



FIRE TURN-OVER PLAN

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|---|--|----------|---|-----------|--------------|------------------|--|------|--|
| FIRE NUMBER | | LATITUDE | | LONGITUDE | | DATE OF TURNOVER | | TIME | |
| INCOMING I/C | | | | | OUTGOING I/C | | | | |
| INCIDENT COMMAND | | | | | | | | | |
| ISSUES SHEET ATTACHED <input type="checkbox"/> | | | COMMENTS | | | | | | |
| CONTACT LIST ATTACHED <input type="checkbox"/> | | | | | | | | | |
| FIRE ANALYSIS ATTACHED <input type="checkbox"/> | | | | | | | | | |
| I/C CHECKLIST REVIEWED <input type="checkbox"/> | | | | | | | | | |
| COMMAND STAFF | | | | | | | | | |
| SAFETY | | | LIASON | | | | INFORMATION | | |
| ISSUES ATTACHED <input type="checkbox"/> | | | ISSUES ATTACHED <input type="checkbox"/> | | | | ISSUES ATTACHED <input type="checkbox"/> | | |
| OPERATIONS | | | | | | | | | |
| CONTINGENCY PLAN ATTACHED <input type="checkbox"/> | | | COMMENTS | | | | | | |
| CONTACT LIST ATTACHED <input type="checkbox"/> | | | | | | | | | |
| OPS CHECKLIST REVIEWED <input type="checkbox"/> | | | | | | | | | |
| PLANS | | | | | | | | | |
| CURRENT ORG CHART ATTACHED <input type="checkbox"/> | | | COMMENTS | | | | | | |
| CURRENT IAP ATTACHED <input type="checkbox"/> | | | | | | | | | |
| RESOURCE SUMMARY ATTACHED <input type="checkbox"/> | | | | | | | | | |
| DAILY STATUS REPORT ATTACHED <input type="checkbox"/> | | | | | | | | | |
| DEMOB PLAN ATTACHED <input type="checkbox"/> | | | | | | | | | |
| REHAB PLAN ATTACHED AND ACCOMPLISHMENTS TO DATE IDENTIFIED <input type="checkbox"/> | | | | | | | | | |
| PLANS CHECKLIST REVIEWED <input type="checkbox"/> | | | | | | | | | |
| MAP IDENTIFYING ACCOMPLISHMENTS TO DATE AND LOCATIONS OF RESOURCES | | | LOCATION OF FILES | | | | | | |
| ISSUES ATTACHED <input type="checkbox"/> | | | | | | | | | |
| LOGISTICS | | | | | | | | | |
| INVENTORY LISTS ATTACHED <input type="checkbox"/> | | | LIST OF SUPPLIES ORDERED BUT NOT RECEIVED | | | | | | |
| CONTACT LIST ATTACHED <input type="checkbox"/> | | | | | | | | | |
| LOGISTICS CHECKLIST REVIEWED <input type="checkbox"/> | | | NUMBER | | ITEM | | | | |
| COMMENTS | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| FINANCE / ADMIN. | | | | | | | | | |
| CONTACT LIST ATTACHED <input type="checkbox"/> | | | ESTIMATED TOTAL COSTS | | | | LOCATION OF FILES | | |
| F/A CHECKLIST REVIEWED <input type="checkbox"/> | | | | | | | | | |
| APPROVALS | | | | | | | | | |
| OUTGOING I/C | | | INCOMING I/C | | | | FIRE CENTRE REP. | | |