INCIDENT ACTION PLAN BEALE INCIDENT

CA-KRN-035614



OPERATIONAL PERIOD

8/2/2023 0700

to

8/3/2023 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	Date Fr	om:	8/2/2023	Date To:	8/3/2023
BEALE		Time F	rom:	0700	Time To:	0700
3. Objective(s):						
Management Objectives						
-Provide for emergency personnel and public safe	ety at all times.					
-Protect property, improvements, and infrastructur	re.					
-Ensure coordinated, timely and accurate release	of public information.					
-Maintain fiscal accountability and keep costs con	nmensurate with values at risk.					
Control Objectives						
-Keep the fire within existing containment lines.						
General Situational Awareness:						
Steep and rugged terrain with potential for roll 5. Site Safety Plan Required?	l out. Yes □ No ☑					
Approved Site Safety Plan(s) Located at:						
6. Incident Action Plan						
✓ ICS 203 ICS 215A ✓ ICS 204 ICS 220 ✓ ICS 205 Incident Map ✓ ICS 206 ✓ ✓ ICS 208 Fire Behavior	 Phone List Training Message Travel Map Demob Plan Finance Message 		Fire Supp	pression Re	pair Plan	
7. Prepared By: BJ Corey	Position/Title: DPSC	Signatu				
8. Approved by Incident Commander:	Brandon Asher	Signatu	ire: _			
ICS 202						NIMS IAP

1. Incident Name:		2. Operational	Period: Date From:	8/2/2023	Date To:	8/3/2023
BEAL			Time From:	0700	Time To:	0700
3. Incident Commande		d Staff:	7. Operation Sect	ion:		
	Brandon Asher		Operations			
Deputy			Deputy Operations			
Safety Officer			Night Ops		1	
Information Officer			Staging Area			
Liaison Officer			Branch			
4. Agency/Organizatio	n Representatives	:	Division/Group	B/Y	TBD	
Agency/Organization	Nan	ne	Division/Group			
Cal Fire	Ryan Pack		Division/Group			
			Division/Group			
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5. Planning Section:			Division/Group			
=	Jason Schillinger		Division/Group			
	BJ Corey		Division/Group			
Resource Unit	Do concy		Division/Group			
Situation Unit			Division/Group			
Documentation Unit			Division/Group			
Demobilization Unit			Division/Group			
GISS						
			Division/Group			
FBAN			Division/Group			
IMET			Division/Group		Directory	
Training Tech Spec			Air Operations Br		Director:	
				Group Supervisor		
				Group Supervisor		
6. Logistics Section	Mark Dat 1			Helibase Manager		
	Mark Ratekin					
Supply Unit			8. Finance/Admin	istration Section:		
Facilities Unit			Chief			
Ground Support Unit			Time Unit			
Communications Unit			Procurement Unit			
Medical Unit			Comp/Claims Unit			
			Cost Unit			
Prepared By: Name:	BJ Corey	Position/Title:	DPSC	Signature:		

Weather Forecast						
1. Incident Name:	2. Operational Period:	Date From:	8/2/23	Date To:	8/3/23	
BEALE		Time From:	0700	Time To:	0700	
.DISCUSSION Cooling trend for the ne the forecast area as a s warmer temperatures are week as high pressure al	shortwave trough ent expected this weeke	ers the dist	trict. Mu		I	
.WEDNESDAY						
afte Surrounding ridgeUps Mixing heightRisi Transport windsWest Wind (20 ft)Nort	37. 22 percent. thwest winds 3-5 mph t 6-9 mph with gusts ernoon. Lope 8 to 10 mph. ing to around 4700 f t around 9 mph.	of 14 to 18 t AGL. shifting to	8 mph in	the		
PREPARED BY:	Date/Time:					

		ASSIC	GNMEN	T LIST (I	CS 204)		DLLED UNCLASSIFIED DRMATION//BASIC
1. Incident Name:		2. Operation	al Period:			3.	
BEALE		Date From:	08/02/23	Date To:	08/03/23		
		Time From:	0700	Time To:	0700	Branch:	
4. Operations Personnel	:	·					B/Y
Operations Section Chief:						Div/Group:	D/ I
Branch Director:							Bravo/Yankee
Division/Group Supervisor:	TBD						Page 1 of 1
5. Resources Assigned:							ion, Special Equipment, s, and Information
Resource Identifier	•	Lea	der	Personnel	Request #	Time	Location
STC TBD						0700-0700	ICP
STG TBD						0700-0700	ICP
CRW TBD						0700-0700	ICP
CRW TBD						0700-0700	ICP
WT TBD						0700-0700	ICP
WT TBD						0700-0700	ICP
6. Work Assignments:							
Mop up 100%.							
100 %.							
7. Special Instructions:							
8. Communications	Dadia	information needed	for this assi	anmont:			
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	110105
VFIRE 24	2	TACTICAL	151.1000		156.9900		
KRN A/G	14	AIR TO GROUND	154.2725	T-6, 156.7	154.2725	T-6, 156.7	
		MEDICAL		T-7, 167.9		T-7, 167.9	
CALCORD AIR GUARD	15 16		156.0750		156.0750	T-6, 156.7	
		EMERGENCY	168.6250		168.6250	T-1, 110.9	
9. Prepared by: Name:	BJ Co	пеу	Pos/Title:	DPSC	Cignature		
	0/4/00	000 0000			Signature:	orooppol Ot	. 0
ICS 204 Date/Time:	0/1/20	23 2200					: U SSIFIED INFORMATION//BASIC
·····• ·· ··					L L		JOILED INFORMATION//BASIC

