

# INCIDENT ACTION PLAN

# BEALE INCIDENT

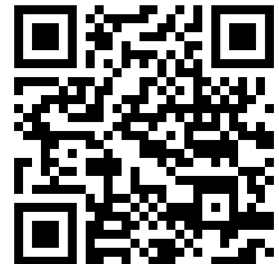
CA-KRN-035614

Wednesday



## OPERATIONAL PERIOD

8/2/2023 0700  
to  
8/3/2023 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: 8/2/2023 Time From: 0700	Date To: 8/3/2023 Time To: 0700
---	-------------------------------	--	------------------------------------

**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 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>	Brandon Asher	Signature: _____



<b>Weather Forecast</b>			
<b>1. Incident Name:</b> <b>BEALE</b>	<b>2. Operational Period:</b>	Date From: <u>8/2/23</u>	Date To: <u>8/3/23</u>
		Time From: <u>0700</u>	Time To: <u>0700</u>
<p>.DISCUSSION...</p> <p>Cooling trend for the next few days is anticipated throughout the forecast area as a shortwave trough enters the district. Much warmer temperatures are expected this weekend and into early next week as high pressure aloft builds.</p> <p>.WEDNESDAY...</p> <p>Sky/weather.....Sunny (0-10 percent).  Max temperature.....83-87.  Min humidity.....18-22 percent.  Eye level winds....Northwest winds 3-5 mph shifting to the west 6-9 mph with gusts of 14 to 18 mph in the afternoon.  Surrounding ridge...Upslope 8 to 10 mph.  Mixing height.....Rising to around 4700 ft AGL.  Transport winds....West around 9 mph.  Wind (20 ft).....Northwest winds 5-9 mph shifting to the west 10-15 mph in the afternoon.</p>			
<b>PREPARED BY:</b>		<b>Date/Time:</b>	



# 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: 08/01/2023 Time: 1930			<b>3. Operational Period:</b> Date From: 08/02/23      Date To: 08/03/23 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: 08/01/23 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>8/2/23</u> Date To: <u>8/3/23</u> Time From: <u>0700</u> Time To: <u>0700</u>
---	--

3. Medical Aid Stations:			
Name	Location	Contact Number/Freq	Paramedics

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

5. Hospitals:								
Hospital Name	Address,		Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad			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: 8/2/23	Date To: 8/3/23
		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: 8/1/2023 / 2030





