NEW MEXICO

Resource Mobilization Plan

2017-2018

Mobilization Guide for Using New Mexico Fire Departments on Wildland-Fire Incidents
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INTRODUCTION

This Resource Mobilization Plan (RMP) is adopted pursuant to Joint Powers Agreements (JPA) between the New Mexico Energy, Minerals and Natural Resources Department, Forestry Division (Forestry Division) and local governments. Together, the JPAs and RMP are intended to create a pool of nationally qualified wildland fire resources within the structural fire service of New Mexico, so they may be mobilized to assist in the suppression of wildfires and wildland/urban interface fire incidents.

This RMP establishes the standards, procedures, and guidelines to be followed when mobilization is necessary. The standards established are consistent with those to which all state and federal agencies responding to incidents are held. It is recognized that not all local fire departments will wish to participate in the RMP, or meet the minimum requirements. Participation is voluntary.

The New Mexico Resource Mobilization Plan version 2017-2018 has been modified and updated to reflect experience gained in past fire seasons. Changes from previous versions include:

Disclaimers and Notices (page 4)
Managing the Qualification System: Local, and State Responsibilities (page 6)
Incident Managing Team Applications/Nominations (page 7)
Position Descriptions (page 8)
Medical Authorization for EMS Personnel (page 10)
Personnel Travel and Transportation (page 24)
Equipment Reimbursement Rates (pages 26 and 27)
Workers’ Compensation Guidelines (page 71)

Disclaimers and Notices

All qualifications shall maintain currency with the NWCG PMS 310-1 (most current publication). The current PMS 310 referenced qualifications for any position in this RMP shall take precedence over the standard or qualification in this RMP. The Forestry Division may require additional training or experience above the requirements listed in the PMS 310-1.
CHAPTER 1: QUALIFICATION SYSTEM FOR PERSONNEL

Introduction:

This chapter describes the minimum qualifications for local fire department personnel being mobilized outside their jurisdiction under the RMP’s provisions. It is not intended to replace locally developed qualification standards for firefighters responding within their own jurisdiction or local mutual aid area.

This chapter also describes the performance based system used to document firefighter qualifications, delineates local fire department and Forestry Division responsibilities for managing the system, and establishes criteria for certain positions considered key to the RMP’s function.

Referenced Standards:

It is this RMP’s express intent to be consistent with established national standards for wildland and structural firefighter qualifications. The wildland fire qualification standards adopted in this RMP are those of the National Wildfire Coordinating Group (NWCG) as described in the publication PMS 310-1, Wildland and Prescribed Fire Qualification System Guide, latest version.

It is also expected that all structural fire department personnel mobilized under the RMP for any fire line assignment will have documented training consistent with NFPA 1901 or NFPA 1906 and the New Mexico State Fire Marshal’s Office Firefighter Qualification System (FQS).

Emergency Medical Services (EMS) personnel mobilized under the RMP will be currently licensed under the provisions of the New Mexico Department of Health rules for Licensing of Emergency Medical Services Personnel (7.27.2 NMAC) and their scope of practice defined by the most current edition of Appendix A of that document.

Qualification System Description:

The following is an overview of the process for qualification in any fire position. The process is more fully described in the PMS 310-1, Wildland and Prescribed Fire Qualification System Guide, latest version available at http://www.nwcg.gov/pms/docs/docs.htm.

Prerequisite Experience:

Progression from position to position within the qualification system is intended to be a step-by-step process. Each step establishes the skill and experience required as the foundation for the next step. Except for entry level, all positions require prior qualification in specific lower level positions. A firefighter shall have appropriate quantity and quality of experience in these prerequisite positions before seeking higher-level qualifications. It is the incident qualification card (red card) issuing agency’s responsibility to judge whether this requirement has been adequately met.

Training:

“Required training” provides a direct link between training and job performance to provide for responder health and safe operations on wildland fires. Required training cannot be challenged. Listed training for each position consists of “required training” and “other training” that supports the development of knowledge and skills. “Required training” no longer needs to be completed prior to becoming a "trainee" for the position. “Other training” courses provide essential knowledge required to perform the job. The Forestry Division recognizes training acquired through the USFA Skills Crosswalk.

To meet NWCG direction the Forestry Division requires an annual Wildland Fire Safety Refresher Training (RT-130) for all red-carded personnel involved with the RMP. This training must be four to eight hours of instructor led not web based training. The annual refresher must meet the objectives described in the current PMS 901-1, NWCG Field Managers Course Guide that is available at http://www.nwcg.gov/pms/training/fmcg.pdf.
Physical Fitness:

Each position has a required level of physical fitness appropriate to the job’s demands. Most fire line positions require annual demonstration of fitness at the “arduous” level. The physical fitness levels and testing standards are described later in this chapter, and the process is more fully described in the PMS 310-1, Wildland and Prescribed Fire Qualification System Guide available at http://www.nwcg.gov/pms/docs/docs.htm.

Safety:


Trainee Status:

Position task books (PTB) can be initiated prior to attendance and successful completion of required training. However, trainees cannot become fully qualified for the position until they have successfully completed required training. A trainee must be qualified in the prerequisite position(s) before a PTB can be initiated. Trainee status shall be reflected on the trainee’s red card, and allows the trainee to perform in the position under direct supervision of someone who is fully qualified in the position. The trainee’s performance may fall into one of two categories, on the job training (OJT) or evaluation. OJT may involve shadowing the experienced person or performance of certain job functions with coaching from the experienced person. When evaluation is being done, the expectation is that the trainee will perform the job without significant assistance from the experienced person and the trainee’s performance will be evaluated and documented in the PTB. Other than entry level, all PTBs require fire assignments to complete tasks. A single fire assignment rarely provides sufficient experience as a trainee to become fully qualified. Fire departments are encouraged to judge the quality of assignments before issuing certification of qualification. Once all tasks have been adequately demonstrated, the final evaluator provides a recommendation for certification. No more than two PTBs may be open at the same time.

Fire Department Certification:

Once personnel have met all prerequisites and based on a final evaluator’s recommendations, the fire department may issue proof of qualification in the form of red card. All RMP personnel must be prepared to show a red card for their position on an incident.

Managing the Qualification System: Local and State Responsibilities:

Under the RMP’s provisions, fire departments will establish, manage, and maintain a qualification system for their own personnel. They will be expected to certify qualifications and issue red cards for their personnel up to and including the “200 level” (Engine Boss, Incident Commander Type 4, EMS services, etc.). As part of that process, they should maintain documentation of the following:

- Prerequisite experience
- Completion of training
- Annual fitness testing
- PTB completion
- Fire department certification of qualification(s)
- Cumulative experience in the position
- Annual refresher (RT-130)
- Annual red card

The Forestry Division will certify position qualification for all positions at or above the “300 level” (Strike Team Leader and above), or any position for an Incident Management Team assignment/application and issue red cards. Fire departments, in consultation with the local Forestry Division’s District Fire Management Officer (FMO), may identify candidates and document training for the higher-level positions. When a candidate has completed all requirements for qualification, the fire department should submit all documentation through the appropriate Forestry Division district office prior to March 1st of each year for review and certification.
Incident Management Team Applications/Nominations:

Fire departments shall submit any application/nomination for an incident management team, Type 3 or above, for approval prior to submission to the team. Applications shall be accompanied with all back-up documentation as well as a letter of support from the local government administrator (fire chief or equivalent) to support the team nomination.

Fitness Testing:

An important part of being a qualified firefighter is maintaining an adequate level of physical fitness to be productive and to maintain an adequate energy reserve to meet unforeseen emergencies. Personnel must demonstrate fitness annually prior to being issued a red card. The current NWCG standard for physical fitness testing is a group of work capacity tests popularly referred to as the “Pack Test”. More accurately, it is a system of three tests, each intended to be equivalent to a level of work demand associated with various job duties. The three levels are arduous, moderate, and light. Refer to the “Work Capacity Test Administrators Guide” for further details on pack test administration and implementation: http://www.fs.fed.us/fire/safety/wct/pdf03512805dpi300.pdf.

<table>
<thead>
<tr>
<th>Work category</th>
<th>Test</th>
<th>Distance</th>
<th>Pack</th>
<th>Maximum time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arduous</td>
<td>Pack Test</td>
<td>3 Miles</td>
<td>45 lbs.</td>
<td>45 Minutes</td>
</tr>
<tr>
<td>Moderate</td>
<td>Field Test</td>
<td>2 Miles</td>
<td>25 lbs.</td>
<td>30 Minutes</td>
</tr>
<tr>
<td>Light</td>
<td>Walk Test</td>
<td>1 Mile</td>
<td>None</td>
<td>16 Minutes</td>
</tr>
</tbody>
</table>

Training for the Pack Test:

For maximum safety and benefit, encourage firefighters to start training for fitness testing four to six weeks prior to the test. It is best to start training with little or no weight, and establish a pace that will meet the time requirement. Gradually increase weight and/or distance until the test requirements can be consistently met.

The Course:

The course should be relatively flat and have a firm-walking surface. Out-and-back courses have the advantage of canceling out the effects of wind and grade. The distance must be accurately measured with a measuring wheel or similar.

Equipment:

- A scale to weigh packs (hanging scale recommended)
- Two stopwatches (a primary and a back-up)
- Radios and cell phones for monitoring and safety
- Forms for documenting test and for informed consistency of testing
- Signs, safety vests, or other as required for safety

Testing at Altitude:

Candidates performing the work capacity tests at an altitude of 4,000 feet or greater should be acclimated to the environment. The maximum time allowed to perform the test shall be adjusted according to the following chart:

<table>
<thead>
<tr>
<th>Altitude Correction Table:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altitude</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>8,000 – 9,000 feet</td>
</tr>
<tr>
<td>7,000 – 8,000 feet</td>
</tr>
<tr>
<td>6,000 – 7,000 feet</td>
</tr>
<tr>
<td>5,000 – 6,000 feet</td>
</tr>
<tr>
<td>4,000 – 5,000 feet</td>
</tr>
</tbody>
</table>
NEW MEXICO RESOURCE MOBILIZATION PLAN
FOR WILDLAND URBAN INTERFACE INCIDENTS
2017-2018

Safety/Med-Evac. Plan:

A Safety/Med-Evac Plan should be developed for the test, and the test administrator must be familiar with its features. A first responder, EMT, or other person trained to recognize the signs and symptoms of physical distress should be on site throughout the test.

Position Descriptions:

The following charts outline the qualification requirements for positions commonly used in RMP mobilizations. All positions outlined are nationally recognized standard positions, with the exception of Engine Operator which is a Bureau and Land Management (BLM) position recognized by the Forestry Division. For positions not listed below, refer to the PMS 310-1, Wildland and Prescribed Fire Qualification System Guide available at http://www.nwcg.gov/pms/docs/docs.htm.

The Advanced Firefighter/Squad Boss position is nationally recognized, but is based on an organized hand crew background. RMP resources are local government fire departments with engine based backgrounds. The Forestry Division has adopted the position of Engine Operator as an equivalent to the Squad Boss position. It requires completion of both the Advanced Firefighter (FFT1) and the BLM Engine Operator (ENOP) Position Task Books. The ENOP Task Book is available online at http://www.nwcg.gov/pms/taskbook-agency/blm-fs-fws/enop.pdf.

The Structure Protection Specialist (STPS) is a nationally recognized position. The STPS provides technical assistance to Incident Management Teams with respect to protection of structures and other improvements.

The NWCG has adopted additional National Incident Management System (NIMS) training requirements for wildland fire positions. Appendix A of the Current Year PMS 310-1 indicates the specific NIMS training requirements by position. Please refer to most recent publication of PMS 310-1 to ensure required NIMS training has been completed for all personnel.

<table>
<thead>
<tr>
<th>Firefighter (FFT2)</th>
<th>No prior position qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREREQUISITE EXPERIENCE</td>
<td></td>
</tr>
<tr>
<td>REQUIRED TRAINING</td>
<td>• I-100 Introduction to ICS</td>
</tr>
<tr>
<td></td>
<td>• IS-700</td>
</tr>
<tr>
<td></td>
<td>• L-180 Human factors on the fireline</td>
</tr>
<tr>
<td></td>
<td>• S-130 Firefighter Training</td>
</tr>
<tr>
<td></td>
<td>• S-190 Introduction to Wildland Fire Behavior</td>
</tr>
<tr>
<td></td>
<td>• RT-130 Annual fireline safety refresher (not required for the first year as a Firefighter Type 2 (FFT2); however, it is required for subsequent years)</td>
</tr>
<tr>
<td>OTHER TRAINING</td>
<td>None</td>
</tr>
<tr>
<td>PHYSICAL FITNESS LEVEL</td>
<td>Arduous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Firefighter (FFT1)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PREREQUISITE EXPERIENCE</td>
<td>• Satisfactory performance as a FFT2</td>
</tr>
<tr>
<td></td>
<td>• Satisfactory completion of FFT1</td>
</tr>
<tr>
<td>REQUIRED TRAINING</td>
<td>• S-131 Firefighter Type 1</td>
</tr>
<tr>
<td></td>
<td>• S-133 Look Up, Look Down, Look Around</td>
</tr>
<tr>
<td></td>
<td>• RT-130 Annual fireline safety refresher</td>
</tr>
<tr>
<td>OTHER TRAINING</td>
<td>• S-211 Pumps and Water</td>
</tr>
<tr>
<td></td>
<td>• S-212 Chainsaw Operator</td>
</tr>
<tr>
<td></td>
<td>• Fire Service Driver Training</td>
</tr>
<tr>
<td>PHYSICAL FITNESS LEVEL</td>
<td>Arduous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engine Operator (ENOP)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PREREQUISITE EXPERIENCE</td>
<td>• Satisfactory performance as a FFT2</td>
</tr>
<tr>
<td></td>
<td>• Satisfactory completion of FFT1 and ENOP Position Task Books</td>
</tr>
<tr>
<td>REQUIRED TRAINING</td>
<td>• S-131 Firefighter Type 1</td>
</tr>
<tr>
<td></td>
<td>• S-133 Look Up, Look Down, Look Around</td>
</tr>
<tr>
<td></td>
<td>• S-211 Pumps and Water Use</td>
</tr>
<tr>
<td></td>
<td>• RT-130 Annual fireline safety refresher</td>
</tr>
</tbody>
</table>
### OTHER TRAINING
- S-281 Supervisory Concepts and Techniques
- S-212 Chainsaw Operator
- Fire Service Driver Training

### PHYSICAL FITNESS LEVEL
Arduous

### Engine Boss (ENGB)

<table>
<thead>
<tr>
<th>PREREQUISITE EXPERIENCE</th>
<th>REQUIRED TRAINING</th>
<th>OTHER TRAINING</th>
</tr>
</thead>
</table>
| - Satisfactory performance as Advanced Firefighter/Engine Operator (ENOP)  
- Satisfactory completion of ENGB Position Task Book | - S-230 Single Resource Boss Training  
- S-290 Intermediate Wildland Fire Behavior  
- RT-130 Annual fireline safety refresher | - I-200 Basic ICS  
- S-231 Engine Boss  
- S-234 Ignition Operations  
- S-260 Interagency Incident Business Management  
- S-270 Basic Air Operations  
- L-280 Followership to Leadership |

### Incident Commander Type 5 (ICT5)

<table>
<thead>
<tr>
<th>PREREQUISITE EXPERIENCE</th>
<th>REQUIRED TRAINING</th>
<th>OTHER TRAINING</th>
</tr>
</thead>
</table>
| - Satisfactory performance as a FFT2  
- Satisfactory completion of ICT5 Position Task Book | - S-131 Firefighter Type 1  
- S-133 Look Up, Look Down, Look Around  
- RT-130 Annual fireline safety refresher | - S-211 Pumps and Water Use  
- S-212 Chainsaw Operator |

### Incident Commander Type 4 (ICT4)

<table>
<thead>
<tr>
<th>PREREQUISITE EXPERIENCE</th>
<th>REQUIRED TRAINING</th>
<th>OTHER TRAINING</th>
</tr>
</thead>
</table>
| - Satisfactory performance as any Single Resource Boss (ENGB, CRWB, etc.)  
- Satisfactory completion of ICT4 Position Task Book | - S-200 Initial Attack Incident Commander  
- RT-130 Annual fireline safety refresher | - S-234 Ignition Operations  
- S-215 Fire Operations in the Urban Interface |

### Strike Team Leader – Engine (STEN)

<table>
<thead>
<tr>
<th>PREREQUISITE EXPERIENCE</th>
<th>REQUIRED TRAINING</th>
<th>OTHER TRAINING</th>
</tr>
</thead>
</table>
| - Satisfactory performance as any Single Resource Boss (ENGB, CRWB, etc.)  
- Satisfactory completion of STEN Position Task Book | - S-215 Fire Operations in the Urban Interface  
- S-330 Task Force/Strike Team Leader  
- RT-130 Annual fireline safety refresher  
- I-300 Intermediate ICS  
- IS-800B | - L-380 Fireline Leadership  
- S-336 Tactical Decision Making in Wildland Fire |

### Division/Group Supervisor (DIVS)

<table>
<thead>
<tr>
<th>PREREQUISITE EXPERIENCE</th>
<th>REQUIRED TRAINING</th>
</tr>
</thead>
</table>
| - Satisfactory performance as a TFLD or ICT3 or ICT4 and STEN  
- Satisfactory performance as a DIVS on a wildland fire incident  
- Satisfactory completion of DIVS Position Task Book | - S-390 Introduction to Wildland Fire Behavior Calculations  
- S-339 Division/Group Supervisor  
- RT-130 Annual fireline safety refresher |
Medical Authorization for EMS Personnel:

EMS personnel mobilized (including Medical Unit Leader) under the RMP will function under the license held by their fire department’s Medical Director and will be governed by the fire department’s medical protocols. As such, they must be currently licensed and in good standing with their service. A written authorization by the fire department’s Medical Director must be filed with the Forestry Division for attachment to the authorizing JPA as an addendum. Further, the Medical Director’s written authorization shall allow the EMS personnel to perform nationally their full duties of the position.

Annual Certification:

Fire department participants in the RMP should review firefighter qualifications annually and issue red cards on or before April 1. A copy of the red cards must be sent to the local Forestry Division district office before April 1st.

Maintaining Qualification Currency:

Position qualification remain current for a maximum of five years; provided annual fitness and annual refresher requirements are maintained (air operations qualifications and dispatch positions are valid for a maximum of three years).

Currency may be maintained by the following:

- Satisfactory performance in the qualified position within the allotted five-year time frame (three years for aircraft related and dispatch positions)
- Satisfactory performance in a higher position for which that position is a prerequisite
- Satisfactory performance in a position that is identified in PMS-310-1 as “Other position assignments that will maintain currency”

Performance Evaluations:

Individuals or crews should receive a performance rating for their work on the incident. These performance ratings should be submitted to their fire department supervisor and sent to the local Forestry Division district office attached to the reimbursement package and when requesting red card updates.

Personnel who receive a “deficient” rating on an evaluation should work with their fire department supervisor to create a development plan to correct the deficiency. A development plan should include:

- A training plan, which requires taking appropriate fire training courses
- An experience plan, which requires additional task book experiences
- A physical fitness plan, which establishes a periodic fitness program to increase strength and/or stamina
Once a firefighter completes the development plan their fire department supervisor approves and it has been submitted to the local Forestry Division district office, he or she may be considered for a new assignment.

Personnel who receive a “satisfactory” rating should have it noted in their qualification record for purposes of maintaining currency. The fire department supervisor should submit performance sheets to the local Forestry Division district office for additional recognition.

**Equivalency Committee:**

The NWCG recognizes that certain knowledge and skill may be attained through non-NWCG training courses or job experiences. There are eight voting members on the committee and all recommendations from the committee will be given to the Forestry Division’s Resource Protection Bureau Chief and the State Forester for final decision.

The following is the recommendation by the committee for the following NWCG firefighter positions.

- **FFT2** – The committee recommends that the individual will have the complete NWCG S-130, S-190, L-180 and I-100, IS-700 (core basic) classes. If the individual has been through the fire academy and has the IFSAC seal for structural FFT1 which included the core basic classes but did not include IFSAC testing then a field day will be required to give the individual an NWCG certificate. Once the academy has the IFSAC testing in place then the IFSAC certificate will be accepted. If the individual has taken the on-line course or the CD course or the NFA gap course a field day will be required before an NWCG certificate is issued. The individual can complete an NWCG FFT2 task book in place of the field day.

- **FFT1** – The committee recommends that the individual will have the complete NWCG S-131 and S-133 classes and the completed task book for FFT1.

- **ENGB** – see the New Mexico Eligibility Requirements for Engine Boss Crosswalk in Appendix E.

Individuals and fire departments must also maintain evaluation records of assignments while participating in the Crosswalk.

Fire department supervisors who wish to have the committee review individual firefighter’s records should submit their documentation to the local Forestry Division district office prior to January 1st of each year for review and certification. Documentation submitted needs to be sufficiently detailed to allow a side-by-side comparison for equivalency.
CHAPTER 2: STANDARDS FOR FIRE APPARATUS

Introduction:

This chapter identifies minimum requirements for fire apparatus being mobilized outside the local jurisdiction as part of the RMP.

Required equipment is considered essential to assure safe and effective operation in a wildland urban interface fire environment, while optional equipment substantially improves the capability and flexibility of an apparatus. Fire departments planning on out-of-state RMP assignments should also carry the optional equipment on the apparatus.

Safety:

All apparatus must conform to federal and state motor vehicle safety standards in effect at the time of apparatus purchase. In addition, all apparatus must meet the following:

- Enclosed seating with seatbelts for all personnel
- A functional backup alarm
- A first aid kit
- A fire extinguisher
- DOT emergency reflectors
- Rearview mirrors on both sides of the apparatus
- Functional headlights, tail lights, marker lights, and turn signals
- Functional windshield wipers
- No loose equipment in crew seating areas

Communications Plan:

Fire incidents that involve an RMP mobilization will often be rapidly developing and dynamic. It is critical for safety and effective operations that local government resources can communicate with each other, the incident, the involved dispatch center, and other resources while traveling to and arriving on the incident. For that reason, the New Mexico state fire frequency (154.310 MHz) is designated as the standard travel and initial tactical frequency. All apparatus must have functional P-25 compliant, VHF two-way radios that include this frequency. In addition, it is strongly recommended that all apparatus have radios programmed to the following New Mexico Initial Action Communications Plan.

