SUMMARY OF ACTIONS (ICS 214)

DATE/TIME	MAJOR EVENTS (Important decisions, significant events, briefings, reports on conditions, ect…)

NORTH IDAHO

Incident Organizer 5.18.2026

INITIAL REPORT

****INCIDENT NAME**		
****INITIAL SIZE**		
****COORDINATES**	**Lat:**	**Long:**
****VALUES AT RISK**	**YES** **NO**	
****SPREAD POTENTIAL**	**LOW MODERATE HIGH**	
****CAUSE**		
****ADDITIONAL RESOURCES NEEDED**	**YES** **NO**	

****INCIDENT COMMANDER & TRAINEE**	**TIME**	**DATE**

**** CALL INTO DISPATCH IMMEDIATELY****

CONTAINMENT DATE & TIME		
CONTROL DATE & TIME		
OUT DATE & TIME		
FINAL SIZE BY OWNERSHIP	USFS:	BLM:
	STATE:	TRIBAL:
	OTHER:	**TOTAL:**

Direction and Intent:

MOST INCIDENTS ONLY REQUIRE FILLING OUT THE FIRST FEW PAGES – i.e., TYPE 4 AND 5 INCIDENTS.

- Intended to provide the IC with a format and focal point to begin processing an incident that is emerging. Start to plan the fight – delegate – instead of fighting the fight and possibly losing your situational awareness as IC.
- Use until an Incident is out or operating on an Incident Action Plan (IAP).
- Serves as an Incident Workbook used in conjunction with the Incident Response Pocket Guide and the Interagency Standards for Fire and Fire Aviation Operations.

AAR Completed	Date:	Time

IC's Signature: ____ Date:__________

IC's Signature: ____ Date:__________

Reviewed By (DFMO or Duty Officer): _______________________ Date:__________

Initial Attack Fire Size-Up

Fire name:	**Fire code:**	**Incident District Number**	**BLM:**
			USFS:
IC / IC-trainee Name(s):			**IDL:**
			NIA:

Incident Complexity:

Descriptive Locations:

Coordinates: Lat: Long:

** Ensure all GPS coordinates are WGS84 Datum, Degree Decimal Minutes **

Confirmed Legal: TWN: RNG: Sec: ¼:

Reported By: **RP Phone #:**

Arrival Date: **Time:**

Ownership: **Protection:** **Acres:**

Management Options Full Modified Limited

Control Problems No Yes **Specify:**

Estimated Containment: **Date:** **Time:**

Estimated Control: **Date:** **Time:**

Values at Risk: NO YES

Spread Potential / Rate of Spread: Low Moderate High Extreme

Slope at the head of the Fire: (Actual Percent %)

Smoke Color: blue white gray brown black

Smoke Volume: light moderate heavy

Position on Slope Ridgetop Upper 1/3 Lower 1/3 Valley Bottom Middle 1/3

Fire Behavior Smoldering Creeping Running Single Tree Torch Spotting Crowning Erratic Group Torching

Aspect: N NE E SE S SW W NW Ridgetop Valley Bottom

Fuel Model Grass Brush Timber Slash

Fuel Loading Light Medium Heavy

Weather Conditions Clear Scattered Clouds Overcast Building Cumulus Lightening T-Storms Intermittent Showers Heavy Showers Other

Wind: MPH: Directions:

Elevation: **Cause of Fire:**

Additional Resources Needed: (Fire Investigator YES NO)

Ground & Aerial Hazard(s):

Dip Sites:

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Incident Objectives

Incident Objectives
1. SAFETY of Firefighters and Public
Your goal is to manage the incident and not create another.

Incident Commander Responsibilities on Type 3, 4, and 5 Fires

- Develop and implement viable strategies and tactics for the incident, monitor their effectiveness, and disengage suppression activities immediately if strategies and tactics cannot be implemented safely.
- Maintain command and control of the incident.
- Give thorough and complete briefings (see the Incident Response Pocket Guide.)
- Document and submit your "Summary of Actions" using an ICS 201/214/Incident Organizer within five days of the incident being called out.
- Complete and document and After-Action Review on every incident.
- Complete and continue to evaluate the "Wildland Fire Risk and Complexity Assessment" for every incident.
- Implement the Risk Management Process, as outlined in the Incident Response Pocket Guide.
- Ensure incident personnel are compliant with work/rest and length of assignment guidelines. The Incident Commander will justify work shifts that exceed 16 hours/or consecutive days that do not meet 2:1 work to rest ratio. Justification will be documented in the daily incident records.
- Incident Commanders must not have concurrent responsibilities that are not associated with the incident.
- Keep Dispatch, Duty Officers and Agency Administrator informed on the status of your incident.

