

INCIDENT ACTION PLAN

BLUE INCIDENT

CA-KRN-036149

Monday



OPERATIONAL PERIOD

8/12/2024 0700
to
8/13/2024 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">BLUE</p>	2. Operational Period: Date From: 8/12/2024 Date To: 8/13/2024 Time From: 0700 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 in current perimeter.

General Situational Awareness:

Extreme heat, critically dry and receptive fuel beds.

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: Eric Coughran Signature: _____

ICS 202

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: BLUE		2. Operational Period: Date From: 8/12/2024		Date To: 8/13/2024	
		Time From: 0700		Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC - Day	Eric Coughran	Operations			
IC - Night	TBD	Deputy Operations			
Safety Officer		Night Ops			
Information Officer		Staging Area			
Liaison Officer		Branch			
4. Agency/Organization Representatives:		Division/Group	A	TBD	
Agency/Organization	Name	Division/Group	Y	TBD	
CalFire AREP	Cody Bogan	Division/Group			
CalFire AREP	Larry Pendarbis	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		Helibase Manager			
Chief					
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: 8/11/2024 2300 hours		NIMS IAP	

	Latitude:		Longitude:		
1. Incident Name: BLUE	2. Operational Period:	Date From: 8/12/24	Date To: 8/13/24		
		Time From: 0700	Time To: 0700		
<p>.DISCUSSION...</p> <p>Dry conditions continue over the fire area for several more days. A trough of low pressure will continue to bring cooler conditions across the region. Winds will be a bit breezy on Monday due to the trough of low pressure passing through California. Winds are expected to decrease slightly on as the trough's influence wanes. Cooler weather is expected on Tuesday however.</p> <p>.MONDAY...</p> <p>Sky/weather.....Sunny (0-10 percent). Haze in the morning, then areas of smoke in the afternoon.</p> <p>Max temperature.....86-91.</p> <p>Min humidity.....20-25 percent.</p> <p>Eye level winds....West 8-12 mph with gusts up to 20 mph.</p> <p>Surrounding ridge...Westerly 10-15 mph with gusts up to 25 mph.</p> <p>Mixing height.....Rising to around 7500 ft AGL.</p> <p>Transport winds....West around 16 mph.</p> <p>Wind (20 ft).....South winds 5 to 16 mph shifting to the west 18 to 20 mph in the afternoon.</p> <p>.MONDAY NIGHT...</p> <p>Sky/weather.....Clear (0-10 percent). Areas of smoke in the evening. Haze through the night.</p> <p>Min temperature.....52-57.</p> <p>Max humidity.....70-75 percent.</p> <p>Eye level winds....Westerly 3-9 mph.</p> <p>Surrounding ridge...Westerly 5-10 mph.</p> <p>Mixing height.....Lowering to around 1000 ft AGL.</p> <p>Transport winds....West around 14 mph.</p> <p>Wind (20 ft).....West winds 7 to 17 mph decreasing to around 5 mph overnight.</p>					
PREPARED BY:	Date/Time: 8/11/24				

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name:	2. Operational Period:	3. Branch	Division
BLUE	Date From: 08/12/24 Date To: 08/13/24 Time From: 0700 Time To: 0700		A

4. Operations Personnel:		Page 1 of 1	Alpha
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
STG 9336G						0700-0700	ICP
CRW FOX 5						0700-0700	ICP
WT PVT E-16						0700-0700	ICP
WT PVT E-17						0700-0700	ICP

6. Work Assignments:
Mop up where necessary.

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 22	2	TACTICAL	154.2650	(T6) 156.7	154.2650	(T6) 156.7	A	
CDF A/G8	14	A/G	159.3450	(T16) 192.8	159.3450	(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: 8/11/2024 2200 Personnel Count: 0

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center;">BLUE</p>	2. Operational Period: Date From: 08/12/24 Date To: 08/13/24 Time From: 0700 Time To: 0700	3. Branch Division <p style="text-align: center;">Y</p> Page 1 of 1 Yankee
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4. Operations Personnel:			
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 KRN 9320C			Tony Blumer			0700-0700	ICP
STG TBD						0700-0700	ICP
CRW KRN 10						0700-0700	ICP
CRW KRN 11						0700-0700	ICP
CRW KRN 12						0700-0700	ICP
WT PVT E-10						0700-0700	ICP
WT PVT E-11						0700-0700	ICP
WT PVT E-14						0700-0700	ICP
WT PVT E-15						0700-0700	ICP

6. Work Assignments: Mop up where necessary.
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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	3	TACTICAL	154.2875	(T6) 156.7	154.2875	(T6) 156.7	A	
CDF A/G8	14	A/G	159.3450	(T16) 192.8	159.3450	(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: 8/11/2024 2200	Personnel Count: 0

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

**CONTROLLED UNCLASSIFIED
INFORMATION//BASIC**

1. Incident Name: BLUE Incident Channels		2. Date/Time Prepared Date: 08/11/2024 Time: 1930	3. Operational Period: Date From: 08/12/24 Date To: 08/13/24 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	DISPATCH	KRN 3	ALL DIVS	155.6250	(T7) 167.9	158.8500	(T7) 167.9	A	
2	TACTICAL	VFIRE 22	DIV A	154.2650	(T6) 156.7	154.2650	(T6) 156.7	A	
3	TACTICAL	VFIRE 25	DIV Y	154.2875	(T6) 156.7	154.2875	(T6) 156.7	A	
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14	A/G	CDF A/G8	ALL DIVS	159.3450	(T16) 192.8	159.3450	(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: _____

MEDICAL PLAN (ICS 206)

