

Wyoming Type 3 IMT Operations Guide 2026



Standard Operating Procedures 3-5

APPENDICES

A: Incident Commander

B: Planning

C: Logistics

D: Finance

E: Safety

Standard Operating Procedures:

1. A Management Guide outlining the WYIMT3 Board members and guidelines of operation serves as an oversight document for this SOP.
2. There are 7 standing Type 3 teams formed within Wyoming for 2026. The teams will be rostered and dispatched from the incident commander's host dispatch center and/or GACC. Teams are on a 1 week rotation beginning July 2nd and ending September 30th, mirroring the CIM rotations (Thursday AM to Wednesday PM). 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 may be filled from the cadre list to form an Ad-Hoc team, or other GACC lists. Ad Hoc teams will be configured as available resources permit. The Team/Dispatch configurations for 2026 are:

2026 WY Type 3 Team ICs and Rotations

Team 1 7/2-7/8; 8/13-8/19 Matt Weakland/Isaac Bayer (Cody)

Team 2 7/9-7/15; 8/20-8/26 Karsten Milek and Rich Hayner (Casper)

No Team Identified for 7/16-7/22

Team 3 7/23-7/29; 8/27-9/2 Ron Steffens (Teton)

Team 4 7/30-8/5; 9/17-9/23 Jon Warder (Cody)

Team 5 8/6 – 8/12; 9/3 – 9/9 Tim Sherwin (Teton)

Team 6 9/10 – 9/16 Fred Tucker (Cody)

Team 7 9/24 – 9/30 Eric Neiswanger/Josh Erickson (Teton)

Where more than one IC is listed, they may decide to both go with one serving as deputy, or tradeoff among assignment period of which one goes.

IC Trainees will be solicited by the IC. Those that applied are listed in the WYIMT3 2026 spreadsheet, with their team preference and % task book completion as selection factors, based on availability, going to the next fullest task book completion available. If none are available, consider others in the dispatch area within which the incident occurs. As necessary, incorporate local/host unit trainee ICT3's in as either a "shadow" along with the rostered trainee, if that is advantageous to the team and the host unit.

3. The ICs for the on-call period will inform the dispatch centers as to the full roster for that period, and share the roster and any order received with the Management Board and Unit FMOs within WY (Federal and State) via email. ICs hosted by Teton dispatch may have extra communication responsibilities due to Great Basin GACC requirements for orders going only within WY.
4. On **Tuesdays** prior to the next team's on call availability period (Thursdays 0001), the Board and Unit FMOs will review indices, current/predicted wildfire situation, expected weather, and resource availability to decide the team's availability broadness in conjunction with the IC, via a TEAMS call (10am). Any known holes in the roster will be made known by the IC, with FMOs helping fill holes as needed. Two levels of availability broadness will be used:
 - State of Wyoming and Black Hills NF only
 - National Availability*

*When the IMTs are listed as available beyond WY, the host Dispatch Center and/or Board will communicate their status to the appropriate GACC. For 2026, this includes 10 positions (NMAC Memo 2025-01) and at <https://www.nifc.gov/nicc/logistics/overhead>, and up to 35 positions. Minimum 10 positions are IC3, SOF3, PIO3, PSC3, OSC3, DIVS, LSC3, Logs Unit Leader, FSC3, and Finance Unit Leader. *This change may greatly reduce the IMT3's availability to go national due to*

challenges in rostering, and/or unfilled positions within WY may be shown as “fill on order” for a national mobilization. While the 2025 interagency standards indicate that these increased standards are applicable for rostering across the GA (e.g. TDC is GBCC vs rest of WY is RMCC), since our teams are configured for WY, all of WY is considered the “local unit” as described in Ch. 20.

[https://www.nifc.gov/sites/default/files/NICC/3-](https://www.nifc.gov/sites/default/files/NICC/3-Logistics/Reference%20Documents/Mob%20Guide/2025/2025%20Chapter%2020.pdf)

[Logistics/Reference%20Documents/Mob%20Guide/2025/2025%20Chapter%2020.pdf](https://www.nifc.gov/sites/default/files/NICC/3-Logistics/Reference%20Documents/Mob%20Guide/2025/2025%20Chapter%2020.pdf)

5. When ordering a WY Type 3 organization, current incident complexity guidelines (Interagency Standards for Fire and Fire Aviation Operations handbook) will be utilized to validate 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. ICs should continue to evaluate complexity throughout the assignment in conjunction with host unit(s).
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. It is known that Finance positions and often times logistics positions can make or break a Type 3 team, and in 2026 these may be even more difficult positions to fill based on the roster of responses and national trend with retirements, etc.
7. WYIMT3s are encouraging the use of trainees in all positions to develop future team capabilities. Filling some of these from the host unit should be actively pursued, and a total roster agreed to with host agencies.
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 or via computer link for remote locations as needed.
10. The IC is responsible to establish a clear chain of command and establish a meeting schedule for team and host agency(s) coordination.
11. The IC in conjunction with the C and G 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) or ORDM directly through the host dispatch center. If an ORDM is not available, use of local dispatcher with IROC access or other personnel is recommended, or RIST. Based on team configuration the IC may change the ordering to other functional positions. It is recommended that daily calls occur with the dispatch center and LSC and IC as necessary to ensure smooth ordering and indicate fills or additional needs.

