

# INCIDENT ACTION PLAN ALMOND INCIDENT

CA-KRN-036511

Monday



## OPERATIONAL PERIOD

8/7/2023      0700

to

8/8/2023      0700



# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> ALMOND	<b>2. Operational Period:</b> Date From: 8/7/2023 Date To: 8/8/2023 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:**

- Critically dry and receptive fuel beds.
- Be mindful of traffic on HWY 33.
- Watch out for burned powerpoles, downed powerlines, crude oil pipelines, and natural gas lines.

**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:** Nate Prestage      Signature: \_\_\_\_\_

<b>1. Incident Name:</b> ALMOND		<b>2. Operational Period: Date From:</b> 8/7/2023 Time From: 0700		<b>Date To:</b> 8/8/2023 <b>Time To:</b> 0700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operation Section:</b>		
IC/UC's	Nate Prestage	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	M/W	TBD	
Agency/Organization	Name	Division/Group			
Cal Fire	Cody Bogan	Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
<b>5. Planning Section:</b>		Division/Group			
Chief	Jason Schillinger	Division/Group			
Deputy	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		<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		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> 8/6/2023 2300 hours			

Weather Forecast	Latitude:	Longitude:		
<b>1. Incident Name:</b> <b>ALMOND</b>	<b>2. Operational Period:</b>		Date From: 8/7/23 Time From: 0700	Date To: 8/8/23 Time To: 0700
<p>.DISCUSSION...</p> <p>Temperatures will warm to above normal levels until Monday. A cooling trend will begin on Tuesday with high temperatures lowering to a few degrees below normal for this time of year by Wednesday.</p> <p>.MONDAY...</p> <p>Sky/weather.....Sunny.            Max temperature....100 to 102.            Min humidity.....19 percent.            Eye level winds....Southwest winds 6 to 8 mph shifting to the northwest 10 to 13 mph in the afternoon with gusts 18 to 22 mph.            Surrounding ridge...Upslope 10 to 12 mph.            Mixing height.....9200 ft AGL.            Transport winds....West around 10 mph.            Wind (20 ft).....Southeast winds around 6 mph shifting to the northwest 8 to 21 mph in the afternoon.</p> <p>.MONDAY NIGHT...</p> <p>Sky/weather.....Clear.            Min temperature....67 to 70.            Max humidity.....54 percent.            Eye level winds....West winds 12 to 15 mph with gusts 20 to 25 mph.            Surrounding ridge...Downslope 10 to 12 mph.            Mixing height.....400 ft AGL.            Transport winds....West around 18 mph.            Wind (20 ft).....West winds 14 to 20 mph.</p>				
<b>PREPARED BY:</b>	Date/Time: 8/6/23			



ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN										CONTROLLED UNCLASSIFIED INFORMATION/BASIC	
1. Incident Name: <b>ALMOND</b>		2. Date/Time Prepared Date: 08/06/2023 Time: 1930		3. Operational Period: Date From: 08/07/23      Date To: 08/08/23 Time From: 0700      Time To: 0700							
Incident Channels											
<b>4. Communications</b>											
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes		
1	COMMAND	KRN 4	ALL DIVS	154.8600	(T7) 167.9	158.8200	(T7) 167.9				
2	TACTICAL	VFIRE 25	ALL DIVS	154.2875	(T6) 156.7	154.2875	(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										Date/Time: 08/06/2023      1930	
										NIMS IAP	

<b>1. Incident Name:</b>  <p style="text-align: center;"><b>ALMOND</b></p>	<b>2. Operational Period:</b> Date From: <u>8/7/23</u> Date To: <u>8/8/23</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	Lost Hills	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 Helipad		Air	Ground			
Bakersfield Memorial Hospital	420 34Th St, Bakersfield, CA 93301, Lat/Long: 35.3909088, -119.0060445	(661) 327-1792	00:21	01:03		<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	00:22	01:05	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 IW1 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.**

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:** \_\_\_\_\_

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

***Slow down when driving on loose gravel and blind curves. Drive defensively with headlights on and use hands free devices.***

***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!***

***Be mindful of traffic on HWY 33.***

***Watch out for burned powerpoles, downed powerlines, crude oil pipelines, and natural gas lines.***

4. Site Safety Plan Required?  No

Approved Site Safety Plan(s) Located At:

5. Prepared By:

Position/Title: SOFR

Signature: \_\_\_\_\_

ICS 208

Date/Time: 8/6/2023 / 2030



**1. Incident Name:**  
**ALMOND**

**2. Operational Period:** Date From: 8/7/23 Date To: 8/8/23  
 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)	
TIME	MAJOR EVENTS

**7. Prepared By:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_ NIMS IAP

