

Training Announcement

S-290: Intermediate Wildland Fire Behavior

Nominations due February 15, 2008

Course Description:

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, topographic, 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 wind-driven fires.
- Assess fireline data and fire behavior estimations, and identify areas where fire suppression limitations exist.

CLASS DATES:	March 1,2,8,9, 2008
TARGET AUDIENCE:	Firefighter (FFT2), supervisory dispatchers (EDSP), and fire effects monitors (FEMO).
PREREQUISITES:	Introduction to Wildland Fire Behavior (S-190).
LOCATION:	Spokane FD
COST:	None.
INSTRUCTOR:	Don Strand
NOMINATION PROCEDURE:	E-mail or fax a completed NWCG nomination form (attached) to course coordinator: Diana Hernandez, WA Dept. of Natural Resources WK: (360) 902-1310 EMAIL: diana.hernandez@dnr.wa.gov FAX: (360) 902-1781
NOMINATION DEADLINE:	February 15, 2008

**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 _____	
Course Date(s) March 1,2,8,9, 2008	Course Location Spokane Fire Department	Course Tuition (if required) None	
Course Coordinator Name (First Last) Diana Hernandez, WA DNR		Coordinator Phone 360.902.1310 FAX 360.902.1781	Coordinator E-Mail diana.hernandez@dnr.wa.gov
Nominee's Name (First MI Last)			Date Submitted
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:			

