

INCIDENT ACTION PLAN ORCHARD INCIDENT

Thursday



OPERATIONAL PERIOD

7/4/2024 0700
to
7/5/2024 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: ORCHARD	2. Operational Period: Date From: 7/4/2024 Time From: 0700	Date To: 7/5/2024 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 established control lines.

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: PSC Signature: _____

8. Approved by Incident Commander: Andrew Kenninson Signature: _____

ICS 202

1. Incident Name: ORCHARD		2. Operational Period: Date From: 7/4/2024 Time From: 0700		Date To: 7/5/2024 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Andrew Kennison	Operations			
Deputy		Deputy Operations			
Safety Officer		Night Ops			
Information Officer		Staging Area			
Liaison Officer		Branch			
4. Agency/Organization Representatives:		Division/Group	A/B/Y	TBD	
Agency/Organization	Name	Division/Group			
CalFire AREP	Ryan Pack	Division/Group			
		Division/Group			
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5. Planning Section:		Division/Group			
Chief	BJ Corey	Division/Group			
Deputy		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	Lareina 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:** PSC **Signature:** _____
ICS 203 **Date/Time:** 7/3/2024 2300 hours **NIMS IAP**

	Latitude:		Longitude:		
1. Incident Name: ORCHARD	2. Operational Period:	Date From: 7/4/24	Date To: 7/5/24		
		Time From: 0700	Time To: 0700		
<p>...EXCESSIVE HEAT WARNING IN EFFECT UNTIL JULY 11TH AT 8 AM...</p> <p>.DISCUSSION...</p> <p>Afternoon high temperatures are forecast to remain around 15 degrees above average for the next week. Over the fire area, winds are expected to continue generally out of the northwest to west. Overnight recoveries are expected to be poor during this heat wave as well. No precipitation is expected into the foreseeable future.</p> <p>.INDEPENDENCE DAY...</p> <p>Sky/weather.....Sunny (0-5 percent). Max temperature.....92-97. Min humidity.....15-20 percent. Eye level winds....Northwest 8-13 mph with gusts to 22 mph. Surrounding ridge...Northwest 10-15 mph with gusts to 25 mph. Mixing height.....Rising to around 7500 ft AGL. Transport winds....Northwest around 16 mph. Wind (20 ft).....Northwest winds 8 to 18 mph.</p> <p>.THURSDAY NIGHT...</p> <p>Sky/weather.....Clear (0-10 percent). Min temperature.....71-76. Max humidity.....33-38 percent. Eye level winds....West 10-15 mph with gusts to 25 mph. Surrounding ridge...Northwest 12-17 mph with gusts to 28 mph. Mixing height.....Lowering to less than 1000 ft AGL. Transport winds....Northwest around 22 mph. Wind (20 ft).....Northwest winds 13 to 18 mph.</p>					
PREPARED BY:	Date/Time: 7/3/24				

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center;">ORCHARD</p>	2. Operational Period: Date From: 07/04/24 Date To: 07/05/24 Time From: 0700 Time To: 0700	3. Branch Division <p style="text-align: center;">A/B/Y</p>
4. Operations Personnel:		Page 1 of 1

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 9310C						0700-0700	ICP
STC 9350C						0700-0700	ICP
STG 9352G						0700-0700	ICP
WT PVT TBD						0700-0700	ICP
WT PVT TBD						0700-0700	ICP

6. Work Assignments:
Mop up 300 ft. in from control lines.
Repair fences as needed. Report if unable to repair.

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		
VTAC 11	2	TACTICAL	151.1375	(T6) 156.7	151.1375	(T6) 156.7	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 PSC

Signature: _____

ICS 204	Date/Time: 7/3/2024 2200	Personnel Count: 0
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ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

**CONTROLLED UNCLASSIFIED
INFORMATION//BASIC**

1. Incident Name: ORCHARD Incident Channels		2. Date/Time Prepared Date: 07/03/2024 Time: 1930	3. Operational Period: Date From: 07/04/24 Date To: 07/05/24 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	VTAC 11	ALL DIVS	151.1375	(T6) 156.7	151.1375	(T6) 156.7	A	
3									
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	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: <p style="text-align: center; font-weight: bold;">ORCHARD</p>	2. Operational Period: Date From: <u>7/4/24</u> Date To: <u>7/5/24</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	Tehachapi	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 Helipad		Air	Ground			
Adventist Health Tehachapi Valley	1100 Magellan, Tehachapi, CA 93561	(661) 823-3000	3	10		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kern Medical Center	1700 Mount Vernon Avenue, Bakersfield, CA 93306	(661) 326-2000	15	50	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bakersfield Memorial Hospital	420 34Th St, Bakersfield, CA 93301	(661) 327-1792	15	50		<input checked="" type="checkbox"/>	<input checked="" 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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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: ORCHARD	2. Operational Period:	Date From: 7/4/24 Time From: 0700	Date To: 7/5/24 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!

4. Site Safety Plan Required? No

Approved Site Safety Plan(s) Located At:

5. Prepared By:

Position/Title: SOFR

Signature: _____

ICS 208

Date/Time: 7/3/2024 / 2030

1. Incident Name: ORCHARD		2. Operational Period: Date From: 7/4/24 Date To: 7/5/24 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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