

APPENDIX C

HANDOUTS

(Print single sided)



GENERAL MESSAGE

TO:	Expanded	POSITION	Overhead
FROM:	John Doe	POSITION	ORDM
SUBJECT:	Order for First Fire OR-FWF-000123	DATE	3-1-16

MESSAGE:

Please order 1 PTRC to report to ICP.
 Date/Time needed: 3-2-2016 by 1500
 Rental vehicle approved.
 Trainee okay.

SIGNATURE/POSITION *John Doe*

REPLY

DATE	TIME	SIGNATURE/POSITION
------	------	--------------------

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GENERAL MESSAGE

TO:	Overhead/Expanded	POSITION	
FROM:		POSITION	ORDM
SUBJECT:		DATE	

MESSAGE:

Please order 1 FFT1 to report to ICP.

Date/Time needed: _____

Rental vehicle approved.

Trainee okay.

SIGNATURE/POSITION

REPLY

DATE	TIME	SIGNATURE/POSITION
------	------	--------------------

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FFT1 Name Request

04-03-HO

(Host dispatch needs to use FFT1s from their own database)

Student # and FFT1 Name for Request

1. _____

14. _____

2. _____

15. _____

3. _____

16. _____

4. _____

17. _____

5. _____

18. _____

6. _____

19. _____

7. _____

20. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____



GENERAL MESSAGE

TO: Crews/Expanded	POSITION
FROM:	POSITION ORDM
SUBJECT:	DATE

MESSAGE:

Please order 1 T-2 Crew (any type) to report to ICP.

Date/Time needed: _____

Must be self-sufficient during travel.

Please come double lunched.

SIGNATURE/POSITION

REPLY

DATE	TIME	SIGNATURE/POSITION
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213 ICS 1/79
NFES 1336

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GENERAL MESSAGE

TO:	Equipment/Expanded	POSITION	
FROM:		POSITION	ORDM
SUBJECT:		DATE	

MESSAGE:

Please order the following:

- 1 T-3,4,5,or 6 engine to report to ICP.
Date/Time needed: _____
- 1 dozer - any type to report to ICP. Same date and time needed as engine above.

SIGNATURE/POSITION

REPLY

DATE	TIME	SIGNATURE/POSITION
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ORDERING UNIT	PROJECT NAME	PROJECT NO.
NAME OF CARRIER	MODE OF TRANS & ID NO.	PILOT OR DRIVER
CHIEF OF PARTY	REPORT TO:	IF DELAYED CONTACT

DEPARTURE		INTERMEDIATE STOPS			DESTINATION	
PLACE	ETD	ETA	PLACE	ETD	ETA	PLACE

	PASSENGER AND/OR CARGO NAME	M/F	PASSENGER WEIGHT	CARGO WEIGHT	DUTY ASSIGNMENT IF APPLICABLE	HOME UNIT
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
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15.						
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18.						
19.						
20.						
21.						
22.						

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE
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SAMPLE INCIDENT TRAVEL FORM

06-01-HO

<i>Incident Travel Form</i>						
Dispatch Center:	Best Interagency Fire Center		Location:	Any Town, USA		
Full Name of District:	Lakeview District BLM					
Travel Arranger:	SMOKEY BEAR		Telephone #:	555-947-1234		
E-mail Address:	stbear@fs.fed.us					
Travel Order #:	GA-OKR-000001					
Departure Date:	7/11/2014		Departing City & State:	Reno, NV		
Arrival Date:	7/11/2014		Destination City & State:	Jacksonville, FL		
Departure Time:	Any		Arrival Time:	Any		
Car Rental? (Y/N)	N/A		# of Days for Rental Car:	N/A		
INFORMATION HERE MUST MATCH GOVERNMENT ID		<i>First Name Middle Initial</i>	<i>Last Name</i>	<i>Credit Card Number</i>	<i>Gender (M/F)</i>	<i>Date of Birth (MM/DD/YYYY)</i>
	1	John, Q	Public	0123-4567-8901-2345 7/13	M	2/12/1967
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	CALL: 1-877-123-4567					

Itinerary	Invoice	Information	Feedback
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Date: 03/04/2015
Record Locator: LS4D
Travelers:
 M [REDACTED]
Agent: doi.travel@duluthtravelinc.com

