

**Wildfire
Delegation of Authority (Example)**

Delegation of Authority

Agency: _____

As of 1800, May 20, 2002, I have delegated authority to manage the Crystal River Fire, Number E353, Santa Cruz Resource Area, to Incident Commander Bill Jones and his Incident Management Team.

The fire which originated as four separate lightning strikes occurring on May 17, 2002, is burning in the Crystal River Drainage. My considerations for management of this fire are:

1. Provide for fire fighter and public safety.
2. Manage the fire with as little environmental damage as possible. The guide to minimum impact suppression tactics (MIST) is attached.
3. Key cultural features requiring priority protection are: Scout Cabin, and overlook board walks along the south rim.
4. Key resources considerations are: protecting endangered species by avoiding retardant and foams from entering the stream; if the ponderosa pine timber sale is threatened, conduct a low intensity under burn and clear fuels along road 112.
5. Restrictions for suppression actions include: no tracked vehicles on slopes greater than 20 percent or meadow soils, except where roads exist and are identified for use. No retardant will be used within 100 feet of water.
6. Minimum tools for use are Type 2/3 helicopters, chainsaws, hand tools, and portable pumps.
7. My agency advisor will be Ted Johnson (wildlife biologist).
8. The NE flank of the fire borders private property and must be protected if threatened. John Smith of the South Central Fire Department will be the local representative.
9. Manage the fire cost-effectively for the values at risk.
10. Provide training opportunities for the resources area personnel to strengthen our organizational capabilities.
11. Minimum disruption of residential access to private property, and visitor use consistent with public safety.

(Signature and Title of Agency Administrator)

(Date)

APPENDIX F-3

Incident Commander Briefing

The Incident Briefing, ICS-201 Form Provides the Basis for the Local Incident Commander to Brief the Incoming Team.

Briefing Information

| | | |
|--|--|---|
| Forms Available or Attached: <input type="checkbox"/> ICS 201 <input type="checkbox"/> ICS 215 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 220 <input type="checkbox"/> ICS 209 | | Other Attachments: <input type="checkbox"/> Map of Fire <input type="checkbox"/> Aerial Photos <input type="checkbox"/> Weather Forecast |
| Fire Start Date: _____ Time: _____ Fire Cause: _____ | | |
| Fuels at Fire: _____ | | Fuels Ahead of Fire: _____ |
| Fire Spread: _____ | | Fire Behavior: _____ |
| Anchor Points: _____ | | Natural Barriers: _____ |
| Perimeter Secured, Control/Mitigation Efforts Taken, and Containment Status: _____ | | |

Briefing Information - Continued

| | |
|---|---------------------------------|
| Life, Improvements, Resources and Environmental Issues: | |
| Weather Forecast: | |
| Established | Possible Copy Machine Available |
| ICP: | Yes No |
| Base: | Yes No |
| Camp(s): | |
| Staging Areas(s): | |
| Safety Issues: | EMS in Place: Yes No |
| Air Operations Effectiveness to Date: | |
| Air Related Issues and Restrictions: | |

Briefing Information - Continued

| | |
|---|--|
| Hazards (Aircraft and People): | |
| Access from Base to Line: | |
| Personnel and Equipment on Incident (Status and Condition): | |
| Personnel and Equipment Ordered: | |
| Cooperating and Assisting Agencies on Scene: | |
| Helibase/Helispot Locations: | |
| Facility Fire Protection | |
| Crash Fire Protection at Helibase: | |
| Medivac Arrangement: | |

Briefing Information - Continued

| |
|---|
| Communication System in Use: Radio_____ Telephone_____ Mobile Phone_____ |
| Water Availability: |
| Review of Existing Plans for Control in Effect; Copy of Approved WFA: |
| Smoke Conditions: |
| Local Political Issues: |
| Damage Assessment Needs: |
| Security Problems: |

APPENDIX F-4

Incident Team Evaluation

Team IC: _____ Type: _____

Incident: _____ Fire Number: _____

1. Did the Team accomplish the objectives described in the Wildland Fire Situation Analysis, the Delegation of Authority, and the Agency Administrator Briefing (if available)? Yes No
2. Was the Team cost effective in their management of the Incident? Yes No
3. Was the Team sensitive to resource limits and environmental concerns? Yes No
4. Was the Team sensitive to political and social concerns? Yes No
5. Was the Team professional in the manner which they assumed management of the incident, managed the total incident, and returned it to the hosting agency? Yes No
6. Did the Team anticipate and respond to changing conditions in a timely and effective manner? Yes No
7. Did the Team place the proper emphasis on safety? Yes No
8. Did the Team activate and manage the demobilization in a timely, cost-effective manner? Yes No
9. Did the Team attempt to use local resources and trainees, and closest available forces to the extent practical? Yes No
10. Was the Incident Commander (IC) an effective manager of the Team and its activities? Yes No
11. Was the IC obviously in charge of the Team and incident (Was the IC performing a leadership role)? Yes No
12. Was the IC aggressive in assuming responsibility for the incident and initiating action? Yes No
13. Did the IC express a sincere concern and empathy for the hosting unit and local conditions? Yes No
14. Other comments:

Agency Administrator or Agency Representative:

Date:

Incident Commander:

Date:

APPENDIX F-5

**Administrative Payment Team
Delegation of Authority (Example)**

Date:

To: (Administrative Payment Team Leader)

From: (Superintendent of Agency)

Subject: Delegation of Authority

You are hereby authorized to process vendor payments for supplies, emergency equipment rental agreement payments, services and Casual Emergency Firefighter payments, and issue U.S. Government Treasury Checks on behalf of (Agency) for expenses incurred on the (location of fire). The incident began on (date of incident). The Administrative Payment Team is requested to process payments as efficiently as authorized above during (from date) to (end date). (Approximately), the ending time will be dependent on status on incident, you will be notified.

I understand the original payment documents will be released to the Bureau of Indian Affairs, Accounting Operations Division in (location) for record retention and data entry. You are authorized to charge all expenses to the fire suppression account P11 (organization code) (FY) 92310 (Fire Code), Incident Project Order Number (fire location – WA-YAA-001). I expect to receive copies of all documents that are required for processing payments. This will enable my staff to review all payments made.

(Agency administrator’s name), Administrative Officer will be your Liaison Officer for any questions regarding payments and is authorized to sign any documents as required. (Agency Procurement Officer’s name), Warranted Officer, will be assisting and coordinating with you to assure correct documentation to pay bills is provided. The Warrant Officer’s authority is (amount of Warrant authority).

I understand the team cannot process payments for Tort Claims, National Contracts, Fedstrip, Office of Workman’s Compensation invoices, aircraft obligations, travel advances, travel vouchers, and non-emergency items. You are also required to provide copies of Blanket Purchase Agreements, all preseason Emergency Equipment Rental Agreements and Resource Orders for supplies, equipment (which is dozers, engines).

Upon completion of your assignment, we will meet with the team and my staff members to discuss what was accomplished and you will be providing me with a final debriefing which consists of a cost summary of disbursements.

I am also required to provide an Administrative Payment Team Performance and Team Member Rating upon completion of payments.

Agency Administrator or Agency Representative:

Date:

Administrative Payment Team Leader

Date:

Release Date: January 2009

Appendix F-2

