

**PRINCIPLE ADVISOR'S REPORT**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 3 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Room 7NE, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0058) NOTE: Do not send your completed form to this address.

Management of Forest and Grassland Fires, Section 420 PL 93-288, as amended

1. NAME OF PRINCIPAL ADVISOR

2. DATE AND TIME OF STATE REQUEST

3. DATE AND TIME OF ADVISOR'S REPORT

4. I HAVE/HAVE NOT REVIEWED THE OFFICIAL STATE REQUEST FOR FIRE MANAGEMENT ASSISTANCE DECLARATION UNDER SECTION 420, PL 93-288.

I HAVE REVIEWED       I HAVE NOT REVIEWED

\_\_\_\_\_  
Name of Fire

\_\_\_\_\_  
Date Fire Started

5. PREVAILING WEATHER CONDITIONS:

TEMPERATURE \_\_\_\_\_ HUMIDITY \_\_\_\_\_ WIND \_\_\_\_\_

OTHER \_\_\_\_\_

6. FIRE INDEX (Palmer, KBDI, Haines, etc.)

NAME OF INDEX \_\_\_\_\_

NUMBER ON SCALE \_\_\_\_\_

7. PREDICTION OF WEATHER AND FIRE CONDITIONS FOR THE NEXT 24 HOURS: (Fire Behavior)

8. WILDFIRES:

a. EXISTENCE OF OTHER FIRES NEARBY THAT MAY RESULT IN A CONFLAGRATION

b. NUMBER OF LARGE FIRES BURNING IN THE STATE: \_\_\_\_\_

9. THREAT INFORMATION:

a. ASSESSMENT

b. PROXIMITY OF FIRE TO HOMES AND COMMUNITIES:

c. NATURAL OR OTHER BARRIERS BETWEEN FIRE AND COMMUNITIES:

10. THIS ASSESSMENT IS BASED ON

ON SITE SURVEY     DISCUSSION WITH THE INCIDENT COMMANDER     OTHER (specify)

11. Signature of Principle Advisor

12. TELEPHONE NUMBER

a. Day

b. Other (cell, pager)

c. Night

13. FEDERAL AGENCY

14. OFFICE LOCATION (City, State, ZIP)