



Ministry of  
Forests, Lands and  
Natural Resource Operations

# FIRE MANAGEMENT DAY USE NOTEBOOK

<b>DATE</b>	YYYY - MM - DD
<b>FIRE #</b>	



# INITIAL FIRE REPORT

INCIDENT NUMBER

REPORTED BY	DATE	YY	MM	DD	TIME
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GEOGRAPHIC LOCATION

CO-ORDINATES	ELEVATION	M/ft
LAT	LONG	

ALPHA – SIZE	BRAVO – FIRE RANK	CHARLIE – FUELS
<input type="checkbox"/> 1. Single Tree <input type="checkbox"/> 2. Spot _____mX_____m <input type="checkbox"/> 3. 0.1 - 0.2 <input type="checkbox"/> 4. 0.3 - 0.5 <input type="checkbox"/> 5. 0.6 - 1.0 <input type="checkbox"/> 6. 1.1 - 2.0 <input type="checkbox"/> 7. 2.1 - 4.0 <input type="checkbox"/> 8. 4.1 - 8.0 <input type="checkbox"/> 9. Other _____ha	<input type="checkbox"/> 1. Rank 1, Smoldering Ground Fire <input type="checkbox"/> 2. Rank 2, Open Flame, No Spread <input type="checkbox"/> 3. Rank 3, Vigorous Surface Fire, Moderate Spread, May See Candling <input type="checkbox"/> 4. Rank 4, Moderate to Fast Spread Short Aerial Bursts, Spotting <input type="checkbox"/> 5. Rank 5, Continuous Crown Fire, Spotting, dist. _____m <input type="checkbox"/> 6. Rank 6, Continuous Crown, Blow-up	<input type="checkbox"/> 1. Grass <input type="checkbox"/> 2. Brush <input type="checkbox"/> 3. Deciduous <input type="checkbox"/> 4. Slash <input type="checkbox"/> 5. Reproduction <input type="checkbox"/> 6. Open Timber <input type="checkbox"/> 7. Heavy Timber <input type="checkbox"/> 8. Other _____ <input type="checkbox"/> 9. FBP Type _____

DELTA – VALUES AT RISK (Immediately Threatened)	ECHO – WIND
<input type="checkbox"/> 1. Life/Property _____ <input type="checkbox"/> 2. Timber (Forest)Resources (Includes Reproduction) _____ <input type="checkbox"/> 3. Other Special Values (Watersheds, Parks) _____ <input type="checkbox"/> 4. Distance _____m. N S E W of the fire	<input type="checkbox"/> 1. Calm <input type="checkbox"/> 2. Speed _____kph <input type="checkbox"/> 3. Direction N S E W

FOXTROT – ADJACENT FUELS	GOLF – SLOPE	HOTEL – ASPECT
<input type="checkbox"/> 1. Grass <input type="checkbox"/> 2. Brush <input type="checkbox"/> 3. Deciduous <input type="checkbox"/> 4. Slash <input type="checkbox"/> 5. Reproduction	<input type="checkbox"/> 6. Open Timber <input type="checkbox"/> 7. Heavy Timber <input type="checkbox"/> 8. Other _____ <input type="checkbox"/> 9. FBP Type _____	<input type="checkbox"/> 1. Flat/Rolling <input type="checkbox"/> 2. Moderate < 30% <input type="checkbox"/> 3. Steep >30% < 60% <input type="checkbox"/> 4. Extreme >60%
<input type="checkbox"/> 1. North <input type="checkbox"/> 2. South <input type="checkbox"/> 3. East <input type="checkbox"/> 4. West		

INDIA – SLOPE POSITION	JULIET – ACCESS	KILO – AVAILABLE WATER
<input type="checkbox"/> 1. Bottom <input type="checkbox"/> 2. Lower Third <input type="checkbox"/> 3. Middle Third <input type="checkbox"/> 4. Upper Third <input type="checkbox"/> 5. Top	<input type="checkbox"/> 1. Road _____m <input type="checkbox"/> 2. Helispot _____m <input type="checkbox"/> 3. Hover Exit _____m <input type="checkbox"/> 4. Other _____m <input type="checkbox"/> 5. N S E W of the fire	<input type="checkbox"/> 1. None <input type="checkbox"/> 2. Adjacent <input type="checkbox"/> 3. _____m. N S E W of the fire

