INCIDENT ACTION PLAN RED INCIDENT CA-CND-000738







OPERATIONAL PERIOD

6/1/2024 0700

to

6/2/2024 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	Date From:	6/1/2024	Date To:	6/2/2024
RED		Time From:	0700	Time To:	0700
3. Objective(s):					
Management Objectives					
- Provide for emergency personnel and public sa	fety at all times.				
- Protect property, improvements, and infrastruct	ure.				
- Ensure coordinated, timely and accurate releas	e of public information.				
- Foster and maintain relationships with all coope	erators and stakeholders.				
- Maintain fiscal accountability and keep costs co	mmensurate 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 ICS 203 ICS 215A	ICS 205 A				
 ✓ ICS 203 ✓ ICS 203 ✓ ICS 204 ✓ ICS 220 	Training Message				
ICS 204 Facility Maps	Travel Map				
ICS 206 ✓ Weather Forecast	Demob Plan		nty Health Messa	age	
ICS 208 🔲 Fire Behavior	Finance Message		•	-	
7. Prepared By: Jason Schillinger	Position/Title: PSC	Signature:			
8. Approved by Incident Commander:	Bucky Tucker	Signature:			
ICS 202					NIMS IAP

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational F	Period: Date From:	6/1/2024	Date To:	6/2/2024
REI			Time From:	0700	Time To:	0700
3. Incident Commande		l Staff:	7. Operation Sect			
	Bucky Tucker		Operations			
Deputy			Deputy Operations			
Safety Officer			Night Ops			
Information Officer			Staging Area			
Liaison Officer			Branch			
4. Agency/Organizatio	n Poprosontativos		Division/Group	A	ТВА	
Agency/Organization	Nam		Division/Group	Y	TBA	
CalFire AREP	Dave Shy		Division/Group	I		
			Division/Group			
			Division/Group			
			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	1	Director:	
				Group Supervisor	Director	
				Group Supervisor		
6. Logistics Section	I			Helibase Manager		
-	Juan Vega			neinase manayer		
Supply Unit			8. Finance/Admin	istration Soction	1	
Facilities Unit			8. Finance/Admin Chief	Stration Section:		
Ground Support Unit			Time Unit			
Communications Unit			Procurement Unit			
Medical Unit			Comp/Claims Unit			
			Cost Unit			
December 1 D 1		D:#: /T''				
Prepared By: Name:	Jason Schillinger	Position/Title:	PSC	Signature:		
ICS 203		Date/Time:	5/31/2024	2300 hours		NIMS IA

	Latitude:	Longitude:				
1 Incident Name		-	6/1/24	Date To:	6/2/24	
	2. Operational Period.					
Surrounding ridgeSout Mixing height6800 Transport windsWest Wind (20 ft)Sout	early next week. Gue and desert areas or ay. A warming and du h daytime temepratur al by midweek. y (0-5 percent). 6. 7 percent. hwest 6-11 mph shif- he afternoon. Gusts hwest to West 11-17 ft AGL. around 19 mph. hwest 8-13 mph shif- he afternoon. Gusts r (0-10 percent). 2. 8 percent. 9-13 mph. Gusts up hwest 11-18 mph with ring to 1200 ft AGL hwest around 16 mph	sty winds wi f eastern Ka rying trend res rising t up to 20 m mph with gu ting to the up to 18 m to 21 mph : h gusts to 2	ill be ern will to 10 west 8-1 oh. usts to 2 west 10- oh. in the ev 28 mph.	3 mph. 16 mph rening.	<u>6/2/24</u> 0700	

