Wednesday

INCIDENT ACTION PLAN HABERKERN INCIDENT

CA-KRN-035677





OPERATIONAL PERIOD

8/2/2023 0700

to

8/3/2023 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	Date From:	8/2/2023	Date To:	8/3/2023						
Haberkern		Time From:	0700	Time To:	0700						
3. Objective(s):											
Management Objectives											
- Provide for emergency personnel and public	safety at all times.										
- Protect property, improvements, and infrastru	cture.										
- Ensure coordinated, timely and accurate rele	ase of public information.										
- Maintain fiscal accountability and keep costs	commensurate with values at	risk.									
<u>Control Objectives</u>											
Keep the fire within established control lines.											
General Situational Awareness:											
Steep and rugged terrain, watch for rolling ma	aterial.										
5. Site Safety Plan Required?	Yes □ No ☑										
Approved Site Safety Plan(s) Located at:											
6. Incident Action Plan	□ 100 205 A										
✓ ICS 203 ☐ ICS 215A ☐ ICS 220	☐ ICS 205 A ☐ Training Message										
ICS 204 ICS 220 ICS 205 ICS 205 ICS 205 ICS 206	Travel Map										
✓ ICS 206 ✓ Weather Forecas:		County	/ Health Messa	age							
✓ ICS 208 ☐ Fire Behavior	Finance Message	ICS 21		9-							
7. Prepared By: BJ Corey	Position/Title: DPSC	Signature:									
8. Approved by Incident Commander:	Jake Cagle	Signature:									
ICS 202					NIMS IAP						

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: 2. Operational F		Period: Date From:	8/2/2023	Date To:	8/3/2023	
Haberk	ern		Time From:	0700	Time To:	0700
3. Incident Commande	er(s) and Command	Staff:	7. Operation Sect	ion:		
IC/UC's	Jake Cagle		Operations			
Deputy			Deputy Operations			
Safety Officer			Night Ops			
Information Officer			Staging Area			
Liaison Officer			Branch			
4. Agency/Organization	n Representatives:		Division/Group	В	TBD	
Agency/Organization	Nam	е	Division/Group	Y	TBD	
			Division/Group			
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5. Planning Section:			Division/Group			
	Jason Shillinger		Division/Group			
	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			Air Operations Br	ranch	Director:	
3 1			-	Group Supervisor		
				Group Supervisor		
6. Logistics Section				Helibase Manager		
Chief				g		
Supply Unit			8. Finance/Admin	istration Section:		
Facilities Unit			Chief			
Ground Support Unit			Time Unit			
Communications Unit			Procurement Unit	-		
Medical Unit			Comp/Claims Unit			
2			Cost Unit			
Prepared By: Name:	BJ Corey	Position/Title:	DPSC	Signature:		
ICS 203		Date/Time:	8/1/2023	2300 hours		NIMS IAP

Weather Forecast	Latitude:	Longitude:				
1. Incident Name:	2. Operational Period:	Date From:	8/2/23	Date To:	8/3/23	
Haberkern		Time From:	0700	Time To:	0700	

.DISCUSSION...

Conditions will trend a little cooler the next few days with a slight increase in humidity. Winds will follow typical diurnal patterns with breezy afternoon and evening conditions.

.WEDNESDAY...

Sky/weather.....Sunny (0-10 percent).

Max temperature....81-83.

Min humidity......19-23 percent. Eye level winds.....North 3-7 mph. Gusts to around 10 mph.

Surrounding ridge...West southwest 5-10 mph. Mixing height.....Rising to around 5500 ft AGL.

Transport winds.....West around 9 mph.

Wind (20 ft).....North 8-12 mph. Gusts to around 18 mph.

