



Ministry of
Forests, Lands and
Natural Resource Operations

FIELD FIRE REPORT NOTEBOOK

Incident Number _____

Year _____

Geographic Location _____

Date of First Entry - Date of Last Entry

(yyyy/mm/dd)

_____ to _____

Name (print) _____

Signature _____

Employee # _____ Rank _____

Base Location _____

Book Number _____

PROPERTY OF THE PROVINCE OF BC

Fire History


Occurrence	Date (dd/mmm/yyyy)	Time	Size (ha or spot)	Discovering Agency Details
Ignition				
Discovery				
1st Report				
2nd Report				
Attack Response:	Full ____ or Modified ____			
Occurrence	Date (dd/mmm/yyyy)	Time	Size (ha or spot)	Discovering Agency Details
Ground Attack				
Air Attack				
Final Control				
Mop Up (completed)				
Patrol (last)				
Fire Out				
Area Damaged (Required if fire is 4.0 hectares or greater) Area Damaged or Destroyed _____ % Grassland Area _____ ha Other Area _____ ha Protected Area _____ ha Private Land _____ ha Equipment Damaged Yes ___ or No ___ Structures Damaged Yes ___ or No ___ Descriptions _____ _____ _____				
Closest Weather Station		Slope	Representative Weather Station	

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REMINDER: Complete your DEC

Initial Fire Report – FS260

 Ministry of Forests, Lands and Natural Resource Operations		INITIAL FIRE REPORT			INCIDENT NUMBER	
REPORTED BY		DATE	YY	MM	DD	TIME
GEOGRAPHIC LOCATION						
CO-ORDINATES				ELEVATION		
LAT		LONG		M/ft		
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%		
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. Lightning		
ACTION TAKEN/RECOMMENDED						
PROBABILITY OF SUCCESS: LOW ____ MED ____ HIGH ____						
RECEIVED BY:				ESTIMATED COST OF CONTROL: \$		

FS 260 HPR 2012/04

REMINDER: Complete your DEC

Fire Cause and Origin Checklist

Photo(s) taken on arrival: Air _____ Ground _____

Lightning Photo of lightning tree _____

Locate Tree GPS _____

Natural Cause

Other cause (specify _____)

Spontaneous Combustion

Human Caused

General Area of Origin protected _____

Exact Area of Origin if known & Protected

Identified _____ Photographed _____ Documented _____ Protected _____

GPS _____

Source of Ignition

Identified _____ Photographed _____ Documented _____ Protected _____

Evidence found at scene

Identified _____ Photographed _____ Documented _____ Protected _____

Description(s) of vehicles/people at scene or leaving scene noted:

Name/s _____

Address/s _____

Phone number/s _____

Person Description:

Height: _____ Ft/m Weight: _____ Lbs/kg Age: _____

Hair Colour: _____ Eye Colour: _____

Vehicle Equipment Description:

Type: _____ Make: _____

Model: _____ Colour: _____ Year: _____

Licence Plate or registration number (if available): _____

Province of licence plate issue: _____

REMINDER: Complete your DEC

Field Safety Plan – FS1411

FIELD SAFETY PLAN

INCIDENT #/PROJECT:				DATE:				
1. Site Detail	Work Area GPS Coordinate			Lat:		Long:		
	<input type="checkbox"/> Staging	<input type="checkbox"/> Helipad	GPS Coordinate	Lat:		Long:		
Geographic:						Helipad Class:		
Directions to Worksite by Road:						<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
						# of Workers Onsite:		
2. Crew Detail						Call Sign	Frequency	
Supervisor/IC		Name:						
Alternate Supervisor / Falling Coordinator		Name:						
Resource Type/Location				<input type="checkbox"/> Crews <input type="checkbox"/> Aircraft <input type="checkbox"/> Equipment <input type="checkbox"/> First Aid		Manifest	Call Sign	Frequency
1)						<input type="checkbox"/>		
2)						<input type="checkbox"/>		
3)						<input type="checkbox"/>		
4)						<input type="checkbox"/>		
5)						<input type="checkbox"/>		
Medivac Helicopter – Type				<input type="checkbox"/> Crew Briefed for Loading				
3. Communications								
Tactical		Primary Repeater		Secondary Repeater		Tone	Air to Ground	
Supervisor Contact Info		Phone:			Emergency Contact #		Fire Centre:	
					Fire Center/Zone/IMT			
Safety Check System		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check in/out with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logging Road Channels		Road Channel 1		Road Channel 2	Loading Channel			<input type="checkbox"/>
4. First Aid Coverage								
First Aid Attendants					Call Sign	OFA Level	Frequency	
1)								
2)								
Location of ETV Vehicle # (6 people on site require ETV)				Location of First Aid Supplies				
Location of Closest Hospital						<input type="checkbox"/> Helped @ Hospital		
Travel Time		Ground:			Air:		Grounding Time:	

