

# INCIDENT ACTION PLAN

# BOULEVARD INCIDENT

CA-KRN-036217

Saturday



## OPERATIONAL PERIOD

8/5/2023 0700

to

8/6/2023 0700



# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> BOULEVARD	<b>2. Operational Period:</b> Date From: 8/5/2023 Time From: 0700	Date To: 8/6/2023 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.
- Foster and maintain relationships with all cooperators and stakeholders.
- Maintain fiscal accountability and keep costs commensurate with values at risk.

Control Objectives

- Keep within established control lines.

**General Situational Awareness:**

Steep and rugged terrain, critically dry and receptive fuel beds. Be mindful of rollout.

**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"/> ICS 205 A	<input type="checkbox"/>
<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"/> Facility Maps	<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"/> County Health Message
<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

**7. Prepared By:** BJ Corey      Position/Title: DPSC      Signature: \_\_\_\_\_  
**8. Approved by Incident Commander:** Paddy Young      Signature: \_\_\_\_\_

### ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> <b>BOULEVARD</b>		<b>2. Operational Period: Date From:</b> 8/5/2023 <b>Date To:</b> 8/6/2023	
		<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	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/Y      TBD
Agency/Organization	Name	Division/Group	
		Division/Group	
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<b>5. Planning Section:</b>		Division/Group	
Chief	BJ Corey	Division/Group	
Deputy		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			
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> 8/4/2023 2300 hours	<small>NIMS IAP</small>

Weather Forecast	Latitude:	Longitude:		
<b>1. Incident Name:</b> <b>BOULEVARD</b>	<b>2. Operational Period:</b>		Date From: 8/5/23	Date To: 8/6/23
			Time From: 0700	Time To: 0700
<p>.DISCUSSION...</p> <p>Warming trend into the weekend before a cooldown begins on Tuesday.            Dry conditions continue to prevail.</p> <p>.SATURDAY...</p> <p>Sky/weather.....Sunny.            Max temperature....86-90.            Min humidity.....18-22 percent.            Eye level winds.....Northwest winds 7-13 mph.            Surrounding ridge...Northwest winds 13-18 mph.            Mixing height.....Rising to around 5400 ft AGL.            Transport winds.....Northwest around 16 mph.            Wind (20 ft).....Northwest winds 12-22 mph.</p> <p>.SATURDAY NIGHT...</p> <p>Sky/weather.....Clear.            Min temperature....62-66.            Max humidity.....45-49 percent.            Eye level winds.....Northwest winds 10-14 mph.            Surrounding ridge...Northwest winds 20-25 mph            Mixing height.....Lowering below 500 ft AGL.            Transport winds.....Northwest around 23 mph.            Wind (20 ft).....Northwest winds 17-23 mph.</p>				
<b>PREPARED BY:</b>	Date/Time: 8/4/23			

# ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

<b>1. Incident Name:</b> <b>BOULEVARD</b>	<b>2. Operational Period:</b> Date From: 08/05/23 Date To: 08/06/23 Time From: 0700 Time To: 0700	<b>3. Branch</b> <b>B/Y</b>	<b>Division</b> <b>Bravo/Yankee</b>
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<b>4. Operations Personnel:</b>		<b>Page 1 of 1</b>
Operations Section Chief:	Night Ops:	
Branch Director:	Branch Safety:	
Division/Group Supervisor: <b>TBD</b>	Air Attack:	

<b>5. Resources Assigned:</b>							
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STC 9440C						0700-0700	TBD
STG LAC 1170G						0700-0700	TBD
STG LAC 1174G						0700-0700	TBD
CRW KRN 11						0700-0700	TBD
CRW KRN 79						0700-0700	TBD
WT KRIEDER						0700-0700	TBD
WT INDUSTRIAL						0700-0700	TBD

**6. Work Assignments:**  
Mop up 100%.

**7. Special Instructions:**

<b>8. Communications</b>								
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
KRN 5	1	COMMAND	151.1000	(T7) 167.9	156.9900	(T7) 167.9		
VFIRE 26	2	TACTICAL	154.3025	(T6) 156.7	154.3025	(T6) 156.7	A	
KRN A/G	14	A/G	154.8900	(T7) 167.9	154.8900	(T7) 167.9	A	
CALCORD	15	TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
AIR GUARD	16	EMERGENCY	168.6250		168.6250	T-1, 110.9		

