CHAPTER 80
FORMS

Resource Order Form

RESOURCE ORDER

INITIAL DATE/TIME

2. INCIDENT/PROJECT NAME

3. INCIDENT / PROJECT ORDER NUMBER

4. OFFICE REFERENCE NUMBER

INCIDENT/PROJECT ORDER NUMBER

5. DESCRIPTIVE LOCATION/RESPONSE AREA

6. SEC | TWN | RNG | Base MDM

7. MAP REFERENCE

8. INCIDENT BASE/PHONE NUMBER

9. JURISDICTION/AGENCY

10. ORDERING OFFICE

11. AIRCRAFT INFORMATION

BEARING	DISTANCE	BASE OR OMNI	LAT. LONG.	AIR CONTACT	FREQUENCY	Ground Contact	FREQUENCY	RELOAD BASE	OTHER AIRCRAFT/HAZARDS

12.

Request Number	Ordered Date/Time	From/To	QTY	RESOURCE REQUESTED	Needed Date/Time	Deliver To	From/To	Time	Agency ID	RESOURCE ASSIGNED	ETD/ETA	RELEASED Date	RELEASED To	Time/ETA

13.

Req. No.	ORDER RELAYED Date	ORDER RELAYED Time	To/From	ACTION TAKEN	Req. No.	ORDER RELAYED Date	ORDER RELAYED Time	To/From	ACTION TAKEN

ICS 260-1 (7/87) NFES 1470

CONTINUATION SHEET NO. ___ OF ___

Order No.	RESOURCE ORDER	2. INCIDENT/PROJECT NAME	3. INCIDENT / PROJECT ORDER NUMBER	4. OFFICE REFERENCE NUMBER

12. Request Number	Ordered Date/Time	From/To	QTY	RESOURCE REQUESTED	Needed Date/Time	Deliver To	To/From	Time	Agency ID	RESOURCE ASSIGNED	ETD/ETA	RELEASED Date	RELEASED To	Time/ETA

ICS 260-2 (7/87) NFES 1471

Mobile Food & Shower Service Request Form

MOBILE FOOD & SHOWER SERVICE REQUEST FORM

Incident Name:_____ Financial Code:_____

Resource Order #:_____ Food Service Request E#:_____

Shower Unit Request E#:_____

I. FOOD SERVICE: Requested Date, Time, Meal Types, and Number of Meals

1. Date of first meal:_____ Time of first meal:_____
2. Estimated number for the first three meals:

1st meal:_____	[ ] Hot Breakfast	[ ] Sack Lunch	[ ] Dinner
2nd meal:_____	[ ] Hot Breakfast	[ ] Sack Lunch	[ ] Dinner
3rd meal:_____	[ ] Hot Breakfast	[ ] Sack Lunch	[ ] Dinner

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time first meals are to be served: Date:_____ Time:_____

(Minimum guaranteed payment is based on these estimates, see Section G.2.2):

1st meal:_____	[ ] Hot Breakfast	[ ] Sack Lunches	[ ] Dinner
2nd meal:_____	[ ] Hot Breakfast	[ ] Sack Lunches	[ ] Dinner
3rd meal:_____	[ ] Hot Breakfast	[ ] Sack Lunches	[ ] Dinner

II. Location

Reporting location:_____

Contact person at the Incident:_____

III. Additional Information

Spike Camps: Yes _____ No _____ Unknown _____

Estimated Duration of Incident_____ Estimated Personnel at Peak_____

Dispatch Contact:_____ Telephone Number:_____

IV. SHOWER SERVICE: Requested Date and Time Mobile Shower Unit is needed

Date Requested_____ Time Requested_____

Mobile Shower Unit type ordered: Large (12+ stalls) [___] Small (4-11 stalls) [___]

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time Mobile Shower Unit to be operational: Date:_____ Time:_____

National Interagency Coordination Center – 208-387-5400

Passenger and Cargo Manifest Form

Passenger / Crew and Cargo Manifest – TEST FORM

Crew Name: Flight Manager Name & Phone:

Ordering Unit:	Incident / Project Name:	Incident / Project Number:

Carrier Name or Vehicle List Make / Model / License:	Departure Location:	ETD	Arrival Location:	ETA

Report To:	If Delayed, Contact:

	Passenger / Cargo Name (Include contact numbers for leaders – CRWB, Asst. CRWB, CRWB-T, etc.)	M/F	Passenger Weight	Cargo Weight	Position / AD Class (e.g. FFT2/AD-C)	Home Unit / Jetport
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						

Number of Passengers on Page:		Passenger / Cargo Weight:			Total Weight:	

Signature of Authorized Representative:	Date:

Send comments to wieacc@fs.fed.us by November 1, 2014 Print Form 05/14

INSTRUCTIONS

GENERAL:
The Passenger/Crew and Cargo Manifest Form will be used to list all personnel in a group. List the Crew Name, if applicable, Flight Manager and contact information, ordering unit, destination, personnel in group, weight of each person, weight of each person's cargo, additional cargo, and total weight of the group and cargo. It is recommended to include contact information, usually a cell phone number, for leadership personnel. Do not include Personal Identifying Information (PII), such as date of birth, unless required.

The Flight Manager should have multiple copies of the Passenger/Crew and Cargo Manifest to distribute as needed. See agency guidelines for numbers of copies needed.

SPECIFICS:
Crew Name and Manager Name & Phone: List the official Crew Name, if applicable, and Flight Manager and contact information, usually a cell phone.

Ordering Unit, Incident/Project Name and Number: Fill in information as appropriate.

Carrier Name or Vehicle List – Make/Model/License: List the commercial carrier name or the make, model and license numbers for each vehicle used.

Departure and Arrival (Location, ETD, ETA): List departure and arrival locations. Include estimated time of departure (ETD), estimate time of arrival (ETA), and overnight stops.

Report To: Location passengers should report to or cargo should be delivered to.

If Delayed, Contact: Contact information (name, phone numbers) if passenger or cargo arrival is delayed.

Passenger/Cargo Name: List each passenger or cargo item on a separate line.

M/F: Male or Female.

Passenger Weight: Body weight of each passenger.

Cargo Weight: Weight of each passenger's cargo or separate cargo item.

Position/AD Class: Crew position of each passenger, if applicable. If an Administratively Determined (AD) employee, include AD Class. Example: FFT2 / AD-C.

Home Unit/Jetport: Home unit of each passenger and their home jetport.

Number of Passengers on Page: Total number of passengers listed on this page of the manifest.

Passenger & Cargo Weight: Total passenger weight. Total cargo weight. List in appropriate space.

Total Crew Weight: Sum of the passenger and cargo weights for a total group weight.

Signature of Authorized Representative: Authorized authority signature.

Date: Date manifest was completed and signed by the authorized authority.

Aircraft Flight Request/Schedule Form

United States
Department of the Interior
Bureau of Land Management
AIRCRAFT FLIGHT REQUEST/SCHEDULE

Change #:

6. Aircraft Info
FAA N#:

1. Initial request information

Initial Date/Time: | To/From: | Phone Number:

Cost-Accounting Management Code(s):

Billee Code (OAS A/C only):

Flight Schedule No. | Pax Seats

Make/Model:

Color:

Vendor:

Phone No.:

Pilot(s):

Check one: _ Point-to-Point _ Mission Flight Desired A/C Type:_Helicopter _ Airplane

Mission Objective/Special Needs:

2. Passenger/Cargo Information – **Indicate Chief of Party with an asterisk (*)**

Name/Type of Cargo (last name, initial)	LBS or CU ft	Project Order/Request No.	Dept Arpt	Dest Arpt	Return to	Name/Type of Cargo (last name, initial)	LBS or CU ft	Project Order/Request No.	Dept Arpt	Dest Arpt	Return to

3. Flight Itinerary (For Mission-Type Flights, Provide Points of Departure/Arrival and Attach Map with Detailed Flight Route and Known Hazards Indicated)

