

BRIEFING CHECKLIST

Situation

- Fire name, location, map orientation, other incidents in area
- Terrain influences
- Fuel type and conditions
- Fire weather (previous, current and expected)
- Winds, RH, Temperature, etc.
- Fire behavior (previous, current and expected)
- Time of day, Alignment of slope and wind, etc.

Mission / Execution

- Command
- Incident Commander / Immediate supervisor
- Leader's intent
- Overall strategy / objectives
- Specific tactical assignments
- Contingency plans

Communications

- Communication plan
- Tactical, Command, Air-to-ground frequencies
- Cell phone numbers
- Medivac plan

Services / Support

- Other resources
- Working adjacent and those available to order
- Aviation operations
- Logistics
- Transportation
- Supplies and equipment

Risk Management

- Identify known hazards and risks
- Identify control measures to mitigate hazards/reduce risk
- Identify trigger points for re-evaluating operations

Questions or Concerns?

TYPE OF INCIDENT

- Structure Fire
- Wildland Fire
- HAZMAT
- Rescue
- EMS
- Other _____

INCIDENT OUTCOME

- Extinguish Fire
- Remove Hazard
- Rescue/Recovery
- EMS Assist/Transport
- Standby/Non-Trans.
- Investigate



INCIDENT ORGANIZER

Incident Name: _____

Incident CR#: _____

Incident Date: _____

Incident IC: _____

REMEMBER TO:

- Establish Presence as IC, Maintain Situational Awareness
- Operate as a dedicated IC, Develop Action Plan, Provide Briefings
- Re-evaluate Current Actions and Adjust Accordingly

EMERGENT & Non-EMERGENT PHONE NUMBERS

BLM Western Slope Fire Coordination Center **1-970-257-4800**
 BLM / USFS Inter-Agency Fire Crews, Central Zone **625-2872**
 Chemtrec 1-800-424-9300
 Colorado Dept of Trans, Hanging Lake Tunnel 945-3840
 Colorado State Forest Service, Grand Junction 248-7325
 Colorado State Forest Service, Emergency Fire Pager **1-970-255-5145**
 Dispatch, Aspen, Non-Emergent **920-5310**
 Dispatch, CSP, Craig, Non-Emergent 824-6501
 Dispatch, Garfield County, Non-Emergent **970-625-8095**
 Dispatch, Mesa County, Non-Emergent 242-6707
 Fire Dept, Burning Mtn 876-5738
 Fire Dept, Carbondale 963-2491
 Fire Dept, DeBeque 283-8632
 Fire Dept, Glenwood Springs 384-6436
 Fire Dept, GVFPD - Parachute 285-9119
 Fire Dept, Rifle 625-1243
 Garfield County, Sheriff Lou Valerio **379-3480**
 Garfield County, Operations, Jim Sears **987-2871**
 Garfield County, Emer. Mang. Chris Bornholdt **618-6873**
 Hospital, Grand River ER - Rifle 624-6418
 Hospital, St. Mary's ER - Grand Junction 244-2551
 Hospital, St. Mary's - Care Flight Helicopter 1-800-332-4923
 Hospital, Valley View ER - Glenwood Springs 945-3454
 Poison Control 1-800-222-1222
 Railroad, East Yard (24 hr. Contact #) 248-4231
 Weather, Fire Wea. Special Forecast - 24 hr **1-970-256-9463**

VHF Common Mutual Aid Frequencies

Channel Name	Channel	Rx	Tx
BLM Tac 7	9	169.2875	169.2875
BLM WORK	8	168.3500	168.3500
FERN	6	154.2800	154.2800
A/G N 31	13	171.5250	171.5250
A/G S 27	15	169.9500	169.9500
NLEC (Care Flight)	4	155.4750	155.4750

Incident Radio Frequencies

Dispatch
Command
Tac 1 (Div A)
Tac 2 (Div B)
Tac 3 (Div C)
Air-to-Ground

TIME LOG

Resource Summary

Dispatched	Arrive	Init. Attack	Contain	Control	Out	To Hospital	At Hospital	Clear
Resource ID	Resource Type	Enroute / Arrive	No. of People	Briefed	Assignment	Release Time		

NOTES

Incident Objectives

1. SAFETY OF FIREFIGHTERS AND PUBLIC.

2.