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

1 Incident Neme			2 On a ratio		(/		Division
1. Incident Name:				nal Period:			3. Branch	Division
F	RED		Date From:		Date To:	06/02/24		Α
			Time From:	0700	Time To:	0700		
4. Operations Pers	onnel:				1		Page 1 of 1	Alpha
Operations Section Chief:					Night Ops:			
Branch Director:					Branch Safety:			
Division/Group Supervisor:		1			Air Attack:			
5. Resources Assign	ed:				1			
Resource Identifier		ALS LW		ader	Personnel	Request #	Hours	Reporting Location
STC 9324C				BA			0700-0700	ICP
FULTON IHC			Т	BA			0700-1900	ICP
BLM WT-6992			Т	BA			0700-1900	ICP
6. Work Assignments	s:	· · · ·			•		•	
Mop up 300 ft from co	ntrol lines.							
7. Special Instruction	is:							
8. Communications								
Name	Ch	Functior	n Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
CND F	1	COMMAN			163.0250	MPL		
R5 T4	2	TACTICA		0.0	166.5500	0.0	A	
AG-41	14	A/G	167.4750	0.0	167.4750	0.0	A	
CALCORD	14	TACTICA		(T6) 156.7	156.0750	(T6) 156.7	A	
AIR GUARD	15	EMERGEN			168.6250	(10) 150.7 T-1, 110.9		
						1-1, 110.9		
9. Prepared by: Name	θ.	BJ Corey			DPSC	Cignoture		
				E 104 1000 4	0000	Signature:		
ICS 204 NIMS IAP			Date/Time:	5/31/2024	2200			sonnel Count: 0
NING IAF						CONT	ROLLED UNCLASS	IFIED INFORMATION//BASIC

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

1. Incident Name:			2. Operatio	nal Period:	-	,	3. Branch	Division
F	RED		Date From:	06/01/24	Date To:	06/02/24		×.
			Time From:	0700	Time To:	0700		Y
4. Operations Perso	onnel:						Page 1 of 1	Yankee
Operations Section Chief:					Night Ops:		- age : er :	
Branch Director:					Branch Safety:			
Division/Group Supervisor:	ТВА				Air Attack:			
5. Resources Assign	ed:				•			
Resource Identifier		ALS LWD	Lea	ader	Personnel	Request #	Hours	Reporting Location
BLACK EAGLES			ТІ	BA			0700-1900	ICP
6. Work Assignments	3:		•				-	
Mop up 300 ft from co	ntrol lines.							
7. Special Instruction	IS:							
8. Communications								
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
CND F	1	COMMAND	169.7750		163.0250	MPL		
R5 T4	2	TACTICAL	166.5500	0.0	166.5500	0.0	A	
AG-41	14	A/G	167.4750	0.0	167.4750	0.0	A	
CALCORD	15	TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
AIR GUARD	16	EMERGENC		, ,	168.6250	T-1, 110.9		
9. Prepared by: Name		BJ Corey	1	1	DPSC	,	1	1
		3				Signature:		
ICS 204			Date/Time:	5/31/2024	2200	J	Per	sonnel Count: 0
NIMS IAP						CONT		IFIED INFORMATION//BASIC

ICS	205 - INCIDENT F	RADIO COMMUI		AN					CONTROLLED UNCLASSIFIED INFORMATION//BASIC		
1. Inci	dent Name:		2. Date/Time Pre	pared	3. Operatio	onal Period:					
	RED		Date:	05/31/2024	Date From:	06/01/24	Date To:	06/02/24			
	Incident Cha	innels	Time:	1930	Time From:	0700	Time To:		0700		
4. Co	nmunications			-	1		. <u> </u>				
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes		
1	COMMAND	CND F	ALL DIVS	169.7750		163.0250	MPL				
2	TACTICAL	R5 T4	ALL DIVS	166.5500	0.0	166.5500	0.0	А			
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14	A/G	AG-41	ALL DIVS	167.4750	0.0	167.4750	0.0	А			
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. Sp	ecial Instructions	-	-		1		ι		1		
This is	s a test										
ð. Pre	pared by (Communica	ations Unit Leader):	Name:			Signature:					
CS 2	05 - CONTROLLED	UNCLASSIFIED IN	FORMATION//BA	SIC	NIMS IAP	Date/Time:	05/31/2024		1930		