FS 1411 HPR 2013/06

REMINDER: Complete your DEC

FIELD SAFETY PLAN

5. Current Map (Highlight Falling Plan)							
Safety Zone Location					Lookout Location		
Flagging Colour Used	Escape Routes		Access Trails		Line Location		
DTA Flagging	Danger Tree	<input type="checkbox"/> Yellow <input type="checkbox"/> Other	No Work Zone	<input type="checkbox"/> Yellow <input type="checkbox"/> Other	Assessment Area	<input type="checkbox"/> Orange/Green <input type="checkbox"/> Other	
6. Hazard Assessment (Identify Hazard Mitigation in Comments Section)							
Environmental	<input type="checkbox"/>	<input type="checkbox"/> Powerlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aviation	<input type="checkbox"/> Heli Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Falling Operations	<input type="checkbox"/> Winds <small>kph</small> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dangerous Trees	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Ground Condition	<input type="checkbox"/> Stand Defects	<input type="checkbox"/> Mechanical Damage	<input type="checkbox"/>		
Comments and Safe Work Procedures	Refer to BC Faller Info Flips for Falling Plan						
Fire Behaviour							
Weather Forecast	12:00	Temp	RH	FFMC	Wind	-	Dir
	6:00	Temp	RH	FFMC	Wind	-	Dir
		Temp	RH	FFMC	Wind	-	Dir
7. Emergency Response Procedures							
<ul style="list-style-type: none"> • Ensure you and the accident scene are safe • Contact your Supervisor or BLOW YOUR WHISTLE LOUDLY • Do not move or leave the injured person unless there is a high risk of further injury • Contact First Aid attendant and request appropriate first aid equipment to be transported to the scene • Report the exact location of the patient and the patient's condition • Documentation for patient assessment and vital signs will be in the first aid kit • Be prepared to assist in packaging and transport of patient • Ensure that the trail used for transport is cleared, scouted and flagged • Have someone monitor the radio for communications and provide safety contacts with updates 							
8. Sign Off							
<input type="checkbox"/> Crew Briefing Complete @ _____ hours		Name: _____			Signature: _____		

FS 1411 HPR 2013/06

REMINDER: Complete your DEC

Incident Action Plan – Day 1

OPERATIONAL PERIOD

Date	Time	To	Date	Time
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INCIDENT RADIO COMMUNICATIONS

Command	Tactical	Support	Air to Ground	Air to Air
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General Control Objectives for Incident (include alternatives)

Weather Forecast for Operational Period (Are Spot Weather Forecasts Required?)

Fire Behaviour Prediction for Period

Control Operations for Period

Has LACES and WATCHOUT been reviewed and implemented?

REMINDER: Complete your DEC

Notes – Day 1

Date/Time	Activity / Event



REMINDER: Complete your DEC

Date/Time	Activity / Event



REMINDER: Complete your DEC

Date/Time	Activity / Event

REMINDER: Complete your DEC

Date/Time	Activity / Event



REMINDER: Complete your DEC

Map - Day 1

Date

Indicate North



REMINDER: Complete your DEC

Resource Request (Green Sheet)



INTERNAL REQUISITION / RESPONSE

FIRE # _____ DATE: _____ REQUESTED TO: _____
 REQUESTED BY: _____ TIME: _____ DELIVER TO: _____
 REQUIRED BY: date/time _____ ETA: _____ CONTACT: _____
 LOGISTICS: _____ CACHE: _____ CACHE: _____

