

# INCIDENT ACTION PLAN

# BEALE INCIDENT

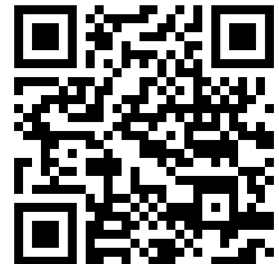
CA-KRN-035614

Tuesday



## OPERATIONAL PERIOD

8/1/2023 0700  
to  
8/2/2023 0700



# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> <p style="text-align: center;"><b>BEALE</b></p>	<b>2. Operational Period:</b>	Date From: 8/1/2023 Time From: 0700	Date To: 8/2/2023 Time To: 0700
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**3. Objective(s):**

**Management Objectives**

- Provide for emergency personnel and public safety at all times.
- Protect property, improvements, and infrastructure.
- Ensure coordinated, timely and accurate release of public information.
- Maintain fiscal accountability and keep costs commensurate with values at risk.

**Control Objectives**

- Keep the fire within existing containment lines

**General Situational Awareness:**

**Steep and rugged terrain with potential for roll out.**

**5. Site Safety Plan Required?**      Yes  No

**Approved Site Safety Plan(s) Located at:**

**6. Incident Action Plan**

<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 215A	<input type="checkbox"/> Phone List	<input type="checkbox"/> Fire Suppression Repair Plan
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Incident Map	<input type="checkbox"/> Travel Map	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Demob Plan	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

<b>7. Prepared By:</b> BJ Corey	Position/Title: DPSC	Signature: _____
<b>8. Approved by Incident Commander:</b>	Paddy Young	Signature: _____

<b>1. Incident Name:</b> BEALE		<b>2. Operational Period: Date From:</b> 8/1/2023		<b>Date To:</b> 8/2/2023	
		<b>Time From:</b> 0700		<b>Time To:</b> 0700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operation Section:</b>		
IC/UC's	Paddy Young / Zach Harris (T)		Operations		
Deputy			Deputy Operations		
Safety Officer			Night Ops		
Information Officer			Staging Area		
Liaison Officer			<b>Branch</b>		
<b>4. Agency/Organization Representatives:</b>			Division/Group	B	TBD
Agency/Organization	Name		Division/Group	Y	TBD
Cal Fire	Ryan Pack		Division/Group		
			Division/Group		
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<b>5. Planning Section:</b>			Division/Group		
Chief	Jason Schillinger		Division/Group		
Deputy	BJ Corey		Division/Group		
Resource Unit			Division/Group		
Situation Unit			Division/Group		
Documentation Unit			Division/Group		
Demobilization Unit			Division/Group		
GISS			Division/Group		
FBAN			Division/Group		
IMET			Division/Group		
Training Tech Spec			<b>Air Operations Branch</b>		<b>Director:</b>
			Air Support Group Supervisor		
			Air Tactical Group Supervisor		
<b>6. Logistics Section</b>			Helibase Manager		
Chief	Mark Ratekin				
Supply Unit			<b>8. Finance/Administration Section:</b>		
Facilities Unit			Chief		
Ground Support Unit			Time Unit		
Communications Unit			Procurement Unit		
Medical Unit			Comp/Claims Unit		
			Cost Unit		
<b>Prepared By: Name:</b> BJ Corey			<b>Position/Title:</b> DPSC		<b>Signature:</b> _____
<b>ICS 203</b>			<b>Date/Time:</b> 7/31/2023 2300 hours		<b>NIMS IAP</b>

Weather Forecast	
1. Incident Name: <b>BEALE</b>	2. Operational Period: Date From: <u>8/1/23</u> Date To: <u>8/2/23</u> Time From: <u>0700</u> Time To: <u>0700</u>
<p>.DISCUSSION...</p> <p>A downward temperature trend is anticipated Tuesday through Thursday. By Thursday afternoon, high temperatures will be six to eight degrees below normal for this time of year. A warming trend is expected Friday through Sunday.</p> <p>.TUESDAY...</p> <p>Sky/weather.....Partly sunny.  Max temperature.....93 to 95.  Min humidity.....20 percent.  Eye level winds....Southwest winds 6 to 8 mph shifting to the west 8 to 10 mph with gusts of 16 to 20 mph in the afternoon.  Surrounding ridge...Upslope 8 to 10 mph.  Mixing height.....7000 ft AGL.  Transport winds....West around 9 mph.  Wind (20 ft).....Southwest winds up to 8 mph shifting to the west 10 to 15 mph in the afternoon.</p> <p>.TUESDAY NIGHT...</p> <p>Sky/weather.....Mostly clear.  Min temperature.....68 to 70.  Max humidity.....34 percent.  Eye level winds....West winds 6 to 9 mph.  Surrounding ridge...Downslope 8 to 10 mph.  Mixing height.....400 ft AGL.  Transport winds....West 6 to 9 mph.  Wind (20 ft).....West winds 5 to 15 mph.</p>	
PREPARED BY:	Date/Time: 8/14/16

