

Date form started \_\_\_ / \_\_\_ / \_\_\_

Person responsible for form: \_\_\_\_\_

Fire Name: \_\_\_\_\_

Incident Management Team: \_\_\_\_\_

## **Communication at Fire Camp**

**1) Has there been training or communication about COVID-19?**

- Yes
- No
- Unsure
- Other:

**Additional information:**

**2) What is the mode of delivery (e.g., online, written materials, beginning of shift updates)?**

**3) What are topics covered?**

**4) What languages are used?**

**5) Who are the interpreters (if needed)?**

**6) Is there any signage?**

- Yes
- No
- Unsure
- Other:

**7) Where is the signage it placed?**

**8) What topics are covered?**