DEPART WITH			DEPART FROM			Enroute	ARRIVE AT			DROP OFF		Key Points	Info Relayed
Date	No. PAX	Lbs	Airport/ Place	ETD	ATD	ETE	Airport/ Place	ETA	ATA	No. PAX	Lbs	Drop-Off Points, Refueling Stops, Flight Check-ins, Pickup Points	To/From
						+							/
						+							/
						+							/
						+							/
						+							/
						+							/
						+							/
						+							/

4. Flight Following:

_ FAA IFR _ Satellite
_ FAA VFR w/ check-in every
___ Minutes to _ FAA or _ Agency
_ Agency VFT with check-in via radio every ___ Minutes
Frequencies:

5. Method of Resource Tracking:

_ Phone _ Radio
_ To Scheduling Dispatcher@
_ Prior to Takeoff _ Each Stop Enroute
_ Arrival at Destination
_ To: _____ @ _____
(0ther Office) (Phone Number)

7. Administrative
Type of Payment Document:

_ OAS-23 or _ OAS 2
_ FS 6500-122
Other:
Route Document To:

8. Review (if applicable)

_ Hazard Analysis Performed
_ Dispatch/Aviation Mgr. Checklist
_ Other:

9. Close-out
Closed by: Date/Time: /

Hazard Analysis and Dispatch/Aviation Manager Checklist

HAZARD ANALYSIS AND DISPATCH/AVIATION MANAGER CHECKLIST

I. MISSION FLIGHT HAZARD ANALYSIS (fire flights exempt provided a pre-approved plan is in place). The following potential hazards in the area of operations have been checked, have been identified on flight itinerary map, and will be reviewed with Pilot and Chief-of-Party prior to flight:

- ☐ Military Training Routes (MTRs) or Special-Use Airspace (MOAs, Restricted Areas, etc.)
- ☐ Areas of high-density air traffic (airports); Commercial or other aircraft
- ☐ Wires/transmission lines; wires along rivers or streams or across canyons
- ☐ Weather factors: wind, thunderstorms, etc.
- ☐ Towers and bridges
- ☐ Other aerial obstructions:
- ☐ Pilot flight time/duty day limitations and daylight/darkness factors

  SUNRISE: _____

  SUNSET: _____
- ☐ Limited flight following communications
- ☐ High elevations, temperatures, and weights:

  MAX LANDING ELEV (MSL): _____

  MIN. FLIGHT ALTITUDE AGL: _____
- ☐ Transport of hazardous materials
- ☐ Other: _____

  _____

II. DISPATCHER/AVIATION MANAGEMENT CHECKLIST

- ☐ Pilot and aircraft carding checked with source list and vendor; carding meets requirements;
- ☐ OR, Necessary approvals have been obtained for use of uncarded cooperator, military, or other-government agency aircraft and pilots
- ☐ Check with vendor that an aircraft with sufficient capability to perform mission safely has been scheduled
- ☐ Qualified Aircraft Chief-of-Party has been assigned to the flight (noted on reverse)
- ☐ All DOI passengers have received required aircraft safety training;
- ☐ OR, Aviation manager will present detailed safety briefing prior to departure;
- ☐ Bureau Aircraft Chief-of-Party will be furnished with a Chief-of-Party/Pilot checklist and is aware of its use
- ☐ Means of flight following and resource tracking requirements have been identified
- ☐ Flight following has been arranged with another unit if flight crosses jurisdictional boundaries and communications cannot be maintained
- ☐ Flight hazard maps have been supplied to Chief-of-Party for nonfire low-level missions
- ☐ Procedures for deconfliction of Military Training Routes and Special-Use Airspace have been taken
- ☐ Chief-of-Party is aware of PPE requirements.
- ☐ Cost analysis has been completed and is attached
- ☐ Other/Remarks:

III. APPROVALS

Note: Reference Handbook 9420 for approval(s) required.

