

## APPENDIX C

### STANDARDS FOR INTERAGENCY HOTSHOT CREW OPERATIONS ANNUAL IHC MOBILIZATION CHECKLIST

The Annual IHC Mobilization Checklist will be completed by the IHC superintendent and approved by the first line supervisor and agency administrator. The signed document must be forwarded to the responsible GACC notifying them of crew availability. This checklist must be provided prior to national mobilization.

If at any time an IHC fails to meet the required red card qualifications or the superintendent, first line supervisor and or the agency administrator feels their crew is not meeting the intent of the *Standards for Interagency Hotshot Crew Operations* it is incumbent upon the crew superintendent to re-status the crew.

The IHC will be required to have a **change in status** per crew typing in the Minimum Crew Standards for National Mobilization (appendix A). The superintendent is responsible for informing the first line supervisor, agency administrator and the local GACC of any required changes in the crews typing. The use of this form (Appendix C) will be utilized as the mechanism to re-status the crew.

(In the event of a change in status, the crew and host unit agency has one calendar year to re-status the crew as an IHC otherwise the host unit agency should consider decertification of the crew.)

#### REQUIRED IHC STAFFING

This table designates employees in leadership positions on the IHC being certified for mobilization. A minimum of seven (7) career positions or fully qualified personnel are required for certification as defined in Chapter 2:

Position	Fully Qualified Career Employee (Name)	Fully Qualified Detailed Employee (Name)	Current NWCG Qualifications
Superintendent			
Asst Supt or Captain			
Captain or Squad Leader			
Squad Leader			
Squad Leader			
Senior Firefighter			
Senior Firefighter			

#### TRAINING AND CERTIFICATION

Have all crewmembers completed Operational Preparedness Training?      Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do all crewmembers have a current Incident Qualifications Card?      Yes \_\_\_\_\_ No \_\_\_\_\_

#### PREPAREDNESS

Does the IHC meet mobilization standards defined in Chapter 2?      Yes \_\_\_\_\_ No \_\_\_\_\_  
 Does the crew have dedicated transportation and the required fire equipment?      Yes \_\_\_\_\_ No \_\_\_\_\_  
 Has the crew undergone an annual preparedness review?      Yes \_\_\_\_\_ No \_\_\_\_\_

The \_\_\_\_\_ IHC program is available for national assignment.

IHC Superintendent \_\_\_\_\_ Date \_\_\_\_\_

IHC first line Supervisor and Title \_\_\_\_\_ Date \_\_\_\_\_

IHC Agency Administrator and Title \_\_\_\_\_ Date \_\_\_\_\_

Other (Optional) \_\_\_\_\_ Date \_\_\_\_\_