



# Oregon Fire Service Conflagration Request Form

## PART I

### Incident Information

Incident Name/Number: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Incident Location/Community/County Threatened: \_\_\_\_\_

Authority Having Jurisdiction: \_\_\_\_\_

Local Fire Department Contact: \_\_\_\_\_

Fire Defense Board Point of Contact: \_\_\_\_\_

Has Regional Mobilization Coordinator been contacted? Yes  No  RMC: \_\_\_\_\_

Has County Emergency Manager been contacted? Yes  No  Co Emergency Mgr: \_\_\_\_\_

Community Wildfire Protection Plan? Yes  No

### Type of Emergency

Structure Fire  Interface Fire  Act of Terror  Major Disaster

Explain: \_\_\_\_\_

Current Incident Size or Area Involved: \_\_\_\_\_

\*Situation Description: \_\_\_\_\_

Current Objectives: \_\_\_\_\_

Other Agencies Involved: \_\_\_\_\_

Current Weather: \_\_\_\_\_

Projected Weather: \_\_\_\_\_

Current Incident Complexity Level: Type 1  Type 2  Type 3  Type 4

Expected Incident Complexity Level: Type 1  Type 2  Type 3  Type 4

Significant Events: \_\_\_\_\_

\*Evacuations Taking Place: Yes  No  Evacuation Plans in Place: Yes  No

Describe: \_\_\_\_\_



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\*Life Threatening Situations: Yes  No

Describe: \_\_\_\_\_

\*Road/Highway/Freeway Closures: Yes  No

Roads Affected: \_\_\_\_\_

\*Population Affected: \_\_\_\_\_

\*Number of Commercial Structures Threatened: \_\_\_\_\_

\*Number of Residential Structures Threatened: \_\_\_\_\_

\*Number of Subdivisions: \_\_\_\_\_

\*Significant Historical and/or Cultural Resources: \_\_\_\_\_

\*Natural Resources Such as Crops; Grazing; Timber; Watersheds: \_\_\_\_\_

\*Critical Infrastructure; Major Power Lines; Railroad: \_\_\_\_\_

Incident Growth/Potential: \_\_\_\_\_

Communications/Challenges Currently Established: \_\_\_\_\_

\*Confirmation that Local, Automatic, and Mutual aid Resources are Depleted: Yes  No

Current Resources Assigned: \_\_\_\_\_

Describe Contributing Factors: \_\_\_\_\_

## PART II

### Incident Support Information

Types of Resources Being Requested: \_\_\_\_\_

Public works Involvement: Yes  No

What Resources: \_\_\_\_\_

Disaster and Emergency Services Involvement: Yes  No

What Resources: \_\_\_\_\_

Law Enforcement Resources Involved: \_\_\_\_\_

Other County and Local Government Services Involved: \_\_\_\_\_



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Volunteer Services, (American Red Cross, Amateur Radio etc.): \_\_\_\_\_

Fuel Services Including Gasoline; Diesel; oil Available: \_\_\_\_\_

Certified Fire Apparatus Repair Locally Available: \_\_\_\_\_

Water Supply Available: \_\_\_\_\_

Location(s) Where Responding Resources are to Report to: \_\_\_\_\_

## PART III

### Logistical Support Services

Please check the boxes next to the services that are already in place/available and provide more information as appropriate.

Food Services \_\_\_\_\_

Rehabilitation Area(s) \_\_\_\_\_

Staging Area(s) \_\_\_\_\_

Sanitary Facilities \_\_\_\_\_

Drinking Water \_\_\_\_\_

Map(s) of the Area \_\_\_\_\_

Traffic Control Plan(s) \_\_\_\_\_

GIS Support \_\_\_\_\_

Fuel Services \_\_\_\_\_

Security \_\_\_\_\_

Public Information Officer \_\_\_\_\_

Communications \_\_\_\_\_

Other Considerations:

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