Agency Address
 4355 River Green Parkway
 Duluth GA, 30096
 855-847-6398

Fri, Mar 06 2015 – Houston Intercontinental, TX Hide Details

7:00 AM Medford (MFR) to Seattle (SEA) — Confirmation No. **DQBG**

depart  **Alaska Airlines** Takeoff: 7:00 AM
Medford, OR – [map](#) Landing: 8:29 AM
Seattle, WA – [map](#)

 Flight 2452

[Baggage Info](#) | Economy [Y] Class | De Havilland DHC-8 Dash 8-400 | 1h 29m 

OPERATED BY /HORIZON AIR AS ALASKA AIRLINES
 PLEASE CHECK-IN WITH THE OPERATING CARRIER

Travelers:
 Name: M [REDACTED] Ticket #: 027-753 Seat: NA (Requested)

10:30 AM Seattle (SEA) to Houston Intercontinental (IAH) — Confirmation No. **DQBG**

depart  **Alaska Airlines** Takeoff: 10:30 AM
Seattle, WA – [map](#) Landing: 4:36 PM (Terminal: A)
Houston Intercontinental, TX – [map](#)

 Flight 730

[Baggage Info](#) | Economy [Y] Class | Boeing 737-900 | Food for Purchase | 4h 6m 

Travelers:
 Name: M [REDACTED] Ticket #: 027-753 Seat: NA (Requested)



GENERAL MESSAGE

TO: Supply/Expanded	POSITION
FROM:	POSITION ORDM
SUBJECT:	DATE

MESSAGE:

Please order

100 Pulaskis

100 Shovels

250 Cloth Sleeping bags

200 "AA" Batteries

48 Boxes MREs

Date/Time needed: Today @ 1800

Delivery to: ICP

SIGNATURE/POSITION

REPLY

DATE	TIME	SIGNATURE/POSITION
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213 ICS 1/79
NFES 1336

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Resource Extension Request Form

09-01-HO

RESOURCE and INCIDENT INFORMATION:

Resource Name: _____

Incident Name: _____ Incident #: _____ Request #: _____

Position on Incident: _____

Home Unit Supervisor: _____ email: _____ fax # _____

EXTENSION INFORMATION:

Prior to any extension consider the health, readiness and capability of the resource. The health and safety of incident personnel and resources will not be compromised under any circumstances.

Length of Extension and last work day:

Justification (Select from the list below):

- Life and property are imminently threatened,
- Suppression objectives are close to being met, or
- Replacement resources are unavailable or have not yet arrived.

REQUESTED BY* :

Incident Supervisor: _____ Incident Position: _____

APPROVED BY* :

1) Resource or Resource Supervisor: _____

2) Incident Commander or Deputy: _____

3) Host GACC Coordinator on Duty: _____

4) Home Unit Supervisor: _____

5) Sending GACC (excluding single-resource Overhead): _____

6) NICC (only if National Resource): _____

*Signatures should be gathered in the order they are numbered above

AIRCRAFT FLIGHT REQUEST / FLIGHT SCHEDULE

INITIAL REQUEST INFORMATION		CHARGE CODE		<input checked="" type="checkbox"/> POINT TO POINT <input type="checkbox"/> HELICOPTER <input type="checkbox"/> MISSION FLIGHT <input checked="" type="checkbox"/> FIXED WING									
DATE	TO	P98AZB											
7/7/xx	DISPATCH MMF												
TIME	FROM												
1630	GACC HD												
MISSION DETAILS SMOKEY TREE FIRE VT-GMF-005989													
SUPPLY ORDER TRANSPORT													
PASSENGER AND CARGO INFORMATION													
NAME/CARGO TYPE	WT	ORDER#	DPT	DST	NAME/CARGO TYPE	WT	ORDER#	DPT	DST				
NFES 4390 S#-104		5-1	BOI	MHT									
FLIGHT ITINERARY													
DEPARTURE		ARRIVAL		DROP OFF		RELAYED							
DATE	PAX	WT	AIRPORT	ETD	ATD	ETE	AIRPORT	ETA	ATA	PAX	CARGO	KEY POINTS	TO/FROM
7/7	0	975	BOI	1200		4+30	MHT	1830		0	975	D/O AT FBO	
7/8	0	0	MHT	0730		4+30	BOI	1000		0			
FLIGHT FOLLOWING													
RADIO FREQUENCIES													
UNIT					TRANSMIT		RECEIVE						
					FREQUENCY		TONE						
					FREQUENCY		TONE						
					FREQUENCY		TONE						
<input checked="" type="checkbox"/> FAA IFR FLIGHT PLAN <input type="checkbox"/> FAA VFR FLIGHT PLAN CHECK IN ___ MIN. <input type="checkbox"/> FAA <input type="checkbox"/> AGENCY <input type="checkbox"/> AGENCY FLIGHT FOLLOWING													
RESOURCE TRACKING BY <input type="checkbox"/> RADIO <input checked="" type="checkbox"/> PHONE SCHEDULING DISPATCH# NECC: 207-624-3724													
NATIONAL INTERAGENCY COORDINATION CENTER FLIGHT FOLLOWING: 800-994-6312													