ALPHA - Personnel	BRAVO - Fuel & Oil	CHARLIE - Hoses, Nozzles & Connectors
1: EFF CREWS <input type="checkbox"/>	1: MIXED GAS 24:1 5 GAL <input type="checkbox"/>	1: 1 1/2" HOSE (100') <input type="checkbox"/>
2: CONTRACT CREWS (SPKS) <input type="checkbox"/>	2: MIXED GAS 50:1, 5 GAL <input type="checkbox"/>	2: BIG INCH LINED (100') <input type="checkbox"/>
3: LINE SCOUT <input type="checkbox"/>	3: STRAIGHT GAS, 5 GAL <input type="checkbox"/>	3: 5/8" ECONOFLO (50') <input type="checkbox"/>
4: SAFETY OFFICER <input type="checkbox"/>	4: STRAIGHT GAS, 45 GAL DRUM <input type="checkbox"/>	4: 1 1/2" 3 - WAY <input type="checkbox"/>
5: FS UNIT CREWS (21) <input type="checkbox"/>	5: DIESEL 45 GAL DRUM <input type="checkbox"/>	5: 5/8" 3 - WAY <input type="checkbox"/>
6: IA CREWS (3) <input type="checkbox"/>	6: JET A FUEL 45 GAL DRUM <input type="checkbox"/>	6: 5/8" NOZZLE <input type="checkbox"/>
7: FIRE INVESTIGATOR <input type="checkbox"/>	7: DRIP TORCH MIX - 5 GAL <input type="checkbox"/>	7: HANSEN NOZZLE <input type="checkbox"/>
8: TIME RECORDER <input type="checkbox"/>	8: 2 - CYCLE OIL - CASE <input type="checkbox"/>	8: WATER THIEF <input type="checkbox"/>
9: INCIDENT COMMANDER <input type="checkbox"/>	9: CHAIN OIL, 4 L JUGS <input type="checkbox"/>	9: FOAM <input type="checkbox"/>
10: STRIKE TEAM LEADER <input type="checkbox"/>	10: COMBI-CAN (for chainsaw) <input type="checkbox"/>	10: SPRINKLERS <input type="checkbox"/>
11: RADIO TECH <input type="checkbox"/>		

DELTA - Contractors	ECHO - Transportation	FOXTROT - Water Storage
1: SECURITY <input type="checkbox"/>	1: 4X4 PICKUP <input type="checkbox"/>	1: RELAY TANK - 500 GAL <input type="checkbox"/>
2: FIRST AID / MTC <input type="checkbox"/>	2: 4X4 1-TON CREWCAB <input type="checkbox"/>	2: RELAY TANK - 1500 GAL <input type="checkbox"/>
3: DANGER TREE FALLER <input type="checkbox"/>	3: 3 / 5 TON FLAT DECK <input type="checkbox"/>	3: RELAY TANK - 2500 GAL <input type="checkbox"/>
4: DANGER TREE ASSESSOR <input type="checkbox"/>	4: VAN - 12 PAX <input type="checkbox"/>	4: STILWELL - 60 GAL <input type="checkbox"/>
5: SERVICES (OTHER) <input type="checkbox"/>	5: 4X4 ATV (quad) w/ helmet <input type="checkbox"/>	5: STILWELL - 110 GAL <input type="checkbox"/>
6: CAMP CATERING <input type="checkbox"/>	6: BUS - _____ PAX <input type="checkbox"/>	6: GRAVITY FUNNEL <input type="checkbox"/>

GOLF - Heavy Equipment	HOTEL - Hand Tools	INDIA - Pump, Pump Kit, Suction Hose
1: DOZERS - SIZE <input type="checkbox"/>	1: PULASKI (AXE) <input type="checkbox"/>	1: WAJAX MARK 3 COMPLETE <input type="checkbox"/>
2: EXCAVATORS - SIZE <input type="checkbox"/>	2: SHOVEL (FIREFIGHTER) <input type="checkbox"/>	2: WAJAX MARK 26 COMPLETE <input type="checkbox"/>
3: SKIDDERS - SIZE <input type="checkbox"/>	3: CHAINSAW (TYPE) <input type="checkbox"/>	3: SHINDAWA GP 25 <input type="checkbox"/>
4: FORWARDER <input type="checkbox"/>	4: RAKES <input type="checkbox"/>	4: SHINDAWA GP 45 <input type="checkbox"/>
5: TENDERS-SIZE <input type="checkbox"/>	5: DRIP TORCHES <input type="checkbox"/>	5: HAND TANK (POLY) <input type="checkbox"/>
6: LOWBEDS - AXLES <input type="checkbox"/>		6: HAND TANK (COLLAPSIBLE) <input type="checkbox"/>
7: FELLER BUNCHER <input type="checkbox"/>		7: VOLUME PUMP, HONDA <input type="checkbox"/>
		8: OTHER <input type="checkbox"/>

