Air Tanker Drop Evaluation

Date:	Incident Name:
Incident #:	
Descriptive Location:	
Tanker #:	Pilot:
Vendor :	
Elevation:	Wind (speed/direction):
Terrain (flat, rolling, steep):	
Fuel Type:	

Drop Evaluation: 1 = Unacceptable   2 = Poor   3 = Good   4 = Excellent

Fire Area Traffic Pattern (1-4):

Communications (1-4):

Target Acquisition (1-4):

Drop Accuracy (1-4):

Number of Drops:

Comments:

Evaluator's Name:	Position:
Address:	
Email:	Phone:

Aerial Supervision Logbook – 2014   form 6