



D-110 Unit 8: Supplemental Forms and Manual Resource Ordering

Unit Objectives:

- Identify forms that supplement the Resource Order form.
- Complete hard copy of the Resource Order form.

Unit at a Glance:

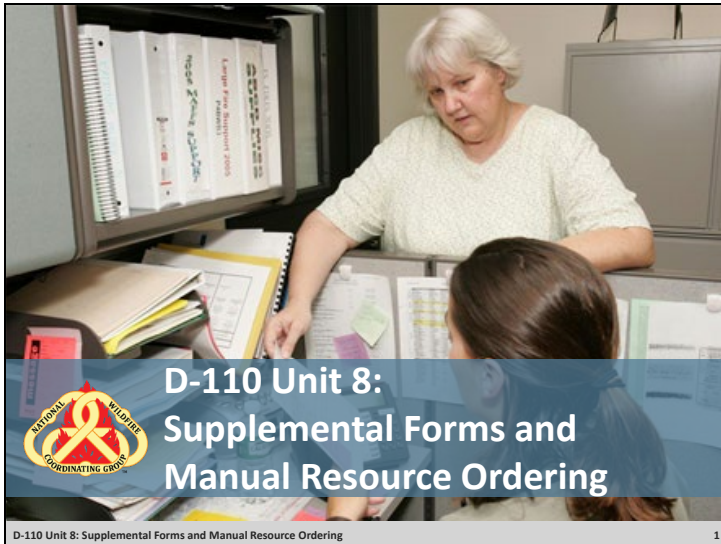
Topics	Method	Duration
Supplemental Forms	Presentation	25 Minutes
Resource Order Form	Presentation	15 Minutes
Exercise	Group Activity	20 Minutes
Total Unit Duration		1 Hour

Materials:

- Student laptop with internet access.
- Blank Resource Order form (electronic or hard copy).
- Ability to display images and video on large screen.

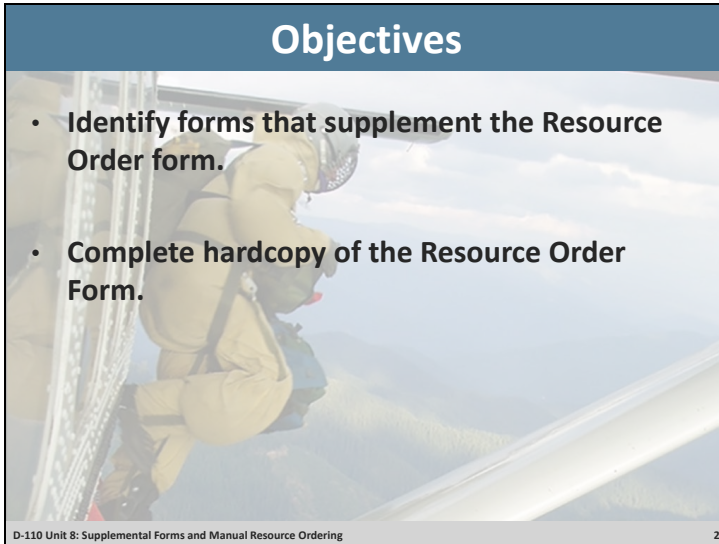
Unit 8: Supplemental Forms and Manual Resource Ordering

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Objectives

- **Identify forms that supplement the Resource Order form.**
- **Complete hardcopy of the Resource Order Form.**

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- ☐ Review unit objectives.

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Resource Extension Request

Resource Extension Request Form 08-01-HD

RESOURCE and INCIDENT INFORMATION:

Resource Name: _____ Incident #: _____ Request #: _____

Incident Name: _____

Position on Incident: _____

Home Unit Supervisor: _____ email: _____ fax #: _____

EXTENSION INFORMATION:

Prior to any extension consider the health, readiness and capability of the resource. The health and safety of incident personnel and resources will not be compromised under any circumstances.

Length of Extension and last work day:

Justification (select from the list below):

☐ Life and property are imminently threatened,

☐ Suppression objectives are close to being met, or

☐ Replacement resources are unavailable or have not yet arrived.