JULIET - MISC		
1: FIRE CAMP - # OF PPL <input type="checkbox"/>	5: BEDROLLS <input type="checkbox"/>	9: BATTERIES - TYPE <input type="checkbox"/>
2: KITCHEN TRAILER UNIT <input type="checkbox"/>	6: TENTS (TYPE) <input type="checkbox"/>	10: HEADLAMPS <input type="checkbox"/>
3: ACCOMMODATIONS <input type="checkbox"/>	7: MEALS - (TYPE) QTY <input type="checkbox"/>	11: LANTERN, FLASHLIGHT <input type="checkbox"/>
4: RADIOS HANDHELD <input type="checkbox"/>	8: DRINKING WATER # OF BOX <input type="checkbox"/>	12: PORTA POTTIES <input type="checkbox"/>

REQUEST - COMMENTS: _____

RWCO (or designate) Initials

REQUEST - ACTION TAKEN: _____

Shipped Via: _____

NOTE: Return to Logistics when completed.

Cache

REMINDER: Complete your DEC

Fire Behaviour Observation Report – S390C



FIRE BEHAVIOUR OBSERVATION REPORT

Observer Name:	Fire Number:
Date of observation:	Geographic Location:
Time of observation:	Lat/Long:
Photos/Video available:	Elevation:

Fuels (describe the fuel complex at observation point)
Surface fuels (coarse woody debris, grasses, shrubs, needle litter, duff layer)
Ladder fuels (immature trees, large shrubs, blow down)
Aerial fuels (open/closed canopy, percentage dead, timber type, conifer, deciduous)

Weather (record observed weather at observation point)	
Temperature (deg. C)	Wind speed (km/h)
Relative Humidity (%)	Wind Direction
Describe any other features (clouds, inversion, up slope/down slope)	

Fire Behaviour Observations	
Rate of Spread (m/min)	Ignition type (point or line):
Flame length (m)	Spread type (running, flanking, backing):
Flame height (m)	Spotting distance:
Describe Fire Type (surface, intermittent crown, continuous crown) include reference points used to determine rate of spread. Include any details on color of smoke, convection, transition from surface to crown.	


S390C HPR 01/2010

Weather Data Collection

Weather Data									
Date	Fire #	Location WPT or UTM	Temp	% RH	Wind Speed	Wind Direction	24 hr Precip.	% Cloud Cover	Comments
Multiply recorded surface wind speed by 1.5 to get 10m wind speeds. If your fire/division includes more than one rain gauge location please include readings									

REMINDER: Complete your DEC

Wildfire Danger Tree Assessment (FS 502C)

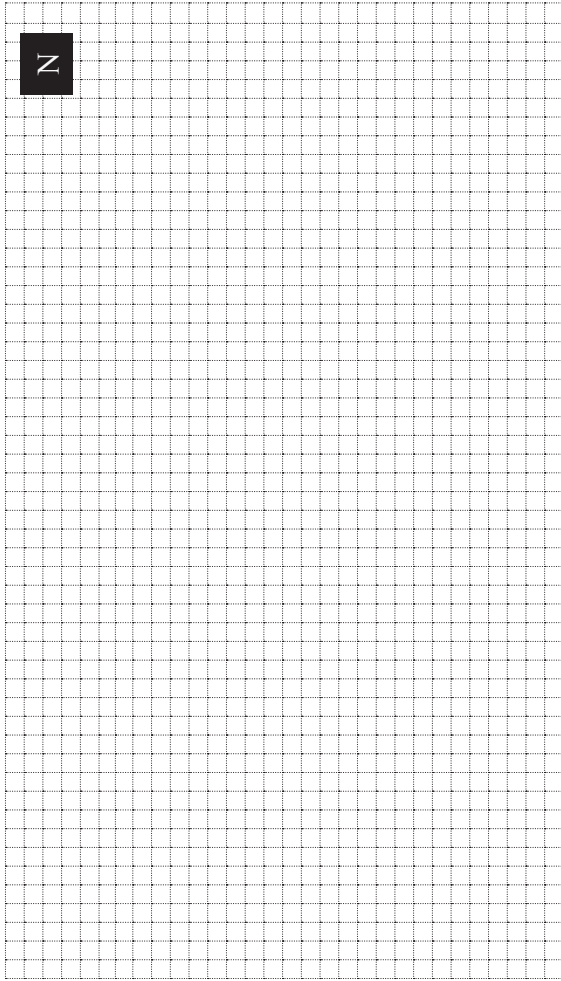
 BRITISH COLUMBIA		WILDFIRE DANGER TREE ASSESSMENT										ASSESSOR'S NAME DATE: _____ TIME: _____	
FIRE NUMBER LAT / LONG: _____		GEOGRAPHIC LOCATION BLK: _____										FBP FUEL TYPE MAP ATTACHED: Y OR N	
SPECIES TREE CLASS WILDFIRE TREE VALUE (L, M, H) Insecurly lodged or hung up tree limbs/tops = D Highly unstable tree = D Recent Lean with unstable roots = D		LOD = 1 From Table 3		LOD = 2 or 3 From Table 3A		LOD = 4 From Table 3B		Class 1 Trees = S Class 2 Trees with no structural defects = S Class 2 Corders with low failure potential = S Class 3 Corders with no structural defects = S Class 3 Corders with no structural defects = S OVERALL RATINGS (S or D)				Safe - no action required Dangerous - fall tree Dangerous - install NMZ Other - remove hazard Action Completed: y/n/m/d/d	
LEVEL OF DISTURBANCE: _____												MANAGEMENT	
COMMENTS: (Site Assessment, marking protocol for individual trees & no-work zones, black and/or green forest)													
ASSESSMENT COMMUNICATED OR GIVEN TO: ASSESSOR'S SIGNATURE										DATE: _____			
TIME: _____												PAGE _____ OF _____	

