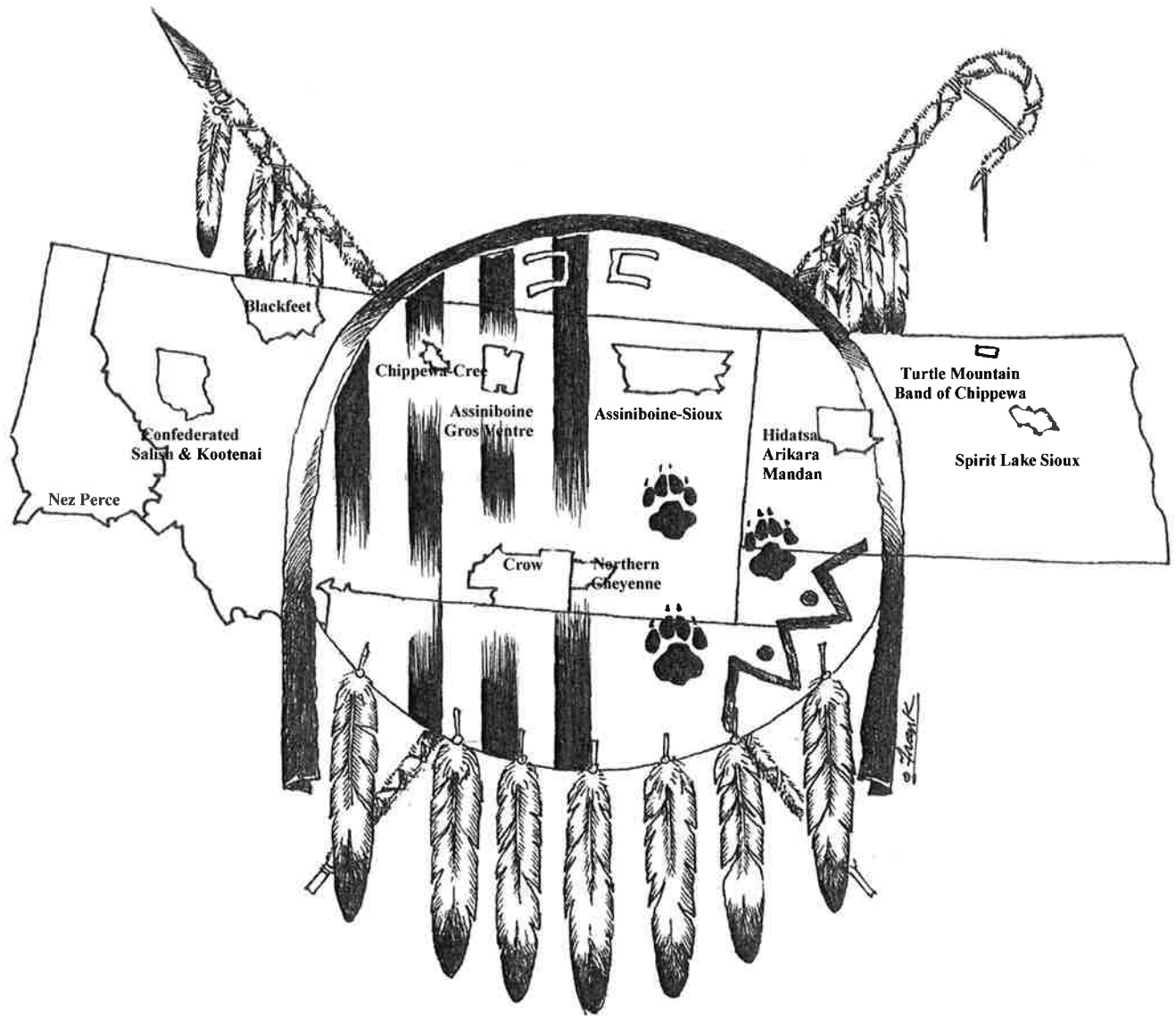


# NORTHERN ROCKIES 2015 NATIVE AMERICAN CREW PLAN



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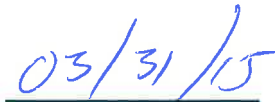
# 2015 Native American Crew Plan

Comments may be sent to the  
Bureau of Indian Affairs  
Rocky Mountain Regional Office  
Attn: Branch of Fire & Forestry  
2021 4<sup>th</sup> Avenue North  
Billings, MT 59101

Approved :



Ken Schmid, Chair, NRCG



Date

An electronic version of the NAC plan can be downloaded at the following websites:

[www.fs.fed.us/fire/nrcc](http://www.fs.fed.us/fire/nrcc)  
[www.mt.blm.gov](http://www.mt.blm.gov)

## **NAC Plan Revision Summary**

Since the last plan revision the Northern Rockies Coordinating Group (NRCG), Native American Crew (NAC) program has seen a significant decline in the number of dispatches of crews. This is due to several factors such as more orders going to Type 2 IA crews, need for self-sufficiency, more emphasis on transportation, and two very slow fire seasons in the Northern Rockies Geographic Area.

- The 2015 AD Pay Plan will not be included in this plan.
- Re-iterate that the BIA goal of 100 crews for interagency support was changed to 50 crews, as the new goal. The NAC program is working diligently toward having at least one Type 2 IA crew at each BIA/Tribal unit with the ability to be break-down capable with multiple vehicles, be self-sufficient, and maintain a consistent crew overhead and firefighters..
- Re-iterate that synthetic clothing is not acceptable.
- Reference to Forest Service sponsored Urban Crews has been removed from the plan because of declining participation. Forest Service Urban Crew organizations are not prohibited from seeking sponsorship but must have adequate numbers to field a Type II crew.
- The 2015 Bureau of Indian Affairs/Tribal Medical Standards Program and Drug Testing Procedures Memo included. The changes for 2015 are “Comprehensive Health Services (CHS) has been selected as the contracted medical services provider for DOI MSP. CHS will begin implementation of medical exams in January 2015. A phased in approach has been selected for the contract and will be implemented over a three year period. Currently phase 1 is being implemented. The following units in the Northern Rockies Geographic Region have been selected for phase 1: MT-BFA, MT-CRA, MT-FBA, MT-FPA, MT-NCA, MT-RBA, MT-RMA, MT-SKT. The 2015 BIA Exam Matrix is located at [http://www.nifc.gov/medical\\_standards/index.html](http://www.nifc.gov/medical_standards/index.html).
- NIFC-BIA no longer pays for Drug Testing. Drug Testing will be out of an Agency/Tribe’s preparedness funds. Reference the “2015 Bureau of Indian Affairs/Tribal Standards Program and Drug Testing Policy” Memo issued November 26, 2014.
- Our ultimate goal is to have “Quality over Quantity” crews that meet the needs of the wildland fire community.

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### ATTACHMENTS

- Attachment 1. Single Resource Casual Hire Information form
- Attachment 2. Incident Behavior Form
- Attachment 3. Memo; Submission of Worker's Compensation Form

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## ACRONYMS AND TERMINOLOGY

Following is a list of acronyms and terms used in this plan:

AD - Administratively Determined  
AFMO - Assistant Fire Management Officer  
APMC - Agency Provided Medical Care  
BDC - Billings Interagency Dispatch Center  
BIA - Bureau of Indian Affairs  
BLM - Bureau of Land Management  
CO - Contracting Officer  
CREP - Crew Representative  
CTR - Crew Time Report  
DNRC - Montana Department of Natural Resources and Conservation  
EEO - Equal Employment Opportunity  
EFF - Emergency Firefighter  
ETA - Estimated time of arrival  
ETD - Estimated time of departure  
FFT1 - Firefighter Type 1  
FFT2 - Firefighter Type 2  
FMO - Fire Management Officer  
FS - U.S. Forest Service  
FWS - U.S. Fish and Wildlife Service  
GDC - Great Falls Interagency Dispatch Center  
HSQ - Health Screen Questionnaire  
HRSP - Human Resource Specialist  
IARR - Interagency Resource Representative  
IIBMh - Interagency Incident Business Management Handbook  
ICS - Incident Command System  
IHS - Indian Health Service  
IMT - Incident Management Team  
IQCS - Incident Qualification and Certification System  
LCES - Lookouts Communications Escape Routes Safety Zones  
MDC - Missoula Interagency Dispatch Center  
NAC - Native American Crew  
NACC - Native American Crew Committee  
NICC - National Interagency Coordination Center (Boise, ID)  
NIFC - National Interagency Fire Center (Boise, ID)  
NPS - National Park Service  
NRCC - Northern Rockies Coordination Center (Missoula, MT)  
NRCG - Northern Rockies Coordinating Group  
OSHA - Occupational Safety and Health Agency  
OWCP - Office of Workers' Compensation Program  
PPE - Personal Protective Equipment  
PTB - Position Task Book  
ROSS - Resource Ordering and Status System  
R&R - Rest and Recuperation  
SMIS - Safety Management Information System  
WCT - Work Capacity Test

## **I. PURPOSE**

The Native American Crew Operating Plan, hereinafter referred to as the operating plan, is maintained by the Northern Rockies Coordinating Group (NRCG), Native American Crew (NAC) Committee (NRCG-NACC), an advisory committee organized to recommend emergency firefighter crew management policy to fire protection agencies. The Native American Crew (NAC) activities represent a cooperative effort between the Northern Rockies Geographic Area Indian Tribes, Bureau of Indian Affairs (BIA), and the following agencies: the Bureau of Land Management (BLM), the Fish and Wildlife Service (FWS), the National Park Service (NPS), the United States Forest Service (FS), the Montana Department of Natural Resources and Conservation (DNRC), the Idaho Department of Lands, the North Dakota Forest Service, the Montana Fire Wardens Association, and the Montana Disaster and Emergency Services, (collectively known as the Northern Rockies Coordinating Group - NRCG).

This operating plan will be used by the Northern Rockies Coordination Center (NRCC), Missoula, MT, and the National Interagency Coordination Center (NICC), Boise, ID., in managing NAC crews. The Administratively Determined (AD) Pay Plan for Emergency Workers (Casuals), the Interagency Incident Business Management Handbook (IIBMH), Wildland and Prescribed Fire Qualification System Guide PMS 310-1, Forest Service Fire and Aviation Incident Qualification Handbook, 5109.17, BIA Wildland Fire and Aviation Program Management and Operations Guide (Blue Book), Interagency Standards for Fire and Aviation Operations (Red Book), Work Capacity Test Administrator's Guide and other governing statutes are controlling documents and will override this plan if there is conflicting information. This operating plan is revised annually prior to April 1.

## **II. AUTHORITY**

The following authorities apply to this document and program:

- Department of Interior and Related Agencies Appropriation Acts.
- Approved Cooperative Agreements, Contracts, and Self-Governance Authorities.
- Interagency Agreement for Fire Management between the BLM, the BIA, the NPS, the FWS, of the Department of Interior and the FS of the Department of Agriculture, February 2001.

## **III. MISSION STATEMENT**

The mission of the NRCG NAC committee is to promote an interagency approach to fire management and to support this effort with NAC resources on all lands within the Northern Rockies Geographic Area by providing highly trained and motivated Native American crews for interagency use.

#### IV. SPONSORING AGENCIES

The BIA serves as sponsoring agencies for Type II crew organizations. BIA/tribal sponsored reservations/crews in Montana include: Blackfeet, Crow, Confederated Salish, Upper Pend d'Orielle & Kootenai Tribe, Fort Belknap, Fort Peck, Northern Cheyenne and Chippewa Cree Tribe. BIA/tribal sponsored reservations/crews in North Dakota include: Fort Totten, Fort Berthold, and Turtle Mountain. BIA/tribal sponsored crews in the Northern Rockies portion of Idaho include Nez Perce and Coeur d'Alene Tribes. The sponsoring agency is considered the "Home Unit" for the purpose of this plan. Each sponsoring agency is responsible for the authority and execution of the NAC plan.

##### A. NRCG Native American Crew Committee (NRCG-NACC)

The NRCG NAC Committee will be comprised of a representative from each of the following agencies and a NAC crew boss or higher in good standing from each of the Montana Reservations which include: Blackfeet, Crow, Flathead, Fort Belknap, Fort Peck, Northern Cheyenne, and Chippewa Cree (Rocky Boy's), sponsored reservations/crews in North Dakota and Idaho include: Fort Totten, Fort Berthold, Turtle Mountain, and Nez Perce; USDA Forest Service (FS), USDI, Bureau of Indian Affairs (BIA), Bureau of Land Management (BLM), National Park Service (NPS), Fish and Wildlife Service (FWS), Montana Department of Natural Resources & Conservation (DNRC). The role of the Committee includes developing and implementing policy and procedures, serving as the NAC expert for the NRCG membership, reviewing and updating the annual operating plan, providing a forum for the exchange of ideas relating to crew performance, and other tasks needed for the successful operation of the NAC program.

##### B. Native American Crew (NAC) Board

A local NAC Board will be established and active at each home unit. The intent of the Board is to successfully implement and enforce this operating plan. The Board will assist in dealing with issues or problems encountered with NAC personnel dispatched from their home unit. It is recommended the Board consist of the following members:

- Crew Boss(s)
- One FMO
- The Agency Line Officer/delegate or Tribal government representative
- One person not directly in the chain of command

The Board is responsible for assisting the home unit FMO in recruiting and maintaining a qualified contingency of NAC personnel. This function includes assisting in the selection of trainees for positions above the firefighter type 2 (FFT2) level. The Board will also review and submit comments on the NAC plan to the home unit FMO by December 1 of each year.

## **V. WORKFORCE**

Federal, state and local agencies in the Northern Rockies Geographic Area and throughout the United States use NAC Crew organizations to supplement their regular workforce. The NAC workforce does not occupy dedicated positions within any of the fire suppression or fire management organizations. Typically these crews are hired as an Administratively Determined, Emergency Firefighter AD/EFF on an emergency or supplemental basis.

The United States Government recognizes the economically depressed conditions and extremely high rates of unemployment on Indian Reservations. Government programs have been developed to encourage economic development on Indian Reservations. In support of these efforts, and in consideration of the historic propensity for Indian Reservations to produce high quality fire suppression crews, it is the policy of the agencies participating in the plan to promote employment of Native American crews whenever possible.

## **VI. CREW ALLOCATION**

The BIA has identified the goal of 50 Native American crews for interagency support. Each reservation is allocated a portion of the total number based on total reservation population statistics. There will be no attempt to limit reservations to their allotted crew numbers until the 50-crew goal is approached.

## **VII. CREW STRUCTURE AND REQUIREMENTS**

To qualify for hire, all NAC personnel will meet the national minimum standards for experience, training, medical and physical fitness as established by the National Wildfire Coordinating Group (NWCG) in the current Wildland and Prescribed Fire Qualification System Guide PMS, 310-1. Native American crews will follow the NWCG minimum crew standards for mobilization (Appendix C).

Native American crews are generally organized as Type 2 crews. Crews other than normal Type 2 structure can be ordered on a case-by-case basis to meet special needs (Type 2 IA Crews/IA Modules). The composition of a BIA sponsored Type 2 IA crew may consist of General Schedule (GS), Tribal, or Administratively Determined (AD) personnel and any combination thereof. When dealing with personnel issues the hiring authority for GS, Tribal or AD will be used for each appropriate circumstance. Although there is no requirement for Type 2 IA crews to be self-sufficient it is highly recommended that Type 2 IA crews strive to be self-sufficient.

Crews are encouraged to have two carded chainsaw operators, documented on the manifest when the order is filled. Chainsaw operators will not be paid as Faller A, B, or C unless the Incident Management Team (IMT) or local incident specifically requests them on the resource order. The decision for chainsaw use is the responsibility of the IMT or local incident. If an IMT requests the use of chainsaws for operational use the crew can be provided and use chainsaw(s) on the incident when qualified personnel are available on the crew. AD pay rates will be changed on a “per shift(s)” basis only to reflect the level of sawyer certification requested for chainsaw use. This request must be documented on the General Message Form, ICS-213 or the Crew Time Report (CTR), (SF-261) by the IMT or local incident commander.

A. Equal Employment Opportunity (EEO)

EEO practices will be followed during all phases of crew management including recruiting, hiring, training, and performance evaluation of crew personnel. The policy is to provide equal employment opportunity for all qualified personnel regardless of race, creed, color, sex, national origin, age, or physical disability.

B. Physical Fitness

The Work Capacity Test (WCT) Administrator’s Guide shall be used for all positions requiring a fitness level. All participating agencies will accept the physical fitness standards of the sponsoring agency for NAC personnel. The Fire Management Officer/Assistant Fire Management Officer (FMO/AFMO) may require completion of a WCT at any time.

C. Incident Qualification Card

The Incident Qualification and Certification System (IQCS) will be used to record and document employee qualifications, experience and training. All wildfire and prescribed fire incident experience must be entered in the IQCS for all BIA and Tribal firefighters in order to verify qualifications for interagency and local dispatch. Individuals without an IQCS profile will not be dispatched.

Each AD/EFF firefighter will be sponsored by one home unit. Other units will not dispatch other sponsored AD/EFF personnel. If AD/EFF personnel have relocated and are requesting sponsorship from a new local unit then an official letter of request for sponsorship is required. This written request must be coordinated between the current home FMO and the new sponsoring local unit FMO. Once the request is approved the IQCS record shall be transferred to the new sponsoring unit. After the transfer of records (which should include certificates, physical fitness, task books, disciplinary record(s), and any official correspondence etc.) is complete the individual(s) are officially sponsored by the new local unit and available for dispatch.

A memorandum issued on July 21, 2005 from the NRCG states that a manifest signed by the BIA or Tribal Unit FMO certifying qualifications for all Type II Native American crews will be accepted in lieu of individual incident qualification cards for each firefighter. This is to include the crew boss position. The manifest certification will only be used for mobilization within the Northern Rockies geographic area. Out of geographic area dispatches require each AD/EFF firefighter to have a qualification card per National direction. It is strongly recommended that in all instances qualification cards should be produced for all AD/EFF firefighters. The burden of proof is on Compacted or 638 Tribes to show they are using the IQCS, or a system of similar controls. Each AD/EFF firefighter functioning in an overhead or technical specialist position must carry an incident qualification card printed from IQCS.

D. Medical Standards

Agency administrators and supervisors are responsible for the occupational health and safety of their employees performing wildland and prescribed fire activities. This may require employees to take a medical examination at any time.

The Federal Interagency Wildland Firefighter Medical Qualification Standards will be used to ensure that individuals hired are medically and physically fit. Arduous AD/EFF employees 45 years and older are required to take the Medical Standards Annual Exam prior to participating in the Work Capacity Test (WCT). Arduous, Moderate and Light AD/EFF employees less than 45 years of age are required to complete the NAC Physical Exam every three years (Appendix B).

Medical examinations are a diagnostic tool that can give an early warning to employees involved in wildland or prescribed fire activities about potential health problems. If the employee is determined to be unfit for arduous-level duty based on the results of the examination, they are not allowed to take the work capacity test or participate in wildland or prescribed fire at the arduous level.

E. Drug Testing

To promote a Drug Free Workplace and comply with Federal Departmental Manuals every AD/EFF firefighter must submit to an annual drug test as a condition of hire. In accordance with the Department of Interior, Department Manual (DM) 370 DM 792, 10.1, all AD/EFF hires are subject to random and reasonable suspicion drug testing. An accurate and reliable drug test will be used to screen for marijuana (THC), cocaine (COC), opiates (OPI), amphetamines (mAMP), and phencyclidine (PCP). A positive test result will disqualify an applicant for hire for a period of six months. Individuals testing positive a second time while completing the hiring requirements will not be allowed to participate in the NAC program indefinitely.

F. Age Requirements

No one under eighteen (18) years of age will be hired or dispatched under this plan.

G. Crew Boss and Crew Member Selection for Dispatch

The FMO has the responsibility to ensure that all individuals dispatched are fully qualified and the final manifest is accurate. Dispatchers and crew bosses in consultation with the FMO will select qualified squad bosses and crew members. The home unit FMO in consultation with local crew boss organizations will develop a selection process for identifying crew boss trainees.

H. Type 2 Crew Positions and Standards

NAC Type 2 crews are expected to complete work assignments and to maintain orderly conduct during the entire period of employment. The crew boss has the ultimate responsibility for the conduct and performance of the crew during the assignment. Type 2 crews will not be split or deployed over such an area that the crew boss cannot exercise control of the entire crew. The following is a list of type 2 crew positions and standards:

1. Crew Member (Firefighter Type 2)

Crew members work as members of a crew, and are skilled in the use of wildland fire suppression hand tools which include but are not limited to, McLeod, Pulaski, shovel and combination tool(s).

2. Squad Boss (Firefighter Type 1)

Squad bosses serve as work leaders, working with crew bosses, and are responsible for the work effectiveness, safety, conduct, welfare, and discipline of their assigned squads.

Individuals may qualify if they have successfully completed all required training. They must also have demonstrated leadership ability by acceptable performance on at least two fire assignments in the last five years, completed a Firefighter Type 1/Incident Commander Type 5 task book and received a recommendation from an FMO, crew boss or crew representative.

3. Crew Boss (Single Resource Boss)

Crew bosses are directly responsible for implementing the NAC plan, crew time recording, work effectiveness, safety, conduct, welfare, organization, briefing, discipline and completion of all accident forms.

Crew bosses should also maintain a daily diary/log of events. The NAC plan will be reviewed by each crew boss during annual refresher training. Prior to departure from the incident the crew boss will ensure that all appropriate accident forms (CA-1, CA-2, CA-16, etc.) are completed and all emergency time reports are accurate and complete and any discrepancies are resolved. Upon arrival at the home unit the crew boss must deliver a completed crew evaluation, to the home unit FMO/AFMO.

Crew bosses and crew members will be disciplined if it is found that a violation of the NAC plan conduct and performance occurs on his/her crew and it was not reported. A crew boss trainee may be assigned if they have completed all required training and have a task book initiated by their home unit. When assigned to an incident that has a training specialist the crew boss shall work closely with the training specialist to complete/document training and experience requirements.

#### I. Camp Crew Configuration

A NAC camp crew will consist of one camp crew boss, one squad boss and eight crew members. Squad bosses and crew members must have completed Basic Firefighter Training (S-130), Annual Fire Safety Refresher (RT-130), and Intro to Leadership (L-180). A light Work Capacity Test is required for each position. Camp crew members and leaders are authorized up to eight (8) hours annual training to prepare for upcoming fire season. This includes RT-130 with fire shelter practice, dispatching procedures and other topics as appropriate. All camp crew personnel will have completed IS-700.

##### 1. Camp Crew Member

Crew members work as members of a camp crew and are used to support camp functions.

##### 2. Camp Crew Squad Boss

Squad bosses serve as work leaders, working with camp crew bosses, and are responsible for the work effectiveness, safety, conduct, welfare, and discipline of their assigned squads.

##### 3. Camp Crew Boss

Camp Crew Bosses must be previously qualified at the FFT2 level and successfully completed Basic Firefighter Training (S-130), Introduction to Wildland Fire Behavior (S-190), and Annual Fireline Safety Refresher (RT-130). A light Work Capacity Test and Annual Refresher is required. The camp crew boss will report directly to the facilities unit leader.

J. Crew Representative (CREP)

When crews are dispatched outside the Northern Rockies Geographic Area, or to incidents within Northern Rockies with out of area teams assigned, one crew representative will be sent for every two crews with the option of sending a crew representative with every crew. If a crew representative is assigned the crew will have at least fifteen firefighters and cannot exceed 20. The CREP shall work closely with the planning section chief and IARR, if one is available.

The NAC operating plan will be reviewed by each crew representative during annual refresher training. The CREP should live and work with the crew(s) and assist the crew boss(s) with administrative duties while implementing NAC plan guidelines. The CREP will leave tactical and crew supervision functions to the crew boss(s) and will not be allowed to take on other overhead assignments/duties while assigned as a CREP. For disciplinary problems the CREP will provide a complete and accurate report documenting all offense(s) and will forward to the appropriate home unit FMO for immediate action. Prior to release the CREP and each CRWB will complete the appropriate reports and submit them to the home unit FMO/AFMO.

K. Type 2 Initial Attack (IA) Crew/IA Modules

For BIA/tribal units establishing a Type 2 IA crew home unit FMO's must submit a letter of request to their respective Regional Fire Management Officer. A crew manifest identifying individuals and qualifications must be submitted with each request. The Type 2 IA manifest must identify personnel that will serve in committed positions on the crew. Orders for Type 2 IA crews and IA modules shall be very specific about the job requirements. Reference the Northern Rockies (NR) Mobilization Guide when needed.

L. Sawyers/Saw Teams

Home units with the ability to organize sawyer/saw teams will use the guidance as outlined in the NR Mobilization Guide, Chapter 60. Agencies will ensure compliance with local, regional, and national policies regarding chainsaw operations and certification.

M. Prescribed Burn Crews

Prescribed burning crews can be ordered to assist with on-the-ground fuels management treatment activities, as identified in Chapter 2 of the BIA Fuels Management Program, Business Rules Handbook (2008), the Interagency Agreement for Fire Management commonly referred as the "Six Party Agreement, (2011-2015)" and the National Interagency Mobilization Guide, (NFES 2091).

Crews used for prescribed fire must be hired through the Department of Interior following the AD Pay Plan. Personnel assigned to fill prescribed fire positions must meet NWCG qualifications for each position and have the ability to perform successfully. Prescribed fire assignments will be coordinated and agreed to between offices in terms of personnel, resources and length of assignment. The task order process outlined in the National Interagency Mobilization Guide will be used to document these agreements and implement these special projects.

## **VIII. MOBILIZATION**

Local, regional and national mobilization procedures will be followed as outlined in established guides when mobilizing Native American crews. This includes the National Interagency Mobilization and Northern Rockies Interagency Mobilization Guides.

### **A. Northern Rockies Coordination Center (NRCC)**

The Northern Rockies Coordination Center is the dispatching organization that coordinates the movement of resources throughout the Geographic Area.

### **B. Interagency Dispatch Centers**

Interagency Dispatch Centers or home units shall maintain availability status of crews in the Resource Ordering and Status System (ROSS). Interagency Dispatch Centers and home units shall maintain in-house crew management systems, which insure rotational call-up of available crews. Coordination of Native American crew use is a shared responsibility of the sponsoring agency, Interagency Dispatch Centers and NRCC.

### **C. Dispatch Requirements (including reassignment)**

All NAC personnel should come well prepared and have adequate personal items for a 14 day assignment. A standard assignment is 14 days, not including travel from and back to the home unit. However, there is no guarantee that a crew will be used for the entire duration. Responsibilities for arrangement of crew travel, meals and transportation will be coordinated between the ordering and the dispatching unit when the order is placed. After crews are hired all meals will be provided, however, crews leaving the home unit after normal mealtime should not expect to receive a meal until the next normal mealtime.

### **D. Crew Dispatching**

The home unit will establish and maintain a call-up system, which meets time frames established between the home unit and the local Interagency Dispatch Center for crew mobilization. Prior to mobilization each unit will communicate with their respective interagency dispatch center on the availability of crew(s).

Home units will be allowed two hours to assemble the crews ordered. They have 30 minutes to respond to the initial contact as to whether or not the crews can be provided. If the order cannot be filled the dispatch center will place the order with the next home unit on the rotation list. If a crew can mobilize, but their dispatch is cancelled they will move to the top of the rotation list for the next dispatch. Under no circumstances will a crew consisting of less than eighteen persons be dispatched to an incident.

E. Crew Rotation Guidelines

The purpose of establishing a crew rotation is to ensure that every crew has an equal opportunity for a dispatch assignment. A wide variety of factors influence the decision as to where a resource order for crews is placed:

1. Proximity to the incident during time periods when response time is critical.
2. Ability to meet mobilization timeframes.
3. Availability of transportation resources.
4. Local crew usage and "neighborhood crew ordering."
5. Crew configuration specified on the resource order; Type 21A, break-down capable, self-sufficient etc.
6. Daily crew availability reported in ROSS.
7. In area vs. out-of-area assignments.
8. Pick-up jetports authorized for jet transportation.

Generally, the process begins with a pre-season assessment of how many crews can be made available from any interagency dispatch center by each agency providing the crews. All other factors remaining equal, if a center can provide more crews they will receive more resource orders. A key element is the daily reporting of crew availability in ROSS. This availability is visible to the national decision maker who is looking for crews.

Once orders are received by the NRCC, the Center Manager or his/her designated representative will place orders to the interagency dispatch center based on availability as well as other factors as explained above. Each interagency dispatch center will allocate resource orders to agencies based on local protocols established between the center and the member agencies.

Local crews may be ordered directly by the local user agency. The home agency will notify the hosting interagency dispatch center of this action and change the crew's availability status in ROSS to assigned or unavailable. **Any home unit that dispatches suspended, unqualified firefighters, or has not provided the hosting interagency dispatch center a current list of suspended firefighters will be removed from the crew rotation.**

F. Length of Assignment

Fire situations will dictate length of assignment, but crews shall be prepared to be dispatched for a fourteen-day assignment excluding travel. Crews are subject to incident reassignment within this period. Crew members that cannot complete a fourteen-day assignment for prior personal reasons (school, doctor appointments, court dates, etc.) shall not be dispatched. Individuals violating this requirement are subject to disciplinary action.

G. Interagency Resource Representative (IARR)

Any time the NRCC has committed four or more Native American crews outside the Northern Rockies Geographic Area an IARR may be sent by the sending GACC. The IARR serves as an advisor to the NRCC, expanded dispatch and Incident Management Teams (IMT) on matters that relate to NAC policy. The IARR serves as liaison, providing factual information and conducting business between crews, IMTs and home units. IARRs will operate at the command post of the incident base except when demobilization or emergencies require them to be at another location.