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

1. Incident Name:		2. Operational Period:						3. Branch	Division	
Hat	oerkern			Date From:	08/02/23	Date To:	08/03/23		В	
				Time From:	0700	Time To:	0700		В	
4. Operations Pers	onnel:							Page 1 of 1	Bravo	
Operations Section Chief:						Night Ops:				
Branch Director:						Branch Safety:				
Division/Group Supervisor:	TBD					Air Attack:				
5. Resources Assign	ned:									
Resource Identifier		ALS	LWD	Lea	ader	Personnel	Request #	Hours	Reporting Location	
STC TBD								0700-0700	ICP	
WT E-2								0700-0700	ICP	
6. Work Assignment	6. Work Assignments:									
Mop up were safe to do so.										
7. Special Instruction										
7. Special instruction	115.									
8. Communications										
Name	Ch	Fun	ction	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes	
KRN 3	1	DISP	ATCH	155.6250	(T7) 167.9	158.8500	(T7) 167.9	А		
VFIRE 25	2	TACT	TICAL	154.2875	(T6) 156.7	154.2875	(T6) 156.7	Α		
CDF A/G4	14	A	/G	159.2250	(T16) 192.8	159.2250	(T16) 192.8	А		
CALCORD	15	TACT	TICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	Α		
AIR GUARD	16	EMER	GENCY	168.6250		168.6250	T-1, 110.9			
9. Prepared by: Nam	ie:	BJ Co	rey	•		DPSC	•		•	
							Signature:			
ICS 204				Date/Time:	8/1/2023	2200		Per	rsonnel Count: 0	

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

1. Incident Name:			2. Operation	nal Period:		•	3. Branch Division		
Hab	erkern		Date From:		Date To:	08/03/23			
			Time From:		Time To:	0700		Υ	
4. Operations Pers	onnel:						Page 1 of 1	Yankee	
Operations Section Chief:					Night Ops:				
Branch Director:					Branch Safety:				
Division/Group Supervisor:	TBD				Air Attack:				
5. Resources Assign	ed:				,				
Resource Identifier		ALS LW	D Lea	ader	Personnel	Request #	Hours	Reporting Location	
CREW 10			Nate F	Prestage			0700-0700	ICP	
6. Work Assignments:									
Mop up were safe to do so.									
7. Special Instruction	ns:								
8. Communications									
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes	
KRN 3	1	DISPATC	 	(T7) 167.9	158.8500	(T7) 167.9	А		
VFIRE 26	3	TACTICA		(T6) 156.7	154.3025	(T6) 156.7	A		
CDF A/G4	14	A/G	159.2250	(T16) 192.8	 	(T16) 192.8	A		
CALCORD	15	TACTICA		(T6) 156.7	156.0750	(T6) 156.7	A		
AIR GUARD	16	EMERGENO		(12) 10011	168.6250	T-1, 110.9	1,		
9. Prepared by: Nam	ļ	BJ Corey	1 .55.5250	1	DPSC	,	1	1	
J					2. 00	Signature:			
ICS 204]		Date/Time:	8/1/2023	2200	oignaturo	Poi	rsonnel Count: 0	
100 204			Date/ Hille.	0/ 1/2020	2200		17 61	Johns Count. U	

<u> </u>	ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN	ADIO COMMUN	IICATIONS PL	AN					CONTROLLED UNCLASSIFIED INFORMATION//BASIC	
<u>+</u>	1. Incident Name:		2. Date/Time Prepared	pared	3. Operatio	Operational Period:				
	Haberkern	_	Date:	08/01/2023	Date From: 08/02/23	08/02/23	Date To:		08/03/23	
	Incident Channels	nels		1930	Time From: 0700	0020	Time To:		0700	
4. C	4. Communications									
Ch#	# Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes	
_	DISP	KRN 3	ALL DIVS	155.6250	(T7) 167.9	158.8500	(Т7) 167.9	٨		1
7	TACTICAL	VFIRE 25	DIVB	154.2875	(Тб) 156.7	154.2875	(Тб) 156.7	٨		1
က	TACTICAL	VFIRE 26	DIVY	154.3025	(T6) 156.7	154.3025	(Тб) 156.7	A		
4										1
2										
9										
7										
∞										
6										
10										
1										
12										
13										
4	A/G	CDF A/G4	ALL DIVS	159.2250	(T16) 192.8	159.2250	(T16) 192.8	٧		
15	TACTICAL	CALCORD	ALL DIVS	156.0750	(T6) 156.7	156.0750	(T6) 156.7	4		
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. S	5. Special Instructions									
This	This is a test									
6. Pl	6. Prepared by (Communications Unit Leader): Name:	tions Unit Leader): N	Name:			Signature:				
ICS	ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC	JNCLASSIFIED IN	FORMATION//BA	SIC	QAI SIMIN	Date/Time:	08/01/2023		1930	
										7