A. MISSION FLIGHT: HAZARD ANALYSIS PERFORMED BY:

_____
Chief-of-Party Signature

B. MISSION FLIGHT: HAZARD ANALYSIS REVIEWED BY:

_____
Dispatcher Or Aviation Manager Signature Required

C. IF NON-FIRE, ONE-TIME (NON-RECURRING), SPECIAL-USE MISSION, SIGNATURE OF LINE MANAGER IS REQUIRED **:

_____ **DATE:** _____

D. THIS FLIGHT IS APPROVED BY (Authorized Signature):

_____ **DATE:** _____

*** For recurring Special-Use Missions, signature is required on Special-Use Air Safety Plan, and not required here.*

Infrared Aircraft Scanner Request Form

INFRARED AIRCRAFT SCANNER ORDER

Incident# **Project#:**
Override#: **A#**

Incident Name:		Date/Time:	
Ordering Unit:		Telephone #:	
Local Dispatch:		Telephone #:	
GACC:		Telephone #:	
National IR Coord:		Telephone #:	(208) 387-5381
		Cell #	(208) 870-5066
GACC IR Liaison:		Telephone #:	( )
		Cell #	( )

IR Interpreter Ordered:	☐ YES	☐NO	☐On Order	
IR Interpreter:			Telephone # Cell #	( ) ( )
IR Interpreter Location:				
SITL Name: SITL email:			Telephone #: Cell #	( ) ( )

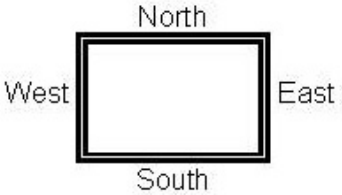
Approximate Incident Elevation:	Feet	
Approximate Fire Size:	Acres	
Requested Flight Time (local @ incident):		
IR Deliverables Location (ftp site):		

Mission Objective and Description:

LATITUDE/LONGITUDE INFORMATION NEEDED FOR EACH MISSION

Mapping Block

	Degrees	Minutes
NORTH		
SOUTH		
EAST		
WEST		



FAA Temporary Tower Request Form

TEMPORARY TOWER REQUEST FORM

(Note – this form should be used in conjunction with the checklist located in Chapter 11 of the ***Interagency Airspace Coordination Guide*** (**www.fs.fed.us/r6/fire/aviation/airspace**). Please attach this form to the Resource Order and forward both forms to the appropriate FAA Regional Operations Center (ROC) through established ordering channels.

I. GENERAL INFORMATION

Incident Name_____ Management/Fiscal Code_____

Resource Order Number _____ **Request Number** _____ **Date**_____

II. POINTS OF CONTACT

	Name / Agency	Telephone
Ordering Unit:		
Air Ops / Air Support:		
Local or Expanded Dispatch:		
Geographic Area Coordination Center:		
National Interagency Coordination Center:		
FAA POC at ROC:		
Airport Owner / Operator:		

Has the Airport Owner been notified? YES☐ NO☐

Requested Operational Hours: _____

Estimated Duration: _____

III. SUPPORT INFORMATION

Closest City / Town:_____ State: _____

Proposed Location of Temporary Tower (select one or explain):

- ☐ Airport (name and FAA Code) _____
- ☐ Helibase (physical/legal location) _____
- ☐ Incident Command Post (physical/legal location) _____
- ☐ Other _____

Is there a facility available on site for use as a "temporary tower"?

- ☐ FBO Site/Room rental, etc _____
- ☐ Rental Trailer _____
- ☐ Facility to be constructed on site _____
- ☐ Other _____

Expected overnight accommodations: ☐ Fire Camp ☐ Motel/Hotel ☐ Other _____

Vehicle Availability: ☐ GOV ☐ Rental ☐ Other (explain) _____

Attach detailed driving directions to reporting site (note road closures, hazardous conditions, easiest route of travel and provide detailed map) _____

IV. EQUIPMENT SURVEY – Refer to Chapter 11 Checklist in *Interagency Airspace Coordination Guide.*

Has equipment inventory been completed? ☐ Yes ☐ No

Equipment (radios, etc) locally available for use by assigned Tower Personnel: _____