<table>
<thead>
<tr>
<th>Incident Radio Communications Plan (ICS 205)</th>
<th>Incident Name</th>
<th>NMSF RMP Initial Operations</th>
<th>Date/Time Prepared</th>
<th>Operational Period Date Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Radio Channel Utilization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Channel</td>
<td>Function</td>
<td>W/N</td>
<td>Frequency</td>
<td>Assignment &amp; Remarks</td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>-----</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>1</td>
<td>State Fire</td>
<td>N</td>
<td>154.310</td>
<td>Travel &amp; Initial Tactical</td>
</tr>
<tr>
<td>2</td>
<td>Forestry Division District Offices</td>
<td>N</td>
<td>159.420 tx tone 156.7 Las Vegas district uses 159.330 tx tone 156.7</td>
<td>Contact for local Forestry Division district offices</td>
</tr>
<tr>
<td>3</td>
<td>Forestry Division Car to Car</td>
<td>N</td>
<td>159.225</td>
<td>Unit to unit travel &amp; logistics</td>
</tr>
<tr>
<td>4</td>
<td>Albuquerque Dispatch</td>
<td>N</td>
<td>170.525</td>
<td>Interagency Dispatch Contact</td>
</tr>
<tr>
<td>5</td>
<td>Gila/Las Cruces Dispatch (North)</td>
<td>N</td>
<td>169.975</td>
<td>Interagency Dispatch Contact</td>
</tr>
<tr>
<td>6</td>
<td>Gila/Las Cruces Dispatch (South) Taos Dispatch</td>
<td>N</td>
<td>169.175</td>
<td>Interagency Dispatch Contact</td>
</tr>
<tr>
<td>7</td>
<td>Alamogordo Dispatch Office</td>
<td>N</td>
<td>170.500 tone 103.5</td>
<td>Interagency Dispatch Contact</td>
</tr>
<tr>
<td>8</td>
<td>Santa Fe</td>
<td>N</td>
<td>172.300</td>
<td>Interagency Dispatch Contact</td>
</tr>
</tbody>
</table>
### NEW MEXICO RESOURCE MOBILIZATION PLAN
FOR WILDLAND URBAN INTERFACE INCIDENTS 2017-2018

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>R3 Tac 1</td>
<td>N</td>
<td>167.5500</td>
<td>Taos &amp; Alamogordo Dispatch IA</td>
<td></td>
</tr>
<tr>
<td>R3 Tac 2</td>
<td>N</td>
<td>168.6750</td>
<td>Gila and Santa Fe Dispatch IA</td>
<td></td>
</tr>
<tr>
<td>R3 Tac 3</td>
<td>N</td>
<td>168.7750</td>
<td>Albuquerque Dispatch IA</td>
<td></td>
</tr>
<tr>
<td>ICS Calling</td>
<td>N</td>
<td>168.3500</td>
<td>Itinerant &amp; Camp</td>
<td></td>
</tr>
<tr>
<td>Air-to-Ground</td>
<td>N</td>
<td>169.3625</td>
<td>PRIMARY</td>
<td></td>
</tr>
<tr>
<td>1) A/G 62</td>
<td>169.3625</td>
<td>PRIMARY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) A/G 53</td>
<td>168.4875</td>
<td>PRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) A/G 56</td>
<td>1608.6625</td>
<td>PRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) A/G 20</td>
<td>168.1750</td>
<td>PRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) A/G 46</td>
<td>167.7000</td>
<td>PRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tone</td>
<td>110.9 TX/RX</td>
<td>PRI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Guard (Guard One)</td>
<td>N</td>
<td>168.625</td>
<td>Emergency use or initial contact to incident aircraft only</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>tx tone 110.9</td>
<td>(note 1)</td>
<td></td>
</tr>
</tbody>
</table>

### NOTES:
All federal frequencies were converted to Narrow Band FM (12.5 KHz). Frequencies are changed often and every attempt has been made to assure that these are correct.

1. These air-to-ground frequencies are new for 2017 and are valid only within the zone assigned. Channel 13, 14, and 15 are available for preprogramming in the primary zones where you may be working.
2. Air guard (Guard One) is an emergency channel monitored by all NWCG qualified aircraft and must be programmed into all wildfire radios. It is customary to program it into the last channel of the radio or group. National radio cache radios will have it programmed into channels 14 and 16 in all groups.
3. There are several VHF inoperability channels that the Department of Homeland Security has made available for emergency incidents. If those frequencies are being used by the incident they will be provided to responding personnel at the incident.

### GVWR:
All apparatus must be within the limits of manufacturer’s GVWR when fully loaded, including personnel, water, equipment, and fuel. It is recommended that any apparatus operating off road or on unimproved roads restrict total weight to 85% of manufacturer’s GVWR or less.

### Apparatus Types:
All apparatus ordered for mobilization will be ordered by, and expected to conform to NWCG Standards for Resource Typing as specified in PMS 210-1, *Wildland Fire Incident Management Field Guide*. These standards establish minimum criteria for pump and tank capacity, equipment, and staffing. They are not intended to restrict agencies from exceeding the minimum specifications.

### Engines:

<table>
<thead>
<tr>
<th>Type</th>
<th>Pump (gpm)</th>
<th>Tank (gallons)</th>
<th>2 ½&quot; Hose</th>
<th>1 ½&quot; Hose</th>
<th>1&quot; Hose</th>
<th>Ladders</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1000</td>
<td>300 gals.</td>
<td>*1200 ft.</td>
<td>500 ft.</td>
<td>20' Ext.</td>
<td>4 #</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>500</td>
<td>300 gals.</td>
<td>*1000 ft.</td>
<td>500 ft.</td>
<td>20' Ext.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>150</td>
<td>500 gals.</td>
<td></td>
<td>1000 ft.</td>
<td>500 ft.</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>
Type 1 and Type 2 Engines are structural engines and will be expected to meet all requirements for NFPA 1901. Personnel responding on Type 1 or Type 2 Engines should be NFPA 1001 qualified and equipped with Structural PPE and SCBA. These engines typically have high volume pumping capacity and are equipped with master stream appliances, but lack pump and roll capability or significant off-road capability.

Type 3, Type 4, Type 5, Type 6, and Type 7 Engines are wildland engines and are intended to operate off-road and must meet all requirements for NFPA 1906. It is recommended that they have a minimum axle clearance of 7", a minimum ground clearance of 12", and approach/departure angles of 20 degrees.

Support Tenders:

<table>
<thead>
<tr>
<th>Type</th>
<th>Pump</th>
<th>Tank</th>
<th>Dump Valve</th>
<th>Drop Tank(s)</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>300 gpm</td>
<td>4,000 gallons minimum</td>
<td>10” minimum</td>
<td>2,500 gallons</td>
<td>1</td>
</tr>
<tr>
<td>S2</td>
<td>200 gpm</td>
<td>2,500 gallons minimum</td>
<td>10” minimum</td>
<td>2,500 gallons</td>
<td>1</td>
</tr>
<tr>
<td>S3</td>
<td>200 gpm</td>
<td>1,000 gallons minimum</td>
<td>10” minimum</td>
<td>1,000 gallons</td>
<td>1</td>
</tr>
</tbody>
</table>

Tactical Tenders:

<table>
<thead>
<tr>
<th>Type</th>
<th>Pump</th>
<th>Tank</th>
<th>Dump Valve</th>
<th>Drop Tank(s)</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>250 gpm</td>
<td>2,000 gallons minimum</td>
<td>10” minimum</td>
<td>1,000 gallons</td>
<td>2</td>
</tr>
<tr>
<td>T2</td>
<td>250 gpm</td>
<td>1,000 gallons minimum</td>
<td>10” minimum</td>
<td>1,000 gallons</td>
<td>2</td>
</tr>
</tbody>
</table>

1. Support Water Tenders are intended as water hauling apparatus that fill from a pressure or gravity source, dump into drop tanks, and return to the source for another load. They are required to carry drop tanks of adequate capacity to off-load their entire water load.
2. All water tenders and wildland engines 3 through 6 shall be able to prime and pump water from a 10-foot lift.
3. Type 3 engines and tactical water tenders should be equipped with a foam proportioner system.
4. Support Tender operators are not required to pass the work capacity test. They are required to participate in the annual refresher training. Must maintain a CDL with tank endorsement or a NM Class E license.
5. Tactical Tender operators are required at a minimum to be qualified current as ENGB and maintain a CDL with tank endorsement or a NM Class E license.

Hose and Appliance Connections:

There are a wide variety of threaded fitting patterns and connector types in use by various structural and wildland agencies. To facilitate interagency operations and the ability of one apparatus to make physical connections with another, it is recommended that all apparatus conform to the following standards for threaded connections:

<table>
<thead>
<tr>
<th>Hose Diameter</th>
<th>Connector Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Diameter Hose (LDH) 4: or 5&quot;</td>
<td>Storz</td>
</tr>
<tr>
<td>1 ½: - 3&quot; Hose</td>
<td>NH</td>
</tr>
<tr>
<td>1” Hose</td>
<td>NPSH</td>
</tr>
<tr>
<td>¾” or Smaller</td>
<td>GHT</td>
</tr>
</tbody>
</table>

Hose Thread Terminology:

- **Storz**: A lugged, quarter turn, non-gender specific connector commonly used in LDH.
- **NH**: National Hose, also commonly referred to as National Standard (NST) and National Standard Fire Hose (HSFH).
- **NPSH**: A non-tapered pipe thread, also called Straight Iron Pipe Thread (SIPT).
- **GHT**: Garden Hose Thread

**Equipment:**

The following list of required equipment is intended to assure that various apparatus being mobilized under the RMP can work effectively together.

Apparatus mobilized within New Mexico is required to have the following equipment.

<table>
<thead>
<tr>
<th>Equipment Description</th>
<th>Quantity Required</th>
<th>NFES #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hose</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction draft hose</td>
<td>20'</td>
<td></td>
</tr>
<tr>
<td>1 ½&quot; Single or Double jacket hose NH</td>
<td>300'</td>
<td>1239</td>
</tr>
<tr>
<td>(not hard rubber reel line) NPSH</td>
<td>300'</td>
<td>1238</td>
</tr>
<tr>
<td><strong>Valve</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction strainer or strainer/foot valve</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Nozzles</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 ½&quot; Nozzles NH, adjustable or foam</td>
<td>2</td>
<td>0137/0628</td>
</tr>
<tr>
<td>1&quot; Nozzles NPSH, forester or adjustable</td>
<td>2</td>
<td>0024/0138</td>
</tr>
<tr>
<td><strong>Adapters Reducer/Increaser</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 ½&quot; NPSH-F to 1&quot; NH-M adapter</td>
<td>1</td>
<td>0003</td>
</tr>
<tr>
<td>1&quot; NH-F to 1&quot; NPSH-M adapter</td>
<td>1</td>
<td>0004</td>
</tr>
<tr>
<td>1 ½&quot; NPSH-F to 1&quot; NH-M reducer</td>
<td>2</td>
<td>0010</td>
</tr>
<tr>
<td>2&quot; NPSH-F to 1 ½&quot; NH-M reducer</td>
<td>1</td>
<td>0417</td>
</tr>
<tr>
<td>2 ½&quot; NH-F to 1 ½&quot; NH-M reducer</td>
<td>1</td>
<td>2230</td>
</tr>
<tr>
<td>1 ½&quot; NPSH-F to 1 ½&quot; NH-M increaser</td>
<td>1</td>
<td>0416</td>
</tr>
<tr>
<td><strong>Coupling</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 ½&quot; NH double female</td>
<td>1</td>
<td>0857</td>
</tr>
<tr>
<td>1 ½&quot; NH double male</td>
<td>1</td>
<td>0856</td>
</tr>
<tr>
<td>1 ½&quot; NH-F X 1 ½&quot; NH-M X 1 ½&quot; NH-M gated wye</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Wrench</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrant wrench</td>
<td>1</td>
<td>0688</td>
</tr>
<tr>
<td>Standard spanner wrenches with gas shut-off slots</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Fire Tools &amp; Equip</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulaskis</td>
<td>2</td>
<td>0146</td>
</tr>
<tr>
<td>McLeods</td>
<td>2</td>
<td>0296</td>
</tr>
<tr>
<td><strong>General Supplies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portable hand light/flash light</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Signal mirror</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Bolt cutters (18&quot; minimum)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>* Drinking water (1 gallon per crew member minimum)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Battery powered strobe light</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Radio</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field programmable radio per Unit</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Personal Gear</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal provisions (red pack) for each crew member</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Engine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belt weather kit</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

The NUS equipment list is the standard for federal and state firefighting equipment and is the optional list for RMP apparatus operating within New Mexico. The NUS equipment list is recommended for RMP apparatus taking assignments outside of New Mexico. The NUS equipment list can be found in Appendix F.

**Manifest:**

All apparatus must carry several copies of a manifest listing all on-board equipment and supplies and their location noted. The manifest will establish the normal compliment of tools, equipment, and supplies for that specific apparatus. It will be referenced at time of check-in and demobilization.

**Inspections:**

15
Apparatus mobilized under the RMP will be inspected before leaving for an incident, while in route to the incident, or at check-in depending on type, size, and location of the incident. Apparatus will also be inspected at demobilization. The equipment manifest will be referenced during inspections.

**Drivers of Fire Apparatus:**

Drivers of fire apparatus mobilized under the RMP must hold the appropriate driver’s license for the apparatus they will be driving. They must also be designated by their own fire department as an “approved driver”.

Fire department designation as an “approved driver” certifies that the driver has had appropriate training and orientation in the operation of the specific vehicle, and that the local government assumes responsibility for his/her competent performance.

**Engine Staffing and Management:**

Crew members of apparatus mobilized under the RMP must be qualified as required in Chapter 1. Crew configuration will be as follows:

<table>
<thead>
<tr>
<th>Crew Size</th>
<th>Engine Boss (ENGB)</th>
<th>Engine Operator (ENOP)</th>
<th>Firefighter (FFT1 or FFT2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Under the RMP, apparatus can be mobilized from multiple fire departments to form a **Strike Team** or **Task Force**. The definition of these terms can be found in the glossary.

**Command Vehicles:**

Vehicles mobilized under the RMP as “Command Vehicles” and used for fire line transportation of Strike Team/Task Force Leaders or other overhead staff must be listed on the RMP agreement. Command vehicles must check in at the incident and have a resource order and an “E” number assigned to them to be eligible for reimbursement. Command vehicles shall meet the following requirements:

- Four-wheel drive
- Seating for three persons
- Mobile radio
- Emergency lighting
- First aid kit
- Fire extinguisher
- Shovel, combi-tool, or other fire tool

**EMS Units:**

EMS Units, when mobilized under the RMP shall comply with New Mexico PRC Standards for Medical Rescues and Ambulances, 18 NMAC 4.2. EMS Units are intended to provide for the medical needs of incident personnel and will typically be assigned to the medical unit in the Logistics Section. Often, they will be ordered with a double crew to provide 24-hour coverage. Crew members must meet the requirements for EMS personnel outlined in Chapter 1.

Each EMS Unit member must have a direct employment relationship with his or her fire department, and have the specified written authorization from his or her medical director on file with the Forestry Division. The Forestry Division will only be able to pay for services provided by local government employees where they remain covered under their Medical Director’s protocols. EMS unit members mobilized under the RMP shall follow New Mexico standard scope of practice protocols only. No special skills beyond the standard scope of practice are allowed.
The Forestry Division will not hire fire department firefighters (this includes line medics) as EMT emergency firefighters because the Forestry Division is unable to provide coverage by a medical director. Without a medical director, Forestry Division employees may only administer first-aid.
CHAPTER 3: MOBILIZATION OF RESOURCES

Introduction:

This chapter identifies certain procedures to be followed in the mobilization of fire department resources under the RMP. Mobilization involves the assembling of requested and qualified resources, their departure from the local jurisdiction, and their arrival at an incident. Where not specifically set out in the RMP, procedures identified in the Southwest Area (SWA) Mobilization Guide will be followed. The SWA Mobilization Guide is available at: http://gacc.nifc.gov/swcc/dispatch_logistics/dispatch/mobguide_non_secure/mobguide.htm.

Maintaining and Coordinating Basic Fire Protection Coverage:

The RMP recognizes the need for local governments to provide for continued fire protection services within their jurisdictional boundaries. Local governments will appoint a contact person or persons knowledgeable in the responsibility of the fire service under applicable state and local laws, standards, and policies. The appointed individual(s) will be responsible for the mobilization of local government resources in a manner that insures adequate local fire suppression capability is maintained. The local government RMP Coordinator must approve all resources mobilized under the RMP and should work closely with the Forestry Division for mobilization of resources.

Established Ordering Channels:

Under this RMP, fire department personnel and equipment are considered state resources. The Forestry Division or its designee must make requests for fire department resources. Requests must be documented by a resource order generated through the Forestry Division. The following information is needed to process a resource order:

- Personnel on the equipment
- Equipment call sign and type
- Cellular phone number of personnel on the equipment
- Departure time and estimated time of arrival at the incident
- Travel route if travel to incident will take more than one day

Typically, when resources available through the RMP are needed on an incident, the incident will place an order with the appropriate interagency dispatch center. The center will contact its local Forestry Division district office, which in turn will contact the appropriate RMP coordinator(s) to assemble the requested resources. The Forestry Division district office may involve more than one fire department or additional Forestry Division district offices to fill an order.

Additional equipment used to carry equipment or personnel not authorized by the Forestry Division will not be reimbursed. If approved the additional equipment must have a resource order. Any accidents or injuries involving unapproved equipment are the sole responsibility of the fire department that owns the equipment.

Requirements for Personnel and Apparatus:

All fire apparatus and personnel must meet the Resource Order's requirements and the standards established in other chapters of the RMP. Personnel and equipment that may be called upon to fight structural fires will adhere to all laws and rules applicable to structural firefighting within New Mexico.

All personnel that are part of the RMP must coordinate and receive authorization from the Forestry Division prior to accepting and mobilizing for Interagency Incident Management team assignments. If prior authorization is not coordinated, the Forestry Division will not be able reimburse the resource.

In-State Fire Assignments:

The sending fire department, by accepting the mobilization assignment, is committing the resource to be available to the requesting agency for five days. Once committed, the fire department personnel and equipment provided are considered a resource of the requesting agency. Negotiations may take place with the fire department to extend the assignment and rotate personnel (after five days), if needed, but any extension will be at the fire department's discretion.
Out-of-State Fire Assignments:

The fire department must gain Forestry Division approval prior to accepting any out-of-state assignment. The fire department, by accepting the mobilization assignment, is committing the resource to be available to the requesting agency for 14 days, not including travel to and from the incident. Once committed, they are considered a resource of the requesting agency. Negotiations may take place with the fire department to extend the assignment, if needed, but any extension will be at the fire department’s discretion.

Single Resources:

Generally, single resource positions are those of Strike Team Leader and above. This RMP allows single resources to be dispatched through the RMP; provided the Forestry Division has red carded the individual as qualified or trainee for the position. It is the local government’s responsibility to ensure that those with EMS units or line EMTs are carded and licensed under the New Mexico Registry of Emergency Services Personnel.

“Fill-or-Kill” Concept and Get-Away Times:

Under the “fill-or-kill” concept, confirmation that the fire department will accept a fire assignment must take place within two hours from time of the request. Once the fire department has accepted the fire assignment, the local resource must be able to meet the specified arrival time. If the fire department is unable to meet either time limit, it will be replaced with a resource that can meet the time requirements.

Travel Guidelines:

- All apparatus mobilized under the RMP will be inspected before leaving for an incident, while in route to the incident, or at check-in depending on type, size, and location of the incident.
- Resources traveling to an incident should maintain contact with the local Forestry Division district office or the designated Interagency Dispatch Center.
- No driver shall drive more than 10 hours (behind the wheel) within any duty day. Multiple drivers in a single vehicle may drive up to the duty day limitation provided no driver exceeds the individual driving limitation of 10 hours. Drivers shall drive only if they have had at least eight consecutive hours off duty before beginning shift. No travel will take place after 10:00 pm or before 5:00 am.
- When resources are ordered and assembled as a Strike Team or Task Force, they will meet a designated location and travel together as a unit under the Strike Team/Task Force Leader’s supervision. Resources ordered as single resources may be assembled as a Strike Team/Task Force at the incident.
- Local governments supplying resources to an incident should make provisions to cover expenses for travel, including gas, oil, maintenance, food, and lodging. It is recommended that a local government credit card be assigned to the resource for this purpose. Expenditures of this nature may be reimbursable as described in Chapter 4.

See Appendix G - RESOURCE MOBILIZATION PLAN SUMMARY.

Incident Check-In:

All personnel and equipment must check-in at the Incident Command Post (ICP) with the Incident Commander or the appropriate sections (Plans, Finance, Logistics) before they are given an incident assignment. Resources must have a Resource Order, a copy of the RMP, their red card, and the appropriate cooperater rate sheet for check-in. Personnel and equipment that have not completed check-in are not eligible for reimbursement. If any issues occur, the RMP resource should confirm whether a Forestry Division/RMP representative is present to aid resources through the check in process, particularly in the Finance Section.

Demobilization:

RMP resources assigned to an incident should check with the Plans Section on a regular basis to determine the date and time of planned demobilization. RMP resources shall follow established incident procedures when demobilizing, including:
Clean up camp area
Return of equipment issued by the incident
Replacement or documentation of supplies and equipment used, lost, or damaged
Demobilization inspection of engine and manifest
Closeout of personnel and equipment time records; the fire department should keep the originals for reimbursement

RMP resources will ask for a performance evaluation by their direct incident supervisor prior to leaving the incident. Copies should be provided to the sending fire department and Forestry Division. If issues occur with demobilization, the resource should contact its appropriate district or check at the ICP for a Forestry Division representative to aid resources with any issues or problems with the check-out process (see below).

