

Oregon Office of State Fire Marshal Conflagration Request Packet



Updated for 2013

Prevention ■ Preparedness ■ Response

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Conflagration Request Packet

This packet is designed to walk a Fire Chief or Fire Defense Board Chief through the process of requesting a conflagration and preparing for incoming resources. The Conflagration Request form can be completed by a local fire chief with the aid of his local Deputy State Fire Marshal. The proper completion of this form will result in a more seamless conflagration request process. In the event that a conflagration is declared, Parts II & III of the form will prove very useful to the incoming Incident Management Team and will help the on-scene IC transition to an OSFM IMT team.

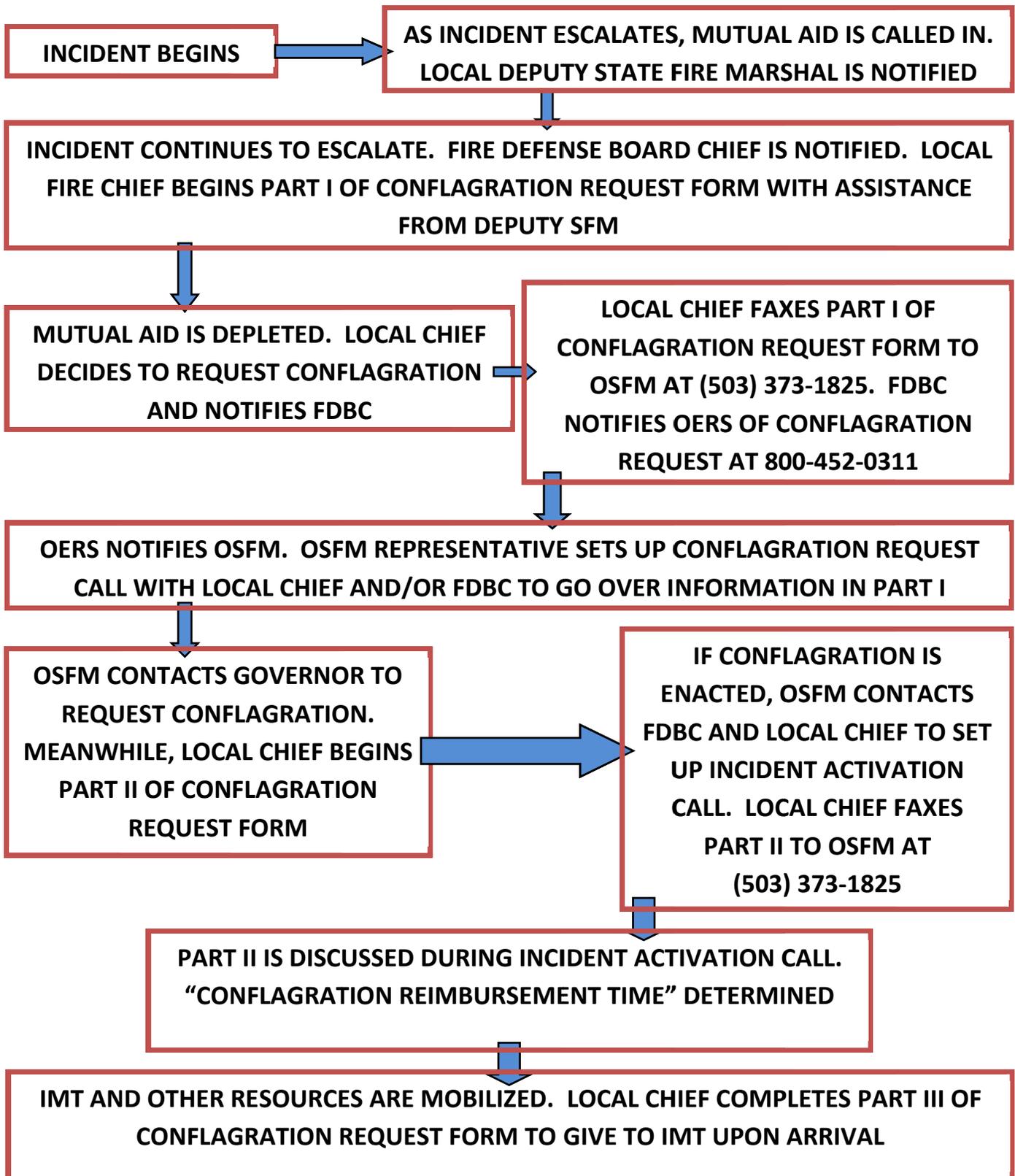
This form is a guideline only; there may be times when you feel that further information may prove helpful during the process. Please share that information with the Office of State Fire Marshal representative. Please note that items marked with an asterisk (*) must be completed prior to calling OERS.