_____

Equipment to be ordered: _____

_____

Preparedness/Detail Request Form

PREPAREDNESS/DETAIL REQUEST

ATTACHMENT TO RESOURCE ORDER NUMBER:_____
REQUEST NUMBER /S/: _____

1. POSITION(S): _____NUMBER OF PERSONS REQUESTED:_____
2. MINIMUM "RED CARD" RATING: _____
3. EMPLOYMENT STATUS : ☐ REGULAR FEDERAL AGENCY ☐ A.D. OTHER: _____
4. AGENCY UNIFORM: ☐ YES ☐ NO FIRE RESISTANT CLOTHING: ☐YES ☐NO
5. DRIVERS LICENSE NEEDED: ☐YES ☐NO ENDORSEMENT: _____
6. GOVERNMENT VEHICLE: ☐ YES ☐NO TYPE:_____
7. PRIVATE VEHICLES AUTHORIZED: ☐YES ☐]NO NUMBER: _____
8. RADIOS NEEDED: ☐YES ☐NO TYPE: _____ NUMBER: _____
9. REQUESTING UNIT'S ELECTRONIC TECHNICIAN'S NAME: _____
   TELEPHONE: _____
10. LENGTH OF DETAIL: _____THROUGH: _____
11. ESTABLISHED WORKWEEK: _____
    HOURS OF DUTY: _____
    OVERTIME AUTHORIZED: ☐ YES ☐NO.
    AUTHORIZATION NUMBER: _____
12. PERSONNEL MAY BE ROTATED: ☐YES ☐NO HOW OFTEN: _____
    ROTATION PAID BY: _____
13. BASE SALARY PAID BY: _____
    TRAVEL PAID BY: _____PER DIEM PAID BY:_____
14. EQUIPMENT USE MILEAGE PAID BY:_____
15. REQUESTING UNIT'S ELECTRONIC ADDRESS: _____
16. REQUESTING UNIT'S ESTIMATED TOTAL COST: _____
17. REQUESTING UNIT'S PERSONNEL OFFICER: _____
    TELEPHONE:_____
18. REQUESTING UNIT'S FINANCE OFFICER: _____
    TELEPHONE: _____
19. TEMPORARY DUTY STATION: _____
    ADDRESS / PO BOX:_____
    TELEPHONE:_____
20. GOVERNMENT LODGING: ☐ YES ☐ NO MESS HALL: ☐ YES ☐ NO.
    GOVERNMENT COOKING FACILITIES ONLY: ☐ YES ☐ NO
    COMMERCIAL LODGING: ☐ YES ☐ NO. RATE: _____ MEALS: ☐ YES ☐ NO.
21. NEAREST COMMERCIAL AIRLINE CITY: _____
22. REMARKS: _____
_____
_____
_____

7/22/2004

Incident Status Summary (ICS-209) Form

INCIDENT STATUS SUMMARY (ICS 209)

***1. Incident Name:**		**2. Incident Number:**	
***3. Report Version** (check one box on left): ☐ Initial ☐ Update ☐ Final Rpt # (if used):	***4. Incident Commander(s) & Agency or Organization:**	**5. Incident Management Organization:**	***6. Incident Start Date/Time:** Date: _____ Time: _____ Time Zone: _____
7. Current Incident Size or Area Involved (use unit label – e.g., "sq mi," "city block"):	**8. Percent (%) Contained** _____ **Completed** _____ / ***9. Incident Definition:**	**10. Incident Complexity Level:**	***11. For Time Period:** From Date/Time: _____ To Date/Time: _____

Approval & Routing Information

***12. Prepared By:** Print Name: _____ ICS Position: _____ Date/Time Prepared: _____	***13. Date/Time Submitted:** **Time Zone:**
***14. Approved By:** Print Name: _____ ICS Position: _____ Signature: _____	***15. Primary Location, Organization, or Agency Sent To:**

Incident Location Information

***16. State:**	***17. County/Parish/Borough:**	***18. City:**
19. Unit or Other:	***20. Incident Jurisdiction:**	**21. Incident Location Ownership** (if different than jurisdiction):
22. Longitude (indicate format): **Latitude** (indicate format):	**23. US National Grid Reference:**	**24. Legal Description** (township, section, range):
***25. Short Location or Area Description** (list all affected areas or a reference point):		**26. UTM Coordinates:**
27. Note any electronic geospatial data included or attached (indicate data format, content, and collection time information and labels):		

