# Wyoming
# Type 3 IMT Operations Guide
# 2024

**APPENDICES**

**A: Incident Commander Toolbox**

**B: Planning Toolbox**

**C: Logistics Toolbox**

**D:  Finance  Toolbox**

**E:  Safety Toolbox**

# Standard Operating Procedures:

1. There are six standing Type 3 teams formed within Wyoming. The teams will be rostered and dispatched from the incident commander's host dispatch center or GACC in 2024. Teams are on a 2 week rotation beginning June 23rd and ending in September. If a team is assigned during its rotation period, the next team in rotation does not immediately come up. Requests for additional type 3 teams will be filled from the cadre list or other availability lists to form an "Ad Hoc" team. Ad Hoc 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 Wednesdays prior to the next team's on call availability period, the Wyoming FMO Group members or actings will review indices, current/predicted wildfire situation, expected weather and resource availability to decide the teams availability broadness. The Group uses two levels of availability broadness:

    1. State of Wyoming and Black Hills NF only (excluding Yellowstone NP)
    2. National Availability

3. On each Friday prior to a team's on-call period a Microsoft TEAMS 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 (State, GACC, national) for team mobilization. The conference call is open and should include representatives from the host dispatch center, team leadership, and the Wyoming T3 FMO Group.

4. When the IMTs are listed as available beyond the local dispatch area, the host Dispatch Center and Wyoming T3 Management Board will communicate their status to the appropriate GACC. Any additional status requirements that come with out of area mobilizations will be adhered to.

5. When ordering Type 3 organization, agencies must avoid using teams beyond the Type 3 complexity level. Current incident complexity guidelines (such as those in the Interagency Standards for Fire and Fire Aviation Operations handbook) will be utilized to determine incident complexity. Circumstances may exist where a transition to a complex 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. An ICT3 trainee list has been developed and prioritized. IC's will be responsible for reaching out to the next available trainee based on the priority list and have them rostered with they're team. Other team members trainee assignments will be at the discretion of the team C/G and utilized as much as possible during incidents. The IC will determine how many and what positions will have trainees assigned.

8. 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.

9. 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 may be conducted via radio.

10. The Incident Commander is responsible to establish a clear chain of command.

11. 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.

12. 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.

13. The IC, Operations and Logistics must work closely to ensure ordering is consolidated and orders placed in a timely fashion. Host unit dispatch centers will work with the team to ensure adequate staffing for placing orders is available and assist the teams in local ordering protocols.

14. The center manager should monitor the incident's impacts on the dispatch center operations to consider activating expanded dispatch when necessary.

15. 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.

16. 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.

17. Teams will work with host unit dispatch if a night shift is needed and points of contact. Teams will try to give as much advanced notice to host dispatch centers as possible for dispatcher staffing needs to be available for night shifts.

18. 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).

19. The IC can modify team structure to meet their needs as long as agency policy is adhered to.

20. 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.

21. 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.

22. 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.

## 2024 Type III IMT Rotation
The two-week on-call period runs from 0001 hours MDT on Sunday to 2400 hours MDT on Saturday.

| Team | Availability Dates |
|---|---|
| 1-Tim Sherwin/Kendra Jackson | 6/23-7/6 |
| 2-Travis Pardue | 7/7-7/20 |
| 3-Rich Hayner/Jon Warder | 7/21-8/3 |
| 4-Ron Steffens | 8/4-8/17 |
| Shad Cooper | 8/18-08/31 |
| 6-Josh Erickson | 09/1-09/14 |

TYPE 3 INCIDENT COMMANDER PRIORITY TRAINEES:  When a team is dispatched a trainee will be as assigned based on the prioritized list below and the trainees availability.  The IC will ensure the IC trainee is rostered with the teams host dispatch center: 1. Shad Cooper, Sublette County Fire Chief, Wy State- available for any team, ptb is 99% complete

