

DFPC ANALYSIS FORM

(Complete this form daily, as appropriate, based on the fire situation)

Date: _____ Time: _____ County: _____ Fire Name: _____

Location: Lat/Long _____ Legal: T ___ R ___ Section(s) _____

	Current		Predicted	
	Yes	No	Yes	No
I. Resources				
a. Has the normal mutual aid network been fully implemented?				
b. Has the County committed all of its wildland resources defined in the County operating plan?				
c. Have aviation resources been ordered?				
d. Is the fire beyond the capability of local management team?				
e. Is water supply limiting suppression efforts?				
f. Is there a need for Interagency Regional or National resources?				
g. Is the availability of additional resources hampering suppression efforts?				
II. Values at Risk				
a. Is the general public threatened?				
b. Are structures threatened?				
c. Are there unusually hazardous firefighting conditions?				
d. Are historical values at risk?				
e. Does the fire involve mixed land ownership?				
f. Is critical infrastructure threatened?				
III. Fire Behavior				
a. Is fire behavior dictating an indirect control strategy?				
b. Is extreme fire behavior present?				
c. Is the 1000 hour fuel moisture below 12%?				
d. Is the fuel type and condition conducive to rapid				

	Current		Predicted	
	Yes	No	Yes	No
spread?				
e. Is accessibility limiting suppression efforts?				
f. Is the rate of spread beyond the suppression capability of local resources?				
g. Is fire burning on slope greater than 30%?				
IV. Fire Weather				
a. Are wind speeds greater than 20 mph?				
b. Is the temperature above seasonal average for fire location?				
c. Is the RH below 15%?				
d. Are there any critical fire weather events?				
V. Other Considerations				
a. Are there political or economic concerns?				
b. Are non-fire incidents occurring which have an impact on fire operations?				
c. Is additional aviation management or oversight needed?				
d.				
e.				
VI. Totals	A	B	C	D

Current (A) ___ + Predicted (C) ___ = _____
 Current (B) ___ + Predicted (D) ___ = _____

To qualify for EFF or State financial assistance, answers must reflect a total local level commitment to the fire.

To qualify for EFF, total of Columns A + C must be equal to or greater than 35. If the incident does not qualify for EFF, DFPC may assist the County in seeking State financial assistance if available.

 Sheriff or Designee's Signature

 DFPC Director or Designee's Signature

DFPC DIRECTOR RESPONSE:

EFF or STATE FUNDING REQUEST

1. Date _____ Time _____
 2. Incident Name _____
 3. County _____ EFF member: yes no
 4. Current fire _____ acres.
 Immediate threats to:
 5. Incident Location _____

6. Who is making request: County Sheriff Co. Commissioner Other _____
 7. Current role of Sheriff: _____
 8. Current Incident Commander name _____ Agency _____

9. Jurisdictions now burning:
 FPD City County USFS BLM NPS Other _____
 Fire Districts (list)
 10. Urban interface involved ? Yes No
 Evacuations: # Needed _____ # Underway _____ Not-needed
 Primary Residence: Threatened _____ Lost _____
 Secondary Residence: Threatened _____ Lost _____

11. Suppression resources: Available Ordered Committed
 line workers
 engines
 dozers
 airtankers
 helicopters
 Other:
 12. Fire weather (from NWS): Current Forecast
 wind speed & dir.
 temps, max & min
 RH, max & min
 Other:
 13. Condition of forces now on fire line: _____

14. Expectations 8 hours from now:
 fire size: _____ acres
 terrain:
 fuels:
 threats:
 fire behavior:
 15. Totals from DFPC Analysis Form (DFPC #01): #yes _____ #no _____

16. DFPC FMO recommendation:
DFPC accept Assumption of Fire Control Duty.

DFPC **NOT** accept Assumption of Fire Control Duty.

Why for either of above:

Anticipated resources needed for control:

17. Yes No Have both the County Sheriff and Commissioners been advised of need for the **Assumption of Control?**

18. DFPC Representative _____ Time _____
Location _____ Phone # _____

DFPC ADMINISTRATIVE USE

19. Recommendation of DFPC Director (or Designee if Director is not available):

20. DFPC Director (or Designee) decision and any constraints:

21. Decision relayed to Assigned Agency Administrator: Date _____ Time _____

by _____

ASSUMPTION OF FIRE CONTROL DUTY

I. ASSUMPTION OF CONTROL

Defined: The County Sheriff may delegate the assumption of fire control and fiscal management for a specific fire. The County Sheriff retains statutory authority as defined in CRS 30-10-513.

A. Authority for controlling the _____ Fire burning in _____ County, Section(s) _____,

Township _____, Range _____, is to be assumed by:

- (Check One) _____ County
- Colorado Division of Fire Prevention and Control (DFPC)

B. Specific limitations to the fire control duty assumed by DFPC (if applicable):

C. Assumption of control is acceptable to signatory parties below and will become effective at:

0600 hrs on _____, 20__
Date

1800 hrs on _____, 20__
Date

End of operational period, identified

as _____ hrs on _____, 20__
Date

II. PAYMENT OF COSTS INCURRED

A. The agency accepting this duty, _____, is responsible for
(COUNTY or DFPC)

costs incurred for the following:

B. The cooperating agency, _____, is
(COUNTY or DFPC)
responsible for costs incurred for the following:

The Sheriff agrees to conduct, or cause to be conducted, an investigation as to the cause of all State Responsibility Fires suspected to be human-caused. The Sheriff agrees to provide DFPC with a copy of the preliminary investigation report and the final report in accordance with the deadlines established in the Agreement for Cooperative Wildfire Protection.

