



HOOSIER NATIONAL FOREST PRESCRIBED FIRE ORGANIZER

NEPA Project:		
Burn Unit		
Size:		
Complexity:		
County:		
Burn Lat/Long:		
Helispot Lat/Long:		
Burn Boss:		
Date:		
NOTIFICATIONS (From BOX and Unit Card Element 9C)		
Name	Phone Number	Initials/Time
EMERGENCY DIRECTIONS		
<u>Closest 911 Address:</u>		

GO/NO-GO CHECKLIST

PRELIMINARY QUESTIONS		YES	NO
A.	Have conditions in or adjacent to the ignition unit changed, (for example: drought conditions or fuel loadings), which were not considered in the prescription development? If NO proceed with the Go/No Go Checklist below, if YES go to item B.		
B.	Has the prescribed fire plan been reviewed and an amendment been approved; or has it been determined that no amendment is necessary? If YES , go to question C. If NO, STOP: Implementation is not allowed. An amendment is needed.		
C.	Has the experience, qualifications, internal/external pressures, and fatigue levels of the implementation team been evaluated, and identified concerns been satisfactorily mitigated? (Note: use USFS Risk Calculator Mobile Application, IRPG Risk Management Process, Tailgate Safety Sheet, or similar tool to structure the assessment) If YES , proceed with checklist below. If NO, STOP: Confer with AA and do not proceed with implementation until concerns are addressed.		
YES	NO	GO/NO-GO	
		Have ALL permits and clearances been obtained?	
		Have ALL required notifications been made?	
		Have ALL the pre-burn considerations and preparation work identified in the prescribed fire plan been completed or addressed and checked?	
		Have ALL required current and projected fire weather forecasts been obtained and are they favorable through ignition, holding and mop-up/control phases of the project?	
		Are ALL the participating Agreements with other agencies or landowners current?	
		Have all Cave, Karst and Heritage features been identified, flagged, prepared, and made known to all burn personnel?	
		Are ALL prescription parameters met?	
		Are ALL smoke management specifications met?	
		Are ALL planned operations personnel and equipment on-site, available, and operational?	
		Has the availability of contingency resources applicable to today's implementation been checked and are they available? If MODERATE or HIGH complexity, are those contingency resources required to respond within 30 minutes available and in position to meet that timeframe?	
		Have ALL personnel been briefed on the project objectives, their assignment, safety hazards, escape routes, and safety zones?	
If all the questions were answered " YES " proceed with a test fire. Document the current conditions, location, and results. If any questions were answered " NO ", Do not proceed with the test fire: Implementation is not allowed.			
		After evaluating the test fire, in your judgement can the prescribed fire be carried out according to the prescribed fire plan and will it meet the planned objectives?	
Burn Boss Signature:		Date:	

CHECKLIST

	1000-hr Fuel Moisture \geq 17%
	Distribute Handouts (project map, org chart, communications plan to everybody; medical plan, contingency map, other info to IWI IC and contingency resources)
	Resource concerns mitigated (archeological, karst, monument, etc)
	Smoke Management
	Contingency Plan
	Wildfire Conversion (contingency IC)
	Escape Routes & Safety Zones
	Safety and Medical Plan
	Questions / Comments
	PPE Check
	Go / No Go

RESOURCE NOTES

Resource Objectives	
RX Fire Operations	<ul style="list-style-type: none"> • Provide for public and firefighter safety. • Minimize negative impacts of smoke to traffic, neighbors, and the public. • Protect structures and other property from fire. • Provide training opportunities for firefighters. • Provide for research opportunities.
Hazards	
Traffic Signs Location	
Water Sources Location	

Briefing Outline

I. Burn Organization and Assignments

- A. Inquire Regarding Task Books and Qualifications Including ATVO.
- B. Organizational Chart/Personnel Assignments
- C. Equipment Assignments
- D. Other Resources

II. Prescribed Fire Objectives and Prescription

III. Description of Burn Area

- A. Review Map of Burn/Topographical Features/Acreage
- B. Values at Risk
- C. Problem Areas
- D. Fuel Type (Inside and Outside the Unit)
- E. Roads/Access
- F. Water Sources
- G. Natural/Manmade Barriers
- H. Cave, Karst, and Heritage Features

IV. Expected Weather and Fire Behavior

- A. Wind Direction and Speed
- B. Relative Humidity
- C. Temperature
- D. Fuel Moisture
- E. Atmospheric Stability
- F. Predicted Changes

V. Communications

- A. Procedures
- B. Frequencies/Channels
 - 1. Burn Crew
 - 2. Dispatch
 - 3. Cooperators
 - 4. Others

VI. Ignition Sequence

- A. Test Burn
- B. Ignition Equipment (Type, Number, etc.)
- C. Pattern and sequence of Firing (Map)
- D. Fire Behavior Prescription

