

OSFM STRUCTURAL TRIAGE CHECKLIST			
INCIDENT / CONFLAGRATION NAME _____			
ADDRESS _____ STRUCTURE () of ()			
GPS COORDINATES _____ Latitude _____ Longitude _____			
Range _____		Township _____	
Section _____			
DRIVEWAY		ROOF	
Too Narrow or Steep to back in		Already Involved in Fire	
YES	NO	YES	NO
Branches overhanging driveway		Down dead fuels line driveway	
****IF RED / YES - WRITE OFF ****		**** IF RED / YES - WRITE OFF ****	
DRIVEWAY - Dead End or longer than 200 feet	YES NO	STRUCTURE TYPE	
ROOF - COMBUSTIBLE - (Asphalt Shingles or Wood)	YES NO	___ Single Story	
ROOF - WOOD SHAKES	YES NO	___ Two Story	
TREES - Overhanging Roof	YES NO	___ Wood Frame	___ A Frame
TREES / BRUSH - NOT Thinned in area within 30 feet of structure	YES NO	___ Log Home	___ Other
VEHICLES - Parked Outside within 30 feet of Structure	YES NO	___ Full Time Residence	
SLOPE - More than 20% anywhere within 30 feet Of Structures	YES NO	___ Vacation Home	
SLOPE - More than 40% anywhere within 30 feet Of Structures	YES NO	___ Out Building	
DECK / STILT - Not enclosed underneath (to ground)	YES NO	___ Business	
POWER LINE - Overhead within 30' of Structure	YES NO	___ Govt. Building	
0-2 YES Doesn't Need Defending	3-5 yes Defend Aggressively	6-7 YES Defend Cautiously	8-10 YES WRITE OFF
Triage Officer _____ Unit # _____ Date _____ Time _____			
COMMENTS / NOTES ON BACK			