1. Matt Weakland, Powder River RD FMO, Big Horn NF, available for any team, ptb is 99% complete
2. Eric Neiswanger, Interagency Fire Planner, BTNF, available for any team, ptb is 99% complete
3. Andy Williams, Recreation, HDD BLM, available for any team, ptb is 90% complete
4. Robert (BJ) Clark, Albany County Fire, Wy State, available for any team, ptb is 10% complete
5. Zachary Hartshorn, Fire, HDD BLM, available for any team, ptb is 0% complete
6. Samantha Dvergsdal, Wind River RD Fire, available for any team, ptb is 0% complete
7. Bryan Borgialli, Campbell County fire, available for any team, ptb is 0% complete
8. Steven Nicholson, Big Horn NF Fire, available for any team, ptb is 0% complete
9. Sam Clikeman, Campbell County Fire, available for team 3 only, ptb is 0% complete
10. Jamie Ellington, Wind River Big Horn Basin Fire, available team 3 only, ptb is 0% complete
11. Ryan Deford, Wind River Big Horn Basin Fire, available any team, ptb is 0% complete

# 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[1] 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)
    - o Resource Advisor,
    - o Public Information,
    - o Finance/Procurement,
    - o 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?

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

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

**Great Basin IC Call Information**
Dial in #1-866-753-5926 Passcode- 8110928#

The IC call is held daily at 0800 MDT/0700 PDT when Type 3 or CIMT's are mobilized within the GACC.  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.  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 2024 | |
|---|---|
| **Date:** | **Note taker:** |
| **GB MAC/GACC Coordinator:**<br><br>Agenda/Incident Commander Discussion Points: ***Summarize the following in 4 min or less:***<br>• Fire Size / % contained / # of people / Cost to date<br>• Significant changes since the last 209<br>• BRIEF fire synopsis /Critical Incident Information (use Directional vs DIVS's)<br>• Political Issues / Community Meetings<br>• Closures / Evacuations / Public Safety Issues<br>• Major Safety Concerns / Injuries / Accidents<br>• Critical Resource Needs<br>• Resources Available to Reassign/Share/Demob | |
| **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 will be utilizing Microsoft TEAMS for they're IC calls and the link will be emailed to IC's and duty officers as activity permits.**

## 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: _____    1st Full Shift Worked: ___/___/___

Coming from another Fire?  Y / N   Fire Name & 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-In

Any 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)

## Finance Information

Home Unit Name: _____

Address: _____

Home Unit Phone Number: _____

Home Unit Fax Number:_____

Home Unit Email (time): _____

**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 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

_____ Time/Finance_____ (Go here 1st to save time)

_____ Supply Unit _____        _____ Training _____

_____ Communications _____        _____ Weed Wash_____

_____Ground Support _____        _____ DMOB_____ Last Stop!

_____ Other _____

**SCKN:**

**Red Card:**

**Manifest:**

**eISUITE:**

Form Version 5/7/2018

## Plans Information

Engine Name: _____ Cell

Phone#: _____

              (e.g., PNF 617, Iron Horse #2)

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)

1st Full Shift Worked: ____/____/____    Available for Reassignment? Y / N  (Agency only)

Coming from another Fire? Y / N   Fire Name & 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?

1st Responder _____ EMTB_____ EMT1_____ EMTP _____

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

## 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

### 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

_____ Time/Finance _____ (Go here 1st to save time)

_____ Supply Unit _____        _____ Training _____

_____ Communications _____      _____ Weed Wash _____

**Incident #:** _____          **CREW CHECK-IN SHEET**          **C#** _____

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## 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)_

1st Full Shift Worked: ___/___/___

Coming from another fire? Y / N     If Yes, Fire Name & 1st 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? 1st 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)

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## 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 1st to save time)

_____ Training _____          _____ Communications _____     _____ Weed Wash_____

_____ Ground Support _____          _____ DMOB_____ Last Stop!   _____ Other_____

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## Finance Information

### **AGENCY CREW**

Home Unit Name: _____

Address: _____

_____

Home Unit Phone: _____

Home Unit Fax #: _____

Home Unit Email (time) _____
□ 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: _____

1st Full Shift Worked: ____/____/____ Available for Reassignment? Y / N (Agency only)

Coming from another Fire? Y / N Fire Name & 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 IC

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): _____
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: _____

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**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: _____

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 1st to save time)

_____ Supply Unit _____          _____ Training _____

_____ Communications _____          _____ Weed Wash_____

_____Ground Support _____          _____ DMOB_____ Last
Stop!

_____ Other _____

**SCKN:**

**Red Card:**

**Manifest:**

**eISUITE:**

**Incident #:**_____   <u>**AIRCRAFT CHECK-IN SHEET**</u>   **A#**_____

Helicopter Name and Tail # and call sign_____

<div align="center">(Resource name example Helicopter T2S- 205HQ))</div>

Crew Leader Name:_____ Cell Phone #:_____ 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)

1st Full Shift Worked: ___/___/___   Coming from another incident? YES  NO  If yes, Fire Name & 1st 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: _____

<div align="center">~~Finance Information~~</div>

See Helicopter Module Information form for government crew member information.