STANDARD FORM 245 (6/77) Prescribed by USDA FSM 5716 USDI MP9400.518		PASSENGER AND CARGO MANIFEST				NO. OF PASSENGERS ON THIS PAGE <u>20</u>	PAGE 1 OF 1
ORDERING UNIT VT-GMF		PROJECT NAME Smokey Tree			PROJECT NO. VT-GMF-005989		
NAME OF CARRIER Sierra Pacific		MODE OF TRANS & ID NO. N7125 NICC Jet			PILOT OR DRIVER Woody Black		
CHIEF OF PARTY Willy Wilson		REPORT TO: ICP, Rutland VT			IF DELAYED CONTACT 802-747-6738		
DEPARTURE		INTERMEDIATE STOPS			DESTINATION		
PLACE	ETD	ETA	PLACE	ETD	ETA	PLACE	
Asheville, NC	1800				2000	Rutland, VT	
PASSENGER AND/OR CARGO NAME		M/F	PASSENGER WEIGHT	CARGO WEIGHT	DUTY ASSIGNMENT IF APPLICABLE		HOME UNIT
1.	Willy Wilson	M	210	65	Superintendent CRWB		NC-NCF
2.	Carl Carlson	M	190	65	Assistant Supt. CRWB		NC-NCF
3.	Elaine Elliot	F	150	65	Assistant Supt. CRWB		NC-NCF
4.	Phillip Phisher	M	185	65	Squad Leader FFT1		NC-NCF
5.	Nancy Nelson	F	145	65	Lead Firefighter FFT2		NC-NCF
6.	Steve Stewart	M	200	65	Crew Member FFT2		NC-NCF
7.	Carl Carlson	M	190	65	Crew Member FFT2		NC-NCF
8.	Toby Thomas	M	180	65	Crew Member FFT2		NC-NCF
9.	Chad Coleman	M	200	65	Crew Member FFT2		NC-NCF
10.	Dan Daniels	M	190	65	Squad Leader FFT1		NC-NCF
11.	Fred Ferguson	M	200	65	Lead Firefighter FFT2		NC-NCF
12.	Lily Lucero	F	140	65	Crew Member FFT2		NC-NCF
13.	Mario Martinez	M	160	65	Crew Member FFT2		NC-NCF
14.	Tony Telles	M	180	65	Crew Member FFT2		NC-NCF
15.	Greg Garcia	M	200	65	Crew Member FFT2		NC-NCF
16.	Tim Taylor	M	180	65	Squad Leader FFT1		NC-NCF
17.	Jack Jaramillo	M	175	65	Lead Firefighter FFT2		NC-NCF
18.	Bart Bello	M	190	65	Crew Member FFT2		NC-NCF
19.	Lance Lotto	M	185	65	Crew Member FFT2		NC-NCF
20.	Mike Mentas	M	200	65	Crew Member FFT2		NC-NCF
21.							
22.							
SIGNATURE OF AUTHORIZED REPRESENTATIVE						DATE	

