**FIRE BRIGADE SERVICES: PROVINCIAL OFFICIAL**

**TEL: 021-937 0803 FAX: 021-931-9031**

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| ***DATE: ORGANISATION / SERVICE Reference*** | | | | | | | | | | | | | | | | |
| **1. ASSISTANCE REQUESTED - PERSON BY NAME**  **ORGANISATION / DISTRICT MUNICIPALITY** | | | | | | | | | | | | | | | | |
| CONTACT TEL. OR FAX No. | | | | | | | | ACCOUNT FOR : | | | | | | | | |
| **2. ASSISTANCE REQUIRED FROM:** | | | **CITY/PGWC** | | | **TMNP** | | ***CN/MTO/ WOF*** | | | **SANDF** | | | | **DATE REQ** | |
| AERIAL FIRE FIGHTING (SEE 11) | | | | | | | | | | | YES | | NO | |  | |
| TROOPING, No. OF FIRE FIGHTERS/HANDLERS TO BE AIRLIFTED (HAZMAT Form 1) | | | | | | | | | | | YES | | NO | | No. | |
| RECONNAISSANCE - SPOTTER | | | | | | | | | | | YES | | NO | | ONLY | |
| FIXED WING BOMBER | | | | | | | | | | | YES | | NO | | No. | |
| EQUIPMENT REQUIRED TO BE TRANSPORTED (HAZMAT Form 1) | | | | | | | | | | | YES | | NO | | Kg | |
| **3. LOCATION OF FIRE INCIDENT** | | | | | | | | | | | | | | | | |
| FIRE COMMAND NAME: | | | | | | | | MAP No. [1:50 000] REF. NUMBER: | | | | | | | | |
| PLACE NAME: | | | | | | | | | | | | | | | | |
| LZ [JOC BRIEFING SITE] | | | | | | | | | | | | | | | | |
| POSITION [LAT & LONG ] º S º E º W | | | | | | | | | | | | | | | | |
| **4. EXTENT OF FIRE - SITUATION REPORT:** | | | | | | | | | | | | | | | | |
| FDI YELLOW OR ABOVE | | | | YES | NO | SUFFICIENT WATER SUPPLIES AVAILABLE | | | | | | | | | YES | NO |
| GROUND TEAMS DEPLOYED | | | | YES | NO | FLYING CONDITIONS SUITABLE | | | | | | | | | YES | NO |
| SUFFICIENT DAYLIGHT HOURS | | | | YES | NO | VISIBILITY SUFFICIENT FOR AERIAL OPS? | | | | | | | | | YES | NO |
| DISASTROUS POTENTIAL | | | | YES | NO | WILL USE REDUCE SPREAD/SEVERITY | | | | | | | | | YES | NO |
| POTENTIAL THREAT: | LIFE | | | YES | NO | PROPERTY | | YES | | NO | ENVIRONMENT | | | | YES | NO |
| **5. VEGETATION OR TERRAIN TYPE - MOUNTAIN CATCHMENT AREA YES NO** | | | | | | | | | | | | | | | | |
| VEGETATION: | | | | | | | TERRAIN: | | | | | | | | | |
| **6. FIRE/HAZMAT INCIDENT HAZARD POTENTIAL: (WEATHER CONDITIONS ON SCENE)** | | | | | | | | | | | | | | | | |
| VISIBILITY | | | | | CLOUD | | | | | | | WIND | | | | |
| **7. PROXIMITY & TYPE OF WATER SOURCE (Type & distance from fire)** | | | | | | | | | | | | | | | | |
| DAM Km | | RIVER Km | | | | SEA Km | | | CANAL Km | | | | | OTHER | | |

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| **8. LIAISON OFFICERS (Name & Telephone Number)** | | | | | | | | | | | |
| INCIDENT CMDR |  | | Tel: | | AIR ATTACK BOSS | | |  | | Tel: | |
| FIRE BOSS |  | | Tel: | | DUTY OFFICER | | |  | | Tel: | |
| **9. FUEL ORDERED/ARRANGED** | | | | | | | YES | | | NO | |
| ORDERED BY: | | | | SENT TO: | | | | | | | |
| **10. AIR to GROUND COMMUNICATIONS** | **Type & frequency**  **AERIAL PORTABLE/MOBILE AVAILABLE YES NO** | | | | | | | **Are radios required?** | YES | NO | No. |
| 1. **DISPATCH PROCEDURES – AIRCRAFT NUMBERS REQUIRED PERIOD REQUIRED \_\_\_\_\_ HRS**   **LARGE (Mi8) MEDIUM (B205) SMALL (Alouette) BOMBER SPOTTER** | | | | | | | | | | | |
| LOCAL PROCEDURE  WoF AIRCRAFT | | 1. Actuate aircraft when locally approved or by City of Cape Town. | | | | 2. Confirm automatic Spotter actuated by WoF. | | | | | |
| 1. **APPROVAL: PROVINCIAL**   **WORKING on FIRE** | | NDMC APPROVAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_  FIRE REFERNCE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| OTHER PROCEDURE  PROVINCIAL AREA SANDF AIRCRAFT | | * 1. Request approval from Province as per protocol.   2. Once approval confirmed by Province immediately actuate response for other aircraft/ SANDF.   3. Immediately actuate Spotter response. | | | | | | | | | |
| **13. AUTHORISATION** (VALID FOR ONE DAY ONLY)  **NAME: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DESIGNATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |