



Risk Mitigation and Waiver Process Example Correspondence

Throughout the process, the Fire Management Office and the Human Resources staff will need to be in contact with the wildland firefighters and individuals applying for this work. The following correspondence examples can be used in communicating throughout the process, including:

- Initial Determination Letter to the Wildland Firefighter
- Request for Risk Mitigation/Waiver Process Extension
- Wildland Firefighter Opt-Out Letter
- Email Notice to Wildfire Safety Management Program Officer from Human Resources
- Email Response to Fire Management Officer from the Wildfire Safety Management Program Officer
- Email from Human Resources to the Management Official for Decision
- Email To Wildland Fire Firefighter for Acceptable Risk With or Without Conditions
- Wildland Firefighter Unacceptable Risk Decision Letter
- Decision Notification Email from Human Resources to the Medical Standards Program

These correspondence examples will serve as a good guidepost for Fire Management Officers and Human Resources staff as the work through the risk mitigation/waiver processes. If any question arise, individuals are encouraged to contact the Office of Wildland Fire staff at wlfcsr@blm.gov or (888) 286-2521.

Initial Determination letter to the wildland firefighter:

(Agency name
Office Name
Office Address
City, State Zip code
Month Day, Year)

Note: All text in brackets and [purple font] is a prompt for using this template and should be deleted before submitting to the applicant/incumbent (AD/EFF). The information in parentheses and **(bold)** are places to enter information specific to this case and may be amended if needed. Remove parentheses and bold after information is entered.

**(Applicant/Incumbent Name
Address
City, State Zip code)**

Dear **(Name)**:

The Department of the Interior Wildland Firefighter Medical Standards contracted medical provider has determined that you do not meet a Standard(s) found in the Federal Interagency Wildland Firefighter Medical Qualification Standards. You are not authorized for perform arduous wildland firefighting duties due to this medical determination unless there is a documented change to your medical qualification status.

The Department of the Interior Wildland Firefighter Medical Standards Program (DOI MSP) contains a formal Risk Mitigation/Waiver Process, consistent with 5CFR339 and the requirements of Public Law 110-235 (American with Disabilities Act, as amended 2008), for use when an individual is not medically qualified for the position of an arduous duty wildland firefighter. You have the option to participate or not participate in the Risk Mitigation/Waiver Process.

You need to contact your Fire Management Officer (FMO) and Servicing Human Resources Office (SHRO) to help you through the interactive Risk Mitigation/Waiver Process. There are many resources available to help you understand the process. The DOI MSP website has more information www.nifc.gov/medical_standards/.

[Choose applicable paragraph]

[Incumbent (current employees)]: Your decision not to participate in the Risk Mitigation/Waiver Process will result in your removal from arduous wildland firefighting duties and the agency will proceed with an appropriate personnel action which could result in removal from collateral arduous duty; reassignment to a non-arduous position, or removal from the agency.

Or:

[Applicants]: Your decision not to participate in the Risk Mitigation/Waiver Process will result in your tentative offer of employment being rescinded.

Or:

[AD/EFF]: Your decision not to participate in the Risk Mitigation/Waiver Process will result in your removal from arduous wildland firefighting duties and the agency will proceed with an appropriate action which could result in removal from arduous duty; or removal from the agency.

If you choose to participate, you have 30 calendar days from the receipt of this letter to complete the Interactive Risk Assessment Process and draft the Risk Mitigation/Waiver memo. If you need additional time a WLFF Extension Request form is located on the DOI MSP website. There are established time frames to ensure your right to an expeditious process.

This interactive process will include the supporting documentation you submit, along with conversation involving your FMO and SHRO to review, analyze, and mitigate the risks involved.

If you have additional medical information, you should forward it directly to the Department of the Interior Wildland Firefighter Medical Standards Program (DOI MSP) at wffcsr@blm.gov or fax 208-433-6423.

Please include the following in a narrative, with supporting documentation:

1. Relevant experience history and training in wildland firefighting or equivalent
 - a) Photocopy of your qualification/red card
 - b) Description of current and/or previous work experience pertinent to arduous duty
 - c) Attach a copy of your Responder Master Record from IQCS.
IQCS Record: If your training/experience is incomplete, be sure and document thoroughly (e.g. course # and/or description and date of training, and /or additional documentation.)
 - d) Include any outside pertinent information that may support arduous duty.
2. Measures you currently use to mitigate the risk of your medical condition(s) (e.g. hearing - sit in front of the room when participating in meetings; wear protection whenever exposed to loud prolonged noises such as chainsaws, helicopters, and pumps.)

All documentation forwarded to this office for review must include your name, the date, and be legible.

Your non-clearance status may continue to be an issue throughout your firefighting career, and as such, will require reevaluation for Risk Mitigations/Waiver Process. At any time, you have the option to provide additional medical information which could potentially change your non-clearance status. Medical documents must be on letterhead or a standard medical form which has been signed and dated by your personal health care professional.

Should your request for a Risk Mitigation/Waiver at the 1st level be denied, you will be provided with a written decision and guidance on how to request a 2nd level review by the DOI Medical Review Board (DOI-MRB).

Please sign below indicating that you have received this notification of your medical qualification non-clearance issue(s) and of your opportunity to participate in the Risk Mitigation/Waiver Process at the 1st level. Please scan and email/fax the signed receipt copy as a PDF file to your Human Resources Office:

Servicing Human Resources Office
(Attn: Human Resources Officer
Email address, Fax #
Address
City, State, Zip)

If you have any questions regarding the Risk Mitigation/Waiver Process, please contact me at [XXX-XXX-XXXX].

Sincerely,
(SHRO and title)
cc: **(FMO)**

Please sign and return this form within 5 business days of receipt of this letter.

I acknowledge receipt of my medical standards non-clearance and have been notified of my option to participate in the Risk Mitigation/Waiver Process at the 1st level. I have indicated my intent below:

- I choose to participate in the Risk Mitigation /Waiver Process.
- I choose NOT to participate in the Risk Mitigation/Waiver Process

Applicant/Incumbent Printed Name

Applicant/Incumbent Signature

Date

Request for Risk Mitigation/Waiver Process Extension

Request for Risk Mitigation/Waiver Process Extension:

I, _____, am formally requesting an extension for the time period allowed in order to gather and submit additional documentation in support of my request to participate in (check one):

The 1st level Risk Mitigation/Waiver Process

I understand that the original time period allowed for submission of a 1st level Risk Mitigation/Waiver request and the related supporting documents was 30 calendar days. I am requesting an additional 15 calendar days to submit my request. Therefore, my request and supporting documents will be submitted by ___/___/___.

The 2nd level DOI Wildland Firefighter Medical Review Board (DOI-MRB) review

I understand that the original time period allowed for submission of a request for a 2nd level DOI-MRB review and the related supporting documents was 15 calendar days. I am requesting an additional 10 calendar days to submit my request. Therefore, my request and supporting documents will be submitted by ___/___/___.

Print Name

Date

Signature

Date

Approved

Not Approved

FMO Signature

Date

Wildland Firefighter Opt Out Letter

(AGENCY NAME

Office Name

Office Address

City, State Zip code

Month Day, Year)

Note: All text in brackets and [purple font] is a prompt for using this template and should be deleted before submitting to the applicant/incumbent (AD/EFF). The information in parentheses and **(bold)** are places to enter information specific to this case and may be amended if needed. Remove parentheses and bold after information is entered.

(Name

Address

City, State Zip code)

On **(date)** you were notified by this office that you do not meet one or more Standard(s) found in the ***Federal Interagency Wildland Firefighter Medical Qualification Standard***. You were provided guidance regarding your options to either participate or not participate in the Risk Mitigation/Waiver Process. On **(date)** our office received notification from you that you did not wish to participate in the Risk Mitigation/Waiver Process.

[SHRO CHOOSE ONE and delete those choices that are not applicable].

[INCUMBENT (CURRENT EMPLOYEES) (in arduous duty position)]:

Your decision to not proceed with the Risk Mitigation/Waiver Process will result in your removal from arduous wildland firefighting and the Agency will proceed with an appropriate personnel action (e.g. reassignment to a non-arduous position or removal from the agency). You will be contacted to discuss the possibility of a reassignment based on your qualifications. If there is no position available for reassignment, we will notify you regarding your removal from employment.

[CURRENT EMPLOYEES (in collateral arduous duty position)]:

Your decision to not proceed with the Risk Mitigation/Waiver Process will result in your removal from arduous firefighter collateral duties.

[APPLICANTS]: Your decision not to participate in the Risk Mitigation/Waiver Process will result in your tentative offer of employment being rescinded.

[AD/EFF]: Your decision not to participate in the Risk Mitigation/Waiver Process will result in your removal from arduous wildland firefighting duties and the agency will proceed with an appropriate action which could result in removal from arduous duty; or removal from the agency.

If you have any questions, please feel free to contact our office at (XXX-XXXX).

Servicing Human Resources Office
**(Attn: Human Resources Officer
Address
City, State, Zip)
cc: (FMO)**

Please sign and return this form to the Human Resources Office as your acknowledgement of receipt of this letter.

Print Name

Date

Signature

Date

Email Notice to Wildfire Safety Management Program Officer from Human Resources

Note: All text in brackets and/or in [purple font] for using this template and should be deleted before submitting to WFSPM. The information in parentheses and (bold) are places to enter information specific to this case and may be amended if needed. Remove parentheses and bold after information is entered.

cc: (FMO)

[Insert on email subject line]: Draft Risk Mitigation/Waiver review for (WLFF NAME)

Email content

Confidentiality Notice: This email message (including any attachments) contains Privacy Act Data/Sensitive Data which is intended only for the use of the individual to which it is addressed and may contain confidential and/or privileged material. Any unauthorized review, use, disclosure dissemination, copying, forwarding or distribution is prohibited. If you are not the intended recipient, please contact the sender by email and destroy all copies of the original message. If you are the intended recipient but do not wish to receive communications through this medium, please so advise the sender immediately.

(WFSPM Name)

[Choose one]

(Name) has submitted a request for a **(Risk Mitigation or Waiver)**.

Attached are the draft **(Risk Mitigation or Waiver)** request and supporting documentation for your review and recommendation:

[Attach Risk Mitigation or Waiver here]

Sincerely,
(SHRO and title)

Email Response to Fire Management Officer from the Wildfire Safety Management Program Officer

NOTE: All text in brackets and [purple font] is a prompt for using this template and should be deleted before submitting to the FMO. The information in parentheses and **(bold)** are places to enter information specific to this case and may be amended if needed. Remove parentheses and bold after information is entered.

CC: **(SHRO)**

[Insert on email subject line]: Advice on draft Risk Mitigation/Waiver for **(name)**

[Email content]

Confidentiality Notice: This email message (including any attachments) contains Privacy Act Data/Sensitive Data which is intended only for the use of the individual to which it is addressed and may contain confidential and/or privileged material. Any unauthorized review, use, disclosure dissemination, copying, forwarding or distribution is prohibited. If you are not the intended recipient, please contact the sender by email and destroy all copies of the original message. If you are the intended recipient but do not wish to receive communications through this medium, please so advise the sender immediately.

(FMO name)

[Choose one]

I have reviewed the draft Risk Mitigation/Waiver submitted for (WLFF NAME).

I concur with no recommendations.

I concur with the additional recommended revisions indicated below.

I do not concur.

[List recommended revisions here]

Sincerely,
(WFSPM Name)

Email from Human Resources to the Management Official for Decision

NOTE: All text in brackets and [purple font] is a prompt for using this template and should be deleted before submitting to the MO. The information in parentheses and **(bold)** are places to enter information specific to this case and may be amended if needed. Remove parentheses and bold after information is entered.

[Insert on email subject line]: Management Official Decision for **(WLFF Name)**

[Email content]

Confidentiality notice: This email message (including any attachments) contains Privacy Act Data/Sensitive Data which is intended only for the use of the individual to which it is addressed and may contain confidential and/or privileged material. Any unauthorized review, use, disclosure dissemination, copying, forwarding or distribution is prohibited. If you are not the intended recipient, please contact the sender by email and destroy all copies of the original message. If you are the intended recipient but do not wish to receive communications through this medium, please so advise the sender immediately.

(Name) has requested to participate in the Risk Mitigation/Waiver Process for an arduous firefighter position.

[SHRO Choose one]

Attached are the draft **(Risk Mitigation or Waiver Request)**, additional WLFF supporting documentation, and the WFSPM recommendation memo for your review and decision. Please sign, scan, and send the memo electronically as a PDF file to the SHRO.

[Insert summary of recommendation here]. **(Include the Wildland Fire Safety Program Manager (WFSPM) recommendations.)**

Servicing Human Resources Office
Attn: **(Human Resources Officer)**
Email address
Address
City, State, Zip
Telephone Number)

Email to Wildland Firefighter for Acceptable Risk with or without Conditions

NOTE: All text in brackets and [purple font] is a prompt for using this template and should be deleted before submitting to the applicant/incumbent (AD/EFF). The information in parentheses and **(bold)** are places to enter information specific to this case and may be amended if needed. Remove parentheses and bold after information is entered.

[Insert on email subject line]: Acceptable Risk W/ or W/O Conditions for **(Name)**

[Email content]

Confidentiality notice: This email message (including any attachments) contains Privacy Act Data/Sensitive Data which is intended only for the use of the individual to which it is addressed and may contain confidential and/or privileged material. Any unauthorized review, use, disclosure dissemination, copying, forwarding or distribution is prohibited. If you are not the intended recipient, please contact the sender by email and destroy all copies of the original message. If you are the intended recipient but do not wish to receive communications through this medium, please so advise the sender immediately.