Incident Summary

***28. Significant Events for the Time Period Reported** (summarize significant progress made, evacuations, incident growth, etc.):
29. Primary Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.):

30. Damage Assessment Information (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):

A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
E. Single Residences			
F. Nonresidential Commercial Property			
Other Minor Structures			
Other			

ICS 209, Page 1 of ___	** Required when applicable.*

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:

Additional Incident Decision Support Information

*31. Public Status Summary:	A. # This Reporting Period	B. Total # to Date	*32. Responder Status Summary:	A. # This Reporting Period	B. Total # to Date
C. Indicate Number of Civilians (Public) Below:			*C. Indicate Number of Responders Below:*		
D. Fatalities			D. Fatalities		
E. With Injuries/Illness			E. With Injuries/Illness		
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue		
G. Missing *(note if estimated)*			G. Missing		
H. Evacuated *(note if estimated)*			H. Sheltering in Place		
I. Sheltering in Place *(note if estimated)*			I. Have Received Immunizations		
J. In Temporary Shelters *(note if est.)*			J. Require Immunizations		
K. Have Received Mass Immunizations			K. In Quarantine		
L. Require Immunizations *(note if est.)*					
M. In Quarantine					
N. Total # Civilians (Public) Affected:			*N. Total # Responders Affected:*		

33. Life, Safety, and Health Status/Threat Remarks:

35. Weather Concerns (synopsis of current and predicted weather; discuss related factors that may cause concern):

*34. Life, Safety, and Health Threat Management:	A. Check if Active
A. No Likely Threat	☐
B. Potential Future Threat	☐
C. Mass Notifications in Progress	☐
D. Mass Notifications Completed	☐
E. No Evacuation(s) Imminent	☐
F. Planning for Evacuation	☐
G. Planning for Shelter-in-Place	☐
H. Evacuation(s) in Progress	☐
I. Shelter-in-Place in Progress	☐
J. Repopulation in Progress	☐
K. Mass Immunization in Progress	☐
L. Mass Immunization Complete	☐
M. Quarantine in Progress	☐
N. Area Restriction in Effect	☐
	☐
	☐
	☐
	☐

36. Projected Incident Activity, Potential, Movement, Escalation, or Spread and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

37. Strategic Objectives (define planned end-state for incident):

ICS 209, Page 2 of ___	* *Required when applicable.*

INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:

Additional Incident Decision Support Information *(continued)*

38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:

1) critical resource needs identified above,
2) the Incident Action Plan and management objectives and targets,
3) anticipated results.

Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.

41. Planned Actions for Next Operational Period:

42. Projected Final Incident Size/Area (use unit label – e.g., "sq mi"):

43. Anticipated Incident Management Completion Date:

44. Projected Significant Resource Demobilization Start Date:

45. Estimated Incident Costs to Date:

46. Projected Final Incident Cost Estimate:

47. Remarks (or continuation of any blocks above – list block number in notation):

ICS 209, Page 3 of ___	* *Required when applicable.*

INCIDENT STATUS SUMMARY (ICS 209)

1. Incident Name:	2. Incident Number:

Incident Resource Commitment Summary

48. Agency or Organization:	49. Resources (summarize resources by category, kind, and/or type; show # of resources on top ½ of box, show # of personnel associated with resource on bottom ½ of box):	50. Additional Personnel not assigned to a resource:	51. Total Personnel (includes those associated with resources – e.g., aircraft or engines – *and* individual overhead):
52. Total Resources			

53. Additional Cooperating and Assisting Organizations Not Listed Above:	
ICS 209, Page ___ of ___	* *Required when applicable.*

Wildland Fire Entrapment/Fatality Initial Report Form

Wildland Fire Fatality and Entrapment INITIAL REPORT

Complete this report for fire-related entrapment and/or fatalities. Timely reporting of wildland-related entrapments or fatalities is necessary for the rapid dissemination of accurate information to the fire management community. It will also allow fire safety and equipment specialists to quickly respond to these events as appropriate. This initial report does not replace agency reporting or investigative responsibilities, policies, or procedures. Immediately notify the National Interagency Coordination Center (NICC) Coordinator on Duty (COD) by phone, and then submit this written report to NICC within 24 hours—**even if some data are missing**—to the address given below.

