# Wildland Fire Module Annual Mobilization Preparedness/Proficiency Checklist

## Review

On an annual basis the module leader for all WFMs in good standing from the previous season are required to complete the WFM Annual Mobilization Preparedness/Proficiency Checklist and send to the local GACC prior to making the module available for national mobilization each season. The annual review will be conducted while the module is fully staffed and has completed all required training needed prior to being operational. This process is designed to evaluate module preparedness and compliance with the standards contained in this document.

When a review is completed the document is to be kept on file at the local host unit fire management office.

WFM Name:

WFM Type:

WFM Address:

| **Wildland Fire Module Personnel Roster: *(Name/Working Title)*** | **Qualifications** | **Fire Experience (Seasons)** |
| --- | --- | --- |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4. |  |  |
| 5 |  |  |
| 6. |  |  |
| 7 |  |  |
| 8. |  |  |
| 9 |  |  |
| 10. |  |  |

| **Type 1 and 2 WFM Required Qualifications** | **Required****WFM1**  | **Actual** | **Required****WFM2** | **Actual** |
| --- | --- | --- | --- | --- |
| RXB2 – Prescribed Fire Burn Boss Type 2 | 1 |  | 0 |  |
| TFLD- Task Force Leader | 1 |  | 0 |  |
| CRWB – Crew Boss | 1 (other than TFLD) |  | 1 |  |
| FIRB – Firing Boss  | 1 (other than RXB2) |  | 1 |  |
| ICT4 – Incident Commander Type 4  | 1 |  | 0 |  |
| ICT5 – Incident Commander Type 5 | 2 (other than ICT4) |  | 2 |  |
| FOBS – Field Observer | 1 |  | 0 |  |
| FEMO – Fire Effects Monitor  | 2 |  | 2 (1 may be a trainee) |  |
| FFT1 – Advanced Firefighter (separate from single resource positions) | 2 |  | 2 |  |
| FAL2 –Intermediate Faller | 2 |  | 0 |  |
| Agency Certified Faller – any level | 0 |  | 2 |  |
| HELR – Helicopter Long-line/Remote hook or HECM | 1 |  | 1 |  |

**\***1 FEMO qualified and one FEMO (t)

## Equipment Requirements

| **Equipment** | **Type 1****WFM** | **Check** **if met** | **Type 2****WFM** | **Check** **if Met** |
| --- | --- | --- | --- | --- |
| Appropriate PPE | YES |  | YES |  |
| Dedicated module vehicles (minimum 2) | Agency Owned and assigned |  | Agency owned and assigned |  |
| Dedicated Cellular Telephones | 2 |  | 2 |  |
| Satellite Phone | 1 |  | 0 |  |
| Crew Level Purchase Authority | 2 or more |  | 1 or more |  |
| Chain saws with kit | 4 |  | 2 |  |
| Firing Devices: |  |  |  |  |
| * Drip Torch
 | 4 |  | 4 |  |
| * Flare Launcher
 | 1 |  | 1 |  |
| * Fusees (1 case)
 | 1 |  | 1 |  |
| Firefighting hand tools- Geographically dependent | YES |  | YES |  |
| Programmable hand held radios | 5 |  | 5 |  |
| Tents and sleeping gear, all season | YES |  | YES |  |
| Extended14 days backcountry camp and cooking equipment | YES |  | YES |  |
| Water filtration system | YES |  | YES |  |
| Medical Equipment: |  |  |  |  |
| * 10 person or Trauma Kit
 | 2 |  | 2 |  |
| * Remote carry out capability
 | YES |  | YES |  |
| Drinking water and food | 72 hours |  | 48 hours |  |
| Digital Technical Equipment: |  |  |  |  |
| * Computer
 | 2 |  | 1 |  |
| * Printer
 | 1 |  | 1 |  |
| * Digital Camera
 | 2 |  | 1 |  |
| * GPS
 | 5 |  | 2 |  |
| * Software or Interface Capabilities
 | YES |  | NO |  |
| Weather Monitoring Equipment: |  |  |  |  |
| * Belt weather kit
 | 3 |  | 3 |  |
| * Calibrated Hand-held Weather Meter
 | 2 |  | 2 |  |
| Fuel transect or plot sampling equipment | YES |  | YES |  |
| Fuel Moisture Sampling Equipment: |  |  |  |  |
| * Clippers
 | 2 |  | 2 |  |
| * Hand-saw
 | 2 |  | 2 |  |
| * Oven-Ready Sample Containers
 | 20 |  | 20 |  |
| * Calibrated Hand-held moisture probe
 | 1 |  | 1 |  |
| * Scientific Scale
 | 1 |  | 0 |  |
| Binoculars | 2 |  | 2 |  |
| Documentation: |  |  |  |  |
| * WFM Field Guide
 | YES |  | YES |  |
| * WFM Monitoring Forms
 | YES |  | YES |  |

