

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	12. Reason for Spot Request (choose one only) <input type="radio"/> Wildfire <input type="radio"/> Non-Wildfire Under the Interagency Agreement for Meteorological Services (USFS, BLM, NPS, USFWS, BIA) <input type="radio"/> Non-Wildfire State, tribal or local fire agency working in coordination with a federal participant in the Interagency Agreement for Meteorological Services <input type="radio"/> 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):
10. Size (Acres)			14. Elevation (ft, Mean Sea Level) Top: Bottom:
11. Type of Fire <input type="radio"/> Wildfire <input type="radio"/> Prescribed Fire <input type="radio"/> WFU <input type="radio"/> HAZMAT <input type="radio"/> Search And Rescue			15. Drainage
		16. Aspect	17. Sheltering <input type="radio"/> Full <input type="radio"/> Partial <input type="radio"/> Unsheltered
18. Fuel Type: <u> </u> Grass <u> </u> Brush <u> </u> Timber <u> </u> Slash <u> </u> Grass/Timber Understory <u> </u> Other _____ Fuel Model: <u> </u> 1,2,3 <u> </u> 4,5,6,7 <u> </u> 8,9,10 <u> </u> 11,12,13 <u> </u> 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) <i>(for management ignited wildland fires, provide prescription parameters):</i>		
Start _____	Today	Tonight	Tomorrow
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:
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Remarks (Special requests, incident details, Smoke Dispersion elements needed, etc.):

II. FIRE WEATHER FORECASTER WILL FURNISH:

26. FORECAST AND OUTLOOK (see attached)

Name of Forecaster:	NWS Office:	Time and Date:
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