REMINDER: Complete your DEC

Wildfire DTA (Notes/Sketches)

ASSESSOR'S NAME:
DATE: YYMMDD

NOTES - SKETCHES



Page ___ of ___

— INCLUDE A NORTH ARROW ON SKETCH MAP

REMINDER: Complete your DEC

Incident Action Plan – Day 2

OPERATIONAL PERIOD

Date	Time	To	Date	Time
------	------	----	------	------

INCIDENT RADIO COMMUNICATIONS

Command	Tactical	Support	Air to Ground	Air to Air
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General Control Objectives for Incident (include alternatives)

Weather Forecast for Operational Period (Are Spot Weather Forecasts Required?)

Fire Behaviour Prediction for Period

Control Operations for Period

Has LACES and WATCHOUT been reviewed and implemented?

REMINDER: Complete your DEC

Notes – Day 2

Date/Time	Activity / Event

REMINDER: Complete your DEC

Date/Time	Activity / Event

REMINDER: Complete your DEC

Date/Time	Activity / Event

REMINDER: Complete your DEC

Date/Time	Activity / Event

REMINDER: Complete your DEC

Date/Time	Activity / Event

REMINDER: Complete your DEC

Map – Day 2

Date

Indicate North

REMINDER: Complete your DEC

Photo Log – Day 2

Date	Time	Photo #	GPS if applicable	Comments

REMINDER: Complete your DEC

Incident Action Plan – Day 3

OPERATIONAL PERIOD

Date	Time	To	Date	Time
------	------	----	------	------

INCIDENT RADIO COMMUNICATIONS

Command	Tactical	Support	Air to Ground	Air to Air
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General Control Objectives for Incident (include alternatives)

Weather Forecast for Operational Period (Are Spot Weather Forecasts Required?)

Fire Behaviour Prediction for Period

Control Operations for Period

Has LACES and WATCHOUT been reviewed and implemented?

REMINDER: Complete your DEC

Date/Time	Activity / Event

REMINDER: Complete your DEC

GPS Tracking Form

Date: _____ Operator Name: _____

Fire Number: _____ Unit Type: _____

Track Name: _____

Description of Features/Comments: _____

Office use only

Download File Name: _____

Download Folder: _____ Downloaded by: _____

Transferred to G/PMO/Projects/ _____ Compiled by: _____

Date: _____ Operator Name: _____

Fire Number: _____ Unit Type: _____

Track Name: _____

Description of Features/Comments: _____

Office use only

Download File Name: _____

Download Folder: _____ Downloaded by: _____

Transferred to G/PMO/Projects/ _____ Compiled by: _____

REMINDER: Complete your DEC

Voluntary Statement

Full Name: _____

Address: _____

Telephone
Number/s: _____

Statement Taken At: _____

Date: _____ Time: _____

I wish to make the following statement:

Signature of Person Making Statement _____

Signature of Forest Official Taking Statement _____

REMINDER: Complete your DEC

DEC FS263 – (Daily Estimated Cost)

2015 PROVINCIAL DAILY ESTIMATE COST REPORT (DEC)						
Input in the LIGHT BOXES only! The Service Line for everything listed below is 42000						
STOB#	Name of Zone, Incident # or Name of MZOC		For Activity on (Date)			
DEC Completed by:						
50	# of Ministry Staff at Incident(s)		# of Ministry Staff NOT at an Incident but incurring Overtime. Do not include Standby Only			
Statutory Hires - Anyone paid by Statutory Hire Invoice FS67			# of Persons	# of Persons Standby	Average Day Rate	Stat Hire Costs
6028	Enter # of ALL Stat Hires				\$ 276.00	\$ -
6028	Enter # of EFF's Stat Hires (Emergency Fire Fighters Only)				\$ 218.00	\$ -
Contracts & Contract Personnel - Includes anyone paid by Contract (FS1, FS782), Standing Offer, Agreement, MOU's (Memorandum of Understanding)			# of Persons	Standby	Day Rate (per person)	Contract Personnel Costs
6001	Contractor Fire Crew Personnel - Typically paid via Standing Offer				\$ 750.00	\$ -
6001	OFC Structure Protection Agreement - Not FD Agreement (Line 25)				\$ 1,200.00	\$ -
6003	Industry Personnel - Anyone paid via the Industry Agreement				\$ 1,000.00	\$ -
6001	DTA's and DTF's - Typically paid via Standing Offer				\$ 700.00	\$ -
6001	First Aid Service Contractors - Typically paid via Standing Offer				\$ 700.00	\$ -
6001	Security Services - Typically paid via Contract FS1				\$ 700.00	\$ -
6001	Traffic Control Services (Flaggers) - Typically paid via Contract FS1				\$ 600.00	\$ -
6001	Other Contracts (i.e. Professionals, Engineers, Scans Etc.)				\$ -	\$ -
7024	Occupancy (Land Use) Agreements					
6001	Agency Assistance (# of persons only, wage costs are submitted by PWCC)					
6001	Specialists - Rehab - Typically paid via Contract FS1				\$ 800.00	\$ -
The Sections below are for costs only! The # of persons is required but will NOT add into Total # of Personnel (C25)						
6001	Camp Catering Contract/Day - Input the total # of persons in FS camp				\$ 65.00	\$ -
6001	Camp Contract/Day - Input the total # of persons in other camps					\$ -
6003	Fire Dept Services Agreement - Enter # of hours				\$ 450.00	\$ -
TOTAL # OF CONTRACT PERSONNEL ON INCIDENT(S)			CONTRACT COST			
			\$			
Equipment - Anyone paid via Equipment Rental Agreement (FS101). Do not enter rental or vehicles hired on FS1387 (ie. Fire Warden) in this section.			# of Equip	# of Equip Standby	Day Rate	Equipment Costs
7005	Gas/Diesel Fuel Bowsers-Rental, transport, fuel & expenses - NON-					\$ -
7015	Dozers (Crawler Tractors, Cats) - Avg Hourly Rate \$180/hr				\$ 2,160.00	\$ -
7015	Feller Bunchers - Avg Hourly Rate \$175/hr				\$ 2,100.00	\$ -
7015	Excavators - Avg Hourly Rate \$200/hr				\$ 2,400.00	\$ -
7015	Skidders, Forwarders - Avg Hourly Rate \$150/hr				\$ 1,800.00	\$ -
7015	Lowbeds				\$ 1,500.00	\$ -
7015	Water Tenders, Graders, Loaders, Boats, Buses - Avg Rate \$80/hr				\$ 960.00	\$ -
7015	ATV's				\$ 125.00	\$ -
7015	Other pieces of equipment not listed					\$ -
TOTAL # OF PIECES OF EQUIPMENT ON INCIDENT(S)			EQUIPMENT COST			
			\$			
Miscellaneous - Travel, Purchase Card, etc.			Comments	#'s	Rates	Miscellaneous Costs
57	Accommodations (Average Rate \$120.00)				\$ 120.00	\$ -
57	Meals - Based on day rate				\$ 48.00	\$ -
57	Commercial Air Travel				\$ 500.00	\$ -
7056	Vehicle Rentals / day				\$ 100.00	\$ -
7015	Vehicles on VRA (Stat Hire - FW, Expediter truck, etc.)				\$ 180.00	\$ -
Various Purchase Card Expenditures						\$ -
65	Misc Office Supplies and equipment					\$ -
7005	Fuel Drums - NON Air					\$ -
Various Other - any other misc. Costs						\$ -
TOTAL \$ FOR MISCELLANEOUS			MISC. COST			
			\$			
Grand Total of all sections						
				\$		

Last Updated February 2015

REMINDER: Complete your DEC

Land Ownership and Responsibilities

Note: Land ownership and responsibilities of involved individual(s) must be determined within first hour of fire action.