LIMA – PAPER TRAILED	MIKE – PHOTOS	NOVEMBER – SUSPECTED FIRE CAUSE
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Human <input type="checkbox"/> 2. Lighting

**ACTION TAKEN/RECOMMENDED**

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PROBABILITY OF SUCCESS:    LOW \_\_\_\_\_    MED \_\_\_\_\_    HIGH \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_    ESTIMATED COST OF CONTROL: \$ \_\_\_\_\_







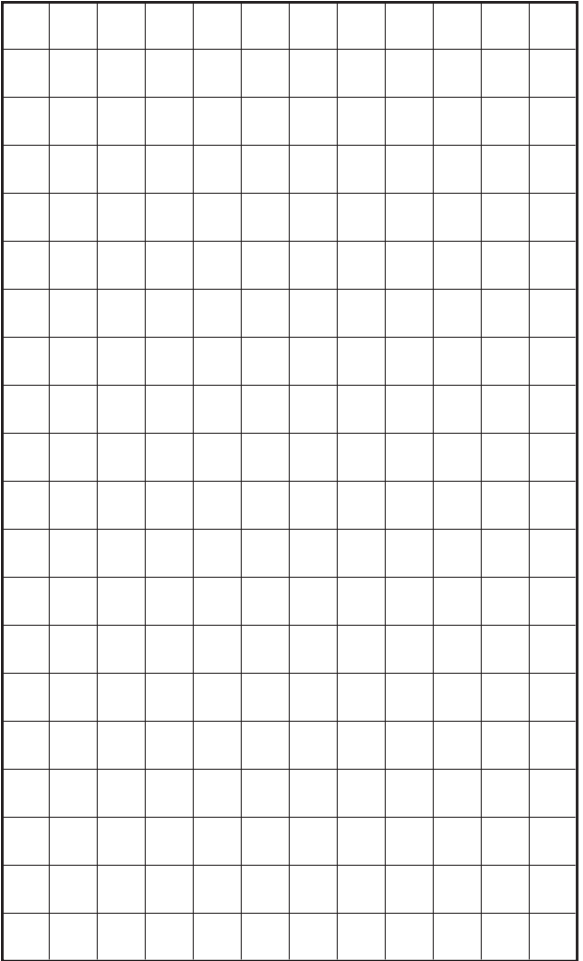


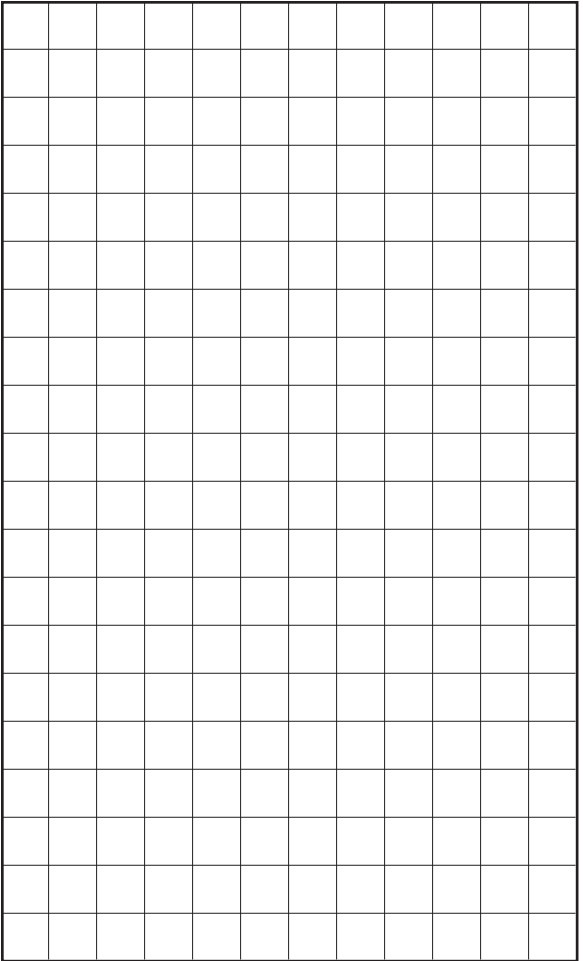


