



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement **S-200 Initial Attack Incident Commander** **Nominations due by May 12, 2009**

Minimum number of students: 15

Maximum number of students: 25

Description: This course is designed to meet the training needs of the ICT4 and is a requirement for the position. It is presented in a participative discussion/exercise format. The six instructional units cover: Foundation Skills; Intelligence Gathering and Documentation; Sizing Up the Incident; Developing a Plan of Action; Post-fire Activities; Evaluating Incident Objectives and Manage the Incident. Evaluation of the student is accomplished by Unit Tests. Students must bring their Fireline Notebook, current IRPG, notepads and writing tools.

Objectives:

- Demonstrate effective foundation skills at the ICT4 level.
- Gather and document essential information about the incident.
--Size up the incident, develop a plan of action.
- Manage the incident through effective leadership.
- Demonstrate the ability to evaluate plan of action and make adjustments.
- Conduct post fire activities.

DATE(S) OF CLASS: May 28, 2009 0830-1630
May 29, 2009 0830-1630

PREREQUISITES: Qualified as any Single Resource Boss. All agency and Fire Protection District candidates are encouraged to apply. No costs are anticipated. DNR is providing training materials.

TARGET GROUP: Personnel desiring to be qualified as an incident commander type 4 (ICT4)

LOCATION: Okanogan Fire Protection District # 4 (590 Western, Tonasket)

COURSE COORDINATOR:

Greg Roberts
Northeast Region, WA DNR
PO BOX 190
Colville, WA 99114
509-684-7474, 509-684-7484
greg.roberts@dnr.wa.gov

E-mail (preferred) or FAX registrations to: Greg Roberts



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Part I TRAINING NOMINATION

Course Number S-200	Course Name Initial Attack Incident Commander	PRIORITY ____ of ____
IQCS Session Number <small>(applies to federal only)</small>	Course Location Okanogan Co. Fire District #4, Tonasket	Course Date(s) May 28-29, 2009
Course Tuition (if required)	Course Coordinator Name (First Last) Greg Roberts	Course Coordinator Phone Number 509-684-7474
Course Coordinator E-Mail greg.roberts@dnr.wa.gov	Course Coordinator FAX Number 509-684-7484	Date Submitted
Employee's IQCS ID Number <small>(applies to federal employees only):</small>		
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
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.) <small>Electronic Signature accepted, indicate with /e/ and enter name (example: /e/ Don Sparkey)</small>		
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:		