

INCIDENT ACTION PLAN

BEALE INCIDENT

CA-KRN-035614

Wednesday



OPERATIONAL PERIOD

8/3/2023 0700
to
8/4/2023 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">BEALE</p>	2. Operational Period:	Date From: 8/3/2023 Time From: 0700	Date To: 8/4/2023 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.
- Maintain fiscal accountability and keep costs commensurate with values at risk.

Control Objectives

- Keep the fire within existing containment lines.

General Situational Awareness:

Steep and rugged terrain with potential for roll out.

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 type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>
<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

7. Prepared By: BJ Corey	Position/Title: DPSC	Signature: _____
8. Approved by Incident Commander:	Brandon Asher	Signature: _____

1. Incident Name: BEALE		2. Operational Period: Date From: 8/3/2023 Time From: 0700		Date To: 8/4/2023 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Zach Harris	Operations			
Deputy		Deputy Operations			
Safety Officer		Night Ops			
Information Officer		Staging Area			
Liaison Officer		Branch			
4. Agency/Organization Representatives:		Division/Group	B/Y	TBD	
Agency/Organization	Name	Division/Group			
Cal Fire	Ryan Pack	Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
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5. Planning Section:		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		Air Operations Branch		Director:	
		Air Support Group Supervisor			
		Air Tactical Group Supervisor			
6. Logistics Section		Helibase Manager			
Chief	Mark Ratekin				
Supply Unit		8. Finance/Administration Section:			
Facilities Unit		Chief			
Ground Support Unit		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
		Cost Unit			
Prepared By: Name: BJ Corey		Position/Title: DPSC		Signature: _____	
ICS 203		Date/Time: 8/2/2023 2300 hours			

Weather Forecast	
1. Incident Name: BEALE	2. Operational Period: Date From: <u>8/3/23</u> Date To: <u>8/4/23</u> Time From: <u>0700</u> Time To: <u>0700</u>
DISCUSSION... Below seasonal temperatures values expected. A warming trend is than expected Friday and Saturday. By Saturday afternoon, maximum temperatures will be near normal for this time of year. Slight improvements in humidity recovery during the cool-down. Winds becoming breezy during the cool-down. Dry weather will persist.	
.THURSDAY...	
Sky/weather.....Sunny (0-10 percent). Max temperature.....79-81. Min humidity.....22-25 percent. Eye level winds....West to northwest 4-7 in the morning, increasing to 6-10 mph with gusts to 15 mph after 1100 PDT. Surrounding ridge...Northwest 9-14 mph with gusts to 20 mph. Mixing height.....Rising to around 4300 ft AGL. Transport winds....Northwest around 15 mph. Wind (20 ft).....West to northwest 5-9 mph in the morning, increasing to 7-11 mph with gusts to 14 mph.	
.THURSDAY NIGHT...	
Sky/weather.....Clear (0-5 percent). Min temperature.....55-57. Max humidity.....42-45 percent. Eye level winds....West 5-9 mph with gusts to 14 mph in the evening, decreasing to 4-7 mph after midnight. Surrounding ridge...Northwest 7-11 mph with gusts to 16 mph, decreasing to 5-9 mph after midnight. Mixing height.....Lowering to around 800 ft AGL. Transport winds....West around 9 mph. Wind (20 ft).....West to northwest 6-10 mph in the evening, decreasing to 4-8 mph after midnight.	
PREPARED BY:	Date/Time:

ASSIGNMENT LIST (ICS 204)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: BEALE	2. Operational Period: Date From: 08/03/23 Date To: 08/04/23 Time From: 0700 Time To: 0700	3. Branch: Div/Group: B/Y Bravo/Yankee Page 1 of 1
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4. Operations Personnel: Operations Section Chief: Branch Director: Division/Group Supervisor: TBD	3. Branch: Div/Group: B/Y Bravo/Yankee Page 1 of 1
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5. Resources Assigned:				Reporting Location, Special Equipment, Remarks, Notes, and Information
Resource Identifier	Leader	Personnel	Request #	Time Location
STC 9421C				0700-0700 ICP
KRN CREW 79				0700-0700 ICP

6. Work Assignments: Mop up 100%.

7. Special Instructions:

8. Communications Radio information needed for this assignment:							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
KRN 5	1	COMMAND	151.1000	T-7, 167.9	156.9900	T-7, 167.9	
VFIRE 24	2	TACTICAL	154.2725	T-6, 156.7	154.2725	T-6, 156.7	
KRN A/G	14	AIR TO GROUND	154.8900	T-7, 167.9	154.8900	T-7, 167.9	
CALCORD	15	MEDICAL	156.0750		156.0750	T-6, 156.7	
AIR GUARD	16	EMERGENCY	168.6250		168.6250	T-1, 110.9	

9. Prepared by: Name: BJ Corey		Pos/Title: DPSC		Signature: _____
ICS 204	Date/Time: 8/2/2023 2200	Personnel Count: 0		

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center;">BEALE Incident Channels</p>			2. Date/Time Prepared Date: 08/02/2023 Time: 1930			3. Operational Period: Date From: 08/03/23 Date To: 08/04/23 Time From: 0700 Time To: 0700			
4. Communications									
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes	
1	COMMAND	KRN 5	ALL DIVS	151.1000	T-7, 167.9	156.9900	T-7, 167.9		
2	TACTICAL	VFIRE 24	ALL DIVS	154.2725	T-6, 156.7	154.2725	T-6, 156.7		
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14	AIR TO GROUND	KRN A/G	ALL DIVS	154.8900	T-7, 167.9	154.8900	T-7, 167.9		
15	MEDICAL	CALCORD	ALL DIVS	156.0750		156.0750	T-6, 156.7		
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									
6. Prepared by (Communications Unit Leader): Name:						Signature: _____			
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC						Date/Time: 08/02/23 1930			

MEDICAL PLAN (ICS 206)

1. Incident Name: <p style="text-align: center;">BEALE</p>	2. Operational Period: Date From: <u>8/3/23</u> Date To: <u>8/4/23</u> Time From: <u>0700</u> Time To: <u>0700</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	
Mercy Air 15	Bakersfield	911	ALS
Mercy Air 14	Ridgecrest	911	ALS
Hall Ambulance Ground	Bakersfield / Tehachapi	911	ALS

5. Hospitals:								
Hospital Name	Address,		Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad			Air	Ground			
Kern Medical				20	30	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"/>
							<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.

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: _____

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		Time From: 0700	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

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

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

HEADS UP!!! Lookout for SNAGS when working around areas with burned trees. Evaluate all wind damaged trees with large limbs before working under around them.

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: 8/2/2023 / 2030

UNIT LOG (ICS 214)

1. Incident Name: BEALE	2. Operational Period: Date From: 8/3/23 Date To: 8/4/23 Time From: 0700 Time To: 0700
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3. Unit Name/Designators	4. Unit Leader (Name and ICS Position)
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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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