REQUESTED BY:

Incident Supervisor: _____ Incident Position: _____

APPROVED BY:

1) Resource or Resource Supervisor: _____

2) Incident Commander or Deputy: _____

3) Host GACC Coordinator on Duty: _____

4) Home Unit Supervisor: _____

5) Sending GACC (including single-resource Overhead): _____

6) NICC (only if National Resource): _____

*Signatures should be gathered in the order they are numbered above

January 2013

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☐ Refer to: Resource Extension Request Form handout

- Used to extend resources on incident.
- EDRC will notify EDSD or EDSP when an Extension Form is received.
- National resources require NICC approval to extend.
- Discuss local protocol.

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AIRCRAFT FLIGHT REQUEST / FLIGHT SCHEDULE												AIRCRAFT INFORMATION	
INITIAL REQUEST INFORMATION				CHARGE CODE				<input checked="" type="checkbox"/> POINT TO POINT <input type="checkbox"/> HELICOPTER				FAA # 449Q	
DATE 7/7/xx		TO DISPATCH MMF		P98AZB		<input type="checkbox"/> MISSION FLIGHT <input checked="" type="checkbox"/> FIXED WING		FLIGHT SCHEDULE NUMBER					
TIME 1630		FROM 6ACC HD						MAKE/MODEL KING AIR 90					
MISSION DETAILS SMOKEY TREE FIRE				VT-6MF-005989				COLOR WHITE/ORANGE					
SUPPLY ORDER TRANSPORT								VENDOR THUNDER BASSIN AIR					
PASSENGER AND CARGO INFORMATION													
NAME CARGO TYPE		WT	ORDER#	DPT	EST	NAME CARGO TYPE		WT	ORDER#	DPT	EST	TELEPHONE	
NFES 4390 SP-104			S-1	BOX	MHT							208-275-4800	
FLIGHT ITINERARY													
DATE		PAX	DEPARTURE		ETD	ATD	ARRIVAL		ETA	ATA	DROPOFF		KEY POINTS
7/7		0	975 BOI		1300	4:30	MHT		1830	0	975		D/O AT FBO
7/8		0	0 MHT		0730		BOI		1000		0		
FLIGHT FOLLOWING													
<input checked="" type="checkbox"/> FAA IFR FLIGHT PLAN				RADIO FREQUENCIES				TRANSMIT		RECEIVE			
<input type="checkbox"/> FAA VFR FLIGHT PLAN				UNIT				FREQUENCY		TONE		FREQUENCY	
CHECK IN MIN <input type="checkbox"/> FAA <input type="checkbox"/> AGENCY													
<input type="checkbox"/> AGENCY FLIGHT FOLLOWING													
RESOURCE TRACKING BY <input type="checkbox"/> RADIO <input checked="" type="checkbox"/> PHONE				NATIONAL INTERAGENCY COORDINATION CENTER FLIGHT FOLLOWING				800-944-6372					
SCHEDULING DISPATCH # NECC: 207-624-3724													

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☐ Refer to: Aircraft Flight Request/Flight Schedule handout

- Used to request aircraft to transport personnel and/or supplies.
- Shows aircraft used, personnel/supply transported and is used for payment information.
- Provides ETD/ETA information.

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Passenger and Cargo Manifest

EXCHANGE FORM 30-0077 Prescribed by 49CFR 171.114-1 (2010) 494948-013		PASSENGER AND CARGO MANIFEST		NO. OF PASSENGERS On this page 28		PAGE 1 OF 3	
PROJECT NAME VT-GMP		PROJECT NAME Smoky Tree		PROJECT NO. VT-GMP-00589			
NAME OF CARRIER Serra Pacific		MODE OF TRAVEL & NO. N1212 MCC Jet		PILOT OR CREW Woody Black			
CHIEF OF PARTY Villy Wilson		REPORT TO: ACP, Portland VT		IF DELAYED CONTACT NO. 747-8128			
DEPARTURE PLACE Ashuelot, ND		INTERMEDIATE STOPS PLACE ETD 1000		DESTINATION PLACE ETD 2000		RUSHING, VT	
PASSENGER AND/OR CARGO NAME		AGE	PASSENGER SEX	CARGO WEIGHT	IF APPLICABLE #	HUMAN UNIT	
1. Villy Wilson		M	210	65	Superintendent CRWB	NC-NCF	
2. Carl Carlson		M	190	65	Assistant Supt. CRWB	NC-NCF	
3. Elaine Elrod		F	150	65	Assistant Supt. CRWB	NC-NCF	
4. Philip Prosser		M	188	65	Squad Leader FFT1	NC-NCF	
5. Nancy Nelson		F	145	65	Lead Firefighter FFT2	NC-NCF	
6. Steve Stewart		M	200	65	Crew Member FFT2	NC-NCF	
7. Carl Carlson		M	190	65	Crew Member FFT2	NC-NCF	
8. Teddy Thomas		M	180	65	Crew Member FFT2	NC-NCF	
9. Chad Coleman		M	200	65	Crew Member FFT2	NC-NCF	
10. Dan Daniels		M	190	65	Squad Leader FFT1	NC-NCF	
11. Fred Ferguson		M	200	65	Lead Firefighter FFT2	NC-NCF	
12. Lily Lucero		F	140	65	Crew Member FFT2	NC-NCF	
13. Maria Martinez		M	180	65	Crew Member FFT2	NC-NCF	
14. Tony Torres		M	180	65	Crew Member FFT2	NC-NCF	
15. Greg Garcia		M	200	65	Crew Member FFT2	NC-NCF	
16. Ted Taylor		M	180	65	Squad Leader FFT1	NC-NCF	
17. Jack Jaramillo		M	175	65	Lead Firefighter FFT2	NC-NCF	
18. Bart Ballo		M	190	65	Crew Member FFT2	NC-NCF	
19. Larissa Lillo		M	185	65	Crew Member FFT2	NC-NCF	
20. Mike Morris		M	200	65	Crew Member FFT2	NC-NCF	
21.							
22.							
SIGNATURE OF AUTHORIZED REPRESENTATIVE						DATE	
CHIEF OF PARTY COPY							

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☐ Refer to: SF 245 Passenger and Cargo Manifest Populated handout.

- Identifies personnel and/or cargo being transported.
- Generally used for crews and engines.

