

INCIDENT ACTION PLAN

155 INCIDENT

CA-KRN-024334

Friday



OPERATIONAL PERIOD

6/7/2024 0700

to

6/8/2024 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: 155	2. Operational Period:	Date From: 6/7/2024	Date To: 6/8/2024	
		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.
- Foster and maintain relationships with all cooperators and stakeholders.
- Maintain fiscal accountability and keep costs commensurate with values at risk.

Control Objectives

- Keep fire in existing containment lines

General Situational Awareness:

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 checked="" 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: Signature: _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: 155		2. Operational Period: Date From: 6/7/2024 Time From: 0700		Date To: 6/8/2024 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Johnny Erwin	Operations			
Deputy		Deputy Operations			
Safety Officer		Night Ops			
Information Officer		Staging Area			
Liaison Officer		Branch			
4. Agency/Organization Representatives:		Division/Group	B/K/Y	TBA	
Agency/Organization	Name	Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		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					
Chief	Mason Crist	Helibase Manager			
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: 6/6/2024 2300 hours		NIMS IAP	

	Latitude:		Longitude:		
1. Incident Name: 155	2. Operational Period:		Date From: 6/7/24	Date To: 6/8/24	
			Time From: 0700	Time To: 0700	
<p>...EXCESSIVE HEAT WARNING IN EFFECT UNTIL 8 PM PDT FRIDAY...</p> <p>.DISCUSSION...</p> <p>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.</p> <p>.FRIDAY...</p> <p>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.</p> <p>.FRIDAY NIGHT...</p> <p>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.</p>					
PREPARED BY:		Date/Time: 6/6/24			

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <div style="text-align: center; font-weight: bold;">155</div>	2. Operational Period: Date From: 06/07/24 Date To: 06/08/24 Time From: 0700 Time To: 0700	3. Branch Division <div style="text-align: center; font-weight: bold; font-size: 1.2em;">B/K/Y</div>
4. Operations Personnel:		Page 1 of 1

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

5. Resources Assigned:							
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STC TBD						0700-0700	ICP
STG 9314G						0700-0700	ICP
Crew 79						0700-0700	ICP

6. Work Assignments:
Mop up 100%.

7. Special Instructions:

8. Communications								
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
KRN 2	1	COMMAND	155.8800	(T7) 167.9	158.9400	(T3) 131.8		
NIFC T1	2	TACTICAL	168.0500	0.0	168.0500	0.0	A	
NIFC A/G	14	A/G	167.9500		167.9500			
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: 6/6/2024 2200 Personnel Count: 0

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

**CONTROLLED UNCLASSIFIED
INFORMATION//BASIC**

1. Incident Name: 155 Incident Channels		2. Date/Time Prepared Date: 06/06/2024 Time: 1930	3. Operational Period: Date From: 06/07/24 Date To: 06/08/24 Time From: 0700 Time To: 0700	
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4. Communications

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	A	
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	A	
16	EMERGENCY	AIR GUARD	ALL DIVS	168.6250		168.6250	T-1, 110.9		
17									
18									
19									
20									

5. Special Instructions

This is a test

6. Prepared by (Communications Unit Leader): Name: _____ Signature: _____

MEDICAL PLAN (ICS 206)

1. Incident Name: <div style="text-align: center; font-weight: bold;">155</div>	2. Operational Period: Date From: <u>6/7/24</u> Date To: <u>6/8/24</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	Level of Service
Mercy Air 15	Bakersfield	911	ALS
Liberty Air 8	Ridgecrest	911	ALS
Liberty Ambulance	Lake Isabella	911	ALS

5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long		Air	Ground			
Kern Valley	6412 Laurel Ave Mountain Mesa		5	10		<input type="checkbox"/>	<input type="checkbox"/>
Kern Medical	1700 Mount Vernon, Bakersfield		20	50	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Memorial	420 34th St, Bakersfield		25	50		<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

6. Special Medical Emergency Procedures	
<p>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.</p> <p>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</p>	<p>Injury Reporting Procedures</p> <p>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 _____</p> <p>All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.</p>

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader):	Signature: _____
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8. Approved by (Safety Officer):	Signature: _____
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ICS 206	NIMS IAP	Date/Time: _____
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1. Incident Name: 155	2. Operational Period:	Date From: 6/7/24	Date To: 6/8/24
		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.

