

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.)
- _____
- _____
- _____
- _____

Fire Number: _____ **Fire Name:** _____ **Mgmt Option:** _____

Initial Response:

- | |
|---------------------------------------|
| <input type="checkbox"/> Standard |
| <input type="checkbox"/> Non-standard |

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Contain | <input type="checkbox"/> Confine |
| <input type="checkbox"/> Point-protect | <input type="checkbox"/> Monitor |

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:

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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