H. Dispatch Directory

Northern Rockies Coordination Center 5765 West Broadway Missoula, MT 59808	Telephone (406) 329-4880 24-hour (406) 329-4880
Billings Interagency Dispatch Center 1299 Rimtop Drive Billings, MT 59105-1977	Telephone (406) 896-2900 Fax (406) 896-2950 CRA, NCA, FPA
Grangeville Interagency Dispatch Center 104 Airport Road Grangeville, ID 83530	Telephone (208) 983-6800 24 Hour (208) 983-6800 Fax (208) 983-4065 NPT
Great Falls Interagency Dispatch Center P.O. Box 869, 1101 15th St. North Great Falls MT 59403	Telephone (406) 791-7707, 7761 Cell (406) 799-1072 or 670-6856 Fax (406) 731-5301 BFA, FBA, CCT
Missoula Interagency Dispatch Center 1803 Strand Missoula, MT 59801	Telephone (406) 829-7070 24-hour (406) 829-7070 CSKT, FHA

North Dakota Dispatch Center  
3425 Miriam Avenue  
Bismarck, ND 58501

Telephone (701) 333-0260  
24-hour same  
Fort Totten, Fort Berthold,  
Turtle Mountain

Miles City Dispatch Center  
111 Garryowen Road  
Miles City, MT 59301

Telephone (406) 233-2900  
24-hour same  
Fax (406) 233-2938

I. Agency/Tribes Directory Fire

BIA - Blackfeet Agency  
Chris Trombly, FMO  
P.O. Box 2804  
Browning, MT 59417

Telephone (406) 338-7498  
24-hour (406) 338-2845  
Fax (406) 338-5314  
Email: trwolf@blackfeetfire.org

BIA - Crow Agency  
Bryce Rogers, FMO  
P.O. Box 69  
Crow Agency, MT 59022

Telephone (406) 638-2247  
Fax (406) 638-2380  
Email: bryce.rogers@bia.gov

Fort Belknap Community Council  
Rick Weasel, FMO  
656 Agency Main St.  
Harlem, MT 59526

Telephone (406) 353-4874x23  
Fax (406) 353-2606  
Email: rweasel@ftbelknap.org

BIA - Fort Peck Agency  
Jamie St. Marks, Fire Lead  
P.O. Box 637  
Poplar, MT 59255

Telephone (406) 768-3666  
Fax (406) 768-3662  
Email: bia.ftpeck.fire@gmail.com

Chippewa Cree Tribe  
Dawn Gamble, FMO  
RR 1 Box 542  
Box Elder, MT 59521

Telephone (406) 395-4207  
Fax (406) 395-4382  
Email: dsunchildgamble@yahoo.com

BIA - Northern Cheyenne Agency  
Lee Oldbear (Acting), FMO  
P.O. Box 40  
Lame Deer, MT 59043

Telephone (406) 477-8264  
Fax (406) 477-6198  
Email: lee.oldbear@bia.gov

Confederated Salish & Kootenai Tribes  
Division of Fire  
Ronald Swaney, FMO  
44592 Old Hwy 93  
Ronan, MT 59864

Telephone (406) 676-2550  
Fax (406) 676-2554  
Email: rons@cstkt.org

Three Affiliated Tribes  
Marle Baker, FMO  
404 Frontage Road  
New Town, ND 58763-940

Telephone (701) 421-1423  
Fax (701) 627-2896  
Email: marlebaker@mhanation.com

Spirit Lake Tribe, Fire Management  
Vacant, Zone FMO (Dave Hall Acting)  
P.O. Box 492  
Fort Totten, ND 58335

Telephone (701) 766-4222  
Fax (701) 766-4424  
david.hall@bia.gov

Turtle Mountain Agency  
Steve Collins, FMO  
P.O. Box 60, BIA #7  
Belcourt, ND 58316

Telephone (701) 477-6531  
steven.collins@bia.gov  
Fax (701) 477-0768

Nez Perce Tribe  
Forestry/Fire Management Division  
Jeff Handel, FMO  
P.O. Box 365  
Lapwai, ID 83540

Telephone (208) 843-2827  
Fax (208) 843-2843  
Email: jeffh@nezperce.org

J. Emergency Demobilization

Demobilization of individual crew members for family emergencies will be initiated by the home unit and verified requests sent to the dispatch center using the Emergency Release/Message Form. Emergency demobilizations cannot be initiated by the individual firefighter. When total crew size drops below sixteen, the crew may at the discretion of the incident management team be returned home.

K. Manifest

Prior to crew departure from the point of hire, the home unit will prepare Passenger and Cargo Manifests (SF-245) listing all crew members, their individual weight, gear weight, and total crew weight not to exceed **5300** pounds. This manifest is to be compiled based on agency qualification records and must be signed by the FMO or acting FMO.

When a crew is transported by air or ground, an accurate transportation manifest will be prepared prior to departure. The manifest will show names and weights of all personnel traveling on the designated vehicle/aircraft. At least seven copies of the manifest will be prepared and distributed as follows:

- 3 copies – Crew Boss, receiving office, finance section
- 3 copies – Vehicle/aircraft operation
- 1 copy – Retain at point of transportation origin

L. Nepotism Policy

There will be no direct supervision of immediate family members (including mother, father, brother, sister, spouse, step brother/sister, adopted brother/sister or half brother/sister) on any Native American crew. Squad bosses cannot be related to the crew boss and squad members cannot be related to their squad boss.

M. Personal Clothing

NAC crew members must bring their own personal clothing when hired. All crew members must arrive at the fire prepared for work and not rely on commissary to properly equip them. In addition, each crew member must provide the following items of personal gear, in good condition:

- Cotton pant(s)
- Jacket
- Socks
- Personal toiletries
- Prescriptions
- All leather boots, lace-up (minimum 8" top), with non-slip lug (Vibram type) soles and heels (steel-toe boots are not acceptable), extra leather bootlaces
- For early and late season fires (cold weather), include long underwear, rain gear, jacket, warm gloves and hat and additional warm clothing

**Note: Synthetic clothing is not acceptable and expensive personal items such as cameras and electronic equipment are not recommended. Tobacco products will not be provided.**

N. Personal Protective Equipment (PPE)

All crew members are required to wear nomex fire clothing when in pay status except during return travel to the home unit. The home unit will provide the crews with the following personal protective equipment (PPE):

- Red pack (1 ea. per person)
- Field pack (1 ea. per person)
- Nomex trousers (2 ea. per person)
- Nomex shirt (2 ea. per person)
- Hardhat w/chinstrap (1 ea. per person)
- Head lamp w/batteries (1 ea. per person)
- 1 qt. disposable canteen w/case (2 ea. per person)
- Fire shelter (1 ea. per person)

- Goggles (1 pr. per person)
- Leather gloves (1 pr. per person)
- Sleeping bag (1 ea. per person)
- First aid kit (1 crew kit per crew)
- 4 radios per crew
- Current IRPG

**Note:** Each individual is allowed two items of baggage, a single personal red pack not to exceed 45 pounds, and field pack not to exceed 20 pounds.

Crews will only be re-supplied if being directly reassigned to another incident. However when being released to the home unit, crew bosses will secure consumable item re-supply approval and "S" numbers at the incident to put on the Incident Replacement Requisition (OF-315) form to facilitate re-supply. One copy of the Incident Replacement Requisition should be provided to the home unit dispatch office.

O. Open/Closed Camp Policy

Incident Management Teams or local incident commanders will decide whether a camp will be open or closed. Employees may not leave a closed camp when off shift. Open or closed camp policies will apply to all incident personnel using the camp. The crew boss/crew rep may require crew members to inform him/her of their location(s) at all times.

## **IX. NAC CREW CONDUCT AND DISCIPLINE**

All NAC personnel will: abide by the guidelines established for personal conduct and safety; follow instructions given by supervisors; respect the rights of fellow workers; and properly care for government and private property. Crew organization and discipline will be maintained from the time a crew leaves their point of hire until they return to the home unit, and during all phases of the dispatch. Unsatisfactory conduct or misconduct will not be tolerated. When a violation occurs, the CRWB, CREP, IARR, FFT1/ICT5, and IMT are required to document misconduct and take initial action at the incident. The home unit FMO/AFMO and the hiring official have the responsibility to make an immediate disciplinary decision based on the seriousness of the infraction, and documentation provided from the incident or other appropriate sources. The home unit FMO has the discretion to hire or suspend an individual(s) who has a pending disciplinary action prior to a final review decision from the local NAC board. The hiring official will need to be included on any discipline actions. Tribal hiring official with tribal employees, Government hiring official with agency and AD employees.

Law enforcement agencies have the authority to conduct searches following existing federal and/or state procedures, where probable cause has been established. Canine units may be used to determine the presence of illegal substances where reasonable suspicion exists. If a canine unit “hits” on personal property, consent to search that property will be requested. If consent is not granted, the personal property may be impounded until a search warrant is secured. The owner shall be granted supervised access to the property.

### **A. NAC Expectations**

All NAC personnel are expected to conduct themselves in a safe, orderly, and professional manner whether on-shift or off-shift. The following expectations are required of all Native American crews:

1. Being in good physical condition to perform as a competent and safe firefighter.
2. Execute incident objectives within assigned timeframes from supervisors unless otherwise prevented by unsafe conditions or situations.

3. Following standard safe working practices at all times; observing the Ten Standard Firefighting Orders, the Eighteen Situations That Shout Watch Out, LCES, and using safety equipment (PPE) provided. When necessary using the standard Safety Turndown Protocols for unsafe assignments.
4. Maintaining assigned government equipment and tools in good, serviceable condition and, at the end of the assignment, returning this equipment in good condition to the place or person designated. Damaged equipment should be replaced or repaired at the incident or reassignment.
5. Reporting for duty at the place and time designated, ready to begin the assignment. This includes having the proper tools, equipment and supplies needed for the assignment.
6. Maintaining clean, orderly living areas; including fire camps. Garbage, tools, and equipment will be picked up and disposed of or stored properly at all times.
7. Maintaining professional and respectful working relationships with fellow workers, other crews, and supervisors. An attitude of cooperation and professionalism will be expected from all crew members.

B. Misconduct Issues

Misconduct will be documented in writing by the IARR, CREP, CRWB, Human Resource Specialist (HRSP) or home unit agency immediately upon discovery. Documentation will be forwarded immediately to the home unit and the hosting interagency dispatch center to show cause for disciplinary action. In special cases, the initial information may be provided by telephone. Crew members that observe misconduct by other crew members or their supervisors must document their observations and give the report to the CRWB, CREP, IARR or HRSP a copy shall be retained for delivery to the home unit FMO/AFMO in all cases. Return travel costs including meals for crew members terminated for cause will be deducted from the individual's pay.

C. Action Process

Once the home unit FMO receives information on a disciplinary issue from the incident or appropriate source an immediate disciplinary decision will be made. All individual(s) involved will not be made available for dispatch. Within fifteen (15) business days of receipt of all appropriate documentation, of the infraction, the FMO/AFMO will send a letter via **certified mail, return receipt** to the affected individual(s), using the address submitted on the OF-288, which:

1. States the nature of the offense and documents the associated disciplinary action. If infractions are severe enough in nature and have extreme negative impact to the program, lifetime suspensions may be imposed.
2. States that the affected parties must give written notice if they request a review from NAC board.
3. States that any written notice of review must be hand-delivered or postmarked to the home/sponsoring unit FMO/AFMO address within thirty (30) days of receipt of the notice of disciplinary action.

D. Review Process for Individuals and Crews

NAC personnel and crews that receive disciplinary letters and actions may request a review of disciplinary decisions, but must do so in writing within thirty (30) days of receipt of the notice of disciplinary action issued by the home unit FMO/AFMO. If an individual or crew disputes the reported facts of the incident or evaluation on which the disciplinary action was based, an opportunity shall be afforded to present testimony.

The home unit NAC Board will convene to review the validity of infractions. If the infraction is found to be valid the board will not alter punishments established in the NAC plan. The home unit FMO/AFMO will issue a written decision within seven (7) working days after the review meeting. The written decision will be sent via **certified mail, return receipt** requested, to each individual affected. All decisions are considered final and individual(s) are not allowed further recourse.

Documentation of final actions by home unit FMO/AFMO and NAC Boards will be forwarded to the BIA Rocky Mountain Regional Office. Each home unit FMO/AFMO will maintain a current list of individuals that have received disciplinary actions. This is to be accomplished annually as the list may be updated with current suspensions. This suspension list will be forwarded to the BIA Rocky Mountain Regional Office, hosting Interagency Dispatch Center and other agency fire programs. In those cases where crews are sponsored by a National Forest, the Forest Service will take appropriate action.

E. Disciplinary Actions

No.	Infraction	1 <sup>st</sup> Offense	2 <sup>nd</sup> Offense
1.	Unprofessional or discourteous conduct toward supervisors, co-workers, or other incident personnel.	Remainder of season plus one year suspension	<b><i>Lifetime suspension</i></b>
2.	Poor or deficient ratings for individual firefighter(s).	Warning Letter	Remainder of season plus one year suspension
3.	Alcohol use or possession while in hired status. This is to include all phases of a dispatch until released from duty.	Three year suspension	<b><i>Lifetime suspension</i></b>
4.	Illegal drug use, possession, & solicitation while in hired status. This is to include all phases of a dispatch until released from duty.	<b>Lifetime suspension</b>	
5.	Abandonment of position (walking away from the crew).	Three year suspension	<b>Lifetime suspension</b>
6.	Initiating a release from an incident under false pretenses.	Three year suspension	<b>Lifetime suspension</b>
7.	Physical Assault (physical contact must occur-assault and battery).	<b><i>Lifetime suspension</i></b>	
8.	Poor Physical Condition	Retake physical and the Work Capacity Test	Remainder of season plus one year suspension
9.	Thievery	<b><i>Three year suspension</i></b>	<b><i>Lifetime suspension</i></b>
10.	Malicious damage to government/private property.	<b><i>Three year suspension</i></b>	<b><i>Lifetime suspension</i></b>
11.	Insubordination	<b><i>Three year suspension</i></b>	<b><i>Lifetime suspension</i></b>
12.	Failure to report sickness or injury.	Remainder of season plus one year suspension	Three year suspension
13.	Harassment of persons on the basis of their race, color, national origin, sex, religion, age, disability, sexual orientation, or reprisal.	Three year suspension	<b>Lifetime suspension</b>
14.	Possession of firearms or deadly weapons as defined under state and federal laws (including knives with four-inch blades). The NAC has a zero tolerance policy for workplace violence.	Report to Law Enforcement for appropriate legal action and <b>Lifetime Suspension</b>	

No.	Infraction	1 <sup>st</sup> Offense	2 <sup>nd</sup> Offense
15.	Personal threats, intimidation, reprisal, or verbal abuse.	Three year suspension	<b>Lifetime suspension</b>
16.	CREP/Crew Boss/Squad Boss failure to report violation(s) of the "Misconduct Issues" in writing.	Remainder of season plus one year suspension	Three year suspension
17.	Length of Assignment Requirement	Remainder of season plus one year suspension (see page 12)	<b>Lifetime suspension</b>
18.	Failure to submit or testing positive to a random/suspicious drug test screening	Remainder of season plus one year suspension	<b>Lifetime suspension</b>

## X. CREW PERFORMANCE EVALUATIONS

Prior to release from an assignment, Native American crews and crew bosses will be evaluated on the assignment by the immediate supervisor of the crew boss. The evaluation will be done on the interagency "Crew Performance Rating" (ICS-224) form. As necessary, Position Task Books will also be completed by the crew boss and/or strike team leader and /or CREP for squad bosses and crew boss trainees. Evaluations are to be used as a tool to improve the NAC program and identify areas of improvement or outstanding performance.

### A. Evaluation

Each evaluation will consist of a thorough, accurate and fair reflection of a crew's performance on all aspects of the assignment over the entire duration of the assignment. The evaluation process will be ongoing as a necessary part of supervisory responsibility. When observed crew performance is highly satisfactory or superior, the supervisor will immediately recognize the performance and encourage it through the crew boss. If superior performance continues throughout the assignment, it will be documented in the written evaluation of the assignment.

When deficient crew performance is observed during an assignment, the supervisor will immediately identify the deficiency and discuss corrective action with the crew boss. If the deficiencies continue they will be documented in the written evaluation of the crew on the assignment. At the end of the assignment, the "Fire Crew Performance Rating" must be completed by the supervisor and discussed with the crew boss. If a "deficient" rating is given in any category in Block #9, "Crew Evaluation", or Block #10, "Supervisory Performance", the deficiency will be fully explained in Block #14, "Remarks", and the evaluation will be reviewed and counter-signed by the next higher person in the chain of command prior to discussion with the crew boss.

B. Individual Performance Evaluation

Individual firefighter's outstanding or poor performance will be documented by the crew boss or squad boss on an Individual Performance Firefighter Evaluation (ICS-226) form. Home unit FMOs and sponsoring agencies can use the evaluations for local NAC program development and improve firefighter performance at the ground level. Squad bosses are encouraged to document individual firefighter performance in order to enhance skills needed to become a competent crew boss. Performance deficiencies that are documented can be addressed with the home unit FMO/AFMO for further training, on the job (OJT), coaching, or resolution.

