

# INCIDENT ACTION PLAN DISTRICT INCIDENT

CA-KRN-031430



## OPERATIONAL PERIOD

**07/08/23      0700**

**to**

**07/09/23      0700**



# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> <p style="text-align: center;"><b>DISTRICT</b></p>	<b>2. Operational Period:</b>	Date From: 7/8/2023 Time From: 0700	Date To: 7/9/2023 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.
- Protect economic, natural, cultural and heritage resources.
- Maintain fiscal accountability and keep costs commensurate with values at risk.

**Control Objectives**

Keep the fire:

- West of Short Canyon
- North of Tejon Ranch HQ
- East of Interstate 5
- South of Grapevine repeater

**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"/> Perimeter Map
<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> Jason Schillinger	Position/Title: PSC	Signature: _____
<b>8. Approved by Incident Commander:</b>	Joe Appleton	Signature: _____

### ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b>		<b>2. Operational Period: Date From:</b> 7/8/2023		Date To:	7/9/2023
<b>DISTRICT</b>		Time From:		0700	Time To:
				0700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operation Section:</b>		
IC/UC's	Joe Appleton	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	M	TBD	
		Division/Group	Y	TBD	
		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	Nick LaCount	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	Chris Oliver	Procurement Unit			
Medical Unit		Comp/Claims Unit			
		Cost Unit			
<b>Prepared By: Name:</b> Jason Schillinger		<b>Position/Title:</b> PSC		<b>Signature:</b> _____	
<b>ICS 203</b>		<b>Date/Time:</b> 7/7/2023		2300 hours	

<b>1. Incident Name:</b> <b>DISTRICT</b>	<b>2. Operational Period:</b> Date From: <u>7/8/23</u> Date To: <u>7/9/23</u> Time From: <u>0700</u> Time To: <u>0700</u>	
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.SATURDAY...

Sky/weather.....Sunny (0-5 percent).  
Max temperature.....75-80.  
Min humidity.....30-35 percent.  
Eye level winds.....Northwest 5-10 mph with gusts of up to  
15-20 mph possible.  
Surrounding ridge...North 15-20 mph.  
Mixing height.....Rising to around 4000 ft AGL.  
Transport winds.....North 15-20 mph.  
Wind (20 ft).....North 10-15 mph.

.SATURDAY NIGHT...

Sky/weather.....Clear (0-10 percent).  
Min temperature.....55-60.  
Max humidity.....55-60 percent.  
Eye level winds.....Northwest 5-10 mph.  
Surrounding ridge...Northwest 10-15 mph.  
Mixing height.....Lowering to around 300 ft AGL.  
Transport winds.....Northwest 10-15 mph.  
Wind (20 ft).....Northwest 5-10 mph.

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Forecaster...SERRATO  
Requested by...Jason Schillinger  
Type of request...WILDFIRE  
.TAG 2316508.0/HNX  
.DELDT 07/07/23  
.FormatterVersion 2.0.0

# ASSIGNMENT LIST (ICS 204)

CONTROLLED UNCLASSIFIED  
INFORMATION//BASIC

<b>1. Incident Name:</b> <b>DISTRICT</b>	<b>2. Operational Period:</b> Date From: 07/08/23      Date To: 07/09/23 Time From: 0700              Time To: 0700	<b>3.</b>  Branch:  Div/Group: <b>B</b>  <b>Bravo</b> <b>Page 1 of 1</b>
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<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
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<b>5. Resources Assigned:</b>		Reporting Location, Special Equipment, Remarks, Notes, and Information Time Location
Resource Identifier	Leader	Personnel      Request #
STC TBD		ICP      0700-0700
ST CHARLIE TBD		ICP      0700-0700
CREW 11	Austin Lackey	25      ICP      0700-0700
WATER TENDER PVT TBD		ICP      0700-0700

<b>6. Work Assignments:</b>
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<b>7. Special Instructions:</b>
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<b>8. Communications</b>	Radio information needed for this assignment:						
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
KRN 2	1	COMMAND	155.8800	T-7, 167.9	158.9400	T-3, 131.8	DISTRICT FIRE COMMAND
VFIRE 24	5	TACTICAL	154.2725	T-6, 156.7	154.2725	T-6, 156.7	
CDF A/G8	14	AIR TO GROUND	159.3450	T-16, 192.8	159.3450	T-16, 192.8	DISTRICT FIRE AIR to GROUND
CALCORD	15	MEDICAL	156.0750	T-6, 156.7	156.0750	T-6, 156.7	MEDIVAC COORDINATION
AIRGUARD	16	AIRGAURD	168.6250		168.6250	T-1, 110.9	EMERGENCY

<b>9. Prepared by: Name:</b> BJ Corey      Pos/Title: PSC	Signature: _____
<b>ICS 204</b> Date/Time: 7/7/2023 2200	Personnel Count: 25

