

APPENDIX C

**STANDARDS FOR INTERAGENCY HOTSHOT CREW OPERATIONS
ANNUAL IHC MOBILIZATION CHECKLIST**

The Annual IHC Mobilization Checklist will be completed by the IHC superintendent and approved by the first line supervisor and agency administrator. The signed document must be forwarded to the responsible GACC notifying them of crew availability. This checklist must be provided prior to national mobilization.

If at any time an IHC fails to meet the required red card qualifications or the superintendent feels their crew is not meeting the intent of the *Standards for Interagency Hotshot Crew Operations* it is incumbent upon the crew superintendent to re-status the crew.

The IHC will be re-stated per crew typing in the Minimum Crew Standards for National Mobilization (appendix A). The superintendent is responsible for informing the first line supervisor, agency administrator and the local GACC of any required changes in the crews typing.

REQUIRED IHC STAFFING

This table designates employees in leadership positions on the IHC being certified for mobilization. A minimum of seven (7) career positions or fully qualified personnel are required for certification as defined in Chapter 2:

Position	Fully Qualified Career Employee (Name)	Fully Qualified Detailed Employee (Name)	Current NWCG Qualifications
Superintendent			
Asst Supt or Captain			
Captain or Squad Boss			
Squad Boss			
Squad Boss			
Senior Firefighter			
Senior Firefighter			

TRAINING AND CERTIFICATION

Have all crewmembers completed Operational Preparedness Training? Yes _____ No _____
 Do all crewmembers have a current Incident Qualifications Card? Yes _____ No _____

PREPAREDNESS

Does the IHC meet mobilization standards defined in Chapter 2? Yes _____ No _____
 Does the crew have dedicated transportation and the required fire equipment? Yes _____ No _____
 Has the crew undergone an annual preparedness review? (appendix B) Yes _____ No _____

The _____ IHC program is available for national assignment.

IHC Superintendent _____ Date _____

IHC first line Supervisor and Title _____ Date _____

IHC Agency Administrator and Title _____ Date _____