C. Evaluation Routing

Evaluations will be reviewed by the home unit FMO, filed at the home unit and the Regional Office. They will be used to determine training needs and effectiveness. The home unit will issue any follow-up action needed in a timely manner. When a crew evaluation is completed it will be routed as follows:

1. One copy will be given to the crew boss at the incident.
2. One copy will be sent to the home/sponsoring unit FMO.
3. One copy will be forwarded to the Rocky Mountain Regional Office by the home/sponsoring unit FMO.

D. Position Task Books (PTBs)

Position Task Books for squad boss, (FFT1) and crew boss (CRWB) positions will be initiated by the home unit FMO/AFMO. Individuals will keep their own PTB between assignments until it is completed. Completed PTBs will be submitted to the home unit FMO/AFMO for review, certification and entry into the IQCS database. After PTBs have been entered into the IQCS database they may be kept in an employee personnel file at the home unit or retained by the individual.

## **XI. NAC PROGRAM ADMINISTRATION**

The following administrative requirements and procedures will be used in the management of Native American crews.

A. AD-Pay Plan

Rates of pay are established each year in the Administratively Determined Pay Plan for Emergency Workers (Casuals). All hiring offices using AD/EFF personnel shall adhere to the provisions outlined in the AD Pay Plan.

B. Compensable Time

Reference the Interagency Incident Business Management Handbook (August 2012), supplementals to the IBMH and the 2013 AD Pay Plan or most current.

C. Timekeeping

Crew time will be recorded for all assignments on an Emergency Firefighter Time Report (OF-288). This form must be completed per agency requirements as established in the IIBMH. The CRWB or CREP will provide OF-288s initiated by the home unit to the incident Finance Section. All shift time will be recorded on Crew Time Reports, SF-261, signed by the immediate supervisor, and submitted to Finance at the end of each operational period.

Prior to departure from each incident, the OF-288 must be reviewed and signed by each employee, if in agreement. If the individual disagrees with the posting of the time and/or commissary costs, it must be reported to the crew boss. If there are authorized corrections they will be made by the Finance Section. The crew boss must assure the time sheets are complete and accurate before leaving the incident.

Time sheets will be hand carried by the Crew Boss to the home unit dispatch facility. Dispatch will close out the time sheets and coordinate with the appropriate staff.

D. Paying

All payments will be processed at the appropriate payment center OR sponsoring unit. Emergency firefighter time reports (OF-288) should not be processed until the crew returns to the home unit and all issued equipment is accounted for.

E. Conditions of Hire

All NAC personnel will read, sign, and comply with all of the conditions listed in the Single Resource Casual Hire Information Form (PMS 934) and Incident Behavior Form (PMS 935-1). By signing either form NAC personnel are agreeing to all conditions as outlined in the NAC plan and AD Pay Plan. Refusing to sign the forms will prevent the person(s) from being hired. **The home unit FMO has the discretion to hire or not hire individuals under the Native American Crew Operating Plan.**

F. Income Tax Withholding Information

All NAC personnel will be afforded the opportunity to complete and sign a Withholding Allowance Certificate W-4, Earned Income Credit Advance Payment Certificate W-5 (if eligible and claiming Earned Income Credit), and applicable state income tax withholding forms when they are first hired. Failure to complete and sign such forms will result in tax being withheld at the highest (default) rate for both federal and state income taxes. Emergency firefighters may request taxes to be withheld from a state other than where they were hired by filing the appropriate state income tax withholding form.

G. Department of Homeland Security (DHS) Form I-9

The Immigration Reform and Control Act of 1986 require employers to hire only individuals who are eligible to work in the United States. Each home unit will be responsible for ensuring completion of an I-9 Form for all NAC personnel prior to employment. Non-U.S. citizens hired as firefighters must have an Individual Taxpayer Identification Number (ITIN) in order to be paid. Individuals obtain an ITIN by completing a Form W-7, Application for IRS Individual Taxpayer Identification Number, and submitting it to the local Internal Revenue Service Office.

H. Personal Information Disclosure

Social Security Number (SSN) disclosure is **mandatory** as a condition of hire. The SSN is used primarily to gather earnings data in connection with lawful requests from other agencies (IRS or state tax agencies). Section 6311 of Title 5 U.S.C. authorizes collection of this information. Disclosure of information to the Department of Labor is required when processing a claim for compensation regarding a job-related injury or illness; to a State Unemployment Compensation Office regarding a claim; to Tribal Police, Federal, State, or Local law enforcement agencies for violations or criminal investigations. Firefighters must certify that all the information is correct to the best of their knowledge and authorize the release of medical information that will verify physical fitness and qualifications for firefighting crew and camp crew duties.

I. NAC Accident/Injury Reporting

Crew bosses are responsible for hand-carrying originals of all injury report forms to the home unit. Native American crews are considered to be Federal employees when they are initially hired until they are terminated at the point of hire. In the event of an injury or illness the hosting agency will initiate claim in SMIS (CA-1, CA-2, etc.) for an individual. Any fire personnel leaving a fire assignment because of injury or illness will be released if not fit for duty, and returned to the point of hire after treatment. Return to fire duty will not be at the option of the employee being treated.

J. Office of Workers' Compensation Procedures (OWCP)

All injury forms will be coded to the Agency that is the home unit. Crew bosses should be familiar with their home unit address and OWCP charge back coding. BIA employing office addresses and alpha charge back codes for Agencies in the Northern Rockies Geographic Area is:

OWCP CODE 7106BN  
Blackfeet Agency/C51  
Bureau of Indian Affairs  
Browning, MT 59417

OWCP CODE 7106CR  
Crow Agency/C52  
Bureau of Indian Affairs  
Crow Agency, MT 59022

OWCP CODE 7106PO  
Fort Peck Agency/C56  
Bureau of Indian Affairs  
Poplar, MT 59255

OWCP CODE 7106LD  
Northern Cheyenne Agency/C57  
Bureau of Indian Affairs  
Lame Deer, MT 59043

OWCP CODE 7106FO  
Fort Totten Agency/A05  
Bureau of Indian Affairs  
Fort Totten, ND 58335

OWCP CODE 7156LA  
Northern Idaho Agency/P05  
Nez Perce Tribe  
Lapwai, ID 83540

OWCP CODE 7106HA  
Fort Belknap Agency/C55  
Bureau of Indian Affairs  
Harlem, MT 59526

OWCP CODE 7106BX  
Rocky Boy Agency/C59  
Chippewa Cree Tribe  
Box Elder, MT 59521

OWCP CODE 7156PA  
Flathead Agency/P13  
CS&K Tribe  
Ronan, MT 59864

OWCP CODE 7156NT  
Fort Berthold Agency/A04  
Three Affiliated Tribes  
New Town, ND 58763-9402

OWCP CODE 7156BE  
Turtle Mountain Agency/A11  
Bureau of Indian Affairs  
Belcourt, ND 58316

When medical treatment for an injury or illness is provided on the fire through OWCP procedures, the hosting agency will complete all initial paperwork on the individual. In accordance with the Presidential "Protecting Our Workers and Ensuring Reemployment" (POWER) the claim will be completed using SMIS (Safety Management Information System). The employee/crew boss will need to notify the hosting agency immediately. Immediately but no longer than 5 working days file the claim (CA-1 or CA-2) using SMIS. The assigned government representative will within 2 days review the employee's claim in SMIS and complete the supervisor's portion of the claim. The submission of claims for BIA NAC sponsored crews are to be made by the home unit. When Native American crews are used on state fires, the paperwork for an injured individual will be completed by the CREP/CRWB or by the Federal Agency Representative on the fire. A copy of the memo "Submission of Worker's Compensation Forms and Accident Reporting" with a quick reference guide for SMIS is provided as an attachment of the 2013 NAC plan.

K. Agency Provided Medical Care (APMC) Procedures

Initial emergency medical treatment for injuries that do not require hospitalization or surgery may be provided by the host agency. Such treatment will be requested by fire resource order, and cost of the treatment will be billed to and paid by the host agency. The CA-1 or CA-2, a medical report from the doctor, and a statement of explanation and instruction will be attached to the employee's fire time sheet for return to the home unit. An Agency provided medical care form may be used to request the treatment. This form also contains the doctor's report and the statement of explanation on the reverse.

If no further medical treatment is necessary or requested by the employee and there has been no lost time because of the injury and/or illness, the home unit will file the CA-1 and/or CA-2 and medical documentation for record purposes. No claim will be submitted to OWCP. If follow-up medical treatment is necessary or lost time occurs, the home unit will initiate OWCP procedures, such as issuing a CA-16 to the physician of the employee's choice, and submit the claim to OWCP. Crew bosses will hand carry and make sure that this paperwork is given to the home unit's dispatching office.

L. Responsibility for Completing Injury Forms

Responsibility for completing injury report forms is at every level; crew representative, crew boss, squad boss, and crew member. The injured employee must notify the supervisor immediately and identify a witness to the injury. Supervisors and managers have the ultimate responsibility to insure that an injured employee receives proper and timely medical treatment and that the individual's rights under the Federal Employee's Compensation Act (FECA) and OWCP are fully understood and protected. When injured employees are treated on a fire through agency contracted medical services, it is important that they be advised of the coverage and options still available to them under FECA/OWCP regulations. This includes being entitled to go to a doctor of their choice when they return home, if necessary.

M. Mail

No mail or packages will be accepted or delivered to NAC personnel on fire assignments unless IMTs have established mail services. Emergency messages will be delivered through appropriate channels.

N. Hazardous Materials

Hazardous materials such as fusees will not be transported on commercial aircraft to or from any fire assignment.

## **XII. NAC CREW TRAINING**

All sponsored Native American crews will coordinate training needs through the home unit Training Officer. The following objectives are provided to assist in developing well trained crews:

1. To establish a system that ensures the NAC program has trained and qualified Type II, Type II Initial Attack and camp crews.
2. To ensure standardization of procedures for management of all Native American crews.
3. To provide administrative and supervisory direction for the management of all Native American crews.
4. To provide equality of training across Indian reservations in management of the NAC program.
5. To provide opportunities for NAC personnel to become qualified for assignments in the Incident Command System.

### **A. Home Unit**

Home units have the first level of responsibility for recruitment, hiring, training, and administrative matters relating to Native American crews. Home units are responsible for maintaining current records in the IQCS for each NAC member under their sponsorship. This will include qualifications, performance, training and experience. The home unit will coordinate scheduled training that is required in maintaining qualified personnel. The home unit will request assistance in the form of instructors and instructional materials and aids from all NRCG members.

### **B. NAC Training Requirements**

BIA/tribal home units will adhere to the current Wildland and Prescribed Fire Qualification System Guide, PMS 310-1. For BIA Rocky Mountain Region units please refer to the Wildland Firefighter Training Handbook for further guidance. For the transferring of records refer to section C, Incident Qualification Card.

In May of 2004 a memo was sent out by the BIA-NIFC office regarding training policy for Administratively Determined, Emergency Firefighter AD/EFF hires. The memo provides guidance on deliverable courses to AD/EFF hires which are defined as "Required" in the 310-1.

#### **Position Task Books (PTBs)**

Position Task Books for squad boss, (FFT1) and crew boss (CRWB) positions will be initiated by the home unit FMO/AFMO. Individuals will keep their own PTB between assignments until it is completed. Completed PTBs will be submitted to the home unit FMO/AFMO for review, certification and entry into the IQCS database. After PTBs have been entered into the IQCS database they may be kept in an employee personnel file at the home unit or retained by the individual.

## APPENDIX A

### CREW REPRESENTATIVE/CREW BOSS REPORT (Circle One)

#### I. HEADING

Fire Name (s) \_\_\_\_\_

Geographic Area \_\_\_\_\_

National Forest or Other Agency \_\_\_\_\_

Resource Order Number \_\_\_\_\_

Inclusive Dates \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_\_

Crew Identification \_\_\_\_\_  
\_\_\_\_\_

Crew Representative \_\_\_\_\_ Home Unit \_\_\_\_\_

IARR \_\_\_\_\_ Home Unit \_\_\_\_\_

#### II. DESCRIPTION OF ASSIGNMENT

A. Assembly Point \_\_\_\_\_ Met Crew (time, date) \_\_\_\_\_

B. Means of Travel:

C. Fire behavior during shifts worked:

D. Type of work done:

E. Camp Organization and Conditions:

### III. CREW EVALUATION

A. Physical Condition (Identify individuals that were good or bad):

B. Tool Skill:

C. Tool and Fire Safety:

D. Organization:

E. Behavior (On and off fire line and travel):

F. Crew Boss: (applicable for crew rep only):

1. Training and experience:
2. Line Knowledge:
3. Safety:
4. Crew Supervision:
5. Other (areas for improvement, etc):

G. Squad Boss (applicable for crew boss only):

1. Training and experience:
2. Fire Knowledge:
3. Safety:
4. Squad Supervision:
5. Other (areas for improvement, etc):

H. Other (general comments that might help the crew):

IV. INJURIES REPORTED ON CA-1

<u>Name</u>	<u>Type of Injury</u>	<u>Medical Treatment Beyond First Aid</u>
_____	_____	_____
_____	_____	_____

V. PROBLEMS (Include fireline safety and individual crew members):

VI. OUTSTANDING PERFORMANCE (Include individual crew member performance):

VII. OTHER COMMENTS (Pertinent to crew or crew boss performance):

Signature: \_\_\_\_\_  
CREW REP/CREW BOSS (circle)

## APPENDIX B

### DOI Wildland Firefighter Medical Standards Program Annual Exam Packet and CLEARANCE FORM Wildland Firefighters (Arduous, Moderate and Light)

\*\*\*CAUTION\*\*\*

**THIS DOCUMENT CONTAINS CONFIDENTIAL MEDICAL INFORMATION  
AND IS SUBJECT TO THE PROVISIONS OF THE PRIVACY ACT (5 USC 552a)  
(THIS FORM NOT INTENDED FOR USE)**

This medical history and examination form is to be completed every three years for individuals less than 45 years of age participating in an Arduous, Moderate or Light wildland firefighter position. This form must be completed *prior* to participating in the arduous duty work capacity test ("Pack Test").

***Fire Management Officer (FMO):*** Determine what WCT level the individual will be participating in Arduous, Moderate or Light. Indicate by marking Arduous, Moderate or Light above on form.

***Firefighter:*** Complete ALL of pages of this form, complete physical exam with a health care provider, and return the "Clearance Sheet" to your FMO. If the FMO does not receive the "Arduous Duty Wildland Firefighter Clearance Form" you will not be allowed to take the Pack Test. All "Yes" answers in the medical history section must be explained and may require further information from your personal physician(s).

***Local Health Care Professional:*** Review the requirements for an arduous duty wildland firefighter, review the firefighter's self disclosure responses, for moderate and light duty review categories I and II and complete the "Medical Screening" and the "Wildland Firefighter Clearance Form". Provide the completed "Wildland Firefighter Clearance form" to the firefighter, unless directed otherwise. **All significant, abnormal findings are to be discussed with the firefighter.**

Department of the Interior  
**Wildland Firefighter Medical Standards Program**

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To: DOI Fire Directors

From: DOI MSP Oversight Group  
Tamara Neukam, BLM Human Resources Officer  
John Segar, FWS Fire Director  
Chad Fisher, NPS Wildland Fire Safety Program Manager

Date: 11/6/2014

Subject: DOI Wildland Firefighter Medical Standards Program Phased National Contract Exam Implementation.