**9. Prepared by: Name:** BJ Corey **DPSc**  
Signature: \_\_\_\_\_  
**ICS 204** Date/Time: 8/4/2023 2200 **Personnel Count:** 0

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN										CONTROLLED UNCLASSIFIED INFORMATION/BASIC	
1. Incident Name: <b>BOULEVARD</b> Incident Channels		2. Date/Time Prepared Date: 08/04/2023 Time: 1930		3. Operational Period: Date From: 08/05/23      Date To: 08/06/23 Time From: 0700      Time To: 0700							
<b>4. Communications</b>											
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes		
1	COMMAND	KRN 5	ALL DIVS	151.1000	(T7) 167.9	156.9900	(T7) 167.9				
2	TACTICAL	VFIRE 26	ALL DIVS	154.3025	(T6) 156.7	154.3025	(T6) 156.7	A			
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14	A/G	KRN A/G	ALL DIVS	154.8900	(T7) 167.9	154.8900	(T7) 167.9	A			
15	TACTICAL	CALCORD	ALL DIVS	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A			
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>											
This is a test											
6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____											
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION/BASIC					NIMS IAP	Date/Time: 08/04/2023			1930		

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>  <p style="text-align: center;"><b>BOULEVARD</b></p>	<b>2. Operational Period:</b> Date From: <u>8/5/23</u> Date To: <u>8/6/23</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	Level of Service
Hall Ambulance	Tehachapi	911	ALS
Mercy Air 15	Bakersfield	911	ALS
Mercy Air 14	Ridgecrest	911	ALS

<b>5. Hospitals:</b>							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad		Air	Ground			
Adventist Health Tehachapi Valley	1100 Magellan, Tehachapi, CA 93561, Lat/Long: 35.1474419, -118.4504364	(661)823-3000	00:00	00:03		<input type="checkbox"/>	<input type="checkbox"/>
Kern Medical Center	1700 Mount Vernon Avenue, Bakersfield, CA 93306, Lat/Long: 35.3829347, -118.9705331	(661) 326-2000	00:14	00:42	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Antelope Valley Hospital	1600 West Avenue J, Lancaster, CA 93534, Lat/Long: 34.6884937, -118.1585302	(661) 949-5000	00:14	00:47	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**6. Special Medical Emergency Procedures**

<p><b>Line Emergency</b>                  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.</p> <p><b>Camp Emergency</b>                  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</p>	<p><b>Injury Reporting Procedures</b></p> <p><b>Nature of Injury:</b> _____  <b>Location of Patient:</b> _____  <b>Point of Contact:</b> _____  <b>Transportation Requested by:</b> Air ___ Ground ___  <b>Point of Pick-Up:</b> _____                  Lat: _____ Long: _____  <b>Patient Unit ID:</b> _____  <b>Is an EMT with Patient:</b> Yes ___ No ___  <b>Age:</b> _____ <b>Sex:</b> Male ___ Female ___</p> <p><b>All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.</b></p>
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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: \_\_\_\_\_

ICS 206	NIMS IAP	Date/Time: _____
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## SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b> BOULEVARD	<b>2. Operational Period:</b>	Date From: 8/5/23 Time From: 0700	Date To: 8/6/23 Time To: 0700
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***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!***

***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: 8/4/2023 / 2030



## UNIT LOG (ICS 214)

<b>1. Incident Name:</b> <div style="text-align: center; padding: 2px;"><b>BOULEVARD</b></div>	<b>2. Operational Period:</b> Date From: <u>  8/5/23  </u> Date To: <u>  8/6/23  </u> Time From: <u>  0700  </u> Time To: <u>  0700  </u>
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<b>3. Unit Name/Designators</b>	<b>4. Unit Leader (Name and ICS Position)</b>
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<b>5. Personnel Assigned/Designators</b>		
NAME	ICS POSITION	HOME BASE

<b>6. Activity Log (Continue on Reverse)</b>	
TIME	MAJOR EVENTS

<b>7. Prepared By:</b>	<b>Date/Time:</b>
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