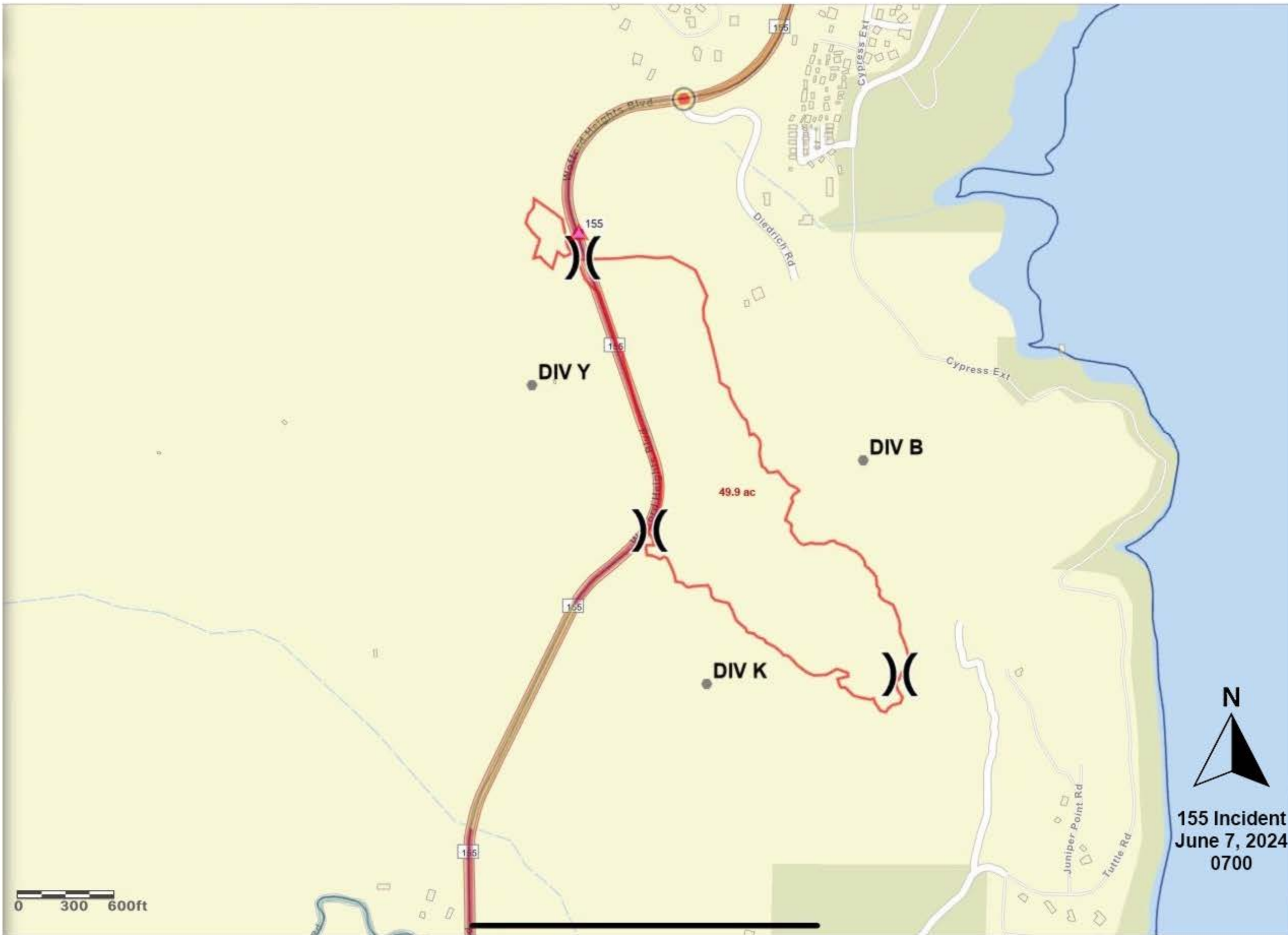
Maintain situational awareness. Look up, Look down, Look around

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

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

4. Site Safety Plan Required? No
 Approved Site Safety Plan(s) Located At:

5. Prepared By: Position/Title: SOFR
 Date/Time: 6/6/2024 / 2030 Signature: _____



155 Incident
June 7, 2024
0700

0 300 600ft



49.9 ac

DIV Y

DIV B

DIV K

155

155

155

155

155



1. Incident Name: <p style="text-align: center;">155</p>		2. Operational Period: Date From: 6/7/24 Date To: 6/8/24 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:	NIMS IAP
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