

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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Initial Fire Report – FS260

 Ministry of Forests, Lands and Natural Resource Operations		INITIAL FIRE REPORT			INCIDENT NUMBER _____	
		REPORTED BY _____		DATE	YY	MM
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%		<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. Lightning		
ACTION TAKEN/RECOMMENDED						
PROBABILITY OF SUCCESS: LOW _____ MED _____ HIGH _____						
RECEIVED BY: _____				ESTIMATED COST OF CONTROL: \$ _____		

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 FS963

Field Safety Plan – FS1411



FIELD SAFETY PLAN

BRIEFING

INCIDENT #/PROJECT:					DATE:						
1. Site Detail		Work Area GPS Coordinate			Lat:		Long:				
		<input type="checkbox"/> Staging <input type="checkbox"/> Helipad _____ GPS Coord			Lat:		Long:				
Worksite Geographic:				Road Directions from Closest Town:							
2. Crew Detail								Call Sign	Frequency		
Supervisor/IC		Name:			Phone:						
Alternate		Name:			Phone:						
Resource:		Assignment:									
Resource:		Assignment:									
Resource:		Assignment:									
Resource:		Assignment:									
Medevac Helicopter:		Type:		Grounding Time:				Total # of Workers			
3. Weather											
Forecast		Temp	RH	FFMC	Wind Speed/Direction		Precipitation/Fog				
		Current									
		Forecast									
4. Fire Behaviour											
Fuel:				Weather:		Topo:		Wind:		Predicted Fire Behaviour:	
5. Operations											
Detailed Description of Overall Objectives <i>(consider task, purpose, end state)</i>											
					Trigger Points Discussed: <input type="checkbox"/> Contingency Plan in Place: <input type="checkbox"/>						
Flagging Colour used					Special Markings						
Access/Escape		No Work Zones		Describe:							
Trail		Assessed									
Danger Tree		Other									
Lookout							Not Applicable: <input type="checkbox"/>		Call Sign	Check-in Frequency	
Geographic											
GPS		Lat:			Long:						
Anchor point								Not Applicable: <input type="checkbox"/>			
Describe:											
Communications											
Ground		Repeater		Secondary		Air					
Check in Site: <input type="checkbox"/>		Radio: <input type="checkbox"/>		Other: <input type="checkbox"/>		Check-in intervals: (30 mins/2hrs)					
Road Channels		1:			2:		Equipment Channel:				
Escape Routes											
Escape Route 1:											
Escape Route 2:											
Safe Zone											
Geographic:					Lat:		Long:				

FS 1411 HPR 2016/04

REMINDER: Complete your DEC FS963



Ministry of
Forests, Lands and
Natural Resource Operations

BC WILDFIRE SERVICE

FIELD SAFETY PLAN

MEDICAL OPERATIONS

INCIDENT #/PROJECT:		Geographic:		DATE:		
6. First Aid Coverage						
First Aid Attendants		OFA Level	Call Sign	Simplex	Repeater	
1)						
2)						
Onsite Emergency Supervisor <i>(if unavailable, contact Fire Centre or 911 directly)</i>						
1)						
Medevac Helicopter:	Type:	Grounding Time:				
Location of ETV Vehicle (6 people on site require ETV)			Location of First Aid Supplies:			
7. Travel to Medical Aid						
Heli pad / Extraction Point GPS		Lat:	Long:			
Basket Stretcher Travel Time	FA Equipment to Injured Worker:		Travel Time to Extraction Point:			
Flagging Colour Used	Escape Routes:		Safety Zones:			
Location of Closest Hospital:						
Travel Time	Ground:		Air:		<input type="checkbox"/> Helipad @ Hospital	
8. Hazard Assessment						
<input type="checkbox"/> Weather	<input type="checkbox"/> Slope	<input type="checkbox"/> Unstable Rock	<input type="checkbox"/> Power Lines	<input type="checkbox"/> Radio Dead Zones	<input type="checkbox"/> H2S	<input type="checkbox"/> Heavy Equipment
<input type="checkbox"/> Traffic	<input type="checkbox"/> Heli Pad	<input type="checkbox"/> Hover Exit	<input type="checkbox"/> Air Tanker	<input type="checkbox"/> Long Line & Bucketing	<input type="checkbox"/> 4X4 Access	<input type="checkbox"/> Remote Worksite
Falling Ops	<input type="checkbox"/> Size	<input type="checkbox"/> Wind	<input type="checkbox"/> Slope	<input type="checkbox"/> Danger Trees/ Ha	<input type="checkbox"/> Timber Type	<input type="checkbox"/> Safe Work Distances
Danger Trees	<input type="checkbox"/> High BUI	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Terrain	<input type="checkbox"/> Mechanical Damage	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Hazard:		Control Measure: <small>(Refer to OSWS, BC Faller Safety Info Flips , DTA Manual and SOP's to control hazards checked above)</small>				
9. Emergency Response Procedures			Speak Clearly - Stay Calm			
<ul style="list-style-type: none"> Ensure you and the accident scene are safe Contact your Supervisor - BLOW YOUR WHISTLE LOUDLY Do not move or leave the injured worker 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 Communicate location and condition of the injured worker. Documentation for injured workers assessment and vital signs will be in the first aid kit Be prepared to assist in packaging and transport of injured worker. 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 			When contacting emergency services note the following: <ul style="list-style-type: none"> Location – Geographic and GPS Best means of communication: (Radio/Phone/Sat # or frequency) Number of injured workers (DO NOT USE NAMES) Who is administrating first aid? OFA 3? Gender and age of injured worker(s) Description of injury Injured worker's level of consciousness Is the injured worker breathing? Rate? Brief description of the accident 			
10. Sign Off						
HAS EVERYONE ON THE MANIFEST RECEIVED A FIELD SAFETY PLAN BRIEFING?			<input type="checkbox"/>			
Briefing Delivered By:			Briefing Complete @ ____ hours			
			Signature:			