Assignment of RMP Liaison:
The Forestry Division may designate and dispatch an RMP Liaison when RMP resources are assigned to an incident. The RMP Liaison must have a Resource Order. The RMP Liaison serves as an advisor on matters that relate to RMP resources and their management.

RMP Liaison Job Description:
- Serve as liaison between assigned resources, the Incident Management Team, the home unit, and any assigned Agency Representatives
- Operate primarily out of the Incident Command Post
- Assure all conditions of the RMP are being met with emphasis on safety
- Assist with daily personnel and equipment timekeeping and reporting
- Coordinate delivery of timesheets to local district Administrative Management Officer (AMO); Coordinate with IMT Training Specialist to initiate and track training assignments for RMP participants
- Assure evaluations are conducted on RMP resources
- Communicate with RMP agencies and resources as requested
- No dual responsibilities
- No responsibility for operations (line assignments)

Assignment of RMP Agency Representatives:
Any single fire department that commits five or more resources to an RMP assignment, at its discretion may assign an Agency Representative (AREP) to the incident. The AREP will serve as liaison between the fire department, the fire department’s resources, and the RMP Liaison. To avoid confusion with operations, an AREP must have no fire line responsibilities. AREP must have a Resource Order. This position requires a red card with the AREP designation.

RMP Mobilization Initiated after an In-Jurisdiction Response:
The JPA between the Energy, Minerals and Natural Resources Department (EMNRD) and local government(s), may also apply to the use of local government resources within its own jurisdiction. This provision was developed in recognition that local governments have responsibility within its own jurisdiction and that they set their own local standards, including those for physical fitness, experience, training, and qualifications. In-jurisdictional resources may be eligible for reimbursement after initial attack (four hours). In addition, a mutual aid response outside their jurisdiction (out of district) may also be eligible for reimbursement.

RMP Mobilization Initiated after a Mutual Aid Response:
A RMP mobilization may be initiated after an initial attack mutual aid response. On-scene mutual aid resources may be converted to a RMP resource using similar procedures as an original RMP mobilization. To be eligible for a RMP mobilization, each mutual aid resource must be red carded and the request must be made through the Forestry Division. A Resource Order must be used to document the approval. The decision to convert mutual aid resources to RMP resources resides solely with the Forestry Division and will be based on consultations with the Incident Commander and
the RMP Coordinator of the mutual aid resources. RMP rates are paid from the time the resource is changed from mutual aid to RMP resource.
CHAPTER 4: ADMINISTRATIVE PROCEDURES

Introduction:

The following information provides guidance on administrative procedures and reimbursement rates that apply to local governments who have agreed to use the RMP.

These procedures are based on JPAs between Forestry Division and local governments (fire departments).

Given these JPAs and the JPA between the Forestry Division and federal agencies responsible for wildland fire protection, the Forestry Division is the lead agency for mobilization and reimbursement of fire departments on fires on federal and non-federal jurisdictions.

The local government JPA acts as a contract between the Forestry Division and the local government. Additional contracts (such as USDA-Emergency Equipment Rental Agreements) between the fire incident and fire department resources are not appropriate.

Generally, the RMP uses all Incident Command System forms and the Interagency Business Management Handbook procedures and forms. The Forestry Division will accept these forms for documentation and reimbursement, unless otherwise stated.

Specific State of New Mexico personnel forms must be used for emergency employment of fire department volunteers and local government employees on approved leave. Local government resources responding under the RMP should have a copy of these RMP procedures and provide them to the fire incident.

This RMP does not apply to the use of local government resources within their own jurisdiction. The local government is responsible for fire protection within its jurisdiction and for meeting local standards, including those for personnel qualifications, equipment standards, liability, and reimbursement. For further information on the RMP or local government JPA contact the local Forestry district office. A directory of district office contact information is provided in Chapter 5.

Personnel:

State of New Mexico Emergency Employees:

The Forestry Division will hire volunteer firefighters and career firefighters employed by local governments, but on approved leave, as emergency employees of the State of New Mexico upon mobilization to the incident. See exception for EMTs on page 16.

To be eligible as a New Mexico emergency employee, potential employees must be a qualified resource and complete State of New Mexico personnel forms. Employment forms may be filled out at the local Forestry Division district office prior to May 1st. Employment forms include but are not limited to:

- NM State Personnel Personal Data Sheet, SPB Form 3, 11/25/88 (no substitutes)
- Employee Withholding Certificate, W-4
- Request for Taxpayer Identification Number Verification, W-9
- Employment Eligibility Verification, I-9 INS
- AD Staffing Plan Forms

Emergency employees shall be individually reimbursed as state employees. Emergency employees the Forestry Division employs will be covered under the Worker’s Compensation Program for state employees. Employment is on a per incident basis and does not include additional benefits or privileges beyond the incident.
Local Government Employee:

Career firefighting employees may choose to remain employees of the local government during the incident. The Forestry Division will reimburse the local government for such employees. Local government employees will remain covered under local government employee benefits, including workers’ compensation.

Personnel Reimbursement Rates:

The cost to a local government for the use of local government employees under this RMP will be reimbursed based on the hours worked on the incident, at the employee’s pay rate, including overtime and benefits.

The Forestry Division will reimburse emergency employees based on the current “U.S. Forest Service Administrative Determination (AD) Pay Plan for Emergency Workers (Casuals) for firefighters” published in the Interagency Incident Business Management Handbook, https://www.nwcg.gov/sites/default/files/publications/pms902.pdf. These pay rates are based on an employee’s qualifications and job function at the incident. Pay rates are based on a flat rate per hour. Emergency employees are not entitled to benefits such as sick leave, annual leave, or retirement. There is no premium (overtime) pay for work over eight hours per day or 40 hours per week, or for work on evenings, Sundays, holidays, or in hazardous situations. Commissary expenditures will be deducted from reimbursement. State, local, and federal income and FICA taxes are automatically withheld from reimbursement checks. W-2 statements are prepared at the end of the year and sent to the employee for tax reporting.

Personnel Timekeeping:

All employees will follow personnel timekeeping procedures established in the most current edition of the Interagency Fire Business Management Handbook  https://www.nwcg.gov/sites/default/files/publications/pms902.pdf unless otherwise specified in the RMP.

Some of the most common procedures include:

All on shift time is compensable. All off-shift time is non-compensable.

All hours of actual travel are compensable. This includes traveling from a sleeping facility to the work site, e.g., incident base, fire line, dispatch office, buying team location. There is no limitation on hours, except for waiting time and meal breaks.

Compensable meal periods are the exception, not the rule. Meals on the fire line are considered on shift only when the fire is not contained and the Operations Section Chief has determined that it is critical that the crew remain at its duty post. Meal time must be documented on the Crew Time Report and approved by the supervisor. After containment meals on the fire line are considered off shift.

Off shift consists of time spent sleeping and eating when free from actual work. It also includes other free time, when not on ordered standby. Examples of off shift time include eating, sleeping, or breaks exceeding three hours during travel or time spent eating, sleeping, or on breaks in fire camp/spike camp rather than at the fire line.

Employees will receive compensation for actual hours worked. The only exception will be for local government employees who are normally scheduled using extended on-shift schedules (such as the 24 hours on and 48 hours off schedule, also called compressed tours). They will be paid from the actual time of mobilization to the normal end of shift or for actual hours worked, whichever is longer. Time earned on the incident during the local government employee’s normal off-shift periods will be paid by actual hours worked.

Resources on shift for over 16 hours must have justification and approval on an “excess hours’ log” from a fire line supervisor.

All employees assigned to a general area, such as staging or fire camp, but not on ordered standby, will be given enough on-shift time to a total minimum of eight hours. On-shift time is computed in 15-minute increments. Local government
employees on a compressed time schedule will be paid for the number of hours that make up their normal schedule for that day. This guarantee does not apply on the first and last day of employment.

On-shift hours must be documented daily. Hours must be authorized by an incident supervisor’s signature and reported to the Incident Commander or Finance Section Time Unit daily. Resources must use proper checkout procedures during demobilization. Approved timesheet documents include:

- EMNRD-Personnel Fire Time Report, or
- USDA-Crew Time Report, or
- USDA/USDI-Emergency Firefighter Time Report (OF-288)

**Personnel Travel and Transportation:**

All travel and reimbursement requests must comply with the actual expenses incurred and be within the spending limits outlined in 2.42.2 NMAC (REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT). All reimbursement requests must be submitted within 45 days of return or risk not being paid.

For New Mexico emergency employees, the Forestry Division or the incident may provide for transportation and travel. Lodging may be provided whenever it is practical and necessary; however, typical conditions on an incident are equivalent to camping. Tents and warm sleeping bags should be considered part of the employee's personal equipment, although the incident may sometimes provide them. Personnel should plan on being self-sufficient during travel. Reimbursement for incidental meals or lodging will be made only with the attachment of actual receipts to an EMNRD Itemized Schedule of Expenses. Each person must provide individual ITEMIZED receipts for their actual expenses. For additional information on what is allowed see Travel Reimbursement Guidelines in Appendix G.

Local government employees may be provided with subsistence similar to New Mexico emergency employees. Local governments may be reimbursed for an employee’s travel. Each person must provide individual ITEMIZED receipts for their actual expenses. For additional information on what is allowed see Travel Reimbursement Guidelines in Appendix G.

**Maximum Crew Weights for Aircraft Travel:**

The NWCG standard for maximum flight weight limits of all crews is 5300 pounds. The NWCG memo that addresses the change in crew weights and provides additional information on crew weights can be found at: [http://www.nwcg.gov/branches/pre/owdc/memo/owdc_03_2010.pdf](http://www.nwcg.gov/branches/pre/owdc/memo/owdc_03_2010.pdf).

**Reimbursement for Crew Rotation:**

Crew and equipment rotation before the minimum five-day in-state and 14-day out-of-state mobilization requirement will be made only in emergency situations.

If the early demobilization is conducted at the local government’s request, the resources traveling home will not be eligible for return travel. Also, replacement resources will not be eligible for reimbursement for travel to the incident.

If the early demobilization is conducted at the incident’s request and is documented using a Resource Order, the resources traveling home will be eligible for reimbursement of return travel. Replacement resources will also be eligible for reimbursement as if they were new resources.

**Requesting Reimbursement for Personnel:**

New Mexico emergency employees shall be individually reimbursed as state employees from their mobilization until their demobilization. Only individuals specified on Resource Orders will be paid.

New Mexico emergency employees’ personnel time reports will be processed directly by the local Forestry Division district office after the incident. Original time sheets and a copy of the Resource Order must be turned in to the local Forestry Division district office before the end of each pay period. Requests submitted later may not be paid.
The local government will be reimbursed for all regular pay, including benefits, overtime, travel, and per diem for its employees from their mobilization until their demobilization, consistent with the local government’s personnel policies.

Local government employee reimbursement requests must be submitted to the local Forestry Division district office within 45 days of demobilization. Requests submitted later will not be paid.

Reimbursement requests must include the original approved timesheets and a copy of the Resource Order for documentation. Reimbursement requests must be itemized on an RMP invoice.

**Workers’ Compensation:**

The Forestry Division will not hire career firefighting employees who choose to remain employees of the local government during the incident as emergency employees. These local government employees will remain covered under the local government’s employee benefits, including workers’ compensation.

Emergency employees the Forestry Division employs will be eligible as state employees for workers’ compensation coverage. However, reporting an injury or illness does not automatically qualify an employee for workers’ compensation benefits. Filing and processing claims will be in accordance with State law and rules (Worker’s Compensation Act, Chapter 52, Article 1, NMSA, 1978) and EMNRD and Forestry Division policy. Claims are coordinated through the Forestry Division. The New Mexico General Services Department-Risk Management Division oversees the insurance carrier and claims process.

The first rule for any on-the-job injury is to treat the injury with first aid and to provide appropriate medical care. The Logistics Section-Medical Unit can coordinate treatment of injuries on the incident. All on-the-job injuries shall be reported to the supervisor, who in turn will report to the incident Compensation-Claims Unit in the Finance Section. All injuries shall be reported immediately to the nearest Forestry Division district office and the responsible local government.

**Employee Responsibilities:**

- Seek medical attention as soon as possible
- Notify supervisor immediately of any injury and complete *Notice of Accident Form: WCA form NOA-(1/91)*
- While on leave, contact supervisor on a weekly basis
- Complete required forms and submit no longer than 15 days signed and witnessed as necessary
- Identify any witnesses to the injury/accident

**Supervisor Responsibilities:**

- Assist employee in seeking medical attention
- Assist injured employee in completing the *Notice of Accident Form: Form NOA-1 (12/01)*
- If accident resulted in no reported injury, follow up to ensure there is no reversal of injury status
- Notify the appropriate incident sections/units and the nearest Forestry Division district office (Forestry Division will advise human resources personnel or the responsible local government)
- Assist employee in submitting appropriate forms
- Investigate each accident and prepare reports; *Employer’s First Report of Injury or Illness Form: NM WCA E1.2 (07/02), Uniform Accident Report (Standard Form 100)*, etc.; this may be completed by the incident or local Forestry Division district office

**Forestry Division Responsibilities:**

- Ensure compliance with return to work policies
- Serve as the Worker’s Compensation liaison with human resources personnel
- Serve as liaison with local government
Workers’ Compensation Forms:

The following forms are a few of the most common Workers’ Compensation forms that need to be filed by the employee and/or supervisor. Additional forms may be required depending on the nature of the injury/illness.

- Notice of Accident Form: Form NOA-1 (12/01)
- Employer’s First Report of Injury or Illness Form: NM WCA E1.2 (07/02)
- Workers’ Compensation Claim Explanation Form: RMDWC4.FRM (9/01)
- Workers’ Compensation Benefits Explanation Form: G:\WORKCOMP\BenefitExplanationForm.doc 3/15/04
- Risk Management Division Doctor Visit/Modified Work Assignment Form: RMDWC1.RFM (10/93)
- Workers’ Authorization for Disclosure of Protected Health Form: WCA Mandatory Forms 11 NMAC 4.4.9.18.2.C
- Authority to Release Medical Reports and Information: Form: RMD:WC-3: This is required from medical facility or physician providing emergency care
- Uniform Accident Report (Standard form 100): Used for auto accidents
- Notice of Incident – State of New Mexico: Used for non-highway/loading/parking accidents
- EMNRD Accident/Injury Photo Sheet: Photos must be taken to substantiate accident/injury and provide information for prevention

Accident/Incident/Worker’s Compensation forms can be found in Appendix C.

Equipment:

All equipment assigned to an incident must be documented on a Resource Mobilization Rate Sheet. The rate sheet must be current (see Chapter 6) and be signed by the fiscal agent or other authorized agent for the fire department and an authorized Forestry Division agent. Forestry Division authorized agents include but are not limited to the State Fire Management Officer and the District Foresters.

Equipment Check-In:

The local government designated equipment operator (or the Engine Boss/Strike Team Leader) must check in all equipment at the incident before proceeding to an assignment.

Check-in includes:

Planning Section-Resource Unit:
- Complete ICS-211: Check-In Form
- Receive assignment with shift plan and maps

Finance Section-Time Unit:
- Provide copy of NM-RMP with reimbursement rates
- Initiate EMNRD Equipment Fire Time Report or Emergency Equipment Use – Invoice, USDA/USDI Form OF286

Logistics Section-Ground Support:
- Provide equipment and supply manifest
- Conduct an equipment inspection; Equipment Inspection Checklist: USDA/USDI-Form 296
- Initiate EMNRD Equipment Fire Time Report or Equipment Shift Ticket: USDA/USDI Form 297

On smaller fires, these functions may be the Incident Commander’s responsibility.

Equipment Reimbursement Rates:

All equipment furnished must be in satisfactory condition. The Forestry Division reserves the right to reject equipment that is not in safe and operative condition.
Rates for equipment are separate and do not include personnel costs unless a staffed “wet” rate has been negotiated and approved by local government and the Forestry Division.

Local government equipment will be reimbursed for actual hours worked while on shift, unless actual hours worked is less than eight hours and the minimum daily rate is appropriate.

Local government-owned equipment may receive a daily minimum guarantee (when designated on the Reimbursement Rate Sheet (see page 26) except on the first and last day of travel. The first and last day will be based on the actual hour’s on-shift.

The daily minimum guarantee does not apply to equipment on loan to local government through the Federal Excess Property Program (FEPP). FEPP equipment will always be reimbursed for actual hours worked.

The local government shall bear equipment operating expenses. Operating expenses include fuel, oil, filters, and lube/oil changes. The Forestry Division may, at its option, choose to furnish these items when necessary to keep the equipment operating at an incident. A fuel surcharge will be implemented if travel exceeds 50 miles on any normal working day at a rate of $0.43/mile after the first 50 miles. All mileage will be documented and approved daily on shift tickets.

The local government shall make and pay for repairs to equipment. The Forestry Division, at its option, may choose to furnish repairs when necessary to keep the equipment at an incident. The cost of provided repairs may be deducted from reimbursement if the damage is not attributable to the incident. If a replacement vehicle is sent to the incident without the hosting agency’s knowledge and the Forestry Division’s approval, the replacement resource WILL NOT be reimbursed.

Local government and emergency employee personal vehicles used during mobilization are not eligible for reimbursement unless the equipment is authorized by Forestry Division and documented on a Resource Order.

Certain equipment is eligible for a negotiated rate as designated on the RMP Rate Sheets. These rates are in addition to the work rate. This rate only applies when equipment is used. This rate is not authorized for equipment sitting in camp. FEPP vehicles qualify for special mileage rates, but do not qualify for special daily rates.

The local Forestry Division district office or its designee on the incident may negotiate rates for equipment not specified in the RMP rate schedule. A chainsaw, pump, or dump tank already part of the standard equipment for an engine or water tender will not be given a separate rate. It may be eligible if the equipment is used outside the strike team at the request of the incident. All equipment must have a unique Resource Order Number to be eligible for reimbursement ("E" number).
## RMP Equipment Reimbursement Rates 2016 - 2017

<table>
<thead>
<tr>
<th>Resource &amp; Type</th>
<th>Special Type</th>
<th>Unstaffed Work Rate (hr)</th>
<th>Staffed Rate (wet/hr)</th>
<th>Daily Minimum Guarantee*1</th>
<th>Special Rate</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Engine Type 1</td>
<td>--</td>
<td>$165.00</td>
<td>$220.00</td>
<td>$1,320.00</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Engine Type 2</td>
<td>--</td>
<td>$154.00</td>
<td>$209.00</td>
<td>$1,232.00</td>
<td>--</td>
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</tr>
<tr>
<td>Engine Type 3</td>
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<td>$121.00</td>
<td>$176.00</td>
<td>$968.00</td>
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</tr>
<tr>
<td>Engine Type 4</td>
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<td>$132.00</td>
<td>$187.00</td>
<td>$1,056.00</td>
<td>--</td>
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</tr>
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<td>Engine Type 5</td>
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<td>$126.00</td>
<td>$181.00</td>
<td>$1,012.00</td>
<td>--</td>
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</tr>
<tr>
<td>Engine Type 6</td>
<td>--</td>
<td>$99.00</td>
<td>$154.00</td>
<td>$792.00</td>
<td>--</td>
<td></td>
</tr>
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<td>Engine Type 7</td>
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<td>$75.00</td>
<td>$130.00</td>
<td>$600.00</td>
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<td>Support Tender Type 1</td>
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<td>$109.00</td>
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<td>4000 gallon</td>
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<tr>
<td>Support Tender Type 2</td>
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<td>$99.00</td>
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<td>$119.00</td>
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<td>2000 Gallon</td>
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<td>$832.00</td>
<td>--</td>
<td>1000 Gallon</td>
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<td>Hand Crew or Module</td>
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<td>28.00 per person/per hour</td>
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<td>Crew Carrier</td>
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<td>$0.43/mile*6</td>
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<tr>
<td>Equipment Type</td>
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<td>Rate</td>
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<td>Unstaffed</td>
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</tr>
<tr>
<td>---------------</td>
<td>------------------------</td>
<td>------------</td>
<td>---------</td>
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<td></td>
</tr>
<tr>
<td>ATV*9, *4, *10, *11, &amp; *13</td>
<td>$49.00/Day*5</td>
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<td>EMS*3</td>
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<td></td>
</tr>
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<td>--</td>
<td>FEPP: ½-1.5T</td>
<td>$35.00</td>
<td>+$16.50/person</td>
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<td>--</td>
<td></td>
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<td>--</td>
<td>FEPP: 1 ¾-5T</td>
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<td>+$16.50/person</td>
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<td>FEPP: 10T</td>
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<td>+$16.50/person</td>
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<td>--</td>
<td>Command Vehicle*4</td>
<td>$.43/mile<em>6 &amp; $49.00/day</em>5</td>
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<td>--</td>
<td>Passenger Vehicle*4</td>
<td>$.43/mile<em>6 &amp; $27.00/day</em>5</td>
<td>None</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*1 – Minimum Daily Guarantee based on eight hours times the unstaffed/staffed work rate. Only applies when equipment is in service. Guaranteed each calendar day. Only actual hours worked applies on the first and last day. Other exceptions may apply.
*2 – All water tenders and engines types 3 through 6 shall be able to prime and pump water from a 10-foot lift and are required to carry one or more drop tanks as standard equipment.
*3 – With 2 or 4 EMTs. Salary will be billed separately. Only local government sponsored EMTs eligible.
*4 – Equipment is authorized by Resource Order. Not applicable to personal vehicle used during mobilization.
*5 – Rate applies when equipment is used. No rate authorized for equipment sitting in camp. Special day rate does not apply to FEPP vehicles.
*6 – Fuel Surcharge - $0.43/mi after 50 mi/day. Mileage must be documented on shift tickets and signed daily.
*7 – Crew Carrier is a vehicle that has a minimum of five or more passengers with equipment. This rate is only applicable for vehicles used to transport hand crews or modules doing hand crew work.
*8 – UTV is an all-terrain utility vehicle capable of carrying two or more passengers “side by side”.
*9 – ATV is an all-terrain vehicle with a single passenger occupancy.
*10 – All ATV/UTV operators must be certified per Forestry Division Policy.
*11 – Per day charge includes any transportation needs (example trailer) for ATV/UTV.
*12 – Minimum pump capacity is eight GPM and 30 gallons of water is required on the UTV to qualify under this rate.
*13 – Daily usage of miles or hours must be documented on shift tickets.

