

**DECISION CHECKLIST-REGION 10
FIRE MANAGEMENT ASSISTANCE DECLARATION REQUEST**

- (1) State: AK _____ ID _____ OR _____ WA _____
(2) Date of Request: _____ (3) Time of Request (2400): _____
(4) Name of Governor's or Authorized Representative (GAR) _____
(a) Phone # /Day: _____ (b) Night: _____
(5) Agency Represented: _____ (6) Address(street, city zip) _____

EVALUATING FACTORS / I EXISTING CONDITIONS

- (7) Existence of High Fire Danger Conditions:
(a) Temperature: _____°F (b) Relative Humidity: _____ (c) Direction & Velocity of wind _____
(d) Prevailing weather Conditions & Predictions for next 24 hrs.: _____

Current Fire Behavior: _____

Fire Type: Grasslands Y___ N___ Forest Y___ N___ Fuels _____

- (8) Number of Wild Fires: (a) Controlled _____ acres burned _____ (b) Uncontrolled _____ acres burned
(c) Number of other fires that may result in a conflagration: _____

Number of Uncontrolled Large Fires in State: _____

Number of fires burning in the area of request: _____

- (9) Indices used: National Fire Danger Rating System___ KBDI___ SPI___ Haines ___ Palmer___ other _____

Indices Scale (ex. 1-100): _____ Indices Value: _____

(10) State & Local Burn Bans: Y___, N___, Nature/Where _____

(11) National Watches: Y___, N___, Nature/where _____ Warnings: Y___, N___, Nature/where _____

EVALUATING FACTORS / II FIRE SITUATION REPORT

(12) Time of (Fire Situation) Report (2400): _____

(13) Name of Uncontrolled Fire or Complex: _____ (14) Date: _____

Names of Fires within Complex: _____

(15) Location of Uncontrolled Fire Which (County or Tribal Land): _____

(16) Acres burning: (a) Federal: _____ % (b) State: _____ % (c) Private _____ % Tribal _____ % BLM _____ %

Date Fire Started: _____ Estimated Total Acres Burned : _____ Cause: _____

Present Fire Containment: _____ % Estimated Containment in 12 hrs.: _____ % Approx. Loss in Sq. Miles _____

(17) Manpower & Resources: Presently deployed:

Local _____ State _____ Federal _____ International _____ Out of State _____

Crew Types (mark all that apply): Type 1 (Mixed federal, State and local)

Type 2 (Mixed Heavy and Local resources)

Type 3 (Primary Local Resources)

What Firefighting resources are presently deployed and or being requested _____

(18) Type and Amount of Federal or Other Assets & Resources Needed: _____

Are there issues in getting needed resources? Y ___ N ___ What are they? _____

Are resources being pulled from other fire lines to meet this threat? _____

Other Critical Considerations: _____

EVALUATING FACTORS / III CURRENT THREAT

(19) Threat to life/population # _____ (a) Evacuation Ordered: Y ___ N ___ Level # (i.e. 1,2,3) _____

(b) Persons Evacuated #: _____

(20) Communities Threatened _____ subdivision(s) _____
(City/Town)

How close is the perimeter of the fire to the threatened community: _____

Has the fire burned facilities within the communities: Y ___ N ___ What: _____

Are there open shelters: Y ___ N ___, # of open shelters: _____ How many people in shelters: _____

Where are shelters located & who is operating them? _____

(21) Casualties: (1) Civilian loss of life # _____ (2) Civilians injured # _____

(3) Fire fighters loss of life # _____ (4) Fire Fighters Injured # _____

(22) Threat to Private property: (Dwellings)

(1) Number of Homes: _____ (a) % of Primary _____ (b) % of Secondary _____

(23) Threat to Facilities(#/Type of Business/Infrastructure) _____

(Civic, hospitals, public buildings, jails, buildings, roads & bridges, critical and other infrastructure, utilities etc.)

(24) Threat to Resources (include fire proximity) (i.e., watershed, irrigation, flood control, fishing streams & spawning sites, wildlife, environmental resources, cultural resources, economic injury, etc.):

Describe the nearby Natural/Man-Made Barriers (i.e., rivers, roads, etc.) _____

FEMA Regional Fire Duty Officer/POC _____

Principal Advisor Name/Title _____ Analysis: _____

FEMA USE ONLY

Regional Administrator's Determination (circle one) Approval Denial

Date/Time: _____

Name of RA or authorizer if Acting RA _____

POC Signature _____ MOC Notified – via email (Date/Time) _____