Communications Summary

Net	Tx	Rx	Tone	Remarks
Command				
Tac1				
Tac2				
Air-to-Ground				

Wildland Fire Risk and Complexity Assessment

Instructions:

Incident commanders should complete Part A and Part B and relay this information to the Agency Administrator. If the fire exceeds initial attack or will be managed to accomplish resource management objectives, Incident Commanders should also complete Part C and provide the information to the Agency Administrator.

Part A: Firefighter Safety Assessment

Evaluate the following items, mitigate as necessary, and note any concerns, mitigations, or other information.

Evaluate these items	Concerns, mitigations, notes
LCES	
Fire Orders and Watch Out Situations	
Multiple operational periods have occurred without achieving initial objectives.	
Incident personnel are overextended mentally and/or physically and are affected by cumulative fatigue.	
Communication is ineffective with tactical resources and/or dispatch.	
Operations are at the limit of span of Control.	
Aviation operations are complex and/or aviation oversight is lacking.	
Logistical support for the incident is inadequate or difficult.	

INITIAL FIRE INVESTIGATION REPORT – HUMAN CAUSED

Reporting District:	Fire Name:
Geographic Location:	Fire Number:
Physical Address:	GPS Location:
Date Fire Reported:	Time:
Date of Initial Investigation:	Time:
Origin & Cause of Fire Found: Yes No	
Descripton of indcator(s) used to determin origin. Describe the "systematic approach" used in this investigation.	
Ignition Source Found	Yes No
Cause (list category):	
All other possible causes eliminated	Yes No
All physical fire evidence found and/or collected	Yes No
Description of evidence and place of stroage:	
Chain of Custody Followed?	Yes N/A
Evidence Log Attached?	Yes N/A
Fire Scene Sketch Completed? Attached	Yes
Photographs of scene Take? Attached	Yes
Photolog Used? Attached	Yes
Witness Statement? Attached	Yes
Responsible Party:_____ Known: Yes No Full Legal Name: _____ Current Phone: _____ DOB: _____ Last 4 SSN: _____ Physical Address: _____ Mailing Address: _____	
Conclusion Reached:	

Signature:_____ Date Reported: _____

Investigator Name (Print): _____ Title: _____

Fire Warden Signature:_____ Date:_____

WITNESS STATEMENT			
List witness identified and interviewed. Use one form for each witness.	**Fire Name:**		
	Fire Number:		
Last Name:	**First Name:**		**MI:**
Address, City, State Zip	**Last 4 SSN**	**Date of Birth**	
	Driver's License #	**Age Years**	
Phone	**Circle Sex**	**Male**	**Female**
WITNESS STATEMENT (use additional paper if necessary.)			
Witness	**Investigator**		
Date: Time:	**Date: Time:**		

Part B: Relative Risk Assessment

Values				Notes/Mitigation
B1. Infrastructure/Natural/Cultural Concerns Based on the number and kinds of values to be protected, and the difficulty to protect them, rank this element low, moderate, or high.	**L**	**M**	**H**	
B2. Proximity and Threat of Fire to Values Evaluate the potential threat to values based on their proximity to the fire, and rank this element, low, moderate, or high	**L**	**M**	**H**	
B3. Social/Economic Concerns Evaluate the potential impacts of the fire to social and/or economic concerns, and rank this element low, moderate, or high.	**L**	**M**	**H**	
Hazards				**Notes/Mitigation**
B4. Fuels Conditions Consider fuel conditions ahead of the fire and rank this element as low, moderate, or high	**L**	**M**	**H**	
B5. Fire Behavior Evaluate the current fire behavior and rank this element low, moderate, or high.	**L**	**M**	**H**	
B6. Potential Fire Growth Evaluate the potential fire growth, and rank this element low, moderate, or high.	**L**	**M**	**H**	
Probability				**Notes/Mitigation**
B7. Time of Season Evaluate the potential for a long-duration fire and rank this element low, moderate, or high	**L**	**M**	**H**	
B8. Barriers to Fire Spread If many natural and/or human-made barriers are present and limiting fire spread, rank this element low. If some barriers are present and limiting fire spread, rank this element moderate. If no barriers, rank this element high.	**L**	**M**	**H**	
B9. Seasonal Severity Evaluate fire danger indices and rank this element low/moderate, high, or very high/extreme.	**L/ M**	**H**	**VH /E**	

Part C: Organization

ICS 209

Relative Risk Rating (From Part B)					
Select the Relative Risk Rating from Part B		L	M	H	
Implementation Difficulty					**Notes/Mitigation**
C1. Potential Fire Duration Evaluate the estimated length of time that the fire may continue to burn if no action is taken and amount of season remaining. Rank this element low, moderate, or high.	N/A	L	M	H	
C2. Incident Strategies (Course of Action) Evaluate the level of firefighter and aviation exposure required to successfully meet the current strategy and implement the course of action. Rank this element as low, moderate, or high.	N/A	L	M	H	
C3. Functional Concerns Evaluate the need to increase organizational structure to adequately and safely manage the incident, and rank this element as low (adequate), moderate (Some additional support needed), or high (current capability inadequate).	N/A	L	M	H	
Socio/Political Concerns					**Notes/Mitigations**
C4. Objective Concerns Evaluate the complexity of the incident objectives and rank this element as low, moderate, or high	N/A	L	M	H	
C5. External Influences Evaluate the effect external influences will have on how the fire is managed and rank this element low, moderate, or high.	N/A	L	M	H	
C6. Ownership Concerns Evaluate the effect ownership/jurisdiction will have on how fire is managed and rank this element low, moderate, or high.	N/A	L	M	H	
Enter the number of items circled for each column.					

Low- Majority of items are "L", with a few as M or H
Moderate – Majority of items are "M", with a few L or H
High- Majority of items are "H", with a few L or M

MAP QR CODES

R1 Avenza
CDC Dist & Stations
CDC Zone Repeaters
2020 Retardant Avoid
2023 AviationHazards
CDC Zone Map
CDC South Zone
CDC Central Zone
CDC North Zone
2018 IDL PLS
2018 IDL KVS
2018 IDL POS
2018 IDL PDS
2018 IDL MIS
2018 IDL CAS
2018 IDL SJS
2018 IDL MCS
2018 IDL CMS
2018 IDL SW
2018 CPTPA
2018 SITPA
GVC Repeater Map
NP West Map
NP East Map
Clearwater West Map
Clearwater East Map
GVC Repeater Map

Extended Attack Medical Pre-Plan

BE SPECIFIC

This information will be prepared in advance and conveyed to Dispatch to facilitate timely and appropriate response to medical emergencies in the field. All medical emergencies will be handled by Dispatch!

Crew Leader/IC: _____

Radio Freq./Repeater: _____ **Sat./Cell Phone:** _____

Projected Location By: Lat: _____ **Long:** _____

Legal T: _____ **R.:**_____ **Sec.:**_____ **¼:**_____

Geographic Location:_____

Potential Helispots / Extraction Points		
Name	**Legal Location**	**Lot x Long Location**

Roads	Trails

**Ground Extraction Points (Legal, Lat/Long) WGS84-Datum		
Name	**Legal Location**	**Lat x Long Location**

Medical Qualifications of Personnel	
Name	**Qualifications**

Part C: Organization (continued)

Recommended Organization (select one):

Type 5	Majority of items rated as "N/A", a few items may be related in other categories.
Type 4	Majority of items rated as "L", with some items rated as "N/A", and a few items rated as "M" or "H"
Type 3	Majority of items rated as "M", with a few rated in other categories.
Type 2	Majority of items rated as "M", with a few items rated as "H".
Type 1	Majority of items rated as "H", a few items may be related in other categories.

Rationale:

Use this section to document the incident management organization for the fire. If the incident management organization is different that the Wildland Fire Risk and Complexity Assessment recommends, document why an alternative organization was selected. Use the "Notes/Mitigation" column to address mitigation actions for a specific element and include these mitigations in the rationale.

Name of Incident: _____ Unit(s): _____

Date/Time: _____ Signature of Preparer: _____

Weather Observation and Spot Weather Forecast Request

1. Name of Incident or Project	2. Control Agency	3. Request Made By:	
		Date:	Time:
4. Location: (Township, Range, Section)	5. Drainage Name:	6. Exposure / Aspect	

7. Size of Incident or Project (Acres)	8. Elevation		9. Fuel Type:	10. Project On:
	Top	Bottom		Sheltering

11. Weather Conditions at Incident or Project or from RAWS:

Place	Elev.	Wind Direction / Velocity		Temperature		RH	DP	Sky Condition
		20ft	Eye-level	Dry Bulb	Wet Bulb			

Returned Spot Weather Forecast

Discussion:

Today:

Sky Weather:

Max Temp	Min RH	Eye Level Wind	Ridge Top Wind	Chance Wetting Rain	LAL	Mix Ht	Trans Wind	Smk Disp

Tonight:

Sky Weather:

Max Temp	Min RH	Eye Level Wind	Ridge Top Wind	Chance Wetting Rain	LAL	Mix Ht	Trans Wind	Smk Disp

