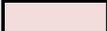


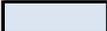
**Mobilization Plan Forms  
Excel Version - Instructions  
2009 Version - Mobilization Plan**

All of the Forms found in the Mobilization Plan - Appendix M have been done in Excel for your convenience in completing the form.

While each form is different, there is one common theme throughout and that is the color coding of certain boxes,

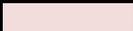
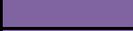
Boxes colored with a light tan:  These are boxes that you input information either text, numbers or both.

Boxes colored with a light red:  These boxes are set with formulas to calculate math or copy text.

Boxes colored with a light blue:  These boxes are for either EMD or WSP use.

Additionally there are some check boxes that may require input, that haven't been colored.  Yes

The Tabs below are colored for quick reference as to the type of form.

Tab Color	Form	Use
	Mobe Request Form	To Request Mobilization
	Type 3 All Risk Incident Complexity Analysis	Needed with Request Form
	Type 3 Incident Complexity Analysis	Needed with Request Form
	Type 2 or 1 Incident Complexity Analysis	Needed with Request Form
	Agency Reimbursement	Career agency reimbursement for personnel
	Individual Time Record	Individual Time Form goes with Agency Reimb. Form
	Expense Claim Form	Agency or personnel expense form
	Mileage Claim Form	Claim for mileage, use of personnel vehicles
	Loss/Damage Equipment Form	Form to report loss/damaged equipment
	Injury Report Form	Records injuries occurring at a mobilization
	Resource Inventory 1	Inventory of resources in county or region
	Resource Inventory 2	page 2 to above
	Region Resources	Used by Regional Coordinator for available resources
	Type 3 IMT Roster	Type 3 IMT Roster to be submitted to Regional Coord
	Type 3 Mission Acceptance	Mobe Staff to Reg. Coordinators w/Resource Request
	Mobilization Manifest	Manifest form needed for check in at incident
	WSP Waiver	Waiver needed by personnel to be paid by WSP
	Mobe Mission Acceptance	Mobe Staff to Reg. Coordinators w/Resource Request
	Model Agreement	Use of temporary non-union firefighters
	FSLA Exempt Employee	Overtime agreement for FSLA Exempt personnel

**Saving File:**

Save this copy of the forms as a master copy of mobilization forms. Then for each mobilization incident, save a copy with the incident name (example: 2005 School Mobilization).

**Removing Pages:**

You may not use all of the forms/pages. If that is the case, you can delete a page by putting the pointer on the tab, and clicking the right mouse button. This will bring up a menu. Select "delete", a box will appear advising that you are permanently deleting the page and data. If you are sure you don't need the page, click "ok". The tab and page will be deleted from the work book.

**Adding Pages:**

If you need additional pages, like the Individual Time Record, follow the same steps to delete a page. When the menu comes up, select "insert". Depending on the version on Excel you have, a box will appear asking what you want to insert. Click on an entry for "worksheet".

Once you have added the "worksheet" the easiest way to copy the form is to left click the pointer on the upper left box between "A" and '1" on the form you wish to copy. The page will be shaded, right click on the mouse which will bring up a menu. Select the copy option. This will copy the entire form. On the new worksheet. Right click on the upper left box between the "A" and "1" box, the page will shade, then left click, the menu will appear. Select the Paste option, the form is now copied over. You will now need to set the page margins. By going to the original page, click on Page Setup. This will show you the page orientation and margins settings. You will need to set this for every new worksheet you insert.

**Mobilization Plan Forms  
Excel Version - Instructions  
2009 Version - Mobilization Plan**

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**Printing Pages:**

Once you have a form completed and want to print it. Click on the upper left box between the "A" and "1" on the form. Left click the mouse and the form will shade. Select the button that looks like the paint can tipping over. This is the color menu. Click on the paint can, on the color menu select "No Color". This will allow you to print the form out in black and white, rather than color.

**Submitting the Forms:**

Form such as the Mobilization Request and Incident Complexity Analysis will be printed out and faxed in. If you can, please remove the pages not used, save the document with a name (example: School Fire Mobilization Request) and e-mail the document to the intended recipient. Depending on the form, such as the Mobilization Request Form, we'd ask that you follow up any e-mail or fax submission with a phone call to ensure that it is received.

If submitting claims, then we would ask that you save the file named in the following manner:

**Richland FD - School Fire - Sept 2005**

If you have a lot of personnel and want to submit personnel reimbursement in more than one file, name the file as:

**Thurston # 9 - School Fire - 2101 2103 2105 2108 - Sept 05**

By submitting the file electronically, we won't need a copy of the time card as we have the white copy and Crew Time Reports at the office. Using descriptive names on the files will help us when getting the paperwork necessary to process the claim.

**Need Assistance:**

If you need help with these forms, call:

Dan Johnson at 360-596-3924, or  
Sue Carr 360-596-3925, or  
Esther Hernandez 360-596-3926

**Comments/Suggestions:**

If you have suggestions, improvements or comments, please e-mail them to: [FPBMobe@wsp.wa.gov](mailto:FPBMobe@wsp.wa.gov)

Please provide feedback on these forms and let us know any issues that may arise. We understand that not every agency participates in Mobilization on a regular basis and that some may be new to the Mobilization process. Our goal is to streamline the paperwork and make the process as easy as possible.

**Mobilization Request  
Form**

**2009 Version - Mobilization Plan**

<b>WSP/EMD Use Only</b>
Date/Time Received:
Date/Time Approved:
Mobilization #: WA-WFS-

**Mobilization Authorization**

Date of Request:	4/1/2009	Time:	14:00
Requesting Agency:	Thurston County # 25	Phone:	360-596-3935
Fire Chief or Designee:	John Smith	Phone:	360-596-3937
On Scene I/C:	John Smith	Phone:	
Regional Coordinator:	Tedd Hendershot	Phone:	360-866-1100

Has the Regional Coordinator been contacted?  Yes  No Who: Tedd

Has an Incident Complexity Analysis been completed?  Yes  No If yes, Incident Type:  1  2  3

**Incident Location**

Type of Incident:		Incident Name:	Rock Candy Mnt Fire
Size (acres, blocks miles):	100 + acres	Is the size growing or contained:	Growing
Weather: Temperature:	75+	Wind Speed (MPH):	12
		Wind Direction:	N-NW
Relative Humidity:			23%
Location of Incident: (Describe location relative to roads/landmarks)	10 miles west of Olympia, SR 8 and Rock Candy Mountain Road		

County:	Thurston	Nearest Town/City:	Olympia
Fuels Involved:	Logging slash, timber, heavy brush		12 Medium Logging Slash

Is the Incident in your fire jurisdiction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is your jurisdiction imminently threatened?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have local resource been exhausted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Has mutual aid been expended?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the event jeopardize the ability of the local jurisdiction to protect lives and property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What is at risk? (number of lives/homes/crops)	20 Homes, powerlines. If crosses SR8 - 100 more homes		
Evacuations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probable	Evacuation Level:	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Estimated number to evacuate?	40	Shelter Location:	Unknown
What land is it on? (Check all that apply)	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Unprotected		

**Resources Needed**

What specific resources are needed?	5 ST of Wildland Engines (Type 3-6), 2 ST of Tenders (Type 2-3); 3 - 20 person handcrews; 1 Type 2 Helicopter with bucket.
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**Reporting Area**

Command Post: (location/address)	Summit Lake Rest Area, SR8 MP 12; Staging is the Boy Scout Camp on Summit Lake Road.		
Contact Person:	Steve North	Phone:	360-866-1100

The requesting jurisdiction agrees to comply with all provisions of the Mobilization Plan.  Yes  No

FAX this document to the Washington EMD's State Emergency Operations Duty Officer at (253) 512-7203.

or

E-mail this document to: [dutyofficer@emd.wa.gov](mailto:dutyofficer@emd.wa.gov)

**Call 1-800-258-5990 for the State Emergency Operations Officer  
Verify they have received the Mobilization Request Form**

**Delegation of Authority  
Form  
2009 Version - Mobilization Plan**

<b>To:</b>	<b>Mark Green</b> Incident Commander	<b>SW Thurston County IMT</b> Representing
<b>From:</b>	<b>John Smith</b> Agency Administrators Name	<b>Thurston # 25</b> Representing
<b>From:</b>	 Agency Administrators Name	 Representing
<b>From:</b>	 Agency Administrators Name	 Representing
<b>From:</b>	 Agency Administrators Name	 Representing

As the Agency Administrators for the agencies having jurisdiction (AHJ) over the Incident described below, you are hereby delegated the authority necessary to manage this incident. I/we understand that the AHJ still retains legal obligation for the incident, however the Incident Commander you will have the operational control.

**Incident Number:** WA - WFS - 145 **County:** Thurston

**Incident Name:** Rock Candy Mountain Fire

**Narrative:** The fire began on: 4/1/2009 at 10:00 ;

The cause has been determined as: \_\_\_\_\_ and \_\_\_\_\_  
List Cause  
 is/was investigated by: \_\_\_\_\_ of \_\_\_\_\_  
Investigators Name Agency / Department Name

The cause has not been determined at this time.