(WLFF Name)

[SHRO choose one]:

On **(Month Day, Year)**, you requested a **(Waiver or Risk Mitigation)** of the Federal Interagency Wildland Firefighter Medical Standards. After a thorough review of the documentation provided, your Risk Mitigation/Waiver request has been determined by the MO to be **(Acceptable or Acceptable with the following conditions)**:

- (XXXXX
- XXXXX)

[IF Acceptable Risk w/ Conditions]

If you agree with the conditions, you must sign and return the attached form within 10 calendar days.

Please scan and email the signed receipt copy as a PDF file to your Human Resources Officer or return the signed receipt copy to your Human Resources Office at the following address:

Attached is the **(Risk Mitigation or Waiver)**

[Attach Risk Mitigation or Waiver here]:

Servicing Human Resources Office

(Attn: Human Resources Officer

Email address

Address

City, State, Zip)

If you have questions, please contact me at **(XXX-XXX-XXXX)**.

Sincerely,

(SHRO NAME

SHRO TITLE)

cc: **(FMO)**

Wildland Firefighter Unacceptable Risk Decision Letter

(AGENCY NAME
Office Name
Office Address
City, State Zip code
Month Day, Year)

NOTE: All text in brackets and [purple font] is a prompt for using this template and should be deleted before submitting to the applicant/incumbent (AD/EFF). The information in parentheses and **(bold)** are places to enter information specific to this case and may be amended if needed. Remove parentheses and bold after information is entered.

(WLFF Name
Address
City, State Zip code)

[SHRO Choose One]

On (**Month Day, Year**), you requested a (**Waiver or Risk Mitigation**) to continue performing arduous wildland fire duties. After a thorough review of your case, your Risk Mitigation/Waiver request has been determined to be Unacceptable.

[OR]

On (**Month Day, Year**), you were sent an Acceptable Risk with Conditions agreement which was not returned within the specified deadline. Therefore, your Risk Mitigation/Waiver determination is being moved to Unacceptable Risk.

You are prohibited from performing any arduous wildland firefighting duties.

If you are dissatisfied with this determination, you have the right to request a 2nd level review by the Department of the Interior Medical Review Board (DOI-MRB).

Please sign below acknowledging receipt of this letter and return the acknowledgement copy to me.

I acknowledge receipt of the above letter and the opportunity to participate in the DOI-MRB 2nd level Risk Mitigation/Waiver Process.

- I choose to participate in the DOI-MRB 2nd level Risk Mitigation/Waiver Process.
- I choose NOT to participate in the DOI-MRB 2nd level Risk Mitigation/Waiver Process.

(Applicant/Incumbent Name) **(Date)**

If you choose to participate, you have a maximum of 15 calendar days from the date you receive this letter in which to submit additional information or request an extension. A request for an extension should be submitted in writing to your FMO. Failure to respond within this time frame will result in completion of the DOI-MRB 2nd level process.

Please scan and email the signed receipt copy as a PDF file to your Human Resources Office or return the signed receipt copy to your Human Resources Office at the following address:

Information must be submitted to:

**(Servicing Human Resource Office
Attn: Human Resource Officer
Address
City, State, Zip)**

The DOI-MRB will review all your information, including your 1st level case file, and make a recommendation to the Management Official. You will be notified in writing of the Agency's final decision.

If you have questions about this letter and/or the DOI-MRB procedures, please contact me at **(XXX-XXX-XXXX)**.

Sincerely,

**(SHRO NAME
SHRO TITLE)**

cc: **(FMO)**

Decision Notification Email from Human Resources to the Medical Standards Program

NOTE: All text in brackets and [purple font] is a prompt for using this template and should be deleted before submitting to the DOI MSP. The information in parentheses and **(bold)** are places to enter information specific to this case and may be amended if needed. Remove parentheses and bold after information is entered.

cc: **(FMO)**

[Insert of on email subject line]: Decision Notification for **(name)**

[Email content]

Confidentiality notice: This email message (including any attachments) contains Privacy Act Data/Sensitive Data which is intended only for the use of the individual to which it is addressed and may contain confidential and/or privileged material. Any unauthorized review, use, disclosure dissemination, copying, forwarding or distribution is prohibited. If you are not the intended recipient, please contact the sender by email and destroy all copies of the original message. If you are the intended recipient but do not wish to receive communications through this medium, please so advise the sender immediately.

DOI Wildland Firefighter Medical Standards Program,

A determination has been made regarding **(WLFF Name)** request for a **(Risk Mitigation or Waiver)**.

Attached is the **(Risk Mitigation or Waiver)**.

[Insert Risk Mitigation or Waiver]

(SHRO)