**Pre-Mobilization Incident Management Team (IMT) Call**

Incident Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Order Number \_\_\_\_\_\_\_\_\_\_\_\_ | Call Date and Time: \_\_\_\_\_\_\_\_\_\_

This script is intended to facilitate an Incident Management Team (IMT) mobilization conference call once either a Complex IMT (CIMT) or Type 3 IMT is assigned to an incident and to document roster negotiation. The *NWCG Wildland Fire Risk and Complexity Assessment (RCA)*, PMS 236, <https://www.nwcg.gov/publications/236>, or Wildland Fire Decision Support System (WFDSS) output of Part D: Functional Complexity should be the basis for discussing incident complexities for IMT configuration. Reference the *National Interagency Standards for Resource Mobilization (NISRM)* for additional information.

NOTE: For all-hazard incidents, review the appropriate complexity assessment for the mission. IMT configuration for all-hazard assignments will be negotiated to the host agency’s needs and documented below.

**Suggested Attendees:**

* Fire Staff/Chief/Management Officer
* Agency Administrator(s)
* Incident Commander
* CIMT Coordinator
* Regional/State Agency Representatives
* Coordinating/Operations Group Representatives

**Agenda:**

* Incident Overview
* *NWCG Wildland Fire Risk and Complexity Assessment (RCA)*, PMS 236 (or WFDSS Decision)
	+ Review Part D: Functional Complexity to facilitate roster negotiation
* Local Resource Availability
* Incident Command Post (ICP) and Basecamps
	+ Physical location, contact information
* Support Functions:
	+ BUYT
	+ Expanded Dispatch
	+ Other
* Primary Contacts

**Identify:**

* IMT Inbriefing Date/Time/Location
* Approved Roster – Based on RCA/WFDSS review of Part D: Functional Complexity.
	+ Approved Mobilization Roster #: \_\_\_\_\_\_\_\_

For wildfires, Agency Administrator approval must be documented below if roster exceeds:

* 75 for CIMT
* 35 for Type 3 IMT

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Routing: Attach signed form to IMT request in IROC and email to the nicc.cimt@firenet.gov.