



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement **S-260/261 Interagency Incident Business Management** **Nominations due Thursday the 28th of April**

Minimum number of students: 15

Maximum number of students: 30

This course meets the general training needs of all positions for which an understanding of interagency incident business management is required. It provides basic policy and direction for incident business management.

Objectives: Given the Interagency Incident Business Handbook and/or the Fireline Handbook, students will locate and apply the appropriate regulations, established interagency procedures, and necessary forms for each of the following incident management areas:

- Application of conduct and ethics in incident support
- Recruitment, classification, pay provisions and timekeeping/recording, commissary, injury compensation and travel
- Acquisition
- Managing and tracking government property
- Interagency coordination and cooperation
- Investigation and reporting of accidents
- Investigating, documenting, and reporting claims
- Containing incident costs
- All risk

DATES OF CLASSES: S-260 May 9th-11th, 2011. Course starts at 1300 on May 9th.
S-261 May 11th-13th, 2011. Course starts at 1300 on May 11th.

PREREQUISITES: NONE

TARGET GROUP: All ICS positions or personnel seeking knowledge of incident business management.

LOCATION: Colville Washington

LEAD INSTRUCTOR: Jamie Parker, jnparker@fs.fed.us

COURSE COORDINATOR: William L. Zoodsma
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Course Number S-260/261		Course Name Interagency Incident Business Management		PRIORITY ____ of ____	
IQCS Session Number		Course Location COLVILLE WASHINGTON		Course Date(s) MAY 9TH-13TH, 2011	
Course Tuition (if required) NONE		Course Coordinator Name (First Last) WILLIAM ZOODSMA		Course Coordinator Phone Number 509-446-7554	
Course Coordinator E-Mail WZOODSMA@FS.FED.US		Course Coordinator FAX Number 509-446-7556		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:					