# ASSIGNMENT LIST (ICS 204)

CONTROLLED UNCLASSIFIED  
INFORMATION//BASIC

<b>1. Incident Name:</b> <p style="text-align: center;"><b>DISTRICT</b></p>	<b>2. Operational Period:</b> Date From: 07/08/23      Date To: 07/09/23 Time From: 0700              Time To: 0700	<b>3.</b>  Branch:  Div/Group: <b>M</b>  <p style="text-align: center;"><b>Mike</b></p> <p style="text-align: center;"><b>Page 1 of 1</b></p>
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<b>4. Operations Personnel:</b> Operations Section Chief: Branch Director: Division/Group Supervisor: <b>TBD</b>	
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5. Resources Assigned:				Reporting Location, Special Equipment, Remarks, Notes, and Information	
Resource Identifier	Leader	Personnel	Request #	Time	Location
<b>STC TBD</b>				<b>ICP</b>	<b>0700-0700</b>
<b>CREW 79</b>	<b>Jim Phillips</b>	10		<b>ICP</b>	<b>0700-0700</b>
<b>ST CHARLIE TBD</b>				<b>ICP</b>	<b>0700-0700</b>
<b>ST CHARLIE TBD</b>				<b>ICP</b>	<b>0700-0700</b>
<b>WATER TENDER PVT TBD</b>				<b>ICP</b>	<b>0700-0700</b>
<b>WATER TENDER PVT TBD</b>				<b>ICP</b>	<b>0700-0700</b>
<b>KRN DOZER 3</b>				<b>ICP</b>	<b>0700-0700</b>
<b>KRN DOZER 5</b>				<b>ICP</b>	<b>0700-0700</b>

<b>6. Work Assignments:</b>
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<b>7. Special Instructions:</b>
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<b>8. Communications</b>							
Radio information needed for this assignment:							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
KRN 2	1	COMMAND	155.8800	T-7, 167.9	158.9400	T-3, 131.8	DISTRICT FIRE COMMAND
VFIRE 25	6	TACTICAL	154.2875	T-6, 156.7	154.2875	T-6, 156.7	
CDF A/G8	14	AIR TO GROUND	159.3450	T-16, 192.8	159.3450	T-16, 192.8	DISTRICT FIRE AIR to GROUND
CALCORD	15	MEDICAL	156.0750	T-6, 156.7	156.0750	T-6, 156.7	MEDIVAC COORDINATION
AIRGUARD	16	AIRGAURD	168.6250		168.6250	T-1, 110.9	EMERGENCY

<b>9. Prepared by: Name:</b>	BJ Corey	<b>Pos/Title:</b>	PSC	<b>Signature:</b> _____
<b>ICS 204</b>	Date/Time: 7/7/2023 2200	Personnel Count: 10		

# ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <b>DISTRICT</b>	<b>2. Operational Period:</b> Date From: 07/08/23      Date To: 07/09/23 Time From: 0700              Time To: 0700	<b>3.</b>  Branch:  Div/Group: <span style="float: right;"><b>Y</b></span>  <b>Yankee</b> <b>Page 1 of 1</b>
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<b>4. Operations Personnel:</b> Operations Section Chief: Branch Director: Division/Group Supervisor: <b>TBD</b>		<b>3.</b>  Branch:  Div/Group: <span style="float: right;"><b>Y</b></span>  <b>Yankee</b> <b>Page 1 of 1</b>
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<b>5. Resources Assigned:</b>				Reporting Location, Special Equipment, Remarks, Notes, and Information
Resource Identifier	Leader	Personnel	Request #	Time                      Location
<b>STC TBD</b>				<b>ICP              0700-0700</b>
<b>ST CHARLIE TBD</b>				<b>ICP              0700-0700</b>
<b>CREW 12</b>	<b>Matt Henry</b>	12		<b>ICP              0700-0700</b>
<b>WATER TENDER PVT</b>				<b>ICP              0700-0700</b>

**6. Work Assignments:**

**7. Special Instructions:**

**8. Communications**      Radio information needed for this assignment:

Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
KRN 2	1	COMMAND	155.8800	T-7, 167.9	158.9400	T-3, 131.8	DISTRICT FIRE COMMAND
VTAC 11	7	TACTICAL	151.1375	T-6, 156.7	151.1375	T-6, 156.7	
CDF A/G8	14	AIR TO GROUND	159.3450	T-16, 192.8	159.3450	T-16, 192.8	DISTRICT FIRE AIR to GROUND
CALCORD	15	MEDICAL	156.0750	T-6, 156.7	156.0750	T-6, 156.7	MEDIVAC COORDINATION
AIRGUARD	16	AIRGAURD	168.6250		168.6250	T-1, 110.9	EMERGENCY

