Appendix C. FIRE NOTIFICATION CHECKLIST

Protecting Agencies are responsible for immediately contacting the Jurisdictional Agency at the point of origin. All jurisdictions that may be impacted by the fire within the first 48 hours will be notified as soon as possible. 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 at least 48 hours 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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<table>
<thead>
<tr>
<th>Fire Number:</th>
<th>Fire Name:</th>
<th>Mgmt Option:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Initial Response:**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Contain</th>
<th>Non-standard</th>
<th>Confine</th>
<th>Point-protect</th>
<th>Monitor</th>
</tr>
</thead>
</table>

**Contact Date/Time:** ___________  **Contacted by:** ___________

**Contact Name/Title:** ___________________________  **Contact Agency:** ___________

**Contacted at (phone #/email address):** ___________

**Contact Method:**

- [ ] Telephone
- [ ] Text
- [ ] Email
- [ ] In-person
- [ ] Other ___________

**Contact Confirmed:**

- [ ] Yes
- [ ] No

**Contact Notes:**

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**Contact Date/Time:** ___________  **Contacted by:** ___________

**Contact Name/Title:** ___________________________  **Contact Agency:** ___________

**Contacted at (phone #/email address):** ___________

**Contact Method:**

- [ ] Telephone
- [ ] Text
- [ ] Email
- [ ] In-person
- [ ] Other ___________

**Contact Confirmed:**

- [ ] Yes
- [ ] No

**Contact Notes:**

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