The following information provides guidance for those DOI fire units participating in Phase I of the Department of the Interior Wildland Firefighter Medical Standards Program (DOI MSP) implementation process. Phased implementation will take place over three years with one third of each DOI Bureau's units phasing in each year. The DOI MSP contracted medical provider, Comprehensive Health Services (CHS), will be ready to schedule exams for Phase I participants starting January 2015. Units selected to participate in Phase I are listed in the attached chart using the National Wildfire Coordinating Group Unit Identifier. **All units not identified in the chart should follow agency specific guidance** located here:

[http://www.nifc.gov/medical\\_standards/Links/index.html](http://www.nifc.gov/medical_standards/Links/index.html)

### **Major Elements of the Contract**

The DOI MSP contract with Comprehensive Health Services provides exam scheduling services; a network of clinics within 50 miles of most fire unit locations; qualification determinations; health records management and administrative tracking tools. The Contractor accomplishes these services electronically through their Customer Access System (CAS) for administrators and through their Employee Access System (EAS) for applicants.

### **The DOI MSP Process for Phase 1 Implementation Group**

All arduous wildland firefighters are required to take a medical exam and medically qualify under the *Federal Interagency Wildland Fire Medical Standards* as an applicant. Once hired medical qualification becomes a condition of employment and an exam is performed every three years. Self-certification of medical qualification occurs in the years between exams. The self-certification process will be completed through CHS CAS and will begin in 2016 with Phase I participants. Current periodicity for Phase I participants will start over with their 2015 contracted exam. A baseline exam is required once in the career of a firefighter. A baseline exam will be required for all participants who did not have a verified baseline on file with the DOI MSP. The CHS CAS has been preloaded with existing baseline information and will prompt the user towards the appropriate exam.



Department of the Interior  
**Wildland Firefighter Medical Standards Program**

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Applicants not meeting one or more of the Federal Interagency Wildland Fire Medical Standards, have an opportunity to participate in the Risk Mitigation/Waiver Process which is not affected by the contract and remains the same. Current waivers or waivers with restrictions remain valid unless there is a change in medical condition. A program flow-chart is attached for your reference. For detailed information on the DOI MSP and Risk Mitigation/Waiver Process, please visit: [http://www.nifc.gov/medical\\_standards](http://www.nifc.gov/medical_standards)

**What to Expect Next**

- In the coming weeks, the DOI MSP or representative will contact you to determine CAS user information which will be pre-loaded into the CAS system. As a reminder, CAS users should be those FMOs, AFMOs and/or SHROs or delegates with the authority to order exams, and track employees which includes viewing some PII.
  - The DOI MSP or representative will solicit a roster of anticipated examinees from the CAS user to help pre-load the user's known/anticipated examinees.
  - The DOI MSP or representative will solicit a list of preferred clinics in your area to potentially incorporate into CHS's network if not already secured.
- Comprehensive Health Services will contact CAS users beginning early December to schedule CAS training to walk-through the system functionality and exam ordering procedures.
- The CAS will be ready in its entirety for use middle to late January 2015.

Please continue to monitor the DOI MSP website for further updates or contact the DOI MSP Office at (888) 286-2521 (e-mail: [wlfcsr@blm.gov](mailto:wlfcsr@blm.gov)) if you have questions.

**2 Attachments**

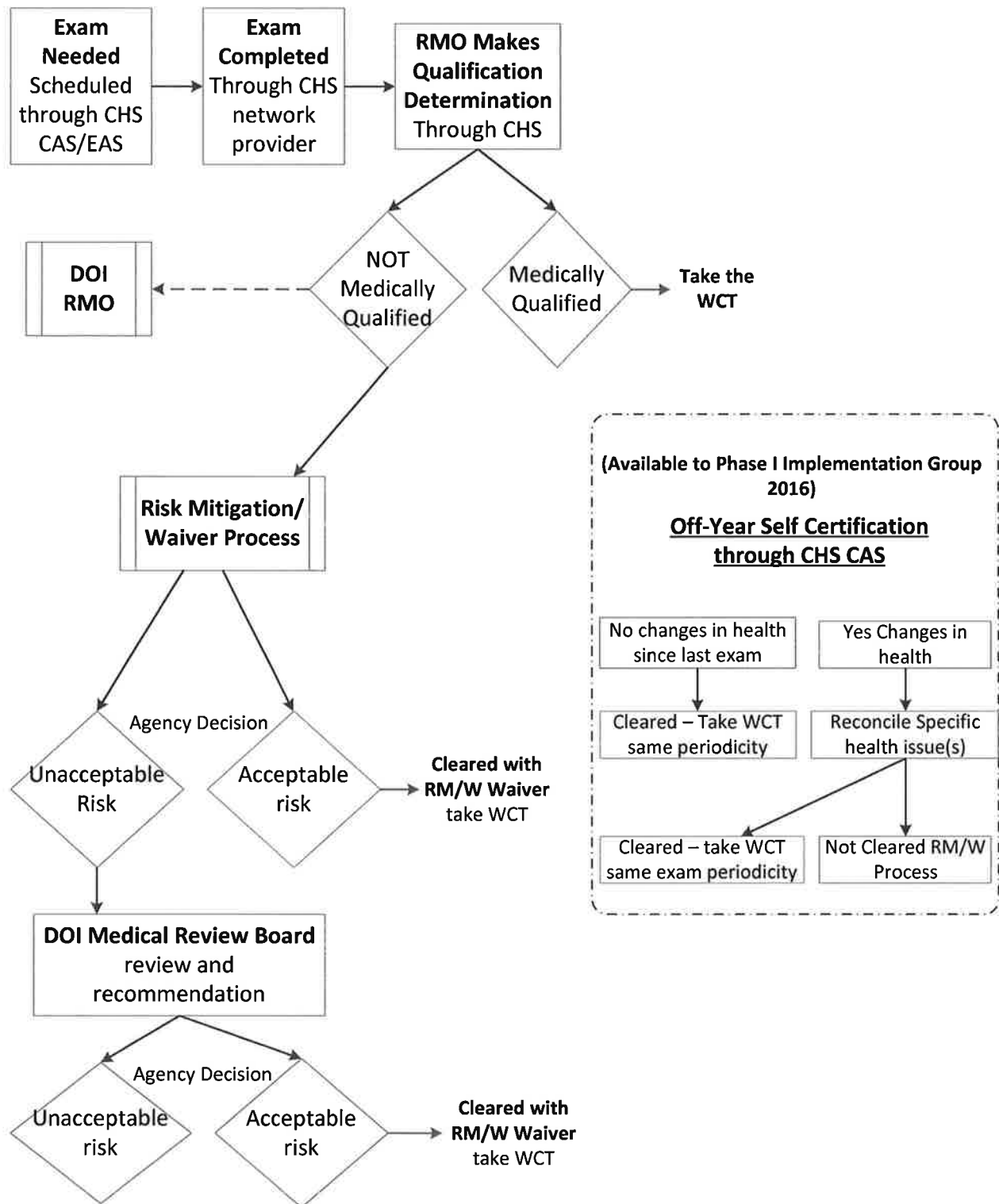
Department of the Interior  
**Wildland Firefighter Medical Standards Program**

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Phase 1 Units Selected - FY2015							
BLM (Unit ID's)		BIA (Unit ID's)		NPS (Unit ID's)			FWS (States)
WA-SPD	NV-EKD	AZ-CRA	MT-FPA	SD-BDP	NV-LAP	MT-GNP	ND
OR-BUD	NV-ELD	AZ-FTA	MT-NCA	SD-WCP	CA-YNP	WY-GTP	SD
OR-LAD	NV-NSO	AZ-FYA	MT-RBA	MN-GPP	CA-WRP	UT-ZIP	NE
OR-MED	NV-SND	AZ-HOA	MT-RMA	MN-VOP	FL-BCP	CO-RMP	KS
OR-OSO	NV-WID	AZ-NAA	MT-SKT	IN-IDP	GA-SEP	CO-IMP	WA
OR-PRD		AZ-PMA	NC-ECA	OH-CVP	DC-NCP	NM-BAP	OR
OR-ROD		AZ-SCA		NE-MWP	DC-NEP		ID
OR-SAD		AZ-PPA		SD-NGP	DC-NPP		MT
OR-VAD		AZ-SRA		WA-NCP	DC-RCP		WY
OR-WIF		AZ-TCA		OR-CLP	ME-ACP		NV
OR-CBD		AZ-WEA		OR-OCF	VA-FSP		UT
OR-EUD		MT-BFA		ID-CMP	PA-DWP		CO
NV-BMD		MT-CRA		ID-FCP	MA-CCP		CA
NV-CCD		MT-FBA		NV-GBP	AK-AOP		AK

Department of the Interior  
**Wildland Firefighter Medical Standards Program**

The Department of the Interior Wildland Firefighter Medical Standards  
Program Process for Phase I Implementation Participants





United States Department of the Interior  
BUREAU OF INDIAN AFFAIRS  
NATIONAL INTERAGENCY FIRE CENTER  
3833 South Development Avenue  
Boise, Idaho 83705-5354

November 26, 2014

Memorandum

To: All Regional Directors, All Regions  
Attention: Agency Superintendents  
Regional Fire Management Officers  
Human Resource Officers

From: Director, Branch of Wildland Fire Management

Subject: 2015 BIA/Tribal Medical Standards Program and Drug Testing Procedures

**Introduction:**

This memorandum outlines instructions for the 2015 Department of Interior Medical Standards Program (DOI MSP) and Drug Testing procedures for Administratively Determined/Emergency Firefighters (AD/EFF). All Bureau of Indian Affairs (BIA) and Tribal organizations with wildland fire suppression programs will be required to follow this direction.

**2015 Changes:**

**Medical Standards Program Contract**

Comprehensive Health Services (CHS) has been selected as the contracted medical services provider for DOI MSP. CHS will begin implementation of medical exams in January 2015.

A phased in approach has been selected for the contract and will be implemented over a three year period. BIA units selected for phase 1 are listed below:

AZ-CRA	AZ-PMA	AZ-WEA	MT-NCA
AZ-FTA	AZ-SCA	MT-BFA	MT-RBA
AZ-FYA	AZ-PPA	MT-CRA	MT-RMA
AZ-HOA	AZ-SRA	MT-FBA	MT-SKT
AZ-NAA	AZ-TCA	MT-FPA	NC-ECA

The DOI MSP and representatives from CHS will be in contact with local unit Fire Management Officers (FMOs), Servicing Human Resources Specialists (SHRO), and Management Officials (MO) to identify training, tracking, scheduling and other processes new to the contract.

Exam funding for units in Phase 1 will be paid for by the DOI MSP contract.

**Medical Standards Program**

All units not selected in Phase 1 will continue with the MSP currently in place. Refer to specific guidance for the BIA at [http://www.nifc.gov/medical\\_standards/index.html](http://www.nifc.gov/medical_standards/index.html).

All incumbent arduous duty wildland firefighters who have not had a medical exam in the last three calendar years must complete an exam. If an exam or other supporting documentation cannot be provided by the individual, an exam will be necessary to meet the three year periodicity requirement. For more information refer to the BIA Exam Matrix located at: [http://www.nifc.gov/medical\\_standards/documents/NewExamProcess/2014%20BIA%20Exam%20Matrix.pdf](http://www.nifc.gov/medical_standards/documents/NewExamProcess/2014%20BIA%20Exam%20Matrix.pdf)

Unit FMOs are encouraged to contact the Customer Service Representatives (CSR) at [wlfcsr@blm.gov](mailto:wlfcsr@blm.gov), or 1-888-286-2521 for questions concerning the 2015 DOI MSP program.

**Payment of Medical Standards Program Exams:**

BIA-NIFC has established the following account structure for medical exams not associated with Phase 1 of the contract:

Fund	Functional Area	Cost Center	BOC	WBS

Payment of exams will be made at the local unit level. Fire Management Officers are encouraged to work directly with their regional contracting office for establishing procedures for payment of these services prior to contacting medical providers. The Government estimate for an Annual Medical Exam is \$185.00 and should be negotiated prior to scheduling of exams with medical provider.

If additional testing is required by the medical provider for a clearance determination, the request for specific tests will be submitted to the Wildland Fire Safety Specialist for authorization prior to additional testing. Authorized testing will be paid by BIA-NIFC, any unauthorized costs will be assumed by the examinee.

**Drug Testing Program**

The Drug Testing program also remains intact for 2015. For more information refer to the memorandum dated November 14, 2008 at:

<http://www.bia.gov/idc/groups/xnifc/documents/text/idc015820.pdf>.

Specific items to note in the memorandum include:

- Testing includes: all emergency firefighters, drivers, camp crews, and dispatchers participating in wildland/prescribed fire assignments, and all-hazards incidents with FEMA.

- Supervisors and drug testing administrators are encouraged to participate in training and can access training at [www.doi.gov/doilearn/](http://www.doi.gov/doilearn/).
- Testing will be paid with local unit preparedness funds. No employee time will be charged due to the short duration of the test and is considered a condition of hire.

For questions concerning either program please contact Tony Beitia, NIFC Wildland Fire Safety Specialist, at 208-387-5177 or via email at: [juan.beitia@bia.gov](mailto:juan.beitia@bia.gov).

# BIA Exam Matrix

Effective January 1, 2015

The following chart summarizes the requirements for arduous duty Wildland Firefighters (WLFF).	Incumbent Permanent Employees (PFT, Career Seasonal, Term, Pathway's Interns) who have had an exam since 1/1/2012.	New Permanent Employees (PFT, Career Seasonal, Term, Pathway's Interns) and incumbents whose last exam was prior to 1/1/2012.  All Temporary Employees	All AD/EFF Hires	
			Less than 45 years of age	45 years of Age and older
Health Screen Questionnaire (HSQ)	YES	NO	YES	NO
DOI MSP Medical Examination	YES, if indicated by a "Yes" answer on the HSQ	YES	YES, if indicated by a "Yes" answer on the HSQ	YES

**THREE-YEAR EXAM REQUIREMENT:** all arduous duty wildland firefighters, excluding AD/EFFs <45, who have not had a DOI Wildland Firefighter medical exam since January 1, 2012 must have an exam.

**HSQ:** If indicated, employment categories identified above are required to take a HSQ. The HSQ form is available for download on the DOI MSP website;  
[http://www.nifc.gov/medical\\_standards/Links/index.html](http://www.nifc.gov/medical_standards/Links/index.html).

**Medical Examination:** If indicated, employment categories identified above are required to undergo an Examination. The cost should be negotiated up front using the Government estimate of \$185. If the result of the Exam by the examining Physician is a Not Cleared Determination, the agency SHRO should contact the DOI MSP immediately ([wlfesr@blm.gov](mailto:wlfesr@blm.gov) or 1-888-286-2521) and begin the Waiver/Risk Mitigation process or request a review of further medical information by the Medical Review Officer contracted with the DOI MSP. Exam forms are available for download on the DOI MSP website;  
[http://www.nifc.gov/medical\\_standards/Links/index.html](http://www.nifc.gov/medical_standards/Links/index.html).

Results of all examination types should be kept in the Employee Medical Folder.

Examinee Name: \_\_\_\_\_



**Department of the Interior  
Wildland Firefighter Medical Standards Program  
(DOI MSP)**

**Exam Packet**

Please contact the DOI MSP at 1-888-286-2521 for questions or visit our website at;

[http://www.nifc.gov/medical\\_standards/index.html](http://www.nifc.gov/medical_standards/index.html)

**IMPORTANT:** Exam Questionnaire forms are legal documents. Falsification and/or withholding of information regarding a medical condition could lead to rescinding tentative job offers and/or termination of employment.