MEDICAL PLAN (ICS 206)

1. Incident Name:				2. Operational Period:			Date From: 8/2/23		Date To:	8/3/23
Hal	berkern					Tim	e From:	0700	Time To:	0700
3. Medical Aid Stations:										
Name				Location		Cor	ntact Num	ber/Freq	Parar	nedics
4. Transportation (indicate a	ir or ground	l):							ı	
Ambulance Serv	ice			Location		(Contact N	umber	Level of	Service
Hall Ambulance		Fraizer Park						911	А	LS
Mercy Air 15		Bakersfield						911	А	LS
5. Hospitals:										
		ddress,	ļ c	ontact Number(s)/	Tr	avel	Time	Trauma	Burn	
Hospital Name		ong Helipad		Frequency	Ai	r	Ground	Center	Center	Helipad
Henry Mayo Newhall Memorial Hospital	23845 McBe Valencia, CA 34.39787, -1	91355, Lat/Long:	(661) 253-8000	00	0:15	00:40	Level 2		>
Kern Medical Center	1700 Mount Bakersfield, Lat/Long: 35 -118.970533	3829347,	(661) 326-2000	00	0:16	00:49	Level 2		>
6. Special Medical Emergen	cy Procedur	es		,			!		!	
Line Emergency Crew Supervisor will contact Division complaint/condition and location. - Division Group Supervisor Contacts 1. Closest EMS resource 2. Communications Unit Contacts: 1. Ground or Air ambulance as requestions 2. Operations 3. Safety 4. Medical Unit - Division Supervisor or designee will run medical emergency on assigned 1. A pre-assigned tactical frequency for IWI and only for duration of the Communications Unit will clear the traffic as needed for duration of the Camp Emergency Contact Medical Unit with patient communications Unit with patient communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims	ested. I serve as point of channel. I (i.e. CALCORE e emergency. Command channeed.	of contact and of should be used nel for emergency	Nat Loc Poi Trai Poi Pat Is a Age	ry Reporting Procedure of Injury: tation of Patient: nsportation Request nt of Pick-Up: Lat: ient Unit ID: n EMT with Patient: e: Sex: Ma II Emergencies - Sec itnesses for later inv if events.	ted by Yes_ ale	/: Ai	ir Gr J: No Fema	ound	- - - -	
☐ Check box if aviation as	sets are utili:	zed for rescue. If	asse	ts are used, coordina	te wit	h Air	Operatio	ns.		
7. Prepared by (Medical Unit	t Leader):				Sign	atur	e:			
8. Approved by (Safety Offic	er):									
ICS 206				Date/Time	Signa e.	atur	e:			
100 200	NIMS IAP				<u> </u>					

		SAFETY MESS	SAGE/PLAN (IC	S 208)		
1. Incident Name:		2. Operational Period:	Date From:	8/2/23	Date To:	8/3/23
Haberke	ern		Time From:	0700	Time To:	0700
Ensure radios of procedures for	are properi the incide	n terrain. Be mindful of ly programmed for todag nt. eness. Look up, Look do	y's IAP and that o	erews are tra	ained in comm	unications
Stay hydrated!	!! Time to	think = time to drink. Do	ocument rest and	hydration o	n 214.	
Remain mindfu	ıl of what is	s going on around you!	LCES!			
4. Site Safety Plan Re	equired?	□ No				
-	-	an(s) Located At:				
5. Prepared By:	•	Position/Titl	e: SOFR	Cianatura		
ICS 208		Date/Time: 8/1/2	2023 / 2030	Signature:		

	UNIT	LC	G (IC	S 214)				
1. Incident Name:				rational Period:	Date From:	8/2/23	Date To:	8/3/23
Haberkern					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	BASE	
6. Activity Log (Continue on Reverse)	T							
TIME				MAJOR E\	/ENTS			
7. Prepared By:				Date/Time:				
ir. i ropaioa by.				Date, HIIIC.				NIMS IAP

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