The geographic location of the fire is: 10 Miles West of Olympia, Rock Candy Mountain and SR 8  
Use Township, Range, Section; Drainage, Road, or common descriptive area names

The fire is currently estimated to be: 150 acres in size at time of the Delegation.  
Size

**Weather:** Current conditions are: 75 degrees; 23 % humidity and;  
(temperature) (percent)  
 the winds are 12 miles per hour, coming from the: N-NW.  
(wind speed) (direction)

**Command Structure:**

The current command structure at this time is:

<b>Incident Commander:</b>	<b>John Smith</b> Name	<b>Thurston # 25</b> Fire Jurisdiction
<b>Operations Section Chief:</b>	<b>Roger Landers</b> Name	<b>Thurston # 25</b> Fire Jurisdiction

**Incident Complexity Analysis:**

An Incident Complexity Analysis (ICA) was completed when Mobilization was requested.

- This has been reviewed and is still current to operate with a Type 3 Incident Management Team.
- This has been reviewed and a new ICA has been completed as conditions have changed.
  - The incident will continue to be managed as a Type 3 Incident.
  - The ICA shows the incident has grown from a Type 3 Incident to a:
    - (Type 2) Incident.
    - (Type 1) Incident.
    - The Type   IMT has been ordered. The Type 3 IMT will continue to assume Command from the local jurisdiction and prepare to turn over the incident on:  
1/1/2000

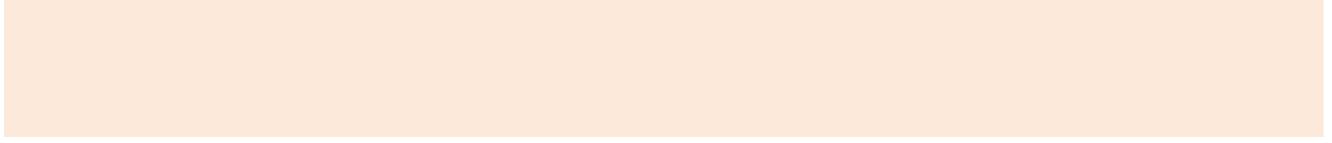
**Incident Priorities:**

**As the delegating authority, I have the following expectations:**

- The priority for protection ranked in order is as follows:
  - Personal safety of firefighters and the public;
  - Developed property;
  - Natural resources.
- Require compliance with the “18 Watch Out Situations” and the “Ten Standard Firefighting Orders” by all incident personnel.
- All personnel are to receive at a minimum 2 to 1 work to rest ratio. A twelve-hour rest for all personnel is preferred. Be mindful of the local crews when implementing this directive. As the Incident Commander, you will document and approve the Crew Time Reports for any deviation when the 2 to 1 work to rest ratio is not achieved or when a single shift exceeds 16 hours.
- Immediately notify the assigned agency representative when the health or safety of incident personnel has been compromised.
- Provide a written safety plan for the incident.
- Prepare a plan to gain control of the incident that takes into account: fire behavior, weather conditions, fuel load, current resources and available resources.

**Incident Priorities: (continued)**

- Cooperate with the local fire jurisdictions, law enforcement and emergency management in developing structural protection and evacuation plans are needed:
- Prepare a Structure Protection Plan that includes
  - Overview of the plan
  - Cooperating Agencies contact names and numbers
  - Consider Law Enforcement / EMD Liaison integration with IMT
  - Evacuation Trigger Points and procedures to be used
- Additionally, the evacuation process should be consistent with the WASPC Model Evacuation Policy.
- Prepare a back-up plan of control in the event that the initial control plan fails.
- Incident will support Initial Attack. If resources are needed on another incident, you will release them for initial attack in order to prevent other incidents from developing into large incidents.
- Resource requests need to be coordinated with the State Fire Marshal's Office Representative.
- Cost containment is a major concern. Be mindful of this both on line and in base camp activities. Plan for and release resources at the earliest practical opportunity.

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**Agency Representatives:**

Agencies providing representatives will be listed on the attached Agency Representatives Form. **See Agency Representatives Attachment**

**Incident Business Advisor:**

This section applies when this is a Mobilization incident. The Office of State Fire Marshal will provide personnel to the incident to carry out this function.

**See Washington State Patrol – Incident Business Advisor Handout**

**Incident Management:**

Establish unified command with: The local fire protection district(s) requesting Mobilization and surrounding mutual aid agencies.

- Establish a safe efficient transition with current incident management organization and build upon their accomplishments.
- In the case where the fire becomes a joint jurisdiction fire, (i.e., A DNR, USFS and Mobe fire), and is managed by a Type 1 or Type 2 Incident Management Team, an Expanded Dispatch is going to be handling all resource orders for the incident except those that are needed for structure protection and come from the Washington Fire Service. Those resources will still be
- Coordinate media communications through the Incident Management Team PIO and local PIO's at the incident.
- Complete an "extended attack complexity analysis" for this incident. Update the analysis as the situation changes. Consult with the assigned agency representative whenever the analysis suggests a change in the incident's complexity level.
- Develop strategies that seek to minimize the acreage burned consistent with
- providing for safe and effective operations.
- If the base camp is more than a 30 minute drive to the fire, the utilization of a smaller remote base camp should be reviewed.
- You have full authority and responsibility for incident management activities and all other activities associated with the incident under your command within the framework of the law.
- Your primary responsibility is to organize and direct your assigned resources towards safe, efficient, and cost effective suppression/mitigation of the incident.
- Ensure personnel have plenty of water and are aware of the symptoms of dehydration.
- Ensure meals and additional supplies of water and Gatorade are made available.
- Specific constraints, issues, opportunities or requirements (legal, political, local resources, landowners, environmentally sensitive areas, farming operations, other agencies, land use, etc... include any infrastructure that needs particular attention i.e., cell or radio towers).



**Mop Up Standard:**

- Outside perimeter / fire line a minimum of 50 feet.
- Inside the perimeter around structures a minimum of 100 feet.
- Additional Mop-Up standards:

- **No visable smoke or hot spots.**

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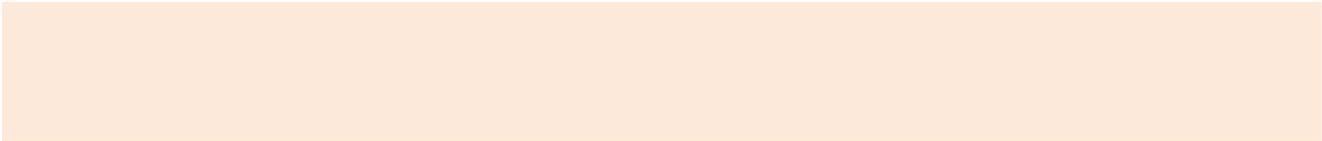
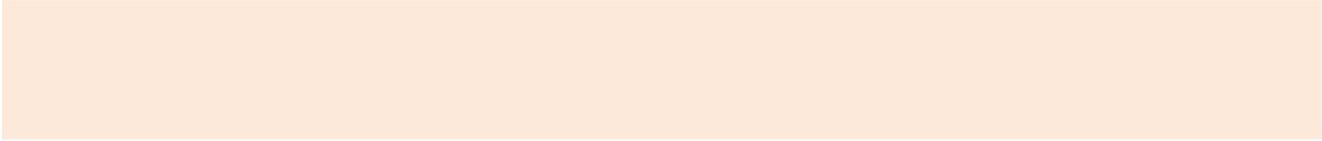
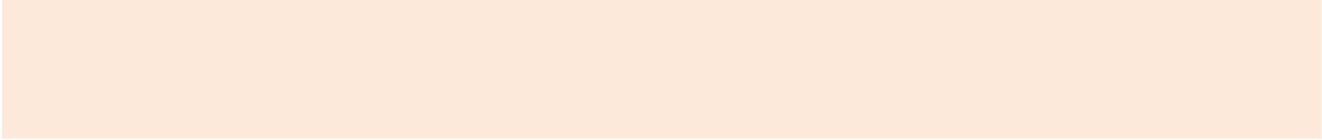
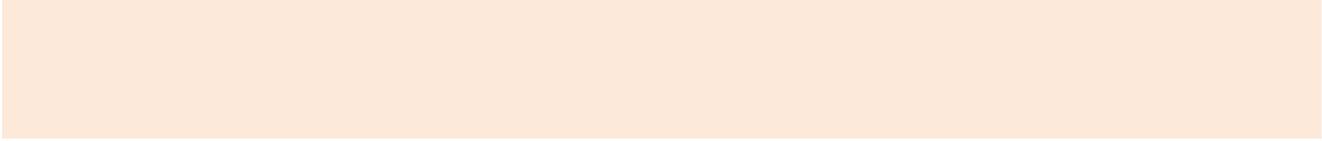
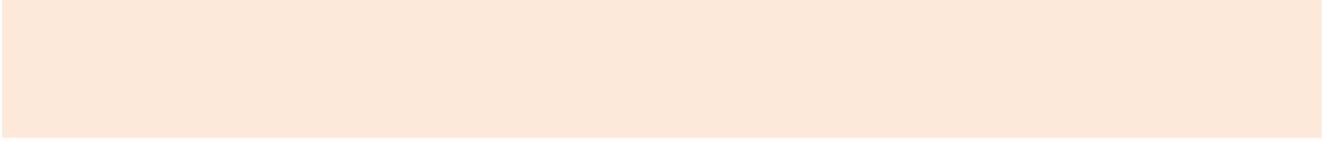
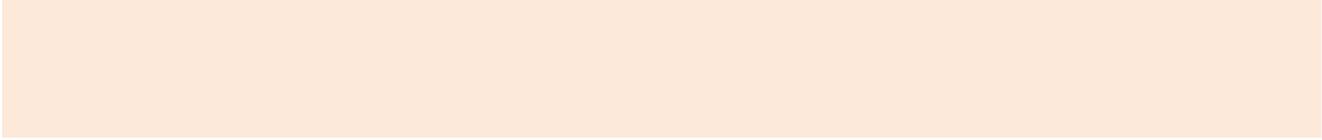
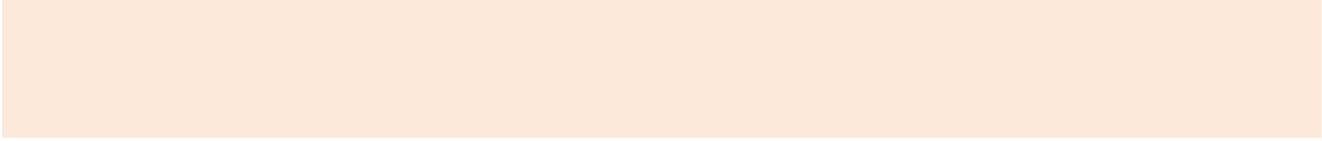
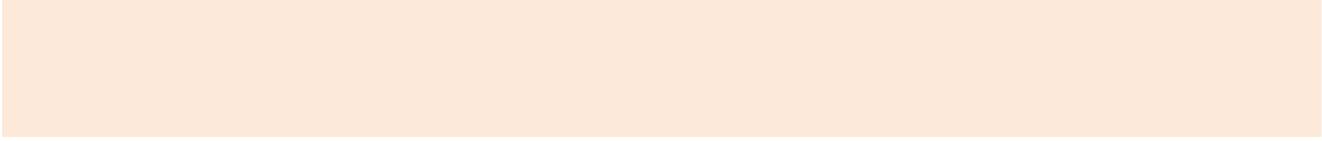
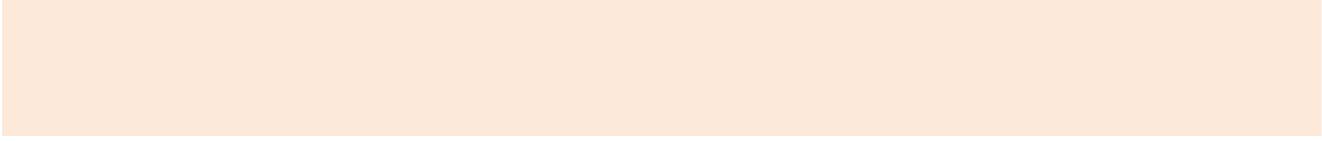
**Local Jurisdiction Resources:**

- Encourage the requesting jurisdiction to provide a firefighter, (with local knowledge of roads, infrastructure and fire behavior, if available,) to each strike team leader. This will reduce the amount of time it takes a strike team to get into place when roads or geographical land marks may not be shown on a map. Local jurisdiction personnel will be compensated for their time.
- If the local jurisdiction is staffing equipment that will be used on the incident, the equipment must be assigned a resource order number, be on the Incident Action Plan and coordinate activities with the Operations Section.

- **Request to keep engine #25-1 on during the day time.**

- **We will provide two firefighters to act as Guides for two of the Strike Teams.**

**Other: (add additional sheets as needed)**

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**Delegation of Authority  
Form  
2009 Version - Mobilization Plan**

This Delegation of Authority to the Incident Management Team becomes effective on:

4/1/2009

at

18:00

(24 Hour)

**Signatures:**

<b>Incident Title:</b>	<b>Agency Administrator - Requesting Jurisdiction</b>
<b>Agency:</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	

<b>Incident Title:</b>	<b>Type 3 Incident Commander</b>
<b>Agency:</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	

<b>Incident Title:</b>	
<b>Agency:</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	

<b>Incident Title:</b>	
<b>Agency:</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	

<b>Incident Title:</b>	
<b>Agency:</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	



**Delegation of Authority  
Form  
2009 Version - Mobilization Plan**

This Delegation of Authority ends effective on:

**4/4/2009** at **12:00** (24 Hour)

The incident is being returned to the local jurisdiction(s) from the Incident Management Team.

**Signatures:**

<b>Incident Title:</b>	<b>Agency Administrator - Requesting Jurisdiction</b>
<b>Agency:</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	

<b>Incident Title:</b>	<b>Type 3 Incident Commander</b>
<b>Agency:</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	

<b>Incident Title:</b>	
<b>Agency:</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	

<b>Incident Title:</b>	
<b>Agency:</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	

<b>Incident Title:</b>	
<b>Agency:</b>	
<b>Printed Name:</b>	
<b>Signature:</b>	

**All-Risk Complexity Analysis  
Form  
2009 Version - Mobilization Plan**

<b>Incident Name:</b>	Rock Candy Mountain Fire	<b>Size:</b>	75+ acres
<b>Completed By:</b>	John Smith	<b>Title:</b>	IC

To be completed by the Incident Commander on a developing incident. The intent of this tool is to be used to evaluate the level of a management team necessary and further incident documentation.

Enter a 1 in either the "yes" or "no" box per line. This would be the same as marking the box as affirmative. The score will be totaled below.

Topic		Yes	No
I	There is a need to develop division, group or sector assignments.	1	0
II	There is a need to develop a written plan (ICS-201 or equivalent) to change from verbal to written decision making process.	1	0
III	There currently exist outstanding tasks, assignments relative to life safety, environmental risks or property protection.	1	0
IV	There exists a threat to a subdivision, rural community, or critical infrastructure.	0	0
V	Current and/or forecasted weather are impacting the incident.	0	0
VI	The incident is developing and no Risk Management Plan has been completed and incorporated into a safety plan.	0	0
VII	The incident has outstanding needs on critical issues (personnel, resource requests).	1	0
VIII	The incident potential forecast indicated an event over 72-hours before stabilization or mitigation.	1	0
IX	Inadequate personnel in supervisory roles to ensure implementation of safety plan.	0	0
X	Inadequate command staff to document incident necessary to meet local, state or federal guidelines.	0	0
		<b>Score:</b>	<b>5 0</b>

Legend:
• 3 to 5 "yes" boxes checked, request a Type 3 Team.
• 5 of more "yes" boxes checked, request a Type 2 Team.
• If there is valid target relative to a terrorist event or natural disaster you may immediately order a Type 2 Team.

**FAX this document along with the  
Request for Mobilization Form to the  
State Emergency Management Division's  
State Emergency Operations Officer at (253) 512-7203**

Call 1-800-258-5990 for the State Emergency Operations Officer to verify receipt.

**Type 3 Wildland Fire  
Incident Complexity Analysis Form  
2009 Version - Mobilization Plan**

<b>Incident Name:</b>	Rock Candy Mountain Fire	<b>Size:</b>	75 + acres
<b>Completed By:</b>	John Smith	<b>Title:</b>	IC

To be completed by the Incident Commander on a developing incident. The intent of this tool is to be used to evaluate the level of a management team necessary and further incident documentation. Enter a 1 in either the "yes" or "no" box per line. This would be the same as marking the box as affirmative. The score

<b>Fire Behavior</b>	<b>Yes</b>	<b>No</b>
Fuels extremely dry and susceptible to long-range spotting or you are currently experiencing extreme fire behavior.	0	0
Weather forecast indicating no significant relief or worsening conditions.	0	0
Current or predicted fire behavior dictates indirect control strategy with large amounts of fuel within planned perimeter.	0	0
<b>Firefighter Safety</b>	<b>Yes</b>	<b>No</b>
Performance of firefighting resources affected by cumulative fatigue.	0	0
Overhead overextended mentally and/or physically.	1	0
Communication ineffective with tactical resources or dispatch.	0	0
<b>Organization</b>	<b>Yes</b>	<b>No</b>
Operations are at the limit of span of control.	1	0
Incident action plans, briefings, etc. missing or poorly prepared.	1	0
Variety of specialized operations, support personnel or equipment.	0	0
Unable to properly staff air operations.	0	0
Limited local resources available for initial attack.	0	0
Heavy commitment of local resources to logistical support.	1	0
Existing forces worked 24 hours without success.	0	0
Resources unfamiliar with local conditions and tactics.	0	0
<b>Values to be protected</b>	<b>Yes</b>	<b>No</b>
Urban interface; structures, developments, recreational facilities, or potential for evacuation.	1	0
Fire burning or threatening more than one jurisdiction and potential for unified command with different or conflicting management objectives.	0	0
Unique natural resources, special-designation areas, critical municipal watershed, T&E species habitat, cultural value sites.	0	0
Sensitive political concerns, media involvement, or controversial fire policy.	0	0
<b>Total</b>	<b>5</b>	<b>0</b>

<b>Legend:</b>
• 3 to 5 "yes" boxes checked, request a Type 3 Team.
• 5 of more "yes" boxes checked, request a Type 2 Team.
• If there is valid target relative to a terrorist event or natural disaster you may immediately order a Type 2 Team.

