

Incident Qualifications and Certification (IQCS) Individual Responder Update

This information is to be used only for updating employee records that are already established in the IQCS

Responder Information						
First Name		Employee IQCS Number				
Last Name		Org Code				
Middle Initial		Unit ID				

Job Code Incident Position	Incident Type Event Kind	Incident Arrival Date mm/dd/yy	State	Operat Perio Shir	ional ods	Management Type or Complexity Level See Below	Fuel Type See Below	Fire Size Class See Below	Inci	: / Project Order Number dent / Project Name Request Number
(Example)	W	07/21/00	NM	19)	1	T	G	NM-S	NF-0304 FRED (C-1)
(Example) XXXX(T)	RX	08/05/01	CA	2		3	T	С	CA-SI	NF-0102 WILD (O-21)
ICS Management Types					Fuel Type / Model Select primary carrier		Fire Size acres			
Type A Type 1 Type 1 Type 2 Type 3 Type 3 Type 4 Type 5 Type 5 Type 5 Type 5 Type 7 Type 8 Type 8 Type 9 Type 9 Type 9 Type 9 Type 9 Type 1 Type 1 Type 1 Type 1 Type 1 Type 2 Type 2 Type 2 Type 3 Type 4 Type 5 Type 4 Type 5 Type 5 Type 4 Type 5 Type 6 Type 7 Type 1 Type 7 Type 7 Type 1 Type 7 Ty				Type 1 Type 2 Type 3	T B	Grass/1-3 Timber/8-10 Brush/4-7 Slash/11-13		A .125 B .26 - 9.9 C 10 - 99.9 D 100 - 299.9 E 300 - 999.9 F 1,000 - 4,999.9 G 5,000 +		

		Incid	ent Qualifi	cation	Card			
Qua		Trainee Positions						
Job Code		Job Code)		Job Code		Job Code	
	ı							
		Р	osition Ta	skbook	s			
Job Code		Da	ate Initiated ((mm/dd/yy)		Status		
		<u> </u>						
Training (documentation required)								
Course Code	Date	Date Completed (mm/dd/yy)			Course Code D		Date Completed (mm/dd/yy)	
			structor Ex	perien	ce			
Course Code	Course Start Date (mm/dd/yy)		Instructor Level L=lead U=unit Course			IQCS Session Number se Location /Course Coordinator		
			2 1000 0 01110					
Employee Signature				Date				
Supervisor				Date				
	L					1		