COUNTY SHERIFF:

BOARD OF COUNTY COMMISSIONERS:

Name

Name

Title

Title

Date

Date

Time

Time

FOR DFPC:

Name

Title

Date

Time

COMPLEXITY ANALYSIS GUIDELINE

How complex must a situation be in order to qualify for an Incident Management Team?

The following chart should be used as a guideline for deciding the level of incident management team needed for an incident.

It is designed to help analyze the complexity or predicted complexity of a given fire situation. Assumptions are:

1. When a fire escapes initial attack, it is automatically considered for an incident management team. A Type 4, Type 3, Type 2, or a Type 1 team should manage it, depending on complexity level.
2. As a fire situation becomes more complex, so does the need for a Type 1 team to handle a predicted Type 1 situation.

Instructions for using this guideline:

1. Carefully analyze each secondary element under the listed primary factors, and check response column either yes or no.
2. Decisions should be based on the number of yes answers under the primary factors. As a rule of thumb, if the majority of the seven primary factors have secondary elements answered with a "yes," the complexity is great enough to warrant a Type I effort. If the majority of the seven primary factors do not have two or more secondary elements answered with a "yes," the complexity should remain at the IMG or Type II level.

It should be emphasized that this analysis is based on predictions for the next burning period. Obviously, if the analysis is on the present situations and one of the primary factors is checked, a Type 1 situation already exists.

A.	SAFETY	Yes	No
1.	Fixed wing and helicopters both involved.		
2.	More than one fuel type involved.		
3.	Extended exposure to risk or unusually hazardous line conditions.		
4.	Serious accident or fatality.		

Subtotal:

B. MULTIPLE OWNERSHIPS Yes No

1. Fire burning on more than one land ownership.
2. Disputed fire responsibility/authority.
3. Potential for claims.

Subtotal:

C. PERSONNEL AND OTHER RESOURCES COMMITTED Yes No

1. 200 or more people per shift.
2. Two or more divisions.
3. Multi-support agencies involved.
4. Local resources (personnel and equipment) not available or in condition suitable for initial attack.

Subtotal:

D. CONTAINMENT COST Yes No

1. \$50,000 or more per day.

Subtotal:

E. FIRE BEHAVIOR

1. Flame length of 6 feet or greater.
2. Duration uncontrolled - 2 or more burning periods.
3. Severe or extremely variable topography.
4. 1 Hr. fuel moisture 5% or less.

F. Eye-level wind forecast greater than 20 mph.

G. Active crowning/spotting expected.

Subtotal:

H. CULTURAL RESOURCES Yes No

- 1. Urban interface.
- 2. Summer homes.
- 3. Other developments.

Subtotal:

I. POLITICAL PROBLEMS

- 1. Controversial fire policy.
- 2. Poor relationship between ownerships.
- 3. Pre-existing controversies.
- 4. Local organization unable to establish positive media relationships.

Subtotal:

GRAND TOTAL:

Recommended Management Level:

Total # of "Yes" answers:	0 - 2	Reinforced Attack
	3 - 7	Type 3 Incident Management Team or Type 4
	8 - 13	Type 2 Incident Management Team
	14+	Type 1 Incident Management Team

Note: Other considerations may influence decision on which Management Level team to request. If Management Level used is different than above indicates, use space below or back of this sheet for documentation.

(Continue on back as needed)

DELEGATION OF AUTHORITY

As of _____, I have delegated authority and responsibility of managing the
Time Date
_____ Fire, burning in _____ County, to Incident Commander
Fire Name
_____ and his Incident Management Team.
IC Name

This delegation includes the authority to obligate agency funds necessary to pay for controlling this fire. It also includes the responsibility to contain the fire as rapidly as possible in a safe and cost-effective manner.

As Incident Commander, you are accountable to me for the overall management of this incident including its control and return to local forces. I expect you to adhere to relevant and applicable laws, policies, and professional standards.

My considerations for management of this fire are:

- 1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Delegated by:

Printed Name & Title Agency Administrator Signature _____ Date _____ Time _____

Acceptance by:

Printed Name & Title Incident Commander Signature _____ Date _____ Time _____

RETURN OF DELEGATED AUTHORITY
TO COLORADO DIVISION OF FIRE PREVENTION AND CONTROL

Authority and responsibility for managing and controlling the _____ Fire burning within _____ County, Colorado, is hereby returned to Colorado Division of Fire Prevention and Control.

This transfer terminates the authority of the Incident Commander to obligate agency funds necessary to pay for controlling this fire, and terminates the Incident Commander's responsibility to manage the fire and resources assigned to the fire.

Other needs/constraints:

1. Promptly transition with in-coming and hold-over forces.
2. Briefing with new Incident Commander will be completed by effective date and time of this return as shown below.
3. Provide an IAP for next operational period upon request
- 4.

This transfer is effective on _____, 20____, at _____.
(Date) (Time)

Delegated Authority Returned by:

Printed Name & Title	Incident Commander Signature	Date	Time

Delegated Authority Acceptance by:

Printed Name & Title	Agency Administrator Signature	Date	Time