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Peri	od:	Date From: 6/1/24			Date To: 6/2/	6/2/24		
	RED				Time	From:	0700	Time To:	0700
3. Medical Aid Stations:									
Name			Location		Conta	act Num	ber/Freq	Paran	nedics
4. Transportation (indicate a	ir or ground):								
Ambulance Servi	ice		Location		Co	ontact Nu	umber	Level of	Service
Liberty Ambulance		Lake Isabella	1				911	A	_S
Mercy Air 15		Bakersfield					911	A	_S
Liberty Air 8		Ridgecrest					911	A	_S
5. Hospitals:									
	Ado	ress,	Contact Number(s)/	T	ravel T	Гime	Trauma	Burn	
Hospital Name	Lat & Lo	ng Helipad	Frequency	Ai	ir (Ground	Center	Center	Helipad
Kern Valley	6412 Laurel Av Mesa	e, Mountain			5	10			\checkmark
Kern Medical	1700 Mount Ve Bakersfield	rnon,			20	50	Level 2		
Memorial	420 34th St, Ba	kersfield			20	50		\checkmark	
6. Special Medical Emergene	cy Procedures	;							
Line Emergency Crew Supervisor will contact Division complaint/condition and location. - Division Group Supervisor Contacts 1. Closest EMS resource 2. Communications Unit - Communications Unit Contacts: 1. Ground or Air ambulance as requ 2. Operations 3. Safety 4. Medical Unit - Division Supervisor or designee will run medical emergency on assigned 1. A pre-assigned tactical frequency for IWI and only for duration of the - Communications Unit will clear the 0 traffic as needed for duration of the Camp Emergency Contact Medical Unit with patient com Medical staff will respond to stabilize t - Medical Unit contacts 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims	ested. serve as point of d channel. (i.e. CALCORD) s e emergency. Command channe need. plaint/condition ar	Injury Reporting Proce Nature of Injury: Location of Patient: Point of Contact: Transportation Reques Point of Pick-Up: Lat: Patient Unit ID: Is an EMT with Patient: Age: Sex: M All Emergencies - Se witnesses for later in of events.	ted by l : Yes_ ale cure t	y: Air_ Long:_ he are	Gro No Femal ea and io	ound	 		
Check box if aviation as	sets are utilize	d for rescue. If	assets are used, coordina	ate wit	h Air C	Operatio	ns.		
7. Prepared by (Medical Unit	Leader):			Sian	ature:	:			
8. Approved by (Safety Offic	er):				ature:				
ICS 206	NIMS IAP		Date/Tim			- <u></u>			

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Nam	٥.	2. Operational Peri		Date From:	6/1/24	Date To:	6/2/24
RE				Time From:	0700	Time To:	0700
KE	.u				0700	Time IO.	0700
-	s are properl	n terrain. Be min y programmed fo nt.		-		nined in comm	unications
Maintain situa	ational aware	eness. Look up, L	.ook down	, Look aroui	nd		
Stay hydrated	d!!! Time to a	think = time to dr	ink. Docur	nent rest an	d hydration o	n 214.	
Remain mind	ful of what is	going on aroun	d you! LCE	ES!			
I. Site Safety Plan	Required?	□ No					
-	ved Site Safety Pl	an(s) Located At:					
5. Prepared By:		Pos	sition/Title:	SOFR	Signatura		
CS 208		Date/Time:	5/31/2024	/ 2030	Signature:		<u> </u>