Examinee Name: \_\_\_\_\_

### PRIVACY ACT STATEMENT

Solicitation of this information is authorized by Section 552a of Title 5, United States Code, regarding records maintained on individuals; Section 3301 of Title 5, United States Code, regarding determination as to an individual's fitness for employment with regard to age, health, character, knowledge and ability; and Section 3312 of Title 5 United States Code, regarding waiver of physical qualifications for preference eligible. This form is used to collect medical information about individuals who are incumbents of positions in the Federal Government which require physical fitness testing and medical examinations, or individuals who have been selected for such a position contingent upon successful completion of physical fitness testing and medical examinations as a condition of their employment. The primary use of this information will be to determine the nature of a medical or physical condition that may affect safe and efficient performance of the work described. Additional potential routine uses of this information include using it to ensure fair and consistent treatment of employees and job applicants, to adjudicate requests to pass over preference eligible, or to adjudicate claims of discrimination under the Rehabilitation Act of 1973, as amended. Completion of this form is voluntary; however, failure to complete the form may result in no further consideration of an applicant, or a determination that an employee is no longer qualified for his or her position. In addition, incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, termination of employment, or criminal sanction.

### INSTRUCTIONS

**Part A: Payment Process** – to be completed by Agency Official requesting exam. The DOI MSP Government estimate for clinic review of part B and completion of part C is \$185.

**Part B: Medical History** - to be completed by Examinee prior to the clinic medical examination. The examining clinician will use responses in this section to help identify medical conditions that may have bearing on the final clearance determination. In order to avoid potentially lengthy delays in the clearance process, the examinee should provide supporting medical documentation pertaining to any YES response in this section. Examinee should bring contact lenses or eyeglasses if applicable for the eye exam portion of exam. Hearing Aids are not permitted for use during the whisper test.

**Part C: Medical Examination** - to be completed by the examining clinician. The required certification to review Part B – Medical History and complete Part C – Medical Examination is Physician, Physician Assistant, Nurse Practitioner certified under a State Board of Medicine. NO ADDITIONAL MEDICAL DIAGNOSTIC TESTING IS AUTHORIZED!

**Part D: Clearance Determination** – After part B and C of the exam are completed the clinician will determine if the examinee meets the Federal Interagency Wildland Firefighter Standards based on the information provided. The examining clinician should use his or her clinical judgment on whether items marked as YES in part B require further work up or clarification in lieu of any additional information provided or omitted. To further clarify, circumstances may exist so that additional medical information is not needed to make a reasonable medical determination that a condition is static and stable. In addition, not all ongoing medical conditions necessarily equate to failure to meet a specific standard. Signature of the examinee certifies that the information provided is complete and accurate; and that the examinee consents to the release of the exam to a reviewing Medical Review Official (MRO) and the employing agency.

### CLEARANCE OPTIONS

**Cleared:** Based on the information provided in part B and C (and any additional medical information provided) of the Annual Exam the examinee meets the Federal Interagency Wildland Firefighter Standards and is cleared to perform the Essential Functions and Work Conditions of Arduous Wildland Firefighting duties.

**Not Cleared:** Based on the information provided in part B and C (and any additional medical information provided) the examinee does not meet one or more of the Federal Interagency Wildland Firefighter Standards and is Not Cleared to perform the Essential Functions and Work Conditions of Arduous Wildland Firefighting duties. If the Examinee does not provide additional medical information on pre-existing conditions at the time of examination the clinician should choose Not Cleared based on information provided.

**NO ADDITIONAL MEDICAL DIAGNOSTIC TESTING IS AUTHORIZED!**

Examinee Name: \_\_\_\_\_

<b>PART A</b>	<b>PAYMENT PROCESS</b>
<p><b>Contact Information of Requesting Agency Official (FMO or SHRO)</b></p> <p>Name: _____ Agency: NPS BLM BIA FWS</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> <p>The requesting Agency Official is responsible for negotiating the cost of the exam with the local clinic based on the government estimate and identifying one of the approved procurement processes below and advising the Examinee of the required actions. The DOI MSP is in no way responsible for the cost associated with the Annual Exam. Contact your agency Wildland Fire Safety Program Manager (WFSPM) for charge code.</p> <div style="margin-left: 40px;"> <input type="checkbox"/> SF 1164 Employee Reimbursement  <input type="checkbox"/> Examinee with Purchase Authority Government Credit Card  <input type="checkbox"/> Agency Official Purchase Authority Government Credit Card (Within prescribed annual limits)  <input type="checkbox"/> Blanket Purchase Authority (Contact your local contracting department) </div> <p>The Examinee should not provide the clinic any information on their personal insurance to avoid clinics billing the Examinee.</p>	

<b>PART B.</b>	<b>MEDICAL HISTORY</b>		
Examinee completes Part B prior to the exam. If more space is needed to answer question details please use space provided at bottom.	<b>For a complete list of the "Federal Interagency Wildland Firefighter Medical Standards" please visit;</b> <a href="http://www.nifc.gov/medical_standards/Program/index.html">http://www.nifc.gov/medical_standards/Program/index.html</a>	For <b>YES</b> answers provide supporting documentation to the clinician at the time of exam.	
<b>MENTAL HEALTH</b>			
<b>Questions</b>	<b>Details: Please list any previous or current conditions with diagnosis and dates.</b>	<b>Yes</b>	<b>No</b>
1. Treatment, hospitalization or rehabilitation for a mental or emotional condition?			
2. Any history of drug or alcohol abuse or dependence? This includes any condition requiring or not requiring any formal evaluation or treatment.			
<b>VISION</b>			
<b>Questions</b>	<b>Details: Please list any previous or current conditions with diagnosis and dates.</b>	<b>Yes</b>	<b>No</b>
3. Have you ever had any history of eye disease or eye conditions requiring surgery and or medical treatment?			
4. Do you suffer from any permanent or temporary loss of vision, blind spots, and sensitivity to light, eye pain or any other visual disturbances not otherwise addressed in this section?			
5. Are you colorblind?			

Examinee Name: \_\_\_\_\_

6. Do you have a problem or difficulty with depth perception? <i>Do you have difficulty with sensing the distance of objects you are looking at either stationary or moving?</i>			
7. Have you been told that you have a lazy eye, strabismus amblyopia, or an optic nerve issue in the past or present?			
8. Do you have visual problems in one eye that you don't in the other?			
9. Do you wear corrective lenses during firefighting?			
If yes;	I will carry a duplicate pair of glasses or contact lenses while firefighting.		
Signature:		Date:	
<b>DERMATOLOGY</b>			
<b>Questions</b>	<b>Details: Please list any previous or current conditions with diagnosis and dates.</b>		
10. Do you have any type of skin disease (other than acne)?			
<b>HEARING</b>			
<b>Questions</b>	<b>Details: Please list any previous or current conditions with diagnosis and dates.</b>	<b>Yes</b>	<b>No</b>
11. Do you have any history of hearing loss, ringing in the ears or ear disease requiring medical treatment and or surgery?			
<b>VASCULAR</b>			
<b>Questions</b>	<b>Details: Please list any previous or current conditions with diagnosis and dates.</b>	<b>Yes</b>	<b>No</b>
12. Do you have any history of vascular disease or had any conditions due to poor circulation or clots such as strokes, TIAs, blockages in the lung or heart, or other reasons to the hands or feet?			
13. Do you have anemia or been told you have any issues with low blood counts?			
14. Have you been diagnosed or been told you have high blood pressure?			
<b>CARDIAC</b>			
<b>Questions</b>	<b>Details: Please list any previous or current conditions with diagnosis and dates.</b>	<b>Yes</b>	<b>No</b>
15. Have you ever had a heart attack, angioplasty or heart bypass surgery?			
16. Do you have chest pain with physical exertion or at rest or have you ever been diagnosed with angina?			
17. Have you ever passed out, fainted, or lost consciousness?			

Examinee Name: \_\_\_\_\_

18. Do you currently have or had problems in the past with an irregular heartbeat, palpitations, shortness of breath or been told you have a heart murmur or other cardiac condition not previously mentioned beforehand?			
<b>MEDICATIONS &amp; ALLERGIES</b>			
<b>Questions</b>	<b>Details: Please list any previous or current conditions with diagnosis and dates.</b>	<b>Yes</b>	<b>No</b>
19. Do you currently take any medications (prescribed and/or over-the-counter, including herbal)?	List all medications, prescribed and over-the-counter, including herbal by name and reason for taking;		
20. Are you allergic to bee/wasp/hornet/fire ant/ yellow jacket stings?	If you have had any of the following, please provide explanation below; Swelling or itching at site of sting only, Swelling or itching at site(s) other than site, Hives, Anaphylactic shock, Blood pressure problems.		
21. Have you ever been advised by a physician to carry an EpiPen?			
<b>CHEST &amp; RESPIRATORY</b>			
<b>Questions</b>	<b>Details: Please list any previous or current conditions with diagnosis and dates.</b>	<b>Yes</b>	<b>No</b>
22. Have you ever had a positive PPD (TB) skin test or tuberculosis? <i>Positive PPD only? Diagnosed with tuberculosis? Did you receive any treatment? Was a chest x-ray done?</i>			
23. Have you ever been diagnosed with sleep apnea? <i>Have you ever been advised to use a CPAP machine or other treatments?</i>			
24. Have you ever had asthma?			
25. Have you ever been hospitalized or seen a medical provider because of an asthma attack?			
26. Have you used an inhaler within the past 2 years?			
27. Does smoke, dust or exercise trigger your asthma?			
28. Do you have any type of lung disease other than asthma (reactive airway disease, emphysema, COPD, collapsed lung, etc.)?			

Examinee Name: \_\_\_\_\_

ENDOCRINE			
Questions	Details: Please list any previous or current conditions with diagnosis and dates.	Yes	No
29. Do you have diabetes? <i>Do you take insulin? Do you take pills for diabetes? Average blood sugar reading: Most recent Hgb A1c result and test date: Any episodes of low or high blood sugar in the last 2 years? Any heart disease, kidney disease, eye disease or neuropathy due to diabetes?</i>			
30. Do you have any thyroid disease?			
31. Do you have any other endocrine disease?			
KIDNEY/BLADDER			
Questions	Details: Please list any previous or current conditions with diagnosis and dates.	Yes	No
32. Do you have any type of kidney, bladder or prostate disease?			
33. Do you have difficulty with urination or require any type of assistive equipment or medication to urinate such as catheterization?			
34. Have you ever or still require dialysis secondary to kidney disease?			
MUSCULOSKELETAL			
Questions	Details: Please list any previous or current conditions with diagnosis and dates.	Yes	No
35. Do you have any history of arthritis, or other type of joint pain or swelling that has necessitated medical evaluation, rehabilitation or medication or that has caused you to be physically limited in any way?			
36. Do you have any history of muscle weakness, muscle loss, numbness or tingling in any limbs, or any muscular dysfunction related to congenital or accident induced conditions?			
37. Do you have any history of amputations or absence of any limbs, fingers or toes due to either accidents or congenital conditions? Do you have any condition requiring the use of any mechanical assistance device such as prosthesis, walkers, wheelchairs etc.?			

Examinee Name: \_\_\_\_\_

38. Do you have any current or past history of neck or back pain that has necessitated a medical evaluation, rehabilitation or medication use or that has caused you to have a physical limitation in standing, bending, stooping, carrying or turning/moving your head or body in any way?	Location(s):Severity ( pain 1-10 ): Frequency (daily, weekly, monthly);		
39. Do you have any history or symptoms related to numbness, tingling, loss of sensation or strength, or pain in any of the extremities for any reason other than that which would be explained by the above?			
<b>GASTROINTESTINAL</b>			
<b>Questions</b>	<b>Details: Please list any previous or current conditions with diagnosis and dates.</b>	<b>Yes</b>	<b>No</b>
40. Have you ever had any type of esophageal, stomach or intestinal disease?			
41. Do you currently have a hernia or recent hernia repair? Type of hernia: Inguinal (groin), Umbilical, Other? Is surgery planned or recommended? Does your hernia cause pain or other symptoms?			
42. Do you have a colostomy or require any additional equipment or mediation in order to produce and eliminate stool in a safe and sanitary manner?			
43. Do you have hepatitis or have any other diagnosed liver disease? If yes, hepatitis: Type A, B or C?			
44. Have you ever had any blood in the stool or vomited blood?			
<b>OTHER</b>			
<b>Questions</b>	<b>Details: Please list any previous or current conditions with diagnosis and dates.</b>	<b>Yes</b>	<b>No</b>
45. Do you have any medical condition not listed elsewhere on this questionnaire?			
<b>DETAILS</b>			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

Examinee Name: \_\_\_\_\_

<b>PART C.</b>	<b>MEDICAL EXAM</b> <b>NO ADDITIONAL MEDICAL DIAGNOSTIC TESTING FOR PART C IS AUTHORIZED!</b>			
<p>The examining clinician should review the responses to PART B, document any "YES" answers, perform the Medical exam in PART C, review the Federal Interagency Wildland Firefighter Medical Standards <a href="http://www.nifc.gov/medical_standards/Program/index.html">http://www.nifc.gov/medical_standards/Program/index.html</a> or see page 12 and make a clearance determination in PART D.</p>				
<b>Clinic Frequently Asked Questions</b>				
<p><i>Q. Are labs or diagnostic testing required with this examination?</i>  A. No. No labs or diagnostic testing is conducted with this examination. Determination should be made by physical examination as well as any medical information provided by the patient at the time of exam.</p> <p><i>Q. Why do the standards mention diagnostic testing if they are not necessary?</i>  A. If the Examinee has a known medical condition that could affect their ability to perform arduous duty Wildland firefighting; they should bring in medical records from their primary clinician showing the current status of their medical condition(s). For example, if an examinee has diabetes they should bring in recent test results from their primary clinician showing their condition is static and stable.</p> <p><i>Q. How does my clinic get paid for this examination?</i>  A. Refer to Part A of the Annual Exam Packet. The following methods of payment are acceptable; SF 1164 Employee Reimbursement, Government Credit Card, and Blanket Purchase Authority (please contact local unit to arrange this). DO NOT bill the examinee's personal medical insurance.</p> <p><i>Q. Where do we send the exam packet once completed?</i>  A. The entire original exam packet should be sent with the Examinee, including the Clearance Determination Page. DO NOT fax or mail the exam packet back to the Department of the Interior Medical Standard Program.</p> <p><i>Q. What if there isn't enough information to make a Clearance Determination?</i>  A. If there isn't enough information to make a Clearance Determination based on Part B, C and additional information provided by the Examinee then the clinician should select the "Not Cleared" option.</p>				
<b>EXAMINATION</b>				
<p><b>Review PART B for any "YES" answers and any supporting medical documentation provided by the examinee that would demonstrate a stable and static medical condition and provide comments. Include all medications. Identify any medical condition(s) and standard(s) not met refer to the Standards (above).</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
Weight:		Height:		BP (repeat if higher than 140/90):
		Sex: M F		Pulse:
<b>GENERAL APPEARANCE</b>	<b>NORMAL</b>	<b>ABNORMAL</b>		<b>DESCRIBE ABNORMALITY</b>
<b>HEAD, EYES, EARS, NOSE AND THROAT</b>				
Eyes-general and retina				
Ears-tympanic membrane, patency				
Pupils-equality and reaction				
Nose and sinuses				
Mouth, throat and thyroid				

Examinee Name: \_\_\_\_\_

GENERAL APPEARANCE	NORMAL	ABNORMAL	DESCRIBE ABNORMALITY
Teeth, dentures, temporary fillings			
General Structure-nose, jaw, mouth, ears			
<b>CHEST &amp; RESPIRATORY</b>			
Observe- use of accessory muscles, rate			
Auscultation-ales, rhonchi, wheezes			
<b>CARDIAC</b>			
PMI			
Rate, rhythm, murmur			
GASTRONITESTINAL			
Abdominal wall			
Organs, pulsations, masses, sounds			
Scars			
<b>MUSCULOSKELETAL</b>			
Back/Neck-deformity, ROM, tenderness			
Joints- swelling, ROM, crepitus			
Muscle- tone, bulk, strength			
<b>NEUROLOGIC</b>			
Cranial Nerves			
Peripheral- sensation, strength, reflex			
Coordination- FTN, rapid alternating move			
Gait, balance			
<b>OTHER</b>			
Integrity-rashes, bruises, scares, active lesion			
Hands, feet, arms, legs- swelling, color, pulses			
Memory, mood, suicidal, homicidal ideation			
<b>VISUAL ACUITY</b>			
Contact lenses and eyeglasses are acceptable for correction of visual acuity. Successful users of long-wear soft contact lenses are not required to meet the "uncorrected" vision standards. Far visual acuity uncorrected of at least 20/100 in each eye for wearers of hard contacts or eyeglasses; and far visual acuity of at least 20/40 in each eye corrected (if necessary) with contact lenses or eyeglasses.			
Uncorrected vision (Snellen Units)		Corrected vision (Snellen Units)	
Both Near 20/ Right Near 20 Left Near 20/		Both Near 20/ Right Near 20/ Left Near 20/	
Both Far 20/ Right Far 20/ Left Far 20/		Both Far 20/ Right Far 20/ Left Far 20/	

Examinee Name: \_\_\_\_\_

## WHISPER TEST FOR HEARING

**The use of a hearing aid(s) to meet this standard is not permitted. Hearing standard is no greater than a 40 dB hearing loss. "Test is performed in a quiet room with the examiner facing the ear to be tested. The other ear is blocked with the examiner's hand. A rough hearing test is then performed one foot from the patient's ear. If a patient cannot hear a whispered voice at one foot, he has at least a 30-decibel loss. This loss is 60 decibels if he cannot hear a spoken voice at one foot."**

30 DBL Loss

NO	YES
----	-----

60 DBL Loss

NO YES

## DETAILS

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery.