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

A pre-order should be utilized by the IC/OSC3/LSC3 upon confirmation of ICP location, current resources assigned and ordered, with recommendations/approval by the host unit(s). ICs should have a

pre-order spreadsheet in their kit for this purpose.

13. Host units will be responsible for purchasing support needed of any logistical orders.
14. Procedures for ICS-209's and spot weather forecast requests need to be clarified with host unit 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, and be requested/updated by the PSC.
15. 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. The IC may also establish coordination with a GACC's duty officer as needed.
16. 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 center as possible for dispatcher staffing needs to be available for night shifts. County dispatches should also be notified of significant events and if coverage options exist for night shifts.
17. 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) – TEAMS, conference call, text updates, etc. A group text will also be established for any emergency communication needs to include injuries or significant changes in incident activity.
18. The Plans Section Chief (PSC) and Finance Section Chief (FSC) are responsible for preparing the final documentation in Firenet in accordance with the guidelines shown at [Incident Planning Subcommittee | NWCG](#) for Records Management. Hardcopy may be requested by some jurisdictions or other than Firenet electronic methods as negotiated.
19. An incident "tree" for remotely available maps, plans, check-in, finance, and demob is preferred for all T3 incidents, and Field Maps utilized for mapping purposes is the preferred method of data collection and dissemination. RIST may be utilized for these and other functions needed.
20. Type 3 teams will strive to develop and/or validate Incident Strategic Alignment Process (ISAP) plans with cooperators as negotiated and as necessary for the likely longevity of the incident. Refer to ISAP document in Sharepoint if needed.
21. NICC has established forms (Leadership Forms) for use by IMTs that include Fatality and Entrapment initial report, IMT evaluation, IMT feedback for AAs, Extension, and Pre-Mob info at <https://www.nifc.gov/nicc/logistics/reference-documents> . Additional aircraft, logistics, and handbooks are also available on this site. An IC needs to receive an evaluation by the host unit(s) to share with the Board upon demobilization from the incident, with notification to the Board on any significant events encountered (host unit relationships, injuries, etc).
22. IC and Safety will determine the local unit's ability to provide a hospital liaison and any standard procedures for incident response and CISM if needed.

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(s) (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 agencies¹ 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 of success? Is a WFDSS (federal only) decision available with strategy and management action points or do MAPs need developed?
- 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?
- 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 or cooperator 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?

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

Great Basin Incident Commander Conference Call Agenda 2025	
Date:	Note taker:
GB MAC/GACC Coordinator:	
Agenda/Incident Commander Discussion Points: <i>Summarize the following in 4 min or less:</i> <ul style="list-style-type: none"> • Fire Size / % contained / # of people / Cost to date • Significant changes since the last 209 • BRIEF fire synopsis /Critical Incident Information (use Directional vs DIVS's) • Political Issues / Community Meetings • Closures / Evacuations / Public Safety Issues • Major Safety Concerns / Injuries / Accidents • Critical Resource Needs • 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 their IC calls and the link will be emailed to IC's and duty officers as activity permits, with its associated agenda format.

Appendix B: Planning Toolbox
(Paper Forms prior to link tree if needed)

- 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

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)

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: _____

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 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:

eSUTTE:

Incident #: _____

ENGINE CHECK-IN SHEET

E# _____

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 _____

SCKN:

Red Card:

Manifest:

eSUTTE:

DMOB:

_____ Ground Support _____

_____ DMOB _____ Last Stop!

_____ Other _____

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)

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)

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 _____

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)

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 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

DMOB SIGN-OFF LIST

Date/Time: _____

SCKN:

Red Card:

Manifest:

eSUITE:

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

_____ Supply Unit _____ _____ Training _____

_____ Communications _____ _____ Weed Wash _____

_____ Ground Support _____ _____ DMOB _____

Last Stop!

_____ Other _____

Incident #: _____

AIRCRAFT CHECK-IN SHEET

A# _____

Helicopter Name and Tail # and call sign _____

(Resource name example Helicopter T2S- 205HQ))

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: _____

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 _____

SCKN: _____

Red Card: _____

Manifest: _____

eISUTTE: _____

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.

Appendix C: Logistics Toolbox

Type 3 Incident Start Up Supply Pre-Order

Refer to Type 3 Initial Order Spreadsheet in Sharepoint

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:		Location:		Ground Support:		
Time:		Date/Time needed:		Helibase:		
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:		
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, 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 Valve, 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	56		Fuel, Unleaded Gal
		1 ½" Hose	15	57		Fuel, Premium (chainsaws) 89 octane or better (Prefer Ethanol Free) 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	Oil		
		1 ½" Y	15	60		Bar Oil QT/Gal
		1" – ¾" Reducer	15	61		2-cycle oil: Saw ea
		¾" Y	15	Air Support		
		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
		Nap Sack	3	65		Slingable Blivet, suppression 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

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

- 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), OF-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.

Appendix E: Safety Toolbox

- I. Prepare IMT IWI Plan from NWCG (Sharepoint) and review with C&G, IC approve**
- II. Complete a Risk Assessment worksheet for the incident 215R.**
- III. Provide Daily IAP Safety Messages**
- IV. ICP/Spike Safety Plan (if needed) – See Sharepoint**