



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:

