

INCIDENT ACTION PLAN CREEK INCIDENT

Monday



OPERATIONAL PERIOD

6/10/2024 0700

to

6/11/2024 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Creek	2. Operational Period: Date From: 6/10/2024 Date To: 6/11/2024 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.
 - 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: Creek		2. Operational Period: Date From: 6/10/2024 Time From: 0700		Date To: 6/11/2024 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Austin Lackey	Operations			
Deputy		Deputy Operations			
Safety Officer		Night Ops			
Information Officer		Staging Area			
Liaison Officer		Branch			
4. Agency/Organization Representatives:		Division/Group	B/Y	TBA	
Agency/Organization	Name	Division/Group			
CalFire AREP	Cody Bogan	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	LaRaina Flores				
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: 6/9/2024 2300 hours		NIMS IAP	

	Latitude:		Longitude:		
1. Incident Name:	2. Operational Period:	Date From: 6/10/24	Date To: 6/11/24		
Creek		Time From: 0700	Time To: 0700		
<p>A warming trend will begin on Monday peaking Tuesday afternoon and continuing through Wednesday. Then a cool down for the latter part of the week through the weekend as temperatures trend down to normal. Late afternoon breezes and low minimum relative humidities maintain a threat to any cured fuels. Winds will be breezy through Monday night. Relative humidity recovery is good through the forecast period.</p> <p>.MONDAY...</p> <p>Sky/weather.....Sunny (0-5 percent). Max temperature.....85-90. Min humidity.....20-25 percent. Eye level winds....West winds 5-10 mph. Surrounding ridge...West winds 10-15 mph. Mixing height.....Rising to around 7500 ft AGL. Transport winds....West 10-15 mph. Wind (20 ft).....West winds 5-10 mph.</p> <p>.MONDAY NIGHT...</p> <p>Sky/weather.....Clear (0-10 percent). Min temperature.....58-63. Max humidity.....58-63 percent. Eye level winds....West winds 5-10 mph. Surrounding ridge...Northwest 10-15 mph. Mixing height.....Lowering to around 1700 ft AGL. Transport winds....Northwest 10-15 mph. Wind (20 ft).....Northwest winds 5-10 mph.</p> <p>.TUESDAY...</p> <p>Sky/weather.....Sunny (0-10 percent). Max temperature.....93-98. Min humidity.....15-20 percent. Eye level winds....South 5-10 mph. Surrounding ridge...East 5-10 mph. Mixing height.....Rising to around 10100 ft AGL. Transport winds....East 5-10 mph. Wind (20 ft).....South 5-10 mph.</p> <p>\$\$ Forecaster...SERRATO Requested by...Jason Schillinger Type of request...WILDFIRE</p>					
PREPARED BY:	Date/Time: 6/9/24				

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center; font-size: 1.2em;">Creek</p>	2. Operational Period: Date From: 06/10/24 Date To: 06/11/24 Time From: 0700 Time To: 0700	3. Branch Division <p style="text-align: center; font-size: 1.5em;">B/Y</p>
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4. Operations Personnel:		Page 1 of 1 Bravo/Yankee
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
ST 9325C							ICP
BLM Crew 1						0700-0700	ICP
Crew 11						0700-0700	ICP
PVT WT E-12						0700-0700	ICP
PVT WT E-13						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		
CDF T27	2	TACTICAL	159.2925	(T17) 67.0	159.2925	(T17) 67.0	A	
KRN A/G	14	A/G	154.8900	(T7) 167.9	154.8900	(T7) 167.9	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: 6/9/2024 2200 Personnel Count: 0

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

**CONTROLLED UNCLASSIFIED
INFORMATION//BASIC**

1. Incident Name: Creek Incident Channels		2. Date/Time Prepared Date: 06/09/2024 Time: 1930	3. Operational Period: Date From: 06/10/24 Date To: 06/11/24 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	CDF T27	ALL DIVS	159.2925	(T17) 67.0	159.2925	(T17) 67.0	A	
3	TACTICAL	CDF T28	ALL DIVS	159.3075	(T17) 67.0	159.3075	(T17) 67.0	A	
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									

5. Special Instructions

This is a test

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

1. Incident Name: <p style="text-align: center;">Creek</p>	2. Operational Period: Date From: <u>6/10/24</u> Date To: <u>6/11/24</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		15	45		<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.</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>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: Creek	2. Operational Period:	Date From: 6/10/24	Date To: 6/11/24
		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
Signature: _____
 ICS 208 Date/Time: 6/9/2024 / 2030

1. Incident Name: <p style="text-align: center;">Creek</p>	2. Operational Period: Date From: <u>6/10/24</u> Date To: <u>6/11/24</u> Time From: <u>0700</u> Time To: <u>0700</u>
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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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