



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement S-290 Intermediate Wildland Fire Behavior

Nominations due by April 27, 2009

Minimum number of students: 15

Maximum number of students: 25

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 predication 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.

DATE(S) OF CLASS: June 1-5, 2009

PREREQUISITES: Completion of S-190

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

LOCATION: Station 92, Spokane Co.
Fire Dist. 9, 3801 E. Farwell Rd.,
Mead WA 99021

COURSE COORDINATOR:

Coordinator
Tammi Ellerbroek
WA DNR, NE Region
PO BOX 190
Colville, WA 99114
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Lead Instructor
Matt Castle
WA DNR, NE Region

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Mail, e-mail or FAX registrations to: Tammi Ellerbroek



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Part I TRAINING NOMINATION

Course Number S-290	Course Name Intermediate Wildland Fire Behavior	PRIORITY ____ of ____
IQCS Session Number	Course Location Station 92, Spokane Co. Fire Dist. 9, Mead WA	Course Date(s) June 1-5, 2009
Course Tuition (if required)	Course Coordinator Name (First Last) Tammi Ellerbroek	Course Coordinator Phone Number 509-684-7474
Course Coordinator E-Mail tammi.ellerbroek@dnr.wa.gov	Course Coordinator FAX Number 509-684-7484	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	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:		