Regional Fire Duty Officer/POC: ___________________________ Number __________________
State Requester (GAR): ___________________________ Number __________________
State’s Request Date: (Month-Day-Year) ____________ Time: (Military MT) __________ (Military ET) __________
Principal Advisor Name: ___________________________ Number __________________

INCIDENT FIRE:
Name of Fire/Complex: ___________________________ 
County/State/Tribe: ___________________________ 
Date Fire Started: ___________________________ Total Acres Burned: ___________________________ Cause: ___________________________

EVALUATION FACTORS:
Community Threatened/Population ___________________________
Number Persons Evacuated ________ Mandatory ___ Voluntary ___ # of Shelters ___________________________
Number of Residences/Businesses threatened ___________________________
Primary homes ________ % Secondary homes ________ %
Threat to Facilities ___________________________ (i.e., buildings, roads & bridges, infrastructure, utilities, etc.)
Threat to Resources ___________________________ (i.e., watershed, irrigation, flood control, fishing streams & spawning sites, wildlife, environmental resources, cultural resources, economic injury, etc.)
Fire Proximity to Structures/Facilities ___________________________
Natural/Man-Made Barriers (i.e., rivers, roads, etc.) ___________________________
Number of Uncontrolled Large Fires in State (all jurisdictions) ___________________________
Fire Containment ________ % Other Critical Considerations ___________________________

PROGNOSIS:
Weather Effects – winds w/direction ____________ temperature ________ humidity ________
Fire Behavior ___________________________ Indices ___________________________
Fire Forecast Next 24 hr Burn Period ___________________________
State & Local Burn Bans Yes / No Where ___________________________
Resources Committed ___________________________

JURISDICTION: ________% On Federal Land ________% On State & Private Land ________% On Tribal Land

PRINCIPAL ADVISOR ANALYSIS:
** Please remind the PA to send in their report (078-0-2) within 7 days of the call
*** Please remind the State to send in the request form (FF 078-0-1) within 7 days of the call

FEMA DETERMINATION
Regional Administrator’s Determination (circle one) APPROVAL DENIAL
Date: (Month-Day-Year) ____________ Time: (Military MT) __________ (Military ET) __________
Name of RA or authorizer if Acting RA ___________________________
FDO/POC Signature ___________________________
State Notified: Name: ___________________________ Time: (Military MT) __________ (Military ET) __________
Principal Advisor notified: Date: ___________________________ Time: (Military MT) __________ (Military ET) __________

IMPORTANT NUMBER: DENVER MOC 1.800.311.7021 / 303.235.4847