responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Coordinates Critical Incident Stress Debriefing for affected personnel.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Notifies employee's home unit if requested by Agency Administrator.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
<b>Safety Officer Primary:</b>	Coordinates with and supports the <b>Medical Incident IC</b> and Operations Section Chief.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Assists Medical Unit Leader with communications with the hospital and ambulance service.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Initiates the investigation of the incident and recommends the appropriate investigation resources/teams.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Secures witnesses names and initial statements and all evidence relating to the accident.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Obtains sketches and photographs of emergency scene/incident.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Coordinates investigation with Compensation/Claims Unit.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Provide periodic update to safety officers.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Ensure continuity of operations.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
<b>Liaison Officer if assigned. Otherwise C &amp; G will verify these items are addressed as needed.</b>	Coordinates with Operations, Logistics, and Safety to secure scene (as requested).	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Notifies agency having jurisdiction of IEAP activation.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Provides a Liaison to coordinate with supporting agencies (i.e. Home Unit, Red Cross, chaplain).	<input type="checkbox"/> Yes <input type="checkbox"/> Yes
	Coordinates security with Operations Section Chief and Safety Officer as necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes

	Locates and secures personal effects of injured personnel.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Contacts local Sheriff for assistance if requested.			
	Ensures Continuity of Operation within the function		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Provides Public Safety Info to PIO (Evac, Roadblocks, Etc.)		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Assigns a Liaison Officer as a family liaison until transfer is made to a local agency.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Ensures that agency and local law enforcement entities and LOFR are notified so they can implement appropriate security measures for the situation.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Operations Section (Including on-scene Incident Commander)</b>	<b>Medical Incident IC ____</b> - Identifies nature of the incident (auto/aircraft accident, burn over, etc.) and number of individual(s) crews, vehicles, or aircrafts involved.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	<b>Medical Incident IC ____</b> - If needed, implements the Incident Emergency Action Plan, providing coordination between the <b>Medical Incident IC ____</b> and other IMT sections and units.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	<b>Medical Incident IC ____</b> - Identifies number of people involved and their medical condition (Triage).		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	<b>Medical Incident IC ____</b> - Identifies location and (latitude/longitude, Degrees, Decimal Minutes, WGS84) of site.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	<b>Medical Incident IC ____</b> - Ensures immediate medical triage and extrication, treatment, and transportation is implemented. This includes Primary, Alternate, Contingent and Emergent Evacuation Plan (PACE).		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	<b>Medical Incident IC ____</b> - Coordinates and oversees line EMT& Paramedic response to the accident site (utilize closest EMT's including those imbedded in crews, engines, etc.)	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Ensures appropriate incident organization to possibly include Triage, Extrication, Treatment and Transportation Units, Medical Group, etc.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Maintains Continuity of Operations within the Operations Section and organizes appropriately.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Coordinates with Medical Unit Leader for ground ambulance transport, medical supplies and other medical needs.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Coordinates with the Safety Officer, Medical Unit Leader, and Logistics Section for on scene support and location of receiving hospitals for patients.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Coordinates with Air Tactical Group Supervisor for Air-Medical transportation needs.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Identifies special needs, i.e. Law Enforcement, Heavy Rescue, and Haz Mat response.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

	Coordinates with and supports the Safety Officer's investigation and Law Enforcement agencies involved.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Provide periodic update to staff.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

