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:

<table>
<thead>
<tr>
<th>Position</th>
<th>Fully Qualified Career Employee (Name)</th>
<th>Fully Qualified Detailed Employee (Name)</th>
<th>Current NWCG Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superintendent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asst Supt or Captain</td>
<td></td>
<td></td>
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<tr>
<td>Captain or Squad Leader</td>
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<td></td>
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<tr>
<td>Squad Leader</td>
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<td></td>
</tr>
<tr>
<td>Senior Firefighter</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Senior Firefighter</td>
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<td></td>
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</tr>
</tbody>
</table>

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 ____________