



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement – Ready Reserve S-290 Intermediate Wildland Fire Behavior

Nominations due by March 10, 2010

Minimum number of students: 15

Maximum number of students: 30

Description: This is a classroom-based skills course designed to prepare the prospective fireline supervisor to undertake safe and effective fire management operations. It is the second course in a series that collectively serves to develop fire behavior prediction knowledge and skills. Fire environment differences are discussed as necessary; instructor should stress local conditions.

Objectives:

- Identify and describe the characteristics of fuels, weather, and topography that influence wildland fire behavior.
- Describe the interaction of fuels, weather, and topography on wildland fire behavior, fireline tactics, and safety.
- Describe the causes of extreme fire behavior conditions (long range spotting, crowning, and fire whirls) that develop due to weather, fuels, and/or topography.
- Interpret, communicate, apply, and document wildland fire behavior and weather information.

DATE(S) OF CLASS: April 17, 18, April 24, 25, 2010

PREREQUISITES: Introduction to Wildland Fire Behavior (S-190).

TARGET GROUP: Personnel desiring to be qualified as any single resource boss or fire effects monitor (FEMO).

LOCATION: Centerville Grange Hall

LEAD INSTRUCTOR: Pete Stocks, DNR

COURSE COORDINATOR: Debbie Robinson

Mail, e-mail or FAX nominations to: **Debbie Robinson**
WA DNR, Southeast Region
713 Bowers Rd
Ellensburg, WA 98926
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debbie.robinson@dnr.wa.gov



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Part I TRAINING NOMINATION

Course Number S-290	Course Name Intermediate Wildland Fire Behavior	PRIORITY ____ of ____
IQCS Session Number N/A	Course Location	Course Date(s) Apr. 17,18, May 1, 2, 2010
Course Tuition (if required) NONE	Course Coordinator Name (First Last) Debbie Robinson	Course Coordinator Phone Number 509-925-0966
Course Coordinator E-Mail debbie.robinson@dnr.wa.gov	Course Coordinator FAX Number 509-925-8522	Date Submitted
Employee's IQCS ID Number: N/A if WA Fire Service or DNR		
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	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.)		
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:		