NICC—National Interagency Fire Center
3833 South Development Ave.
Boise, ID 83705

Phone: 208–387–5400
Fax: 208–387–5414
Coordinator on Duty email: COD@blm.gov

Submitted by:	Position:
Agency:	Location:
Phone:	E-mail:

1. General Information

Date of event: _____ Time: _____

Number of personnel involved: _____

Number of Injuries: _____ Fatalities: _____

Fire name, location, agency, etc.: _____

2. Fatalities

Type of accident:

☐ Aircraft ☐ Vehicle ☐ Natural (lightning, drowning, etc.) ☐ Smoke
☐ Medical (heart, stroke, heat, etc.) ☐ Entrapment ☐ Struck by falling object

Where fatality/entrapment occurred:

☐ Fire site ☐ In transit ☐ Incident base ☐ Other _____

Note: In the event of fatality(s), do not release name(s) until next of kin are notified.

Employing agency: _____

Unit name: _____

Address: _____

For further information, contact: _____

Phone: _____

3. Fire-Related Information

Fuel Model: _____

Incident management type at time of the incident/accident: (check one)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Temperature: _____ RH: _____ Wind: _____ Mph _____

Topography: _____ Urban/wildland intermix?: ☐ Yes ☐ No

Slope: _____%

Fire size at the time of the incident/accident: _____ acres _____

Cause of fire: ☐ Natural ☐ Incendiary ☐ Accidental ☐ Unknown

4. Entrapment Information

A situation where personnel are unexpectedly caught in a fire-behavior-related, life-threatening position where escape routes or safety zones are absent, inadequate, or have been compromised. An entrapment may or may not include deployment of a fire shelter. Note: Engine and dozer burnovers also constitute entrapments.

Brief **description** of the accident:

Entrapment Description

Person trapped: ☐ With shelter ☐ Without shelter

Burns/smoke injuries while in shelter	☐ Yes	☐ No
Burns/smoke injuries while escaping entrapment	☐ Yes	☐ No
Burns/smoke injuries incurred while fighting fire	☐ Yes	☐ No
Fire shelter performed satisfactorily	☐ Yes	☐ No
Fire shelter was **available**, but not used	☐ Yes	☐ No

Personal Protective Equipment Used

Fire shelter	☐ Yes	☐ No
Gloves	☐ Yes	☐ No
Protective pants	☐ Yes	☐ No
Boots	☐ Yes	☐ No
Protective shirt	☐ Yes	☐ No
Goggles	☐ Yes	☐ No
Face/neck protection	☐ Yes	☐ No
Hardhat	☐ Yes	☐ No

Documentation of Length of Assignment Extension Requirements Form

Resource Extension Request Form

RESOURCE and INCIDENT INFORMATION:

Resource Name:_____

Incident Name:_____Incident #: _____Request #: _____

Position on Incident:_____

Home Unit Supervisor:_____email:_____fax #_____

EXTENSION INFORMATION:

Prior to any extension consider the health, readiness and capability of the resource. The health and safety of incident personnel and resources will not be compromised under any circumstances.

Length of Extension and last work day:

Justification (Select from the list below):

☐ Life and property are imminently threatened,

☐ Suppression objectives are close to being met, or

☐ Replacement resources are unavailable or have not yet arrived.

REQUESTED BY* :

Incident Supervisor: _____ Incident Position: _____

APPROVED BY* :

1) Resource or Resource Supervisor: _____

2) Incident Commander or Deputy: _____

3) Host GACC Coordinator on Duty: _____

4) Home Unit Supervisor: _____

5) Sending GACC (excluding single-resource Overhead): _____

6) NICC (only if National Resource): _____

***Signatures should be gathered in the order they are numbered above**

January 2013

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