Tomorrow:

Sky Weather:

Max Temp	Min RH	Eye Level Wind	Ridge Top Wind	Chance Wetting Rain	LAL	Mix Ht	Trans Wind	Smk Disp

8 - Line (Continued)

3.INITIAL PATIENT ASSESSMENT: *Complete this section for each patient as applicable (start with the most severe patient)*

4.TRANSPORT PLAN:

Evacuation Location (if different): (Descriptive Location (drop point, intersection, ect.) or Lat. / Long.) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Ex: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled Litter, HAZMAT, Extrication

6.COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contact as applicable

Function:	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC*
COMMAND					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: ***Considersations:*** ***if primary options fail, what actions can be implemented in conjenction with primary evacation method?***

8.ADDITIONAL INFORMATION: *Updates/Changes, ect.*

Remember: Confrim ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

8 - Line

Medical Incident Report		
FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY. FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT TO COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.		
Use the following items to communicate situation to communication/dispatch. 1. **CONTACT COMMUNICATIONS / DISPATCH:** (verify correct frequency prior to starting report) Ex: *"Communications, Div. Alpha. Stand-by for Emergency Traffic."* 2. **INCIDENT STATUS:** Provide inicident summary (including number of patients) and command structure. Ex: *"Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."*		
Severity of Emergency / Transport Priority	**Red / Priority 1 Life or Limb threatening injury or illness. Evacuation need is IMMEDIATE** Ex: *Unconscious, difficulty breathing, bleeding severely, 2° - 3° burns more than 4 palm sizes, heat stroke, disoriented.* **YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.** Ex: *Significant trauma, unable to walk, 2° - 3° burns not more than 1-3 palm sizes.* **GREEN / PRIORITY 3 Minor Injury or illness. Non-Emegency transport.** Ex: *Sprains, strains, minor heat-related illness.*	
Nature of Injury or Illness & Mechanism of Injury		*Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)*
Transport Request		*Air Ambulane / Short Haul / Hoist Ground Ambulance / Other*
Patient Location		*Descriptive Location & Lat. / Long. (WGS84)*
Incidnet Name		*Geographic Name + "Medical" (Ex: Trout Meadow Medical)*
On-Scene Incident Commander		*Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)*
Patient Care		*Name of Care Provider (Ex: EMT Smith)*

Resource Summary/Work

This work is designed to help the IC document and calculate amount of rest require to meet the Work/Rest Guidelines.
For every 2 hours of work or travel provide 1 hour of sleep or rest.
IC must justify and document work shifts exceeding 16 hours and those that do not meet the 2:1 work/rest guidelines.

Ordered / Released	ETA/Arrival Date/Time	Briefed	Assignment	Off Shift At (Time)	Total Hours Worked	Rest Time (HRS)

LINE SUPPLY ORDER

Date & Time Needed	Incident Name	Location Delivery (Div/LZ/DP/Lat Long)	Mode of Delivery (Driven / Helicopter / Para Cargo)

