

FORESTRY-MANIFEST

RESOURCE: () TASK FORCE NUMBER _____
() STRIKE TEAM NUMBER _____
() SINGLE RESOURCE _____

INCIDENT NAME: _____

REPORTING LOCATION _____

DATE ___/___/___ TIME _____ HRS (24 HOUR TIME)

DEPARTMENT PROVIDING RESOURCE: _____

RADIO CALL SIGN _____

FORESTRY: BRUSH BREAKER () OTHER () FEDERAL TYPE ()

TANK: _____ GALLONS: _____

PUMP: _____ GPM AT PRESSURE _____

FOAM: A () B () CAFS ()

HARD SUCTION SIZE: _____ SECTIONS: _____

HOSE: 1" () LENGTH _____ 1 1/2" () LENGTH _____

PORTABLE PUMP: _____ GPM FLOATING ()

CHAIN SAW: YES () NO () _____

HAND TOOLS FOR HOW BIG A CREW: _____

INDIAN CANS/WATER BACKPACKS: NUMBER _____

OTHER: _____

PERSONNEL:

SPECIALTIES:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

ADDITIONAL RESOURCE INFORMATION:

INITIAL ASSIGNMENT: _____

DEMOBILIZED: TIME: _____ HRS DATE: ___/___/___

DEMOBILIZE APPROVAL: _____ ICS-221 YES () NO ()

IC: () OPERATIONS: () PLANNING: () LOGISTICS: ()