This is a listing of preparedness items, which all Wildland Fire Module (WFM) should have for certification. Specific numbers and qualifications for each type of WFM are contained in *Interagency Standards for Wildland Fire Module Operations,* PMS 430. The intent is for the WFM Leader and Reviewing Official to verify the WFM being reviewed is familiar and possess the requirements. Use the “remarks” section to specify requirements. **ALL WFMs are required** to meet all items listed.

## Functional Area: A. Program Management

| **Code**  | **Criteria Description**  | **Does the WFM Meet the Criteria?****Insert: Yes or No** | **Remarks**  |
| --- | --- | --- | --- |
| A1.  | * Does the WFM have the following program documentation and is it current?
 |  |  |
|  | * Safety Plan
 |  |  |
|  | * Training Plan
 |  |  |
|  | * Physical Fitness Training Plan
 |  |  |
|  | * Recruitment/Staffing Plan
 |  |  |
|  | * Current Fiscal Year Budget
 |  |  |
| A2.  | * Are the following references available to the entire WFM and are they current?
 |  |  |
|  | * Employee Handbook
 |  |  |
|  | * Job Hazard Analysis (JHA) forms
 |  |  |
|  | * Health and Safety Code Handbook
 |  |  |
|  | * Fireline Handbook
 |  |  |
|  | * MSDS Sheets
 |  |  |
|  | * Incident Response Pocket Guide
 |  |  |
| A3.  | Have time and travel administration procedures been established for all WFM personnel? |  |  |
| A4.  | Does the WFM maintain a record of incident assignments, fire and non-fire work hours, travel logs, and injury reports? |  |  |
| A5.  | Does the WFM have current WFM status with the appropriate Geographic Area Coordination Center? |  |  |
| A6.  | Did the WFM Leader and home unit agency administrator (or their designee) co-sign documentation to verify the WFM is ready for incident assignment as specified in Appendix C of the Interagency Standards for Wildland Fire Module Operations? |  |  |

## Functional Area: B. Organization

| **Code**  | **Criteria Description**  | **Does the WFM Meet the Criteria?****Insert: Yes or No** | **Remarks**  |
| --- | --- | --- | --- |
| B1.  | Does the WFM currently meet the minimum supervisory staffing requirements?  |  |  |
| B2.  | Do the personnel on the WFM meet the minimum fire qualification requirements for their assigned positions? |  |  |
| B3.  | Personnel on the WFM have the required amount of fire experience?  |  |  |
| B4.  | Have all personnel on the WFM been issued a current Red Card?  |  |  |
| B5.  | Does the WFM have a complete manifest that includes all personnel and equipment weights and does this manifest show the WFM members to be within the maximum allowable weight for fixed-wing transport? (See National Mob Guide) |  |  |
| B6.  | Does the WFM have a 24 hour/7 day contact and call out procedure in place with the host unit dispatch center? |  |  |
| B7.  | Does the WFM work and train together for the duration of their availability period?  |  |  |
| B8.  | Do personnel on the WFM maintain emergency medical qualifications that meet sponsor agency requirements (EMTs, Emergency First Responders, etc.)?  |  |  |
| B9.  | Do the assigned drivers on the WFM meet agency and state commercial vehicle operator certification requirements for the type of vehicles assigned?  |  |  |
| B10.  | Do the assigned sawyers on the WFM meet agency chainsaw operator certification requirements?  |  |  |
| B11.  | Are there the appropriate of supervisory individuals on the WFM with purchase authority?  |  |  |

