DECISION CHECKLIST – REGION VIII
FIRE MANAGEMENT ASSISTANCE DECLARATION REQUEST
04/10/16

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