Examinee Name: \_\_\_\_\_

<b>PART D</b>		<b>CLEARANCE DETERMINATION</b>
<p>I certify that all of the information I have provided during this exam and on this form is complete and accurate to the best of my knowledge, and that submitting information that is incomplete, misleading, or untruthful may result in termination, criminal sanctions, or delays in processing this form for employment. Furthermore, consistent with the Privacy Act Statement, I authorize the release to my employing agency of all information contained on this examination form, supporting documentation and forms generated as a direct result of my examination</p>		
<b>EXAMINEE</b>		
Examinee Name: (Print Last, First, Middle Initial)		
Address: (City, State, Zip Code)		
Agency:    BIA       BLM       FWS       NPS		
Home Unit Name:		
Home Unit Address:		
E-mail Address:		
Telephone Number (with Area Code):		
Examinee Signature:		
<b>DETERMINATION</b>		
<p style="text-align: center;"><b>CLEARED</b></p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Based on the information provide in part B,C and any additional medical information provided the examinee meets the Federal Interagency Wildland Firefighter Standards and is cleared to perform the Essential Functions and Work Conditions of Arduous Wildland Firefighting duties.</p>	
<p><small>If the Examinee answers "YES" to any question in part B or has an exam finding outside of the listed standard criteria in part C Clinician MUST document in part C how examinee meets Federal Interagency Wildland Firefighter Medical Standards</small></p>		
<p style="text-align: center;"><b>NOT CLEARED</b></p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>Based on the information provided in part B, C and any additional medical information provided the examinee does not meet one or more of the Federal Interagency Wildland Firefighter Standards and is Not Cleared to perform the Essential Functions and Work Conditions of Arduous duties. Please list and describe the disqualifying medical condition(s):</p>	
<p><small>If the Examinee checks "YES" to a question in part B and does not provide sufficient pre-existing additional medical information at the time of examination the clinician should choose Not Cleared based on information provided.</small></p>		
Standard(s) Not Met:		
Medical Condition(s):		
<b>NOTES</b>		
<b>CLINICIAN</b>		
Examining Clinician's Name and Title (Print):		
Examining Clinician's Signature (Do not print):		
Date:		
<p><small>All exams are subject to a Medical Review by the Department of Interior Medical Standards Program that could potentially change the Examinees clearance status.</small></p>		

**EXAMINING CLINICIAN PLEASE REVIEW**

**ESSENTIAL FUNCTIONS AND WORK CONDITIONS OF A  
WILDLAND FIREFIGHTER**

Time/Work Volume	Physical Requirements	Environment	Physical Exposures
<i>May include:</i>			
<ul style="list-style-type: none"> <li>• long hours (minimum of 12 hour shifts)</li> <li>• irregular hours</li> <li>• shift work</li> <li>• time zone changes</li> <li>• multiple and consecutive assignments</li> <li>• pace of work typically set by emergency situations</li> <li>• ability to meet “arduous” level performance testing (the “Pack Test”), which includes carrying a 45 pound pack for 3 miles in 45 minutes, approximating an oxygen consumption (VO<sub>2</sub> max) of 45 mL/kg-minute</li> <li>• typically 14-day assignments <i>But may extend up to 21-day assignments</i></li> <li>• <i>for smokejumpers</i> - ability to meet the minimum Smokejumper Fitness Test, which includes 1 ½ mile run in 11:00 minutes or less, 25 pushups, 7 pullups, 45 situps; and carry 110 lbs for 3 miles in 90 minutes or less.</li> </ul>	<ul style="list-style-type: none"> <li>• use shovel, Pulaski, and other hand tools to construct fire lines</li> <li>• lift and carry more than 50#</li> <li>• lifting or loading boxes and equipment</li> <li>• drive or ride for many hours</li> <li>• fly in helicopters and fixed wing airplanes</li> <li>• work independently, and on small and large teams</li> <li>• use PPE (includes hard hat, boots, eyewear, and other equipment)</li> <li>• arduous exertion</li> <li>• extensive walking, climbing</li> <li>• kneeling</li> <li>• stooping</li> <li>• pulling hoses</li> <li>• running</li> <li>• jumping</li> <li>• twisting</li> <li>• bending</li> <li>• rapid pull-out to safety zones</li> <li>• provide rescue or evacuation assistance</li> <li>• use of a fire shelter</li> <li>• <i>for smokejumpers</i> - lift and carry more than 100 lbs; perform parachute jumps, and perform parachute landings on uneven terrain</li> </ul>	<ul style="list-style-type: none"> <li>• very steep terrain</li> <li>• rocky, loose, or muddy ground surfaces</li> <li>• thick vegetation</li> <li>• down/standing trees</li> <li>• wet leaves/grasses</li> <li>• varied climates (cold/hot/wet/dry/humid/snow/rain)</li> <li>• varied light conditions, including dim light or darkness</li> <li>• high altitudes</li> <li>• heights</li> <li>• holes and drop offs</li> <li>• very rough roads</li> <li>• open bodies of water</li> <li>• isolated/remote sites</li> <li>• no ready access to medical help</li> </ul>	<ul style="list-style-type: none"> <li>• light (bright sunshine, UV)</li> <li>• burning materials</li> <li>• extreme heat</li> <li>• airborne particulates</li> <li>• fumes, gases</li> <li>• falling rocks and trees</li> <li>• allergens</li> <li>• loud noises</li> <li>• snakes</li> <li>• insects/ticks</li> <li>• poisonous plants</li> <li>• trucks and other large equipment</li> <li>• close quarters, large numbers of other workers</li> <li>• limited/disrupted sleep</li> <li>• hunger/irregular meals</li> <li>• dehydration</li> </ul>

## APPENDIX C

### MINIMUM CREW STANDARDS FOR MOBILIZATION (Revised 2/08/2010)

Minimum Standards	Type 1	Type 2 with IA Capability	Type 2
Fireline Capability	Initial attack/can be broken up into squads, fire line construction, complex firing operations(backfire)	Initial attack/can be broken up into squads, fireline construction, firing to include burnout	Initial attack, fireline construction, firing as directed
Crew Size	18-20		
Leadership Qualifications	Permanent Supervision Supt: TFLD, ICT4, FIRB Asst Supt: STCR, ICT4 3 Squad Bosses: ICT5 2 Senior Firefighters: FFT1	Crew Boss: CRWB 3 Squad Bosses: ICT5	Crew Boss: CRWB 3 Squad Bosses: FFT1
Language Requirement	All senior leadership including Squad Bosses and higher must be able to read and interpret the language of the crew as well as English.		
Experience	80% 1 season	60% 1 season	20% 1 season
Full Time Organized Crew	Yes (work and train as a unit 40 hrs per week)	No	No
Communications	5 programmable radios	4 programmable radios	
Sawyers	3 agency qualified	3 agency qualified	None
Training	As required by the Interagency Hotshot Crew Guide or agency policy prior to assignment	Basic firefighter training and/or annual firefighter safety refresher prior to assignment	Basic firefighter training and/or annual firefighter safety refresher prior to assignment
Logistics	Crew level agency purchasing authority	No purchasing authority	No purchasing authority
Maximum Weight	5300 lbs		
Dispatch Availability	Available nationally	Available nationally	Variable
Production Factor	1.0	.8	.8
Transportation	Own transportation	Transportation needed	Transportation needed
Tools & Equipment	Fully equipped	Not equipped	Not equipped
Personal Gear	Arrives with: Crew First Aid kit, personal first aid kit, headlamp, 1 qt canteen, web gear, sleeping bag		
PPE	All standard designated fireline PPE		
Certification	Must be annually certified by the local host unit agency administrator or designee prior to being made available for assignment.	N/A	N/A

**ATTACHMENT 1**  
**(THIS FORM NOT INTENDED FOR USE)**

**Single Resource Casual Hire Information Form**

**HIRING UNIT INFORMATION**

Office Name: \_\_\_\_\_ Unit ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Hiring Official Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Print

**CASUAL INFORMATION**

Casual's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Print

**POSITION INFORMATION**

Job Title: \_\_\_\_\_ AD Classification: \_\_\_\_\_ AD Rate: \_\_\_\_\_  
Example FFT2, FFT1, CRWB, ICT5, CAMP  
Incident Order #: \_\_\_\_\_ Accounting Code: \_\_\_\_\_ Request #: \_\_\_\_\_  
Example MT-CRA-0101 Example C52360/04/92310/AV2Z

**Hiring of emergency personnel may be made according to the provisions of the Pay Plan for Emergency Workers when any of the following exists:**

- ☐ 1. To fight a going fire.
- ☐ 2. Unusually dry period or fire danger is high to extreme.
- ☐ 3. To provide support to ongoing incident.
- ☐ 4. To place firefighter(s) on standby for expected dispatch.
- ☐ 5. Temporarily replace members of fire suppression crews of fire management personnel who are on fires.
- ☐ 6. To attend fire suppression training. ☐ Trainee OR ☐ Refresher AND Course Title: \_\_\_\_\_
- ☐ 7. To instruct fire suppression training when all other methods of hiring and contracting instructors have been exhausted.
- ☐ 8. To cope with floods, storms or any other emergency.
- ☐ 9. To carry out emergency fire rehabilitation work when there is an immediate danger of loss of life or property.
- ☐ 10. Transition period following a natural emergency (not to exceed 90 days).
- ☐ 11. Hazardous Fuel Reduction NTE 300 hours per calendar year (DOI agencies only).

**TRAVEL/TRANSPORTATION**

Casual is entitled to transportation to and from the incident: ☐ NO ☐ YES

Transportation method:

- ☐ Airline
- ☐ POV (Mileage reimbursement authorized)
- ☐ Rental Vehicle (Must be on resource order. Rental provided by: ☐ Casual or ☐ Government)
- ☐ Other (list, such as bus, gov't vehicle, EERA): \_\_\_\_\_

**Check One:**

- ☐ Casual to be subsisted by government. Hiring unit will reimburse approved incidental expenses at actual cost; receipts required.
- ☐ Casual will not be subsisted; travel authorization has been issued. Hiring unit to reimburse lodging, meals, and incidental expenses at standard per diem rates. Indicate TA #: [ \_\_\_\_\_ ]

**EMPLOYMENT FORMS**

**Completed by:**

- Hiring Official:
- ☐ .... I-9, Department of Homeland Security Form.
  - ☐ OF-288, emergency Firefighter Time Report (Complete top section, Column A 1-8 and travel and start time).
  - ☐ Direct Deposit form (if applicable) provide to Casual.
  - ☐ State/federal government-issued picture ID verified and in Casual's possession (required for all positions).
  - ☐ Incident qualification card (if required for position) verified and in Casual's possession.
  - ☐ State-required certification verified, if required for position (e.g., CDL, driver's license)

Casual:

- ☐ Federal W-4 ☐ State W-4 ☐ W-5, if applicable ☐ Incident Behavior Form signed

\_\_\_\_\_  
Casual Signature (Required)  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hiring Official Signature (Required)

**Distribution: Original attached to original OF-288; Copy retained by Hiring Unit; Copy retained with incident records**

**Return original of this form and original OF-288 to the hiring unit.**

PMS 934 (August 2003)

**ATTACHMENT 2**  
**(THIS FORM NOT INTENDED FOR USE)**  
Incident Behavior

Common Responsibilities  
Volunteers and Single Resource Casual Hires

**Inappropriate Behavior:**

It is extremely important that inappropriate behavior be recognized and dealt with promptly. Inappropriate behavior is all forms of harassment including sexual and racial harassment. **Harassment in any form will not be tolerated.** When you observe or hear of inappropriate behavior you should:

- Inform and educate subordinates of their rights and responsibilities
  - Tell the harasser to stop the offensive conduct.
- Provide support to the victim.
- Report the incident to your supervisor and the individuals' supervisor, if the behavior continues. Disciplinary action may be necessary.
- Develop appropriate corrective measures.
- Document inappropriate behavior and report it to the appropriate incident manager or agency official.
- While working in and around private property, recognize and respect all private property.

**Drugs and Alcohol:**

- Non-prescription unlawful drugs and alcohol are not permitted at the incident. Possession or use of these substances will result in disciplinary action.
- During off-incident rest periods, personnel are responsible for proper conduct and maintenance of fitness for duty. Drug or alcohol abuse resulting in unfitness for duty will result in disciplinary action.
- Be a positive role model. Do not be involved with drug or alcohol abuse.
- Report any observed drug or alcohol abuse to your supervisor.

I have read and I understand the above described incident behavior responsibilities:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PMS 935-1 (English) (August 2003)



# United States Department of the Interior

OFFICE OF THE SECRETARY  
Washington, D.C. 20240

**JUL 11 2011**

## Memorandum

To: All Central Office Directors  
All Regional Directors  
All Education Line Officers  
All Office of Human Resources  
All Regional Safety Managers and Regional Collateral Duty Safety Officers

Through: Deputy Assistant Secretary – Indian Affairs (Management) *[Signature]*  
Director, Bureau of Indian Affairs  
Director, Bureau of Indian Education *[Signature]*

From: *John N. Rever, P.E.*  
John N. Rever, P.E.  
Director, Office of Facilities, Environmental  
and Cultural Resources *[Signature]*

Subject: Submission of Workers' Compensation Forms and Accident/Incident Reporting

To remain in compliance with the Assistant Secretary – Policy, Management and Budget, Department of the Interior, May 21, 2004, memorandum regarding Electronic Filing of Workers' Compensation Claims, this memo serves as a reminder that all on-the-job injury claims are to be submitted through the Department of the Interior's Safety Management Information System (SMIS). This web-based safety and health recordkeeping system assists supervisors, managers, and safety managers in carrying out responsibilities for accident reporting and Office of Workers' Compensation Programs (OWCP) case management. The SMIS allows direct electronic filing of the OWCP claims with the Department of Labor, resulting in faster service to injured employees and their families.