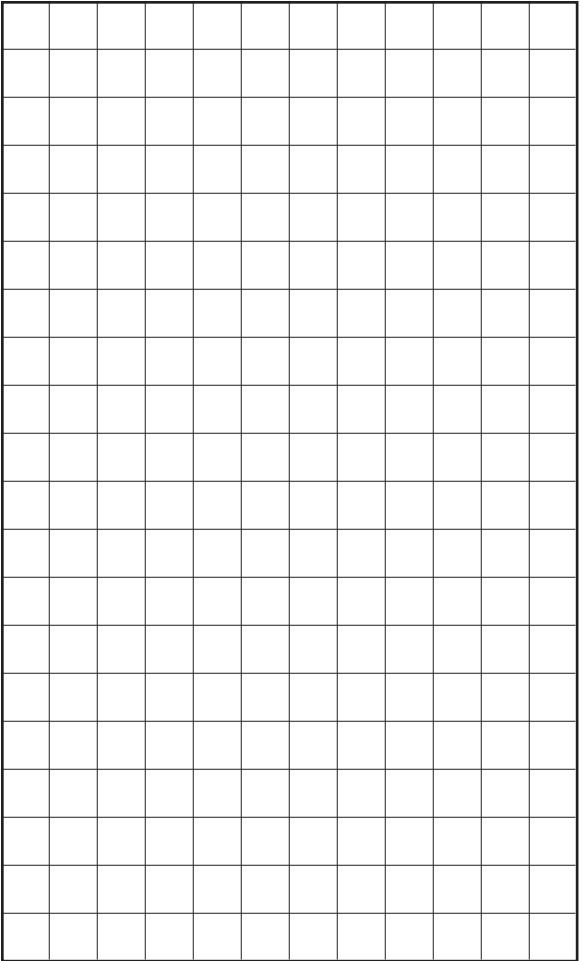


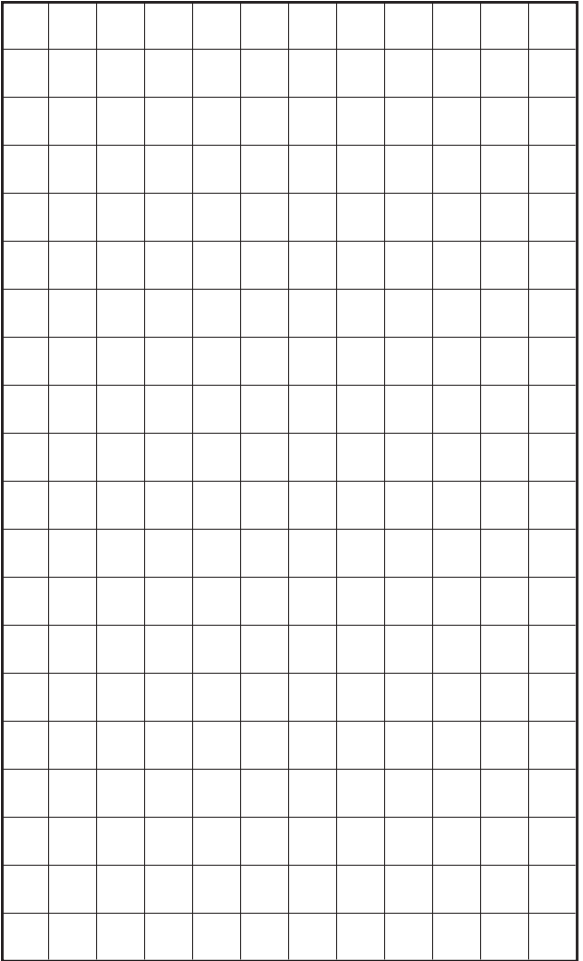


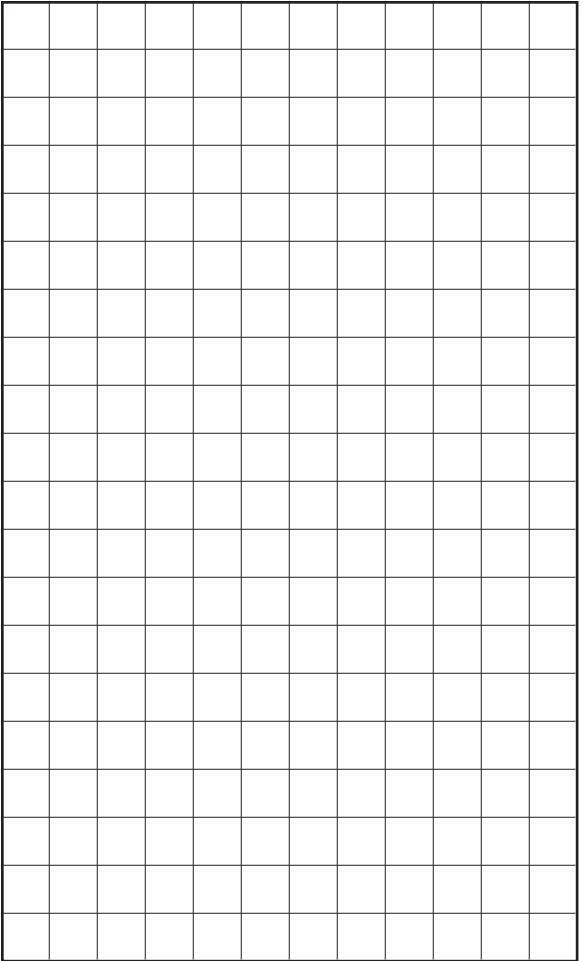


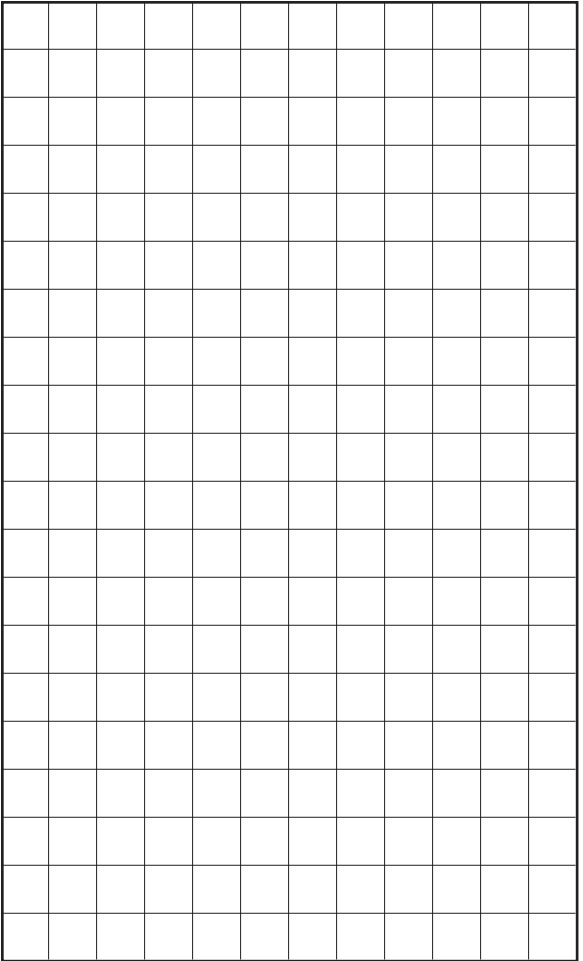








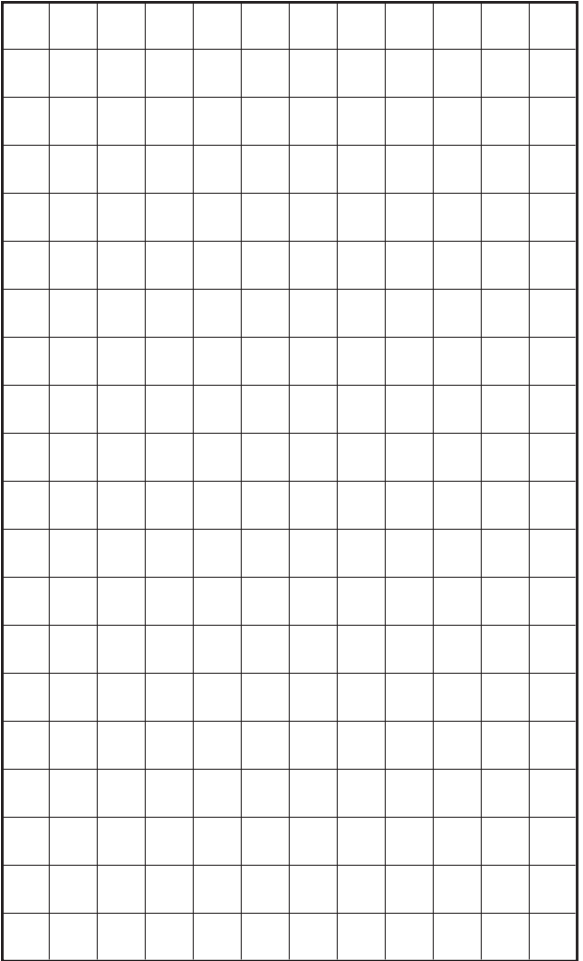


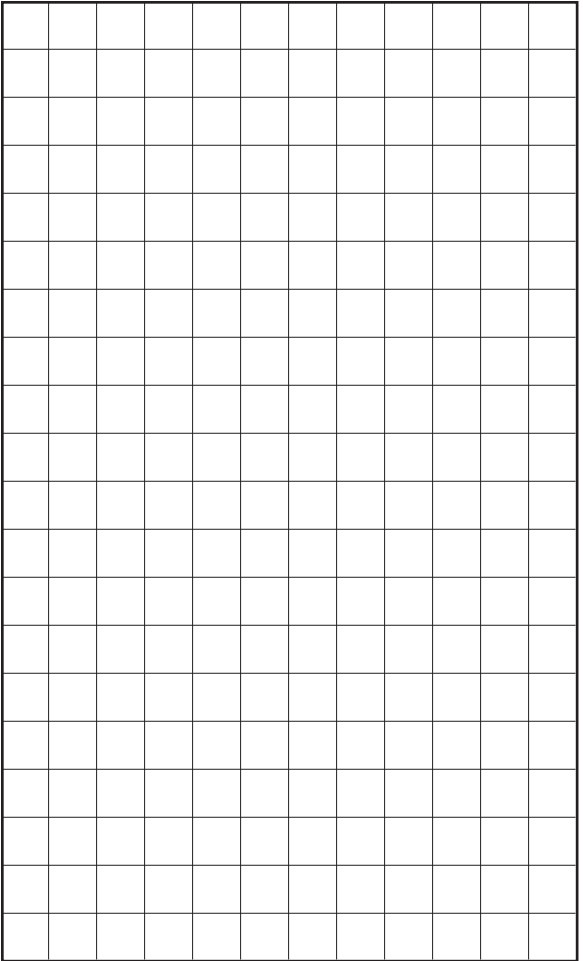


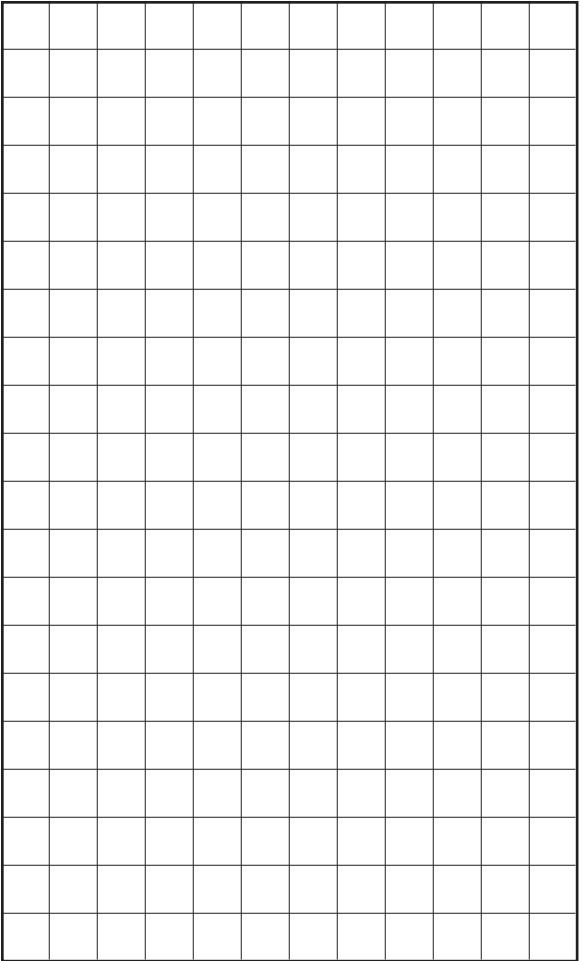


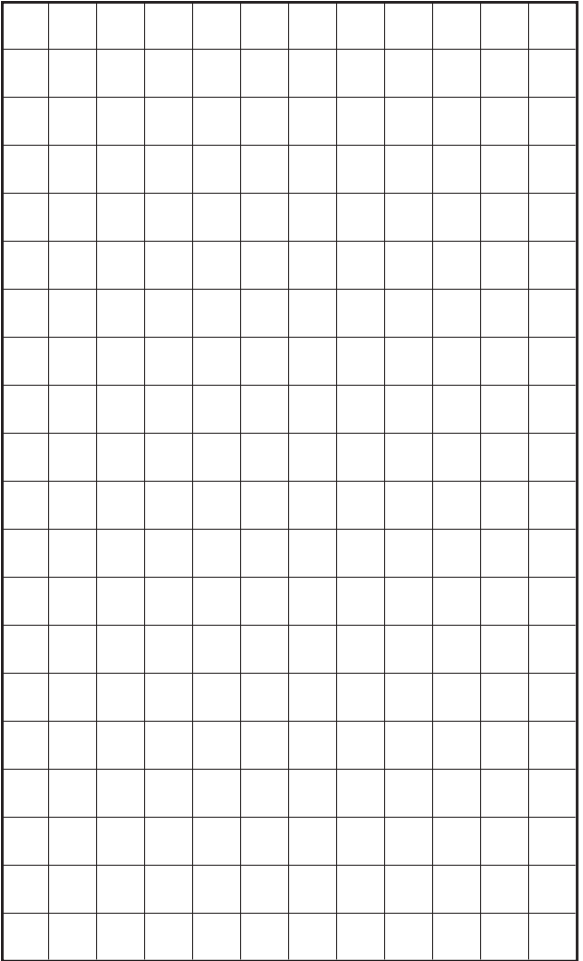


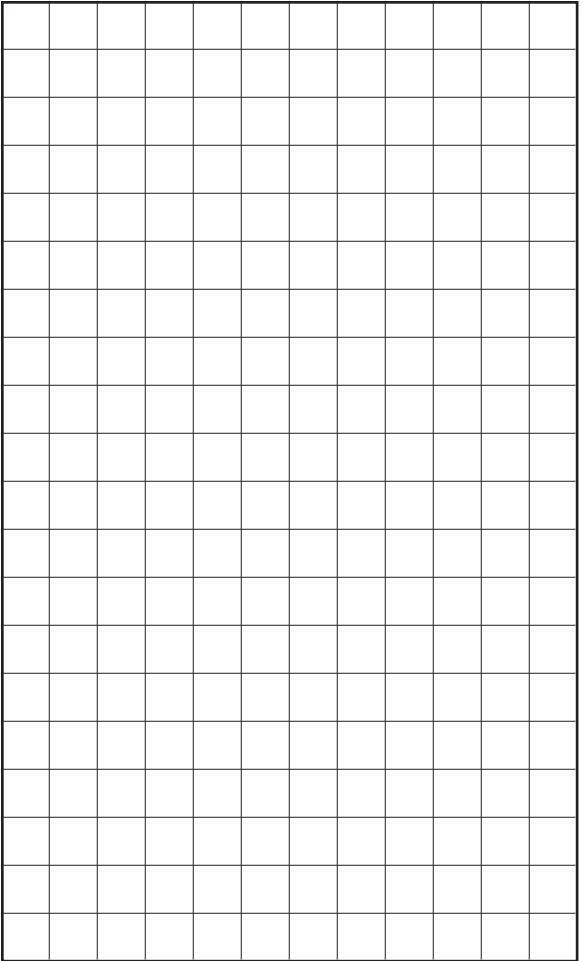


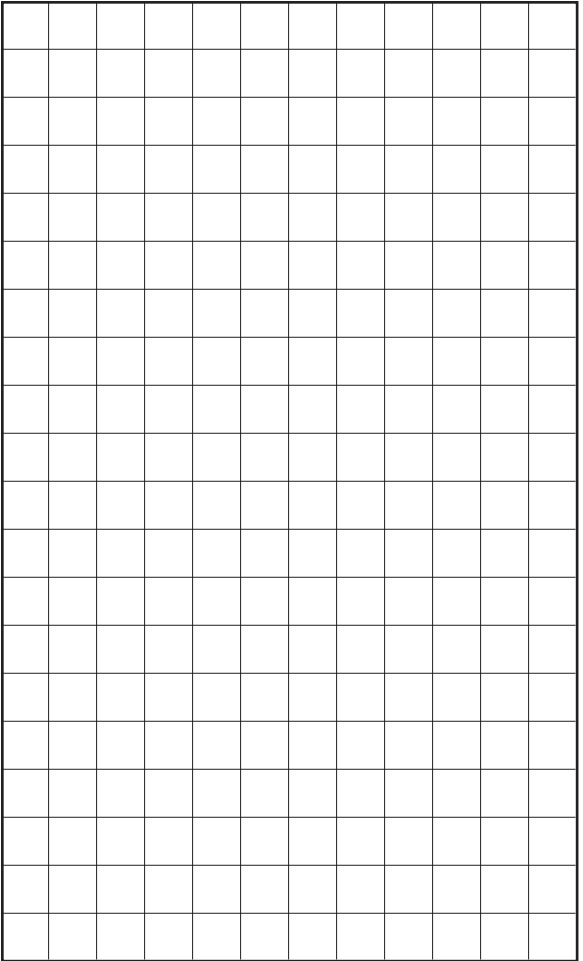


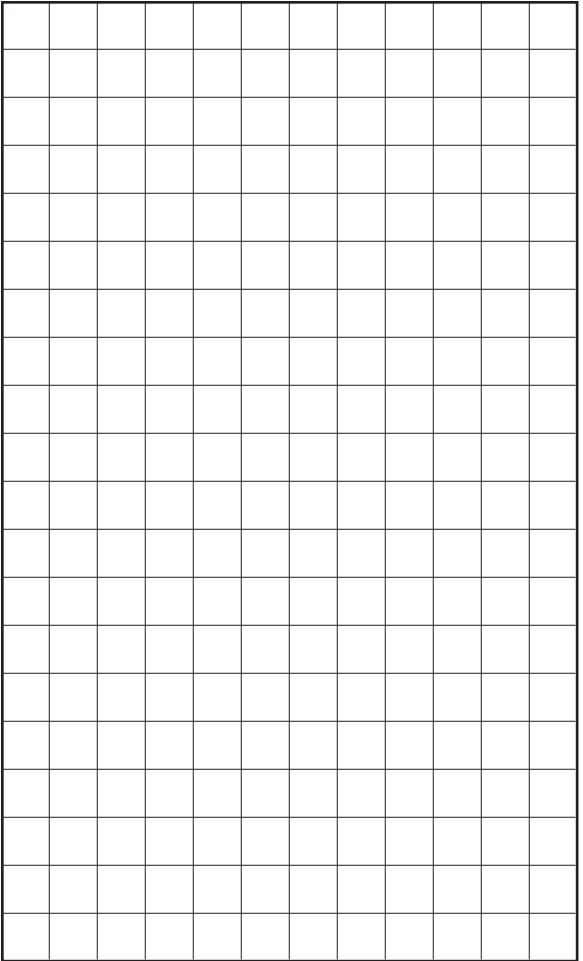