**FAX this document along with the  
Request for Mobilization Form to the  
State Emergency Management Division's  
State Emergency Operations Officer at (253) 512-7203**

Call 1-800-258-5990 for the State Emergency Operations Officer to verify receipt.

**Type 1 or 2  
Incident Complexity Analysis Form  
2009 Version - Mobilization Plan**

<b>Incident Name:</b>	Rock Candy Mountain Fire	<b>Size:</b>	75+ Acres
<b>Completed By:</b>	John Smith	<b>Title:</b>	IC

**Guide to Completing the Incident Complexity Analysis (Type 1 and 2 Incidents)**

- 1) Analyze each element and check the response, Yes or No.
- 2) If positive responses exceed, or are equal to, negative responses within any primary factor (A through G), the primary factor should be considered as a positive response.
- 3) If any three of the primary factors (A through G) are positive responses, this indicates the fire situation is or is predicted to be of Type 1 complexity.
- 4) Factor H should be considered after numbers 1-3 are completed. If more than two of the items in factor H are answered yes, and three or more of the other primary factors are positive responses, a Type 1 team should be considered. If the composites of H are negative, and there are fewer than three positive responses in the primary factors (A-G), a Type 2 team should be considered. If the answers to all questions in H are negative, it may be advisable to allow the existing overhead to continue action on the fire.
- 5) Enter a 1 in either the "yes" or "no" box per line. This would be the same as marking the box as affirmative. The score will be totaled below (on page 3)

<b>Incident Complexity Analysis</b>			
<b>A. Fire Behavior (Observed or Predicted)</b>		<b>YES</b>	<b>NO</b>
1	Burning index (from on-site measurement of weather conditions) predicted to be above the 90% level using the major fuel model in which the fire is burning.	0	0
2	Potential exists for extreme fire behavior (fuel moisture, winds, etc.).	1	0
3	Crowning, profuse or long-range spotting.	0	0
4	Weather forecast indicating no significant relief or worsening conditions.	0	0
		<b>Total</b>	<b>1</b>
<b>B. Resources Committed</b>		<b>YES</b>	<b>NO</b>
1	200 or more personnel assigned.	1	0
2	Three or more divisions.	1	0
3	Wide variety of special support personnel.	0	0
4	Substantial air operation which is not properly staffed.	0	0
5	Majority of initial attack resources committed.	1	0
		<b>Total</b>	<b>3</b>

**Type 1 or 2  
Incident Complexity Analysis Form  
2009 Version - Mobilization Plan**

<b>C. Resources Threatened</b>		<b>YES</b>	<b>NO</b>
1	Urban interface.	1	0
2	Developments and facilities.	1	0
3	Restricted, threatened, or endangered species habitat.	0	0
4	Cultural sites.	0	0
5	Unique natural resources, special-designation areas, wilderness.	0	0
6	Other special resources:	BPA Powerlines	
		1	0
<b>Total</b>		<b>3</b>	<b>0</b>
<b>D. Safety</b>		<b>YES</b>	<b>NO</b>
1	Unusually hazardous fire line construction.	0	0
2	Serious accidents or fatalities.	0	0
3	Threat to safety of visitors from fire and related operations.	0	0
4	Restrictions and/or closures in effect or being considered.	1	0
5	No night operations in place for safety reasons.	0	0
<b>Total</b>		<b>1</b>	<b>0</b>
<b>E. Ownership</b>		<b>YES</b>	<b>NO</b>
1	Fire burning or threatening more than one jurisdiction.	0	0
2	Potential for claims (damages).	0	0
3	Different or conflicting management objectives.	0	0
4	Disputes over suppression responsibility.	0	0
5	Potential for unified command.	0	0
<b>Total</b>		<b>0</b>	<b>0</b>
<b>F. External Influences</b>		<b>YES</b>	<b>NO</b>
1	Controversial fire policy.	0	0
2	Pre-existing controversies/relationships.	0	0
3	Sensitive media relationships.	0	0
4	Smoke management problems.	0	0
5	Sensitive political interests.	0	0
6	Other external influences.	0	0
<b>Total</b>		<b>0</b>	<b>0</b>
<b>G. Change in Strategy</b>		<b>YES</b>	<b>NO</b>
1	Change in strategy to control from confine or contain	0	0
2	Large amounts of unburned fuel within planned perimeter.	1	0
3	WFSA invalid or requires updating.	0	0
<b>Total</b>		<b>1</b>	<b>0</b>

**Type 1 or 2  
Incident Complexity Analysis Form  
2009 Version - Mobilization Plan**

<b>H. Existing Overhead</b>		<b>YES</b>	<b>NO</b>
1	Worked two operational periods without achieving initial objectives.	0	0
2	Existing management organization ineffective.	1	0
3	Overhead overextended mentally and/or physically.	1	0
4	Incident action plans, briefings, etc. missing or poorly prepared.	1	0
<b>Total</b>		<b>3</b>	<b>0</b>

	<b>YES</b>	<b>NO</b>
<b>A. Fire Behavior (Observed or Predicted)</b>	1	0
<b>B. Resources Committed</b>	3	0
<b>C. Resources Threatened</b>	3	0
<b>D. Safety</b>	1	0
<b>E. Ownership</b>	0	0
<b>F. External Influences</b>	0	0
<b>G. Change in Strategy</b>	1	0
<b>H. Existing Overhead</b>	3	0
<b>Total</b>	<b>12</b>	<b>0</b>

**Person assisting with scoring / evaluation:**

**Person assisting with scoring / evaluation:**

If this was already done - try to obtain a copy or get the names of the person who made the decision to go order a Type 1 or Type 2 Team and keep it for the documentation box.

**Once this form is completed keep a copy in the Incident Documentation Box.**

**If making a request for Mobilization:**

**FAX this document along with the  
Request for Mobilization Form to the  
State Emergency Management Division's  
State Emergency Operations Officer at (253) 512-7203**

**Call 1-800-258-5990 for the State Emergency Operations Officer to verify receipt.**

**Agency Reimbursement Invoice**

**Form**

**2009 Mobilization Plan**

Agency: **Thurston County Fire District # 25**  
 Address: **POB 42600**  
 City: **Olympia**  
 State: **Washington** ZIP:

Event Name: **Rock Candy Mountain Fire**  
 Tax ID #: **91-5693935**  
 Phone #:

**Reimbursement for the following agency provided personnel:**

	Resource Number	Name (Last, First)	Regular	Overtime	Regular	Overtime	Sub-Total	
			Hours		Rate of Pay			
1	2001	Smith, John	24	11.5	\$ 33.93	\$ 44.00	\$ 1,320.32	
2	2002	Walkington, Pete	16.5	0	\$ 22.50	\$ -	\$ 371.25	
3	2002	Harrington, Steve	16.5	0	\$ 24.50	\$ -	\$ 404.25	
4			0	0	\$ -	\$ -	\$ -	
5			0	0	\$ -	\$ -	\$ -	
6			0	0	\$ -	\$ -	\$ -	
7			0	0	\$ -	\$ -	\$ -	
8			0	0	\$ -	\$ -	\$ -	
9			0	0	\$ -	\$ -	\$ -	
10			0	0	\$ -	\$ -	\$ -	
<b>Agency Personnel Sub-Total</b>							<b>\$</b>	<b>2,095.82</b>

**Reimbursement for Backfill Personnel:**

	Resource Number	Name (Last, First)	Overtime		Sub-Total	Overtime Sub-Total; Overtime / 3	
			Hours	Rate			
1	2001	Jinxs, H. Ike	24	\$ 38.74	\$ 929.76	\$ 309.92	
2	2002	Walker, Jay	12	\$ 31.85	\$ 382.20	\$ 127.40	
3			0	\$ -	\$ -	\$ -	
4			0	\$ -	\$ -	\$ -	
5			0	\$ -	\$ -	\$ -	
6			0	\$ -	\$ -	\$ -	
7			0	\$ -	\$ -	\$ -	
8			0	\$ -	\$ -	\$ -	
9			0	\$ -	\$ -	\$ -	
10			0	\$ -	\$ -	\$ -	
<b>Agency Backfill Sub-Total</b>						<b>\$</b>	<b>437.32</b>

If you are familiar with Excel and know how to formulate boxes adding together, complete this section by adding mobilized and backfill personnel together by Resource #. If you are not familiar with Excel, leave this section blank.

