INCIDENT ORDERING CHECKLIST

This guide will help the Incident Management Team gather needed information to successfully complete their mission. The Agency Administrator should have this information readily available for the Logistic Section of the team when they arrive.

Cache Items (NFES Items)
Who is responsible to receive orders? (Dispatch, Expanded, Buying Team, Cache, Other ______________) Name _______________________________
Where are they located? (Town / office) _________________________________________________________________________________________________
Contact Name (Person in Charge) ____________________________________ Phone # ___________________________ Fax # ____________________________
Hours of Operation ___________ to ___________ Supply lag time for shipment ________ hours Specific order times___________________

Supply (local purchase) Items
Who is responsible to receive orders? (Dispatch, Expanded, Buying Team, Other ______________) Name _______________________________
Where are they located? (Town / office) _________________________________________________________________________________________________
Contact Name (Person in Charge) ____________________________________ Phone # ___________________________ Fax # ____________________________
Hours of Operation ___________ to ___________ Supply lag time for shipment ________ hours Specific order times___________________

Overhead
Who is responsible to receive orders? (Dispatch, Expanded, Other ______________) Name _______________________________
Where are they located? (Town / office) _________________________________________________________________________________________________
Contact Name (Person in Charge) ____________________________________ Phone # ___________________________ Fax # ____________________________
Hours of Operation ___________ to ___________ Specific order times___________________

Crews
Who is responsible to receive orders? (Dispatch, Expanded, Other ______________) Name _______________________________
Where are they located? (Town / office) _________________________________________________________________________________________________
Contact Name (Person in Charge) ____________________________________ Phone # ___________________________ Fax # ____________________________
Hours of Operation ___________ to ___________ Specific order times___________________

Equipment
Who is responsible to receive orders? (Dispatch, Expanded, Other ______________) Name _______________________________
Where are they located? (Town / office) _________________________________________________________________________________________________
Contact Name (Person in Charge) ____________________________________ Phone # ___________________________ Fax # ____________________________
Hours of Operation ___________ to ___________ Specific order times___________________

Aircraft
Who is responsible to receive orders? (Dispatch, Expanded, Other ______________) Name _______________________________
Where are they located? (Town / office) _________________________________________________________________________________________________
Contact Name (Person in Charge) ____________________________________ Phone # ___________________________ Fax # ____________________________
Hours of Operation ___________ to ___________ Specific order times___________________

Who is the Agency contact, should ordering questions arise? ________________________________________________
Is there an Area Command Team assigned? Yes / No
Who will be managing the master set of order numbers? (Assigning numbers) _________________________________
Other Information: _________________________________________________________________________________________________
_________________________________________________________________________________________________________
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