FS 1411 HPR 2016/04

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?

Notes – Day 1

Date/Time	Activity / Event

REMINDER: Complete your DEC FS963

Date/Time	Activity / Event


REMINDER: Complete your DEC FS963

Date/Time	Activity / Event

Date/Time	Activity / Event

REMINDER: Complete your DEC FS963

DEC FS963 – (Daily Estimated Cost)

 2016 Incident Short Daily Estimate Cost Worksheet (Short DEC)					
Cost Estimate Date: (YYYY/MM/DD)		Incident or Project #	DEC Completed by (enter below):		
Response Centre:		Reviewing Org Unit:			
*** All the items below will be under Service Line: 42000			Enter	No Entry	
Ministry Staff:	# Units	# Standby Units	Average Rate	Total Daily Cost	Comments
50 Ministry Staff working overtime on a regular day - # of Personnel			\$326.00		
50 Ministry Staff working overtime on a DOR - # of Personnel			\$816.00		
50 Ministry Staff working overtime on a regular day - NOT at Incident - # of Personnel			\$326.00		
50 Ministry Staff working overtime on a DOR - NOT at Incident - # of Personnel			\$816.00		
Daily Activity Cost Report:	# Units	# Standby Units	Average Rate	Total Daily Cost	Comments
69 Consumables - # Personnel at Incident (Shadowed Cost)			\$22.00		
7055 Ministry/VE - Car (Shadowed Cost) - # of KM			\$0.25		
7055 Ministry/VE - SUV (Shadowed Cost) - # of KM			\$0.24		
7055 Ministry/VE - Light Duty (Shadowed Cost) - # of KM			\$0.34		
7055 Ministry/VE - Heavy Duty (Shadowed Cost) - # of KM			\$0.62		
7056 Rental/RU - SUV (Shadowed Cost) - # of KM			\$0.50		
7056 Rental/RU - Light Duty (Shadowed Cost) - # of KM			\$0.50		
Stat Hires:	# Units	# Standby Units	Average Rate	Total Daily Cost	Comments
6028 Stat Hires Working 8 hours or less - # of Personnel			\$160.00		
6028 Stat Hires Working 8.5 hours or more - # of Personnel			\$280.00		
Miscellaneous:	# Units	# Standby Units	Average Rate	Total Daily Cost	Comments
57 Meals - # of Personnel on Per Diems			\$49.00		
57 Meals - # of Personnel Paid by Purchase Card or Invoice					
57 Accommodations - # of Rooms			\$100.00		
57 Other Travel Expenses					
65 Miscellaneous					

* Shadow costs will not be factored into the Final Grand Total of the DEC Report.
FS963C HPR 04/2016

Map – Day 1

Date

Indicate North

Photo Log – Day 1

Date	Time	Photo #	GPS if applicable	Comments

REMINDER: Complete your DEC FS963

Resource Request (Green Sheet)



INTERNAL REQUISITION / RESPONSE

FIRE # _____ DATE: _____ REQUESTED TO: _____
 REQUESTED BY: _____ TIME: _____ DELIVER TO: _____
 REQUIRED BY: date/time _____ ETA: _____ CONTACT: _____
 LOGISTICS: _____ 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 (5PKS) <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: STILLWELL - 60 GAL <input type="checkbox"/>
5: SERVICES (OTHER) <input type="checkbox"/>	5: 4X4 ATV (quad) w/ helmet <input type="checkbox"/>	5: STILLWELL - 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:	Logistics
	Cache
Shipped Via:	
NOTE: Return to Logistics when completed.	

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 FS963

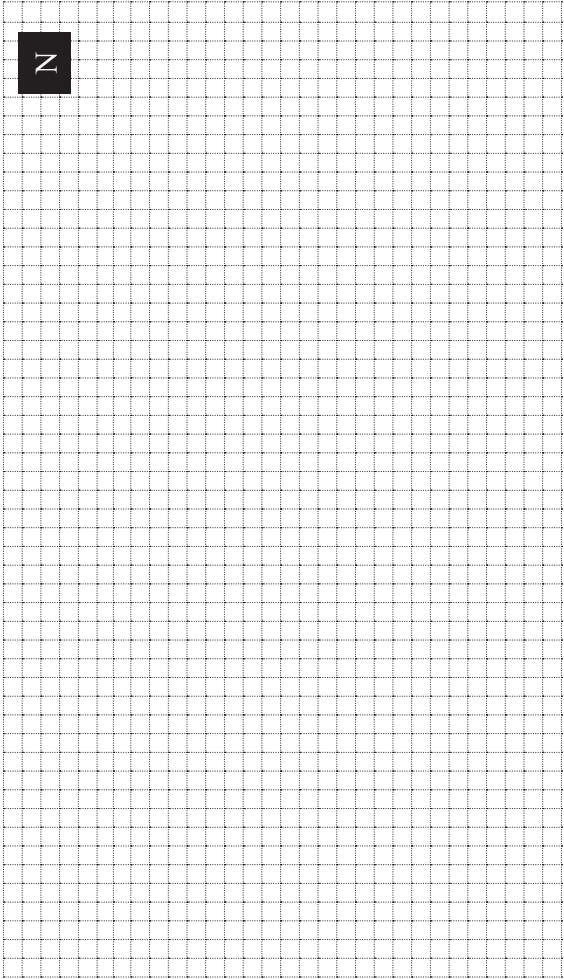
Wildfire Danger Tree Assessment (FS 502C)

BRITISH COLUMBIA		WILDFIRE DANGER TREE ASSESSMENT		ASSESSOR'S NAME																			
	FIRE NUMBER	GEOGRAPHIC LOCATION	FBP FUEL TYPE	DATE:	TIME:																		
LAT / LONG:		BUJ:		MAP ATTACHED: Y OR N																			
ACTIVITY:		LEVEL OF DISTURBANCE:		MANAGEMENT																			
TREE #	SPECIES	TREE CLASS	WILDFIRE TREE VALUE (L, M, H)	LOD = 1		LOD = 2 or 3	LOD = 4	OVERALL RATING (S or D)	Action Completed: yy/mm/dd														
				From Table 3	From Table 3A																		
				Tree Defects state S (stable) or D (dangerous) for each defect identified on the tree	HT	DL	WB	ST	SD	SB	CA	CM	TL	RI	Dangereous (D)	Class 1 Trees = S	Class 2 Trees with no structural defects = S	Class 2 Cedars with low failure potential = S	Class 3 Conifers with no structural defects = S	Dangereous - fall tree	Dangereous - install NMZ	Other - remove hazard	Safe - no action required
COMMENTS: (Site Assessment, marking protocol for individual trees & no-work zones, black and/or green forest)																							
Assessment Communicated or Given To:															Date:		Time:		Page of				
Assessor's Signature																							

Wildfire DTA (Notes/Sketches)

ASSESSOR'S NAME:	DATE: Y/M/MD/DD
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NOTES - SKETCHES



Page ___ of ___

-- INCLUDE A NORTH ARROW ON SKETCH MAP

Incident Action Plan – Day 2

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?

Notes – Day 2

Date/Time	Activity / Event

REMINDER: Complete your DEC FS963

Date/Time	Activity / Event

REMINDER: Complete your DEC FS963

Date/Time	Activity / Event

REMINDER: Complete your DEC FS963


Date/Time	Activity / Event

REMINDER: Complete your DEC FS963

Date/Time	Activity / Event

REMINDER: Complete your DEC FS963

DEC FS963 – (Daily Estimated Cost)

 2016 Incident Short Daily Estimate Cost Worksheet (Short DEC)					
Cost Estimate Date: (YYYY/MM/DD)		Incident or Project #		DEC Completed by (enter below):	
Response Centre:		Reviewing Org Unit:			
*** All the items below will be under Service Line: 42000			Enter	No Entry	
Ministry Staff:	# Units	# Standby Units	Average Rate	Total Daily Cost	Comments
50 Ministry Staff working overtime on a regular day - # of Personnel			\$326.00		
50 Ministry Staff working overtime on a DOR - # of Personnel			\$816.00		
50 Ministry Staff working overtime on a regular day - NOT at Incident - # of Personnel			\$326.00		
50 Ministry Staff working overtime on a DOR - NOT at Incident - # of Personnel			\$816.00		
Daily Activity Cost Report:	# Units	# Standby Units	Average Rate	Total Daily Cost	Comments
69 Consumables - # Personnel at Incident (Shadowed Cost)			\$22.00		
7055 Ministry/VE - Car (Shadowed Cost) - # of KM			\$0.25		
7055 Ministry/VE - SUV (Shadowed Cost) - # of KM			\$0.24		
7055 Ministry/VE - Light Duty (Shadowed Cost) - # of KM			\$0.34		
7055 Ministry/VE - Heavy Duty (Shadowed Cost) - # of KM			\$0.62		
7056 Rental/RU - SUV (Shadowed Cost) - # of KM			\$0.50		
7056 Rental/RU -Light Duty (Shadowed Cost) - # of KM			\$0.50		
Stat Hires:	# Units	# Standby Units	Average Rate	Total Daily Cost	Comments
6028 Stat Hires Working 8 hours or less - # of Personnel			\$160.00		
6028 Stat Hires Working 8.5 hours or more - # of Personnel			\$280.00		
Miscellaneous:	# Units	# Standby Units	Average Rate	Total Daily Cost	Comments
57 Meals - # of Personnel on Per Diems			\$49.00		
57 Meals - # of Personnel Paid by Purchase Card or Invoice					
57 Accommodations - # of Rooms			\$100.00		
57 Other Travel Expenses					
65 Miscellaneous					

* Shadow costs will not be factored into the Final Grand Total of the DEC Report.
FS963C HPR 04/2016

Map – Day 2

Date

Indicate North

Photo Log – Day 2

Date	Time	Photo #	GPS if applicable	Comments

Incident Action Plan – Day 3

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?

Notes – Day 3

Date/Time	Activity / Event

REMINDER: Complete your DEC FS963

Date/Time	Activity / Event

REMINDER: Complete your DEC FS963


Date/Time	Activity / Event

REMINDER: Complete your DEC FS963

Date/Time	Activity / Event

REMINDER: Complete your DEC FS963

DEC FS963 – (Daily Estimated Cost)

 2016 Incident Short Daily Estimate Cost Worksheet (Short DEC)					
Cost Estimate Date: (YYYY/MM/DD)		Incident or Project #		DEC Completed by (enter below):	
Response Centre:		Reviewing Org Unit:			
*** All the items below will be under Service Line: 42000			Enter	No Entry	
Ministry Staff:	# Units	# Standby Units	Average Rate	Total Daily Cost	Comments
50 Ministry Staff working overtime on a regular day - # of Personnel			\$326.00		
50 Ministry Staff working overtime on a DOR - # of Personnel			\$816.00		
50 Ministry Staff working overtime on a regular day - NOT at Incident - # of Personnel			\$326.00		
50 Ministry Staff working overtime on a DOR - NOT at Incident - # of Personnel			\$816.00		
Daily Activity Cost Report:	# Units	# Standby Units	Average Rate	Total Daily Cost	Comments
69 Consumables - # Personnel at Incident (Shadowed Cost)			\$22.00		
7055 Ministry/VE - Car (Shadowed Cost) - # of KM			\$0.25		
7055 Ministry/VE - SUV (Shadowed Cost) - # of KM			\$0.24		
7055 Ministry/VE - Light Duty (Shadowed Cost) - # of KM			\$0.34		
7055 Ministry/VE - Heavy Duty (Shadowed Cost) - # of KM			\$0.62		
7056 Rental/RU - SUV (Shadowed Cost) - # of KM			\$0.50		
7056 Rental/RU -Light Duty (Shadowed Cost) - # of KM			\$0.50		
Stat Hires:	# Units	# Standby Units	Average Rate	Total Daily Cost	Comments
6028 Stat Hires Working 8 hours or less - # of Personnel			\$160.00		
6028 Stat Hires Working 8.5 hours or more - # of Personnel			\$280.00		
Miscellaneous:	# Units	# Standby Units	Average Rate	Total Daily Cost	Comments
57 Meals - # of Personnel on Per Diems			\$49.00		
57 Meals - # of Personnel Paid by Purchase Card or Invoice					
57 Accommodations - # of Rooms			\$100.00		
57 Other Travel Expenses					
65 Miscellaneous					

* Shadow costs will not be factored into the Final Grand Total of the DEC Report.
FS963C HPR 04/2016

Map - Day 3

Date

Indicate North

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:* _____

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 _____

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

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/ft			
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 FS963

SITE INFORMATION: (Y / N)			
Best possible site:			
Hellspot diameter (100ft/30m):			
Danger Tree Assessment			
Wind indicators present/adequate:			
Site clear and clean:			
Approach/Departure Routes <30%:			
Crew paths marked:			
Hellpads 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 hellpads</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Class 3 and Class 4 hellpads</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)