<div align="center">**Cost Tracking**</div>

Type of Contract:  AMD  /  FS  /  State  /  CWN      Daily Availability Applies?    YES  /  NO       Exclusive Use Contract Expires: _____

  If AOBD 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)

<div align="center">~~DMOB Section~~</div>

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: _____

<div align="center">**DMOB SIGN-OFF LIST**</div>

____ Communications _____     ____ Time/Finance_____ (Go here 1st to save time)   ____ DMOB_____ Last Stop!
____ Weed Wash_____     ____ Supply Unit _____               ____ Training _____
____ Ground Support _____     ____ Other_____

SCKN: _____
Red Card: _____
Manifest: _____
eISUITE: _____
DMOB: _____

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# 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.**

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 A very will also work):
> 1/5 cut - Avery #5167/8167 mailing labels Yz" x 1 ,', 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 12" 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 of the N W C G 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 cop y retained by the Medical Unit MUST be protected for duration of incident. <u>Post-Incident, additional copies of PE should be destroyed by Medical Unit or the incident agency</u>. **<u>Do NOT leave in incident documentation package.</u>**

# 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 | | |
| | | TRAILERS (from list) | | |
| | | | | |
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| 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 (Division#, Helispot#, Drop Point#, Lat. Long, Spike Camp | | Mode of Delivery (Drive, Helicopter Internal, Long Line, DIVS to Pick up) | | |
|---|---|---|---|---|---|---|
| Date:<br><br>Time: | | Location:<br><br>Date/Time needed: | | Ground Support:<br><br>Helibase:<br><br>**Pick up by /@** | | |

| | | Time: | Name: | |
|---|---|---|---|---|
| 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: | |
| Oder received by Helibase | | Time: | Name: | |

| Accountable Property # | | | | All crew level orders will be placed through DIVS |
|---|---|---|---|---|

| # | 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, cubie (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 | | General Kits   (Order Gas Separately) | | |
| 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 10-30wt |
| 29 | | **½ MILE HOSE PACKAGE**  # of Packages ( ) | | FUEL | | |

| Item | Quantity |
|---|---|
| 1 ½" Hose | 15 |
| 1" Hose | 30 |
| ¾" Hose | 15 |
| 1 ½" – 1" Reducer | 15 |
| 1" Nozzle (KK/Forester) | 15 |
| 1 ½" Y | 15 |
| 1" – ¾" Reducer | 15 |
| ¾" Y | 15 |
| ¾" Nozzle | 15 |
| 1" and 1 ½" double female | 3 |
| 1" and ½" double male | 3 |
| Nap Sack | 3 |

| # | Qty | Item |
|---|---|---|
| 56 | | Fuel, Unleaded  Gal |
| 57 | | Fuel, Premium (chainsaws)  89 octane or better **(Prefer Ethanol Free)**  Gal |
| 58 | | Fuel, Diesel  Gal |
| 59 | | Fuel, Drip Torch (3:1 mix)  Gal |
| Oil | | |
| 60 | | Bar Oil  QT/Gal |
| 61 | | 2-cycle oil:  Saw  ea |
| Air Support | | |
| 62 | | Swivel, size: _____  ea |
| 63 | | Lead line  ea |
| 64 | | Cargo Net, Size:_____  ea |
| 65 | | Slingable Blivet, suppression  ea |

## Appendix C: Logistics Toolbox

| LINE SUPPLY ORDER FORM | | Page 2 |
|---|---|---|

| Date: | | |
|---|---|---|

<div align="center"><b>CHAINSAW INFO</b></div>

| **Division/Branch:** _____ | **Division/Branch Supervisors Name:** _____ |
|---|---|

| **Resource Name and RO#:** | |
|---|---|

| Make: | Stihl          Husqvarna          Other |
|---|---|
| Model: | |
| | **Note number of bars needed next to bar sizes below:** |
| Bar Length | 20"        22""        24"        28"        30"        32"        36"        Other |

<div align="center">For Sprocket (*) and Chain Orders, fill out below</div>

| | **Note number of chains needed here:** |
|---|---|
| # of Drivers | |
| Pitch (*) | ¼"        3/8"        .325"        .404"        3/4"        Other |
| Gauge | 0.43        .050        .058        .063        Other |
| Tooth Layout | Full        Semi-skip        Full Skip        Other |
| Tooth Cut | Chisel        Mirco-chisel        Semi-chisel        Chamfer-chisel        Other |

<div align="center"><b>Misc. Saw Parts</b></div>

| Quantity | Part Name and Number |
|---|---|
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Notes:

| Qty | Additional Items | Shipped | Qty | Additional Items | Shipped |
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# 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. <u>TIME UNIT DOCUMNENTS</u>
    Emergency Firefighter Time Reports, OF-288.
        Attach Crew Time Report, (CTR) SF-26l 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. <u>COMPENSATION FOR INJURY DOCUMENTS</u>
    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. <u>CLAIMS INCIDENT DOCUMENTS</u>
    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 EQUIPMEMNT) DOCUMENTS

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.

3.

## 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!** <u>**If unsafe situations are not corrected, please contact the Safety Officer or IC**</u>**.**

<u>EMPLOYEE  SAFETY!WELFARE  &  SECURITY</u>

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.

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.
- AII 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**                                 **INSERT DATE**
Incident Commander                                       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 Ie" 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 allICP 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 Ie" 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.

**Appendix F: Medical Tool Box**

<div align="center">

**Wyoming Type III Teams**
# Medical Incident Within an Incident Action Plan
## [[Fire Name]]
*[[ITEMS IN BLUE NEED TO BE UPDATED FOR EACH INCIDENT]]*

</div>

**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**

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

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# Medical Incident within an Incident
## APPENDIX 1

Green: Minor, non-life threatening.
Yellow:          Potentially life threatening needs transport.
Red:      Life threatening.

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

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

| | Coordinates with and supports the Safety Officer's investigation and Law Enforcement agencies involved. | | Yes □ | Yes □ |
|---|---|---|---|---|
| | Provide periodic update to staff. | | Yes □ | Yes □ |

| Responsibility YELLOW RED | Action | YELLOW | RED | GREEN |
|---|---|---|---|---|
| **Air Operations or Helibase Mgr. if assigned otherwise C & G will verify these items are addressed as needed.** | If aviation accident, contact local dispatch center to activate the "Interagency Aviation Mishap Response Guide and Checklist." | | Yes □ | Yes □ |
| | Maintains continuity of operations within the Air Branch. | | Yes □ | Yes □ |
| **Air Tactical Group Supervisor if assigned otherwise C & G will verify these items are addressed as needed.** | Coordinates aviation resources responding to the incident, maintaining coordination of communications with helibase. | Yes □ | Yes □ | Yes □ |
| | Provides communication for incident if needed. Coordinate aviation resources, including civilian life-flight aircraft if ordered. | Yes □ | Yes □ | Yes □ |
| | Orders relief Air Tactical Group to maintain the continuity of operations if needed. | | Yes □ | Yes □ |
| | Maintains continuity of operations within the Air Tactical Group. | Yes □ | Yes □ | Yes □ |
| **Logistics Section Chief** | Monitors support functions and assess additional needs. | | Yes □ | Yes □ |
| | Provides ground transportation as needed. | | Yes □ | Yes □ |
| | Coordinates removal of damaged vehicles or equipment. | Yes □ | Yes □ | Yes □ |
| | Provide periodic update to section. | | Yes □ | Yes □ |
| | Ensure continuity of operation within section. | | Yes □ | Yes □ |
| **Communications Unit** | Upon initial notification the RADO will immediately notify the COML if assigned. <br> • 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. | | Yes □ | Yes □ |
| | Notify Medical Unit leader. | | Yes □ | Yes □ |
| | Assign **Medical Incident IC ___**. | | Yes □ | Yes □ |
| | If Available, INCM will take over radio and RADO will scribe. | | Yes □ | Yes □ |
| | Notify C&G there is an IWI. | | Yes □ | Yes □ |
| | Use Medical Incident Report (in ICS-206 WF and IRPG) to gather initial information from **Medical Incident IC** . | | Yes □ | Yes □ |
| | Ensure Continuity of Operation within Unit | | Yes □ | Yes □ |

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

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

| | | | | |
|---|---|---|---|---|
| | Assist personnel by providing phone service if necessary | | | Yes ☐ |
| | Assist IC in coordinating Critical Incident Stress Debriefing for affected personnel | | | Yes ☐ |