Line Item	NFES #	Item Description	U/I	QTY
A	0606	CAN - GASOLINE,SAFETY,5GL,DOT APPROVED STYLE JERRI CAN SPECIFY FILLED OR NOT	EA	
B		FUEL REQUIRES ITS OWN S #	GL	
C	7443	CONTAINER - 5 GL (18.9L), PLASTIC, COLLAPSIBLE, W/OVERPACK SPECIFY FILLED OR NOT	EA	
D	1016	HOSE - GARDEN, SYNTHETIC, 3/4" X 50'	LG	
E	1238	HOSE - SYNTHETIC, LINED, 1" X 100'	LG	
F	1239	HOSE - SYNTHETIC, LINED, 1 1/2" X 100'	LG	
G	0904	VALVE - WYE, GATED, BRASS, 3/4" NH-F X 3/4" NF-M X 3/4" NH-M	EA	
H	0835	VALVE - SHUT OFF, BRASS, BALL 3/4"	EA	
I	0259	VALVE - WYE, GATED, 1" NPSH-F X 1" NPSH-M X 1" NPSH-M	EA	
J	0231	VALVE - WYE, GATED, 1 1/2" NH-F X 1 1/2" NH-G X 1 1/2" NU-M	EA	
K	0733	REDUCER - 1" NPSH-F (11 1/2 TPI) TO 3/4'' NH-M (11 1/2 TPI)	EA	
L	0010	REDUCER - 1 1/2" NH-F (9 TPI) TO 1" NPSH-M (11 1/2 TPI)	EA	
M	0024	NOZZLE - TWIN TIP, COMBINATION, 1'' NPSH-F	EA	
N	0136	NOZZLE - GARDEN HOSE, 3/4" NH, ADJUSTABLE, BRASS	EA	
O		MOP-UP KIT 3 WAND	KT	
P	0909	WATERBAG ASSEMBLY - 5 GL, M2015 W/PUMP	EA	
Q	1048	KIT - SPRINKLER (2008)	KT	
R	8653	KIT - SPRINKLER (NR SPECIFIC)	KT	
S	0148	PUMP - PORTABLE,HIGH PRESSURE W/FUEL LINE	EA	
T	3870	KIT - ACCESSORY,PUMP,PORTABLE,HIGH PRESSURE	KT	
U	0661	TANK, FOLDING - 1000 GL (3785.4L) W/FRAME	EA	
V	0664	TANK, FOLDING - 1500 GL (5678.1L), W/FRAME	EA	
W	0568	TANK, COLLAPSIBLE - 3000 GL (11,356.2L), FREE STANDING	EA	
X	0668	TANK, COLLAPSIBLE - 1800 GL (6813.7L), FREE STANDING 54" DEPTH, OPENING 128"	EA	
Y	7724	OIL - 2 CYCLE, 5 GAL MIX SIZE,(12.8 OZ)	BT	
Z	3444	OIL - 2 CYCLE, MIX SIZE FOR 1 GL (3.8L) OF FUEL MIX	EA	
Aa	1880	OIL - BAR & CHAIN, 1 GL	GL	
Bb	1869	OIL - BAR & CHAIN, 1 QT (.9L)	QT	
Cc	0222	TAPE - FILAMENT, 1" X 60 YD	RO	
Dd	0030	BATTERY - SIZE AA, 1.5 VOLT 24 PER PG	PG	
Ee	7730	BATTERY - SIZE AA, 1.5 VOLT, LITHIUM 4 PER PG	EA	
Ff	7471	BATTERY - AAA, PACKAGE 12 EA PER PG	PG	
Gg	1842	FOOD - MEALS READY TO EAT (MRE'S) 12 MEALS PER BOX	BX	
Hh	0146	PULASKI - WITH PLASTIC SHEATH	EA	
Ii		WATER HANDILING PUSH KIT 1000' Progressive Hose Lay	EA	

Resource Ordering Guide

1000' Progressive Hose Lay (aka West St. Joe / Water Handling Push Kit)

NFES	QTY	U/I	DESCRIPTION
001239	10	LG	HOSE – SYNTHETIC, LINED 1 ½" NH x 100'
001238	5	LG	HOSE – SYNTHETIC, LINED 1" NPSH x 100'
000231	5	EA	VALVE – WYE, GATED, 1 ½" NH-F X 1 ½" NH-M x 1 ½" NH-M
000010	5	EA	REDUCER – 1 ½" NH-F (9 TPI) TO 1" NPSH-M (11 ½ TPI)
000024	5	EA	NOZZLE – TWIN TIP, COMBINATION, 1" NPSH-F
000733	5	EA	REDUCER – 1" NPSH-F (11 ½ TPI) TO ¾" NH-M (11 ½ TPI)
001016	10	LG	HOSE – GARDEN, SYNTHETIC, 3/4" NH x 50'
000904	5	EA	VALVE, WYE, GATED, BRASS, ¾" NH-F x ¾" NF-M x ¾" NF-M
000835	5	EA	VALVE – SHUT OFF, BRASS, BALL, ¾" NH
000136	5	EA	NOZZLE – GARDEN HOSE, ¾" NH, ADJUSTABLE, BRASS

Mopup Kit (3 Wand) (formerly NFES 000772)

NFES	QTY	U/I	DESCRIPTION
000720	3	EA	APPLICATOR – WATER, 2-PIECE, ¾" NH, 48" LONG
000721	3	EA	GASKET – GARDEN HOSE, ¾"
000735	3	EA	TIP – APPLICATOR, 3 GPM
000835	3	EA	VALVE – SHUT OFF, BRASS, BALL ¾" NH

RESOURCE ORDERING

When Ordering Supplies

USE LINE SUPPLY

- Needed Date and Time
- Road Directions (not Lat/Long)
- Point of Contact/How to Contact/Who will be present for delivery (NOTE: someone **MUST** be present for delivery)

When Ordering Equipment:

- Type ("any" is not acceptable)
- Needed Date and Time
- Road Directions (not Lat/Long)
- Does dispatch need to arrange inspection?
- Point of Contact

When Ordering S#'s:

- Item(s) Purchased
- Date Purchased
- Location purchased if/when known (imperative to relay purchase location to dispatch to complete request)
- If meals, # of people purchased for