**Equipment Timekeeping:**

Equipment timekeeping will follow established procedures in the most current edition of the *Interagency Fire Business Management Handbook*, [http://www.nwcg.gov/pms/pubs/large.html#iibmh](http://www.nwcg.gov/pms/pubs/large.html#iibmh) unless otherwise specified in the RMP. Some of the most common procedures include:

To be on-shift, equipment must be staffed and available to perform work in a safe and operative condition.

On-shift includes travel from the fire camp to the fire line, ordered standby, and actual work.

Off-shift consists of time equipment is out of service while crews are sleeping and eating when free from actual work. It also includes other free time, when not on ordered standby. Examples of off-shift time include when equipment is
unavailable because crews are eating, sleeping, or on breaks exceeding three hours during travel or eating, sleeping, or breaks in fire camp/spike camp rather than on the fire line. Equipment under repair exceeding two hours is considered unavailable for work and off-shift.

On-shift hours must be documented to the nearest 15 minutes. Daily rates are documented based on the calendar day. Mileage rates are calculated to the nearest mile.

On-shift hours must be documented daily. Hours must be authorized by an incident supervisor’s signature and reported to the Incident Commander or Logistics Section-Equipment Manager. Equipment timesheet documents include:

- EMNRD-Equipment Fire Time Report, or
- Emergency Equipment Shift Ticket, USDA/USDI Form OF-286

Equipment must use proper checkout procedures during demobilization. Have the Finance Section or Forestry Division representative complete final equipment use invoice.

- EMNRD-Equipment Fire Time Report, or
- Emergency Equipment; use Invoice, USDA/USDI Form OF-286

**Equipment Travel and Transport:**

When practical and necessary, equipment may be transported to and from an incident at state expense.

If extended travel or transport is necessary, local government-owned equipment will receive the daily minimum guarantee (as designated on the Reimbursement Rate Guide), except on the first and last day of travel. The first and last day will be based on the actual hours on-shift.

Local governments should be prepared to cover expenses for travel, including gas, oil, maintenance, food, and lodging. It is recommended that a local government credit card be assigned for this purpose. Expenditures may be eligible for reimbursement as described in Chapter 4.

**Equipment Reimbursement Procedures:**

Local governments will be reimbursed for equipment use. Send equipment reimbursement request to the local Forestry Division district office within 45 days of demobilization. Requests submitted later will not be paid.

Reimbursement requests should include the original or true copies of Equipment Fire Time Report or shift tickets and a copy of the Resource Order for documentation. The reimbursement request shall consist of:

- EMNRD-Equipment Fire Time Report, or
- Emergency Equipment; use Invoice, USDA/USDI Form OF-286

**Equipment Accidents:**

Equipment should be returned to the local government in the same condition as when received. Reasonable wear and tear should be expected.

Agreements between state and federal agencies require that each party waive all claims against every other party for compensation for any loss or damage (including personal injury or death) occurring in consequence of the performance of cooperative fire suppression work.

New Mexico state law requires that neither the Forestry Division nor local government shall be responsible for liability incurred resulting from the other party’s acts or omissions in connection with the JPA. Any liability incurred in connection with the JPA is subject to the immunities and limitations of the New Mexico Tort Claims Act, NMSA 1978, Sections 41-4-1, et seq., as amended.
Because of the importance in determining the circumstances involved in every accident or loss, all on-the-job accidents or losses of equipment, vehicles, supplies, or property will be immediately reported to the supervisor who, in turn, will report to the Incident Compensation-Claims Unit in the Finance Section. All accidents or losses involving state or local government-owned materials should also be reported immediately to the nearest Forestry Division district office and the responsible local government.

**Employee Responsibilities:**
- Notify supervisor immediately
- Identify any witnesses to the accident/loss
- Prepare a written statement describing the accident or loss
- Take photos

**Supervisor Responsibilities:**
- Notify the appropriate incident sections/units and the nearest Forestry Division district office
- Conduct preliminary investigation (utilize most appropriate form; incident personnel or local Forestry Division district office may complete this investigation)
  - Uniform Accident Report (Standard form 100): used in accidents
  - State of New Mexico Offense/Incident Report: used for non-highway/loading/parking accidents
  - EMNRD Accident/Injury Photo Sheet: photos must be taken to substantiate accident/injury and provide information for prevention
- Assist employee in submitting appropriate forms

**Forestry Division Responsibilities:**
- Investigate each accident and prepare a report
- Notify EMNRD Loss Control Coordinator or the responsible local government
- Serve as liaison with local government

**Incident Host/Incident Management Team Responsibilities:**
Although Incident Host or Incident Management Teams are not necessarily parties to the Joint Powers Agreements between the Forestry Division and the local governments, they should strive to assist in the RMP’s implementation of the Resource Mobilization Plan. Copies of this RMP and appropriate forms will be made available to Incident Management Teams.

Generally, the Forestry Division does not use USDA-Emergency Equipment Rental Agreements for local government equipment. Contracts are developed using Joint Powers Agreements with the State of New Mexico. Equipment rates are determined based on the RMP.

Use the RMP rates to complete Emergency Equipment-Use Invoices. Designated equipment operators will hand carry invoices back to home unit for reimbursement as instructed in the RMP.

**Supply Reimbursement Procedures:**

For each piece of equipment, the designated equipment operator shall have a manifest that documents what supplies the equipment arrived with at the incident. Compile a list of the local government’s expendable supplies used during the incident (expendable supplies include batteries, first aid items, hand tools, and PPE that is no longer serviceable). The list shall be submitted to the incident supervisor for approval before departure from the incident. In most cases, the Logistics Section-Supply Unit at the incident will replace the supplies prior to demobilization from the incident.

The Forestry Division, at its discretion, will reimburse, at cost or replace in-kind, local governments for expendable supplies not replaced at the incident. Coordinate with the local Forestry Division District Office. Requests submitted without proper documentation and a Resource Order will not be paid.
Reimbursement for supplies will be based on the list of expendable supplies the incident supervisor approves for replacement. The local government will invoice the Forestry Division for the supplies’ actual replacement cost. The supplies’ cost must be fully documented, including the original or true copy of the invoice furnished to the Forestry Division with the reimbursement billing.
CHAPTER 5: DIRECTORY

Directory of EMNRD Forestry Division District Offices

Directory of New Mexico Zone Dispatch Offices

Directory of Local Governments with NM-RMP Joint Powers Agreements

- Albuquerque, City of
- Angel Fire, City of
- Bloomfield, City of
- Bernalillo County Fire and Rescue
- Carlsbad, City of
- Chaves, County of
- Cimarron, Village of
- Cloudcroft, Village of
- Colfax, County of
- Corrales, Village of
- Espanola Fire and Rescue
- Farmington, City of
- Grant, County of
- Las Vegas, City of
- Lincoln, County of
- Los Alamos, City/County of
- Mora, County of
- Moriarty, City of
- Otero, County of
- Raton, City of
- Red River Fire Department
- Rio Rancho, City of (DPS)
- Ruidoso, Village of
- San Juan, County of
- San Miguel, County of
- Sandoval, County of
- Santa Fe, City of
- Santa Fe County Fire and Rescue
- Taos, County of
- Taos, Town of
DIRECTORY OF EMNRD FORESTRY DIVISION DISTRICT OFFICES

CHAMA DISTRICT (NMS-N1S)
Mary Stuever
District Forester
HC 75, Box 100
Chama, New Mexico 87520
(575) 588-7831 Office
(575) 588-7333 Fax
mary.stuever@state.nm.us

CIMARRON DISTRICT (NMS-N2S)
Ernie Lopez
District Forester
P.O. Box 5
Ute Park, New Mexico 87749
(575) 376-2204 Office
(575) 376-2384 Fax
ernie.lopez@state.nm.us

SOCORRO DISTRICT (NMS-N3S)
Doug Boykin
District Forester
1701 Enterprise
Socorro, New Mexico 87801
(575) 835-9359 Office
(575) 835-9452 Fax
doug.boykin@state.nm.us

LAS VEGAS DISTRICT (NMS-N4S)
Carmelita Austin
District Forester
HC 33, Box 109 #4
Las Vegas, New Mexico 87701
(505) 425-7472 Office
(505) 425-9360 Fax
carmelitam.austin@state.nm.us

CAPITAN DISTRICT (NMS-N5S)
Xavier Anderson
District Forester
P.O. Box 277
Capitan, New Mexico 88316
(575) 354-2231 Office
(575) 354-3052 Fax
XavierJ.anderson@state.nm.us

BERNALILLO DISTRICT (NMS-N6S)
Todd Haines
District Forester
5105 Santa Fe Hills Blvd. NE
Rio Rancho, New Mexico 87144
(505) 867-2334 Office
(505) 867-2225 Fax
todd.haines@state.nm.us

SANTA FE OFFICE (NMS-N9S)
Robert Morales
State Fire Management Officer
P.O. Box 1948
Santa Fe, New Mexico 87504
(505) 476-3337 Office
(505) 476-3330 Fax
robert.morales@state.nm.us

William (Greg) Valdez
State Assistant Fire Management Officer, RMP Coordinator
1220 South Saint Francis Drive
Santa Fe, New Mexico 87505
(505) 476-3348 Office
(505) 476-3330 Fax
William.valdez@state.nm.us

Brian Filip
Fire Staff
1220 South Saint Francis Drive
Santa Fe, New Mexico 87505
(505) 476-3350 Office
(505) 476-3330 Fax
brian.filip@state.nm.us
DIRECTORY OF NEW MEXICO INTERAGENCY DISPATCH CENTERS

ALBUQUERQUE INTERAGENCY DISPATCH CENTER
James Anzalone
Center Manager
2113 Osuna Road NE, Suite A
Albuquerque, New Mexico 87113-0001
(505) 346-2660 Office
(505) 346-2660-24 Hours
(505) 346-3911 Fax

SILVER CITY INTERAGENCY DISPATCH CENTER
Juan Ortiz
Center Manager
3005 E. Camino del Bosque
Silver City, New Mexico 88061
(575) 388-8359 Fax
(800) 538-1644-24 Hours

ALAMOGORDO INTERAGENCY DISPATCH CENTER
Nicole Finch
Center Manager
3500 Airport Rd., Box 10
Alamogordo, New Mexico 88310
(575) 437-7908 Fax
(877) 695-1663 or 877-695-1663-24 Hr.

SANTA FE INTERAGENCY DISPATCH CENTER
G. Renee Isackson
Center Manager
11 Forest Lane
Santa Fe, New Mexico 87508
(505) 438-5600-24 Hours

SOUTHWEST COORDINATION CENTER (SWCC)
Kenan Jaycox
Center Manager
333 Broadway S.E.
Albuquerque, New Mexico 87102
(505) 842-3473 Fax
(505) 842-3473-24 Hours

TAOS INTERAGENCY DISPATCH CENTER
Claren Martinez
Center Manager
105 Albright Street Suite U
Taos, New Mexico 87571
(575) 758-6207 Fax
(575) 758-6208-24 Hours
DIRECTORY OF LOCAL GOVERNMENT WITH RMP AGREEMENT RATE SHEETS

ALBUQUERQUE, CITY OF

Local Government – Vendor Name and Address:
Albuquerque, City of
11500 Sunset Gardens SW
Albuquerque, NM 87102

County: Bernalillo

Forestry Division District: Bernalillo

Dispatch: Albuquerque Interagency

NM RMP Local Government Contact:

Wildland Coordinator
Lieutenant Brian Fox
Cell Phone: (505) 452-7406
Office Phone: (505) 768-9319

Wildland Duty Officer
Cell Phone: (505) 768-9330
Forwarded to duty officers cell

Fire Department Contact Information:

Mailing Address: 11500 Sunset Gardens SW
Albuquerque, NM 87121

Street Address: Same as Above

Emergency Phone: 911
Dispatch Phone: (505) 833-7390
Fire Dept. Office Phone: (505) 768-9300
Fire Department Fax: (505) 768-9345

Fire Department Equipment Resources:

SEE RATE SHEET
ANGEL FIRE, VILLAGE OF

Local Government – Vendor Name and Address:
Village of Angel Fire, Fire Department
PO Box 610
Angel Fire, NM 87710

County: Colfax

Forestry Division District: Cimarron

Dispatch: Taos Interagency

NM RMP Local Government Contact:
John Murtagh, Interim Director of Fire and EMS
Cell Phone: (505) 463-4112
E-mail: abertges@angelfirenm.gov

Fire Department Contact Information:
Emergency Phone: 911
Dispatch Phone: (575) 754-2333
Fire Dept. Office Phone: (575) 377-3347
Fire Department Fax: (575) 377-6098

Fire Department Radio Frequencies:
Angel Fire: TX: 153.965, CG: 136.5; RX: 154.980
Angel Fire Tac: TX: 154.280, CG: None; RX: 154.280

Fire Department Equipment Resources:
SEE RATE SHEET
BERNALILLO COUNTY FIRE AND RESCUE

Local Government – Vendor Name and Address:
Bernalillo, County of
One Civic Plaza, 10th Floor
Albuquerque, NM 87102

County: Bernalillo

Forestry Division District: Bernalillo

NM RMP Local Government Contact:

Chris Gober, Division Chief/Wildland Coordinator
Cell Phone: (505) 263-4635
Office Phone: (505) 468-1341
E-mail: cgober@bernco.gov

Lt. George Asi, Deputy Chief of Operations
Office Phone: (505) 468-1337
Cell Phone: (505) 239-0699
E-mail: scaragon@bernco.gov

Fire Department Contact Information:

Mailing Address: 6840 2nd Street NW
Albuquerque, NM 87107

Street Address: Same as Above

Emergency Phone: 911
Dispatch Phone: (505) 798-7014
Fire Dept. Office Phone: (505) 468-1310

Fire Department Equipment Resources:

SEE RATE SHEET

Comments:

No more than ten personnel and three equipment resources available in any one dispatch.
BLOOMFIELD, CITY OF

Local Government – Vendor Name and Address:
Bloomfield Fire Department
915 N. First St.
Bloomfield, NM 87413

County: San Juan

Forestry Division District: Chama

Dispatch: Taos Interagency

NM RMP Local Government Contact:
George Duncan, Chief: (505) 320-5441
John Mueller: (505) 320-7628

Fire Department Contact Information:
Fire Department Phone: (505) 632-6363
Fire Department Fax: (505) 632-6368
Dispatch Phone: (505) 334-1951
Emergency Phone: 911

Fire Department Equipment Resources:
SEE RATE SHEET
CARLSBAD, CITY OF

Local Government – Vendor Name and Address:
Carlsbad Fire Department
409 S. Halagueno
Carlsbad, NM 88220

County:       Eddy

Forestry Division District:   Capitan

Dispatch:     Alamogordo Interagency

NM RMP Local Government Contact:

Richard D. Lopez, Chief
Cell Phone:   (575) 706-0648
Office:      (575) 885-3125
E-mail:      rdlopez@cityofcarlsbadnm.com

Brian Mendoza, Assistant Chief
Cell Phone:   (575) 302-9638
Office Phone: (575) 885-3125
E-mail:      bkmendoza@cityofcarlsbadnm.com

Fire Department Contact Information:

Emergency Phone:    911
Dispatch Phone:     (575) 885-2111 ext. 0
Fire Dept. Office Phone: (575) 885-3125
Fire Department Fax:     (575) 885-3124

Fire Department Equipment Resources:

SEE RATE SHEET
CHAVES COUNTY FIRE DEPARTMENT

Local Government – Vendor Name and Address:
Chaves County
PO Box 1817
Roswell, NM 88202

County: Chaves

Forestry Division District: Capitan

Dispatch: Alamogordo Interagency

NM RMP Local Government Contact:
Angelo Gurule, Fire Services Coordinator   VACANT, Emergency Services Assistant
Office Phone: (575) 624-6608   Home Phone:
Cell Phone: (575) 910-6245   Office Phone:
Office Fax: (575) 437-2259   Cell Phone:
E-mail: pquairoli@co.otero.nm.us   E-mail:

Fire Department Contact Information:
Don Ford, Fire Chief
Office Phone: (575) 626-8032
Office Fax: (575) 624-6631

Matt Ford, Assistant Chief
Office Phone: (575) 626-8281
Office Fax: (575) 624-6631

Mailing Address: Same as Above – Sierra fire
Street Address: Same as Above - 1st Mary’s Place, Roswell, NM 88205

Emergency Phone: 911
Dispatch Phone: (575) 624-7590
Fire Dept. Office Phone: (575) 439-2612
Fire Department Fax: (575) 437-2259

Fire Department Radio Frequencies:
Chaves County Fire Department: main   TX/RX: 154.205 cg. 114.8 wide
Tac 1   TX/RX: 154.145 cg. 114.8 wide
Tac 2   TX/RX: 154.250 cg.114.8 wide
Tac 3   TX/RX: 154.265 cg. 114.8 wide

Fire Department Equipment Resources:
SEE RATE SHEET
CIMARRON, VILLAGE OF

Local Government – Vendor Name and Address:  
Village of Cimarron  
PO Box 654  
Cimarron, NM 87714

County: Colfax

Forestry Division District: Cimarron

Dispatch: Taos Interagency

NM RMP Local Government Contact:

Anthony Martinez, Chief  
Phone: (575) 376-2271  
Contact Phone: (575) 447-2661 cell  
E-mail: anthony.martinez@scouting.org

Nick Cardenas, Asst. Chief  
Contact Phone: (575) 447-9909 cell  
E-mail: Nicolas.Cardenas@scouting.org
CLOUDCROFT, VILLAGE OF

Local Government – Vendor Name and Address:
Cloudcroft Fire Department
PO Box 317
Cloudcroft, NM 88317

County: Otero

Forestry Division District: Capitan

Dispatch: Alamogordo Interagency

NM RMP Local Government Contact:

Erich Wuersching, Chief
Cell: (575) 430-3473
Office: (575) 682-3473
Fax: (575) 682-1102
E-mail: ccvfd@nmex.com

Sue Dreikosen, Training Officer
Cell: (575) 491-8943
Office: (575) 682-3473
Fax: (575) 682-1102
E-mail: ccvfd@nmex.com

Fire Department Contact Information:

Emergency Phone: 911
Dispatch Phone: (575) 437-2210
Fire Dept. Office Phone: (575) 682-3473
Fire Department Fax: (575) 682-1102
Fiscal Agent: (575) 682-2411

Fire Department Equipment Resources:

SEE RATE SHEET
COLFAK, COUNTY OF

Local Government – Vendor Name and Addresses:
Colfax County
PO Box 1498
Raton, NM 87740

County: Colfax

Forestry Division District: Cimarron

Dispatch: Taos Interagency

NM RMP Local Government Contact:
Larry Osborn, Fire Marshal
Contact Phone: (575) 447-1639
E-mail: losborn@co.colfax.nm.us

Philmont VFD-Colfax Co. District #1
Nick Cardenas, Philmont VFD Chief
Contact Phone: (575) 447-9909
E-mail: Nicolas.Cardenas@scouting.org

Fire Department Radio Frequencies:
Colfax Fire: COLFAXCO 154.4000RX 136.5CG 153.8900TX CG136.5 NARROW

Fire Department Equipment Resources:
SEE RATE SHEET
CORRALES, VILLAGE OF

Local Government – Vendor Name and Address:
Corrales Fire Department
4920 Corrales Rd.
Corrales, NM 87048

County: Sandoval

Forestry Division District: Bernalillo

Dispatch: Albuquerque Interagency

NM RMP Local Government Contact:

Anthony Martinez, Chief
Cell: (505) 934-3690
Office: (505) 898-7501
Fax: (505) 890-0612
E-mail: amartinez@corrales-nm.org

Tanya Lattin, Fire Commander
Office: (505) 898-7501
Cell: (505) 702-4182
E-mail: tlattin@corrales-nm.org

Fire Department Contact Information:

Emergency Phone: 911
Dispatch Phone: (505) 898-7585
Fire Dept. Office Phone: (505) 898-7501
Fire Department Fax: (505) 890-0612

Fire Department Equipment Resources:

SEE RATE SHEET
ESPANOLA, CITY OF

Local Government – Vendor Name and Address:
Espanola Fire Department
PO Drawer 37
Espanola, NM 87532

County: Rio Arriba

Forestry Division District: Chama

Dispatch: Santa Fe Interagency

NM RMP Local Government Contact:
Eric Tafoya, Deputy Chief
Cell Phone: (505) 747-6022

Emery Baca, Wildland Coordinator
Office Phone: (505) 747-6070
Home Phone: (505) 684-2206
Cell Phone: (505) 927-1873
Pager Number: (505) 529-2653
Office Fax: (505) 747-6084

Fire Department Contact Information:
Mailing Address: Same as Above
Street Address: Same as Above
Emergency Phone: 911
Dispatch Phone: (505) 753-5555
Fire Dept. Office Phone: (505) 753-0037
Fire Department Fax: (505) 747-6084

Fire Department Radio Frequencies:
Espanola Fire: TX: 154.2050

Fire Department Equipment Resources:
SEE RATE SHEET
FARMINGTON, CITY OF

Local Government - Vendor Name and Address:
Farmington, City of
301 N. Auburn
Farmington, NM 87401

County:           San Juan

Forestry Division District: Chama

Dispatch:         Taos Interagency

NM RMP Local Government Contact:
Tom Miller:       (505) 360-0880
Jay Balfour:      (970) 570-5177
Robert Sterrett:  (505) 320-5852

Fire Department Contact Information:
Mailing Address:  Same as Above
Fire Department Phone: (505) 599-1430
Fire Department Fax: (505) 327-6353
Emergency Phone:   911
Dispatch Phone:    (505) 334-6622

Fire Department Equipment Resources:

SEE RATE SHEET
GRANT, COUNTY OF

Local Government – Vendor Name and Address:
Grant, County of
PO Box 898
Silver City, NM 88062

County: Grant

Forestry Division District: Socorro

Dispatch: Silver City Interagency

NM RMP Local Government Contact:
Gilbert Helton, Emergency Management Coordinator
Office Phone: (575) 374-0004
Home Phone: (575) 388-4768
Cell Phone: (575) 313-3221

Fire Department Contact Information:
Mailing Address: PO Box 898
Street Address: Silver City, NM 88062

Fire Department Equipment Resources:
SEE RATE SHEET
LAS VEGAS, CITY OF

Local Government – Vendor Name and Address:
Las Vegas, City of
PO Box 160
Las Vegas, NM 87701

County: San Miguel

Forestry Division District: Las Vegas

Dispatch: Santa Fe Interagency

NM RMP Local Government Contact:
Phillip Mares, Chief & Wildland Task Force Coordinator
Cell Phone: (505) 429-4169
Office Fax: (505) 425-1631

Fire Department Contact Information:
Mailing Address: Same as Above
Street Address: Same as Above

Emergency Phone: 911
Fire Dept. Office Phone: (505) 425-6321
Fire Department Fax: (505) 425-1631

Fire Department Radio Frequencies:
Las Vegas Fire: TX: 154.250, CG: 156.7, CG: 156.7; RX: 158.880

Fire Department Equipment Resources:
SEE RATE SHEET
LINCOLN, COUNTY OF

Local Government – Vendor Name and Address:
Lincoln, County of
PO Box 711
Carrizoza, NM 88301

County: Lincoln

Forestry Division District: Capitan

Dispatch: Alamogordo Interagency

NM RMP Local Government Contact:

Joe Kenmore, Office of Emergency Services Director
Cell Phone: (575) 808-1381
Office Phone: (575) 336-8600
Office Fax: (575) 336-8638

Spencer Baldwin, Fire Marshal
Cell Phone: (575) 937-2824
Office Phone: (575) 336-8600
Office Fax: (575) 336-8638

Fire Department Contact Information:
Mailing Address: Same as Above
Street Address: Same as Above

Emergency Phone: 911
Fire Dept. Office Phone: (575) 336-8600
Fire Department Fax: (575) 336-8638

Fire Department Radio Frequencies:

Lincoln County Tac1: TX: 153.740, CG: 100.0, RX: 153.740 CG: 100.0
Lincoln County Tac2: TX: 153.935, CG: 100.0, RX: 153.935 CG: 100.0

Fire Department Equipment Resources:

SEE RATE SHEET
LOS ALAMOS, CITY/COUNTY OF

Local Government – Vendor Name and Address:
Los Alamos County Fire Department
999 Central Suite 200
Los Alamos, NM 87544

County: Los Alamos

Forestry Division District: Bernalillo

Dispatch: Santa Fe Interagency

NM RMP Local Government Contact:
Ramon Garcia, Wildland Division Chief
Division Chief: (505) 662-8304
Cell Phone: (505) 695-6729
Office Fax: (505) 662-8302

Secondary contact information
BC Station 1 Phone: (505) 667-7026 On call 24 hours a day 7 days a week
Cell Phone: (505) 699-1406 On call 24 hours a day 7 days a week
Office Fax: (505) 663-1917

Fire Department Contact Information:
Mailing Address: 2500 Trinity Dr. Suit A
Los Alamos, NM 87544

Street Address: 2500 Trinity Dr. Suit A
Los Alamos, NM 87544

Emergency Phone: 911
Dispatch Phone: (505) 662-8222 On call 24 hours a day 7 days a week
Fire Dept. Office Phone: (505) 667-7026 On call 24 hours a day 7 days a week
Fire Department Fax: (505) 661-3434
MORA, COUNTY OF

Local Government – Vendor Name and Address:
Mora, County of
PO Box 580
Mora, NM 87732

County: Mora

Forestry Division District: Las Vegas

Dispatch: Santa Fe Interagency

NM RMP Local Government Contact:
Ed Littleton, Mora County Fire Chiefs Association President
Home Phone: (575) 387-5261

Fire Department Contact Information:
Mailing Address: Same as Above
Street Address: Same as Above
Emergency Phone: (575) 387-2222
Dispatch Phone: (575) 387-2222
Fire Dept. Office Phone: (575) 387-6932
Fire Department Fax: (575) 387-9022

Fire Department Radio Frequencies:
Mora Fire: TX: 155.835, CG: None; RX 155.880

Fire Department Equipment Resources:
SEE RATE SHEET
MORIARTY, CITY OF

Local Government – Vendor Name and Address:
Moriarty Fire Department, City of
201 Broadway
Moriarty, NM 87035

County: Torrance

Forestry Division District: Bernalillo

Dispatch: Albuquerque Interagency

NM RMP Local Government Contact:
Steven Spann, Fire Chief
Cell Phone: (505) 269-8953
Office Phone: (505) 832-4301
Office Fax: (505) 832-9724

Fire Department Contact Information:
Mailing Address: PO Box 130
               Moriarty, NM 87035

Street Address: 201 Broadway

Emergency Phone: 911

Dispatch Phone: (505) 384-2705
Fire Dept. Office Phone: (505) 832-4301
Fire Department Fax: (505) 832-9724

Fire Department Equipment Resources:
SEE RATE SHEET
OTERO, COUNTY OF

Local Government – Vendor Name and Address:
Otero, County of
1101 New York Avenue
Alamogordo, NM 88310

County: Otero

Forestry Division District: Capitan

Dispatch: Alamogordo Interagency

NM RMP Local Government Contact:

Paul Quairoli, Emergency Services Director
Home Phone: (575) 491-4313
Office Phone: (575) 439-2612
Cell Phone: (575) 491-5942
Office Fax: (575) 437-2259
E-mail: pquairoli@co.otero.nm.us

Matt Clark, Emergency Services Assistant
Home Phone: (575) 442-2869
Office Phone: (575) 439-2613
Cell Phone: (575) 551-4884
E-Mail: mclark@co.otero.nm.us

Fire Department Contact Information:

Mailing Address: Same as Above.
Street Address: Same as Above

Emergency Phone: 911
Dispatch Phone: (575) 437-2210
Fire Dept. Office Phone: (575) 439-2612
Fire Department Fax: (575) 437-2259

Fire Department Radio Frequencies:

Otero County Fire Department: main TX/RX: 154.205 cg. 114.8 wide
Tac 1 TX/RX: 154.145 cg. 114.8 wide
Tac 2 TX/RX: 154.250 cg. 114.8 wide
Tac 3 TX/RX: 154.265 cg. 114.8 wide

Fire Department Equipment Resources:

SEE RATE SHEET
RATON, CITY OF

Local Government – Vendor Name and Addresses:
    Raton, City of
    PO Box 910
    Raton, NM 87740

County:   Colfax

Forestry Division District:   Cimarron

Dispatch:   Taos Interagency

NM RMP Local Government Contact:

James V. Mathews Jr., Chief                     Chris R. Espinoza, Deputy Chief
Cell Phone:     (575) 445-2708                  Cell Phone:     (575) 707-8545
E-mail:  Jmathews@cityofraton.com                 E-mail:  cespinoza@cityofraton.com

Fire Department Contact Information:

Mailing Address:   Raton, City of
                   PO Box 910
                   Raton, NM  87740

Street Address:   127 Clark Ave, Raton, NM 87740

Emergency Phone:   911
Dispatch Phone:    (575) 445-2704
Fire Dept. Office Phone:    (575) 445-2708
Fire Department Fax:    (575) 737-2709

Fire Department Radio Frequencies:

Raton Fire:     TX: 158.955   TX TONE: 127.3   RX: 154.025

Fire Department Equipment Resources:

SEE RATE SHEET
RED RIVER FIRE DEPARTMENT

Local Government – Vendor Name and Address:
Red River, Village of
P.O. Box 1020
Red River, NM 87558

County: Taos

Forestry Division District: Cimarron

Dispatch: Taos Interagency

NM RMP Local Government Contact:

Ron Burnham, Chief
Office Phone: (575) 754-6107
Home Phone: (575) 754-2552
Cell Phone: (575) 770-0247

Deke Willis, Wildland Coordinator
Office Phone: (575) 754-6107
Cell Phone: (575) 770-7426

Fire Department Contact Information:

Mailing Address: P.O. Box 1020
Red River, NM 87558

Street Address: 100 East Main Street
Red River, NM 87558

Emergency Phone: 911
Dispatch Phone: (575) 754-2333 or 754-6166
Fire Dept. Office Phone: (575) 754-2333 or 754-6166
Fire Department Fax: (575) 754 6119

Fire Department Radio Frequencies:

Red River Fire Dept.: TX: 154.235, CG: None; RX: 154.235

Fire Department Equipment Resources:

SEE RATE SHEET

Comments:

No more than one engine equipment resource with five personnel and one water tender with one person available at any time. This does not apply to the T2 IA Hand Crew.
NEW MEXICO RESOURCE MOBILIZATION PLAN
FOR WILDLAND URBAN INTERFACE INCIDENTS  2017-2018

RIO RANCHO, CITY OF

Local Government – Vendor Name and Address:
Rio Rancho, City of
3200 Civic Center Circle N.E.
Rio Rancho, NM 87144

County:       Sandoval

Forestry Division District:   Bernalillo

Dispatch:     Albuquerque Interagency

NM RMP Local Government Contact:

Marc Sandoval, Wildland Coordinator
BC Cell:      (505) 235-5711
Cell Phone:   (505) 270-2142
Office Fax:  (505) 891-5208

Kevin Canfield, Assistant Wildland Coordinator
BC Cell:      (505) 235-5711
Cell Phone:   (505) 250-2005
Office Fax:  (505) 891-5208

Jason DeBerg, Heavy Equipment Coordinator
Office Phone: (505) 350-9118
Cell Phone:  (505) 235-6443

Fire Department Contact Information:

Mailing Address:     1526 Stephanie Rd
Street Address:      Same as Above
Emergency Phone:     911
Dispatch Phone:      (505) 891-7226
Fire Dept. Office Phone:  (505) 891-7226
Fire Department Fax:  (505) 891-5208

Fire Department Equipment Resources:

SEE RATE SHEET
RUIDOSO, VILLAGE OF

Local Government – Vendor Name and Address:
Village of Ruidoso
313 Cree Meadows Dr.
Ruidoso, NM 88346

County: Lincoln

Forestry Division District: Capitan

Dispatch: Alamogordo Interagency

NM RMP Local Government Contact:

Harlan Vincent, Fire Chief
Office Number: (575) 257-4116
Cell Phone: (575) 937-1474
Office Fax: (575) 257-4550

Fire Department Contact Information:

Mailing Address: Same as Above
Street Address: Same as Above
Emergency Phone: 911
Fire Dept. Office Phone: (575) 257-4116
Fire Department Fax: (575) 257-4550

Fire Department Radio Frequencies:

RFD Command: TX: 154.4150, CG: 192.8, RX: 150.7750 CG: 156.7
RFD TAC Repeater: TX: 154.4150, CG: 162.2, RX: 150.7750 CG: 162.2

Fire Department Equipment Resources:

SEE RATE SHEET
SAN JUAN, COUNTY OF

Local Government – Vendor Name and Address:
   San Juan County
   209 South Oliver
   Aztec, NM 87410

County: San Juan

Forestry Division District: Chama

Dispatch: Taos Interagency

NM RMP Local Government Contact:

Craig Daugherty, Chief
Office Phone: (505) 333-3123
Cell Phone: (505) 330-4933

David Vega, Wildland Coordinator
Office Phone: (505) 334-1180
Cell Phone: (505) 330-1049

Fire Department Contact Information:

Mailing Address: San Juan County Fire Department
   209 South Oliver
   Aztec, NM 87410

Dispatch Phone: (505) 334-1951, (505) 334-6622, or (505) 334-8109

Fire Department Equipment Resources:

SEE RATE SHEET
SAN MIGUEL, COUNTY OF

Local Government – Vendor Name and Address:
San Miguel County
500 W. National
Las Vegas, NM 87701

County: San Miguel

Forestry Division District: Las Vegas

Dispatch: Santa Fe Interagency

NM RMP Local Government Contact:
Russell Pacheco, Fire Chief and Wildland Coordinator
Office Phone: (505) 425-2855
Cell Phone: (505) 429-3243

Fire Department Contact Information:
Mailing Address: Same as above
Street Address: Same as above
Emergency Phone: 911
Dispatch Phone: 911
Fire Department Office Phone: (505) 425-2855

Fire Department Equipment Resources:
SEE RATE SHEET
SANDOVAL, COUNTY OF

Local Government – Vendor Name and Address:
Sandoval, County of
P.O. Box 40
Bernalillo, NM 87004

County: Sandoval

Forestry Division District: Bernalillo

Dispatch: Albuquerque Interagency

NM RMP Local Government Contact:

Eric Masterson, Deputy Chief
Office Phone: (505) 867-0245
Cell Phone: (505) 206-3921
Emergency Contact: (505) 891-7226 or 1-800-898-2876

James Maxon
Cell Phone: (505) 934-8788

Fire Department Contact Information:

Mailing Address: Same as Above

Street Address: 314 Melissa Road
Bernalillo, NM 87004

Emergency Phone: (505) 891-7226
Fire Dept. Office Phone: (505) 867-0245
Fire Department Fax: (505) 867-6256

Fire Department Equipment Resources:

SEE RATE SHEET
SANTA FE, CITY OF

Local Government – Vendor Name and Address:
   City of Santa Fe
   PO Box 909
   Santa Fe, NM 87504

County: Santa Fe

Forestry Division District: Bernalillo

Dispatch: Santa Fe Interagency

NM RMP Local Government Contact:

Greg Gallegos, Wildland Superintendent
Office Phone: (505) 955-3120
Home Phone: (505) 232-3263
Cell Phone: (505) 231-3163
E-mail: gdgallegos@santafenm.gov

Fire Department Contact Information:

Mailing Address: PO Box 909
               Santa Fe, NM 87504

Street Address: 200 Murales Road, Santa Fe, NM 87501

Emergency Phone: 911
Fire Dept. Office Phone: (505) 955-3110
Fire Department Fax: (505) 955-3115

Fire Department Equipment Resources:

SEE RATE SHEET

Comments:

The Type 1 engine is only available within 100 miles of Santa Fe.
SANTA FE, COUNTY OF

Local Government – Vendor Name and Address:
Santa Fe County Fire Department
35 Camino Justicia
Santa Fe, NM 87508

County: Santa Fe

Forestry Division District: Bernalillo

Dispatch: Santa Fe Interagency

NM RMP Local Government Contact:
Mike Feulner, Captain, Wildland Division
Cell Phone: (505) 231-8845

Walter Dasheno, Wildland Coordinator
Cell Phone: (505) 927-6553

Fire Department Contact Information:
Mailing Address: Same as Above
Street Address: Same as Above
Emergency Phone: 911
Dispatch Phone: (505) 428-3730
Fire Dept. Office Phone: (505) 992-3070
Fire Department Fax: (505) 992-3073

Fire Department Radio Frequencies:
Santa Fe County: TX: 158.970, CG: 156.7; RX: 154.415, CG: 156.7

Fire Department Equipment Resources:
SEE RATE SHEET

Comments:
No more than ten personnel and three equipment resources available in any one dispatch.
TAOS, COUNTY OF

Local Government – Vendor Name and Addresses:
Taos, County of
105 ALBRIGHT ST. SUITE A
Taos, NM 87571

County: Taos

Forestry Division District: Cimarron

Dispatch: Taos Interagency

NM RMP Local Government Contact:
Joaquin Gonzales, Taos County Fire Chief
Contact Phone: (575) 737-6431 cell
E-mail: joaquin.gonzales@taoscounty.org
http://www.taoscounty.org

Chris Cote, Taos County Wildland Coordinator
Contact Phone: (575) 779-5937 cell
E-mail: latircote@gmail.com

Fire Department Contact Information:
Latir Fire District
Jona Olsson
HC 81 Box 644
Questa, NM 87556
Phone: (575) 586-2488
E-mail: latirfirejona@taosnet.com

Rio Fernando Fire District
Russell Driskell
HC 71 Box 30
Taos, NM 87571
Phone: (575) 751-0552
E-mail: driskell@taosnet.com

Wheeler Peak Fire District
David “Deke” Willis, Wheeler Peak VFD Fire Chief
PO Box 427
Red River, NM 87558
Phone: (575) 754-6107
Fax: (575) 754-6119
E-mail: dwillis@redriver.org

Fire Department Equipment Resources:
SEE RATE SHEET
TAOS, TOWN OF

Local Government – Vendor Name and Addresses:
   Taos, Town of
   400 Camino de la Placita
   Taos, NM  87571

County:       Taos

Forestry Division District:   Cimarron

Dispatch:      Taos Interagency

NM RMP Local Government Contact:
   Jim Fambro, VFD Chief
   Contact Phone: (575) 737-2609; (575) 779-6971

Fire Department Contact Information:
   Mailing Address:  4591 NDCBU Taos, NM 87571
   Street Address:   323 Camino de'la Placita
   Emergency Phone:  911
   Dispatch Phone:   (575) 758-2216
   Fire Dept. Office Phone:  (575) 758-3386
   Fire Department Fax: (575) 737-2665

Fire Department Radio Frequencies:
   Taos Fire:      TX: 154.070

Fire Department Equipment Resources:
   SEE RATE SHEET
VALENCIA, COUNTY OF

Local Government – Vendor Name and Addresses:
Valencia, County of
PO Box 1119
Los Lunas, NM 87031

County: Valencia

Forestry Division District: Bernalillo

Dispatch: Albuquerque Interagency

NM RMP Local Government Contact:
Robb Barr, Wildland Captain
Cell: (505) 620-6045
Office Phone: (505) 866-2040
Office Fax: (505) 866-8749

Second Contact:
Steve Gonzales, Fire Chief
Cell: (505) 573-1704

Fire Department Contact Information:
Mailing Address: PO Box 1119
Los Lunas, NM 87031

Street Address: 444 Luna Ave.
Los Lunas, NM 87031

Emergency Phone: 911
Dispatch Phone: (505) 865-9130
Fire Dept. Office Phone: (505) 866-2040
Fire Department Fax: (505) 866-8749

Fire Department Equipment Resources:
SEE RATE SHEET
CHAPTER 6: FINANCIAL AGREEMENTS

- Albuquerque, City of
- Angel Fire, Village of
- Bernalillo County Fire and Rescue
- Bloomfield, City of
- Carlsbad, City of
- Cloudcroft, Village of
- Chaves, County of
- Cimarron, Village of
- Colfax County – District 6
- Colfax - Philmont
- Corrales, Village of
- Espanola, City of
- Farmington, City of
- Las Vegas, City of
- Lincoln, County of
- Los Alamos, City/County of
- Mora, County of
- Moriarty, City of
- Otero, County of
- Raton, City of
- Raton, City of
- Red River Fire Department
- Rio Fernando – Taos County
- Rio Rancho, City of (DPS)
- Ruidoso, Village of
- San Juan, County of
- Santa Fe, City of
- Santa Fe County Fire and Rescue
- Taos, Town of
- Taos, County of
- Valencia, County of
APPENDICES

Appendix A: Map of EMNRD-Forestry Division Districts
Appendix B: Map of New Mexico Interagency Dispatch Centers
Appendix C: Administrative Forms
Appendix D: Implementing Red Card Qualification Systems
Appendix E: New Mexico Eligibility Requirements for Engine Boss Crosswalk
Appendix F: NUS Equipment List
Appendix G: RMP Checklists

GLOSSARY:
APPENDIX A: EMNRD - FORESTRY DIVISION DISTRICTS
APPENDIX B: MAP OF NEW MEXICO INTERAGENCY DISPATCH CENTERS
APPENDIX C: ADMINISTRATIVE FORMS

Accident/Incident/Workers’ Compensation Forms:

- Workers’ Compensation Guidelines
- Notice of Accident Form: Form NOA-1 (12/01)
- Employer’s First Report of Injury or Illness Form: NM WCA E1.2 (07/02)
- Workers’ Compensation Claim Explanation Form: RMDWC4.FRM (9/01)
- Workers’ Compensation Benefits Explanation Form: G:WORKCOMP\BenefitExplanationForm.doc 3/15/04
- Risk Management Division Doctor Visit/Modified Work Assignment Form: RMDWC1.RFM (10/93)
- Workers’ Authorization for Disclosure of Protected Health Form: WCA Mandatory Forms 11.4.4.9(E)(2)(c) NMAC
- Uniform Accident Report (Standard form 100): Used for auto accidents
- Notice of Incident – State of New Mexico: Used for non-highway/loading/parking accidents
- EMNRD Accident/Injury Photo Sheet: Photos must be taken to substantiate accident/injury and provide information for prevention

Vehicle/Heavy Equipment Inspection Checklist: USDA/USDI Form OF-296

Reimbursement/Time Forms:

- EMNRD-Personnel Fire Time Report, or
- USDA-Crew Time Report, or
- USDA/USDI-Emergency Firefighter Time Report (OF-288)
- EMNRD-Equipment Fire Time Report, or
- Resource Mobilization Rate Sheet (engine, water tender, fuel tender, ambulance, etc.)
- RMP Reimbursement Form for Personnel
- RMP Reimbursement Form for Equipment
Accident/Incident/Workers’ Compensation Forms:

Workers’ Compensation Guidelines

Employees injured while on duty are required to notify their supervisor within 24 hours of the injury. In the event of an injury/illness, the supervisor must ensure that the appropriate forms are completed correctly and timely.

The following forms are required and should be completed for every injury incurred whether or not medical attention was received: (These forms must be submitted to HR within three days of incident).

- Notice of Accident (Completed by employee, signed by Supervisor).
- Employer's First Report of Injury/Illness (NM WCA Form E1.2) (Completed by Supervisor, fill out Employee, Wage, Occurrence, Treatment, and Other sections).
- Authority to Release Medical Reports and information (Fill out Section 1, 2 and 11, employee signature, date and witness signature and date (Required).
- Doctor Visit/Modified Work Assignment (Employee is to return this completed form to his/her employer at the conclusion of each and every doctor visit when medical attention is/was received).
- Worker's Compensation Claim Explanation (Fill out entire form, (Section 5 initial one NOT BOTH).
- Worker's Compensation Benefits Explanation Form (Fill out entire form including WITNESS section).
- Fax completed forms to the Forestry Division District Office

IMPORTANT NOTICE!!! PLEASE BE ADVISED:

If an injury is very serious and possibly life-threatening, the employee must be transported to the nearest emergency medical facility. In such cases, call 911 or the nearest medical facility to determine whether emergency medical personnel should be dispatched.
NEW MEXICO RESOURCE MOBILIZATION PLAN
FOR WILDLAND URBAN INTERFACE INCIDENTS  2017-2018

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT
NOTIFICACION DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29 and Section 52-3-19, NMSA 1978
Conforme a la Ley de la Compensacion de los Trabajadores, Sección 52-1-29 y Sección 52-3-19, NMSA 1978

I, _______________________________________, was involved in an on-the-job accident or was disabled
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado

by an occupational disease at approximately __________________, on ___________________, 20_____.
por enfermedad de oficio aproximadamente (time/a la(s) hora(s)) el (date/fecha) del 20_____.

Employee's social security number: ____________________ Where did the accident occur? __________________________
Número de seguro social del empleado: ____________________ ¿Dónde ocurrió el accidente?

What happened? _________________________________________________________________________________________
¿Qué ocurrió?
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

Signed: ___________________________________________ Signed/Notice Received: _________________________________
Firma: (employee/empleado) Firma /Notificación recibida:
(employer or representative/empleador o representante)

Date: ____________________________________________ Date: ______________________________________
Fecha: Fecha:

Form NOA-1 (12/01) Employer/employee: Each keep one copy. ---SEE BACK OF THIS FORM ---
Empleador/empleado: Retener una copia. -VER AL REVERSO DE ESTA FORMA-

Worker -
For emergency medical care, go to any emergency medical facility.
For medical care that is not an emergency, get instructions from your supervisor on where to go for medical care.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador
Para emergencias médicas vaya a cualquier clínica / hospital.
Para tratamiento médico que no sea emergencia, obtenga instrucciones de su supervisor para que le indique a donde ir para obtener asistencia médica.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Línea de Asistencia
1-866-WORKKOMP / 1-866-967-5667
toll free -- llamada sin costo de larga distancia
New Mexico Workers' Compensation Administration www.state.nm.us/wca/
PO Box 27198, Albuquerque, NM 87125

Lovington: 396-3437 - 1(800) 934-2450 Las Cruces: 524-6246 - 1(800) 870-6826 TDD for the deaf: (505) 841-6043

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**NEW MEXICO RESOURCE MOBILIZATION PLAN**
**FOR WILDLAND URBAN INTERFACE INCIDENTS**
2017-2018

**NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION**

**EMPLOYERS' FIRST REPORT OF INJURY OR ILLNESS**

2410 CENTRE AVE. SE • PO BOX 27198
ALBUQUERQUE, NM 87125-7198

PLEASE PRINT IN BLACK INK OR TYPE.

<table>
<thead>
<tr>
<th>EMPLOYER (NAME &amp; ADDRESS INCL ZIP)</th>
<th>CARRIER / ADMINISTRATOR CLAIM #</th>
<th>OSHA LOG NUMBER</th>
<th>REPORT PURPOSE CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy, Minerals &amp; Natural Resources Department, 1220 South St. Francis Drive, Santa Fe, NM 87505</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
<th>EMPLOYER FEIN</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(505) 476-3244</td>
<td>85-60000565</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CARRIER (NAME, ADDRESS &amp; PHONE NO)</th>
<th>POLICY PERIOD</th>
<th>CLAIMS ADMINISTRATOR (NAME, ADDRESS &amp; PHONE NO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Management Division, Worker's Comp Bureau, PO Drawer 26110, Santa Fe, NM 87502</td>
<td></td>
<td>Risk Management Division, 1100 St. Francis Drive, Santa Fe, NM 87502, (505) 827-0232</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POLICY / SELF-INSURED NUMBER</th>
<th>ADMINISTRATOR FEIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>85-60000565</td>
<td></td>
</tr>
</tbody>
</table>

**CLAIMS ADMINISTRATION**

**AGENT NAME & CODE NUMBER**

**DATE OF BIRTH**

**SOCIAL SECURITY NUMBER**

**DATE HIRED**

**STATE OF HIRE**

**EMPLOYEE**

**NAME (LAST, FIRST, MIDDLE)**

**ADDRESS (INCL ZIP)**

**GENDER**

**MARITAL STATUS**

**OCCUPATION / JOB TITLE OR (SOC) CODE**

**DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS OCCURRED**

**SPECIAL ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS OCCURRED**

**HISTORY OF ILLNESS OR ABNORMAL HEALTH CONDITION OCCURRED**

**DATE RETURNED TO WORK**

**IF FATAL, GIVE DATE OF DEATH**

**WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?**

**WERE THEY USED?**

**PHYSICIAN / HEALTH CARE PROVIDER (NAME & ADDRESS)**

**HOSPITAL (NAME & ADDRESS)**

**WITNESSES (NAME & PHONE #)**

Completion of this form is not an admission that the claim is compensable under the Workers' Compensation Act.
FILING INSTRUCTIONS

PURPOSE: To report all alleged work-related injuries or illnesses resulting in more than 7 days of lost work or in death of the worker. This form is not an admission or denial by the employer as to whether the worker's alleged injury or illness is compensable, and must be completed by the employer or the employer's representative.

WHEN TO FILE: This form must be filed within 10 days of knowledge of any alleged work-related injury or illness that results in more than 7 days of lost work. It must be filed even if the employer disputes the worker's claim of work-related injury or illness.

WHERE TO FILE: Mail the original form to the New Mexico Workers' Compensation Administration (Attention: Statistics) at the address on the front of this form. Copies must also be provided to the worker and the employer's workers' compensation insurer.

PENALTIES: Each instance of failure to file this form when required is punishable by a fine of up to $1,000.00.

INSTRUCTIONS FOR COMPLETION

FILLING IN THE SHADED AREAS IS OPTIONAL. The employer may wish, however, to use some of these areas (such as "Witnesses") for the employer's records. Expanded instructions are found in the publication Guide to Completing the Employer's First Report of Injury or Illness, available from the Administration's Albuquerque office (call either number bold-faced above and ask for Statistics).

Please print in black ink or type, and ensure that all entries are legible before submission. An illegible or incomplete E1 may be returned.

NAIC CODE: Represents the nature of the employer's business at the location where the worker was employed at the time of injury or illness exposure; derived from the federal government publication North American Industry Classification System Manual. Include this code if known.

EMPLOYER'S LOCATION ADDRESS: Facility where the worker was employed at the time of injury, if different from mailing address.

CARRIER: Name, mailing address and telephone number of the licensed business entity issuing a contract of insurance and assuming financial responsibility on behalf of the employer. A WCA-approved self-insured employer should enter its business name.

CLAIMS ADMINISTRATOR: Name, mailing address and telephone number of the insurance carrier, agency, third party administrator or self-insured responsible for adjusting the claim.

EMPLOYER, CARRIER OR ADMINISTRATOR FEIN: Federal Identification Number, assigned by the Internal Revenue Service.

DID SALARY CONTINUE? Shows if the employer is continuing to pay the worker's regular wages without charge to employee benefits.

DATE OF INJURY/ILLNESS: In the case of an occupational illness (arising from the worker's activity or exposure over an extended period), enter the date of diagnosis or the date first reported to the employer as possibly work-related.

DATE EMPLOYER NOTIFIED: The date the worker first notified (verbally or in writing) the employer or the employer's representative of the alleged work-related injury or illness.

DATE DISABILITY BEGAN: The first full day on which the worker lost time from work due to the injury or illness.

TYPE OF INJURY OR ILLNESS: Briefly describe the nature of the injury (such as lacerations to the forearm) or illness (such as carpal tunnel syndrome). Be as specific as possible.

PART OF BODY AFFECTED: The specific part of body affected by the injury or illness (for example, right forearm, lower back).

DEPARTMENT OR LOCATION: If the accident or illness exposure did not occur on the employer's premises, enter specific address or location (for example, Client's office at 123 Main St., Yourtown, NM 87xxx). For occurrences in New Mexico, give ZIP or COUNTY.

ALL EQUIPMENT, MATERIAL OR CHEMICALS: List all equipment, materials and/or chemicals the worker was using, applying, handling or operating when the injury or illness exposure occurred. Be specific (for example, decorator's scaffolding, electric sander, paintbrush and paint). Enter "NA" if not applicable. NOTE: The items listed do not have to be directly involved in the worker's injury or illness.

SPECIFIC ACTIVITY: Describe the specific activity the worker was engaged in when the accident or illness exposure occurred (for example, sanding ceiling woodwork in preparation for painting).
WORK PROCESS: Describe the work process the worker was engaged in when the accident or exposure occurred, such as building maintenance. Enter "NA" for not applicable if not engaged in a work process (for example, if the worker was walking along a hallway).

HOW INJURY OR ILLNESS OCCURRED: Describe how the injury or illness/abnormal health condition occurred. Be very specific. Include the sequence of events and name any objects or substances that directly injured the worker or made the worker ill. (For example: worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against the hot metal.)

WORKER'S/EMPLOYER'S RIGHTS AND RESPONSIBILITIES

If you, the worker, believe that benefits are due you under the Workers' Compensation Act, and your employer or the employer's insurance carrier has failed or refused to make those benefits available to you, you have a right to file a complaint with the New Mexico Workers' Compensation Administration. Workers and employers with questions about rights or responsibilities under the Act may contact an ombudsman at any Workers' Compensation Administration regional office for information and assistance. To do so, call any of the above-listed telephone numbers (8 a.m. to 5 p.m. M-F).
WORKERS' COMPENSATION
CLAIM EXPLANATION

In reporting this alleged on-the-job injury/occupational illness, which occurred on ______________________, I, the undersigned, acknowledge the following items have been explained to me and that I understand each item.

1. By reporting this injury/illness to my supervisor or other designated person I am only complying with requirements of my agency’s internal loss prevention procedures and the New Mexico Workers’ Compensation Act. __________ (Initials)

2. Reporting the injury/illness does not automatically qualify me for Workers’ Compensation benefits. __________ (Initials)

3. This injury/illness will be investigated by my agency and Risk Management Division, who will determine if the injury/illness qualifies under the guidelines of the Workers’ Compensation Act. __________ (Initials)

4. I will be advised by proper authority if particular investigative circumstances or facts AT THE AGENCY LEVEL cause the investigating person(s) to believe that the injury/illness is NOT within the purview of the Workers’ Compensation Act. If I am not satisfied with the determination at the agency level, I am aware that I may request reconsideration of my claim by the assigned Workers’ Compensation Claims Administrator at Risk Management Division at (505) 827-0232. __________ (Initials)

5. My employer has the right to either direct me to a health care provider of their choice upon the report of this accident or permit me to select my own health care provider for treatment of my alleged job-incurred injury. I am fully aware that unauthorized treatment may not be a covered workers’ compensation benefit. __________ (Initials)

   (Check one)
   A. My employer chooses to select the health care provider for the first 60 days ____________.
   B. My employer will permit me to select the health care provider for the first 60 days__________.

6. My supervisor or a designated agency representative (______________________) will be promptly informed of all doctors appointments, diagnosis/prognosis, billings and/or changes in treatment. __________ (Initials)

   All information stated by me regarding this incident, to any person investigating said incident or representing my employer, is true and factual. Any willful untruths or misrepresentations regarding an alleged on-the-job injury/illness will be regarded as falsification of official documents.

___________________________________ ______________________________
Print name of employee Print name of witness

___________________________________ ______________________________
Signature of employee Signature of witness

_________________________ __________________________
Date Date

RMDWC4.FRM(09/01)
WORKERS’ COMPENSATION
BENEFITS EXPLANATION FORM

I, ________________________________, acknowledge that the following items have been explained to me and that I do understand each item.

1. §10-7-13 NMSA prohibits public employees from receiving monthly salary for leave time in combination with workers’ compensation benefits that exceeds 100% of the employee’s monthly base salary._____________(initials)

2. The workers’ compensation benefit is computed at 66⅔% of the employee’s gross weekly base salary UP TO A SPECIFIED CAP For most individuals, this figure is equal to the pay received in 5.3 hours of the normal 8 hour work day and is recorded as Workers’ Compensation Leave Without Pay (LWOP). The remaining 2.7 hours are charged to sick and/or annual leave or authorized LWOP._____________(initials)

3. Unusual deductions such as private medical, dental, and legal insurance can continue as long as the remaining 2.7 hours (or more) per day are taken as sick and/or annual leave. If an employee runs out of sick and/or annual leave, the employee must bear the burden of paying his/her and the state’s share of such deductions, unless the employee applies, and is approved for, leave under the Family and Medical Leave Act (FMLA).___________(initials)

4. The first 5 work days (40 hours, 7 calendar days) that an employee loses time is NOT compensated until the employee has been off work for more than 28 calendar days. The first week is initially charged to sick and/or annual leave or authorized LWOP._____________(initials)

5. After 28 calendar days off work, the first week’s benefit check is paid. At this time, unless the employee was on LWOP, or in other words, did not have or use any sick or annual leave for that first 40 hours, the first week’s benefit check will constitute an overpayment and violates §10-7-13 NMSA. Therefore, the employee must reimburse the agency for the amount of overpayment received. In return, the agency must reinstate the applicable amount of sick and/or annual leave used during the first week.____________________(initials)

6. The amount of overpayment will be computed by the agency upon receipt of the first week’s check. Should the check be delivered DIRECTLY to the employee, it is the employee’s responsibility to ensure proper procedures are followed.___________(initials)
7. The responsibility for properly coding time sheets rests with the immediate supervisor. The injured employee must also ensure that time sheets are properly and accurately prepared.__________
   (initials)

8. Any LWOP time in excess of 30 days, **INCLUDING THAT USED FOR WORKERS’ COMPENSATION PURPOSES**, does not allow an individual to accrue service time towards retirement, unless the employee applies, and is approved for FMLA. All other LWOP time must be made up by actual service (productive) time.__________
   (initials)

______________________________________________________
Print name of injured employee

______________________________________________________
Signature of injured employee

____________________________________
Date

WITNESS:

________________________________________
Name

________________________________________
Date
RISK MANAGEMENT DIVISION
DOCTOR VISIT/MODIFIED WORK ASSIGNMENT

EMPLOYEE IS TO RETURN THIS COMPLETED FORM TO HIS/HER EMPLOYER AT THE CONCLUSION OF EACH AND EVERY DOCTOR VISIT

DATE _____________________ EMPLOYER ________________________
DOCTOR _____________________ SOCIAL SECURITY # ________________

_________________________ is a State of New Mexico, ___________________Department employee. An alleged on the job injury was reported by this employee on ________________________ which may require treatment, as you determine. Please complete the data below so that a claim may be processed by the Risk Management Division.
Thank you for your cooperation in this matter.

Supervisor __________________________________ Agency/Division ______ Phone __________

1. Diagnosis ______________________________________________________________________________________________

______________________________________________________________________________________________

2. Was employee released today?   Yes _______ No ________

3. X-ray(s)? Today:  Yes ________ No ________

4. Medication prescribed?   Yes ________ No ________ Continued _________

5. Can employee return to normal duty at this time?  Yes ______ _ No ________

6. If Yes, has the employee reached MMI?  Yes _______ No ______ __

7. If “No”, can employee return to work on a limited/restricted basis?  Yes ________ No ______

8. If “Yes” to #6, what restrictions?
   __________ NO REACHING ABOVE SHOULDER.  __________ NO PUSHING OR PULLING
   __________ NO CLIMBING OF STAIRS OR LADDERS.  __________ NO OPERATION OF MACHINERY
   __________ NO LIFTING OVER _____ LBS.  __________ NO REPETITIVE WAIST BENDING.
   __________ NO KNEELING/SQUATING.  __________ LIMITED/NO USE OF

OTHER
___________________________________________________________________________________________

How long will restrictions last?     Until next visit __________ Other date _________________

9. When is next visit scheduled? __________________________

10. Other Comments _________________________________________________________________

___________________________________________________________________________________________

ATTENDING DOCTOR _________________________________________________

RMDWC1.RFM(10/93)
MODIFIED WORK ASSIGNMENT

I, __________________________________________ have read the restrictions detailed below and have discussed said restrictions with my supervisor/employer,

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

I understand the nature of the restrictions and further understand that any violations of said restrictions may cause aggravation or further, injury. I also understand and will comply with the rules or orders noted below as a condition of employment on a modified work assignment.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Employees Signature ______________________  Date ______________________

Immediate Supervisor ______________________  Date ______________________
WORKER’S AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR WORKERS’ COMPENSATION PURPOSES (HIPAA COMPLIANT)

I, (Print Worker’s Name) __________________________________________, hereby authorize the use or disclosure of my health information as described in this authorization.

1. INFORMATION

   WCA No. ____________________________

   Date of Birth ___________________  Date of Injury ________________________   SSN ________________

   Address _________________________________________________________ Phone ___________________

   Worker’s representative, if any:  ______________________________________ Phone ___________________

   Address _________________________________________________________________________________

2. RELEASE

I authorize the Health Care Provider (HCP) or any member or employee of its office or association who has examined or treated me, as well as any hospital or treatment facility in which I have been a patient, to disclose and release complete and legible copies of any and all information concerning my physical or psychiatric condition, care and treatment, to my employer, ___________________________ and/or its insurance carrier, ________________________________, and/or their attorneys, and/or duly authorized representatives of the New Mexico Workers’ Compensation Administration and its current medical cost containment contractor or their duly authorized agents. Copies of all documentation released pursuant to this authorization shall be sent to the agency requesting the information and to me or my representative as listed above.

3. I understand the following information will be released pursuant to a work-related/occupational injury or illness/workers’ compensation claim: medical reports; clinical notes; nurses’ notes; patient’s history of injury; subjective and objective complaints; x-rays; test results; interpretation of x-rays or other tests (including a copy of the report); diagnosis and prognosis; hospital bills; bills for services the HCP has rendered; payments received; and any other relevant and material information in the HCP’s possession. This Authorization also includes, if applicable, any hospital operational logs, emergency logs, tissues committee reports, psychiatric reports and records, physical therapy records, and all outpatient records. This release may also be used to request a Form Letter to HCP as approved by the Workers’ Compensation Administration. I understand that I have the right to restrict the information that may be provided by signing this authorization to the extent provided by law.

CONDITIONS

4. I understand the purpose of this request is to determine the proper level of workers’ compensation benefits and may include information regarding any of the following: to determine my occupational injury or illness status; to determine my eligibility for workers’ compensation benefits; to determine my current and future medical status after occupational injury; to determine my current medical status and/or return-to-work capability.

5. Right to revoke: I understand I have the right to revoke this authorization at any time by notifying the company named in Paragraphs 1 and 2. I understand that the revocation is only effective after it is received and logged by that company and that any use or disclosure made prior to the revocation under this authorization will not be affected by the revocation. I further understand that my revocation of this authorization may affect my ability to receive occupational injury or workers’ compensation benefits governed by this revocation.

6. I understand that after this information is disclosed, the recipient may continue to use it pursuant to my prior authorization, regardless of my subsequent revocation of this authorization. I further understand that different protections may be available pursuant to state and federal law.

7. I understand that information to be released pursuant to a work-related/occupational injury or illness/workers’ compensation claim may also be released to WCA and its current medical cost containment contractor or their duly authorized agents.

8. I hereby expressly waive any regulations and/or rules of ethics that might otherwise prevent any hospital, health care provider or other person who has treated me or examined me in a professional capacity from releasing such records.
9. A photostatic or other copy of this Release, which contains my signature, shall be considered as effective and valid as the original, and shall be honored by those to whom it is sent or provided for a period of six (6) months from the date it was signed.

10. This Release does not authorize any personal or telephonic conferences or correspondence directly between any health care provider and a representative of my employer, its attorney or insurance carrier to discuss my case and is solely for the release of medical documentation as set forth herein. Brief communication for the limited purpose of obtaining medical records is permitted.

11. I understand I am entitled to a copy of this authorization and to any records provided hereunder. I am requesting a copy of this authorization ☐ Yes ☐ No – If Yes, I have received a copy _______ (initial)

I understand this authorization will expire within six (6) months of the date I signed it, unless I revoke it earlier, pursuant to Paragraph 5.

Signature of Employee ____________________________ Date __________________________

Witness Signature (REQUIRED) ______________________________________
This form cannot be accepted without a witness signature.

Witness Name (Print or type) ____________________________ Date __________________________

Personal Representative Section:

If a personal representative executes this form, that representative warrants that he or she has authorization to sign this form on the basis of (print detailed basis for representation):

______________________________________________________________

Signature of Personal Representative ____________________________ Date __________________________
Can be used for any claim except WORKERS’ COMPENSATION
NOTICE OF INCIDENT – STATE OF NEW MEXICO
(Fill out this form in detail.)

Please print or type.

<table>
<thead>
<tr>
<th>Location Code:__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept./Div. ______________</td>
</tr>
<tr>
<td>Div. Address: ___________</td>
</tr>
<tr>
<td>Div. Contact Person: ______________</td>
</tr>
<tr>
<td>Phone No.: ___________</td>
</tr>
<tr>
<td>Employee Involved: ______________</td>
</tr>
<tr>
<td>Phone No.: ___________</td>
</tr>
<tr>
<td>Date: ___________</td>
</tr>
<tr>
<td>Time: ___________</td>
</tr>
<tr>
<td>Location of Incident: _____________________________________________________</td>
</tr>
<tr>
<td>Full Name: ____________________________</td>
</tr>
<tr>
<td>Address: ____________________________</td>
</tr>
<tr>
<td>Employed by: ___________________________________________________________</td>
</tr>
<tr>
<td>Injuries: ___________________________________________________________________</td>
</tr>
<tr>
<td>Treated by: _____________________________________________________________</td>
</tr>
<tr>
<td>Address: _______________________________________________________________</td>
</tr>
<tr>
<td>__________________________________________________________________________</td>
</tr>
<tr>
<td>Full Name: ____________________________</td>
</tr>
<tr>
<td>Address: ____________________________</td>
</tr>
<tr>
<td>________________________________________________________________</td>
</tr>
<tr>
<td>Owner of Property Damage</td>
</tr>
<tr>
<td>Full Name: ____________________________</td>
</tr>
<tr>
<td>Address: ____________________________</td>
</tr>
<tr>
<td>Description of Property Damaged: ___________________________________________</td>
</tr>
<tr>
<td>__________________________________________________________________________</td>
</tr>
<tr>
<td>__________________________________________________________________________</td>
</tr>
<tr>
<td>Witnesses</td>
</tr>
<tr>
<td>Name: ____________________________</td>
</tr>
<tr>
<td>Address: ____________________________</td>
</tr>
<tr>
<td>Name: ____________________________</td>
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<tr>
<td>Address: ____________________________</td>
</tr>
<tr>
<td>Name: ____________________________</td>
</tr>
<tr>
<td>Address: ____________________________</td>
</tr>
</tbody>
</table>

85
NEW MEXICO RESOURCE MOBILIZATION PLAN
FOR WILDLAND URBAN INTERFACE INCIDENTS
2017-2018

PLEASE CONTINUE ON REVERSE SIDE.

Please describe incident:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Date:____________________
Reported by: _____________________________________________________________________
Dept./Div.: _______________________________________________________________________

Mail in duplicate to:
Risk Management Division
Montoya State Office Building
P. O. Drawer 26110
Santa Fe, New Mexico  87502-6110

State of New Mexico - Uniform Incident Report used for non-highway, loading, parking-lot.
ACCIDENT/INJURY PHOTO SHEET

<table>
<thead>
<tr>
<th>Division:</th>
<th>Location:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Accident or Incident:</th>
<th>Time:</th>
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<tbody>
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<table>
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<tr>
<th>Photographed by:</th>
<th>Date Taken:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Injured Party:</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PICTURE NUMBER</th>
<th>DESCRIPTION</th>
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</tbody>
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</tbody>
</table>
# NEW MEXICO RESOURCE MOBILIZATION PLAN

## FOR WILDLAND URBAN INTERFACE INCIDENTS 2017-2018

## Vehicle/Heavy Equipment Inspection Checklist: USDA/USDI Form OF96

### VEHICLE/HEAVY EQUIPMENT INSPECTION CHECKLIST

**SATISFACTORY**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sign-up</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Pre-use</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Release</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OWNER (Name)

<table>
<thead>
<tr>
<th>9. <strong>MILEAGE (Start)</strong></th>
<th>10. <strong>DATE</strong></th>
<th>11. <strong>MODEL</strong></th>
<th>12. <strong>MAKE</strong></th>
</tr>
</thead>
</table>

### VENDOR (If other than owner)

|-----------------------|--------------|--------------|-------------------|

### Section I—Tractor and/or Motor Patrol

<table>
<thead>
<tr>
<th>1. <strong>Canopy, roll-over protection system.</strong></th>
<th>2. <strong>Steering.</strong></th>
<th>3. <strong>Clutch.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Frame, 2x3x3/8&quot; or 3x3/8&quot; thick, secured to main frame of tractor.</td>
<td>Over 3' free play, check tie rod ends</td>
<td>Proper adjustment, 3/4&quot; free travel</td>
</tr>
<tr>
<td>Safety toe guards, fixed rough roads.</td>
<td>Brake: foot and hand. Must hold firm.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>All gauges must be working.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>5. <strong>Horn:</strong> In working order.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>6. <strong>Rearview mirror and side mirrors:</strong> In working order.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>7. <strong>Brakes:</strong> All brakes must be working.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>8. <strong>Cooling system:</strong> Check radiator and hoses.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>9. <strong>Engine:</strong> Check for knock and leaks.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>10. <strong>Oil level and condition:</strong> Full and clean.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>11. <strong>Fuel system:</strong> Generator and starter working.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>12. <strong>Cooling system:</strong> Free of leaks.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>13. <strong>Fan and fan belts:</strong> Check for frayed condition.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>14. <strong>Brake system:</strong> Check for corrosion on terminals.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>15. <strong>Transmission:</strong> Check for leaks.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>16. <strong>Drive line joints:</strong> Check for looseness.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>17. <strong>Differential:</strong> Check for leaks.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>18. <strong>Wheel drive:</strong> Check gear boxes, drive.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>19. <strong>Springs and shock:</strong> Check hangers.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>20. <strong>Battery:</strong> Check for proper tension.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>21. <strong>Tires, wheels:</strong> Check for proper air pressure.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>22. <strong>Lights:</strong> Must be in working order.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>23. <strong>Brake system:</strong> Check for leaks.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>24. <strong>Exhaust system:</strong> Check for leaks.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>25. <strong>Lubrication:</strong> Oil filters, oil lines.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>26. <strong>Footrest system:</strong> Check for leaks.</td>
<td></td>
</tr>
<tr>
<td>Safety guard, fixed rough roads.</td>
<td>27. <strong>Test run:</strong> Check 5, 8, 7, 6, and 4.</td>
<td></td>
</tr>
</tbody>
</table>

### Section II—Trucks, Sedan, Jeep, Pick-up, etc.

<table>
<thead>
<tr>
<th>1. <strong>INSPCTION TYPE</strong></th>
<th>2. <strong>AGREEMENT</strong></th>
<th>3. <strong>P.O. OR CONTRACT NO.</strong></th>
<th>4. <strong>FIRE NAME</strong></th>
<th>5. <strong>FIRE NO.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sign-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Pre-use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Release</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section III—Power Saw and/or Pumps

<table>
<thead>
<tr>
<th>1. <strong>INSPCTION TYPE</strong></th>
<th>2. <strong>AGREEMENT</strong></th>
<th>3. <strong>P.O. OR CONTRACT NO.</strong></th>
<th>4. <strong>FIRE NAME</strong></th>
<th>5. <strong>FIRE NO.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sign-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Pre-use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Release</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section IV—Accessories (Mark "x" if in/on vehicle)

<table>
<thead>
<tr>
<th>1. <strong>INSPCTION TYPE</strong></th>
<th>2. <strong>AGREEMENT</strong></th>
<th>3. <strong>P.O. OR CONTRACT NO.</strong></th>
<th>4. <strong>FIRE NAME</strong></th>
<th>5. <strong>FIRE NO.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sign-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Pre-use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Release</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Vehicle/Heavy Equipment Inspection Checklist: USDA/USDI Form OF96

- **Satisfactory:** Yes [ ] No [ ]
- **Inspection Date:**
- **Make:**
- **Model:**
- **Serial No.:**

- **Safety Items:** Do not accept until repaired.

---

**CONTRACTING OFFICER**

OVER
NSN 7540-01-130-0007
OPTIONAL FORM 206 (9-81)
USDA/USDI
55246-101

88
<table>
<thead>
<tr>
<th>(1) CREW NAME</th>
<th>(2) CREW NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3) OFFICE RESPONSIBLE FOR FIRE</td>
<td>(4) FIRE NAME</td>
</tr>
<tr>
<td>(5) FIRE NUMBER</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(6) REMARKS NO.</th>
<th>(7) NAME OF EMPLOYEE</th>
<th>(8) CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9) DATE</td>
<td>(10) DATE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Military Time</th>
<th>Military Time</th>
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<tbody>
<tr>
<td>ON</td>
<td>OFF</td>
</tr>
<tr>
<td>ON</td>
<td>OFF</td>
</tr>
</tbody>
</table>

(11) REMARKS

(12) OFFICER-IN-CHARGE (Signature)

(13) TITLE (Officer-in-Charge)

(14) NAME (Person Posting to Emergency Time Report)

(15) DATE

STANDARD FORM 261 (5/78)
Precribed by USDA-USDI (NWCG Handbook No. 2)
**NEW MEXICO RESOURCE MOBILIZATION PLAN**
FOR WILDLAND URBAN INTERFACE INCIDENTS
2017-2018

---

**EMERGENCY FIREFIGHTER TIME REPORT**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
<th>Column D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fire Name</td>
<td>1. Fire Name</td>
<td>1. Fire Name</td>
<td>1. Fire Name</td>
</tr>
<tr>
<td>2. Fire No.</td>
<td>2. Fire No.</td>
<td>2. Fire No.</td>
<td>2. Fire No.</td>
</tr>
<tr>
<td>7. Name</td>
<td>7. Name</td>
<td>7. Name</td>
<td>7. Name</td>
</tr>
<tr>
<td>11. Total Hours</td>
<td>11. Total Hours</td>
<td>11. Total Hours</td>
<td>11. Total Hours</td>
</tr>
<tr>
<td>14. Time Officer's Signature</td>
<td>14. Time Officer's Signature</td>
<td>14. Time Officer's Signature</td>
<td>14. Time Officer's Signature</td>
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<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Fire Name</td>
</tr>
<tr>
<td>B</td>
<td>Fire No.</td>
</tr>
<tr>
<td>C</td>
<td>Unit Code</td>
</tr>
<tr>
<td>D</td>
<td>Fire Location</td>
</tr>
<tr>
<td>E</td>
<td>State</td>
</tr>
<tr>
<td>F</td>
<td>Firefighter Classification</td>
</tr>
<tr>
<td>G</td>
<td>Name</td>
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<tr>
<td>H</td>
<td>Date and Time</td>
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<tr>
<td>I</td>
<td>Year</td>
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<td>J</td>
<td>Total Hours</td>
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<tr>
<td>K</td>
<td>Gross Amount</td>
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<tr>
<td>L</td>
<td>Inclusive Dates</td>
</tr>
<tr>
<td>M</td>
<td>Time Officer's Signature</td>
</tr>
</tbody>
</table>

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**21. SHOW "F" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES**

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Date</td>
</tr>
<tr>
<td>B</td>
<td>Item</td>
</tr>
<tr>
<td>C</td>
<td>Amount</td>
</tr>
</tbody>
</table>

**22. Commisary Record**

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<tr>
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<tbody>
<tr>
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<td>B</td>
<td>Salary</td>
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<td>C</td>
<td>Equip</td>
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<tr>
<td>D</td>
<td>Total</td>
</tr>
<tr>
<td>E</td>
<td>Rental</td>
</tr>
</tbody>
</table>

---

**23. Remarks**

**NOTE:** The above items are correct and proper for payment from available appropriations.

---

**24. ADD Check Number and Stamp**

**COPY 1 - FILE COPY**
This is one example of the rate sheet. There is a separate rate sheet for each type of resource (i.e. engines, water tenders, ambulances). Those rate sheets can be found on the division's website. http://www.emnrd.state.nm.us/FD/FireMgt/FireFormsPage.htm

<table>
<thead>
<tr>
<th>STATE OF NEW MEXICO RMP – COOPERATOR</th>
<th>RATE SHEET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ORDERING OFFICE/ADMINISTRATIVE OFFICE FOR PAYMENT (name and address)</td>
<td>AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS RATE SHEET</td>
</tr>
<tr>
<td>EMMRD-FORESTRY DIVISION DISTRICT</td>
<td>2. AGREEMENT NUMBER JPA</td>
</tr>
<tr>
<td>PHONE</td>
<td>3. EFFECTIVE DATES</td>
</tr>
<tr>
<td>FAX</td>
<td>a. Beginning</td>
</tr>
<tr>
<td></td>
<td>b. Ending</td>
</tr>
<tr>
<td>4. COOPERATOR (name and address)</td>
<td>5. 1-SUITE CODING</td>
</tr>
<tr>
<td>b. TIN:</td>
<td>6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES FURNISHED BY</td>
</tr>
<tr>
<td></td>
<td>COOPERATOR ☐ GOVERNMENT</td>
</tr>
<tr>
<td>c. Telephone Number (day)</td>
<td>d. Telephone Number (night)</td>
</tr>
<tr>
<td>7. WORK RATE IN BOX 11 &amp; 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑ STAFFED RATE ☐ UNSTAFFED RATE</td>
</tr>
<tr>
<td>8. TYPE OF COOPERATOR (“X” appropriate boxes)</td>
<td></td>
</tr>
<tr>
<td>☐ MUNICIPAL ☐ COUNTY</td>
<td></td>
</tr>
<tr>
<td>9. ITEM DESCRIPTION (include make, model, year, G-Plate, VIN, and accessories)</td>
<td>10. NUMBER OF OPERATORS</td>
</tr>
<tr>
<td></td>
<td>11. WORK OR DAILY</td>
</tr>
<tr>
<td></td>
<td>a. rate</td>
</tr>
<tr>
<td></td>
<td>b. unit</td>
</tr>
<tr>
<td></td>
<td>12. SPECIAL</td>
</tr>
<tr>
<td></td>
<td>c. rate</td>
</tr>
<tr>
<td></td>
<td>d. unit</td>
</tr>
<tr>
<td></td>
<td>13. GUARANTEE</td>
</tr>
<tr>
<td></td>
<td>(8 or more hours)</td>
</tr>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
</tr>
</tbody>
</table>

14. SPECIAL PROVISIONS

15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE 16. DATE 17. FORESTRY DIVISION AUTHORIZED SIGNATURE 18. DATE

19. PRINT NAME AND TITLE 20. PRINT NAME AND TITLE
14. SPECIAL PROVISIONS

15. FISCAL OR AUTHORIZED AGENT'S SIGNATURE
16. DATE
17. FORESTRY DIVISION AUTHORIZED SIGNATURE
18. DATE

19. PRINT NAME AND TITLE
20. PRINT NAME AND TITLE
<table>
<thead>
<tr>
<th>DATE</th>
<th>E-#</th>
<th>TYPE / EQUIPMENT / LIC. NUMBER</th>
<th>HOURS</th>
<th>RATE*</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
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<td></td>
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<td></td>
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</tr>
</tbody>
</table>

GROSS AMOUNT DUE $ 0.00

**Additions (Attach Statement)** $0.00

**Subtractions (Attach Statement)** $0.00

"Use current established RMP rates" "Attach Backup Documentation"

NET AMOUNT DUE $ 0.00

---

Please Remit Payment to:

[Information about payment details]

Signatures:

[Signatures]

**Fire Equipment Reimbursement Form(s) must be accompanied by:**

- Equipment Shift Tickets
- Copy of Emergency Equipment Use Invoice
- Resource Order(s) EF, O# and S# (all that apply to invoice)
- Statements
## New Mexico Resource Mobilization Plan

### For Wildland Urban Interface Incidents
2017-2018

**New Mexico State Forestry**

**Wildland RMP**

**Fire Reimbursement Form**

**EMNRD – Forestry Division**

**Las Vegas District**

Attn: Michelle Vigil

HC33 Box 109, #4

Las Vegas, NM 87701

### Personnel

<table>
<thead>
<tr>
<th>DATE</th>
<th>O-#</th>
<th>NAME / ICS ASSIGNMENT</th>
<th>HOURS</th>
<th>RATE*</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Description:</th>
<th><strong>Additions</strong>: (Attach Statement)</th>
<th><strong>Subtractions</strong>: (Attach Statement)</th>
</tr>
</thead>
</table>

*Use current established RMP rates<br>**Attach Backup Documentation<br>*

**GROSS AMOUNT DUE** $0.00

**NET AMOUNT DUE** $0.00

Please Remit Payment to:

<table>
<thead>
<tr>
<th>Attn. (fiscal officer)</th>
<th>Address</th>
<th>City and Zip Code</th>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
</table>

Agency Fiscal Agent

District Forester

Fire Equipment Reimbursement Form(s) must be accompanied by:

- Emergency Fire Fighter Time Reports
- Crew Time Reports
- Resource Order(s) O#, E# and S# (all that apply to invoice)
- Statements
APPENDIX D – IMPLEMENTING A NATIONAL WILDFIRE COORDINATING GROUP (NWCG) RED CARD QUALIFICATIONS SYSTEM FOR WILDLAND FIRE FIGHTERS

The National Wildfire Coordinating Group (NWCG) wildland fire qualifications system is recognized by state and federal agencies as the premier national standard for obtaining wildland fire qualifications. The NWCG system uses the "red card" to document individual fire fighter qualifications based on a detailed expectation of training, experience and physical fitness. This appendix outlines procedures and documentation necessary for local fire departments to issue NWCG "red cards. The local Forestry Division district office can also provide training and advice to assist local governments who want to issue "red card" qualifications.

Red cards are issued annually. It is recommended that they be issued before April 15th, which is the average start of fire season in New Mexico. Red cards can be issued by hand or through use of specialized computer software. In either case the fire department supervisor or the training officer should keep a secure documentation file for each fire fighter and submit a copy of each individual’s “red card” to their local Forestry Division district office.

Issuing qualifications is the responsibility of each agency executive or local government. Fire department supervisors or program managers should confirm their authority to issue qualifications on behalf of their local government or agency. Training officers are often utilized to assist fire department supervisors with documentation. It is recommended that each fire fighter have a development plan that outlines the steps necessary to reaching their qualification goals. Individual fire fighters must assume that qualifications are not guaranteed just because they attend training, receive experience or pass the physical fitness requirements. By issuing qualifications, the fire department supervisor assumes responsibility that all criteria are met and the fire fighter can perform as expected. All wildland fire qualifications at the 200 level (any position that requires a 200-level class to become qualified) and below will be certified by each fire departments fire chief or authorized personnel. For anything 300 level and above (any position that requires a 300-level class or above to become qualified) the final certification must be completed by the Forestry Division State Fire Management Officer.

The Forestry Division uses the Incident Qualification System (IQS) to issue red cards. The fire departments may also use that system to issue red cards. Information and the downloadable program can be found on the internet at: http://www.vdatasys.com/. Additional assistance is forth coming through a link which will be posted on the Forestry Division website. Once this link is operable, RMP participating fire departments will be able to use the IQS function to assist with individual qualifications and red cards; linking with the Forestry Division’s IQS system alleviating the need for stand along IQS databases at individual departments.

Steps

1. Establish a Reference Library to include at a minimum:
   a. NWCG Catalog, Part 2: Publications PMS 449-2. Includes the information necessary to order materials listed below and other useful training materials and products [link]
   b. Wildland Fire Qualification Guide PMS 310-1. Provides guidance for compliance with established standards for wildland fire fighting personnel qualifications. [link]
   c. Field Managers Course Guide PMS 901-1 Provides administrative information concerning the NWCG training curriculum. [link]
   d. Advanced Firefighter/Squad Boss (FFT1) Task Book, PMS 311-14. [link]
   e. Engine Operator Task Book [link]
   f. Single Resource Boss: Crew (CRWB); Engine (ENGB); Dozer (DOZB); Tractor/Plow (TRPB); Firing (FIRB), PMS 311-13. [link]
   g. Incident Commander Type 4 (ICT4) Task Book, PMS 311-03. [link]


2. Obtain necessary training and experience.
   - Contact your local Forestry Division District FMO to determine who in your area can conduct training courses.
   - Wildland fire training is also posted on the Southwest Coordination Center (SWCC) website at: [http://gacc.nifc.gov/swcc/](http://gacc.nifc.gov/swcc/), then click on training under the Administrative icon on the SWCC homepage. The Wildland Fire Qualification Guide PMS 310-1 lists the courses required and recommended to qualify for positions and advance in the wildland firefighting and Incident Command System (ICS).

3. The “Pack Test” is the currently accepted standard by the State for arduous physical fitness rating, which is necessary for any position on the fire line. The general requirements of the pack test are:
   a. Candidate wears a 45-lb pack.
   b. Candidate must walk three miles in 45 minutes or less to pass test. There is a time allowance added to the 45 minutes for elevations above 5000 feet.
   **Note:** Contact your district FMO for specifics on the pack test and recommendations on training for it.

4. Issue the red cards.
   a. Lower level certifications, up to and including Single Resource Boss (FFT1) are managed and issued by local fire departments. The fire chief/authorized personnel signs these red cards.
   b. Strike Team/Task Force Leader positions and above are certified by Forestry Division at the state level through your district FMO.

   **Note:** A file containing the following documentation must be kept on each firefighter certified.
   1. Copy of each training certificate, with date completed and trainer's signature and location of training.
   2. Copies of annual pack test results, signed by individual conducting test.
   3. Copies of signed page of completed PTB.
   4. Annual training and experience update records, including a list of Position Task Books (PTB's) issued and completed.
   5. Submit a copy of each individual’s “red card” to your local Forestry Division District Office.

   It is recommended that each firefighter also keep a personal training file with originals of all certificates and task books and old red cards.

**Example Red Card and Instructions:**
Following is a block-by-block set of instructions on filling out a standard red card (attached).
1. **Name:** Start with last name, first name, and middle initial of the individual to whom the "red card" is being issued.
2. **Qualification No**: IQS id # or Fire Department employee ID.
3. **Resource Identification**: A three-letter agency identifier goes in this block. As an example, the Forestry Division's 3-letter identifier is "NMS. Fire departments will use the three-letter designator assigned by the Forestry Division.
4. **Fitness/Expires**: The fitness level appropriate for red card positions will be in this block, as tested annually. "A" indicates Arduous rating, "M" for a moderate rating, "L" for light conditioning, and "N" means that there is none required for positions listed on the individual's red card.
5. **Year**: Four-digit year that the red card is issued, fitness certified, and qualifications updated.
6. **Risk Type/Qualification/Level**: The name of the job that an individual is qualified to perform based on task books completed and experience. The code is the four-letter mnemonic for that job. A few examples are, "Firefighter Type II…FFT2", "Engine Boss…ENGB", "Engine Strike Team Leader…STEN".
7. **Risk Type/Trainee Qualification/Level**: 
8. **Approved**: The signature of the certifying officer appears in this block. Forestry Division red cards are signed by the State FMO. The fire chief or the State FMO, depending on the level of the positions certified will sign local fire department cards.
9. **Blood Type, Allergies, Emergency Contact**: List the Blood Type, Allergies, and Emergency Contact information of the individual that the red card is being issued to in this block.
10. **Experience Record**: The individual that the red card is issued to will list wildland experience in these blocks to maintain currency.
11. **Certifying Manager (Signature and Date)**: The signature of the certifying officer/manager appears in this block. The fire chief/authorized personnel or the Forestry Division State FMO, depending on the level of the positions certified, will sign local fire department red cards.