	AIR OPERATIONS SUMMARY ICS-220								repared 400	Dat	e Prepareo	d		Prepared	Ву
l	Incident Nam	ne / Number		Sunrise	Startup	Cutoff	Sunset	Shut	down	Operatio	nal Period	- Date	Opera	ational Peri	od - Time
	RED / CA-O	CND-000738		5:37	6:07	19:35	20:05	20	:35	Saturda	ay June 1, :	2024		0700-210	00
Genera	al Remarks,	Safety Notes,	, Hazards, A	Air Opera	ations Sp	ecial Equip	oment, etc.	Helibase I	nformation	TFR	Informati	on	Reso	ue Ship Inf	ormation
TR	ACK ALL DIF	SITE LOCAT	IONS / NUN	/BER OF	DIPS / C	GALLONS T	AKEN.	Name		Request #				Day Hoist	Night Hoist
TRA	CK ALL DRC	P LOCATION	S / NUMBE	R OF DR	OPS / GA	ALLONS DF	ROPPED	Latitude		Radius:	l	NM	Name		
All GPS DA	ATA TO BE C	OLLECTED IN	DEGREES	S, MINUT	ES, DEC	IMAL MINU	TES FORMAT.	Longitude		Altitude:	l	MSL	Phone		
	Aerial Annlicati	on of Retardant /	Eoam / Agen	t within 300)' of Waterw	avs Rodies o	f Water etc	Ŭ		Contornaint	I	Lat	Make/Model		
lf Retarda	ant / Foam / Age	ent is Dropped W	ithin These Ar	reas Immed	liately Notify	the AOBD a	nd Provide the	Name		Centerpoint:	I	Long	Location		
Follo	owing Informatio	on: Lat / Long, Es	stimated Numb	ber of Gallo	ons and a M	ap Detailing T	he Area.	Latitude		NOTAMS:			Request	Procedure for	These Aircraft:
								Longitude		Frequency			Inc	ident Commur	nications
		_		-				(use page	2 if needed)		-		See Med	dical Plan For <i>i</i>	
Frequ	encies	ТХ	Tone	R	X	Tone	AM / FM	Position	Na	ime	Ph	one	Tra	inee	Phone
	mand	163.0250	MPL		7750		FM	AOBD							
	ID - TACTICAL	167.4750	0.0000	167.	4750	0.0000	FM	ASGS							
	DTARY WING Briefing						AM	HEBM							
-	ACTICS	167.7000		167	7000		FM								
	k Briefing						AM	HLCO							
	DLC						AM	AAML							
DE	СК						FM	HLCO							
	- MEDICAL	156.0750	156.7 (6)		0750	156.7 (6)	FM	ATGS							
AIRGUARD - E	Emergency Only	168.6250	110.9 (1)	168.	6250		FM								
	Т	1		1	1		LICOPTERS (U		-		, , , , , , , , , , , , , , , , , , ,			r	
FAA #	Туре	Make/Model		Avail	Start	Re	emarks	FAA #	Туре	Make/Model	Helibase	Avail	Start	Re	marks
7NA H-523	1 2	KMAX	KERNVILLE										-		
H-523	2		KERNVILLE												
													+		
													1		
						FL	XED WING (Us	e Page 2 if N	eeded)						
FAA #	Туре	Make/Model	Base	Avail	Start	Remarks		FAA #	Туре	Make/Model	Base	Avail	Start	Remarks	

	UNIT	LOG (IC	S 214)								
1. Incident Name:		2. Oper	rational Period:	Date From:	6/1/24	Date To:	6/2/24				
RED				Time From:	0700	Time To:	0700				
3. Unit Name/Designators			4. Unit Leader (Name and ICS Position)								
5. Personnel Assigned/Designators											
NAME		ICS	POSITION		HOME	BASE					
6. Activity Log (Continue on Reverse)											
TIME			MAJOR E	/EN15							
7. Prepared By:			Date/Time:				NIMS IAP				

UNIT LOG CONT. (ICS 214)											
1. Incident Name:		2. Operational Period:	Date From:	6/1/24		6/2/24					
RED			Time From:	0700	Time To:	0700					
6. Activity Log	1		(=) = 0								
TIME		MAJOR EVENTS									
7. Prepared By:		Date/Time:				NIMS IAP					