



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

**Training Announcement
FI-210
Wildfire Origin & Cause Determination
Nominations Due March 11, 2011**

Minimum number of students: 10

Maximum number of students: 30

The primary purpose of this course is to provide a consistent knowledge and skill base for the wildland fire origin and cause determination investigator (INVF). The concepts taught in this course will help an INVF perform at an acceptable level on a national basis without regard to geographic boundaries. The course is presented by lectures, electronic presentations, field exercises, and class discussion.

- Objectives:**
- Perform the common roles and responsibilities of an INVF involved in an initial investigation environment.
 - Practice wildland fire investigation methods, evidence collection and documentation processes in a realistic environment.
 - Identify the laws, regulations and related court procedures associated with administrative, civil and criminal litigation processes

DATES OF CLASSES: May 2 to May 6, 2011

PREREQUISITES: Recommend students have law enforcement or firefighter experience. An interactive, self paced pre-course work will familiarize students with the background information necessary to successfully complete the course.

TARGET GROUP: Recommended training for experienced fire personnel and law enforcement officers with wildland fire investigation responsibilities.

LOCATION: Mt Tolman, Fire Management Training Center

LEAD INSTRUCTOR: Dennis Heryford

COURSE COORDINATOR: Rebecca Peone
Mt Tolman Fire Center
PO Box 188
Keller WA 99140
509-634-3100
rebecca.peone@colvilletribes.co,

Mail, e-mail or FAX registrations to:

Rebecca Peone



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Course Number FI-210		Course Name Wildfire Origin & Cause Determination		PRIORITY ____ of ____	
IQCS Session Number 00088		Course Location Mt. Tolman Fire Management Training Center		Course Date(s) May 2-6, 2011	
Course Tuition (if required)		Course Coordinator Name (First Last) Rebecca Peone		Course Coordinator Phone Number 509-634-3100	
Course Coordinator E-Mail rebecca.peone@colvilletribes.com		Course Coordinator FAX Number 509-634-3149		Date Submitted	
Employee's IQCS ID Number:					
Nominee's Name (First MI Last)					
Working Job Title				E-Mail	
Agency Name				Fax	
Home Unit		Nominee's Mailing Address (if different)			
Street				Street	
City		State		City	
State				State	
Zip		Telephone		Zip	
				Telephone	
List training completed and dates pertinent to this course:					
List your past qualifications pertinent to this course:					
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)					
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)					
Remarks:					