INITIAL ATTACK FIRE SIZE-UP (2023 Version)

1. Fire Name:_____ **2. Incident Commander**: _____

3. Estimated Size:_____ (Acres)

4. Spread Potential: 1) Low ☐ 2) Moderate ☐ 3) High ☐ 4) Extreme ☐

5. Are additional resources needed? No ☐ **Yes** ☐ (specify):_____

_____

6. Datum: WGS 84 Degree Decimal Minutes	Latitude: Deg.	°	Decimal Min.
	Longitude: Deg.	°	Decimal Min.
Ex. 39° 14.353' -119° 45.124' How you say it: Three nine degrees, one four point three five three minutes			

Descriptive Location: _____

Elevation_____(Feet) **Active Perimeter**:_____**%**

Fire Investigator: **No** ☐ **Yes** ☐ **Name**: _____

Structure Threat: **No** ☐ **Yes** ☐ if yes**:** Imminent Threat ☐ Threat In Area / Low Potential ☐

Structure Kind:_____**How Many**:_____**Distance From Fire**:_____**Direction From Fire**_____

Fire Potential: Toward Structures ☐ Away From Structures ☐ **Timeline**: _____

Control Problems / Hazards (specify):_____

Character of Fire: 1) Smoldering ☐ 2) Creeping ☐ 3) Running ☐ 4) Spotting ☐
5) Torching ☐ 6) Crowning ☐ 7) Crown & Spotting ☐ 8) Erratic ☐

Slope at Head of Fire: 1) 0 – 25% ☐ 2) 26 – 40% ☐ 3) 41 – 55% ☐ 4) 56 – 75% ☐ 5) 76 - +% ☐

Position on Slope: 1) Ridge Top ☐ 2) Saddle ☐ 3) Upper 1/3 of Slope ☐ 4) Middle of Slope ☐
5) Lower 1/3 of Slope ☐ 6) Canyon Bottom ☐ 7) Valley Bottom ☐ 8) Mesa/Plateau ☐ 9) Flat or Rolling ☐

Predominant Fuel Type: Grass ☐ Sagebrush ☐ Mtn. Brush ☐ Pinyon Juniper (PJ) ☐ Timber ☐ Slash ☐
Other (specify)_____

Wind Speed: _____mph (Eye Level)

Wind Direction: 1) Calm ☐ 2) North ☐ 3) NE ☐ 4) East ☐ 5) SE ☐
6) South ☐ 7) SW ☐ 8) West ☐ 9) NW ☐ 10) Erratic ☐

Estimated Containment Date/Time:_____**Estimated Control Date/Time:**_____

SAFETY CHECKLIST

L: Has Fire been thoroughly scouted and lookouts posted if needed?	YES ☐	NO ☐
C: Are communications with dispatch and firefighting personnel adequate?	YES ☐	NO ☐
E: Have escape routes been identified and understood by all firefighters?	YES ☐	NO ☐
S: Have safety zones been identified and understood by all firefighters?	YES ☐	NO ☐

***If you answered NO to any of the above questions do not engage until you can answer YES. Continue to evaluate throughout the fire and make sure you can always answer Yes to all 4 questions.**

Resource Call Sign	Resource Type	# of Personnel	Time on Scene	Briefed Y/N	Assignment	Release Time

RESOURCES ASSIGNED FOR INITIAL ATTACK								
Type	Resource	#	Type	Resource	#	Type	Resource	#
1 - 2	Engines		1	Handcrews		1	Helicopters	
3 - 5	Engines		2	Handcrews		2	Helicopters	
6 - 8	Engines			Dozers		3	Helicopters	
	Watertenders			Misc. A/C			Smokejumpers	
	SEAT Drops		2	Air Tanker Drops (Medium S-2)		1	Air Tanker Drops (Heavy)	

BRIEFING CHECKLIST

Situation

- Fire name, location, map orientation, other incidents in area
- Terrain influences
- Fuel type and condition
- Fire weather (previous, current, and expected) winds, RH, temperature, etc.
- Fire behavior (previous, current, and expected)
- Time of day, alignment of slope and wind, etc.

Mission/Execution

- Command - Incident Commander/immediate supervisor
- Commander's intent
- Overall strategy/objectives
- Specific tactical assignments
- Contingency plans

Communications

- Communication plan tactical, command, air-to-ground frequencies, cell phone numbers
- Medivac plan

Service/Support

- Other resources that may be working adjacent and those available to order
- Aviation operations
- Logistics – transportation, supplies and equipment

Risk Management

- Identify known hazards and risks
- Identify control measures to eliminate Hazards / reduce risk
- Anchor point and LCES
- Identify trigger points for Disengagement / re-evaluation of operational plan

Questions or Concerns

INCIDENT OBJECTIVES

1. Ensure the SAFETY of firefighters and public is our number one priority.
2.
3.
4.

Your goal is to manage the incident and not create another. (Examples: Minimize acres burned to protect structures and sage grouse habitat east of road XYZ, keep fire to east of road, river or ridge)

COMMUNICATIONS

Radio Frequencies

Use	Name	Rx	Tone	Tx	Tone
Command					
Tac					
Air-to Ground					
Tac					

SPOT WEATHER INFORMATION

LOCATION	ELEV	OBS TIME	WIND DIREC/SPD	DRY BULB	WET BULB	RH	SKY WEATHER

JUSTIFICATION FOR SHIFTS IN EXCESS OF 16 HOURS/2:1

Name of Individuals or Crews

REASON

Shifts in excess of 16 hours on_____ was due to:

☐ Travel Time not administratively controllable.

