

Northeastern Interagency Coordination Center

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Please submit by 1500 for inclusion into the Daily NECC/NFFPC Situation Report



AVAILABILITY LIST UPDATE
MM/DD/YYYY



Duty Officer or Supervisor:

Unit Identifier:	Miscellaneous Overhead: (Last Name, First)	Qualifications for Availability	Remarks:	
			Local National	GACC AD Self Sufficient
			Local National	GACC AD Self Sufficient
			Local National	GACC AD Self Sufficient
			Local National	GACC AD Self Sufficient
Unit Identifier	Crew	Type	Remarks	
				Self Sufficient
				Self Sufficient
Unit Identifier	Equipment	Type	Remarks	
				Self Sufficient
				Self Sufficient
				Self Sufficient

The above resources have been briefed in Best Management Practices in regards to Covid19 (NWCG Covid19 Screening tool or Quebec Quarantine Flow Chart questions)

Signature: _____