

MAP SKETCH

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Prepared by:	Position:	Date/Time:

**SAN LUIS VALLEY
INTERAGENCY
FIRE
MANAGEMENT**

Incident Organizer

Incident Name		
Incident #		
Fire Code	BLM:	FS:
Other Code		
Unit/Origin		

IC#1 Took Command	Date:	Time:
IC#2 Took Command	Date:	Time:

Containment Date & Time		
Control Date & Time		
Final Size By Ownership	BLM:	USFS:
	State:	Private:
	Other:	TOTAL:

Directions and Intent:

MOST INCIDENTS ONLY REQUIRE FILLING OUT THE FIRST FEW PAGES - i.e., TYPE 4 AND 5 INCIDENTS. (In these situations, fill out afterwards when doing your AAR.)

- Intended to provide the IC with a format and focal point to begin processing an incident that is emerging. (Start to plan the fight – delegate – instead of fighting the fight and possibly losing your situational awareness as IC.)
- Use until an Incident is out or operating on an IAP.
- Serves as an Incident Workbook used in conjunction with the Incident Response Pocket Guide, Redbook, Fireline Handbook and/or the SLVIFM Strategy/observations form.
- Red-blocked items are required to be filled in for 30-mile accident prevention (Forest Service).

IC#1 Signature: _____

IC#2 Signature: _____

After Action Review		
INCIDENT NAME:	IC:	
DATE:	Incident Complexity:	
Names of attendees		
What was planned? What actually happened? What was the difference, if any, between questions one and two? What can you do different next time to meet objectives?		
AAR Leader Signature:	Date:	

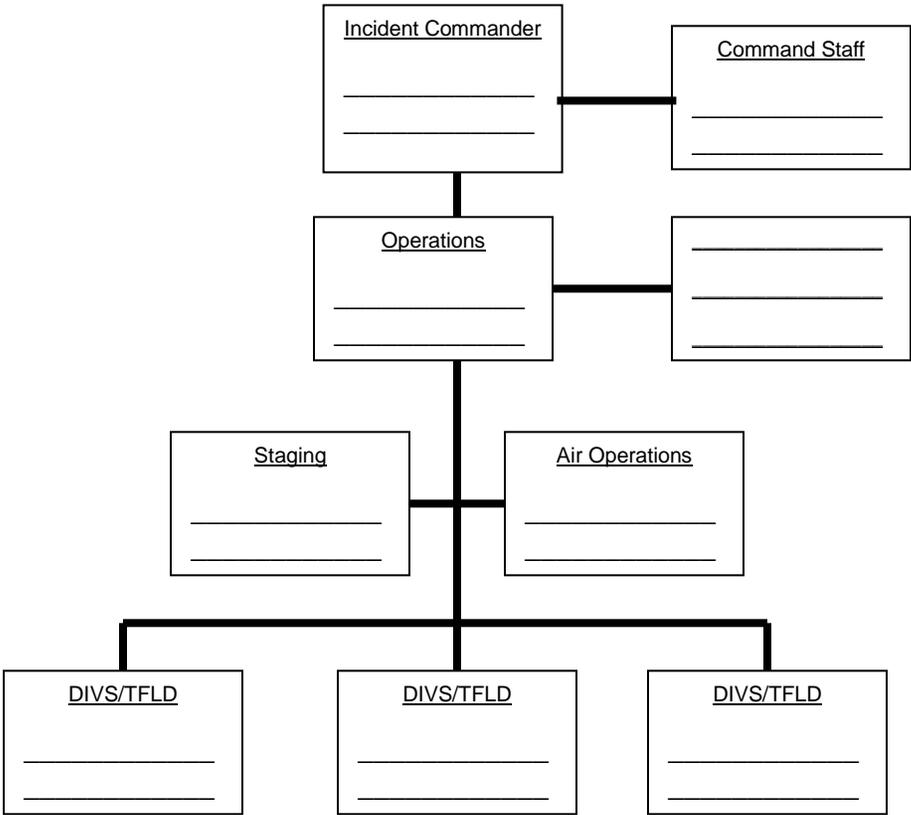
Incident Objectives
1. SAFETY of firefighters and public.
2.
3.
4.
Your goal is to manage the incident and not create another.

