2024 Craig Interagency Dispatch Center Initial Fire Size Up Version 24.1

|  |  |
| --- | --- |
| **Fire Name:** | IA Number: |
| Fire Code: |
| Reported By: |
| Descriptive Location: |
| Dispatch Date: Time: | IA Time: |
| Legal: Township: Range: Section(s): Polygon |
| **In NAD 83 Format (Degrees, Minutes.minutes) at Point of Origin****Latitude** | **Longitude** | Elevation |
| **Estimated Size (acres):** | **Ownership @ Origin:** |
| Are any Structures Threatened? No Yes – specify: |
| Does the fire constitute any control problems? No Yes – specify:Hazard(s): Beetle Killed timber? 25% 50% 75%< |
| Are additional resources needed? No Yes – specify: |
| Cause (circle one): Lightning Human Unknown |
| Fire Investigator: No Yes, on order Name: |
| IC Name: | Complexity: |
| Resource Constraints: |
| Command Repeater: | Tactical: | Air/Ground: |
| SpreadPotential | 1) Low 2) Moderate 3) High 4) Extreme |
| Character of Fire: | 1) Smoldering 2) Creeping 3) Running 4) Spotting5) Torching 6) Crowning 7) Crown/Spotting 8) Erratic |
| Weather Conditions: | 1) Clear 2 ) Scattered Clouds 3) Building Cumulus 4) T-Stormsin the area 5) Lightning 6) Overcast 7) Intermittent Showers 8) HeavyShowers |
| Slope: | 1) 0 - 25% 2) 26 - 40% 3) 41 - 55% 4) 56 - 75% 5) 76 + % |
| Aspect: | 1) Flat 2) North 3) NE 4) East 5) SE6) South 7) SW 8) West 9) NW 10) Ridge top |
| Position on Slope: | 1) Ridge top 2) Saddle 3) Upper 1/3 of Slope4) Middle 1/3 of Slope 5) Lower 1/3 of Slope 6) Canyon Bottom 7) Valley Bottom 8) Mesa/Plateau 9) Flat or Rolling |
| Fuel Type: | 1) Grass 2) Grass/Brush 3) Oak Brush4) Pinion/Juniper 5) Lodgepole Pine 6) Spruce/fir7) Aspen 8) Slash 9) Other (specify): |
| Wind : | Direction: Speed: Gusts to:  |
| **CALL INTO DISPATCH IMMEDIATELY!****(Areas in RED are required for any ordered resources and FireCode.)** |



|  |
| --- |
| **Incident Objectives** |
| 1. **SAFETY of firefighters and public.** |
| 2. |
| 3. |
| 4. |
| **Your goal is to manage the incident and not create another.**(Examples: protect structures, keep fire to east of road, river or ridge) |
| **Initial Response Strategy** (circle) |
| Full Suppression-Perimeter control |
| Point or Zone Protection-Contain |
| Monitor/Confine (Resource Benefits Fire or Multiple Management Objectives) |

2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type 1 | All filled & may have assistants/deputies | Most filled | 500+ | High resistance to stabilization or mitigation, continuing into several weeks | For each operational period | Initiated & followed | Complete support for 14+ days with established incident base and numerous ICS facilities |  | Regional or state affected | Numerous adversely affected or destroyed with mitigation measures extending into multiple days or weeks & require long-term planning and considerable coordination | High level of interaction | Required formal process | DOD or other nontraditional agencies may be involved as well as complex aviation operations |
| Type 2 | All filled | Most filled | 200-500 | Moderate resistance to stabilization or mitigation, continue into several days. | For each operational period | Initiated & followed | Complete support for 7+ days with established incident base and several ICS facilities |  | Affected | Adversely affected or destroyed with mitigation measures extending into multiple operational periods & require moderate level of interaction | Moderate level of interaction | Required formal process |  |
| Type 3 | Some activated | IC, DIVS, TFLD | Up to 200 | Multiple | For each operational period | Initiated & followed | Multiple operational periods |  | Affected | Adversely affected with mitigation measures extending into multiple operational periods | Some level of interaction | May be informal |  |
| Type 4 | May be activated | IC, TFLD/STLD | <6 | 1 in control phase | Not required | Not required | Minimal |  | Limited | Adversely affected with uncomplicated mitigation measures that can be implemented within 1 operational period | Little to no interaction | May be informal |  |
| Type 5 | Not activated | IC, FFT1/FFT2 | 1 to 5 | Usually >1 | Not required | Not required | None | Minimal oversight | Minimal | Not adversely affected | N/A | N/A |  |
|  | Command & General Staff | ICS positions | Number of resources | Operational period | Written Incident Action Plan (IAP) | Formal Incident Planning Process | Logistical Support | Incident managed for resource objectives | Effects to population | Critical infrastructure/key resources | Governing Officials, stakeholders and political groups | Demobilization Process | Other Assets |

3

|  |
| --- |
| **Incident Complexity Analysis (Type 4 or 5; Complete A & B)** |
| **Part A: Firefighter Safety Assessment** | **Concerns,****Mitigations, Notes** |
| 1. LCES |  |
| 2. Fire Orders and Watch Out Situations |  |
| 3. Multiple operational periods have occurred without achieving initialobjectives |  |
| 4. Incident personnel are overextended mentally and/or physically andare affected by cumulative fatigue. |  |
| 5. Communication is ineffective with tactical resources and/or dis-patch. |  |
| 6. Operations are at the limit of span of control. |  |
| 7. Aviation operations are complex and/or aviation oversight is lacking. |  |
| 8. Logistical support for the incident is inadequate or difficult. |  |

|  |
| --- |
| **Part B: Relative Risk Assessment** |
| **Values** |  |  |  | **Note/Mitigation** |
| 1. Infrastructure/natural/cultural concerns | **L** | **M** | **H** |  |
| 2. Proximity and threat of fire to values | **L** | **M** | **H** |  |
| 3. Social/economic concerns | **L** | **M** | **H** |  |
| **Hazards** |  |  |  | **Note/Mitigation** |
| 1. Fuel conditions | **L** | **M** | **H** |  |
| 2. Fire behavior | **L** | **M** | **H** |  |
| 3. Potential fire growth | **L** | **M** | **H** |  |
| **Probability** |  |  |  | **Note/Mitigation** |
| 1. Time of season | **L** | **M** | **H** |  |
| 2. Barriers to fire spread | **L** | **M** | **H** |  |
| 3. Seasonal severity | **L/****M** | **H** | **VH/****E** |  |
| ***Enter the number of items circled for each col-******umn.*** |  |  |  |  |

**Relative Risk Rating (Circle one):**

|  |
| --- |
| **Low:** Majority of items are "low", with a few items rated as "moderate" and/or "High". |
| **Moderate:** Majority of items are " Moderate" , witha few items rated as "Low" and/or "High". |
| **High:** Majority of items are " High" , A few itemsmay be rated as "Low" or "Moderate". |

4

|  |
| --- |
| **Incident Complexity Analysis (Must be completed for Type 1. 2 & 3)** |
| **Part C: Organization** |  |  |  |  |  |
| **Relative Risk Rating (From Part B)** |  |  |  |  |  |
| 1. Circle the Relative Risk Rating (from Part B) |  | L | M | H | **Note/Mitigation** |
| **Implementation Difficulty** |  |  |  |  |  |
| 1.Potential fire duration | N/A | L | M | H |  |
| 2.Incident strategies (Course of action) | N/A | L | M | H |  |
| 3.Functional concerns | N/A | L | M | H |  |
| **Socio/Political Concerns** |  |  |  |  | **Note/Mitigation** |
| 1.Objective concerns | N/A | L | M | H |  |
| 2.External influences | N/A | L | M | H |  |
| 3.Ownership concerns | N/A | L | M | H |  |
| ***Enter the number of items circled for each column.*** |  |  |  |  |  |

