



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement

S-390 INTRODUCTION TO WILDLAND FIRE BEHAVIOR CALCULATIONS

Nominations due January 8, 2010

Minimum number of students: 15

Maximum number of students: 30

COURSE DESCRIPTION: This course is designed to introduce fire behavior calculations by manual methods, using nomograms and the Fire Behavior Handbook Appendix B. The student gains an understanding of the determinants of fire behavior through studying inputs (weather, slope, fuels, and fuel moisture). The student also learns how to interpret fire behavior outputs, documentation processes, and fire behavior briefing components.

OBJECTIVES:

- List the assumptions, limitations, and appropriate uses of fire behavior prediction models.
- Describe how environmental factors and processes affect fire behavior predictions and safety.
- Define and interpret fire behavior prediction model inputs.
- Calculate fire behavior outputs using available fire behavior processors.
- Interpret, communicate, apply, and document wildland fire behavior and weather information.

DATES OF CLASSES:

February 22 @1200-February 26 @1200

PREREQUISITES:

Intermediate Wildland Fire Behavior (S-290)
Qualified as a single resource boss

LOCATION:

Spokane District BLM
1103 N. Fancher
Spokane, WA 99212

LEAD INSTRUCTOR:

Don Strand

COURSE COORDINATOR:

Debbie Plummer (509) 536-1235

MAIL, E-MAIL, OR FAX REGISTRATIONS TO:

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Spokane, WA 99212
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| Course Number S-390 | | Course Name Intro to Wildland Fire Behavior Calculations | | | | PRIORITY ____ of ____ | | | |
| IQCS Session Number N/A | | Course Location Spokane District BLM | | | | Course Date(s) February 22-26, 2010 | | | |
| Course Tuition (if required) \$10.00 | | Course Coordinator Name (First Last) Debbie Plummer | | | | Course Coordinator Phone Number (509) 536-1235 | | | |
| Course Coordinator E-Mail dplummer@blm.gov | | Course Coordinator FAX Number (509) 536-1285 | | | | 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: | | | | | | | | | |