CHIEF OF PARTY COPY

PREPAREDNESS/DETAIL REQUEST

- ATTACHMENT TO RESOURCE ORDER NUMBER: VT-GMF-005989 REQ. NO(S): 0-1
1. POSITION(S): ICT3 NUMBER OF PERSONS REQUESTED: 1
 2. MINIMUM "RED CARD" RATING: ICT3
 3. EMPLOYMENT STATUS: REGULAR FEDERAL AGENCY AD OTHER _____
 4. AGENCY UNIFORM: YES NO—FIRE RESISTANT CLOTHING: YES NO
 5. DRIVERS LICENSE NEEDED: YES NO—ENDORSEMENT: _____
 6. GOVERNMENT VEHICLE: YES NO—TYPE: Agency-owned vehicle only
 7. PRIVATE VEHICLES AUTHORIZED: YES NO—NUMBER: _____
 8. RADIOS NEEDED: YES NO—TYPE: _____ NUMBER: _____
 9. REQUESTING UNIT'S ELECTRONIC TECHNICIAN'S NAME: Buzzy Blink
TELEPHONE: 802-747-4986
 10. LENGTH OF DETAIL: 30 days THROUGH 8/7 INCLUDING TRAVEL
 11. ESTABLISHED WORKWEEK: 7 days/week HOURS OF DUTY: Variable
 12. PERSONNEL MAY BE ROTATED: YES NO—HOW OFTEN: _____
ROTATION PAID BY: SENDING UNIT: _____ REQUESTING UNIT: _____
 13. BASE SALARY PAID BY: Incident
TRAVEL PAID BY: Incident PER DIEM PAID BY: Incident
 14. EQUIPMENT USE MILEAGE/FOR/ETC. PAID BY: Incident
 15. REQUESTING UNIT'S ELECTRONIC ADDRESS: SmithSmiley@government.gov
 16. REQUESTING UNIT'S ESTIMATED TOTAL COST: \$4,500
 17. REQUESTING UNIT'S PERSONNEL OFFICER: Mary Jones
TELEPHONE NUMBER: 802-747-4982
 18. REQUESTING UNIT'S B & F OFFICER: John Smith
TELEPHONE NUMBER: 802-747-4988
 19. TEMPORARY DUTY STATION: Rutland Elementary School
ADDRESS/P.O. BOX: US 4, Rutland, VT
TELEPHONE: 802-747-6737
 20. GOVERNMENT LODGING: YES NO—MESS HALL: YES NO
GOVERNMENT COOKING FACILITIES ONLY: YES NO
COMMERCIAL LODGING: YES NO—RATE: \$ 75 - MEALS YES NO
 21. NEAREST COMMERCIAL AIRLINE CITY: Manchester, NH (MHT)
 22. REMARKS: _____

MOBILE FOOD & SHOWER SERVICE REQUEST FORM

Incident Name: _____

Financial Code: _____

Resource Order #: _____

Food Service Request E#: _____

Shower Unit Request E#: _____

I. FOOD SERVICE: Requested Date, Time, Meal Types, and Number of Meals

1. Date of first meal: _____ Time of first meal: _____

2. Estimated number for the first three meals:

1st meal: _____ Hot Breakfast Sack Lunch Dinner

2nd meal: _____ Hot Breakfast Sack Lunch Dinner

3rd meal: _____ Hot Breakfast Sack Lunch Dinner

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time first meals are to be served: Date: _____ Time: _____

(Minimum guaranteed payment is based on these estimates, see Section G.2.2):

1st meal: _____ Hot Breakfast Sack Lunches Dinner

2nd meal: _____ Hot Breakfast Sack Lunches Dinner

3rd meal: _____ Hot Breakfast Sack Lunches Dinner

II. Location

Reporting location: _____

Contact person at the Incident: _____

III. Additional Information

Spike Camps: Yes _____ No _____ Unknown _____

Estimated Duration of Incident _____ Estimated Personnel at Peak _____

Dispatch Contact: _____ Telephone Number: _____

IV. SHOWER SERVICE: Requested Date and Time Mobile Shower Unit is needed

Date Requested _____ Time Requested _____

Mobile Shower Unit type ordered: Large (12+ stalls) [____] Small (4-11 stalls) [____]

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time Mobile Shower Unit to be operational: Date: _____ Time: _____