Resource #	Sub-Total	Resource #	Sub-Total
2001	\$ 1,630.24		\$ -
2002	\$ 902.90		\$ -
	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
<b>Total</b>			<b>\$ 2,533.14</b>

**Total Amount Submitted For Reimbursement**

Agency Personnel Sub-Total:	\$ 2,095.82
Agency Backfill Sub-Total:	\$ 437.32
<b>Total Agency Reimbursement:</b>	<b>\$ 2,533.14</b>

Please provide the person who completed the Invoice and Individual pages contact information below.

Name: **John Smith** Phone: **360-596-3935**  
 If we have questions, the best day/time to contact you: **Mondays after 7am**

Return the completed form within 45 days of the event to: **FPBMobe@wsp.wa.gov**





**This box is not set for printing. It is a reference only.**

**//////////////////// Rate Checker \\\\\\\\\\\\\\\\\\\**

<b>SS</b>	\$ 1.36	<b>PERS 1</b>	\$ 1.83
<b>Medicare</b>	\$ 0.32	<b>PERS 2</b>	\$ 0.11
<b>LEOFF 2</b>	\$ 1.20	<b>PERS 3</b>	\$ 0.03
<b>LEOFF 1</b>	\$ 0.04	<b>PSES 2</b>	\$ 2.07

This is for reference only. Hourly rates are calculated 2008 Retirement percentages.

**Rates Effective to June 30, 2009**





**Fire Mobilization  
Loss or Damaged Equipment  
2009 Version- Mobilization Plan**

Agency / Person Seeking Reimbursement			
Name:	Thurston County Fire District # 25	Event:	Rock Candy Mountain Fire
Address:	POB 42600	Resource Order #:	2002
City:	Olympia	Zip:	98502
State:	WA	Federal Tax ID #:	91-59639397
Phone #:	360-596-3935	Form Completed By:	John Smith

Type of Incident			
<input type="checkbox"/> Vehicle Damage	<input checked="" type="checkbox"/> Equipment Damage	<input type="checkbox"/> Loss of Equipment	
Date of Incident:	4/1/2009	Time:	17:45
Location:	E Road, 2 miles from SR8		
City:	Olympia	State:	WA
Reported to Police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Report # or Case #:	
Police Agency:		Officer:	

Description of Property Loss / Damage	
What was the loss or damage:	** See instructions to assist in completing this section **
100 feet of 1 1/2 inch hose. While doing mop-up the hose was burned by a tree root that was burning.	

Was the property insured?:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was a claim filed?:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Insurer:		Claim #:	

Statements / Witnesses			
Name	Pete Walkington	Home Phone:	
Address:	Thurston # 25	Work Phone:	
City:		State:	
		ZIP:	
Name	Steve Harrington	Home Phone:	
Address:	Thurston # 25	Work Phone:	
City:		State:	
		ZIP:	

Investigation - Attach a copy of the investigation or use space provided on the back.	
Investigated by:	Butch Puller
Agency:	Thurston County Fire District # 26
Contact Phone Number:	360-555-1212
Was the loss/damage caused by a dynamic of the Mobilization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined	

***** No Investigation = No Reimbursement for Damages *****			
Immediate Supervisor	Print Name:	Bill Smith	Phone #: 360-570-3136
	Signature:		Date:
I / C	Print Name:	Dave White	Phone #: 360-753-0498
	Signature:		Date:
Safety Officer	Print Name:		Phone #:
	Signature:		Date:

**Injury / Exposure Reporting  
Form  
2009 Version - Mobilization Plan**

COMPLETE AT TIME OF INJURY / EXPOSURE BY INDIVIDUAL OR SUPERVISOR						
Event Name:	Rock Candy Mountain Fire		Resource Order #:	2002		
Name:	Steve Harrington		Date of Birth:	4/1/1950		
Address:	POB 42600		Home Phone:	360-753-0400		
City:	Olympia		Work Phone:	360-596-3935		
State:	WA	ZIP:	98504	Message Phone:	( )	
Agency:	Thurston County # 25		Contact Name:			
			Contact Number:	( )		
Injury / Exposure Information						
Date of Injury/Exposure:	4/1/2009		Time:	22:00	County:	Thurston
Address, City:	SR 8 / E Road			State:	WA	
Extent of Injury/Exposure:	Smoke inhalation					
How did the Injury/Exposure Occur:	Firefighter at a large fire, working downwind of smoky fire.					
Injury / Exposure Treatment						
Did You Receive Medical Treatment at Time of Injury?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Location:	A/S; local paramedics		
Did You Receive Additional Medical Treatment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Facility:	Black Hills Hospital		
Has a Labor & Industries Claim Been Filed By You?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Claim #:	F59639397		
Was a Third Party Involved in Your Injury/Exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Identify below			
Third Party / Witness Information						
Name	Pete Walkington		Home Phone:			
Address:	Thurston # 25		Work Phone:			
City:		State:		ZIP:		
Name			Home Phone:			
Address:			Work Phone:			
City:		State:		ZIP:		
Reviewer	Printed Name		Signature		Date	
Immediate Supervisor	Bill Smith					
Division Supervisor or Incident Commander	Dave White I/C					
Medical Unit Leader or Safety Officer						

**Fax a Copy of this Form  
to the Washington State Patrol - Mobilization Section  
as Soon as Possible 360-596-3935**

**Fire Jurisdiction**  
**Resource Inventory Form**  
**2009 Version - Mobilization Plan**

<b>Region:</b>	Central		<b>Last Updated:</b>	4/1/2009
<b>Administrative Information</b>				
<b>Department Name:</b>	Thurston County # 25	<b>E-Mail:</b>	TC#25@hotmail.com	
<b>Street Address:</b>	POB 42600	<b>City:</b>	olympia	<b>Zip:</b> 98504
<b>Business Phone:</b>	360-596-3935	<b>Fax:</b>		
<b>Dispatch Phone:</b>		<b>Fax:</b>		
<b>Chief Name:</b>	John Smith	<b>Alternate:</b>		
<b>Do You Have State-Wide Fire Mutual Aid Channel?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Personnel Resources**

Personnel must be qualified for the position they are expected to fill

Title	Total
<b>Chief Officers:</b>	1
<b>Company Officers:</b>	3
<b>Apparatus Operators:</b>	5
<b>Firefighters:</b>	10
<b>First Responders:</b>	0
<b>EMTs:</b>	5
<b>Paramedics:</b>	4
<b>HazMat Operations:</b>	0
<b>HazMat Technicians:</b>	0

Self-Contained Breathing Apparatus:
Manufacturer
HP
LP
Spare Bottles

Powered Hydraulic Rescue Tools:	
Manufacturer	Number

Special Equipment/Skills:

**Fire Jurisdiction**  
**Resource Inventory Form**  
**2009 Version - Mobilization Plan**

Resources							
See below for minimum standards for resource type	Types						
	1	2	3	4	5	6	7
Engines	1	0	0	0	0	3	0
Non-Tactical Water Tender	0	0	1				
Tactical Water Tenders	0	0					
Aerial Ladders	0	0					
Aerial Platforms	0	0					

Resource	Number	Other: List size, capabilities, etc...
ALS Units (Transport)	1	
ALS Units (Non-Transport)	1	
BLS Unit (Transport)	2	
BLS Unit (Non-Transport)	0	
Mobile SCBA Recharge	0	
Mobile Lighting Support	0	
Mobile Fire Mechanic	0	
All Terrain Vehicle	2	
Bulldozer	0	
Tractor with Lowboy	0	
Tractor with Tilt Trailer	0	
Tractor/Jeep with Plow	0	
Fuel Tender	0	
Mobile Command Post	1	
Communications Vehicle	0	
Communications Unit	0	
Plans Trailer/Unit	0	
Logistics Trailer/Unit	0	
Finance Trailer/Unit	0	
Supply Cache Trailer	0	
Satellite Trailer/Unit	0	
Water Rescue	0	
Confined Space Rescue	0	
High Angle Rescue	0	
Urban Search & Rescue	0	
Fire Investigator	0	
Fire Inspector	0	
Dispatcher	0	
Communications Technician	0	
Crash Vehicle (Aircraft)	0	

**After completing the inventory, e-mail it to your Regional Coordinator.**  
**Add additional pages if necessary**

**Region Resource Availability  
Form  
2009 Version - Mobilization Plan**

<b>Fire Defense Region:</b>	<b>Central</b>		
<b>Regional Coordinator:</b>	<b>Tedd Hendershot</b>		
<b>NW Preparedness Level:</b>	<b>4</b>	<b>Date:</b>	<b>4/1/2009</b>