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CONFLAGRATION REQUEST FLOWCHART



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SECTION 1: COMPLETING THE FORM

The Conflagration Request Form consists of three parts. Each part will be filled out independently of the others and has a specific purpose during the progression of the incident.

PART I:

PART I should be completed when it appears that the incident will be exceeding your span of control and your mutual aid has been or will soon be depleted. Complete PART I to the best of your ability with the aid of your local Deputy State Fire Marshal if available. All items on the form are represented below. PART I contains a number of items with an asterisk (*). These items are required in order to accurately determine if a conflagration request should be made to the Governor. The form can be faxed to the Office of State Fire Marshal at (503) 373-1825 or the information can be conveyed verbally when an OSFM representative contacts you.

1. COMPLETE INCIDENT INFORMATION:

- **Incident Name/Number:** the name given to the incident or OERS number, if applicable
- **Date/Time:** enter the date and time you begin filling out PART I of this form
- **Incident Location/Community/County Threatened:** answer to the best of your ability based on current incident location
- **Authority Having Jurisdiction:** please list authority or authorities with jurisdiction over current incident location
- **Local Fire Department Contact:** name and number of local contact (generally Fire Chief)
- **Fire Defense Board Point of Contact:** name and number of Fire Defense Board contact
- **Has Deputy SFM been contacted?:** select yes or no
- **Deputy SFM Point of Contact:** list local Deputy's name and number, if available
- **Has County Emergency Manager been contacted?:** select yes or no
- **Co Emergency Mgr:** list County Emergency Manager's name and number, if available
- **Community Wildfire Protection Plan?:** select yes or no based on whether there is a CWPP in place for the current incident location

2. COMPLETE TYPE OF EMERGENCY:

- **Structure Fire/Interface Fire/Act of Terror/Major Disaster:** select the type of emergency
- **Explain:** briefly explain the incident

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- **Current Incident Size or Area Involved:** please answer to the best of your ability based on what you know
- ***Situation Description:** describe the current situation. ***Required**
- **Current Objectives:** list the current objectives
- **GPS Location of Incident:** list location based on GPS, latitude/longitude, etc. if available
- **Other Agencies Involved:** list any/all other agencies involved or contacted at this time
- **Current Weather:** describe current weather conditions
- **Projected Weather:** describe projected weather, if available
- **Current Incident Complexity Level:** select current complexity based on FEMA Incident Types (see Appendix A)
- **Expected Incident Complexity Level:** select anticipated complexity based on FEMA Incident Types (see Appendix A)
- **Significant Events:** describe significant events which may have contributed to the incident
- ***Evacuations Taking Place:** select yes or no. ***Required**
- **Evacuation Plans in Place:** if evacuations are not in place, select yes or no based on whether evacuation plans are in place
- **Describe:** describe evacuations taking place or, if not taking place, plans in place
- ***Life Threatening Situations:** select yes or no. ***Required**
- **Describe:** describe any life threatening situations
- ***Road/Highway/Freeway Closures:** Select yes or no. ***Required**
- **Roads Affected:** if roads are currently affected, you must describe before a conflagration can be declared
- ***Population Affected:** describe the population in numbers currently affected to the best of your ability. ***Required**
- ***Number of Commercial Structures Threatened:** list number of threatened commercial structures. ***Required**



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- ***Number of Residential Structures Threatened:** list number of threatened residential structures.
***Required**
- ***Number of Subdivisions:** list threatened subdivisions. ***Required**
- ***Significant Historical and/or Cultural Resources:** describe threatened resources. ***Required**
- ***Natural Resources Such as Crops; Grazing; Timber; Watersheds:** describe threatened resources.
***Required**
- ***Critical Infrastructure; Major Power Lines; Railroad:** list additional threatened resources.
***Required**
- **Incident Growth/Potential:** describe growth/potential based on available information
- **Communications/Challenges Currently Established:** describe current communications challenges, if any are being faced
- ***Confirmation that Local, Automatic, and Mutual aid Resources are Depleted:** select yes or no.
***Required**
- **Current Resources Assigned:** describe current resource assignments
- **Describe Contributing Factors:** describe additional factors not listed above

3. FAX PART I TO OSFM AT (503) 373-1825. BE PREPARED FOR OSFM TO CONTACT YOU OR YOUR FDBC FOR THE CONFLAGRATION REQUEST CALL.

PART II:

PART II will be completed after the conflagration has been declared and before the Incident Activation Call. Begin working on PART II after the Conflagration Request Call. PART II provides information that is essential to the Office of State Fire Marshal during the resource request process. PART II, like PART I, can be faxed to OSFM at (503) 373-1825 or conveyed verbally during the Incident Activation Call (SECTION 3 of this document).