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

1. Inci	dent Name:		2. Date/Time Prepared		3. Operatio	nal Period:		
	BEALE		Date:	08/01/2023	Date From:	08/02/23	Date To:	08/03/23
	Incident Char	inels	Time:	1930	Time From:	0700	Time To:	0700
	nmunications					1		
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	
5. Spe	cial Instructions							
						<u>.</u>		
	pared by (Commu		eader): Name: D INFORMATION//BASIC	<u>.</u>		Signature: Date/Time:	08/01/23	1930
100 20				,	NIMS IAP	Date Inne.	00/01/20	1000

MEDICAL PLAN (ICS 206)

1. Incident Name:				2. Operational Period:		Date From: 8/2/23		Date To:	8/3/23	
BI	EALE					Time I	From:	0700	Time To:	0700
3. Medical Aid Stations:										
Name				Location		Conta	act Num	ber/Freq	Paran	nedics
4. Transportation (indicate ai	ir or ground	l):								
Ambulance Servi	се			Location		Co	ontact No	umber		
Mercy Air 15		Bakersfield						911	Al	S
Mercy Air 14		Ridgecrest						911	Al	S
Hall Ambulance Ground		Bakersfield	/ Teha	achapi				911	Al	S
5. Hospitals:										
	А	ddress,	C	Contact Number(s)/	Tr	avel T	ïme	Trauma	Burn	
Hospital Name	Lat & L	ong Helipad		Contact Number(s)/		r G	Ground	Center	Center	Helipad
Kern Medical		-	Helipad Frequency Air Ground Cer 20 30 Leve 20							
6 Special Medical Emergence	v Procedu	.98								
 6. Special Medical Emergency Procedures Line Emergency Crew Supervisor will contact Division Supervisor with patient complaint/condition and location. Division Group Supervisor Contacts: Closest EMS resource Communications Unit Communications Unit Contacts: Ground or Air ambulance as requested. Operations Safety Medical Unit Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel. 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 Contcat Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient. Medical Unit contacts Communications Safety 			Nat Loc Poi Tra Poi Is a Age	ture of Injury: cation of Patient:	ted by I Yes ale cure t	/: Air_ _ong:_ 	Gro No Femal	e		
Check box if aviation as	sets are utili	zed for rescue.	f asse	ets are used, coordina	te wit	h Air C	Operatio	ns.		
7. Prepared by (Medical Unit	Leader):				Sign	ature:				
8. Approved by (Safety Offic	er):									
ICS 206				Date/Time		ature:				
	NIMS IAP									

1. Incident Name:	2. Operational Period:	Date From:	8/2/23	Date To:	8/3/23
BEALE		Time From:	0700	Time To:	0700
	neven terrain. Be mindful of operly programmed for toda ocident.	-		ained in comm	unications
Maintain situational a	awareness. Look up, Look de	own, Look around	1		
Stay hydrated!!! Tim	e to think = time to drink. Do	ocument rest and	hydration o	on 214.	
Remain mindful of wl	hat is going on around you!	LCES!			
	ut for SNAGS when working arge limbs before working u			ees. Evaluate	all wind
• •	III Experiencing extreme fire nd elevated fire danger ratin		low live and	l dead fuel mo	istures,
I. Site Safety Plan Required?					
Approved Site Sa 5. Prepared By:	fety Plan(s) Located At: Position/Titl	e: SOFR	Signature:		
CS 208	Date/Time: 8/1/2	2023 / 2030			

	UNIT	LOG (IC	S 214)				
1. Incident Name:		2. Ope	rational Period:	Date From:	8/2/23	Date To:	8/3/23
BEALE				Time From:	0700	Time To:	0700
3. Unit Name/Designators			4. Unit Leader (Name and ICS	Position)	
5. Personnel Assigned/Designators							
NAME		ICS	POSITION		HOME I	BASE	
6. Activity Log (Continue on Reverse)							
TIME			MAJOR E				
HIME			MAJORE	VENTS			
<u> </u>							
7. Prepared By:		D	ate/Time:				

UNIT LOG CONT. (ICS 214)											
1. Incident Name:		2. Operational Period:	Date From:	8/2/23	Date To:	8/3/23					
BEALE			Time From:	0700	Time To:	0700					
6. Activity Log	1										
TIME		MAJOR E	VENTS								
		D / /=-									
7. Prepared By:		Date/Time:									