



WA INTERAGENCY INCIDENT ORGANIZER

Initial Attack Size Up

Reported Address: _____

Date/Time of Report: _____ Initial Attack Time (On Scene): _____

Incident Number: _____ Finance Code: _____

1. Fire Name: _____		2. Incident Commander: _____	
3. Fire Location <i>(degrees-decimal-minutes)(Datum WGS84)</i>		T: _____	R: _____
Latitude: _____		Longitude: _____	
4. Jurisdiction _____		5. Estimated Size at Arrival: _____	
6. Fuel Group Burning <i>(Select all that apply in both the primary and adjacent fuel group)</i>			
6a. Primary Fuel Group: <input type="checkbox"/> Non-Burnable		6b. Adjacent Fuel Group: <input type="checkbox"/> Non-Burnable	
<input type="checkbox"/> Grass	<input type="checkbox"/> Shrub	<input type="checkbox"/> Grass	<input type="checkbox"/> Shrub
<input type="checkbox"/> Grass/Shrub	<input type="checkbox"/> Timber Litter	<input type="checkbox"/> Timber Litter	<input type="checkbox"/> Timber Litter
<input type="checkbox"/> Grass/Shrub	<input type="checkbox"/> Timber/Understory	<input type="checkbox"/> Grass/Shrub	<input type="checkbox"/> Timber/Understory
<input type="checkbox"/> Slash/Blowdown	<input type="checkbox"/> Slash/Blowdown	<input type="checkbox"/> Slash/Blowdown	<input type="checkbox"/> Slash/Blowdown
7. Character of Fire:		<input type="checkbox"/> Smoldering	
<input type="checkbox"/> Backing	<input type="checkbox"/> Creeping	<input type="checkbox"/> Out	<input type="checkbox"/> Running
<input type="checkbox"/> Torching	<input type="checkbox"/> Spotting	<input type="checkbox"/> Crowning	
8. Spread Potential:		<input type="checkbox"/> Moderate	<input type="checkbox"/> High
<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Very High	
9. Values at Risk:		<input type="checkbox"/> Public Safety	<input type="checkbox"/> T&E Species
<input type="checkbox"/> Houses	<input type="checkbox"/> Improvements	<input type="checkbox"/> Sage-grouse Habitat	<input type="checkbox"/> Water Quality
<input type="checkbox"/> Timber	<input type="checkbox"/> Cultural/Historical	<input type="checkbox"/> Other:	
10. Additional Resources Needed <i>(List all additional resources and agency below)</i>			
10a. Personnel:	10b. Equipment:	10c. Supplies:	10d. Aircraft:

11. Flame Length:	<input type="checkbox"/> Under 2'	<input type="checkbox"/> 2' – 4'	<input type="checkbox"/> 4' – 8'	<input type="checkbox"/> 8' – 11'	<input type="checkbox"/> 11' – Plus
12. Position on Slope:	<input type="checkbox"/> Ridgetop	<input type="checkbox"/> Saddle	<input type="checkbox"/> Flat/Rolling	<input type="checkbox"/> Upper 1/3	<input type="checkbox"/> Middle 1/3
	<input type="checkbox"/> Lower 1/3	<input type="checkbox"/> Canyon Bottom	<input type="checkbox"/> Valley Bottom	<input type="checkbox"/> Mesa/Plateau	
13. Percent on Slope:	<input type="checkbox"/> 0 – 25%	<input type="checkbox"/> 26 – 40%	<input type="checkbox"/> 41 – 55%	<input type="checkbox"/> 56 – 75%	<input type="checkbox"/> 75% - Plus
14. Aspect:	<input type="checkbox"/> North	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> South	<input type="checkbox"/> Flat
	<input type="checkbox"/> Northeast	<input type="checkbox"/> Southeast	<input type="checkbox"/> Northwest	<input type="checkbox"/> Southwest	<input type="checkbox"/> Ridgetop
15. Wind Direction:	15b. Wind Indicators:		15c. Wind Speed:		
<input type="checkbox"/> North	<input type="checkbox"/> East	<input type="checkbox"/> Downslope	<input type="checkbox"/> Cold Front	<input type="checkbox"/> Lenticular	<input type="checkbox"/> 0-5
<input type="checkbox"/> South	<input type="checkbox"/> West	<input type="checkbox"/> Upslope	<input type="checkbox"/> Down Canyon	<input type="checkbox"/> Other	<input type="checkbox"/> 15-20
		<input type="checkbox"/> Cumulus	<input type="checkbox"/> Up Canyon		<input type="checkbox"/> 30-35
16. Hazards:	<input type="checkbox"/> Snags	<input type="checkbox"/> Hazmat	<input type="checkbox"/> Urban Interface	<input type="checkbox"/> Power Lines	<input type="checkbox"/> Mine Shafts
	<input type="checkbox"/> Evacuation Concerns	<input type="checkbox"/> Other:			
17. Cause:	<input type="checkbox"/> Lightning		<input type="checkbox"/> Human Caused (protect origin for INVF)		
18. Initial Strategy:	<input type="checkbox"/> Full Suppression	<input type="checkbox"/> Point Zone Protection	<input type="checkbox"/> Monitor	<input type="checkbox"/> Confine	

