



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement FI-210

WILDLAND FIRE ORIGIN AND CAUSE DETERMINATION

Nominations due April 23, 2012

Minimum number of students: 15

Maximum number of students: 25

COURSE DESCRIPTION

The primary purpose of this course is to provide a consistent knowledge and skill base for the wildland fire investigator (INVF). The concepts taught in this course will help an INVF perform at an acceptable level on a national basis without regard to geographic boundaries. The course is presented by lectures, electronic presentations, field exercises, and class discussion.

OBJECTIVES

- Identify the elements of the NWCG Fire Investigation Certification program.
- Perform the common roles and responsibilities of an INVF involved in an initial investigation environment.
- Practice wildland fire investigation methods, evidence collection and documentation processes in a realistic environment.
- Identify the laws, regulations and related court procedures associated with administrative, civil and criminal litigation processes.

DATES OF CLASSES: May 21-25, 2012. Course will start at 1300 on Monday, May 21st.

PREREQUISITES: Recommend students have law enforcement or firefighter experience. An interactive, self-paced pre-course work will familiarize students with the background information necessary to successfully complete the course. Satisfactory completion of pre-course work.

LOCATION: Spokane FD #10, Airway Heights

LEAD INSTRUCTOR: Dennis Heryford, WA DNR (360)-902-1326

COURSE COORDINATOR: Tammi Ellerbroek, WA DNR (509) 684-7474

MAIL, E-MAIL, OR FAX REGISTRATIONS TO:
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Course Number FI-210		Course Name Wildland Fire Origin and Cause Determination		PRIORITY ____ of ____	
IQCS Session Number N/A		Course Location Spokane FD #10, Airway Heights		Course Date(s) May 21-25, 2012	
Course Tuition (if required) N/A		Course Coordinator Name (First Last) Tammi Ellerbroek		Course Coordinator Phone Number (509) 684-7474	
Course Coordinator E-Mail tammi.ellerbroek@dnr.wa.gov		Course Coordinator FAX Number (509) 684-7484		Date Submitted	
Employee's IQCS ID Number: <i>N/A for WA Fire Service & WA DNR</i>					
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:					