



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

TRAINING ANNOUNCEMENT S-290 INTERMEDIATE WILDLAND FIRE BEHAVIOR

NOMINATIONS DUE APRIL 23, 2010

Minimum number of students: 15

Maximum number of students: 30

This is a classroom-based skills course designed to prepare the prospective 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.

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 that develop due to weather, fuels, and/or topography.
- Interpret, communicate, apply, and document wildland fire behavior and weather information.

DATES OF CLASSES: May 19-21, 2010

PREREQUISITES: Introduction To Wildland Fire Behavior (S-190)

TARGET GROUP: Firefighter type 2 (FFT2), supervisory dispatchers (EDSP), and fire effects monitors (FEMO)

LOCATION: Tom Craven Conference Room – Cle Elum Ranger District
803 W. 2nd Street Cle Elum, WA.

COURSE COORDINATOR:

John Glondo
Cle Elum RD - USFS
803 W. 2nd Street
Cle Elum, WA. 98922
509-852-1048
FAX: 509-674-4690

jglondo@fs.fed.us

Mail, e-mail or FAX registrations to: John Glondo

NWCG INTERAGENCY TRAINING NOMINATION
AND
AGREEMENT TO COLLECT FUNDS

INSTRUCTIONS: Complete Part I. Complete PART II only if there are charges for the training.

Part I TRAINING NOMINATION

Course Number S-290	Course Name Intermediate Wildland Fire Behavior	PRIORITY ____ of ____			
IQCS Session Number	Course Location Tom Craven Conference Room - Cle Elum, WA.	Course Date(s) 5/19-21/2010			
Course Tuition (if required)		Course Coordinator Name (First Last) John Glondo		Course Coordinator Phone Number 509-852-1048	
Course Coordinator E-Mail jglondo@fs.fed.us		Course Coordinator FAX Number 509-674-4690		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
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:					