

TASK FORCE/STRIKE TEAM RESOURCE FORM

1. AOC to complete top section & send to Acting Fire Defense Board Chief
2. FDBC to complete bottom portion & send back to AOC
3. AOC to approve – **do not depart until approved by the AOC**

Conflagration Name:					
Staging Location:			Requested Arrival at Staging (date & time):		
Order #:			Task Force / Strike Team Identifier:		
Other Information (closed roads, fuel availability, etc.):					
County Sending Resources:					
Fire Defense Board Chief:			Cell Phone:	Department:	
Task Force / Strike Team Leader:			Cell Phone:	Department:	
Optional Assistant / Trainee TFL: (circle one)			Cell Phone:	Department:	
Kind/Type	Apparatus #	Department	Apparatus Officer or Engine Boss	Cell Phone	# of Personnel
Eng – T1	E2586	Example Dept	Jim Walker	503-373-0001	4
List additional departments responding:					