**9. Prepared by: Name:**      BJ Corey                              Pos/Title:      PSC                              Signature: \_\_\_\_\_

**ICS 204**      Date/Time: 7/7/2023      2200                              Personnel Count: 12

<b>1. Incident Name:</b> <b>DISTRICT</b> <b>Incident Channels</b>			<b>2. Date/Time Prepared</b> Date: 07/07/2023 Time: 2330		<b>3. Operational Period:</b> Date From: 07/08/23      Date To: 07/09/23 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 2	ALL DIVS	155.8800	T-7, 167.9	158.9400	T-3, 131.8	DISTRICT FIRE COMMAND
2	DISPATCH	KRN 1	DISPATCH	153.7850	T-7, 167.9	158.8950	T-7, 167.9	KRN DISPATCH
3	I/A COMMAND	KRN 3	I/A ONLY	155.6250	T-7, 167.9	158.8500	T-7, 167.9	KRN COMMAND 3
4	I/A COMMAND	KRN 4	I/A ONLY	154.8600	T-7, 167.9	158.8200	T-7, 167.9	KRN COMMAND 4
5	TACTICAL	VFIRE 24	B	154.2725	T-6, 156.7	154.2725	T-6, 156.7	
6	TACTICAL	VFIRE 25	M	154.2875	T-6, 156.7	154.2875	T-6, 156.7	
7	TACTICAL	VTAC 11	Y	151.1375	T-6, 156.7	151.1375	T-6, 156.7	
8	TACTICAL	VFIRE 23	I/A ONLY	154.2950	T-6, 156.7	154.2950	T-6, 156.7	I/A TACTICAL
9		OPEN		0.0000		0.0000		
10		OPEN		0.0000		0.0000		
11		OPEN		0.0000		0.0000		
12		OPEN		0.0000		0.0000		
13	AIR TO GROUND	KRN A/G	I/A ONLY	154.8900	T-7, 167.9	154.8900	T-7, 167.9	KRN AIR to GROUND
14	AIR TO GROUND	CDF A/G8	ALL DIVS	159.3450	T-16, 192.8	159.3450	T-16, 192.8	DISTRICT FIRE AIR to GROUND
15	MEDICAL	CALCORD	ALL DIVS	156.0750	T-6, 156.7	156.0750	T-6, 156.7	MEDIVAC COORDINATION
16	AIRGAURD	AIRGUARD	ALL DIVS	168.6250		168.6250	T-1, 110.9	EMERGENCY
17		OPEN		0.0000		0.0000		
18		OPEN		0.0000		0.0000		
19	MEDICAL	CALCORD	ALL DIVS	156.0750		156.0750	T-6, 156.7	MEDIVAC COORDINATION
20	AIRGAURD	AIRGUARD	ALL DIVS	168.6250		168.6250	T-1, 110.9	EMERGENCY
<b>5. Special Instructions</b>								
<b>6. Prepared by (Communications Unit Leader): Name: CHRIS OLIVER COML(t)</b>						Signature: _____		
<b>ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC</b>						Date/Time: 07/07/23 2330		



## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>  <div style="text-align: center; font-weight: bold;">DISTRICT</div>	<b>2. Operational Period:</b> Date From: <u>7/8/23</u> Date To: <u>7/9/23</u> Time From: <u>0600</u> Time To: <u>0600</u>
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3. Medical Aid Stations:			
Name	Location	Contact Number/Freq	Paramedics

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

5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long		Air	Ground			
Kern Medical	1700 Mount Vernon, Bakersfield		15	40	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bakersfield Memorial	420 34th St, Bakersfield		15	40		<input checked="" type="checkbox"/>	<input checked="" 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	
<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>

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

<b>7. Prepared by (Medical Unit Leader):</b>	<b>Signature:</b> _____
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<b>8. Approved by (Safety Officer):</b>	<b>Signature:</b> _____
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ICS 206	NIMS IAP	Date/Time: _____
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1. Incident Name: DISTRICT	2. Operational Period:	Date From: 7/8/23	Date To: 7/9/23
		Time From: 0600	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***

***Be prepared for very hot and humid weather!***

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

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

***Be alert to Rattlesnakes in the area!***

***Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures, 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: 7/7/2023 / 2030



## UNIT LOG (ICS 214)

<b>1. Incident Name:</b>  <b>DISTRICT</b>	<b>2. Operational Period:</b> Date From: <u>  7/8/23  </u> Date To: <u>  7/9/23  </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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5. Personnel Assigned/Designators		
NAME	ICS POSITION	HOME BASE

6. Activity Log (Continue on Reverse)	
TIME	MAJOR EVENTS

7. Prepared By:	Date/Time:
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