Friday

INCIDENT ACTION PLAN 155 INCIDENT

CA-KRN-024334



OPERATIONAL PERIOD

6/7/2024 0700

to

6/8/2024 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	Date F	rom: 6/7/2024	Date To:	6/8/2024							
155		Time F	rom: 0700	Time To:	0700							
3. Objective(s):												
Management Objectives												
- Provide for emergency personnel and public sat	fety at all times.											
- Protect property, improvements, and infrastructu	ure.											
- Ensure coordinated, timely and accurate release	e of public information.											
- Foster and maintain relationships with all coope	rators and stakeholders.											
- Maintain fiscal accountability and keep costs co	- Maintain fiscal accountability and keep costs commensurate with values at risk.											
Control Objectives												
- Keep fire in existing containment lines												
General Situational Awareness:												
General Situational Awareness:												
5. Site Safety Plan Required?	Yes □ No ☑											
Approved Site Safety Plan(s) Located at:												
6. Incident Action Plan												
☑ ICS 203 ☐ ICS 215A	O ICS 205 A											
ICS 204 ICS 220	Training Message											
ICS 205 Facility Maps	Travel Map											
✓ ICS 206 ✓ Weather Forecast	Demob Plan		County Health Messa	age								
ICS 208 Fire Behavior	Finance Message	V	ICS 214									
7. Prepared By: BJ Corey	Position/Title: DPSC	Signatu			· · · · · · · · · · · · · · · · · · ·							
8. Approved by Incident Commander:		Signati	ure:									
ICS 202					NIMS IAP							

ORGANIZATION ASSIGNMENT LIST (ICS 203)

		2. Operational	Period: Date From:	6/7/2024	Date To:	6/8/2024
155			Time From:	0700	Time To:	0700
3. Incident Command		d Staff:	7. Operation Sect	ion:		
	Johnny Erwin		Operations			_
Deputy			Deputy Operations			
Safety Officer			Night Ops			
Information Officer			Staging Area			
Liaison Officer			Branch			
4. Agency/Organization	n Representatives	:	Division/Group	B/K/Y	TBA	
Agency/Organization	Nar	ne	Division/Group			
			Division/Group			
			Division/Group			
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			Branch			
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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 Br		Director:	
			-	Group Supervisor		
				Group Supervisor		
6. Logistics Section				Helibase Manager		
	Mason Crist					
Supply Unit	+		8. Finance/Admin	istration Section:		
Facilities Unit	-		Chief	1		
Ground Support Unit			Time Unit			
Communications Unit			Procurement Unit	+		
Medical Unit			Comp/Claims Unit			
			Cost Unit	+		
			5551.51111			
Prepared By: Name:	BJ Corey	Position/Title:	DPSC	Signature:		
ICS 203		Date/Time:	6/6/2024	2300 hours		NIMS IAF

	Latitude:	Longitude:				
1. Incident Name:	2. Operational Period:	Date From:	6/7/24	Date To:	6/8/24	
155		Time From:	0700	Time To:	0700	

...EXCESSIVE HEAT WARNING IN EFFECT UNTIL 8 PM PDT FRIDAY...

.DISCUSSION...

A ridge of high pressure continues for the region. Above normal temperatures will continue. Very isolated thunderstorms will remain on the crests of the Sierra and drift to the east. Overnight humidity recovery will return into the 50 to 58 percent. During the afternoon humidity will fall into the teens.

.FRIDAY...

Sky/weather.....Sunny (0-5 percent).

Max temperature.....96 to 99.

Min humidity.....15 to 19 percent.

Eye level winds.....Upslope (East) 2 to 4 mph becoming

West by 0900 and increasing to 10 to 15 mph

by 1200 with afternoon gusts to 25 mph.

Surrounding ridge...Northwest winds 10 to 20 mph.

Mixing height.....Rising to 7500 ft AGL.

Transport winds....West 20 mph.

Wind (20 ft).....Southwest winds 5 to 10 mph increasing to west

15 to 25 mph with gusts to 35 mph in the

afternoon.

.FRIDAY NIGHT...

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

Min temperature....64 to 67.

Max humidity......48 to 52 percent.

Eye level winds.....West winds 10 to 15 mph with gusts to 25

mph becoming southwest 3 to 8 mph after 2200.

Surrounding ridge...Northwest 10 to 15 mph. Mixing height......Falling to 2100 ft AGL.

Transport winds.....West 15 to 20 mph.

Wind (20 ft).....West winds 10 to 20 mph with gusts to 30

mph becoming southwest 5 to 7 mph after 2200.