## Functional Area: C. Safety and Training

| **Code**  | **Criteria Description**  | **Does the WFM Meet the Criteria?****Insert: Yes or No** | **Remarks**  |
| --- | --- | --- | --- |
| C1.  | Has the WFM completed the training requirement as specified in Appendix C of the Interagency Standards for Wildland Fire Module Operations prior to availability? |  |  |
| C2.  | Have all personnel on the WFM been tested for and met the current arduous duty fitness standard?  |  |  |
| C3. | Have all personnel on the WFM completed sponsor agency mandatory training?  |  |  |
| C4. | Have all personnel on the WFM been provided with written rules of conduct?  |  |  |
| C5. | Has the WFM been provided an orientation by management from the local home unit?  |  |  |
| C6.  | Does the WFM have access to a training library and materials that will enable them to complete all training requirements? |  |  |
| C7. | Does the WFM maintain training and qualification records for all personnel?  |  |  |
| C8. | Have all personnel on the WFM been issued the appropriate Position Task Book for their next target fireline qualification?  |  |  |
| C9.  | Does the WFM participate in a daily physical training program for at least 1 hour?  |  |  |
| C10. | Does the WFM Physical Fitness Training Plan outline a safe and effective daily workout routine?  |  |  |
| C11.  | Does the WFM Safety Plan include regularly scheduled safety meeting and are they documented?  |  |  |
| C12. | Does the WFM utilize an After Action Review or other critique process to review incident assignments? |  |  |
| C13.  | Is there an easily accessible employee bulletin board and does it have current/useful information posted? |  |  |

## Functional Area: D. Vehicles and Equipment

| **Code**  | **Criteria Description**  | **Does the WFM Meet the Criteria?****Insert: Yes or No** | **Remarks**  |
| --- | --- | --- | --- |
| D1.  | Are the vehicles assigned to the WFM appropriate for the highway and off-road transportation demands typically made on a Wildland Fire Module program?  |  |  |
| D2.  | Are all WFM vehicles fire ready, with current maintenance needs complete, valid credit cards, log books that are up to date, and exterior unit identification designators?  |  |  |
| D3. | Are all WFM vehicles set up with two-way radios and is there a posted radio frequency list in the cab? |  |  |
| D4. | Do all WFM vehicles have available fire extinguishers, first aid kits, chock blocks, flares or warning triangles, jumper cables, tow chain, jack, and lug wrench?  |  |  |
| D5. | Do all WFM vehicles adhere to DOT regulations for transport of hazardous and flammable materials? |  |  |
| D6. | Are the passenger areas within the WFM vehicles adequate to transport all WFM personnel?  |  |  |
| D7. | Do the equipment storage compartments on the WFM vehicles have posted inventory lists and are they stocked to that level?  |  |  |
| D8. | Do the WFM vehicles carry adequate food and water to enable the WFM to be completely self-sufficient on fire assignment for 72 hours?  |  |  |
| D9. | Does the WFM have the appropriate field gear including PPE, fireline packs, individual gear bags, sleeping bags, and tents? In addition, equipment, Cargo packs in good condition to outfit all module personnel and support them during off-unit assignments? |  |  |
| D10.  | Does the WFM have chainsaws and adequate chainsaw support equipment, in good condition, onboard WFM vehicles, readily available for fireline operations?  |  |  |
| D11.  | Does the WFM have adequate firing equipment, in good condition, onboard WFM vehicles, readily available for fireline operations?  |  |  |
| D12.  | Does the WFM carry the required number of programmable/multi-channel handheld radios, in good condition, to meet operational needs? Does the WFM have immediate access to backup radios in case of damage? |  |  |
| D13.  | Does the WFM have an adequate number of hand tools, in good condition, onboard WFM vehicles, readily available for fireline operations?  |  |  |
| D14.  | Does the WFM carry adequate medical first aid supplies to meet individual needs and WFM needs at all times (incident, project, and at the station)?  |  |  |
| D15.  | Does the WFM carry the required number of belt weather kits, in good condition, at all times?  |  |  |

