

# ROGUE VALLEY FIRE CHIEFS ASSOCIATION

<b>Document:</b>	<b>Delegation Of Authority: Multi-Jurisdiction</b>
<b>Section &amp; #:</b>	Forms #5.09
<b>Adoption Date / Updated Date:</b>	April 1, 2007 / May 2020
<b>Developed / Updated By:</b>	Chief Fillis/Chief Johnson
<b>Review Date:</b>	May 2023

## DELEGATION OF AUTHORITY (MULTI-JURISDICTION)

**INCIDENT NAME** \_\_\_\_\_ **DATE AND TIME** \_\_\_\_\_

\_\_\_\_\_ is assigned as the Incident Commander on the \_\_\_\_\_ Fire located on land protected by the following Jurisdictions having authority;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have the full authority and responsibility for managing the fire suppression activities within the framework of law provided by the State Fire Marshal and at the direction provided by the Fire Chiefs or Designees for the listed Jurisdictions above.

Your primary responsibility is to organize and direct all assigned structural resources for a safe, efficient and effective fire suppression in or around structures. You are to be in Unified Command mode with the Oregon Department of Forestry IC or IMT. You are accountable to the Fire Chiefs or designated representatives listed in this delegation.

Specific direction for the \_\_\_\_\_ Fire is as follows;

1. Provide for a safe work environment for all personnel. Compliance with the "10 Standard Fire Orders" are to be followed, never bent or compromised. The "18 Watch Out Situations" shall be mitigated before engagement can begin and "LCES" will be practiced.
2. Maintain good interagency cooperation with all agencies participating in this incident which includes but is not limited to;
  - Oregon Department of Forestry
  - Structural Fire Agencies
  - Oregon State Fire Marshal
  - \_\_\_\_\_ County Emergency Management
  - Law Enforcement Agencies
  - County Level Agencies

3. Integrate your Team into the ODF IMT and support them in co-locating functional areas of responsibility and specifically in accomplishing their objectives.
4. Document damage to structures and improvements caused by the fire by producing maps, photographs and narratives detailing what damage occurred.
5. Document damage caused by suppression resources, which should include photographic documentation. Initial notification of this type of damage shall be made to the affected Fire Chief or Designee of within 12 hours of the damage occurring.
6. Provide for situation reports to the Jurisdictions, Fire Defense Board Chief, County Emergency Manager, Cooperating Agencies or others.
7. Consult with the Fire Chiefs and Fire Defense Board Chief before resources are demobilized.
8. Design and implement a method for the immediate transfer of information as to changes in evacuation areas to the affected Jurisdiction(s) primary office and to the County EOC/Central Dispatch Center. This information should also include a process for the Jurisdictions or Dispatch Center to notify the Team of possible threats to structures when reports are taken from citizens.
9. Integrate those resources listed in the In-Briefing Document as part of the OSFM IMT.
10. Provide a process for Close-Out of this document and transfer of Command back the Jurisdictions.

The Fire Chiefs will;

1. Provide an In-Briefing Document containing the specific information needed to ensure a successful transition in command (maybe completed in cooperation with RFVCA IMT Transition Team).
2. Provide Jurisdiction maps.
3. Attend Planning Meetings.

Jurisdiction: \_\_\_\_\_

Fire Chief: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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Jurisdiction: \_\_\_\_\_

Fire Chief / Designee: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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Jurisdiction: \_\_\_\_\_

Fire Chief / Designee: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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Jurisdiction: \_\_\_\_\_

Fire Chief / Designee: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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Agreed to by OSFM IMT Incident Commander \_\_\_\_\_

Transfer of Command effective date and time \_\_\_\_\_

OSFM Agency Administrator \_\_\_\_\_