(Examples: protect structures, keep fire to east of road, river or ridge)

IC Considerations for Recommending Fire Management Strategies
Full Suppression – Put the fire out immediately
Full Suppression with Limited Engagement – Firefighter exposure very limited
Full Suppression with Multiple Objectives – Confine/Contain, Point Protection, Check and Steer tactics

Managing Fires for Multiple Objectives Checklist
1. Size up fire
2. Consult with DO/AA about a go/no go decision
a. Employee and public safety
b. Relationship to special designated areas
c. Impacts to recreation
d. Impacts to high elevation hunts
e. Resource benefits
f. Smoke management
g. Work through Decision Criteria Checklist (below)
3. If it is a GO decision
a. Notify dispatch, PIO, front desk, and lookouts
b. Implement any necessary closures
c. Input fire into WFDSS
d. Consider a FS Pro run
e. Complete an ICS 209 or send to dispatch for tracking
f. Develop a monitoring plan
g. Create a hard copy folder for tracking
h. Document on ICS 214

INCIDENT ORGANIZATION



Decision Criteria Checklist	24 hours Y/N	48 hours Y/N
If no action taken will the fire... Threaten firefighter safety or life and property that cannot be mitigated?		
Be conducive to rapid rates of spread due to fuels/terrain/weather?		
Impact structures or improvements?		
Have unacceptable effects on cultural and natural resources?		

Work Rest Ratio Documentation Worksheet

This worksheet is designed to help the IC document and calculate amount of rest required 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 Period Start Time	Operational Period Stop Time	Total Hours Worked	Rest Time (document hours when employee or module rested)
Approval for shift lengths exceeding 16 hrs given by:			Date/ Time Approval Given:	
IC Signature:			Date:	

Spot Weather Observation and Forecast Request									
Requesting Agency will Furnish Information for Blocks 1-12									
1. Name of Incident or Project				2. Control Agency			3. Request Made		
							Time:		Date:
4. Location (Designate Township, Range, and Section (include ¼ section):						5. Drainage Name		6. Exposure/Aspect:	
7. Size of Incident or Project (acres):				8. Elevation		9. Fuel Type:		10. Project On:	
				Top	Bottom			<input type="checkbox"/> Ground <input type="checkbox"/> Crowning	
11. Weather Conditions at Incident or Project or from RAWS:									
Place	Elevation	Observation Time	Wind Direction/Velocity		Temperature		No entry necessary. To be completed by the Fire Weather Forecaster.		Remarks (Indicate precipitation, cloud type and % cover, wind and frontal conditions, etc.)
			20-Foot:	Eye Level:	Dry Bulb:	Wet Bulb:	Rh	Dp	
12. Send Forecast To (Person):			Send Forecast To (Location):				Send Forecast Via:		Send Copy To:
The Fire Weather Forecaster will Furnish the Information for Block 13:									
13. Discussion and Outlook:								Date and Time:	
Burn Period	Sky Cover	Temperature	Humidity	Wind		Indices			
				Eye Level	20-Foot				
<input type="checkbox"/> Today (sunrise to dusk) <input type="checkbox"/> This Afternoon (noon until dusk) <input type="checkbox"/> This Evening (1600 until dusk) <input type="checkbox"/> Tonight (sunset until sunset)	<input type="checkbox"/> Mostly Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable	°F _____ <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____% <input type="checkbox"/> Maximum <input type="checkbox"/> Minimum <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction____ Velocity____mph Gusts____mph	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction____ Velocity____mph Gusts____mph	Haines: LAL: BI: CI:			
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Outlook for (Date):	<input type="checkbox"/> Mostly Sunny/Clear <input type="checkbox"/> Fair <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Mostly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Variable	°F _____ <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Range	_____% <input type="checkbox"/> Maximum <input type="checkbox"/> Minimum <input type="checkbox"/> Range	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction____ Velocity____mph Gusts____mph	<input type="checkbox"/> Upslope <input type="checkbox"/> Downslope Direction____ Velocity____mph Gusts____mph	Haines: LAL: BI: CI:			