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Preparedness/Detail Request

PREPAREDNESS/DETAIL REQUEST

ATTACHMENT TO RESOURCE ORDER NUMBER: VT-GMF-005989 REQ. NO(S): 0-1

1. POSITION(S): ICT3 NUMBER OF PERSONS REQUESTED: 1

2. MINIMUM "RED CARD" RATING: ICT3

3. EMPLOYMENT STATUS: ☒ REGULAR FEDERAL AGENCY ☐ JAD ☐ OTHER

4. AGENCY UNIFORM: ☐ YES ☒ NO—FIRE RESISTANT CLOTHING: ☐ YES ☒ NO

5. DRIVER'S LICENSE NEEDED: ☒ YES ☐ NO—ENDORSEMENT:

6. GOVERNMENT VEHICLE: ☐ YES ☒ NO—TYPE: Agency-owned vehicle only

7. PRIVATE VEHICLES AUTHORIZED: ☐ YES ☒ NO—NUMBER:

8. RADIOS NEEDED: ☐ YES ☒ NO—TYPE: NUMBER:

9. REQUESTING UNIT'S ELECTRONIC TECHNICIAN'S NAME: Buzzy Bink
TELEPHONE: 802-747-5985

10. LENGTH OF DETAIL: 30 days THROUGH: 8/2 INCLUDING TRAVEL

11. ESTABLISHED WORKWEEK: 7 days/week HOURS OF DUTY: Variable

12. PERSONNEL MAY BE ROTATED: ☐ YES ☒ NO—HOW OFTEN: REQUESTING UNIT:

13. BASE SALARY PAID BY: Incident PER DIEM PAID BY: Incident

14. TRAVEL PAID BY: Incident

15. EQUIPMENT USE MILEAGE/FOR/ETC. PAID BY: Incident

16. REQUESTING UNIT'S ELECTRONIC ADDRESS: SmithSmiley@government.gov

17. REQUESTING UNIT'S ESTIMATED TOTAL COST: \$4,500

18. REQUESTING UNIT'S PERSONNEL OFFICER: Mary Jones
TELEPHONE NUMBER: 802-747-4982

19. REQUESTING UNIT'S B & F OFFICER: John Smith
TELEPHONE NUMBER: 802-747-4988

20. TEMPORARY DUTY STATION: Rutland Elementary School
ADDRESS/P.O. BOX: US #, Rutland, VT
TELEPHONE: 802-747-0737

21. GOVERNMENT LODGING: ☐ YES ☒ NO—MESS HALL: ☐ YES ☒ NO
GOVERNMENT COOKING FACILITIES ONLY: ☐ YES ☒ NO
COMMERCIAL LODGING: ☐ YES ☒ NO—RATE: \$25—MEALS ☐ YES ☒ NO

22. NEAREST COMMERCIAL AIRLINE CITY: Manchester, NH (MHT)

23. REMARKS:

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☐ Refer to: Detail Request handout.

- Used to request individual resource for extended or prearranged assignments.
- Can be used for overhead, equipment, and crews.
- Follow local protocol, does not use fire codes.

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Mobile Food and Shower Request

MOBILE FOOD & SHOWER SERVICE REQUEST FORM

Incident Name _____ Financial Code _____
Resource Order # _____ Field Service Request EM _____
Shower Unit Request EM _____

I. FOOD SERVICE: Requested Date, Time, Meal Types, and Number of Meals

1. Date of first meal: _____ Time of first meal: _____

2. Estimated number for the first three meals:

1 st meal: _____	<input type="checkbox"/> Hot Breakfast	<input type="checkbox"/> Soft Lunch	<input type="checkbox"/> Dinner
2 nd meal: _____	<input type="checkbox"/> Hot Breakfast	<input type="checkbox"/> Soft Lunch	<input type="checkbox"/> Dinner
3 rd meal: _____	<input type="checkbox"/> Hot Breakfast	<input type="checkbox"/> Soft Lunch	<input type="checkbox"/> Dinner

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time first meals are to be served: Date _____ Time _____

(Minimum guaranteed payment is based on these estimates, see Section G.2.2)

1 st meal: _____	<input type="checkbox"/> Hot Breakfast	<input type="checkbox"/> Soft Lunch	<input type="checkbox"/> Dinner
2 nd meal: _____	<input type="checkbox"/> Hot Breakfast	<input type="checkbox"/> Soft Lunch	<input type="checkbox"/> Dinner
3 rd meal: _____	<input type="checkbox"/> Hot Breakfast	<input type="checkbox"/> Soft Lunch	<input type="checkbox"/> Dinner

II. Location

Reporting location: _____

Contact person at the Incident: _____

III. Additional Information

Spill Camps: Yes _____ No _____ Unknown _____

Estimated Duration of Incident: _____ Estimated Personnel at Peak: _____

Dispatch Center: _____ Telephone Number: _____

IV. SHOWER SERVICE: Requested Date and Time Mobile Shower Unit is needed

Date Requested: _____ Time Requested: _____

Mobile Shower Unit type ordered: Large (12+ units) ☐ Small (4-11 units) ☐

This Block for National Interagency Coordination Center Use Only.

Actual agreed upon Date/Time Mobile Shower Unit to be operational: Date _____ Time _____

National Interagency Coordination Center – 208-387-6400

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☐ Refer to Mobile Food Service Request Form.

- Provides the information required by NICC to fill the request.
- Useful as a checklist to ensure everything is ordered prior to arrival.
- Required to order a national caterer or shower.
 - EDRC would only fill out this form with the help of an EDSD or EDSP. Discuss where and how you might get some of the information required for the form (example: number of meals).

