



INSTITUTION: _____

FIRE CREW REQUEST - MANIFEST

Date/Time: _____

Dispatch Center Name: _____

Phone: _____

Fax: _____

Estimated Departure Time: _____

Map Requested _____

Duty Officer: _____

Fire Suppression 1 2 3 _____

Kitchen Support 1 _____

Camp Support 1 _____

Staff Name taking call: _____

Mobile Kitchen Unit _____

Shower Unit _____

FIRE CREW REQUEST - MANIFEST

1.	Requesting Agency:			
2.	Fire Name:			
3.	Request Number:			
4.	Financial Code:		Incident #:	
5.	Number of crews needed:			
6.	Incident Contact:			
7.	Crews tooled: (Y/N)		Lunched: (Y/N)	
8.	Class of fire:		Less than 1 Day: <u>One shift , no overnight stay</u>	
	Fire Phone# issued:		Level One: <u>Prepare to stay two shifts and two days</u>	
	Truck License#:		Level Two: <u>Prepare to stay a minimum of five days.</u>	
	Van License#:			
	Trailer # (1, 2 3, etc)			
	Requested Arrival :	Date: _____ Time: _____ (Mountain/Pacific) _____		
Staff Deployed:	Sergeant			
	Officers			
	FSC			

ADULT IN CUSTODY

SID

BUNK

	ADULT IN CUSTODY	SID	BUNK
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

ONCE COMPLETE, FAX THIS FORM TO DISPATCH

Distribution: _____ IWP Coordinator, _____ OIC, Other: (i.e.: FS Mgr., Lt., Sgt., Support, etc.) _____

CD# 1716 (8/2020)