Yes		No		Incident Commander Considerations
Yes	No	If multi jurisdiction, are you in Unified Command?		
Yes	No	Can you communicate with everyone on the incident and dispatch?		
Yes	No	Have you developed a plan to attack the fire? (Direct/indirect, anchor points, escape routes, head/flank attack, priority areas)		
Yes	No	*Has this plan been communicated to everyone (all responders) on the incident, including clear Leader's Intent?		
Yes	No	Has the command structure been identified to all resources and dispatch?		
Yes	No	Are you continually re-assessing the situation and maintaining big-picture perspective?		
Yes	No	Are you providing regular updates to dispatch?		
Yes	No	Can you control the fire with resources available under expected conditions?		
Yes	No	Are lookouts in place or can you see the entire fire area?		
Yes	No	Will the fire be controlled before the next operational period?		
Yes	No	*If not, or if the complexity will exceed the current IC's capability, have you notified dispatch?		
Yes	No	Do you have a complete list of ALL assigned and ordered resources?		
Yes	No	Have all Fire Line Supervisors received a briefing including current indices, fuels conditions, local weather influences, and fire behavior concerns? (Pocket Card)		

Incident Complexity and Risk Management

COMPLEXITY TYPE: _____

See IRPG - Indicators of Incident Complexity

See IRPG - Risk Management. Consider the effects of hazards and their PROBABILITY in light of their SEVERITY and/or CONSEQUENCES. Mitigate hazards, or adjust strategy and tactics to reduce probability and severity of remaining hazards.

Predicted Weather

% Cloud cover	Temp °F	RH%	20' Winds	Wind Direction	ERC or BI	Remarks (Haines, LAL, etc.)

Weather Observations (ALL ITEMS BELOW ARE NEEDED FOR SPOT WEATHER FOREST)

Location	Elev.		Aspect	Observation		Wind Direction/Velocity		Temperature			% Cloud Cover
	Top	Bottom		Date	Time	20 Ft <input type="checkbox"/>	Eye level <input type="checkbox"/>	Dry bulb	Wet Bulb	RH%	

Forecast

Time received:	Temp °F	RH%	Wind Speed	Wind Direction	Remarks (Haines, LAL, etc.)
Today					
Tonight					
Tomorrow					

Resource Summary

Refer to page 93 of the Incident Response Pocket Guide for Briefing Checklist

Resources Ordered	Resource Identification	Date/ ETA	At Scene	No. of People	Briefed	Location / Assignment	Released Date	Released Time
		/			<input type="checkbox"/>	/	<input type="checkbox"/>	
		/			<input type="checkbox"/>	/	<input type="checkbox"/>	
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		/						

Medical Incident Report

Controlled Unclassified Information//Basic

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following items to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS / DISPATCH (**Verify correct frequency prior to starting report**)
Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."
2. INCIDENT STATUS: *Provide incident summary (including number of patients) and command structure.*
Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>
Transport Request		<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>
Patient Location		<i>Descriptive Location & Lat. / Long. (WGS84)</i>
Incident Name		<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>
Patient Care		<i>Name of Care Provider (Ex: EMT Smith)</i>

3. INITIAL PATIENT ASSESSMENT: *Complete this section for each patient as applicable (start with the most severe patient)*

Number of patients: _____ Male, _____ Female _____ Age(s): _____ Weight(s): _____
 Conscious? YES NO = **MEDEVAC!** Breathing? YES NO = **MEDEVAC!**

Treatment:

4. TRANSPORT PLAN:

Evacuation Location (if different): *(Descriptive Location (drop point, intersection, etc.) or Lat. / Long.)* Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: **Considerations:** *If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.*

8. ADDITIONAL INFORMATION: *Updates/Changes, etc.*

REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.