VII. Holding Plan

- A. Minimum tool list for UTV's/personnel

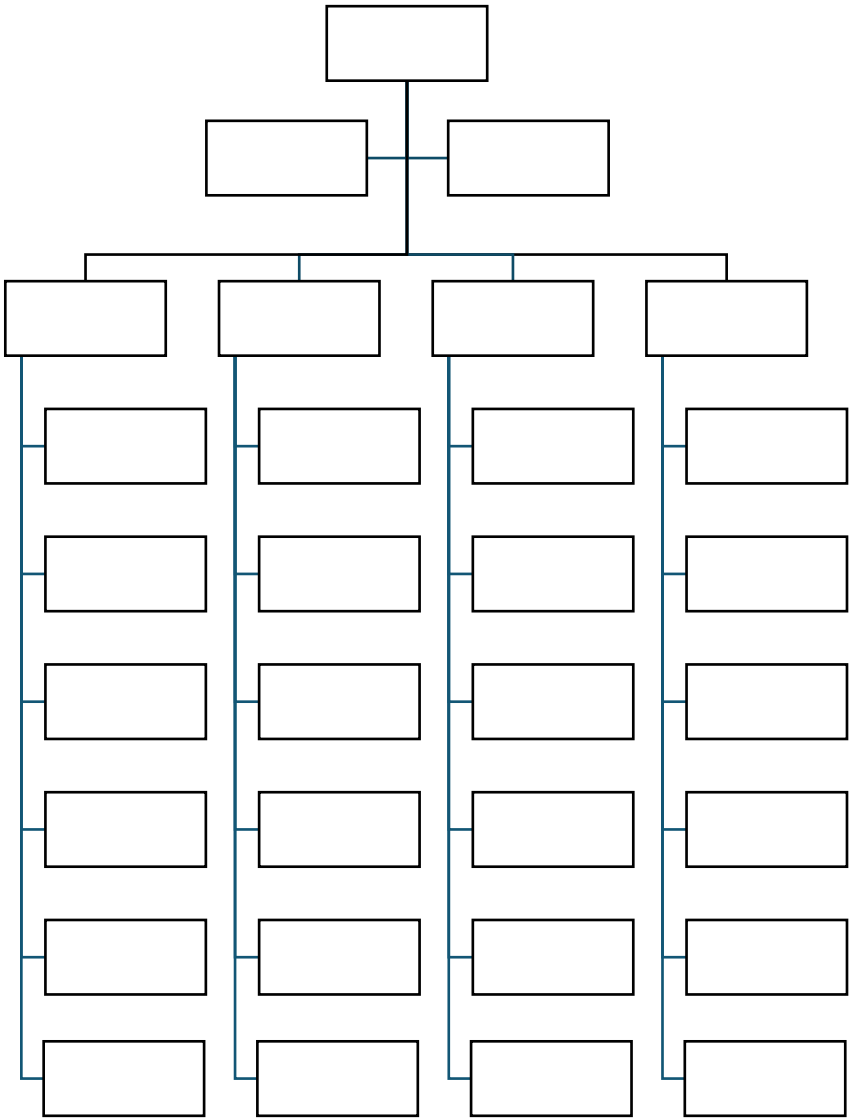
VIII. Contingency Plan

- A. Stop Over vs. Escape
- B. Assignments/Organizational Chart
- C. Wildfire Conversion
- D. Strategy
- E. Tactics
- F. Contingency and IWI IC

IX. Safety and Medical Plan

- A. Inspect Personal Protective Equipment
- B. Lookouts, Escape Routes, and Safety Zones
- C. Hazards (Footing, Natural, Manmade, Smoke, etc.)
- D. Potential Problems
- E. Other (First Aid Kits, Medical Issues, etc.)
- F. Emergency Evacuation Plan

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

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

Patient Assessment: See IRPG page 106

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.

COMMUNICATIONS PLAN

Channel	Alias	Rx Frequency	Rx Code Guard	Tx Frequency	Tx Code Guard
1	DIRECT	169.97500	131.8	169.97500	131.8
2	HOUSTON	169.97500	131.8	164.12500	141.3
3	PAYNETOWN	169.97500	131.8	164.12500	103.5
4	GEORGIA	169.97500	131.8	164.12500	110.9
5	SPEARS	169.97500	131.8	164.12500	151.4
6	MARCHAND	169.97500	131.8	164.12500	123.0
7	COMMON 1	163.71250	None	163.71250	None
8	COMMON 2	168.61250	None	168.61250	None
9	R9 FIRE	166.56250	None	166.56250	None
10	IDNR CAR	159.24000	None	159.24000	None
11	IDNR TALK	159.40500	None	159.40500	None
12	IDNR FIRE	159.22500	None	159.22500	None
13	MUT AID	154.28000	None	154.28000	None
14	WX BLOOM	162.45000	None	000.00000	None
15	AG-11	168.96250	None	168.96250	None
16	AIRGUARD	168.62500	110.9	168.62500	110.9