**Recommended Organization (circle one):**

|  |
| --- |
| **Type 5:** Majority of items rated as “N/A”, a few items may be rated in other categories |
| **Type 4:** Majority of items rated as “Low”, with some items rated as “N/A”, and a few items rated as “Moderate” or “High” |
| **Type 3:** Majority of items rated as “Moderate”, with a few items rated in other categories |
| **Type 2:** Majority of items rated as “Moderate”, with a few items rated as “High” |
| **Type 1:** Majority of items rated as “High”, a few items may be rated in other categories |

See IRPG Pg 10-11 for Indicators of Incident Complexity. For more detailed information

IC Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of IC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5

|  |
| --- |
| **Spot Weather Observation and Forecast Request** |
| **Reason for Spot Request:****Wildfire OR Non-Wildfire (Prescribed Fire****etc.)** | **Latitude: Longitude:** |
| **Elevation Top: Bottom:** | **Size (Acres):** |
| **Aspect:** | **Sheltering: Full Partial Unsheltered** |
| **Fuel Type/Model: Grass/1-3 Brush/4-7 Timber/8-11 Slash/11-13 Grass/Timber Understory/2,5,8** |
| **Weather Observations:** |
| **Place** | **Elev.** | **Obs Time** | **Wind: Direction/ Velocity** |  |  | **Sky/ Weather** |
| **20 Foot** | **Eye****Level** | **Dry****Bulb** | **Wet****Bulb** | **RH** | **DP** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Forecast Needed: Today Tonight Tomorrow** |
| **Location and name of nearest RAWS:** |
| **Remarks:** |
| **All forecast elements listed below are needed in return forecast!** |
|  **Date and Time Spot Forecast Received:** |
| **SPOT WEATHER****SKY WEATHER** | **TODAY** | **TONIGHT** | **TOMORROW** |
| **TEMP****HI/LOW** |  |  |  |
| **RH % MAX/MIN** |  |  |  |
| **WIND** **SPEED/DIR.** |  |  |  |
| **HAINES** |  |  |  |
| **SMOKE DISPERSAL** |  |  |  |
| **REMARKS** |  |  |  |

6

|  |
| --- |
| **Spot Weather Observation and Forecast Request** |
| **Reason for Spot Request:****Wildfire OR Non-Wildfire (Prescribed Fire****etc.)** | **Latitude: Longitude:** |
| **Elevation Top: Bottom:** | **Size (Acres):** |
| **Aspect:** | **Sheltering: Full Partial Unsheltered** |
| **Fuel Type/Model: Grass/1-3 Brush/4-7 Timber/8-11 Slash/11-13 Grass/Timber Understory/2,5,8** |
| **Weather Observations:** |
| **Place** | **Elev.** | **Obs Time** | **Wind: Direction/ Velocity** |  |  | **Sky/ Weather** |
| **20 Foot** | **Eye****Level** | **Dry****Bulb** | **Wet****Bulb** | **RH** | **DP** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Forecast Needed: Today Tonight Tomorrow** |
| **Location and name of nearest RAWS:** |
| **Remarks:** |
| **All forecast elements listed below are needed in return forecast!** |
|  **Date and Time Spot Forecast Received:** |
| **SPOT WEATHER****SKY WEATHER** | **TODAY** | **TONIGHT** | **TOMORROW** |
| **TEMP****HI/LOW** |  |  |  |
| **RH % MAX/MIN** |  |  |  |
| **WIND** **SPEED/DIR.** |  |  |  |
| **HAINES** |  |  |  |
| **SMOKE DISPERSAL** |  |  |  |
| **REMARKS** |  |  |  |