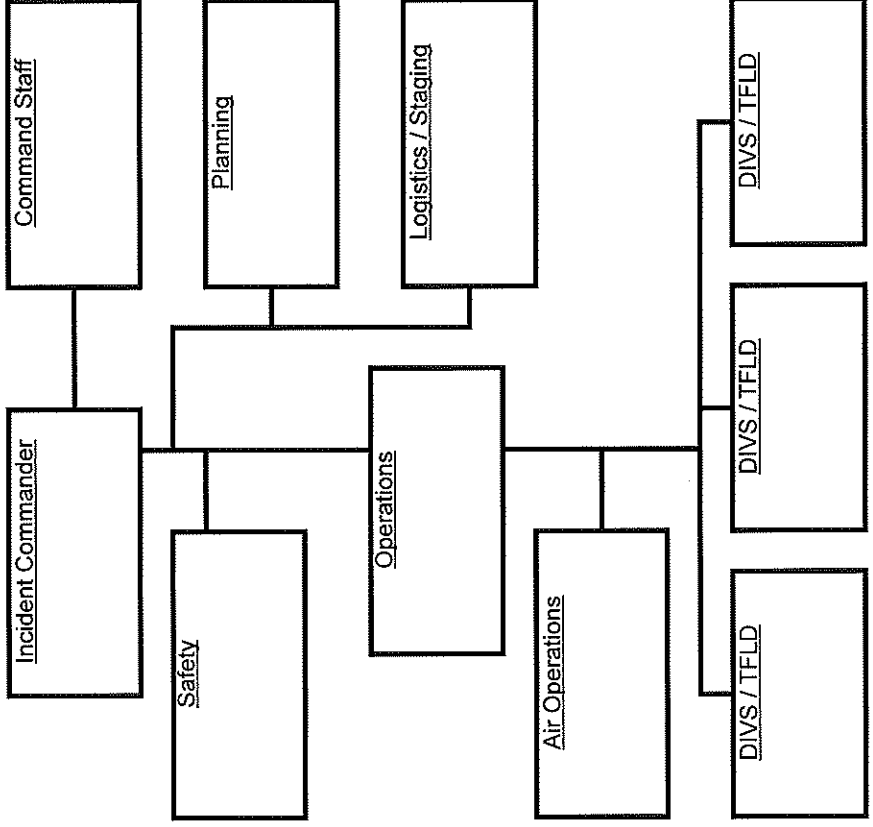
3.

4.

Your goal is to manage the incident and not create another.

(Examples: protect structures, keep fire to east of road, river or ridge)

INCIDENT ORGANIZATION



MAP SKETCH

**Material Safety Data Sheet (MSDS)
Information**

NFPA 704

NFPA Label

Fire Hazard (red)

Flash Point Temp.

- 4 – below 73F - v.flam.
- 3 – 73 to 100F – flam.
- 2 – 101 to 200F- comb.
- 1 – over 200F –slightly combustible
- 0 – will not burn

Reactivity (yellow)

- 4 – may detonate
- 3 – shock or heat may detonate
- 2 – violent chem. reaction
- 1 – unstable if heated
- 0 – stable

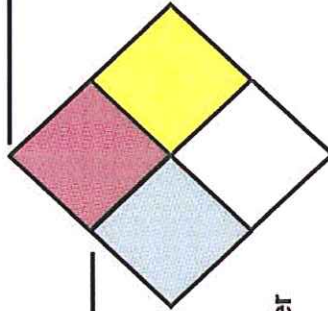
Chem. name

Health (blue)

- 4 – deadly
- 3 – extreme danger
- 2 – hazardous
- 1 – slightly hazardous
- 0 – normal material

Specific Hazard

- OXY - oxidizer
- ACID – acid
- ALK – Alkali
- COR – corrosive
- W – use no water
- RAD - radiation haz.



