COORDINATION GUIDELINES FOR IMPLEMENTING RESTRICTIONS for Western Wyoming

When weather factors or fire suppression impacts become a concern, the following questions should be asked to help determine if a restriction is justified. Before the fire season, each area should review these evaluation guidelines to help determine threshold levels that substantiate the need for each restriction.

Coordination calls will begin weekly on Wednesday at 1030 once one or more fire units in the area hit high fire danger or if any unit feels other criteria warrant the need for the calls. Calls will continue until a significant season slowing/ending event occur. Typically these calls will occur July-September.

Primary Criteria:

- Fire restriction threshold criteria are derived from respective predictive service products and local indices from the respective units.

- The additional criteria listed below are pulled from the local units which is used to document decisions by cooperators in the Restriction Coordination Areas when implementing or rescinding fire restrictions.

*Western Wyoming* Fire Restrictions and Closure Decision Checklist

Zone: _____________ Date: _____________

Completed checklists will be emailed out to western Wyoming fire chiefs.

The following are questions to be considered when contemplating a fire restriction and/or closure. The factors that form the basis for the decision should be documented.

1. What is the predicted fire potential for the next several weeks?

   - Are your local Unit’s indices at or approaching critical thresholds?
     
     - YES     NO

   - Are the respective GACC outlook(s) for the area showing consistently ‘Very Dry’ fuels (brown color) or more than one ‘High Risk’ day (orange or red color) per week?
     
     - YES     NO


2. Is there an increase in number of fire starts? (Human vs. Natural) (Human – Cause Category)

   - # of Human Starts:__________  Major Cause Category:
   - # of Natural Starts:__________

3. What is the daily fire occurrence situation?

   - Are there multiple starts?
     
     - YES     NO

   - Are fire occurrences and associated control problems increasing or decreasing?
     
     - INCREASING     DECREASING

4. Are adequate fire resources available by Agency/Zone?
5. Are severity resources or funds requested/approved for local/zone agencies?

☐ YES    ☐ NO

6. Is an increase/decrease in recreational visitor days, i.e., holidays and special events, expected?

☐ YES    ☐ NO

If yes, example: ____________________________________________

7. Are social, political or economic impacts expected from going into or out of restrictions?

If so, explain: ____________________________________________

8. Are there preparations for the next phase, whether that would be a higher/lower level of restrictions, closures, or rescissions of an order?

☐ YES    ☐ NO

If yes, explain: ____________________________________________

9. Does any Unit feel the need to go in or out of restrictions?
   a. Full or Partial?

In the event only a portion of the area will be going in or out of restrictions, effected units will have additional discussion outside of this coordination call to discuss implementation to ensure everything is coordinated as well as it can.

Have you contacted the following individuals concerning area fire restrictions?

☐ Fire Prevention Officers: ____________________________

☐ Public Affairs/Public Information Officers: ____________________________

☐ Law Enforcement/Special Agents: ____________________________

☐ Agency Administrators: ____________________________

☐ Adjoining Units: ____________________________

The following decision is based on the above criteria and Interagency discussions:

☐ Zone partners have decided not to go into restrictions at this time.

☐ Following units will go into or out of restrictions (Partial/Full or Closures):
   __________________________________ on (date) ____________________________.

Each agency PAO will forward a copy of their restriction notice to appropriate local outlets for posting purposes. A consolidated interagency zone news release will be prepared by (designate lead PAO) ____________________________ and forwarded to agencies involved for approval on (date) ____________________________ to be released to the media on (date – preferably mid-week) ____________________________.

Additional notes: ____________________________________________

Facilitator Initials: ________________

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