7

|  |
| --- |
| **Incident Risk Analysis (215a)** |
| Division/Groupor Segment | Hazardous Ac-tions or Condi-tions | Mitigations/Warnings/Remedies |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| OperationalPeriod |  |  |  |

|  |
| --- |
| **Risk Management** |
| Maintain your situational awareness. Ensure compliance with the 10 Standard Fire-fighting Orders and LCES. Continually monitor the 18 Situations and apply appropriate mitigation. As the incident progresses, continually re-evaluate your situation. When hazards are identified mitigate them or change tactics and or strategy.Refer to the green pages in the IRPG. |
| **YES** | **NO** | **Decision Points** |
|  |  | Controls in place for identified hazardous actions or conditions? If noreassess your situation |
|  |  | Are selected tactics based on expected fire behavior? If no reassessyour situation |
|  |  | Are the current strategy and tactics working? If no reassess your situ-ation |

8

|  |
| --- |
| **COMMUNICATION PLAN/FREQUENCIES** |
| **Net** | **RX** | **TX** | **Tone** | **Name** |
| **Command** |  |  |  |  |
| **Support** |  |  |  |  |
| **A/G** |  |  |  |  |
| **Air-Air** |  |  |  |  |
| **TAC** |  |  |  |  |
| **TAC** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **MAP SKETCH** |
|  |
| Prepared by: | Position: | Date/Time: |

9

|  |
| --- |
| **SUMMARY OF ACTIONS/NARRATIVE** |
| Time | (Attach ICS-214, Unit Log if more room is needed) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

10

|  |
| --- |
| **Work Rest Ratio Documentation Worksheet** |
| This worksheet is designed to help the IC document and calculate amount of rest re-quired to meet the Work/Rest guidelines.For every 2 hours of work or travel provide 1 hour of sleep or rest.* IC must justify and document work shifts exceeding 16 hours and those that do

not meet the 2:1 work/rest guidelines -- see below. |
| Date | Operational Peri- od Start Time | Operational Peri- od Stop Time | Total Hours Worked | Rest Time (document hours when employee ormodule rested) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Approval for shift lengths exceeding 16 hrs given by: | Date/ Time Approval Given: |
| IC Signature: | Date: |

11

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| RESOURCE SUMMARY | Request Number |  |  |  |  |  |  |  |  |  |  | **DOCUMENT BRIEFING FOR ALL INCOMING RESOURCES (USE PAGE 17 OF THE I.R.P.G.)** |
| Release Time |  |  |  |  |  |  |  |  |  |  |
| Assign ment |  |  |  |  |  |  |  |  |  |  |
| Brief ed? Y/N |  |  |  |  |  |  |  |  |  |  |
| No. of Peo- ple |  |  |  |  |  |  |  |  |  |  |
| Arrival Time |  |  |  |  |  |  |  |  |  |  |
| ETA/OS | / | / | / | / | / | / | / | / | / | / |
| Resource Type |  |  |  |  |  |  |  |  |  |  |
| Resource ID |  |  |  |  |  |  |  |  |  |  |

12

|  |
| --- |
| **After Action Review** |
| **Incident Name:** | **IC:** |
| **Date:** | **Incident Complexity:** |
| **Critiqued By:** (Names of attendees) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| What was planned?What actually happened?What was the difference, if any between questions one and two?What can be done different next time to meet objectives? |
| **AAR Leader Signature:** | **Date:** |
| **Reviewed By:** | **Date:** |
|  |