INCIDENT/PROJECT ORDER NUMBER	RESOURCE ORDER				INITIAL DATE/TIME	2. INCIDENT/PROJECT NAME				3. INCIDENT / PROJECT ORDER NUMBER				4. OFFICE REFERENCE NUMBER							
	5. DESCRIPTIVE LOCATION/RESPONSE AREA					6. SEC	TWN	RNG	Base MDM	8. INCIDENT BASE/PHONE NUMBER					9. JURISDICTION/AGENCY						
						7. MAP REFERENCE									10. ORDERING OFFICE						
	11. AIRCRAFT INFORMATION					LAT.				LONG.											
	BEARING		DISTANCE		BASE OR OMNI		AIR CONTACT		FREQUENCY		Ground Contact		FREQUENCY		RELOAD BASE		OTHER AIRCRAFT/HAZARDS				
12. Request Number		Ordered Date/Time		From To	QTY	RESOURCE REQUESTED			Needed Date/Time	Deliver To	To From	Time	Agency ID	RESOURCE ASSIGNED				ETD/ETA	RELEASED		Time/ETA

ICS 221

Demobilization Check-Out

Purpose. The Demobilization Check-Out (ICS 221) ensures that resources checking out of the incident have completed all appropriate incident business, and provides the Planning Section information on resources released from the incident. Demobilization is a planned process and this form assists with that planning.

Preparation. The ICS 221 is initiated by the Planning Section, or a Demobilization Unit Leader if designated. The Demobilization Unit Leader completes the top portion of the form and checks the appropriate boxes in Block 6 that may need attention after the Resources Unit Leader has given written notification that the resource is no longer needed. The individual resource will have the appropriate overhead personnel sign off on any checked box(es) in Block 6 prior to release from the incident.

Distribution. After completion, the ICS 221 is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms must be given to the Documentation Unit. Personnel may request to retain a copy of the ICS 221.

Notes:

- Members are not released until form is complete when all of the items checked in Block 6 have been signed off.
- If additional pages are needed for any form page, use a blank ICS 221 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Planned Release Date/Time	Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident.
4	Resource or Personnel Released	Enter name of the individual or resource being released.
5	Order Request Number	Enter order request number (or agency demobilization number) of the individual or resource being released.
6	Resource or Personnel You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative). <ul style="list-style-type: none"> • Unit/Leader/Manager/Other • Remarks • Name • Signature 	Resources are not released until the checked boxes below have been signed off by the appropriate overhead. Blank boxes are provided for any additional unit requirements as needed (e.g., Safety Officer, Agency Representative, etc.).
	Logistics Section <input type="checkbox"/> Supply Unit <input type="checkbox"/> Communications Unit <input type="checkbox"/> Facilities Unit <input type="checkbox"/> Ground Support Unit <input type="checkbox"/> Security Manager	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.

Block Number	Block Title	Instructions
6 (continued)	Finance/Administration Section <input type="checkbox"/> Time Unit	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Other Section/Staff <input type="checkbox"/>	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Planning Section <input type="checkbox"/> Documentation Leader <input type="checkbox"/> Demobilization Leader	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
7	Remarks	Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.). This section may also be used to indicate if a performance rating has been completed as required by the discipline or jurisdiction.
8	Travel Information	Enter the following travel information:
	Room Overnight	Use this section to enter whether or not the resource or personnel will be staying in a hotel overnight prior to returning home base and/or unit.
	Estimated Time of Departure	Use this section to enter the resource's or personnel's estimated time of departure (using the 24-hour clock).
	Actual Release Date/Time	Use this section to enter the resource's or personnel's actual release date (month/day/year) and time (using the 24-hour clock).
	Destination	Use this section to enter the resource's or personnel's destination.
	Estimated Time of Arrival	Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	Travel Method	Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.).
	Contact Information While Traveling	Use this section to enter the resource's or personnel's contact information while traveling (e.g., cell phone, radio frequency, etc.).
	Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No Number	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
Area/Agency/Region Notified	Use this section to enter the area, agency, and/or region that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) he or she was notified.	
9	Reassignment Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was reassigned, complete the section below.
	Incident Name	Use this section to enter the name of the new incident to which the resource was reassigned.
	Incident Number	Use this section to enter the number of the new incident to which the resource was reassigned.
	Location	Use this section to enter the location (city and State) of the new incident to which the resource was reassigned.
	Order Request Number	Use this section to enter the new order request number assigned to the resource or personnel.

Block Number	Block Title	Instructions
10	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (using the 24-hour clock).