1. COMPLETE INCIDENT SUPPORT INFORMATION:

- **Types of Resources Being Requested:** list what resources you need to mitigate the incident such as Strike Teams, search and rescue, etc. Be as specific as possible
- **Public Works Involvement:** select yes or no
- **What Resources:** if Public Works is involved, describe their capacity
- **Disaster and Emergency Services Involvement:** select yes or no
- **What Resources:** if disaster/emergency services are involved, describe their capacity

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- **Law Enforcement Resources Involved:** list law enforcement agencies involved and describe their capacity
- **Other County and Local Government Services Involved:** list other government agencies involved and describe their capacity
- **Volunteer Services, (American Red Cross, Amateur Radio, etc.):** list other services involved and describe their capacity
- **Fuel Services Including Gasoline; Diesel; oil Available:** describe available fuel services, if any
- **Certified Fire Apparatus Repair Locally Available:** describe available repair services, if any. List any city/county contracts for this service
- **Water Supply Available:** describe available and location
- **Location(s) Where Responding Resources are to Report to:** please be as detailed as possible

2. FAX PART II TO OSFM AT (503) 373-1825. HAVE INFORMATION AVAILABLE DURING INCIDENT ACTIVATION CALL.

PART III:

PART III should be completed after the Incident Activation Call, but before the IMT or state-deployed resources arrive. Below are logistical services that should be taken into consideration anytime an agency is hosting resources from outside of their jurisdiction. PART III should be faxed to the Office of State Fire Marshal at (503) 373-1825 and provided to the IC upon arrival.



1. COMPLETE LOGISTICAL SUPPORT SERVICES:

- **Food Services:** select the checkbox if food services are in place or contracts are pre-established. Use the line that follows to provide more information, if appropriate
- **Rehabilitation Area(s):** select the checkbox if there are rehabilitation areas in place. Use the line that follows to provide more information, if appropriate
- **Staging Area(s):** select the checkbox if there are staging areas in place. Use the line that follows to provide more information, if appropriate
- **Sanitary Facilities:** select the checkbox if there are sanitary facilities in place. Use the line that follows to provide more information, if appropriate

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- **Drinking Water:** select the checkbox if there are provisions for drinking water in place. Use the line that follows to provide more information, if appropriate
- **Map(s) of the Area:** select the checkbox if there are maps of the area available. Use the line that follows to provide more information, if appropriate
- **Traffic Control Plan(s):** select the checkbox if there are traffic control plans available/in place. Use the line that follows to provide more information, if appropriate
- **GIS Support:** select the checkbox if your jurisdiction has available GIS support. Use the line that follows to provide more information, if appropriate
- **Fuel Services:** select the checkbox if there are incident fuel services available. Use the line that follows to provide more information, if appropriate
- **Security:** select the checkbox if there is incident security. Use the line that follows to provide more information, if appropriate
- **Public Information Officer:** select the checkbox if your jurisdiction has a PIO on-scene. Use the line that follows to provide more information, if appropriate
- **Communications:** select the checkbox if there are communications capabilities available on-scene. Use the line that follows to provide more information, if appropriate
- **Other Considerations:** use these lines to include any logistical or support information that was not covered in the options above. If you have information you believe to be of importance to an incoming IMT, please list it here.

2. FAX PART III TO OSFM AT (503) 373-1825. PROVIDE A COPY TO THE IC UPON ARRIVAL. ASSIST IN PROVIDING LOGISTICAL SERVICES AS INCIDENT PROGRESSES.

SECTION 2: PROCESS FOR MAKING THE REQUEST

When an emergency is beyond the control of local and district fire suppression resources, including primary mutual aid, a request may be made to invoke the Emergency Conflagration Act.

1. When a local chief feels that an incident will escalate beyond the capabilities of local available resources, (s)he will begin to complete PART I of the Conflagration Request Form with the aid of the local Deputy State Fire Marshal.
2. When PART I has been completed, the local chief calls their Fire Defense Board Chief to ask them to contact OERS. The local chief may want to fax PART I to their Fire Defense Board Chief for reference. If they have the capability, the local chief should fax PART I to the Office of State Fire Marshal when they have confirmation that the Fire Defense Board Chief is contacting OERS. The Office of State Fire Marshal fax number is (503) 373-1825.

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3. While the Fire Defense Board Chief contacts OERS, the local chief and Deputy State Fire Marshal can begin to complete PART II of the form.

SECTION 3: CONFLAGRATION REQUEST CALL

Once the Fire Defense Board Chief has contacted OERS, OERS will contact OSFM. An OSFM representative will contact the FDBC and/or the local chief to discuss the conflagration request before the request is made to the Governor. The Conflagration Request Call will be relatively brief and will cover the information included in PART I of the form. After the call is completed, OSFM will contact the Governor to request an invocation of the Conflagration Act.