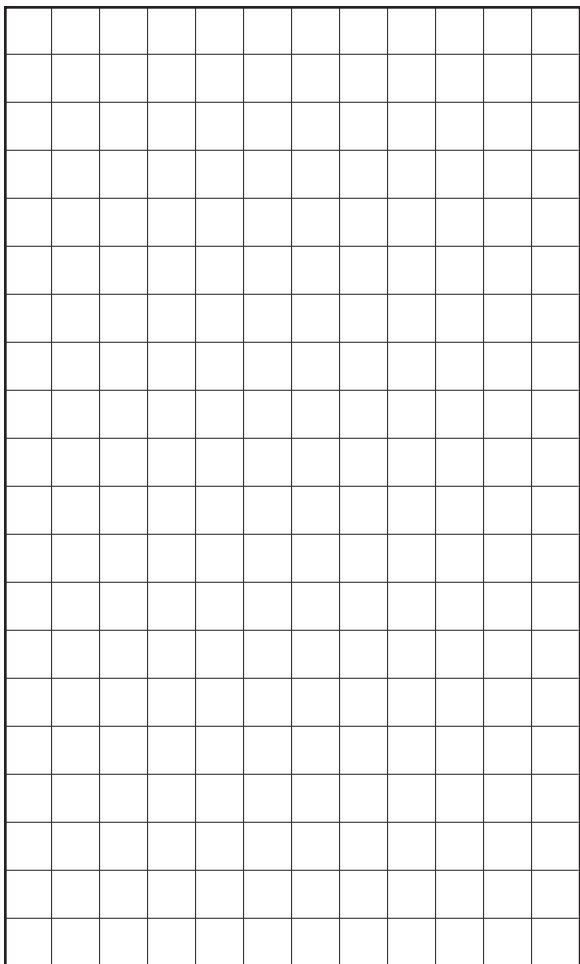
























# RESOURCE REQUEST INITIAL ORDER

DATE	Y	M	D	TIME REQUIRED	:	DATE	Y	M	D	TIME REQUIRED	:						
<b>1</b>			<b>PUMPS, PUMP KIT, SUCTION HOSE AND FUEL</b>			<b>4</b>			<b>FUEL</b>			<b>8</b>			<b>PERSONNEL</b>		
A	Wajax Mark 3					A	Barrel Pump					A	Fire Fighters				
B	Wajax Mark 26					B	Mixed Gas, 5 gallons each					B	Crew Bosses				
C	Shindaiwa Type 25					C	Straight Gas, 5 gallons					C	Danger Tree Faller				
D	Shindaiwa Type 45					D	White Gas					D	Power Saw Operator				
E	Hand Tank (HTP)					E	Chain Oil, 4 L jugs					E	Industrial First Aid Person				
F	Hand Tank Collaps.					F	Diesel, 45 gallon drums					F	Unit Crew Squad(s)				
G	Volume					G	Drip Torch Mix					G	Investigator				
H	Gravity Funnel					H	2 cycle oil					H	Timekeeper				
I						I	Jet B Fuel										
<b>2</b>			<b>HOSES, NOZZLES, AND CONNECTORS</b>			<b>5</b>			<b>HEAVY EQUIPMENT</b>			<b>9</b>			<b>MISCELLANEOUS</b>		
A	1½ Lined (100')					A	Bulldozers - Types - # per Type					A	Overnight Gear: - Bedrolls				
B	1½ Unlined (100')					B	Excavators						- Tents				
C	Big Inch Lined (100')					C	Skidders & Tanks						- Tarps, size				
D	5/8 Econoflo (50')					D	Water Trucks - Size						- Flashlights				
E	1½ Three Ways					E	Lowbeds					B	Meals: - Breakfast				
F	5/8 Three Ways												- Lunch				
G	Water Thieves												- Dinner				
H	Hansen Nozzles												- I.A. Ration Packs				
