

Delegation Of Authority - BAER Team

MEMORANDUM

Reply To: Office of the Superintendent, Agency

Subject: Delegation of Authority, Burned Area Emergency Stabilization and Rehabilitation

To: David N. Smith, Burned Area Emergency Response Team Leader

You are hereby delegated authority and responsibility to establish an Emergency Stabilization Plan outlining emergency treatment measures and standards necessary to mitigate fire and suppression damage resulting from the _____ Fire. You will also identify and direct mitigation measures that are immediate in nature and that should be completed by the suppression organization. All rehabilitation activities will be conducted within the framework of provisions contained within Part 620: Department of Interior Manual Chapter 3; National Park Service policy, _____ policy and sound resource management practices.

Your primary responsibility is to organize and direct your assigned resources to establish and complete both short and long-term measures to protect the resources of the _____ Reservation from further damage and start the process of recovery. You are to work in cooperation with the _____ Incident Management Team, which is in charge of incident suppression and you will coordinate your activities with _____ Incident Commander. I am also directing the IMT Incident Commander, through copy of this delegation, to assist you and your team in the rapid assessment and implementation of emergency stabilization measures to protect the lives, property and critical natural and cultural resources of _____ tribes. This assistance from the IMT will include aerial reconnaissance assistance, ordering of supplies, materials, equipment, and personnel, and implementation of treatments where feasible to complete your task. You are accountable to me, or in my absence, my designated representative.

Mr. _____, Forest Manager will represent me as Line Officer when I am unavailable. _____ is designated as principle fiscal oversight and business management contact for the Agency.

Superintendent, XX Agency

Date

Cc: _____ Incident Commander