SECTION 4: INCIDENT ACTIVATION CALL

After a conflagration has been declared, a representative from the Office of State Fire Marshal will contact some or all of the parties listed below to schedule an Incident Activation Conference Call and provide the conference call number.

PARTICIPANTS

- On-scene Incident Commander
- IMT Incident Commander
- IMT Deputy Incident Commander
- Local Fire Chief
- Fire Defense Board Chief
- Local Deputy State Fire Marshal
- Agency Operations Center Manager
- IMT Program Coordinator
- State Fire Marshal
- Deputy State Fire Marshal
- Emergency Response Unit staff
- Participating land-use agencies

AGENDA

- Update of the incident's predicted behavior and resources threatened
- Complexity of the situation
- Special local or political considerations
- State or Federal team in place (name of the IC)
- Shadow/Trainee opportunities
- FEMA, if applicable
- Briefing time and location
- Incident base location
- Prevailing weather
- Anticipated resource shortages (aircraft, crews, overhead)
- Determine Conflagration Reimbursement start time/date
- Good of the order

This call serves as an initial briefing for the Office of State Fire Marshal and the incoming IMT. The information from PART II will be invaluable during the conference call. If a fax is accessible, please fax PART II of the Conflagration Request Form to the Office of State Fire Marshal at (503) 373-1825 prior to the call.

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SECTION 5: PREPARING FOR THE IMT

After the Incident Activation Call, IMT members will be en route to the incident. As you wait for the arrival of the OSFM IMT team, complete PART III to the best of your ability. As you are completing PART III, pay attention to any outstanding logistical items. Access to fuel, water, GIS, and other logistical support services can be fundamental to the success of incident mitigation. When PART III is completed, share it with the incoming IC. If fax services are available, fax PART III to the Office of State Fire Marshal at (503) 373-1825.



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APPENDIX A: FEMA INCIDENT TYPING

Incident Types

Incidents may be typed in order to make decisions about resource requirements. Incident types are based on the following five levels of complexity. (Source: U.S. Fire Administration)

Type 5	<ul style="list-style-type: none">▪ The incident can be handled with one or two single resources with up to six personnel.▪ Command and General Staff positions (other than the Incident Commander) are not activated.▪ No written Incident Action Plan (IAP) is required.▪ The incident is contained within the first operational period and often within an hour to a few hours after resources arrive on scene.▪ Examples include a vehicle fire, an injured person, or a police traffic stop.
Type 4	<ul style="list-style-type: none">▪ Command staff and general staff functions are activated only if needed.▪ Several resources are required to mitigate the incident.▪ The incident is usually limited to one operational period in the control phase.▪ The agency administrator may have briefings, and ensure the complexity analysis and delegation of authority are updated.▪ No written Incident Action Plan (IAP) is required but a documented operational briefing will be completed for all incoming resources.▪ The role of the agency administrator includes operational plans including objectives and priorities.
Type 3	<ul style="list-style-type: none">▪ When capabilities exceed initial attack, the appropriate ICS positions should be added to match the complexity of the incident.▪ Some or all of the Command and General Staff positions may be activated, as well as Division/Group Supervisor and/or Unit Leader level positions.▪ A Type 3 Incident Management Team (IMT) or incident command organization manages initial action incidents with a significant number of resources, an extended attack incident until containment/control is achieved, or an expanding incident until transition to a Type 1 or 2 team.▪ The incident may extend into multiple operational periods.▪ A written IAP may be required for each operational period.
Type 2	<ul style="list-style-type: none">▪ This type of incident extends beyond the capabilities for local control and is expected to go into multiple operational periods. A Type 2 incident may require the response of resources out of area, including regional and/or national resources, to effectively manage the operations, command, and general staffing.▪ Most or all of the Command and General Staff positions are filled.▪ A written IAP is required for each operational period.▪ Many of the functional units are needed and staffed.▪ Operations personnel normally do not exceed 200 per operational period and total incident personnel do not exceed 500 (guidelines only).▪ The agency administrator is responsible for the incident complexity analysis, agency administrator briefings, and the written delegation of authority.
Type 1	<ul style="list-style-type: none">▪ This type of incident is the most complex, requiring national resources to safely and effectively manage and operate.▪ All Command and General Staff positions are activated.▪ Operations personnel often exceed 500 per operational period and total personnel will usually exceed 1,000.▪ Branches need to be established.▪ The agency administrator will have briefings, and ensure that the complexity analysis and delegation of authority are updated.▪ Use of resource advisors at the incident base is recommended.▪ There is a high impact on the local jurisdiction, requiring additional staff for office administrative and support functions.



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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 Deputy SFM been contacted? Yes No Deputy SFM Point of Contact: _____

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: _____

GPS Location of Incident: _____

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:

