

**OREGON STATE FIRE MARSHAL
INCIDENT MANAGEMENT TEAMS NOMINATION**

DOCUMENTATION UNIT LEADER (DOCL)

Name _____

Department _____

Title _____

Address _____

Work Phone Number _____

Home Phone Number _____

Work Pager _____

Work Cell _____

Work Email _____

Position Qualification:

Explain any experience documenting an event or incident: _____

Required Training:

ICS-100	YES _____	NO _____
ICS-200	YES _____	NO _____
IS-700	YES _____	NO _____
IS-800	YES _____	NO _____

Suggested Training:

S-420	YES _____	NO _____
ICS-300	YES _____	NO _____
ICS-400	YES _____	NO _____
J-342	YES _____	NO _____
S-110	YES _____	NO _____

Describe your experiences and what position did you hold? (You may use a separate sheet)

Does this person have an employer commitment to participate in this project for at least three years?

YES _____ NO _____

Has the governing body of the employing department (city council, city manager, or board of directors) agreed to allow this person to participate in all phases of this project, including training, equipping as per Mobilization Plan, and responding?

YES _____ NO _____

As per the Interagency Agreement (IAG) between OSFM and ODF, during training and shadowing, the IMT members' employer (County Fire District) and SFM shall be responsible exclusively with respect to their employees, for providing for employment-related benefits and deductions that are required by law, including but not limited to federal and state income tax deductions, workers compensation coverage, and PERS contributions. The IMT members' employer and SFM each shall be responsible, to the other, to the extent permitted by the Oregon Constitution, subject to the limitations of the Tort Claims Act (ORS 30.260-30.300), only for the acts, omissions or negligence of its own officers, employees or agents.

YES _____ NO _____

A full description of the IAG can be provided upon request.

Signature of employer _____ Title _____ Date _____

Signature of nominee _____ Title _____ Date _____