EMERGENCY CONTACTS

Individual	Office Phone	Mobile Phone/Other
<i>Hoosier Dispatch</i>		
IICC –	812-547-9262	
IICC – Maggie Schuetter	812-547-9245	812-483-3486
<i>IN-HOF</i>		
F. Sup. – Mike Chaveas	812-276-4739	812-278-6365
DR – Chris Thornton	812-547-9232	812-489-1023
FMO – Daron Reynolds	812-547-9247	769-610-5681
Brownstown R.D.	812-275-5987	
Tell City R.D.	812-547-7051	
Ryan Otto – TC Eng. Capt.	812-547-9254	812-608-0488
Bill Mullins – Fuels Tech.	812-547-9252	812-454-4001
Jason Hunt - FEO	812-547-9252	812-797-7928
Matt Carrell – TC Firefighter	812-547-9255	812-240-1243
Shawn Woodbury – AFMO.	812-276-4729	812-454-2786
Paul Fountain – BT Eng. Capt	812-276-4724	812-583-5391
Lauren Zack – BT Firefighter	812-276-4735	219-688-1937
Ethan Loeche – BT Firefighter	812-276-4776	812-593-3458
Logan Scherschel – Fuels	812-276-4723	812-675-9878
Jeremy Kolaks - Planner	812-276-4722	812-279-0848
<i>Local: Fire Dept. / County / EMA</i>		
Brown	812-988-6655	
Crawford	812-338-3616	
Dubois	812-482-6777	
Jackson	812-358-2141	
Lawrence	812-275-3316	
Martin	812-247-3726	
Monroe	812-349-3332	
Orange	812-723-2417	
Perry	812-547-7068	
<i>IN-INS</i>		
FC1 - Darren Bridges	765-792-4654	812-830-8518
FC2 – Mark Huter	765-792-4654	317-437-3388
Central Dispatch	812-837-9536	
<i>National Weather Service</i>		
Indianapolis	1-800-499-2133	317-856-0367
Louisville	1-800-292-5588	502-962-6426
<i>Regional Office (In case of injury)</i>		
Steve Miller – Director FAM	414-297-1280	414-308-6861
Steve Goldman – Dep. Dir	414-297-1812	414-308-7775
Terry Walter –Emerg. Ops	414-297-3345	414-207-5259
Brian Schaffler - Fuels	414-297-3682	517-285-9258
Joe Alyea - Planner	989-305-1227	414-323-0859
<i>IN CASE OF ESCAPE (to Reg. Forester no later than 12 hrs)</i>		
1.) Dist. Ranger → Forest Sup. → Regional Forester → FAM Director		

MONITORING

Conduct immediately post burn.

In Your Opinion, Did Burn Meet Objectives? (PLEASE MARK)			
YES:		MARGINAL:	NO:
Why /Comments:			
CONTROL ISSUES	Number	Size Range	Closest Drop Points
Spots			
Slops			
SMOKE	Number	Agency or Private?	Locations?
Complaints			
	Number	Type (road, residence, school, etc.)	Locations
Impacts			
Was fuel model selection compatible with fire behavior?			
<u>Yes or No, please elaborate:</u>			
Other comments or feedback on operations/observations/post fire needs?			

POST PROJECT EVALUATION

	Comments/recommendations for rehab or next burn
Objectives	
Site Prep/ resource exclusions checked.	
Crew Organization / size	
Ignition Pattern / Plan	
Holding	
Communication	
Smoke	
Public relations	
Equipment	
Mop-Up	
Time Estimates for Burn completion	
Post Burn Resource Needs: Line Rehab	

POST BURN CHECKLIST

ON SITE	
	Pump(s) Retrieved
	Equipment Returned and Loaded
	Return Travel Arranged, Work-Rest Mitigated
	Signs Pulled and Loaded
	Post Notifications Made
	Perform AAR (on page 10)
	Checks, Fill Fuel Tanks, Torches, Ready for Next Assignment or Next Day.
	Wash invasive seeds from vehicles and equipment if going to another unit, otherwise, at station. Use high pressure/velocity air and water.
AT STATION	
	Next Operational Period Readiness
	Coordinate Rehab/BMP Needs Through Appropriate Resource Specialist and Fire Implementation Staff
	Forward Finalized Org Chart to Dispatch for IQCS Entry
	Gather documentation from dispatch (burn plan appendix H) and other sources including general and spot forecasts, weather obs., notifications, org chart, radio log, smoke report, agreements, AA go/no-go, and this completed organizer. Submit completed burn plan folder according to hardcopy guide in BOX to Fuels Specialist.

AFTER ACTION REVIEW

RX Fire Name:		
Date:		
AAR Leader:		
<input checked="" type="checkbox"/> Were objectives met? <input checked="" type="checkbox"/> What did we do well? <input checked="" type="checkbox"/> Were there differences between the plan and what actually happened? <input checked="" type="checkbox"/> What do we do the next time to improve? <input checked="" type="checkbox"/> Equipment Issues?		
COMMENTS:		
<input checked="" type="checkbox"/> Is anything broken or not working properly?		
Equipment	Problem	Who's Fixing?
Organizer Completed By:		Date:
Authority Delegated To:		Date:
Delegated Signature:		Burn Boss Signature:
Fire Called Out By:		Date:

UNIT ACTIVITY LOG PAGE 2

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Document significant happenings throughout the Rx fire. Examples include: Smoke, Fire Behavior, Spot/Slop Overs, Progression, Release of Resources, Etc.

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