

# INFRARED AIRCRAFT SCANNER ORDER

**Incident/Project#:**

**FireCode#:**

**A#**

Incident Name:		Date/Time:	
Ordering Unit:		Telephone #:	
Local Dispatch:		Telephone #:	
GACC:		Telephone #:	
National IR Coord:		Telephone #:	(208) 387-5381
		FAX #	
		Cell #	(208) 859-4475
Regional IR Coord:		Telephone #:	( )
		FAX #:	( )
		Cell #	( )
IR Interpreter Ordered:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Telephone # ( )
IR Interpreter Assigned:			Cell # ( )
Location: Motel			Motel # ( )
Office or ICP			FAX # ( )
SITL Name and Location:		Telephone #:	( )
Incident Elevation (AVG):	Feet MSL	Approximate Size:	Acres
Weather Over The Incident:			
Delivery Point:			Alt. Delivery Pt:
Delivery type:	<input type="checkbox"/> Land Aircraft	<input type="checkbox"/> Air Drop	<input type="checkbox"/> Scanned file (give email address or ftp site in box below)
Delivery time:			
Delivery point weather:			

**Radio Frequencies**

Local admin. Unit	Tx:	Mhz	Tone:	Rx:	Mhz	Tone:
Alternative Freq	Tx:	Mhz	Tone:	Rx:	Mhz	Tone:
Air Tactical Group Supervisor	Tx:	Mhz	Tone:	Rx:	Mhz	Tone:

**Incident Location from 2 VORs:**

**(Degrees)**

**(nautical miles)**

<b>VOR:</b>		<b>Azimuth:</b>		<b>Distance:</b>	
<b>VOR:</b>		<b>Azimuth:</b>		<b>Distance:</b>	

**Mission Objective and Description:**

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LATITUDE/LONGITUDE INFORMATION NEEDED FOR EACH MISSION

**Mapping Block**

NORTH		
SOUTH		
EAST		
WEST		

