



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement

S-290 Intermediate Wildland Fire Behavior

Nominations due April 2, 2010

Minimum number of students: 15

Maximum number of students: 30

COURSE 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.

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

DATES OF CLASSES:

May 10 @1200-May 14 @1200

PREREQUISITES:

Introduction to Wildland Fire Behavior (S-190)

LOCATION:

SCFD #9 Training Center

LEAD INSTRUCTOR:

Don Strand

COURSE COORDINATOR:

Jack Cates (509) 466-4602 Ext. 902

MAIL, E-MAIL, OR FAX REGISTRATIONS TO:

Jack Cates
SCFD #9 Training Center
3801 E Farwell
Mead, WA 99021
Fax: (509) 466-4698
E-mail: jcates@scfd9.org



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Course Number S-290		Course Name Intermediate Wildland Fire Behavior				PRIORITY ____ of ____	
IQCS Session Number N/A		Course Location SCFD #9 Training Center				Course Date(s) May 10-14, 2010	
Course Tuition (if required)		Course Coordinator Name (First Last) Jack Cates			Course Coordinator Phone Number (509) 466-4602 ext 902		
Course Coordinator E-Mail jcates@scfd9.org		Course Coordinator FAX Number (509) 466-4698			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:							