



## **EASTERN WASHINGTON INTERAGENCY TRAINING ZONE**

# **Training Announcement**

## **S-290 Intermediate Wildland Fire Behavior**

**Nominations due MARCH 3, 2008**

**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 environmental, topographical and fuel factors which influence the behavior of Wildland fire.
- Identify and describe the causes of extreme fire behavior, such as spotting, crowning, fire whirls, plume dominated and win-driven fires.
- Assess Fireline data and fire behavior estimations, and identify areas where fire suppression limitations exist.

**DATES OF CLASSES:** April 5-6 AND 12-13, 2008

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

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

**LOCATION:** Wenatchee, WA – Chelan County Fire District 1 Malaga Station

**COURSE COORDINATORS:**

<b>Michelle Ellis</b> Wenatchee River RD - USFS 600 Sherbourne Leavenworth, WA 98826 509-548-6977 x-240	<b>Matt Eberlein</b> DNR – Southeast Region 713 Bowers RD Ellensburg, WA 98926 509-856-7055 FAX 509-925-8522
<a href="mailto:mrellis@fs.fed.us">mrellis@fs.fed.us</a>	<a href="mailto:matt.eberlein@dnr.wa.gov">matt.eberlein@dnr.wa.gov</a>

**Mail, e-mail or FAX registrations to: Matt Eberlein**

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 Introduction to Wildland Fire Behavior Calculations	PRIORITY ____ of ____
IQCS Session Number	Course Location Chelan County #1 Malaga Station	Course Date(s) 4/5-6 & 12-13/08
Course Tuition (if required)	Course Coordinator Name (First Last) Matt Eberlein	Course Coordinator Phone Number 509-856-7055
Course Coordinator E-Mail <a href="mailto:matt.eberlein@dnr.wa.gov">matt.eberlein@dnr.wa.gov</a>	Course Coordinator FAX Number 509-925-8522	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:		