1. Incident Name: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BLUE</div>	2. Operational Period: Date From: <u>8/12/24</u> Date To: <u>8/13/24</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
Hall Ambulance	Bakersfield	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		Air	Ground			
Kern Medical Center	1700 Mount Vernon Avenue, Bakersfield, CA 93306	(661) 326-2000	30	60	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bakersfield Memorial Hospital	420 34Th St, Bakersfield, CA 93301	(661) 327-1792	30	30		<input checked="" 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	
<p>Line Emergency Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.</p> <ul style="list-style-type: none"> - Division Group Supervisor Contacts: <ol style="list-style-type: none"> 1. Closest EMS resource 2. Communications Unit - Communications Unit Contacts: <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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>Camp Emergency Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient.</p> <ul style="list-style-type: none"> - Medical Unit contacts <ol style="list-style-type: none"> 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims 	<p>Injury Reporting Procedures</p> <p>Nature of Injury: _____</p> <p>Location of Patient: _____</p> <p>Point of Contact: _____</p> <p>Transportation Requested by: Air _____ Ground _____</p> <p>Point of Pick-Up: _____</p> <p style="padding-left: 40px;">Lat: _____ Long: _____</p> <p>Patient Unit ID: _____</p> <p>Is an EMT with Patient: Yes _____ No _____</p> <p>Age: _____ Sex: Male _____ Female _____</p> <p style="font-weight: bold; margin-top: 10px;">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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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: BLUE	2. Operational Period:	Date From: 8/12/24 Time From: 0700	Date To: 8/13/24 Time To: 0700
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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.

Be mindful of extreme heat.

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

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

Potential thunderstorms in the forecast. Have a plan!

4. Site Safety Plan Required? No

Approved Site Safety Plan(s) Located At:

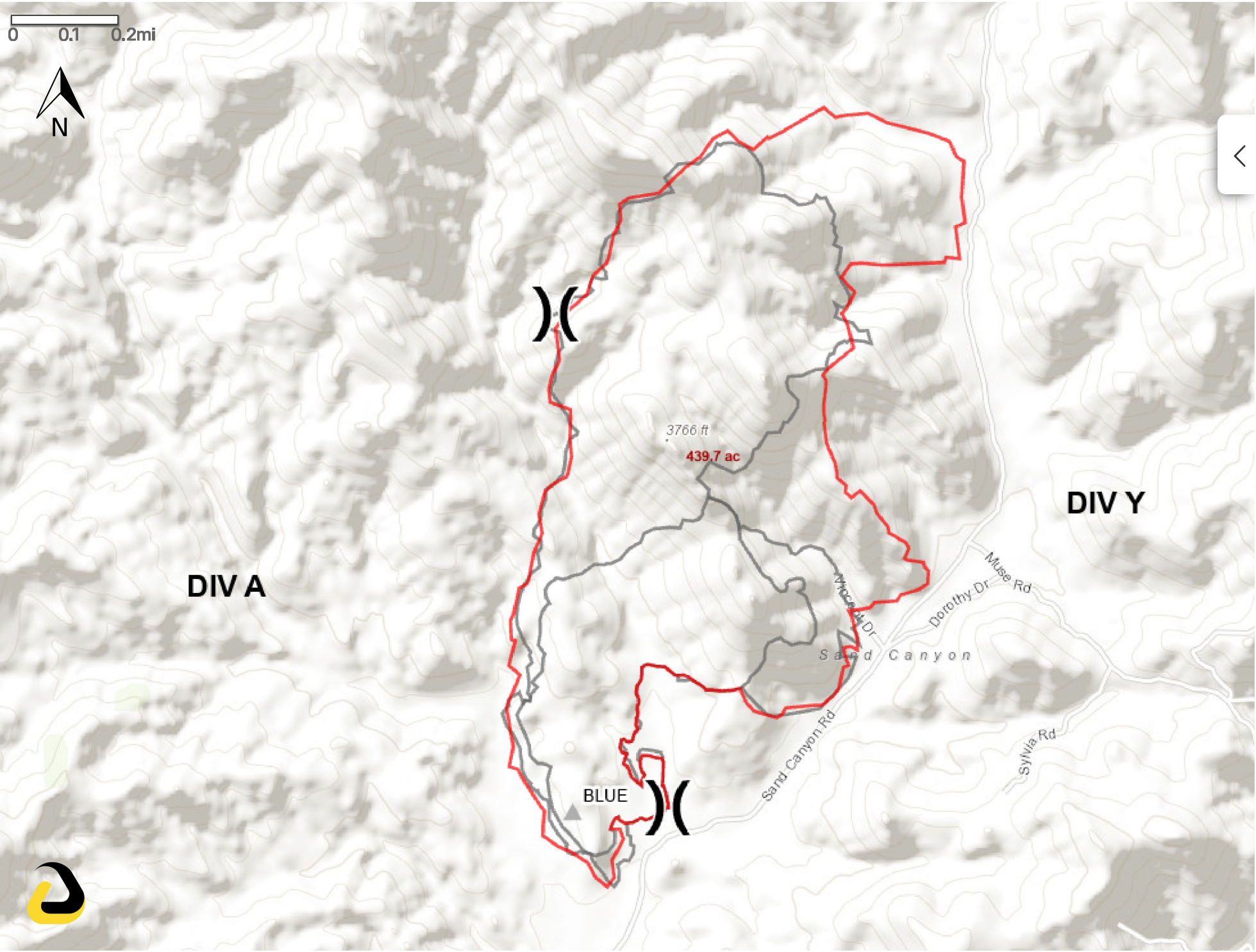
5. Prepared By:

Position/Title: SOFR

ICS 208

Date/Time: 8/11/2024 / 2030

Signature: _____



0 0.1 0.2mi



)(

3766 ft
439.7 ac

DIV A

DIV Y

BLUE

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Sand Canyon Rd
Dorothy Dr
Muse Rd
Sylvia Rd
Sand Canyon