### Example: Incident Qualification Card

<table>
<thead>
<tr>
<th>Name:</th>
<th>e.g. Jane Doe</th>
<th>Qualification:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>*****XXXXXX</td>
</tr>
<tr>
<td>Resource Identification:</td>
<td>Fitness/Expires:</td>
<td>Year</td>
</tr>
<tr>
<td></td>
<td>Arduous/Light/ N/A</td>
<td></td>
</tr>
<tr>
<td>Risk Type</td>
<td>Qualification</td>
<td>Level</td>
</tr>
<tr>
<td>WF</td>
<td>e.g. ICT4 Incident Commander Type 4</td>
<td>National/ State/ Local</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Type</th>
<th>Trainee Qualification</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>WF</td>
<td>e.g. TFLD Task Force Leader</td>
<td>National/State/Local</td>
</tr>
<tr>
<td>Skills:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jon Doe</th>
<th>mm/dd/yy</th>
<th>Fire Chief, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>Date</td>
<td>Title</td>
</tr>
<tr>
<td>Blood Type: XX</td>
<td>Allergies:</td>
<td>Emergency Contact: Name/Phone #/ Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Experience Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mm/dd/yy</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Certifying Manager (Signature and Date)**

---

**Note**: An individual’s wildland fire experience records should be updated annually into the individuals file and/or IQS. The information should include:

1) Date of Incident
2) Fire Name/ #
3) Management Level
4) Job/ Trainee
5) Position on Fire
6) Risk Type
7) Fuel Type
8) Size Class
APPENDIX E – NEW MEXICO ELIGIBILITY REQUIREMENTS
FOR ENGINE BOSS CROSSWALK

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
1. Certificates for S-130/190 Including field day*, I-100, L-180, S-131, S-133 (*if no field day a NWCG Firefighter 2 FFT2 task book will substitute). |
2. Completed NWCG Firefighter 1 FFT1 task book, with evaluations. |
3. Certificate for Fire Officer I (NFPA 1021 compliant). (IFSAC or equivalent)

-If all the above are yes candidate is ready to begin gap courses for Engine Boss.  
-If one and two above are yes and three is no, see below for additional requirements.  
-If either one or two are no, candidate must complete that requirement before being eligible for Engine Boss Gap courses.

4. Candidate shows requisite knowledge on Human Resource Management (supervision, evaluation, stress management, and interpersonal relationships).

5. Candidate shows requisite knowledge on verbal and written communications under emergency, non-emergency, and training situations.

6. Candidate shows requisite knowledge of basic workplace safety policies and procedures, and accident investigations as well as preventative and wellness programs.

7. Candidate must have written confirmation from a chief officer from within their fire department affirming the following; years with the department, average number of incidents individual responds to a year, fire officer positions held (i.e. driver/operator/engineer or company officer) and a recommendation that the individual is at a level capable of beginning an engine boss gap course curriculum.

Candidates wishing to show requisite knowledge in four through six above need to show documentation (certificates) of courses taken and/or give a written explanation as to how they have gained such experiences “On the Job”. The Crosswalk committee will then evaluate each individual, and as a group decide if the individual meets the intent of NFPA 1021 and can then begin the gap courses for engine boss.
## APPENDIX F - NUS EQUIPMENT LIST

<table>
<thead>
<tr>
<th>Category</th>
<th>Item Description</th>
<th>NFES #</th>
<th>Type</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>3, 4, &amp; 5</td>
</tr>
<tr>
<td><strong>Fire Tools &amp; Equip</strong></td>
<td></td>
<td></td>
<td>3, 4, 5</td>
</tr>
<tr>
<td>McLeod</td>
<td>Combination Tool</td>
<td>0296</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Shovel</td>
<td>1180</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Pulaski</td>
<td>0171</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Backpack Pump</td>
<td>0146</td>
<td>3</td>
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<tr>
<td></td>
<td>Fuses (case)</td>
<td>1149</td>
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<tr>
<td></td>
<td>Foam, concentrate, Class A (5-gallon)</td>
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<td></td>
<td>Chainsaw (and chaps)</td>
<td>1145</td>
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<tr>
<td></td>
<td>Chainsaw Tool Kit</td>
<td>0342</td>
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<td></td>
<td>Drip Torch</td>
<td>0241</td>
<td>2</td>
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<td></td>
<td>Portable Pump</td>
<td>* *</td>
<td>*</td>
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<td><strong>Medical</strong></td>
<td>First Aid Kit, 10-person</td>
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<td></td>
<td>Burn Kit</td>
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<td>Body Fluids Barrier Kit</td>
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<td>Flashlight, general service</td>
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<td></td>
<td>Chock Blocks</td>
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<td>Tow Chain or Cable</td>
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<td>Jack, hydraulic (comply w/GVW)</td>
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<td></td>
<td>Lug Wrench</td>
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<td>Pliers, fence</td>
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<tr>
<td><strong>General Supplies</strong></td>
<td>Food (48-hour supply)</td>
<td>1842</td>
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<tr>
<td></td>
<td>Rags</td>
<td>3309</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>Rope/Cord (feet)</td>
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<td>Sheeting, plastic, 10’ x 20’</td>
<td>1287</td>
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<td>Tape, duct</td>
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<td>Tape, filament (roll)</td>
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<td></td>
<td>Water (gallon/person) minimum</td>
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</tr>
<tr>
<td></td>
<td>Bolt Cutters</td>
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<td>1</td>
</tr>
<tr>
<td></td>
<td>Toilet Paper (roll)</td>
<td>0142</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>Cooler or Ice Chest</td>
<td>0557</td>
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<tr>
<td></td>
<td>Hand Primer, Mark III</td>
<td>0145</td>
<td>*</td>
</tr>
<tr>
<td></td>
<td>Hose Clamp</td>
<td>0046</td>
<td>2</td>
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<tr>
<td></td>
<td>Gaskets (set)</td>
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</tr>
<tr>
<td></td>
<td>Pail, collapsible</td>
<td>0141</td>
<td>1</td>
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<tr>
<td><strong>Safety</strong></td>
<td><strong>Vehicle &amp; Pump Support</strong></td>
<td><strong>Personal Gear (Extra Supply)</strong></td>
<td><strong>Radio</strong></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------</td>
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<td>-----------</td>
</tr>
<tr>
<td>Hose Reel Crank</td>
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</tr>
<tr>
<td>Fire Extinguisher (5 lb.)</td>
<td>2143</td>
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<tr>
<td>Flagging, Pink (roll)</td>
<td>0566</td>
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<td></td>
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<tr>
<td>Flagging, Yellow w/Black Stripes (roll)</td>
<td>0267</td>
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<td></td>
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<tr>
<td>Fuel Safety Can (Type 2 OSHA, metal, 5-gallon)</td>
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</tr>
<tr>
<td>Reflector Set</td>
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<tr>
<td>General Took Kit (5180-00-177-7033/GSA)</td>
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</tr>
<tr>
<td>Oil, automotive, quart</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Oil, penetrating, can</td>
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</tr>
<tr>
<td>Oil, automatic transmission, quart</td>
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</tr>
<tr>
<td>Brake Fluid, pint</td>
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</tr>
<tr>
<td>Filter, gas</td>
<td>1</td>
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</tr>
<tr>
<td>Fan Belts</td>
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</tr>
<tr>
<td>Spark Plugs</td>
<td>1</td>
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<td></td>
</tr>
<tr>
<td>Hose, air compressor w/ adapting</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Fuses (set)</td>
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<td>Adjustable, ¾” NH</td>
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<td>Foam 1 ½” NH</td>
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<td>Tip, Forest Nozzle, straight stream</td>
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<td>1 ½” NH, Double Male</td>
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<td>2 ½” NPSH-F to 1 ½” NH-M</td>
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<td>1 ½” NH-F, Automatic Check and Bleeder</td>
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<td>¾” NH, Shut Off</td>
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<tr>
<td>1” Shut Off</td>
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<td>1 ½” Shut Off</td>
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<td>Foot, w/strainer</td>
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<td>Belt Weather Kit</td>
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<td>Binoculars</td>
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* No minimums – carried by engines as an option, within weight limitations
APPENDIX G - RESOURCE MOBILIZATION PLAN SUMMARY

MOBILIZATION

The equipment information, names of the individuals on the equipment, their departure time, and their time in route will be given to the district office as soon as it is determined. The information is needed for the Resource Order.

These are the forms that you MUST have with you prior to leaving for the assignment:

- Resource Order
- Copy of the RMP (all of it)
- Four copies of the municipal or county RMP rate sheet (make sure the apparatus/equipment accepting the assignment is on the rate sheet)
- Four copies of the Equipment Manifest (current)
- Accident and injury forms
- Red cards for all individuals
- Equipment Shift Tickets and Crew Time Reports

Write the beginning and ending odometer reading on Equipment Shift Tickets when in route to the assignment.

Equipment MUST be inspected prior to going to work on the incident. That can be done prior to leaving for assignment, while in route or at check-in.

Keep receipts from meals and motels while in route to assignment, during the assignment, and in route home from the assignment. All receipts (including credit cards) must show what was purchased and the business name and have the date and time of purchase. Purchases that are not reimbursable should be made separate, i.e. fuel for a vehicle and food or meals for personnel not eligible for reimbursement.

All personnel will follow the driving regulations found in the Interagency Incident Business Management Handbook (Chapter 10, Section 12.7-1a) and Chapter 7 07-7 of the Fire and Aviation handbook (Red Book).

- No driver can drive more than 10 hours in any duty day
- No driving before 5 am or after 10pm

Check-in at the incident.

Give finance a copy of resource order and RMP agreement.

WHILE ON ASSIGNMENT

If your equipment is moved to a new incident YOU MUST CALL THE DISTRICT OR STATE OFFICE. They will need a copy of the new resource order or the name of the new incident and the incident number so they can get a resource order.
Beginning and ending odometer readings **MUST** be written on Equipment Shift Tickets DAILY or the equipment will not be reimbursed the fuel surcharge!

Equipment Shift Tickets for the equipment must be the same as the Crew Time Report for the personnel. If the personnel take a meal break, then that must be shown on the Equipment Time Report. If the equipment is not in service due to tire repair, breakdown, etc. then the personnel are not on the clock either.

If anyone on the crew is switched out the District Office or the State Office should be notified and given the names of the crew personnel being switched.

All personnel will follow the work rest guidelines in the Interagency Incident Business Management Handbook (Chapter 10, Section 12.7)

Any equipment lost or damaged (non-personal) during the fire and caused by fire suppression activities should be brought to the attention of the incident team and/or the agency responsible for fire suppression. Make sure proper paperwork is filled out and S#’s are obtained prior to demobilization.

Inform the District or Santa Fe of ANY injury. Ensure that the proper paperwork related to the injury is filled out and filed.

If the incident is providing meals and lodging, then meals and lodging purchased by the crew are not reimbursable.

**DEMOBILIZATION**

Equipment **MUST** be inspected before leaving the incident.

Performance evaluations should be completed at the end of the assignment. These will need to be submitted with the reimbursement package and with any IQS updates.

Ensure that **ALL** Crew Time Reports, OF-288s, Equipment Shift Tickets, and OF-286s have been filled out and signed. The **ORIGINALS** of the documents are needed for the reimbursement package.

All personnel will follow the driving regulations found in the Interagency Incident Business Management Handbook (Chapter 10, Section 12.7-1a) and Chapter 7 07-7 of the Fire and Aviation handbook (Red Book).

- No driver can drive more than 10 hours in any duty day
- No driving before 5 am or after 10 pm

Write the beginning and ending odometer readings on Equipment Shift Tickets when in route home from the assignment.

**FILING FOR REIMBURSEMENT**

When filing for reimbursement for an RMP assignment the department must submit the following within 45 days of the assignment:

- RMP reimbursement invoice
- Originals of the Crew Time Report, OF-288s, Equipment Shift Tickets and OF-286s
- Originals of all meal or lodging receipts that are reimbursable
Copy of the Resource Order for the equipment

Copy of the Resource Order for any repairs or replacements

Copy of the performance evaluation

**TRAVEL REIMBURSEMENT GUIDELINES**

- Prior to departing on a fire assignment employee should be aware of any anticipated travel expenses. When traveling to an actual incident where fire camp has been set up the traveler should typically expect to incur expenses to and from fire camp (meals, hotels). Depending on the assignment car rental may be necessary or POV mileage (authorized and documented on the resource order). The traveler should be prepared to be self-sufficient for the entire detail if necessary. The position and the type of incident (fire, hurricane, pre-positioning) will usually determine the out-of-pocket expenses expected but if in doubt calling the ordering agency for clarification should be done prior to taking the assignment if being self-sufficient is an issue.

- Turn in receipts as soon as possible after end of assignment.

- Tape receipts to 8.5 X 11-inch paper in chronological order (by date AND time) for each 24-hour period. The 24-hour day starts at the time you left on your assignment (e.g., if you leave at 6 am, your 24-hour day starts at 6 am and ends at 6 am the next day). Do NOT include more than one day’s receipts on a page. Do NOT tape over any of the information on the thermal paper receipts (printing disappears underneath the tape). Do NOT highlight any writing on the receipts.

- Lodging receipts must have payment method attached (credit card receipt) or written on or beside the receipt (check number or cash).

- Meals are limited to $30 per day in-state and $45 per day out-of-state.

- Expenses are generally reimbursed only for travel days and days when the fire is not providing meals and lodging. A written explanation or Supply Resource Order number must be provided to get reimbursement for any expenses while working on the fire.

- Personal expenses are NOT reimbursed (toothpaste, etc.). To make processing the travel voucher easier, please make non-reimbursable purchases separately.

- The conditions of hire states that while on assignment you will not possess and/or use alcoholic beverages so therefore there should not be any receipts whether meal or grocery receipts with alcohol on them. Receipts with alcohol on them will NOT be reimbursed.

- Grocery receipts are acceptable, but the receipts must be within the daily meal allowance rates ($30/day for in-state and $45/day for out-of-state).

- Meal receipts must have the following:
  - Date
  - Time
  - Name and address of restaurant
  - Amount (handwrite tips)
  - The items you had to eat
  - Receipts that are not readable or don’t have the above information are not allowable (in other words, you won’t get reimbursed)

- Tips must not be more than 20% per meal. Handwrite them on the receipt. Tips can be reimbursed up to $6.00 per day or a total of $30 per trip, if tips are not handwritten.
Credit card receipts do not itemize what you had to eat. Handwrite the items beside the taped receipt.

Mileage is 43 cents per mile and must be accompanied by odometer readings and a mileage map (e.g., Google Map).

Some receipts fade in the heat. Don’t expose them to sunlight or let them sit in a hot vehicle. If a receipt is fading, write the information beside the taped receipt.

Engine bosses are responsible for helping their crew members with the accuracy and completeness of their paperwork, including time cards, resource orders, AND financial reimbursements.

Personnel (including ADs, firefighters, engine bosses, and fulltime employees) will not be reimbursed for meals and lodging purchased on behalf of other personnel. All personnel need to be self-sufficient.

Turn your organized, readable, and taped receipts in to your Administrative Management Officer (AMO) as soon as possible after returning from travel. The AMO will prepare an itemized schedule for you to sign in blue ink.

If you have questions or need help, contact your Administrative Management Officer.
GLOSSARY

Apparatus: A fire engine or other vehicle designed and equipped for fire suppression work.

Check-in: The required procedure by which resources, upon their arrival at an incident, are determined to be qualified and are properly documented for use at the incident.

Commissary: A method for providing personal provisions, supplies, or equipment for individual firefighters on an incident. Needed items are issued to the firefighter, and the cost of the items deducted from their pay.

Demobilization: A procedure that includes planning and scheduling the release of a resource from an incident, the completion of all necessary documentation, and the return travel to the home jurisdiction of the resource.

Drop Tank: Lightweight portable folding tank that is deployed on the ground and used to hold water. Typical capacities range from 500 gallons to 3000 gallons. Drop tanks are standard equipment on structural water tenders.

Equipment: Implements or machinery employed in firefighting, including but not limited to pumps, radios, and chainsaws.

Expendable Supplies: Items such as first aid supplies, hoses, adapters, personnel protective equipment, and hand tools that are used on an incident and expected to be restocked.

Fire Department: An organization created by local government and delegated responsibility for control, suppression, and prevention of fires within the jurisdiction of the local government. Fire departments are primarily trained and equipped for structural fire operations. In New Mexico, local government receives supplemental funding from the State for qualifying fire departments, under the “Fire Protection Fund Act”.

Forestry Division: A division of the New Mexico Energy, Minerals, and Natural Resources Department, whose responsibilities include prevention and suppression of wildfires on all non-federal, non-tribal, and non-municipal lands within the state. The Forestry Division maintains local offices in each of six districts across the state.

GPM: Abbreviation for “gallons per minute”; a standard measurement of water flow and output capacity of pumps.

Incident: An occurrence which requires action by qualified resources to prevent or minimize loss of life or damage to property; primarily used within this document to refer to a wildland or wildland/urban interface fire.

Incident Command System: A standardized on-scene emergency management concept specifically designed to allow its users to adopt an integrated organizational structure equal to the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. The system referred to in this document is the National Interagency Incident Management System (NIIMS) Incident Command System (ICS). The NIIMS ICS was developed by the National Wildfire Coordinating Group, and has become the national standard. In New Mexico, NIIMS ICS has been designated for use on all interagency incidents.

Incident Commander: The individual who has been delegated responsibility, by the agency or agencies with jurisdiction, for the management of all incident operations at the incident site.

Interagency Dispatch: Formerly known as “ZONES”. A defined geographic area within which there is coordination and sharing of resources between agencies that have wildfire responsibility. The boundaries of a
dispatch center are established based on logical sources and movement of resources within the zone. Commitment of resources within the zone is coordinated by a dispatch office now referred to as the Interagency Dispatch Center. There are five centers within New Mexico that are referred to in this document.

**Interface:** See “Wildland/Urban Interface”.

**Joint Powers Agreement (JPA):** A cooperative agreement that establishes a contractual relationship between government bodies. In New Mexico, Joint Powers Agreements are specifically authorized and regulated by state law (NMSA 1978, Sections 11-1-1 through 11-1-17)

**LDH:** An abbreviation for “large diameter hose”. In the fire service, this is typically used to refer to hose that is three inches in diameter or larger.

**Manifest:** A list of all supplies and equipment carried on any specific fire apparatus.

**Mobilization:** The assembling of requested and qualified resources, their departure from their home station, and their arrival and check-in at an incident.

**NFPA:** The “National Fire Protection Association” is a multidisciplinary organization that provides technical, educational, and statistical information for fire prevention and safety, and develops and publishes fire safety codes collectively known as “The National Fire Codes”. Several specific NFPA codes are referenced in this document.

**NWCG:** The “National Wildfire Coordinating Group” is made up of top fire managers from federal and state agencies that have wildfire responsibility, and promotes interagency cooperation, coordination, and standardization. Several NWCG standards and publications are referenced in this document.

**Position Task Books (PTBs):** A compilation of all the critical tasks required of any specific job function (position). The NWCG publishes a specific PTB for each position within the ICS qualification system. The PTB provides for the documentation of task performance under qualified supervision, and becomes a record of the qualification process.

**PPE:** An abbreviation of “Personal Protective Equipment”, which for a wildfire incident is made up of the fire-resistant clothing, hard hat, boots, and fire shelter that are intended to protect the individual firefighter from the typical hazards of the environment.

**Qualified Resource:** A resource meeting or exceeding the minimum standards described in the New Mexico Resource Mobilization Plan, and those NWCG and NFPA standards referenced in the plan.

**Red Card:** An identification card listing ICS positions that the bearer has qualifications and agency certification to perform. It is used at the time of check-in to document that the resource is qualified to perform in the position that was requested.

**Requested Resource:** As used in the RMP, a resource that has been specifically requested by EMNRD – Forestry Division for use on an incident and has been documented by a Resource Order.

**RMP:** Abbreviation for “Resource Mobilization Plan”. The New Mexico Resource Mobilization Plan is authorized by, and a companion document to, Joint Powers Agreements between EMNRD and local governments.

**SCBA:** Abbreviation for “self-contained breathing apparatus”, which is part of the standard personal protective equipment for structural firefighters.
**Single Resource Boss**: The title of a person who is qualified under ICS to supervise a single resource, such as an engine or a hand crew.

**Strike Team**: A standard number of the same kind and type of resources organized into a single unit, having common communications, and supervised by a single leader. For example, a Strike Team of Engines is five engines of the same type under the supervision of a Strike Team Leader.

**Task Force**: A task force is made up of a combination of resources of different kind and/or type, all having common communications capabilities, and under the supervision of a single leader. An example of a Task Force might be a combination of three Type 1 Engines and a Water Tender, or a combination of Engines and hand crews.

**True Copy**: A "carbon copy" from a standard multi-part form, or a facsimile with a notarized statement attesting to its authenticity.

**USDA**: The United States Department of Agriculture. The agency within the USDA with wildfire responsibility is the Forest Service.

**USDI**: The United States Department of the Interior. Agencies within the USDI with wildfire responsibility include the Bureau of Land Management (BLM), the Bureau of Indian Affairs (BIA), the National Park Service (NPS), and the U.S. Fish and Wildlife Service.

**Wildland/Urban Interface**: A term broadly applied to include areas adjacent to wildlands, structures next to and within wildlands, and any area where wildlands and the interests, activities, and developments of man come together.

For more National Wildfire Coordinating Group (NWCG) Glossary of Wildland Fire Terminology