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

1. Incident Name:				nal Period:	<u> </u>	,	3. Branch Division		
	155		Date From:		Date To:	06/08/24			
			Time From:		Time To:	0700		B/K/Y	
4. Operations Pers	onnel:		111110 1 101111	0.00	11110 10.	0.00	Page 1 of 1		
Operations Section Chief:					Night Ops:		. ago . c		
Branch Director:					Branch Safety:				
Division/Group Supervisor:	ТВА				Air Attack:				
5. Resources Assign	ned:				•				
Resource Identifier		ALS LWD	Lea	ader	Personnel	Request #	Hours	Reporting Location	
STC TBD							0700-0700	ICP	
STG 9314G							0700-0700	ICP	
Crew 79							0700-0700	ICP	
6. Work Assignment	s:		I		1		1		
Mop up 100%.									
7. Special Instruction	ns:								
8. Communications									
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes	
KRN 2	1	COMMAND	<u> </u>	(T7) 167.9	158.9400	(T3) 131.8	mode	110.00	
NIFC T1	2	TACTICAL	168.0500	0.0	168.0500	0.0	Α		
NIFC A/G	14	A/G	167.9500	1.5	167.9500	0.0	, ,		
CALCORD	15	TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A		
AIR GUARD	16	MERGENC	+	(10) 100.7	168.6250	T-1, 110.9			
9. Prepared by: Nam		BJ Corey	100.0200		DPSC	1 1, 110.0			
J. I Toparoa by Halli		20 0010y			5. 50	Signature:			
ICS 204	1		Date/Time:	6/6/2024	2200	Jigi iatule	Do	rsonnel Count: 0	
100 204	I		Date/ IIIIle.	0/0/2024	2200			Johnson Count. U	

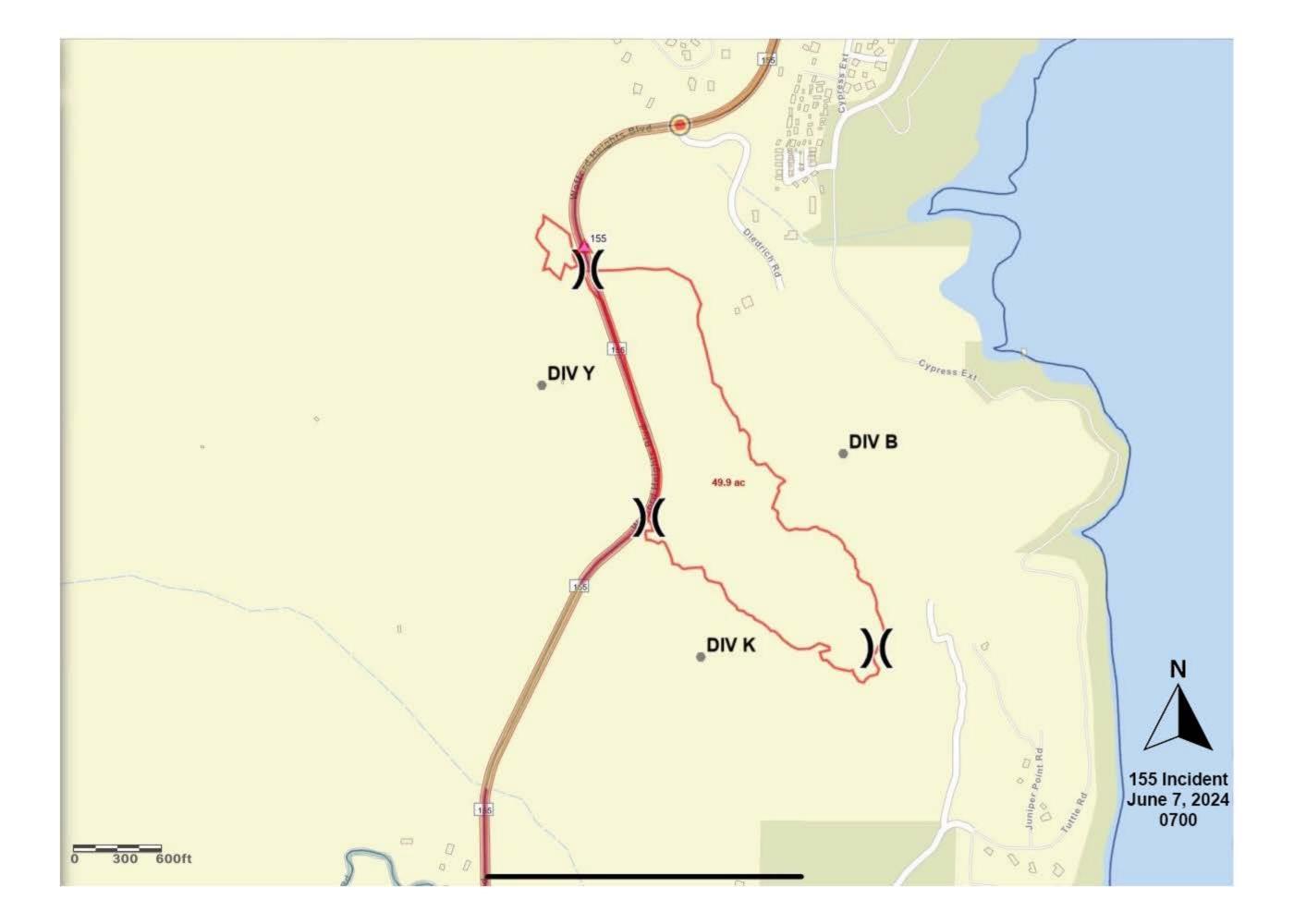
ICS	205 - INCIDENT I	RADIO COMMUN	NICATIONS PL	AN					CONTROLLED UNCLASSIFIED INFORMATION//BASIC
1. Inci	dent Name:		2. Date/Time Pre	epared	3. Operation	onal Period:			
	155		Date:	06/06/2024	Date From:	06/07/24	Date To:		06/08/24
	Incident Cha	annels	Time:	1930	Time From:	Time From: 0700 Time To:			0700
4. Cor	nmunications								,
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
1	COMMAND	KRN 2	ALL DIVS	155.8800	(T7) 167.9	158.9400	(T3) 131.8		
2	TACTICAL	NIFC T1	ALL DIVS	168.0500	0.0	168.0500	0.0	А	
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14	A/G	NIFC A/G	ALL DIVS	167.9500		167.9500			
15	TACTICAL	CALCORD	ALL DIVS	156.0750	(T6) 156.7	156.0750	(T6) 156.7	А	
16	EMERGENCY	AIR GUARD	ALL DIVS	168.6250		168.6250	T-1, 110.9		
17									
18									
19									
20									
5. Spe	ecial Instructions	-1	1	I	ı		1		1
This is	a test								
Pre	pared by (Communic	ations Unit Leader):	Name:			Signature:			
CS 20	05 - CONTROLLED	UNCLASSIFIED IN	FORMATION//BA	SIC	NIMS IAP	Date/Time:	06/06/2024		1930

MEDICAL PLAN (ICS 206)

1. Incident Name:				2. Operational Perio	od: [Date Fro	n:	6/7/24	Date To:	6/8/24
	155					Γime Fro	n:	0700	Time To:	0700
3. Medical Aid Stations:				1						
Name				Location		Contact	Nun	nber/Freq	Parar	nedics
4. Transportation (indicate a	ir or groun	d):								
Ambulance Serv	ice			Location		Conta	ct N	umber	Level of Service	
Mercy Air 15		Bakers	field					911	А	LS
Liberty Air 8		Ridged	rest					911	А	LS
Liberty Ambulance		Lake Is	sabella					911	А	LS
5. Hospitals:										
	Address,			Contact Number(s)/	Tra	avel Time	:	Trauma	Burn	
Hospital Name	Lat &	Long Helipa	d	Frequency	Air	Gro	ınd	1	Center	Helipad
Kern Valley	6412 Laure Mesa	Ave Mountai	n			5	10			
Kern Medical	1700 Mount Bakersfield	t Vernon,				20	50	Level 2		~
Memorial	420 34th St	, Bakersfield				25	50		/	
6. Special Medical Emergen	cy Procedu	ires				•				
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				ture of Injury: cation of Patient: int of Contact:_ insportation Request int of Pick-Up: Lat: tient Unit ID:_ an EMT with Patient: e: Sex: Ma All Emergencies - Sec vitnesses for later inv if events.	ted by L Yesale	: Air ong: No Fe	Gr ema	ound	— — — —	
☐ Check box if aviation as	sets are uti	ized for resc	ue. If ass	ets are used, coordina	te with	Air Ope	ratic	ns.		
7. Prepared by (Medical Unit	Leader):				Signa	ture:				
8. Approved by (Safety Office	er):			Signature:						
ICS 206	NIMS IAP			Date/Time		-				

1. Incident Name:	2. Operational Period:	Date From:	6/7/24	Date To:	6/8/24
155		Time From:	0700	Time To:	0700
Ensure radios are proper procedures for the incide Maintain situational aware	en terrain. Be mindful of erly programmed for toda lent. areness. Look up, Look do o think = time to drink. Do	y's IAP and that c	rews are tra		unications
Remain mindful of what	is going on around you!	LCES!			
	-				
4.6% 6.6% 71.7%	□ N-				
4. Site Safety Plan Required? Approved Site Safety	□ No Plan(s) Located At:				
5. Prepared By:	Position/Titl	le: SOFR	O: .		
ICS 208		2024 / 2030	Signature:		

