

# INITIAL ATTACK FIRE SIZE UP

DISTRICT / UNIT: \_\_\_\_\_

INCIDENT NUMBER #: \_\_\_\_\_

CALL ITEMS IN RED TO DISPATCH IMMEDIATELY  
FOLLOW UP WITH A FULL SIZE UP AS SOON AS RESOURCES ARE ABLE

<b>Incident Name</b>									
<b>Incident Commander(s)</b>									
<b>Estimated Size (in acres)</b>	<b>INITIAL:</b>		UPDATED:						
<b>Cause of Fire</b>									
<b>Descriptive Location</b>									
<b>Initial Coordinates</b> <small>Does not have to be Point of Origin</small>	<b>LAT:</b>		<b>LONG:</b>						
<b>Updated Coordinates</b> <small>Point of Origin</small>	<b>LAT:</b>		<b>LONG:</b>						
<b>Protection</b> <small>From plotted lat/long</small>			<b>Ownership</b>						
			<small>From plotted lat/long</small>						
<b>Management Options</b>	<input type="checkbox"/> Full Suppression <input type="checkbox"/> Modified <input type="checkbox"/> Limited <input type="checkbox"/> Resource Benefit								
<b>Control Problems</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – specify: _____								
<b>Additional Resource Needs</b>									
<b>Best Access</b>				<b>Flagging Color:</b>					
<b>Estimated Containment</b>	<b>DATE:</b>		<b>TIME:</b>						
<b>Estimated Control</b>	<b>DATE:</b>		<b>TMIE:</b>						
<b>Fire Investigator Needed?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>INVF or LEO On Scene?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes – Name: _____						
<b>Values At Risk</b>	<p style="text-align: center;"><i>Please provide as much detailed information as possible</i></p> Human Life: <input type="checkbox"/> Public <input type="checkbox"/> Responders <input type="checkbox"/> Medical <input type="checkbox"/> Other _____ Structures: <input type="checkbox"/> Primary ____ <input type="checkbox"/> Secondary ____ <input type="checkbox"/> Commercial ____ <input type="checkbox"/> Outbuildings ____ Property: <input type="checkbox"/> Livestock <input type="checkbox"/> Timber Sale(s) <input type="checkbox"/> T&E Species <input type="checkbox"/> Other _____ Community: <input type="checkbox"/> Town <input type="checkbox"/> Rec Site <input type="checkbox"/> Infrastructure <input type="checkbox"/> Cultural / Historical <input type="checkbox"/> Other _____ Timeframe and/or distance for VARs: _____								
<b>Spread Potential / Rate of Spread:</b>	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme								
<b>Fire Behavior</b>	Smoldering Creeping	Running Spotting	Torching Crowning	Spotting Erratic					
<b>Fuel Type</b>	<b>Burning in:</b>	Grass	Grass-Shrub	Brush	Timber	Slash			
	<b>Adjacent Fuels:</b>	Grass	Grass-Shrub	Brush	Timber	Slash			
<b>Flame Length at the head of fire:</b>			<b>Slope at the Head of the Fire (Actual percent %):</b>						
<b>Position on Slope</b>	Ridgetop	Upper 1/3	Middle 1/3	Lower 1/3	Saddle				
	Valley Bottom	Flat/Rolling	Canyon Bottom	Mesa/Plateau					
<b>Aspect</b>	North	NE	East	SE	South	SW	West	NW	Ridgetop
<b>Weather Conditions</b>	Clear	Building Cumulus		Lightning	Intermittent Showers				
	Scattered Clouds	T-Storms in Area		Overcast	Heavy Showers				
<b>Wind Direction:</b>	<b>Wind Speed (MPH):</b>		<b>Elevation:</b>						
<b>Ground and Aerial Hazard(s):</b>									
<b>Dip Sites or Helispots:</b>									

LCES IN PLACE?    YES    NO