Prepared by:

Position:

Date/Time

Incident Size-Up HAZMAT			
Incident Name:			CR#:
IC Name:			
Incident Date:			Time:
Address of Location:			
Coordinates	Latitude:	Longitude:	
Reported by:			
Property Owner:			
Property Occupant:			
Est. Containment Date/Time:		Est. Control Date/Time:	
EPA Investigator Required? NO / YES Name:			
Resources Responding (use resource summary to record this data):			
Weather Conditions			
Wind	Speed (mph):	Wind Direction:	
Temperature		Humidity	
Size-Up			
Are life, water way, property (structures) threatened? NO / YES - specify:			
Does this incident constitute any control problems? NO / YES - specify:			
Observed Hazard(s):			
Are additional resources needed? NO / YES - specify on resource summary			
Water Source: Hydrant / Static: _____			
Evacuation: Needed / Not needed / In progress / Complete		Distance:	
Size of Threat	Square feet / Acreage	Chemical Identification	
Container Type		Chemical State	Solid Liquid Gas
Decon Method			
Driver Information			
Driver's Name(Last, First, Middle)			
Driver's License Number/State/Limitations			
Driver's Home Address			
Phone number:	Date of Birth:		
Drivers Employer:			
REMEMBER THE INCIDENT PRIORITIES Life Safety, Incident Stabilization, Land Property Conservation			

Spot Weather Observation and Forecast Request									
1. Name of Incident or Project			2. Requesting Agency:			3. Request Made By:			
						Date:		Time:	
4. Location (T/R/Section or Lat/Long)				5. Drainage Name:		6. Exposure/Aspect			
7. Size of Incident or Proj. (acres)			8. Elevation		9. Fuel Type		10. Sheltering:		
			Top	Bottom			Full	Partial	
							Unsheltered		
11. Weather Conditions at Incident or Project or from RAWS:									
Place	Elev.	Observ. Date/Time	Wind Direction & Velocity		Temperature		RH	DP	Sky / Weather
			20 ft	Eye	Dry	Wet			
12 Request Forecast for:			Today		Tonight		Tomorrow		
			Clouds & Weather	Temp	RH	20 ft. winds	Smoke dispersal	Haines Index	
13. Remarks:									
The Weather Forecaster will furnish the information for block 14						Date/Time:			
14. Discussion and Outlook:									

Incident Size-Up Structure Fire		CR#:		
Incident Name:				
IC Name:	Time:			
Address of Location:				
Coordinates	Latitude:	Longitude:		
Reported by:				
Property Owner:				
Property Occupant:				
Est. Containment Date/Time:				
Est. Control Date/Time:				
Fire Investigator Required? NO / YES Name:				
Resources Responding (use resource summary to record this data):				
Initial Fire Size-Up				
Is there a threat to Wildland/Urban Interface? NO / YES				
Are life or property (structures) threatened? NO / YES - specify:				
Does the fire constitute any control problems? NO / YES - specify:				
Observed Hazard(s):				
Are additional resources needed? NO / YES - specify on resource summary				
Utilities Controlled: NO / YES Water Source: Hydrant / Other:				
Evacuation: Needed / Not needed / In progress / Complete				
Number of Stories	1. One (Single)	2. Two	3. Three	4. _____
Construction Type	1. Metal	2. Wood	3. Masonry	4. _____
Type of Building	1. Residential Home	2. Mobile Home	3. Apartment	4. Hotel / Motel
What is Showing	5. Office (s)	6. Restaurant	7. Industrial	8. _____
Location of Fire	1. Nothing	2. Smoke	3. Flames	4. _____
Exposures Threatened	1. Attic	2. Basement	3. Bedroom	4. Living area
Building Faces	5. Kitchen	6. Garage	7. Office area	8. _____
Character of Fire:	1. Side A	2. Side B	3. Side C	4. Side D
Possible Cause	5. Div A	6. Div B	7. Div C	8. _____
Staging Location	1. North	2. South	3. East	4. West
	1. Smoldering	2. Burning	3. Erratic	4. _____
	1. Foul Play	2. Fireplace	3. Smoking	4. _____
	4. Debris Burning	5. Children	6. _____	6. _____
	Staging Manager:			
REMEMBER THE INCIDENT PRIORITIES				
Life Safety, Incident Stabilization, Land Property Conservation				

Incident Size-Up EMS Assignment		CR#:		
Incident Name:				
IC Name:	Time:			
Address of Location:				
Coordinates	Latitude:	Longitude:		
Reported by:				
Property Owner:				
Property Occupant:				
Resources Responding (use resource summary to record this data):				
Size-Up				
Are life or property (structures) threatened? NO / YES - specify:				
Observed Hazard(s):				
Is this a Mass Casualty Incident: NO / YES Fill out MCI if YES				
Type of emergency:				
Are additional resources needed? NO / YES - specify on resource summary				
Evacuation: Needed / Not needed / In progress / Complete				
Mass Casualty Incident (MCI)				
	BLACK	RED	YELLOW	GREEN
Number of Patients				
Transport to SMH	Air / Ground	Air / Ground	Air / Ground	Air / Ground
Transport to GRMC	Air / Ground	Air / Ground	Air / Ground	Air / Ground
Transport to VVH	Air / Ground	Air / Ground	Air / Ground	Air / Ground
Transport to COMMUN	Air / Ground	Air / Ground	Air / Ground	Air / Ground
Helispot Location:	Latitude:		Longitude:	
Staging Location	Staging Manager:			
REMEMBER THE INCIDENT PRIORITIES				
Life Safety, Incident Stabilization, Land Property Conservation				

Incident Size-Up Motor Vehicle Crash (MVC)		CR#:
Incident Name:		
IC Name:		
Incident Date:		Time:
Address of Location:		
Coordinates	Latitude:	Longitude:
Reported by:		
Property Owner:		
Number of Patients:		
Fluids leaking?(if any)		
Vehicle 1 Information		
Year of Vehicle	Make	Model
License Plate Number/State	Windshield Damage: NO / YES	
SRS Deployed: NO / YES	Seat Belts Used? NO / YES / UNKNOWN	
Insurance Company Name:		Policy Number
Driver's Name(Last, First, Middle)		Driver's License Number/State/Limitations
Driver's Home Address		Home Phone number
		Date of Birth
Vehicle 2 Information		
Year of Vehicle	Make	Model
License Plate Number/State	Windshield Damage: NO / YES	
SRS Deployed: NO / YES	Seat Belts Used? NO / YES / UNKNOWN	
Insurance Company Name:		Policy Number
Driver's Name(Last, First, Middle)		Driver's License Number/State/Limitations
Driver's Home Address		Home Phone number
		Date of Birth
Incident Map		
REMEMBER THE INCIDENT PRIORITIES Life Safety, Incident Stabilization, Land Property Conservation		

Incident Size-Up Motor Vehicle Fire		CR#:
Incident Name:		
IC Name:		
Incident Date:		Time:
Address of Location:		
Coordinates	Latitude:	Longitude:
Reported by:		
Property Owner:		
Property Occupant:		
Est. Containment Date/Time:		Est. Control Date/Time:
Fire Investigator Required? NO / YES Name:		
Resources Responding (use resource summary to record this data):		
Initial Fire Size-Up		
Is there a threat to Wildland/Urban Interface?		NO / YES
Are life or property (structures) threatened?		NO / YES - specify:
Does the fire constitute any control problems?		NO / YES - specify:
Observed Hazard(s):		
Are additional resources needed? NO / YES - specify on resource summary		
Water Source: Hydrant / Other:		Number of vehicles involved:
Evacuation: Needed / Not needed / In progress / Complete		
Involvement	1.) Engine Compartment	2.) Passenger
	3.) Bed / Trunk	4.) Fully
Exposures List:		None
Vehicle Information		
Year of Vehicle	Make	Model
License Plate Number/State		VIN:
Driver's Name(Last, First, Middle)		
Driver's License Number/State/Limitations		
Driver's Home Address		
Phone number:		Date of Birth:
Description of damage to vehicle:		
REMEMBER THE INCIDENT PRIORITIES Life Safety, Incident Stabilization, Land Property Conservation		