## ASSIGNMENT LIST (ICS 204)

CONTROLLED UNCLASSIFIED  
INFORMATION//BASIC

<b>1. Incident Name:</b>  <p style="text-align: center;"><b>BEALE</b></p>	<b>2. Operational Period:</b> Date From: 08/01/23      Date To: 08/02/23 Time From: 0700              Time To: 0700	<b>3.</b>  Branch:  Div/Group: <b>B</b>  <p style="text-align: center;"><b>Bravo</b></p> <p style="text-align: right;"><b>Page 1 of 1</b></p>					
<b>4. Operations Personnel:</b> Operations Section Chief: Branch Director: Division/Group Supervisor: <b>TBD</b>		Reporting Location, Special Equipment, Remarks, Notes, and Information Time                                      Location					
<b>5. Resources Assigned:</b>							
Resource Identifier	Leader	Personnel	Request #				
<b>ENG TBD</b>							
<b>ENG TBD</b>							
<b>ENG TBD</b>							
<b>CRW TBD</b>							
<b>6. Work Assignments:</b> Mop up 300' in from control line.							
<b>7. Special Instructions:</b>							
<b>8. Communications</b> Radio information needed for this assignment:							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
KRN 5	1	COMMAND	151.1000	T-7, 167.9	156.9900	T-7, 167.9	
VFIRE 24	2	TACTICAL	154.2725	T-6, 156.7	154.2725	T-6, 156.7	
KRN A/G	14	AIR TO GROUND	154.8900	T-7, 167.9	154.8900	T-7, 167.9	
CALCORD	15	MEDICAL	156.0750		156.0750	T-6, 156.7	
AIR GUARD	16	EMERGENCY	168.6250		168.6250	T-1, 110.9	
<b>9. Prepared by: Name:</b> BJ Corey                                      Pos/Title:      DPSC				Signature: _____			
ICS 204	Date/Time: 7/31/2023 2200			Personnel Count: 0			

# ASSIGNMENT LIST (ICS 204)

CONTROLLED UNCLASSIFIED  
INFORMATION//BASIC

<b>1. Incident Name:</b> <p style="text-align: center;"><b>BEALE</b></p>		<b>2. Operational Period:</b> Date From: 08/01/23      Date To: 08/02/23 Time From: 0700      Time To: 0700				<b>3.</b>  Branch:  Div/Group: <span style="font-size: 1.5em; font-weight: bold;">Y</span>  <span style="font-weight: bold;">Yankee</span> <span style="font-weight: bold;">Page 1 of 1</span>			
<b>4. Operations Personnel:</b> Operations Section Chief: Branch Director: Division/Group Supervisor: <b>TBD</b>									
<b>5. Resources Assigned:</b>		Reporting Location, Special Equipment, Remarks, Notes, and Information				Time		Location	
Resource Identifier		Leader		Personnel		Request #			
ENG TBD									
ENG TBD									
CRW TBD									
CRW TBD									
WT TBD									
<b>6. Work Assignments:</b> Mop up 300' in from control line.									
<b>7. Special Instructions:</b>									
<b>8. Communications</b> Radio information needed for this assignment:									
Name		Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes	
KRN 5		1	COMMAND	151.1000	T-7, 167.9	156.9900	T-7, 167.9		
VFIRE 24		2	TACTICAL	154.2725	T-6, 156.7	154.2725	T-6, 156.7		
KRN A/G		14	AIR TO GROUND	154.8900	T-7, 167.9	154.8900	T-7, 167.9		
CALCORD		15	MEDICAL	156.0750		156.0750	T-6, 156.7		
AIR GUARD		16	EMERGENCY	168.6250		168.6250	T-1, 110.9		
<b>9. Prepared by: Name:</b> BJ Corey      Pos/Title:      DPSC Signature: _____									
ICS 204		Date/Time: 7/31/2023 2200				Personnel Count: 0			

# ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED  
INFORMATION//BASIC

<b>1. Incident Name:</b> <p style="text-align: center;"><b>BEALE</b> Incident Channels</p>			<b>2. Date/Time Prepared</b> Date: 07/31/2023 Time: 1930			<b>3. Operational Period:</b> Date From: 08/01/23      Date To: 08/02/23 Time From: 0700          Time To: 0700		
<b>4. Communications</b>								
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
1	COMMAND	KRN 5	ALL DIVS	151.1000	T-7, 167.9	156.9900	T-7, 167.9	
2	TACTICAL	VFIRE 24	ALL DIVS	154.2725	T-6, 156.7	154.2725	T-6, 156.7	
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14	AIR TO GROUND	KRN A/G	ALL DIVS	154.8900	T-7, 167.9	154.8900	T-7, 167.9	
15	MEDICAL	CALCORD	ALL DIVS	156.0750		156.0750	T-6, 156.7	
16	EMERGENCY	AIR GUARD	ALL DIVS	168.6250		168.6250	T-1, 110.9	
17								
18								
19								
20	EMERGENCY	AIR GUARD	ALL DIVS	168.6250		168.6250	T-1, 110.9	
<b>5. Special Instructions</b>								
<b>6. Prepared by (Communications Unit Leader): Name:</b>						Signature: _____		
<b>ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC</b>					<small>NIMS IAP</small>	Date/Time: 07/31/23      1930		

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>  <p style="text-align: center;"><b>BEALE</b></p>	<b>2. Operational Period:</b> Date From: <u>8/1/23</u> Date To: <u>8/2/23</u> Time From: <u>0700</u> Time To: <u>0700</u>
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<b>3. Medical Aid Stations:</b>			
Name	Location	Contact Number/Freq	Paramedics

<b>4. Transportation (indicate air or ground):</b>			
Ambulance Service	Location	Contact Number	
Mercy Air 15	Bakersfield	911	ALS
Mercy Air 14	Ridgecrest	911	ALS
Hall Ambulance Ground	Bakersfield / Tehachapi	911	ALS

<b>5. Hospitals:</b>							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long		Air	Ground			
Kern Medical			20	30	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**6. Special Medical Emergency Procedures**

**Line Emergency**  
 Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.  
 - Division Group Supervisor Contacts:  
 1. Closest EMS resource  
 2. Communications Unit  
 - Communications Unit Contacts:  
 1. Ground or Air ambulance as requested.  
 2. Operations  
 3. Safety  
 4. Medical Unit  
 - Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.  
 1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency.  
 - Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need.

**Camp Emergency**  
 Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient.  
 - Medical Unit contacts  
 1. Communications  
 2. Safety  
 3. Logistics  
 4. Operations  
 5. Crew Supervisor  
 6. Comp/Claims

**Injury Reporting Procedures**

Nature of Injury: \_\_\_\_\_  
 Location of Patient: \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_  
 Transportation Requested by: Air \_\_\_\_\_ Ground \_\_\_\_\_  
 Point of Pick-Up: \_\_\_\_\_  
 Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
 Patient Unit ID: \_\_\_\_\_  
 Is an EMT with Patient: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

**All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.**

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

**7. Prepared by (Medical Unit Leader):** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**8. Approved by (Safety Officer):** \_\_\_\_\_  
**Signature:** \_\_\_\_\_



1. Incident Name: <b>BEALE</b>	2. Operational Period:	Date From: 8/1/23	Date To: 8/2/23
		Time From: 0700	Time To: 0700

***Working on steep, uneven terrain. Be mindful of rolling materials.***

***Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.***

***Maintain situational awareness. Look up, Look down, Look around***

***Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.***

***Remain mindful of what is going on around you! LCES!***

***HEADS UP!!! Lookout for SNAGS when working around areas with burned trees. Evaluate all wind damaged trees with large limbs before working under around them.***

***Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures, persistent drought, and elevated fire danger rating values.***

4. Site Safety Plan Required?  No

Approved Site Safety Plan(s) Located At:

5. Prepared By:

Position/Title: SOFR

Signature: \_\_\_\_\_

ICS 208

Date/Time: 7/31/2023 / 2030