Responsibility <b>YELLOW</b> <b>RED</b>	Action	<b>GREEN</b>
<b>Air Operations or Helibase Mgr. if assigned otherwise C &amp; G will verify these items are addressed as needed.</b>	If aviation accident, contact local dispatch center to activate the "Interagency Aviation Mishap Response Guide and Checklist."	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Maintains continuity of operations within the Air Branch.	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Air Tactical Group Supervisor if assigned otherwise C &amp; G will verify these items are addressed as needed.</b>	Coordinates aviation resources responding to the incident, maintaining coordination of communications with helibase.	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Provides communication for incident if needed. Coordinate aviation resources, including civilian life-flight aircraft if ordered.	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Orders relief Air Tactical Group to maintain the continuity of operations if needed.	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Maintains continuity of operations within the Air Tactical Group.	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Logistics Section Chief</b>	Monitors support functions and assess additional needs.	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Provides ground transportation as needed.	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Coordinates removal of damaged vehicles or equipment.	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Provide periodic update to section.	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Ensure continuity of operation within section.	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
<b>Communications Unit</b>	Upon initial notification the RADO will immediately notify the COML if assigned. <ul style="list-style-type: none"> <li>Clear the designated frequency for all emergency traffic until determined not to be critical or life-threatening, or call 911 as appropriate based on location of injured party.</li> </ul>	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Notify Medical Unit leader.	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Assign <b>Medical Incident IC</b> ____.	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	If Available, INCM will take over radio and RADO will scribe.	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Notify C&G there is an IWI.	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Use Medical Incident Report (in ICS-206 WF and IRPG) to gather initial information from <b>Medical Incident IC</b> ____.	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>
	Ensure Continuity of Operation within Unit	<div></div> Yes <input type="checkbox"/> Yes <input type="checkbox"/>

<b>Communications Unit Leader if assigned otherwise C &amp; G will verify these items are addressed as needed.</b>	Summon all C&G to pre-identified meeting location.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Coordinates radio traffic between <b>Medical Incident IC __</b> , other incident needs and communications unit as needed.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Coordinates with Operations Section Chief on continuity of operations.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Ensures radio traffic is accurately documented.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Prepares narrative package of radio summary for Planning Section (Documentation Unit.)		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Ensure continuity of operation within unit.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Supports responding EMTs/Paramedics.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Ensures documentation of patient conditions and receiving hospitals is coordinated with the finance section.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Medical Unit Leader</b>	Coordinates with <b>Medical Incident IC __</b> , local Emergency Communications Center, and hospital.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Ensures TRIAGE of patients using Medical Incident Report.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Supports responding EMTs/Paramedics.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Ensures documentation of patient conditions and receiving hospital is coordinated with the finance section.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Ensures continuity of operation within unit.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Planning Section Chief</b>	Completes the Wildland Entrapment/Fatality Initial Report (NFES 0869) as needed.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Develops and maintains Incident Emergency Action Plan.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Evaluates and facilitates the implementation of the IEAP.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Facilitates the emergency meeting of C&G members at the designated location.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Ensures continuity of operation within section.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Provide periodic update to section.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Public Information Officer</b>	Designates an IWI PIO.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Collects pertinent IWI information.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Coordinates information release with Incident Commander and Agency Public Affairs Officer.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Coordinates with Operations to assign Information Officers to filed media inquiries at accident scene, medevac area,		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>



	and liaise with hospital spokesperson.			
	Coordinates with LOFR and Logistics regarding roadblocks, evacuations and emergency medical information needs.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Withholds release of personal information until approved by Incident Commander and/or Agency Administrator.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	After approval from IC, coordinates with plans to arrange a briefing at Incident Command Post (ICP) for incident personnel.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Coordinates with <b>Medical Incident IC</b> ___ as requested.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Provide periodic update to section.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Ensure continuity of operation within section.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Orders Additional Staff as needed.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Finance Section Chief</b>	Contacts Incident Business Advisor.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Arrange for off-incident support through agency channels.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Secure incident time records.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Determines Injured Persons Employment Type and Agency		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Provide home unit and emergency contact information to IC.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Assures potential claims information is collected.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Provide periodic update to section.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Ensure continuity of operation within section.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
<b>Human Resource Specialist if assigned otherwise C &amp; G will verify these items are addressed as needed.</b>	Obtain all the information possible – time, place, circumstances.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Determine the extent of the impact – who was impacted directly, who was on site, who heard the radio traffic, who was dispatching, was air ops involved etc.	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Track location work shifts if impacted crews/individuals		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Determines where crews are staying, who the crew boss/rep/company contacts are.		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Consider the cultural needs of crews		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
	Determine if there are direct impacts on the IMT and camp personnel (do they have a close relationship with injured personnel)		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

	Assist personnel by providing phone service if necessary			Yes <input type="checkbox"/>
	Assist IC in coordinating Critical Incident Stress Debriefing for affected personnel			Yes <input type="checkbox"/>