	AIR	OPERAT	IONS SU	JMMAF	RY ICS	S-220		Time P 1	repared -00	Dat	e Prepare	d	Prepared By			
I	Incident Nan	ne / Number		Sunrise	Startup	Cutoff	Sunset	Shut	down	Operatio	nal Period	l - Date	Oper	ational Peri	od - Time	
	155 / CA-H	KRN-024334		5:37	6:07	19:35	20:05	20	:35	Friday	/ June 7, 2	024		0700-210	00-2100	
Genera	al Remarks,	Safety Notes,	Hazards,	Air Opera	ations Sp	ecial Equip	ment, etc.	Helibase I	nformation	TFR	Informati	on	Resc	ue Ship Inf	ormation	
TR	ACK ALL DIF	PSITE LOCAT	IONS / NUM	MBER OF	DIPS / C	GALLONS T	AKEN.	Name		Request #				Day Hoist	Night Hoist	
TRA	CK ALL DRO	P LOCATION	S / NUMBE	R OF DE	ROPS / GA	ALLONS DF	ROPPED	Latitude		Radius:		NM	Name	,		
All GPS DA	ATA TO BE C	OLLECTED IN	N DEGREE	S, MINUT	ES, DEC	IMAL MINU	TES_FORMAT.	Longitude		Altitude:		MSL	Phone	,		
AVOID	Δerial Δnnlicati	on of Retardant /	Foam / Agen	t within 300	of Wateru	vavs Rodies o	f Water etc			Camtaunaint		Lat	Make/Mode	I		
If Retarda	ant / Foam / Age	ent is Dropped W	ithin These Ai	reas Immed	diately Notif	y the AOBD a	nd Provide the	Name		Centerpoint:		Long	Location	ı		
Follo	owing Information	on: Lat / Long, Es	stimated Num	ber of Gallo	ons and a M	lap Detailing T	he Area.	Latitude		NOTAMS:			Request	Procedure for	These Aircraft:	
								Longitude		Frequency			Inc	cident Commur	nications	
								(use page	2 if needed)		•		See Med	dical Plan For A	Additional Info	
Frequ	encies	TX	Tone	R	X	Tone	AM / FM	Position	Na	ıme	Ph	one	Tra	ainee	Phone	
	mand	158.9400	(T3) 131.8		8800	(T7) 167.9	FM	AOBD								
	ID - TACTICAL	167.9500			9500		FM	ASGS								
	DTARY WING Briefing	166.6125		166.	6125		AM	HEBM			-		-			
	ACTICS						FM									
	k Briefing						AM	HLCO								
TC	DLC						AM	AAML								
	СК						FM	HLCO								
	- MEDICAL	156.0750	156.7 (6)		0750	156.7 (6)	FM	ATGS								
AIRGUARD - E	mergency Only	168.6250	110.9 (1)	168.	6250		FM	0								
							LICOPTERS (U						T =			
FAA # 522	, ,	Make/Model	Helibase	Avail	Start	Re	marks	FAA#	Type	Make/Model	Helibase	Avail	Start	Rei	marks	
523	2 2															
020																
													-			
													-			
													1			
						 	VED WING (!!-	o Bogo 2 if N	oodod /							
EAA#	Time	Maka/Mad-1	Dess	A.:-:1	Ctant	1	XED WING (Us			Make/Mada	Poss	Aveil	Ctant	Dom arts		
FAA #	Type	Make/Model	Base	Avail	Start	Remarks		FAA#	Туре	Make/Model	Base	Avail	Start	Remarks		
													+			



1. Incident Name:		2. Operational Period:	Date From:	6/7/24	Date To:	6/8/24					
155			Time From:	0700	Time To:	0700					
3. Unit Name/Designators		4. Unit Leader (Name and ICS	S Position	1)						
5. Personnel Assigned/Designat	ors										
NAME		ICS POSITION		НОМЕ	BASE						
6. Activity Log (Continue on Rever	se)										
TIME		MAJOR EVENTS									
7. Prepared By:		Date/Time:				NIMS IAP					

	UNIT LOG CONT. (ICS 214)										
1. Incident Name:		2. Operational Period:	Date From:	6/7/24	Date To:	6/8/24					
155			Time From:	0700	Time To:	0700					
6. Activity Log	T										
TIME		MAJOR E	VENTS								
7.0		B : 77									
7. Prepared By:		Date/Time:				NIMS IAP					