<b>Personnel</b>			
<b>Position</b>	<b>Trainee?</b>	<b>Name</b>	<b>Level</b>
STL	<input checked="" type="checkbox"/> Yes	Bill Smith	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input checked="" type="checkbox"/> Type 3
DIVS	<input checked="" type="checkbox"/> Yes	Roger Landers	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input checked="" type="checkbox"/> Type 3
PSC	<input checked="" type="checkbox"/> Yes	Bill Smith	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input checked="" type="checkbox"/> Type 3
PSC	<input checked="" type="checkbox"/> Yes	Roger Landers	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input checked="" type="checkbox"/> Type 3
STL	<input checked="" type="checkbox"/> Yes	Roger Landers	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input checked="" type="checkbox"/> Type 3
STL	<input type="checkbox"/> Yes	Pete Walkington	<input type="checkbox"/> Type 1 <input checked="" type="checkbox"/> Type 2 <input checked="" type="checkbox"/> Type 3
TFL	<input type="checkbox"/> Yes	John Smith	<input type="checkbox"/> Type 1 <input checked="" type="checkbox"/> Type 2 <input checked="" type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

<b>Equipment</b>							
<b>Type</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Engines</b>	0	0	0	0	0	1	0
<b>Support Tender</b>	0	0	0				
<b>Tactical Tender</b>	0	0					
<b>Ladder</b>	0	0					

**\*\* Show the number of Single Resources available only \*\***

<b>Ambulances</b>		
<b>Type</b>	<b>Transport</b>	<b>Non-Transport</b>
<b>ALS Unit</b>	0	0
<b>BLS Unit</b>	0	0

<b>Additional Medical Personnel</b>			
	<b>Paramedic</b>	<b>EMT-I</b>	<b>EMT-B</b>
<b>Number</b>	0	0	0

**\*\* Show the number of Single Resources available only \*\***

<b>Ability to Form ST:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Additional Needs to Form ST:</b>	4 more engines.

<b>Ability to Form TF:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Additional Needs to Form TF:</b>	

**\*\* Have Form Ready When Conference Calls For Resources Are Held \*\***



**Washington State Fire Mobilization  
Type 3 IMT Mission Acceptance  
2009 Version - Mobilization Plan**

<b>Incident Type:</b>	<b>Wildland Fire</b>
<b>Incident Name:</b>	<b>Rock Candy Mountain</b>
<b>Mobilization Number:</b>	<b>WA-WFS-145</b>
<b>Report Location:</b>	<b>Boy Scout Camp on Summit Lake Road, 3 miles north of SR 8</b>
<b>Ordered Time/Date:</b>	<b>4/1/2009 15:00</b>
<b>Report Time / Date:</b>	<b>4/1/2009 20:00</b>

**Directions:** Complete the member's name, agency, positions and highest level of certification. Use the back for position and levels of certification.

Required Positions		
Resource Order #	Position	Filled by:
3001	Incident Commander	<b>Name:</b> Tom Hogan
		<b>Agency:</b> Thurston 25
		<b>Level Certified:</b> Type 3 IC
3002	Safety Officer	<b>Name:</b> Bill Mitchell
		<b>Agency:</b> Thurston 27
		<b>Level Certified:</b> Type 2 SOF
3003	Public Information Officer	<b>Name:</b> Vince Sculley
		<b>Agency:</b> Thurston County Public Works
		<b>Level Certified:</b> AHIMT T-3
3004	Liaison Officer	<b>Name:</b> Rhonda Hogan
		<b>Agency:</b> Thurston 25
		<b>Level Certified:</b> AHIMT T-3
3005	Operations Section Chief	<b>Name:</b> Bill Smithers
		<b>Agency:</b> Pierce 42
		<b>Level Certified:</b> Type 2 OPS
3006	Planning Section Chief	<b>Name:</b> John Smith
		<b>Agency:</b> Thurston 25
		<b>Level Certified:</b> AHIMT T-3
3007	Logistics Section Chief	<b>Name:</b> Rick Finder
		<b>Agency:</b> Thurston County Public Health
		<b>Level Certified:</b> AHIMT T-3
3008	Finance Section Chief	<b>Name:</b> Bill Moore
		<b>Agency:</b> Thurston 29
		<b>Level Certified:</b> AHIMT T-3

**\*\*If any of the required positions cannot be filled - the team cannot accept the request to provide the resource.**

By accepting the resource request in providing an Incident Management Team, you are coming qualified as ordered. Your home agency / local governing board is responsible for maintaining qualifications, training and experience records.

**Washington State Fire Mobilization  
Type 3 IMT Mission Acceptance  
2009 Version - Mobilization Plan**

<b>Additional Positions</b>			
<b>Resource Order #</b>	<b>Position</b>	<b>Filled by:</b>	
3009	DIVS	<b>Name:</b>	Walt Talls
		<b>Agency:</b>	Thurston 29
		<b>Level Certified:</b>	Type 1 DIVS
3010	DIVS	<b>Name:</b>	Brenda Smith
		<b>Agency:</b>	Thurston 25
		<b>Level Certified:</b>	STL
3011	DIVS	<b>Name:</b>	Bill Creek
		<b>Agency:</b>	Thurston 30
		<b>Level Certified:</b>	Type 2 DIVS
3012		<b>Name:</b>	
		<b>Agency:</b>	
		<b>Level Certified:</b>	
3013		<b>Name:</b>	
		<b>Agency:</b>	
		<b>Level Certified:</b>	
3014		<b>Name:</b>	
		<b>Agency:</b>	
		<b>Level Certified:</b>	
3015		<b>Name:</b>	
		<b>Agency:</b>	
		<b>Level Certified:</b>	
3016		<b>Name:</b>	
		<b>Agency:</b>	
		<b>Level Certified:</b>	
3017		<b>Name:</b>	
		<b>Agency:</b>	
		<b>Level Certified:</b>	
3018		<b>Name:</b>	
		<b>Agency:</b>	
		<b>Level Certified:</b>	
3019	Mobile Command Post	<b>Agency:</b>	
3020	Communications Unit	<b>Agency:</b>	
3021	Supply Cache	<b>Agency:</b>	
3022	Other:	<b>Agency:</b>	

By accepting the resource request in providing an Incident Management Team, you are coming qualified as ordered. Your home agency / local governing board is responsible for maintaining qualifications, training and experience records.

**Mobilization Manifest**

**Form**

**2009 Version - Mobilization Plan**

Incident Name:

**Rock Candy Mnt.**

Fire Number:

**WA - WFS - 145**

Resource Order Number:

**2204**

<input type="checkbox"/> Initial Attack	<input type="checkbox"/> Immediate Need	<input checked="" type="checkbox"/> Extended Attack	<input type="checkbox"/> Crew Change-Out (Requires IC Approval)
Fire Jurisdiction: <b>Thurston County # 25</b>		Contact Name / Phone Number <b>John Smith</b>	Federal Tax ID Number <b>91-5963937</b>
Date/Time Request Received <b>4/1/2009 22:00</b>	Estimated Time of Departure <b>4/2/2009 5:30</b>	Estimated Date of Arrival <b>4/2/2009</b>	Estimated Time of Arrival <b>6:00</b>
Equipment Type Requested <b>WLE T3 to T6</b>	Equipment Type Sent <b>Type 6 WLE</b>	Vehicle License # <b>D99999</b>	Equipment # <b>B-25-1</b>
Cell Phone Number <b>360-596-3935</b>			

Name	<b>Hogan, Hillary</b>			Name	<b>Smith, Tim</b>		
Agency (if different)				Agency (if different)			
Mailing Address				Mailing Address			
City				City			
State	ZIP			State	ZIP		
Paid By	<input type="checkbox"/> WSP	<input checked="" type="checkbox"/> Home Agency	Carded <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Paid By	<input checked="" type="checkbox"/> WSP	<input type="checkbox"/> Home Agency	Carded <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Position	<b>ENGB</b>			Position	<b>FF1</b>		

Name				Name			
Agency (if different)				Agency (if different)			
Mailing Address				Mailing Address			
City				City			
State	ZIP			State	ZIP		
Paid By	<input type="checkbox"/> WSP	<input type="checkbox"/> Home Agency	Carded <input type="checkbox"/> No <input type="checkbox"/> Yes	Paid By	<input type="checkbox"/> WSP	<input type="checkbox"/> Home Agency	Carded <input type="checkbox"/> No <input type="checkbox"/> Yes
Position				Position			

Name				Name			
Agency (if different)				Agency (if different)			
Mailing Address				Mailing Address			
City				City			
State	ZIP			State	ZIP		
Paid By	<input type="checkbox"/> WSP	<input type="checkbox"/> Home Agency	Carded <input type="checkbox"/> No <input type="checkbox"/> Yes	Paid By	<input type="checkbox"/> WSP	<input type="checkbox"/> Home Agency	Carded <input type="checkbox"/> No <input type="checkbox"/> Yes
Position				Position			

When completed, E-mail a copy of the manifest to both addresses:

**FPBMobe@wsp.wa.gov**

**EOC03@emd.wa.gov**

\*\*This form is different from the Manifest Form in the Mobilization Plan. It is set up for using Excel to complete the form. Which form is used isn't as important as showing up with the completed Manifest. Either Manifest form can be used.