In order to insure timely responses to OWCP claims, and to comply with reporting requirements under the new Presidential "Protecting Our Workers and Ensuring Reemployment" (POWER) Initiative, Indian Affairs employees will continue to submit all OWCP claims electronically through the SMIS.

The POWER Initiative is a new, more challenging government-wide effort that succeeds the six year Safety, Health and Return-to-Employment (SHARE) Initiative and will help ensure Federal employees are provided with safe and healthy work environments, as well as providing the support they need after experiencing a serious work-related injury or illness. It also introduces three new measures that focus on improving the analysis of lost time injury and illness data, increasing the timely submission of wage-loss claims and enhancing agencies' efforts to return injured employees to work as soon as possible. All Federal agencies will participate in the

POWER Initiative for four years beginning FY-2011 with each agency setting measureable goals that focus on the key areas of safety, health, and injury case management programs.

The employee is responsible for the electronic filing of a workers' compensation claim. The employee must:

1. Immediately notify his/her supervisor;
2. Immediately, but no longer than 5 working days, file the claim (CA-1 or CA-2) using SMIS
3. Have witnesses complete statements;
4. Confirm electronic receipt of Claim (CA-1 or CA-2) by his/her supervisor

The supervisor's role and responsibilities with regards to OWCP claims are to:

1. Within 2 working days, review the employees' claim in SMIS;
2. Complete supervisor's portion of claim using SMIS;
3. Immediately notify the Workers' Compensation Coordinator (regional safety manager) of any discrepancies; and
4. Enter any supplemental information required by SMIS, such as a Safety Incident Report.

Attached are Quick Reference Guides for both employees and supervisors to assist in the proper filing of an OWCP Claim (CA-1 or CA-2) and Accident Report.

The Quick Reference Guide will assist employees with:

1. Accessing SMIS Accident Reporting Screen;
2. Logging In;
3. Initiating an Injury or Illness Report Claim (CA-1 or CA-2);
4. Printing a Completed CA-1 or CA-2 Form; and,
5. Viewing the Status of a Claim.

The Quick Reference Guide will assist supervisors with:

1. Accessing SMIS Accident Report;
2. Logging In;
3. Overview of Validating a Claim;
4. Validating a CA-1 or CA-2 Form;
5. Printing a Completed CA-1 or CA-2 Form; and,
6. Reporting Property Damage.

There are many valuable resource materials available including "SMIS User's Guides" and PowerPoint presentations for employees, supervisors, managers and Workers' Compensation Program Specialists at [WWW.SMIS.DOI.GOV](http://WWW.SMIS.DOI.GOV). If you have any questions, please contact the Division of Safety and Risk Management at 505-563-5365 or 505-563-5364.

Attachments

## Quick Reference for SMIS Accident Reporting – DOI Employees Module

### Accessing SMIS Accident Reporting

1. Open your browser and in the Address field, type <http://www.smis.doi.gov>.
2. Click **Accident Reporting**.
3. Click **DOI Employees**.

### Logging In

1. From the main "Safety Management Information System" screen, click **DOI Employees**.
2. In the **Last Name** field, type your last name.
3. In the **SSN Last-4** field, type the last four digits of your social security number.
4. Press **Enter** or click **Employee Login**.
5. What you do next depends on whether you are initiating a new claim OR completing or reviewing an existing claim.

- If you are initiating a new claim, in the **Enter your Internet E-Mail Address** field, type your email address and click **Verify E-mail and Request a Claim ID**.

If an email address already displays in the **Enter your Internet E-Mail Address** field, verify that it is correct and click **Verify E-mail and Request a Claim ID**.



- If you are completing or reviewing an **existing claim**, type your claim ID in the **Enter your claim ID** field and click **Send Claim ID - Enter your Claim**.

### Initiating an Injury Report (Claim)

Once you have your claim ID, you can file a CA-1 or CA-2 form online.

1. In the **Enter your Claim ID** field, type the claim ID that you received in an email.
2. Click **Send Claim ID - Enter your Claim** to proceed completing a CA-1 or CA-2 form.
3. In the **5. Home telephone** box, type your home telephone number.
4. Verify that the mailing address in the **7. Employee's home mailing address** (including city, state, and zip code) box is correct. Change the information as required.
5. Identify all your dependents.
6. Select the type of report you are filing:
  - (CA-1) Injury/Traumatic Injury
  - (CA-2) Occupational Disease/Illness
7. Click **Proceed to Description of your Injury/Illness**.



### Printing a Completed CA-1 or CA-2 Form

1. Open the claim you want to print and click **Print CA-1 Form** or **Print CA-2 Form**, depending on the type of report you have completed. (You cannot change any information from this view.)
2. From the **File** menu, select **Print**. The form prints exactly as it appears on screen.

### Viewing the Status of Your Claim

1. Open the claim you want to view.
2. Click **Claim Status** at the top of the screen to view the status of your claim. The "Status of Claim for Compensation filed by <Claimant Name>" screen is displayed.

## Completing the CA-1 Form

### In the Description of Injury section of the screen...

1. In the **9. Place Where Injury Occurred** box, type a detailed description of the location at which you injured yourself. Be specific.
2. In the **10. Date Injury Occurred** box, type the date on which the accident occurred (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).
3. In the **Time** box, select the time at which the accident occurred.
4. In the **12. Employee's Occupation** box, type your job title. If a job title already appears in this field, you cannot change it.
5. In the **13. Cause of Injury** box, describe, in detail, how and why the accident occurred.
6. In the **14. Nature of Injury** box, describe your injury.

### In the Employee Certification section of the screen...

1. In **box 15**, determine how you wish to receive payment by selecting **Continuation of regular pay (COP)** or **Sick and/or Annual Leave**.
2. Check the **I have read and understand the above statement** box.
3. Click **Complete your Claim Submission** to file your claim.
4. Notify your supervisor that you have completed a CA-1 form:
  - In the **Enter Your Supervisor's Email Address** field, type his or her email address and click **Send Email to your Supervisor**.
  - If you do not know your supervisor's email address, type his or her name in the **Enter Your Supervisor's Name** field and click **Prepare Paper Notification**.

## Completing the CA-2 Form

### In the Claim Information section of the screen...

1. In the **9. Employee's Occupation** box, type your job title. If a job title already appears in this field, you cannot change it.
2. In the **10. Location (address) where you worked when disease or illness occurred** box, type the street address, city, state, and zip code of the location where you first became ill.

3. In the **11. Date you first became aware of disease or illness** box, type the date on which you first noticed you were ill (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).
4. In the **12. Date you first realized the disease or illness was caused or aggravated by your employment** box, type the date on which you first realized you were ill because of your job with the U.S. government (mm/dd/yy, mm/dd/yyyy, or dd/mm/yyyy).
5. In the **13. Explain the relationship to your employment and why you came to this realization** box, describe why you believe your disease or illness is job-related.
6. In the **14. Nature of Disease or Illness** box, describe your disease or illness and how it has affected your body.
7. In the **15. If this notice and claim was not filed with the employing agency within 30 days after the date you realized the disease was related to your employment, explain the reason for the delay** box, describe why you delayed completing this form. If you are completing this form within 30 days of becoming ill, leave this field blank.
8. In the **16. If the required employee statement is not included in this report, explain the reason for the delay** box, describe why you might be delayed in getting your statement within 30 days of your claim being processed.
9. In the **17. If the required medical reports are not submitted with this report, explain the reason for the delay** box, describe why you might be delayed in getting this report within 30 days of your claim being processed.

### In the Employee Certification section of the screen...

1. In **box 18**, check the **I have read and understand the above statement** checkbox.
2. Click **Complete your Claim Submission** to file your claim.
3. Notify your supervisor that you have completed a CA-2 form:
  - In the **Enter Your Supervisor's Email Address** field, type his or her email address and click **Send Email to your Supervisor**.
  - If you do not know your supervisor's email address, type his or her name in the **Enter Your Supervisor's Name** field and click **Prepare Paper Notification**.

## Quick Reference for SMIS Accident Reporting – Supervisors Module

### Accessing SMIS Accident Reporting

1. Open your browser and in the Address field, type <http://www.smis.doi.gov>.
2. Click **Accident Reporting**.
3. Click **Supervisors**.

### Logging In

1. From the main "Safety Management Information System" screen, click **Supervisors**.
2. In the **Last Name** field, type your last name.
3. In the **DOI User Validation** field, type the last four digits of your social security number.
4. Press **Enter** or click **Employee Login**.
5. In the **Please verify/enter your Internet E-Mail Address** below field, type or verify your email address and click **Submit your E-mail Address**.

### Overview of Validating a Claim

As a claimant's supervisor, you must complete several tasks to validate a claim:

1. **Complete a supervisor's report** – The Supervisor's Report is acknowledgement by an injured employee's supervisor that the employee was indeed injured on the job.

2. **Print and sign the CA-1 or CA-2**

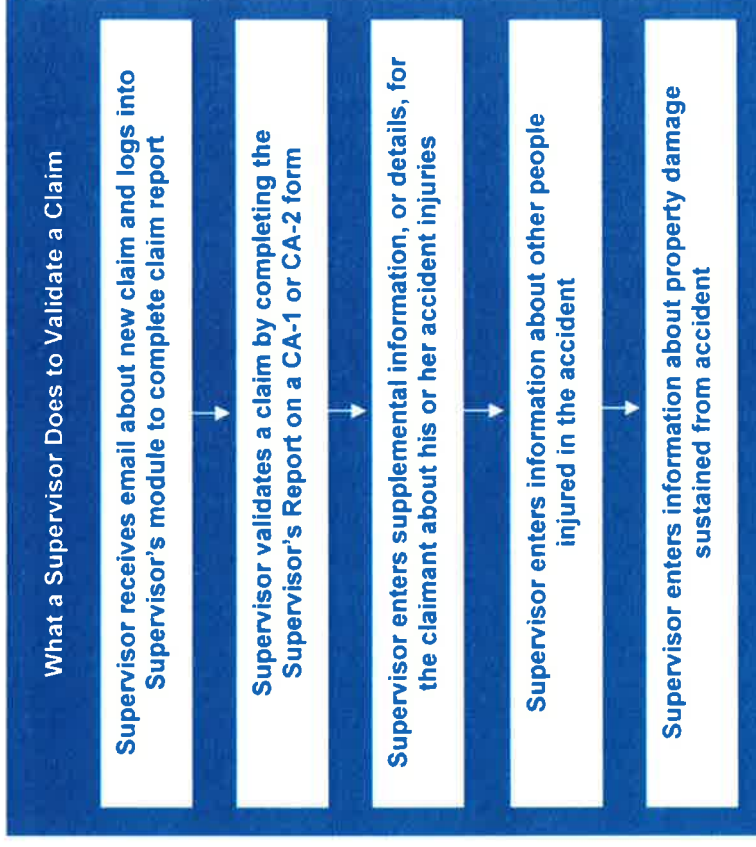
**form** – Depending on your organization's procedures, you might need to print, sign, and date all completed CA-1 and CA-2 forms. Copies should be kept by the injured claimant, the claimant's supervisor, and your HR compensation coordinator(s).



3. **Enter supplemental information** – Supplemental information is required and helps clarify the injuries that a claimant received in an accident.

4. **Report injuries of other persons** – If other people were injured as a result of the accident that triggered the initial claim, you must enter information about those people and their injuries. This ensures that the accident report includes information about all parties that were injured from a single accident.

5. **Report property damage** – You must report property damage that was sustained in an accident. Entering this information ensures that the accident report includes details about damaged property.



### Validating a CA-1 or CA-2

#### Validating a CA-1

Though there are several fields that you can complete, at a minimum, you must:

1. Complete the fields in the **18. Employee's duty station** box.
2. In **box 38**, check the **I have read and understand the above statement** checkbox.
3. In the **Supervisor Title** box, type your job title.
4. In the **Office Phone** box, type your work telephone number.
5. Print, sign, and date the claim form.

## Validating a CA-2

Though there are several fields that you can complete, at a minimum, you must:

1. Complete the fields in box 20. **Employee's duty station.**
2. In the 26. **Date Employee First Reported Condition to Supervisor** box, type the date (mm/dd/yy OR mm/dd/yyyy) on which you were first notified by the claimant about his or her illness.
3. Check the **I have read and understand the above statement** checkbox.
4. In the **Supervisor Title** box, type your job title.
5. In the **Office Phone** box, type your work telephone number.
6. Print, sign, and date the claim form.

## Printing a Completed CA-1 or CA2 Form

1. Log in to the Supervisors module.
2. In the **Enter Employee's Claim Identifier** field, type the claim ID of the claim you want to print and click **Submit Employee's Claim ID**. The claim is displayed on the following screen.
3. Click **Print CA-1 Form** or **Print CA-2 Form** at the top of the screen, depending on the type of report you want to print. The report is displayed automatically. You cannot change any information from this view.
4. From the **File** menu, select **Print**. The form prints as it appears on screen.

## Reporting Only Property Damage

1. Log in to the Supervisors module.
2. Click **Enter a NEW Report for a NEW Incident** in the **Enter a New Accident Report** box to report an accident involving property damage or injury to an individual who is not filing a claim for compensation.
3. Select the option that best describes the type of accident and click **Continue Entering Report**.
4. In the **Incident ID** box, enter the date and time which the accident took place, as well as the zip code for the location.
5. In the **Place of Incident** box, type a detailed description of where the accident took place. Include street address, city, park, state, and other information that help describe the location.
6. From the **Result** list, select the option that describes the accident's outcome. For example, only property damage or property damage and injuries.
7. In the **Incident Narrative** box, type a description of what happened.

8. In the **Correct Actions** box, type a description of what the parties involved can do to prevent such an accident from happening again.
9. From the **Unsafe Act** drop-down list, select up to two options that best describe the unsafe acts that took place that led to the accident.
10. From the **Unsafe Condition** drop-down list, select up to two options that best describe condition that led to the accident.
11. From the **Management Casual Factor** drop-down list, select the factor that best describes how management had anything to do with the accident.
12. Click **Send this Info**.
13. From the **Type of Property** drop-down list, select the option that best describes the property that was damaged.
14. In the **Description** box, type a description about the damaged property. Include information such as make, name, model number, size, type, color, and license number.
15. From the **Property Owner** drop-down list, select the option that best describes who owns the damaged property.
16. From the **Cause of Damage** drop-down list, select the option that best describes what precipitated the event that caused the property damage. For example, an automobile skids on ice and strikes a curb, damaging the axle. The cause of this damage is probably the icy road surface, assuming driver negligence was not an issue.
17. From the **Source of Damage** drop-down list, select the option that best describes the thing that inflicted physical injury. For example, someone is walking, slips on a wet floor, and drops a computer monitor on the floor. The source of the damage is the wet floor on which the monitor fell.
18. In the **Estimated dollar value of this damage** box, type the cost of repairing the damage. A dollar sign (\$) is not required in this field. Round the cost to the nearest dollar.
19. In the **If this damage involves a motor vehicle, were seatbelts worn?** box, select Yes if the involved parties were wearing seatbelts. Select No if the involved parties were not wearing seatbelts.
20. Click **Send this Info**.
21. Select the category that best represents the person responsible for the damaged property and click **Continue to Next Page**.
22. Enter the requested information about the responsible party to complete the Property Damage report.