GENERAL MESSAGE

TO: Expanded	POSITION
FROM:	POSITION DMOB
SUBJECT:	DATE

MESSAGE: Please release: T2 Crew today at 1200, travel via GOV 6 hrs. and
DIVS today at end of shift 1800, 1 hr. of travel via ground support

SIGNATURE/POSITION

REPLY

DATE	TIME	SIGNATURE/POSITION
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213 ICS 1/79
NFES 1336

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FINAL SCENARIO

Scenario has been developed to allow students the opportunity to practice using the electronic resource tracking system (ROSS) screens demonstrated throughout the course.

Follow the instructions below.

You have received a phone call from the incident requesting that you create a resource order for an overhead resource.

- Locate resource: _____
- Determine resource's qualifications
- Determine resource's availability
- Create a resource order request using one of the resource's qualifications.
 - Name request.
 - Need Date/Time: Today's date and current time.
 - Special Needs: Cell phone and laptop approved.
 - Deliver To: ICP.
 - Ordering Contact: Instructor or Coach.
 - Incident Contact: Local dispatch center.
- Fill request with requested resource.
 - Set "Travel To Be Arranged"
- Go to Travel Screen
 - Set travel ETD/ETA for 5 minutes from current time.
- Create Support request
 - Rental vehicle: 4x4 Pickup truck.
 - Fill using same travel information as original request.
- Ensure resource has arrived at the incident.
- Release resources.
 - Set travel ETD/ETA for 5 minutes from current time.
- Print resource orders.

**EXPANDED DISPATCH RECORDER, D-110
FINAL EXAM**

30 possible points

1. Name the two dispatch organizations and describe what they do. (2 pts.)

2. List four functional areas in a typical expanded dispatch organization. (4 pts.)

3. Which of the following are responsibilities of an Expanded Dispatch Recorder (EDRC)? Circle correct answers. (1 pt.)
 - Provide information to the media
 - Maintain status of resources
 - Brief agency administrator
 - Process resource orders
 - Receive, communicate, and document information

4. List two positions in the expanded dispatch organization. (2 pts.)

5. Which of the following contacts does an EDRC handle and which need to be transferred to a supervisor? Write **E** for EDRC or **S** for Supervisor. (4 pts.)

E or S	Contact
	Cache
	Media
	Ordering Manager (ORDM)
	Public

6. List two types of information an EDRC should receive during the initial briefing. (2 pts.)

7. List two possible types of information to include in a shift briefing. (2 pts.)

8. What does the acronym UTF represent? (1 pt.)

9. What Geographic Area Coordination Center (GACC) is your home unit located in? (1 pt.)

10. Name two types of communication methods an EDRC uses? (2 pts.)

11. Name two reasons documentation is important? (2 pts.)

12. Name three examples of interpersonal skills an EDRC needs? (3 pts.)

13. Scenario: At the end of a shift, an overhead resource calls the EDRC (overhead desk) to relay that she is ill and will be 24 hours later than expected. (4 pts.)

As the overhead desk EDRC, what would you do?

<p><u>FIRE OVERHEAD PERFORMANCE RATING</u></p> <p>This rating is to be used only for determining an individual's dispatch qualifications.</p>	<p>INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate overhead. It will be delivered to the Coordinator before the rater leaves the assignment. Rating will be reviewed with employee who will sign at the bottom.</p>																																																																																																																																															
1. Name	2. Fire Name and Number D-110 Expanded Dispatch Recorder																																																																																																																																															
3. Home Unit (Address)	4. Location of Fire (Address)																																																																																																																																															
5. Dispatch EDRC (t)	6. Date of Assignment																																																																																																																																															
7. Complexity	8. Level of Activity																																																																																																																																															
<u>SINGLE</u> <u>MULTIPLE</u>	<u>LIGHT</u> <u>MODERATE</u> <u>HEAVY</u>																																																																																																																																															
9. EVALUATION																																																																																																																																																
<p>Enter X under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:</p> <p>0 - Deficient. Does not meet minimum requirements of the individual element. DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.</p> <p>1 - Needs to Improve. Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.</p> <p>2 - Fully Satisfactory. Employee meets all requirements of the individual element.</p> <p>3 - Outstanding. Employee consistently exceeds the performance requirements.</p>																																																																																																																																																
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