

INCIDENT ACTION PLAN

HABERKERN INCIDENT

CA-KRN-035677

Wednesday



OPERATIONAL PERIOD

8/2/2023 0700
to
8/3/2023 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">Haberkern</p>	2. Operational Period: <table style="width: 100%; border: none;"> <tr> <td style="padding-right: 10px;">Date From:</td> <td style="padding-right: 10px;">8/2/2023</td> <td style="padding-right: 10px;">Date To:</td> <td>8/3/2023</td> </tr> <tr> <td style="padding-right: 10px;">Time From:</td> <td style="padding-right: 10px;">0700</td> <td style="padding-right: 10px;">Time To:</td> <td>0700</td> </tr> </table>	Date From:	8/2/2023	Date To:	8/3/2023	Time From:	0700	Time To:	0700
Date From:	8/2/2023	Date To:	8/3/2023						
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 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 established control lines.

General Situational Awareness:

Steep and rugged terrain, watch for rolling material.

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: Jake Cagle Signature: _____

Weather Forecast	Latitude:		Longitude:			
1. Incident Name: Haberkern	2. Operational Period:		Date From: 8/2/23	Date To: 8/3/23		
			Time From: 0700	Time To: 0700		
<p>.DISCUSSION...</p> <p>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.</p> <p>.WEDNESDAY...</p> <p>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.</p>						
PREPARED BY:			Date/Time: 8/1/23			

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name:	2. Operational Period:	3. Branch	Division
Haberkern	Date From: 08/02/23 Date To: 08/03/23 Time From: 0700 Time To: 0700		B
4. Operations Personnel:		Page 1 of 1	Bravo

Operations Section Chief:	Night Ops:
Branch Director:	Branch Safety:
Division/Group Supervisor: TBD	Air Attack:

5. Resources Assigned:							
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STC TBD						0700-0700	ICP
WT E-2						0700-0700	ICP

6. Work Assignments:
Mop up were safe to do so.

7. Special Instructions:

8. Communications								
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
KRN 3	1	DISPATCH	155.6250	(T7) 167.9	158.8500	(T7) 167.9	A	
VFIRE 25	2	TACTICAL	154.2875	(T6) 156.7	154.2875	(T6) 156.7	A	
CDF A/G4	14	A/G	159.2250	(T16) 192.8	159.2250	(T16) 192.8	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: 8/1/2023 2200 Personnel Count: 0

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN										CONTROLLED UNCLASSIFIED INFORMATION/BASIC	
1. Incident Name: Haber Kern Incident Channels		2. Date/Time Prepared Date: 08/01/2023 Time: 1930		3. Operational Period: Date From: 08/02/23 Date To: 08/03/23 Time From: 0700 Time To: 0700							
4. Communications											
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes		
1	DISPATCH	KRN 3	ALL DIVS	155.6250	(T7) 167.9	158.8500	(T7) 167.9	A			
2	TACTICAL	VFIRE 25	DIV B	154.2875	(T6) 156.7	154.2875	(T6) 156.7	A			
3	TACTICAL	VFIRE 26	DIV Y	154.3025	(T6) 156.7	154.3025	(T6) 156.7	A			
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14	A/G	CDF A/G4	ALL DIVS	159.2250	(T16) 192.8	159.2250	(T16) 192.8	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				
5. Special Instructions											
This is a test											
6. Prepared by (Communications Unit Leader): Name: _____										Signature: _____	
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION/BASIC										NIMS IAP	
							Date/Time: 08/01/2023			1930	

MEDICAL PLAN (ICS 206)

1. Incident Name: <p style="text-align: center;">Haberkern</p>		2. Operational Period: 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	Level of Service				
Hall Ambulance	Fraizer Park	911	ALS				
Mercy Air 15	Bakersfield	911	ALS				
5. Hospitals:							
Hospital Name	Address, Lat & Long Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Henry Mayo Newhall Memorial Hospital	23845 McBean Parkway, Valencia, CA 91355, Lat/Long: 34.39787, -118.5539446	(661) 253-8000	00:15	00:40	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kern Medical Center	1700 Mount Vernon Avenue, Bakersfield, CA 93306, Lat/Long: 35.3829347, -118.9705331	(661) 326-2000	00:16	00:49	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"/>
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.			
<input type="checkbox"/> 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: _____			

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Haber Kern	2. Operational Period:	Date From: 8/2/23 Time From: 0700	Date To: 8/3/23 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!

4. Site Safety Plan Required? No

Approved Site Safety Plan(s) Located At:

5. Prepared By:

Position/Title: SOFR

ICS 208

Date/Time: 8/1/2023 / 2030

Signature: _____