Authority to fight fire: WILDFIRE ACT – Section 9

Government may carry out fire control

9. (1) The government may enter on any land and carry out fire control if an official considers that a fire on or near the land endangers life or threatens forest land or grass land.
- (2) At the request of a local government, the government may enter on land and carry out fire control within the local government's boundaries or jurisdiction.
- (3) After carrying out fire control under subsection (1), the government may remain on that land or re-enter the land for the purposes of investigating the cause of a fire, rehabilitating the land or for other prescribed purposes.
- (4) If the government enters on private land to carry out fire control on other land, the government must compensate the owner of the private land and any tenant of the private land for damage caused to the private land by the government in carrying out the fire control.
- (5) If the government enters on private land to carry out fire control on that land, the government, in prescribed circumstances, must compensate the owner of the private land and any tenant of the private land for damage caused to the private land by the government in carrying out the fire control.

Data Entered Into EFR By:

Signature

Print Name

Employee #

Date

REMINDER: Complete your DEC

Helipad Inspection Report



BC FOREST SERVICE HELIPAD INSPECTION REPORT

STATUS	
OPERATIONAL	<input type="checkbox"/>
NON-OPERATIONAL	<input type="checkbox"/>
UPGRADES REQUIRED	<input type="checkbox"/>

INSPECTED BY:		DATE:		DD	MM	YY			
CONSTRUCTION CREW:									
FIRE NUMBER:			PICTURES TAKEN:		YES / NO				
HELIPAD INFORMATION:									
Helipad Number:				Elevation:					
				M/R					
Co-ordinates:		LAT:		LONG:					
Helipad Class:		CLASS 1	<input type="checkbox"/>	CLASS 2	<input type="checkbox"/>	CLASS 3	<input type="checkbox"/>	CLASS 4	<input type="checkbox"/>
Cribbing or Anchor Stumps (C / A)									
Deck width (ft)									
Stringers secured in the slope (Y / N)									
Anchor posts used (Y / N)									
Heel log(s) to Light toe log (ft)									
Heel log(s) to Medium toe log (ft)									
Deck log overhang (ft)									
Width of heel log(s) (ft)									
Skid logs marked (Y / N)									
Spikes used (Y / N)									
HELIPAD MATERIALS:									
Tree Species									
Heel log Diameter (8" min)									
All other log Diameter (8" min)									
Signs of Decay (Y / N)									
Appropriate notching (Y / N)									
Landing Deck logs clean (Y / N)									
Skid logs secured into ground (Y / N)									

REMINDER: Complete your DEC

SITE INFORMATION: (Y / N)			
Best possible site:			
Helispot diameter (100ft/30m):			
Danger Tree Assessment			
Wind indicators present/adequate:			
Site clear and clean:			
Approach/Departure Routes <30%:			
Crew paths marked:			
Helipads numbered:			
OFF LEVEL TOLERANCES:		ACTUAL	5% or Less
LATERAL (side to side):	Heel log:		
(9.6 inch max.)	Toe log (Light):		
	Toe log (Medium):		
LONGITUDINAL:	Class 1,2: Heel log to light toe log (3.3 inch max):		
	Class 1,2: Heel log to medium toe log (4.8 inch max):		
	Class 3,4: Back to front (7.2 inch max):		
Twist:	Heel log vs Toe log (light):		
	Heel log vs Toe log (medium):		
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Class 1 and Class 2 helipads</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Class 3 and Class 4 helipads</p> </div> </div>		Pilot Assessment:	
SITE INFORMATION: (Y / N)			



Remember To Put Safety First

L - LOOKOUTS
A - ANCHOR POINTS
C - COMMUNICATIONS
E - ESCAPE ROUTES
S - SAFETY ZONES

Return Original Copy to:

Plans/Documentation Section
Government of British Columbia
Ministry of Forests, Lands and Natural Resource Operations

(INSERT FIRE CENTRE MAILING ADDRESS BELOW)