# Washington Fire Service Resource Mobilization Plan Waiver of Polygraph/Background Check

<b>Rock Candy Mountain Fire</b>	<b>2204</b>	
Mobilization Incident Name	Resource Order Number	
<b>Timothy P. Smith</b>	<b>4/1/1980</b>	
Printed Name	Date of Birth	
<b>POB 42600</b>	<b>Olympia</b>	<b>WA</b>
Address	City	Zip Code
<b>98504</b>		
Home Fire Jurisdiction Name		

As a law enforcement agency, many aspects of the Washington State Patrol (WSP) are confidential. Therefore, successful completion of a polygraph examination and background investigation on all employees is required for permanent employment.

Personnel (who are not reimbursed by their home jurisdiction, but who will be reimbursed by the WSP under the State's Fire Mobilization Plan) will not be required to take the polygraph examination or background check. However, in order to be considered for future opportunities with the WSP in any capacity, you will be required to take and pass the polygraph examination and background check prior to employment with the WSP. Otherwise, your employment with the WSP will be limited to the Fire Protection Bureau working as an "emergency temporary firefighter" under the State's Mobilization Plan.

**WAIVER:**

I hereby waive the background check and polygraph examination required for employment with the Washington State Patrol. I agree to voluntarily take a polygraph examination and submit to a background check before I will be considered for any position with the Washington State Patrol other than as an "emergency temporary firefighter" under the State's Fire Mobilization Plan.

Further, my signature also indicates I have been provided a copy of the Code of Conduct, Sexual Harassment and Discrimination, Agency Rules and Alcohol and Drug Free Workplace policies.

<b>[Signature]</b>	<b>4/2/2009</b>
Printed Name	Date Signed

**Check here if you are currently employed by the State of Washington.**

**Note:** If you are contracted resource hired with a vehicle or equipment, you do not need to complete this form or the W-4. You will be required to complete a W-9 (Request for Taxpayer Identification Number and Certification Form).

**To receive payment:**

You must complete the WSP Waiver and W-4 (IRS Tax Withholding) for each mobilization incident. These documents must be submitted with your Emergency Firefighter Time Record and Crew Time Reports to the Finance Section. Claims submitted without the WSP Waiver or W-4 cannot be processed for payment.

To receive the increased pay beyond a FF2, you must show certification (red card) for the higher level position. Trainee positions below Strike Team Leader will be paid at the highest level carded.

If you have not received a check within 45 days from date of demobilization, or have a question regarding your pay contact the Mobilization Section. The preferable method is e-mail, provide your name, contact number, and your message to include the incident name and resource order number. We will contact you as soon as possible.

E-mail us at [FPBMobe@wsp.wa.gov](mailto:FPBMobe@wsp.wa.gov); or you can reach us in Olympia at:  
(360) 596-3925 Sue Carr; or (360) 596-3926 Esther Hernandez; or (360) 596-3924 Dan Johnson



# Washington Fire Service Resource Mobilization Plan Waiver of Polygraph/Background Check

<b>Rock Candy Mountain Fire</b> <small>Mobilization Incident Name</small>	<b>2204</b> <small>Resource Order Number</small>
<b>Timothy P. Smith</b> <small>Printed Name</small>	<b>4/1/1980</b> <small>Date of Birth</small>
<b>POB 42600</b> <small>Address</small>	<b>Olympia</b> <small>City</small>
<b>WA</b> <small>Zip Code</small>	
<b>98504</b> <small>Home Fire Jurisdiction Name</small>	

As a law enforcement agency, many aspects of the Washington State Patrol (WSP) are confidential. Therefore, successful completion of a polygraph examination and background investigation on all employees is required for permanent employment.

Personnel (who are not reimbursed by their home jurisdiction, but who will be reimbursed by the WSP under the State's Fire Mobilization Plan) will not be required to take the polygraph examination or background check. However, in order to be considered for future opportunities with the WSP in any capacity, you will be required to take and pass the polygraph examination and background check prior to employment with the WSP. Otherwise, your employment with the WSP will be limited to the Fire Protection Bureau working as an "emergency temporary firefighter" under the State's Mobilization Plan.

**WAIVER:**

I hereby waive the background check and polygraph examination required for employment with the Washington State Patrol. I agree to voluntarily take a polygraph examination and submit to a background check before I will be considered for any position with the Washington State Patrol other than as an "emergency temporary firefighter" under the State's Fire Mobilization Plan.

Further, my signature also indicates I have been provided a copy of the Code of Conduct, Sexual Harassment and Discrimination, Agency Rules and Alcohol and Drug Free Workplace policies.

<hr style="border: 1px solid black;"/>	<hr style="border: 1px solid black;"/>
<small>Printed Name</small>	<small>Date Signed</small>

**Check here if you are currently employed by the State of Washington.**

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E-mail us at [FPBMobe@wsp.wa.gov](mailto:FPBMobe@wsp.wa.gov); or you can reach us in Olympia at:  
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## **Code of Conduct**

Resources mobilized to an incident shall promote and maintain a harmonious and productive work place environment. Core to the State Fire Marshal's values is the necessity that all employees deserve to be treated with the utmost respect and dignity. All resources shall strive to ensure that these basic ideals are promoted and maintained. Ultimately, this is the standard by which the State Fire Marshal will:

- Measure how employees interact with those they serve.
- Establish the expectation of how individuals will be treated and how individuals will treat others.

The State Fire Marshal will make available only those resources that align themselves with the following code of conduct.

The Code of Conduct entails the following qualities:

- Lead by example;
- Be proficient in your craft;
- Promote a positive environment;
- Deal with issues directly;
- Empower others to solve problems;
- Treat others as equals and with respect;
- Expect the best;
- Share your knowledge.

## **Sexual Harassment and Discrimination**

All personnel participating in a mobilized incident will abide by all federal and state laws prohibiting any form of discrimination or harassment. All forms of discrimination and harassment under state and federal laws are prohibited. The policies and work rules of your home agency govern your conduct. The Incident Commander will ensure all incidents of discrimination or harassment reported by personnel at the incident are preliminarily investigated.

The decision whether to demobilize personnel will reside with the Incident Commander in consultation with the State Fire Marshal's Office. The Incident Management Team is responsible for:

- Gathering initial statements, and;
- Contact information from witnesses, and;
- Notifying the employee's home agency of the complaint.

If the preliminary investigation reveals any potential violations of federal or state laws prohibiting discrimination or harassment, it is expected that a formal investigation will be done by the accused personnel's home agency according to the home agency rules and policies. The home agency will be responsible to investigate the incident, record the findings, and impose discipline if appropriate.

At the conclusion of the formal investigation, the home agency shall notify the State Fire Marshal's Office of the outcome. If the accused person is found to have engaged in misconduct as a result of the formal investigation, the home agency will also advise the status of the person's future participation in Mobilization.

If the home agency fails to notify the State Fire Marshal's office of the outcome of the formal investigation, the agency may not be called to participate in future State Mobilizations.

### **Agency Rules / Polices**

Mobilized resources are required to follow their home agency's policies and work rules. Allegations of misconduct will be referred to the person's home agency. The home agency will be responsible for:

- Conducting an investigation into the allegation(s) to determine if there is a violation of home agency policy and/or procedure;
- Administering any corrective or disciplinary action for violation(s) of home agency policy and/or procedure.

### **Drug and Alcohol-Free Workplace**

The unlawful manufacture, distribution, dispensing, possession or use of controlled substances (including alcoholic beverages) in the workplace or assigned workplace is prohibited. In compliance with the Federal Drug-Free Workplace Act of 1988, all employees and/or contractors are required to abide by this prohibition.

In addition to criminal prosecution, employees violating this prohibition will be subject to dismissal under the terms of the Fire Mobilization Plan and Fire Mobilization Temporary Employment Certification.

It is the Washington State Patrol's policy to maintain a drug and alcohol-free workplace. Drug abuse is a health hazard to the user and clearly undermines the workplace and causes unsafe work practices which are a danger to the abuser, to co-workers, and to the citizens of Washington State whose safety is one of our primary responsibilities.

Employees who may have a problem with drug abuse or chemical dependency are encouraged to seek assistance for rehabilitation.

**Mobilization Resource Request  
Regional Coordinator Mission Acceptance  
2009 Version - Mobilization Plan**

**\*\* Instructions:**

The Mobilization Section personnel filling Mobilization resource request, will e-mail this form to the Regional Coordinator. It will provide you the information needed to fill an order request and provide any special instructions. Only fill in boxes shaded tan.

