

This form to be completed each shift.

### EFF ANALYSIS FORM

Date \_\_\_\_\_ Time \_\_\_\_\_

Fire Name \_\_\_\_\_ Location T\_\_\_\_\_ R\_\_\_\_\_ Section \_\_\_\_\_

	Current		Predicted	
	Yes	No	Yes	No
<b>I. Resources</b>				
a. Has the normal mutual aid network been fully implemented?				
b. Are all county government resources, as defined in the operating plan, committed/enroute?				
c. Is air support required?				
d. Is the fire beyond the capability of local management team?				
e. Is there an inadequate water supply?				
f. Is there a need for regional or national resources?				
g. Is the availability of additional resources hampering suppression efforts?				
<b>II. Risk Factors</b>				
a. Is there a threat to public at large?				
b. Are structures threatened/involved?				
c. Are there unusually hazardous fire fighting conditions?				
d. Is there an aviation resource safety problem?				
e. Are historical values at risk?				
f. Does the fire involve mixed land ownership?				
<b>III. Fire Situation</b>				
a. Are flame lengths in excess of 4 ft?				
b. Is torching/crowning occurring?				
c. Is the 1000 hour fuel moisture below 12%?				
d. Is the fire burning in an extreme fuel type?				
e. Is the fire inaccessible by ground in one hour?				
f. Is the rate of spread beyond suppression capability?				

	Current		Predicted	
	Yes	No	Yes	No
<b>IV. Fire Weather</b>				
a. Is wind a critical factor in fire behavior?				
b. Is temperature a critical factor in fire behavior?				
c. Is RH below 20%?				
d. Are there T-storms/fronts?				
<b>V. Other Considerations</b>				
a. Are there existing political problems?				
b. Are non-fire incidents occurring which have an impact on fire operations?				
c.				
d.				
e.				
<b>VI. Totals</b>	A	B	C	D

Current (A) \_\_\_\_\_ + Predicted (C) \_\_\_\_\_ = \_\_\_\_\_

Current (B) \_\_\_\_\_ + Predicted (D) \_\_\_\_\_ = \_\_\_\_\_

To qualify for EFF, questions must reflect a total local level commitment to the fire.

Total of Columns A + C must be equal to or greater than 32 (67%).

\_\_\_\_\_

Sheriff or Designee's Signature

\_\_\_\_\_

CSFS State Forester or Designee's Signature

STATE FORESTER RESPONSE: