

Air Observation Card

(Card is knee pad sized when cut on bold border)

Fire No./Name: _____		Date: _____	
Tanker No: _____	Load No: _____	Drop Time: _____	
Observer: _____		Title: _____	
<u>Drop Locationn</u>	<u>Drop Terrain</u>	<u>Fire Type</u>	<u>Fire Weather</u>
<input type="checkbox"/> Spot	<input type="checkbox"/> Flat	<input type="checkbox"/> Ground	<input type="checkbox"/> Mild
<input type="checkbox"/> Head	<input type="checkbox"/> Moderate	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Normal
<input type="checkbox"/> R Flank	<input type="checkbox"/> Steep	<input type="checkbox"/> Crown	<input type="checkbox"/> Adverse
<input type="checkbox"/> L Flank			<input type="checkbox"/> Extreme
<u>Fuel Description:</u>		<u>Coverage</u>	
	Light	Medium	Heavy
Grass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Wind Speed:</u>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 5-15	<input type="checkbox"/> 15+
<u>Wind:</u>	<input type="checkbox"/> Headwind	<input type="checkbox"/> Tailwind	<input type="checkbox"/> Cross Wind
<u>Orientation:</u>	<input type="checkbox"/> Flat	<input type="checkbox"/> Uphill	<input type="checkbox"/> Downhill
	<input type="checkbox"/> Across Slope		
<u>Drop Strategy:</u>	<input type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> Build Line
	<input type="checkbox"/> Cool	<input type="checkbox"/> Suppress	<input type="checkbox"/> Reinforce
		<input type="checkbox"/> Fireproof	
Air Speed: _____ kts	Ht above Canopy: _____ ft	<input type="checkbox"/> Full Load	
Altitude: _____ ft	Coverage Level: _____ GPC	<input type="checkbox"/> Partial Load	
<u>Retardant visibility</u>	<u>Accuracy</u>	<u>Ground Coverage</u>	
<input type="checkbox"/> Acceptable	<input type="checkbox"/> On Target	<input type="checkbox"/> Good	
<input type="checkbox"/> Marginal	<input type="checkbox"/> Partial On	<input type="checkbox"/> Fair	
<input type="checkbox"/> Not Acceptable	<input type="checkbox"/> Off Target	<input type="checkbox"/> Poor	
<u>Was drop purpose accomplished?</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Effect on Fire:</u>	<input type="checkbox"/> None	<input type="checkbox"/> Slowed	<input type="checkbox"/> Stopped
			<input type="checkbox"/> Accelerated
<u>Did terrain or smoke adversely affect approach?</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Did retardant visibility affect drop placement</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
Use back of sheet for sketch or additional comments			