## Functional Area: E. Facilities

| **Code**  | **Criteria Description**  | **Does the WFM Meet the Criteria?****Insert: Yes or No** | **Remarks**  |
| --- | --- | --- | --- |
| E1.  | Does the WFM have 24 hour/7 day access to storage/cache facilities for equipment and supplies (chainsaws, hand tools, vehicle maintenance, hazardous/flammable materials, and a general fire cache)?  |  |  |
| E2.  | Does the WFM have daily access to a ready room that can serve as a training facility?  |  |  |
| E3.  | Does the WFM have daily access to a physical fitness training area?  |  |  |
| E4.  | Does the WFM have adequate assigned office space with access to a telephone system?  |  |  |
| E5. | Does the WFM have access to a computer and the agency email system?  |  |  |
| E6.  | Are all of the WFM facilities regularly inspected for safety and maintenance needs?  |  |  |

## Functional Area: F. Proficiency Checks

*This is a listing of skills that all Wildland Fire Modules should have as a minimum. How the Proficiency Checks are conducted is up to the local unit. The intent is for the WFM Leader and Reviewing Official to verify the WFM being reviewed is proficient in these skill areas. This is a WFM proficiency check; all items do not necessarily apply to all crewmembers.*

| **Code**  | **Criteria Description**  | **Does the WFM Meet the Criteria?****Insert: Yes or No** | **Remarks**  |
| --- | --- | --- | --- |
| F1. | **Specialized Operations**  |  |  |
| F1.1 | **Wildland Fire Tactical Operations:** |  |  |
|  | * Maintaining LCES in an unanchored fire line environment
 |  |  |
|  | * Document and Manage geographically separate incidents
 |  |  |
|  | * Planning and conducting Burn-out and backline organization
 |  |  |
|  | * Independently interpret, evaluate and implement operational action plans
 |  |  |
|  | * Design, operation and maintenance of fire management hydraulic systems
 |  |  |
|  | * Hand line construction similar to Type 1 Hand Crew at similar crew strength
 |  |  |
| F1.2 | **Long Term Strategies:** |  |  |
|  | * Understanding long-term implementation plans by explaining concepts including point protection, management action points, and season ending events.
 |  |  |
|  | * Provide information back to manager on tactical actions that meet the long-term overall objectives
 |  |  |
| F1.3 | **Point Protection:** |  |  |
|  | * Perform structure triage
 |  |  |
|  | * Complete written structure assessments
 |  |  |
|  | * Structure triage, structure wrapping and interface fuels reduction
 |  |  |
| F2. | **Prescribed Fire:** |  |  |
|  | * Ignition of prescribed fire at All complexity level
 |  |  |
|  | * Prescribed fire holding actions through all complexity prescribed fires
 |  |  |
|  | * Plan and implement an moderate complexity interagency prescribed burn plan (RXB2 Type 1 WFM Only)
 |  |  |

