## **Appendix C. FIRE NOTIFICATION CHECKLIST**

Protecting Agencies are responsible for providing early notification to the Jurisdictional Agency at the point of origin and other jurisdictions immediately threatened so that they can identify and prioritize values, communicate concerns, help to validate the default initial response, participate in any decision to take a non-standard response, and keep their leadership and stakeholders informed. Initial action should not be delayed if contacts cannot be made.

When a fire continues to spread after initial notifications are made, additional jurisdictions will be notified as early as possible prior to their lands being affected.

Protecting Units must document notification attempts. The Fire Notification Checklist below may be used for this purpose. Appropriate notification contacts are described in **Appendix B**.

Consider sharing the following items during the notification process; however, do not delay notification due to incomplete information.

- Incident Location (coordinates/ geographic description)
- Incident #
- Incident Name
- Cause
- Date/Time Reported
- Fire Management Option at Point of Origin
- Ownership/Jurisdictional Agency at Point of Origin
- Jurisdictional Agencies potentially threatened within first 48 hours
- Identified Values Threatened
- Fuels, Topography, Weather & Fire Behavior
- Resources on Site/Enroute/on Order
- Management Actions in Progress
- Management Action Recommendations (Standard/Non-Standard Response)
- Issues/Concerns (e.g., IA forces available, risk to public safety, risk to firefighters, smoke, Native Allotments, structures, probability of initial action success, etc.)
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Fire Number:	Fire Name:	M	gmt Option:
Initial Response:		🗆 Contain 🛛 🔾	
	$\Box$ Non-standard	$\Box$ Point-protect $\Box$ I	Monitor
Contact Date/Time: Contacted by:			
Contact Name/Title: Contact Agency:			
Contacted at (phone #/email address):			
Contact Method: $\Box$	Telephone	$\Box$ Email $\Box$ In-person	□Other
Contact Confirmed:			
Contact Notes:			
Contact Date/Time: Contacted by:			
Contact Name/Title: Contact Agency:			
Contacted at (phone	e #/email address):		
Contact Method: $\Box$	Telephone	□Email □In-person	□Other
Contact Confirmed:  Yes No			
Contact Notes:			

Page\_\_\_\_ of \_\_\_\_

Alaska Interagency Wildland Fire Management Plan