13

|  |
| --- |
| **FINAL FIRE REPORT** |
| Cause: (Circle #) | 1. Lightning | 2. Campfire | 3. Smoking |
| 4. Debris burning | 5. Arson | 6. Equipment Use |
| 7. Railroad | 8. Children | 9. Other |
| Resource on Scene:(# of | T6 Engines  | T3 Helicopters  | Equipment  |
| T4 Engines  | T2 Helicopters  | Water Tenders  |
| Hand crews  | Retardant  | Other  |
| Topogra- phy: | 1. Ridge top | 2. Saddle | 3. Upper 1/3 |
| 4. Middle 1/3 | 5. Lower 1/3 | 6. Canyon bottom |
| 7. Valley bottom | 8. Mesa or plateau | 9. Flat or rolling |
| Aspect: | 1. Flat | 2. N | 3. NE | 4. E | 5. SE |
| 6. S | 7. SW | 8. W | 9. NW | 10. Ridgetop |
| Slope | 1. 0-25% | 2. 26-40% | 3. 41-55% | 4. 56-75% | 5. 76+% |
| Elevation | 1. 0-500’ | 2. 501-1500’ | 3. 1501-2500’ | 4. 2501-3500’ | 5. 3501-4500’ |
| 6. 4501-5500’ | 7. 5501-6500’ | 8. 6501-7500’ | 9. 7501-8500 | 10. 8500+ |

ACTUAL CONTAINMENT:

 Date\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_ Acres\_\_\_\_\_\_\_\_\_

ACTUAL CONTROL:

 Date\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_ Acres\_\_\_\_\_\_\_\_\_

OUT:

 Date\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_ Acres\_\_\_\_\_\_\_\_\_

**PERFORMACE EVALUATION DONE FOR OFF UNIT RESOURCES?**

**SHIFT TICKETS, TIMESHEETS & INSPECTIONS COMPLETED?**

14

**MEDICAL PLAN (ICS 206 WF)**

**Controlled Unclassified Information//Basic**

|  |
| --- |
| **Medical Incident Report** |
| FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY. FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH. |
| **Use the following items to communicate situation to communications/dispatch**1. **CONTACT COMMUNICATIONS/DISPATCH**

*Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)*1. **INCIDENT STATUS:** *Provide incident summary and command structure.* *Ex: “Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care.”*
 |
| Severity of Emergency / Transport Priority | * RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE

Ex: Unconscious, difficulty breathing, bleeding severely, 2o – 3o burns more than 4 palm sizes, heat stroke, disoriented* **YELLOW/ PRIORITY 2 Serious Injury or illness.** **Evacuation may be DELAYED if necessary.**

Ex: Significant trauma, unable to walk, 2o – 3o burns not more than 1-3 palm sizes* GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport

Not a life threatening injury or illness.*Ex: Sprains, strains, minor heat-related illness.*  |
| Nature of Injury or Illness & Mechanism of Injury |  | Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)(Exhic Name + “Medical”(Ex |
| Transport Request |  | Air Ambulance / Short Haul/Hoist Ground Ambulance / Other |
| Patient Location |  | Descriptive Location & Lat. / Long. (WGS84) |
| Incident Name |  | Geographic Name + "Medical"(Ex: Trout Meadow Medical) |
| On-Scene Incident Commander |  | Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones) |
| Patient Care |  | Name of Care Provider(Ex: EMT Smith) |
| **3. INITIAL PATIENT ASSESSMENT:** *Complete this section for each patient as applicable (start with the most severe patient)* |
| Patient Assessment See IRPG page 106 |  |
| Treatment:’ |  |

15

**MEDICAL PLAN (ICS 206 WF) continued**

|  |
| --- |
| **4. TRANSPORT PLAN:** |
| **Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:** |
| **Helispot / Extraction Site Size and Hazards:** |
| **5. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:** |
| Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication |
| **6. COMMUNICATIONS:** |
| Function | Channel Name/Number | Receive (Rx) | Tone/NAC \* | Transmit (Tx) | Tone/NAC \* |
| *Ex: Command* | *Forest Rpt, Ch. 2* | *168.3250* | *110.9* | *171.4325* | *110.9* |
| COMMAND |  |  |  |  |  |
| AIR-TO-GRND |  |  |  |  |  |
| TACTICAL |  |  |  |  |  |
| **7. CONTINGENCY:** Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead |
| **8. ADDITIONAL INFORMATION: Updates/Changes, etc.** |
| REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively |

**Controlled Unclassified Information//Basic**

16