**Incident Name:**

**Fire Number:** WA - WFS -

**Resource Requested:**

**Date / Time Ordered:**

**Date / Time Needed:**

**Reporting Location:**

**Region Assigned to Fill Request:**

Resource Order Type	Resource Order Number	Resource Ordered	Filled By:		
			Agency	Equipment #, or If Overhead, Name	Equipment Type
O	2110	Strike Team Leader ▼	Kitsap # 23	Barry White	
E	2111	Wildland Engine Type 3 to 6 ▼	Kitsap # 23	B-23	T-6
E	2112	Wildland Engine Type 3 to 6 ▼	Mason # 29	B-291	T-6
E	2113	Wildland Engine Type 3 to 6 ▼	King # 61	B-25	T-4
E	2114	Wildland Engine Type 3 to 6 ▼	Pierce # 38	B-81	T-3
E	2115	Wildland Engine Type 3 to 6 ▼	Pierce # 34	B-36	T-6
O	2116	Trainee - STL ▼	King # 71	Bill Jones	
		▼			
		▼			

**Include the Strike Team Leader Cell Phone # here:**

**Time Resource Is Anticipated to Arrive:**

Once you have this form and have given the resource order numbers to the resources, complete the Filled By portion of the form and e-mail to following addresses below.

**Email To:**

**Model Agreements For Temporary Employment  
Of State Fire Mobilization Employees Form  
2009 Version - Mobilization Plan**

**TEMPORARY EMPLOYMENT AGREEMENT**

**Intent of Agreement**

It is the intent of this Agreement that a temporary employment relationship between the Employer and the Employee named herein below be established and documented for the sole and exclusive purpose of having that relationship exist only in instances when the Employer tasks the Employee to respond to a Washington State fire resource mobilization in accordance with the provisions of the Washington State Fire Services Resource Mobilization Plan.

**Whereas**, major emergency incidents may result in the state mobilization of fire resources as provided by the Washington State Fire Services Resource Mobilization Plan; and

**Whereas**, the Employer has committed to provide fire resources to state mobilization efforts; and

**Whereas**, the Employee is a qualified firefighter who may be available for assignment by Employer to a state fire resource mobilization;

**Therefore**, it is hereby agreed by and between **Thurston County # 25** (Employer) and **Timothy P. Smith** (Employee) as follows:

**Temporary Employment**

Employee agrees to be employed by the Employer as a temporary firefighter, if and as available, to respond and act as such when called upon by the Employer for the sole purpose of responding to authorized Washington State fire resource mobilization events in accordance with the terms and conditions of the Washington State Fire Services Resource Mobilization Plan.

**Term of Temporary Employment**

Such employment shall only be effective for the period of time that fire resources are committed to a fire resource mobilization by the Employer. Each fire resource mobilization shall constitute a separate event and a potential separate period of temporary employment.

**Wages**

Employee shall be paid by the Employer the prescribed hourly wage rate for the position worked at the state fire mobilization incident as set forth by the Employer or in the current Washington – Oregon Interagency Rate Schedule as amended and adopted by the Washington State Association of Fire Chiefs.

**Benefits**

Employee shall receive no Employer-provided benefits other than Employer-provided insurance as required by law.

Employee shall be reimbursed for work-related direct expenses as allowed by the Employer and reimbursable to the Employer by provision of the Washington State Fire Services Resource Mobilization Plan.

**Model Agreements For Temporary Employment  
Of State Fire Mobilization Employees Form  
2009 Version - Mobilization Plan**

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**Employment Status**

The Employee acknowledges that employment under this Agreement is temporary only, for the sole purpose of providing adequate resources to the Employer for participation in state fire resource mobilization. The Employee has and asserts no right to permanent employment with The Employer, or bargaining unit member status or rights with any bargaining unit that has a labor agreement with Employer.

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Employee Signature

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Date

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Employer Signature

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Date

Model Agreements For Temporary Employment  
Of State Fire Mobilization Employees Form  
2009 Version - Mobilization Plan

LETTER OF UNDERSTANDING

BETWEEN

IAFF LOCAL 2500

AND

Thurston County Fire District # 25

(Fire Jurisdiction)

FOR TEMPORARY STATE FIRE MOBILIZATION EMPLOYEES

The parties to this Letter of Understanding are IAFF LOCAL 2500 ("Union") and

Thurston County Fire District # 25 ("Employer").

In accordance with the provisions of Chapter 41.56 RCW, and the current Collective Bargaining Agreement between the parties:

- The District recognizes the Union as the exclusive bargaining representative for the uniformed personnel of the District.
- This Letter of Understanding sets forth the terms and conditions of agreement that differ from or amend those of the current Collective Bargaining Agreement.

**Whereas**, major emergency incidents may result in the mobilization of fire resources as provided by the Washington State Fire Services Resource Mobilization Plan; and

**Whereas**, the Employer has committed to provide fire resources to state mobilization efforts; and

**Whereas**, the Employer wishes to engage qualified temporary employees for assignment to state fire mobilization incidents; therefore

**It is Hereby Agreed:**

**Temporary Firefighter Employees for State Fire Mobilization Incidents**

Employer may engage temporary employees as firefighters tasked to major incidents declared in accordance with the provisions of the Washington State Fire Services Resources Mobilization Plan. Such employment shall only be effective for the period of time that fire resources are committed to a state fire resource mobilization incident by the Employer. Each state fire resource mobilization shall constitute a separate event and a potential separate period of temporary employment.

**Status of Temporary Firefighter Employees**

Temporary employees engaged as firefighters tasked to a state fire resource mobilization shall not be either members of or represented by the Union during any term of such temporary employment. No provisions of the current Collective Bargaining Agreement between Employer and Union shall apply to such temporary employees, who shall pay no union dues and have no rights or privileges under said Collective Bargaining Agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Compensation of Full-Time FLSA-Exempt Personnel  
For State Fire Mobilization Assignments Form  
2009 Version - Mobilization Plan

RESOLUTION

Compensation for Special Non-District Emergency Assignments

**WHEREAS**, the fire services within the State of Washington are the primary emergency response to all kinds of emergency and disaster situations; and

**WHEREAS**, provisions have been or may be made at the local, regional, and state levels for fire services response commensurate with the demands of the situation; and

**WHEREAS**, fire resources from non-host jurisdictions may be called through mutual aid and other agreements, and may be further supplemented by additional fire resources mobilized by the State of Washington pursuant to the State Fire Services Mobilization Act, Chapter 38.54 RCW; and

**WHEREAS**, the personnel and equipment of:

Thurston

County Fire Protection District :

25

may be called to respond to emergency or disaster situations outside of the District by special agreement or by a mobilization request by the State of Washington, including personnel exempt from state and federal overtime compensation laws; therefore be it

RESOLVED by the Board of Commissioners of:

Thurston

County Fire Protection District :

25

as follows:

1. The response of exempt personnel of the District to major emergency incidents outside of the jurisdictional boundaries of the District is recognized and deemed to be in the best interest of the District, the region, and the state.
2. Compensation should be paid to exempt personnel who respond to major emergency incident situations commensurate with the time, duties, and responsibilities of the work undertaken in such circumstances.
3. The Board of Commissioners of the District may authorize and grant, in its sole discretion, a special duty bonus to any exempt employee of the District as compensation for special emergency assignments not performed on behalf of the District.
4. The form and amount of special duty bonus shall be at the sole discretion of the Board of Commissioners.
5. Reimbursement of any special duty bonus granted in accordance with this Resolution shall be sought from or through the State of Washington when there are provisions for such reimbursement by either agreement or law.
6. This Resolution and all provisions hereof shall and are hereby declared to be effective:

4/2/2009

Date

RESOLUTION adopted in regular meeting this:

1st

day of:

Apr-09

Compensation of Full-Time FLSA-Exempt Personnel  
For State Fire Mobilization Assignments Form  
2009 Version - Mobilization Plan

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**FIRE DISTRICT POLICY**

**Compensation for Special Non-District Emergency Assignments**

The response of exempt personnel of the District to major emergency incidents outside of the jurisdictional boundaries of the District is recognized and deemed to be in the best interest of the District, the region, and the state. Full time employees of the District responding to and participating in state fire resource mobilization shall remain employees of the District, and shall be compensated as prescribed by the current Salary and Benefit Program for Full Time Staff Personnel or the current agreement between the District and

IAFF Local: 2500 as applicable.

Reimbursement of special assignment compensation expense shall be sought from or through the State of Washington when there are provisions for such reimbursement by either agreement or law.

**FIRE DISTRICT STAFF SALARY AND BENEFIT PROGRAM**

**Special Compensation for State Fire Mobilization Service**

The Board of Commissioners of the District has declared that participation in state fire mobilization pursuant to the Washington State Fire Services Resource Mobilization Plan is in the best interest of the District.

**Exempt district personnel** responding to and participating in state fire mobilization shall remain employees of the District at all times. Special Compensation for State Fire Mobilization Service They may be granted special extra hourly compensation for all extra hours as follows:

<b>Fire Chief</b>	<b>\$</b>	<b>44.00</b>
<b>Assistant Chief</b>	<b>\$</b>	<b>-</b>
<b>Deputy Chief</b>	<b>\$</b>	<b>-</b>
<b>Division Chief</b>	<b>\$</b>	<b>-</b>

This special compensation provision is made in recognition of the special requirements and duties of their state fire mobilization assignments, and is subject to the review and approval of the Board of Commissioners.

**Non-exempt District personnel** responding to and participating in state fire mobilization shall remain employees of the District at all times, and shall be paid their usual regular or overtime rates for all hours pursuant to normal and usual compensation procedures.