

# SPOT REQUEST

(See reverse for instructions)

### I. REQUESTING AGENCY WILL FURNISH:

- 1. Time †
- 2. Date
- 3. Name of Incident or Project
- 4. Requesting Agency
- 5. Requesting Official
- 6. Phone Number
- 7. Fax Number
- 8. Contact Person
- 9. Ignition/Incident Time and Date
- 10. Size (Acres)
- 11. Type of Fire
  - o Wildfire
  - o Prescribed Fire
  - o WFU
  - o HAZMAT
  - o Search And Rescue
- 12. Reason for Spot Request (choose one only)
  - o Wildfire
  - o Non-Wildfire Under the Interagency Agreement for Meteorological Services (USFS, BLM, NPS, USFWS, BIA)
  - o Non-Wildfire State, tribal or local fire agency working in coordination with a federal participant in the Interagency Agreement for Meteorological Services
  - o Non-Wildfire Essential to public safety, e.g. due to the proximity of population centers or critical infrastructure.
- 13. Lat/Lon or Legal (T/R):
- 14. Elevation (ft, Mean Sea Level)
  - Top:
  - Bottom:
- 15. Drainage
- 16. Aspect
- 17. Sheltering
  - o Full
  - o Partial
  - o Unsheltered

18. Fuel Type:   Grass   Brush   Timber   Slash   Grass/Timber Understory   Other \_\_\_\_\_  
 Fuel Model: 1,2,3 4,5,6,7 8,9,10 11,12,13 2,5,8

19. Location and name of nearest RAWs station (distance & direction from project):

20. Weather Observations from project or nearby station(s): (Winds should be in compass direction e.g. N, NW, etc.)

Place	Elevation	†Ob Time	20 ft. Wind		Eye Level Wind.		Temp.		Moisture		Remarks <i>(Indicate rain, T'storms, etc. Also wind condition and 10ths of cloud cover)</i>
			Dir	Speed	Dir	Speed	Dry	Wet	RH	DP	

21. Requested Forecast Period †Time \_\_\_\_\_ Date \_\_\_\_\_

22. Primary Forecast Elements (Check all that are needed) *(for management ignited wildland fires, provide prescription parameters):*

	Today	Tonight	Tomorrow
Start _____	---	---	---
End _____	---	---	---
Sky/Weather	---	---	---
Temperature	---	---	---
Humidity	---	---	---
Eye Level Wind	---	---	---
20 ft Wind	---	---	---
Haines Index	---	---	---
Smoke Dispersion	---	---	---
Wave/Swell Height	---	---	---
Wave/Swell Direction	---	---	---

23. Send Forecast to: ATTN: \_\_\_\_\_

24. Location: \_\_\_\_\_

25. Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Remarks (Special requests, incident details, Smoke Dispersion elements needed, etc.):