☐ Mobilization and travel of resources to incident location or relocation to incident facilities.

☐ Establishing and maintaining administrative, planning, and logistical support for incident.

☐ Evacuation, triage, structure protection, or emergency rescue.

☐ Establishing initial control of lines of the fire.

☐ Extended attack efforts to control potentially devastating incident activity.

☐ Incident unable to provide personnel with adequate food and lodging.

☐ Other/Additional:

MITIGATION

☐ Rest extended into the following operational period.

Hours adjusted_____ On shift by:

☐ Other:

IC Signature:_____

Approval From:_____**Title:**_____

Date:_____ **Time**_____**Method of Contact:**_____

INCIDENT COMPLEXITY ANALYSIS		
Fire Behavior	Yes	No
Fuels extremely dry and susceptible to long-range spotting or you are currently experiencing extreme fire behavior.		
Weather forecasts indicating no significant relief or worsening conditions.		
Current or predicted fire behavior dictates indirect control strategy with large amounts of fuel within planned perimeter.		
Firefighter Safety		
Performance of firefighting resources affected by cumulative fatigue.		
Overhead extended mentally and/or physically.		
Communication ineffective with tactical resources or dispatch.		
Organization		
Operations are at the limit of span of control		
Incident action plans, briefings, etc. missing or poorly prepared		
Variety of specialized operations, support personnel, or equipment.		
Unable to properly staff air operations.		
Limited local resources available for initial attack.		
Heavy commitment of local resources to logistical support.		
Existing forces worked 24 hours without success.		
Resources unfamiliar with local conditions and tactics.		
Values to be Protected		
Urban interface: structures, developments, recreational facilities, or potential for evacuation.		
Fire burning or threatening more than one jurisdiction and potential for unified command with different or conflicting management objectives.		
Unique natural resources, special-designation areas, critical municipal watershed, T&E species habitat, cultural value sites.		
Sensitive political concerns, media involvement, or controversial fire policy.		

If you have checked “Yes” on 3 to 5 of the analysis boxes, consider requesting the next level of Incident Management Support.

UNIT LOG	**Arrival Date:_______________________ Time:________________________**
Time	**Major Event**

FIRE REPORT NARRATIVE:

Give a brief description of the suppression efforts. Include **Strategy, Tactics, and Concerns / Problems.** Document any major **decisions/observations/problems. Include fuel treatments effectiveness details if applicable. Specify if any T&E species (ex. Sage Grouse) habitat was threatened and include strategies/tactics used for protection.** Attach a map if requested.

FINAL FIRE INFORMATION

Fire Code:_____

Point of Origin Latitude and Longitude: (MUST MATCH LATITUDE AND LONGITUDE ON FINAL MAP OUT TO 3 DECIMAL PLACES)

Datum: WGS 84 Degree Decimal Minutes *(Utilize 3 Decimal Places Ex. 39° 14.353' -119° 45.124')*	**Latitude: Deg.** °	**Decimal Min.**
	Longitude: Deg. °	**Decimal Min.**

Ownership at Point of Origin: BLM☐ |BIA ☐ |NPS ☐ |FWS ☐ |USFS ☐ |Private ☐ |State ☐ |County/City☐ |Other ☐ |BOR ☐

Was fire 10 acres or more? ☐**Yes** ☐ **No** **Was fire Mapped and put into GIS?** ☐**Yes** ☐**No**

ACRES BURNED BY OWNERSHIP: ***NOTE: Map acres and IA card acres MUST MATCH EXACTLY***

1) BLM	2) BIA	3) NPS	4) FWS	5) USFS
6) Other Federal	7) State/ County	8) Private	9) Tribal	10) BOR

CAUSE (Check One): 1) Natural ☐ 2) Human ☐

IA RESOURCES ON-SCENE: Date: _____ Time: _____ Acres:

CONTAINMENT: Date: _____ Time: _____ Acres:

CONTROL: Date: _____ Time: _____ Acres:

ASPECT at Point of Origin (Circle one):

0) Flat ☐ 1) North ☐ 2) NE ☐ 3) East ☐ 4) SE ☐

5) South ☐ 6) SW ☐ 7) West ☐ 8) NW ☐ 9) Ridgetop ☐

PREDOMINANT FUEL MODEL (Circle one): For campfires without a ring use surrounding fuel type

1) Grass ☐ 2) Brush w/ Grass Understory ☐ 5) Brush ☐ 8) Pinion/Juniper (PJ) / Timber ☐ 9) Hardwood Aspen/Poplar ☐ 12) Logging Slash ☐

Wildland ☐ **Wildland/Urban Interface** ☐ # of **Structures Burned or Destroyed:** _____

Did the fire intersect a fuels treatment? YES ☐ **NO** ☐ **MAYBE** ☐

***If Yes or Maybe, notify the District Fuels Specialist and take pictures.**

To be filled out by Duty Officer or Authorized signatory: **SFBFM Selection** (DO): ☐

FIRE TYPE: *1-1* ☐ *1-5* ☐ *1-6* ☐ *1-B* ☐ *1-D* ☐ *2-A* ☐ *2-B* ☐ Other:

Reimbursable Fire? **Yes** ☐ **No** ☐

IC Printed Name _____ **IC(t) Printed Name** _____

IC Signature _____

Authorized By _____ **(Duty Officer)**