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Manual Resource Order Form

The form is titled "Manual Resource Order Form" and is labeled "RESOURCE ORDER OVERHEAD". It contains several sections for data entry:

- Header Information:** Includes fields for Incident/Project Name, Incident/Project Order Number, Office Reference Number, Incident Base/Phone Number, and Jurisdiction/Agency.
- Resource Request Details:** Includes fields for Resource Number, Order Number, Date, Time, and various status indicators (e.g., Received, Placed, Assigned, Released).
- Resource Assignment:** Includes fields for Resource Assigned, ETO, and Released.
- Documentation:** Includes fields for Action Taken, Date, Time, and various status indicators.

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ICS 259-13 (167) NFES 2213

The **Hardcopy Resource Order** form is used to manually document resource requests when the electronic resource tracking system (IROC) is unavailable.

Legal Documents

- Resource order forms and all supplemental forms are legal documents that can be subpoenaed and used in lawsuits.

Question: What does an EDRC need to consider when completing any form – electronic or hard copy?

Answers: Be professional, state facts, be accurate and thorough, try to be legible, etc.

- Completed Resource Order forms are part of the final financial package.
- ☐ Refer to: **Resource Order Supply BLANK** for description of the form.
- Each functional area has its own form. On original cardstock, each functional area has its own color: Crews/Green; Overhead/White; Equipment/Goldenrod; and Supplies/Brown.
- Hardcopy resource orders are no longer being produced. They are available for printing online.
- ☐ Discuss local protocols.
- There are three main sections on the form:
 - Header information (Blocks 1- 11)
 - Resource information (Block 12)
 - Receive request
 - Place request
 - Assign resource and relay information
 - Release resource
 - Documentation (Block 13)
 - Documentation block is continued on the back of the form.

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Resource Order Supplies

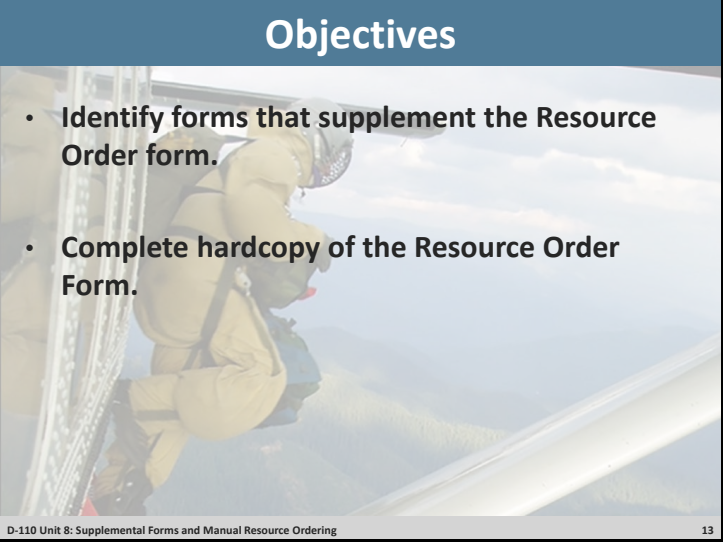
1. RESOURCE ORDER NUMBER		2. INCIDENT/PROJECT NAME		3. INCIDENT/PROJECT ORDER NUMBER		4. OFFICE REFERENCE NUMBER	
SUPPLIES		WAGON		CA-230-00251		PUDS	
5. DESCRIPTION LOCATION/RESPONSE AREA WAGON SPREADS, JUST EAST OF EAGLE LAKE, WESTERN TWP OF SULLYVILLE		6. SEC TOW RNG SEC		7. MAP REFERENCE		8. JURISDICTION/AGENCY DISPATCH 156-278-1174 SULLYVILLE INTERAGENCY ETC.	
9. AIRCRAFT INFORMATION		10. AIRCRAFT INFORMATION		11. AIRCRAFT INFORMATION		12. AIRCRAFT INFORMATION	
13. ORDER RELATED		14. ACTION TAKEN		15. ORDER RELATED		16. ACTION TAKEN	

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- ☐ Display each completed Resource Order form as an example of a completed forms.
- ☐ Describe to students each of the three sections described above.

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Objectives

- Identify forms that supplement the Resource Order form.
- Complete hardcopy of the Resource Order Form.

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- ☐ Review unit objectives.