I	5/8 Nozzles					<b>6</b>			<b>WATER TANKS</b>			C	Drinking Water (cases)				
J	Backcheck Valves					A	Relay - 1500 gallon					D	Cooking Gear: - Stoves				
K	Foam					B	Stilwells - 60 gallon - 110 gallon						- Mess Kits				
<b>3</b>			<b>TRANSPORTATION</b>			<b>7</b>			<b>HAND TOOLS</b>			<b>10</b>			<b>FIRST AID ('A' HAZARD)</b>		
A	Pickups					A	Pulaskis					A	2-5 persons				
B	Vans - 12 passenger					B	Shovels					B	6-10 persons				
C	Vans - 20 passenger					C	Chainsaws					C	11-30 persons				
D	Bus - _____ pass					D	Radios					D	30-50 persons				
E	Aircraft - Type					E	Rakes					E	50+ persons				
F						F	Drip Torches										
G						G	Repeaters										
						H											
						I											
ORDER	WAREHOUSE			TIME	:	SHIPPED	MEANS										
RECEIVED	EXPEDITER			TIME	:	TO FIRE	DATE	Y	M	D	TIME	:					
REMARKS																	
_____																	
_____																	
_____																	
_____																	
INCIDENT COMMANDER (FIRE BOSS) SIGNATURE							INCIDENT (FIRE) #:										