

FRONT PAGE NOTES

AVAILABLE RESOURCES

Mutual Aid

Wildland Task Force

DFPC

B.E.S.

FDO: Boulder County Transportation

FDO: Aviation: Helicopters, Fixed-Wing, Air Attack, MMA, CO-ANG

WHEN COMPLETE eMAIL TO SheriffFireRecords@bouldercounty.org

1) ARRIVAL REPORT	Date:	Arrival Time:	IC:	
C OMMAND	(Name of Incident)			
L OCATION	(Street address/intersection, geographic feature, trailhead, etc.)			
I NCIDENT	Describe the Problem			
	Type of Problem	Fire Behavior	Spread Potential	Location description
	Nothing showing Light White smoke Heavy Dark smoke Wildland Fire	Smoldering Creeping Running Spotting Torching	Low Moderate High Extreme	Field/Grass Timber Ditch Single tree Flat Lower 1/3 slope Mid Slope Upper 1/3 slope Ridgeline
C OMMUNICATIONS	(Command Channel)	(Tac Channel)		
R ESOURCES	Emergent or Non-emergent	Level 1, On-Scene Level 2, Staging Location:		

L: _____ **C:** _____ **E:** _____ **S:** _____

2) BEST ACCESS:

3) STRUCTURES THREATENED
 NO
 YES Immediate threat?

4) LIFE SAFETY
 NO
 YES Consider Evac.

5) EVACUATIONS
 Request Deputy for closures/Evac.
 Establish LAW Group

6) REQUEST LEGAL LOCATION
Lat:
Long:
Jurisdiction:
 (Fire District)
Ownership:
 (Private/County/State/Fed)

7) FDO En Route
 NO
 YES

8) ADDITIONAL RESOURCES REQUESTED
 Brush Trucks Qty:
 Tenders Qty:
 Task Force

9) AIRCRAFT NEEDED
 NO
 YES: Request through FDO
 Type: Fixed wing/Helicopter/MMA
 Ground Contact Freq: (AG9) (AG58) (VFire21)
 Ground Contact Identifier:

NOTES/MAP

↑ N

Resource Tracking

<i>Ordered</i>		<i>Arrived</i>			<i>Assignment</i>
Agency	Call Sign	Type	Personnel	Staged	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Staging area Location:

Radio Channel/Frequency:

Staging Area Manager Call-sign:

OBSERVED WEATHER

Weather Obs 1	Temp	RH	Wind speed/direction	Aspect & Location	Elevation
Time:					
Weather Obs 2	Temp	RH	Wind speed/direction	Aspect & Location	Elevation
Time:					
Weather Obs 3	Temp	RH	Wind speed/direction	Aspect & Location	Elevation
Time:					

SPOT WEATHER

Temp	P.I.G. (Calculate):
RH	LAL
Wind	Haines

CAPABILITY AND CAPACITY ANALYSIS (** Consider Cost Share OR Assumption of Control**)

- | | | |
|--|-----------------------------|------------------------------|
| <input type="checkbox"/> Has this fire exceeded the <i>capabilities (tactical)</i> of the FPD? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| <input type="checkbox"/> Has this fire exceeded the <i>capacity (financial expense)</i> of the FPD? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| <input type="checkbox"/> Has/will this fire exceed normal <i>Mutual Aid</i> agreements? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| <input type="checkbox"/> Is there a need for <i>County or State Resources (Type 3 team/aviation)</i> ? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| <input type="checkbox"/> Is <i>Delegating Authority</i> on-scene? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

LOCAL COST SHARE AGREEMENT

Incident Name: _____

Date and Time: _____

Jurisdictional Responsibility: _____

This cost share agreement is between Boulder County
and _____

Agency Representatives participating in the development and approving of the cost share agreement:

Agency:	Agency:	Agency:
Name:	Name:	Name:
Title:	Title:	Title:
Date:	Date:	Date:

It is hereby agreed that the cost basis on the _____ incident will be shared as follows:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

_____ Date: _____.

Jurisdictional Authority Signature

_____ Date _____.

Sheriff or Designee's Signature

ASSUMPTION OF CONTROL

I. ASSUMPTION OF CONTROL

Defined: The Local Fire Protection District/Authority/Department may delegate the assumption of fire control and fiscal management for a specific fire.

A. Authority for controlling the _____ Fire burning in _____ Fire Protection District is to be assumed by Boulder County.

B. Delegation of authority is for the fire area ("box") defined as:

_____ and
will become effective at _____ hours on _____, 20__ and is acceptable to signatory parties below.

II. PAYMENT OF COSTS INCURRED

A. Boulder County is responsible for costs incurred for the following:

- Suppression, control and containment of the fire.
 - Evacuations and closures
 - Media and public information
 - Technical rescues within fire perimeter
- _____

B. The Fire Protection District is responsible for costs incurred for the following:

- Jurisdictional fire suppression resources
 - Medical, all-hazards and all standard fire and rescue services typically provided outside fire area
- _____

Date:

Jurisdictional Authority Signature

Date:

Sheriff or Designee's Signature

CURRENT SITUATION AND STATUS REPORT

- IncidentName_____
- Incident Type_____
- Location_____
- Ownership_____
- Jurisdiction_____
- Size_____
- Number of engines_____
- Number of firefighters_____
- Number of aircraft_____
- Type and Kind of aircraft_____
- Resources ordered_____
- Structures lost_____
- Structures threatened_____
- Infrastructure damaged or destroyed_____
- Infrastructure threatened_____
- Number of evacuations_____
- Estimated current cost_____
- Current weather conditions_____
- Predicted weather conditions_____
- Communication issues_____
- Special hazards or concerns_____

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