| **Code**  | **Criteria Description**  | **Does the WFM Meet the Criteria?****Insert: Yes or No** | **Remarks**  |
| --- | --- | --- | --- |
| F3. | **Intelligence:** |  |  |
| F3.1 | **Fire Environment assessment:** |  |  |
|  | * Monitoring and documenting fire behavior
 |  |  |
|  | * Monitoring smoke quantities, dispersal and impacts to sensitive receptors
 |  |  |
|  | * Identifying and documenting fuels, slope, and aspect affecting current and foreseeable fire behavior
 |  |  |
|  | * Collection, measurement and documentation of live and dead fuel moisture
 |  |  |
|  | * Collection and identification of fuel load data
 |  |  |
|  | * Utilize fire behavior modeling programs
 |  |  |
|  | * Evaluate and document post fire effects
 |  |  |
|  | * Evaluate potential effectiveness of natural and constructed fire barriers
 |  |  |
|  | **Fire Weather:**  |  |  |
|  | * Consistent fire line weather monitoring and documentation
 |  |  |
|  | * Submitting, interpreting, and providing feedback to Spot Weather forecasts
 |  |  |
|  | * Initiate and maintain portable weather stations
 |  |  |
| F4. | **Mapping Skills:** |  |  |
|  | * Utilize GPS systems with the capability to transfer information to mapping software
 |  |  |
|  | * Develop, maintain wildland fuels and fire progression mapping
 |  |  |
|  | * Map fire perimeters and points of interesting using GPS systems
 |  |  |
|  | * Produce hard copy maps
 |  |  |
| F5. | **Backcountry Capability:**  |  |  |
|  | * Self-sufficiency for multiple days in back country fire environment including food, water and anticipated equipment for 5 to 7 days
 |  |  |
|  | * Use of “light hand” techniques including cross cut saw skills, leave no trace camping and MIST
 |  |  |
|  | * Ability to transport personnel and equipment using remote travel techniques
 |  |  |
| F6. | **Documentation:** |  |  |
|  | * Prepare fire behavior and fuels condition monitoring documentation during on-going incidents
 |  |  |
|  | * Ability to transmit onsite observations from remote locations
 |  |  |
|  | * Assemble and organize large amounts of data in digital or hardcopy format
 |  |  |

| **Code**  | **Criteria Description**  | **Does the WFM Meet the Criteria?****Insert: Yes or No** | **Remarks**  |
| --- | --- | --- | --- |
| F7. | **Planning:** |  |  |
|  | * Ability to provide intelligence and feedback for the effectiveness of long-duration fire plans.
 |  |  |
| F8. | **Air Operations:**  |  |  |
|  | * Ability to manifest, assemble and facilitate external cargo for rotor wing aircraft
 |  |  |
|  | * Helicopter passenger safety
 |  |  |
|  | * Helicopter transport of flammables
 |  |  |
|  | * Directing helicopter drops by radio
 |  |  |
|  | * Helispot specifications
 |  |  |
|  | * Long line/Hover hook operations
 |  |  |
| F9. | Demonstrated ability to use two-way radios (Dispatch contact protocol, local call sign system, programmable radio procedures). |  |  |
| F10. | Demonstrated knowledge of basic individual communication responsibilities (briefings, debriefings, acknowledge messages, identify hazards, questions for clarification).  |  |  |
| F11. | Demonstrated knowledge of the key components of the Fire Orders (LCES) and established protocol for Crew disengagement. |  |  |
| F12. | Demonstrated knowledge of the differences between a Safety Zone and a Deployment Zone |  |  |
| F13. | Demonstrated ability to deploy fire shelters in various situations (individual, group, two people in one shelter, drop gear and run, with wind). |  |  |

**Functional Area: G. Summary**

Comments:

General preparedness of the WFM:

Items which are deficient:

Corrective action to be taken:

**I have reviewed the Wildland Fire Module Program and certify the Wildland Fire Module meets the *Interagency Standards for Wildland Fire Module Operations*.**

Type 1 WFM

Type 2 WFM

Wildland Fire Module Leader: Date:

Reviewing Official: Date:

 Signature and Title