

INSTITUTION: _____
FIRE CREW REQUEST - MANIFEST

Date/Time: _____

Dispatch Center Name: _____

Phone: _____

Fax: _____

Estimated Departure Time: _____ Map Requested _____

Duty Officer: _____

Fire Suppression 1 2 3 _____ **Kitchen Support 1** _____ **Camp Support 1** _____

Staff Name taking call: _____ **Mobile Kitchen Unit** _____ **Shower Unit** _____

1.	Requesting Agency:			
2.	Fire Name:			
3.	Request Number:			
4.	Financial Code:		Incident #:	
5.	Number of crews needed:			
6.	Incident Contact:			
7.	Crews tooled: (Y/N)		Lunched: (Y/N)	
8.	Class of fire:	Less than 1 Day: One shift , no overnight stay		
	Fire Phone# issued:	Level One: Prepare to stay two shifts and two days		
	Truck License#:	Level Two: Prepare to stay a minimum of five days.		
	Van License#:			
	Trailer # (1, 2 3, etc)			
	Requested Arrival :	Date: _____	Time: _____	(Mountain/Pacific) _____
Staff Deployed:	Sergeant			
	Officers			
	FSC			

INMATE

SID

BUNK

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

ONCE COMPLETE, FAX THIS FORM TO DISPATCH

Distribution: ___ IWP Coordinator, ___ OIC, Other: (i.e.: FS Mgr., Lt., Sgt., Support, etc.) _____ CD# 1716 6/25/15