# 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<br>ICS 203<br>ICS 215A   | ICS 205 A                 |            |                  |          |          |
| <ul> <li>✓ ICS 203</li> <li>✓ ICS 203</li> <li>✓ ICS 204</li> <li>✓ ICS 220</li> </ul> | 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                    |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
|                       |                   |                  | Division/Group            |                   |           |          |
| 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  | <b>I</b>          |                  |                           | Helibase Manager  |           |          |
| -                     | Juan Vega         |                  |                           | neinase manayer   |           |          |
| Supply Unit           |                   |                  | 8. Finance/Admin          | istration Soction | 1         |          |
| Facilities Unit       |                   |                  | 8. Finance/Admin<br>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<br>Mixing height6800<br>Transport windsWest<br>Wind (20 ft)Sout | early next week. Gue<br>and desert areas or<br>ay. A warming and du<br>h daytime temepratur<br>al by midweek.<br>y (0-5 percent).<br>6.<br>7 percent.<br>hwest 6-11 mph shif-<br>he afternoon. Gusts<br>hwest to West 11-17<br>ft AGL.<br>around 19 mph.<br>hwest 8-13 mph shif-<br>he afternoon. Gusts<br>r (0-10 percent).<br>2.<br>8 percent.<br>9-13 mph. Gusts up<br>hwest 11-18 mph with<br>ring to 1200 ft AGL<br>hwest around 16 mph | sty winds wi<br>f eastern Ka<br>rying trend<br>res rising t<br>up to 20 m<br>mph with gu<br>ting to the<br>up to 18 m<br>to 21 mph :<br>h gusts to 2 | ill be<br>ern<br>will<br>to 10<br>west 8-1<br>oh.<br>usts to 2<br>west 10-<br>oh.<br>in the ev<br>28 mph. | 3 mph.<br>16 mph<br>rening. | <u>6/2/24</u><br>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<br>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<br>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<br>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<br>Mesa  | e, Mountain  |  |                             | 5                               | 10            |          |              | $\checkmark$ |
| Kern Medical   | 1700 Mount Ve<br>Bakersfield  | rnon,  |  |                             | 20                              | 50            | Level 2  |              |              |
| Memorial   | 420 34th St, Ba   | kersfield  |  |                             | 20                              | 50            |          | $\checkmark$ |              |
|  |   |  |  |                             |                                 |               |          |              |              |
|  |   |  |  |                             |                                 |               |          |              |              |
| 6. Special Medical Emergene  | cy Procedures   | ;  |  |                             |                                 |               |          |              |              |
| Line Emergency<br>Crew Supervisor will contact Division<br>complaint/condition and location.<br>- Division Group Supervisor Contacts<br>1. Closest EMS resource<br>2. Communications Unit<br>- Communications Unit Contacts:<br>1. Ground or Air ambulance as requ<br>2. Operations<br>3. Safety<br>4. Medical Unit<br>- Division Supervisor or designee will<br>run medical emergency on assigned<br>1. A pre-assigned tactical frequency<br>for IWI and only for duration of the<br>- Communications Unit will clear the 0<br>traffic as needed for duration of the<br><b>Camp Emergency</b><br>Contact Medical Unit with patient com<br>Medical staff will respond to stabilize t<br>- Medical Unit contacts<br>1. Communications<br>2. Safety<br>3. Logistics<br>4. Operations<br>5. Crew Supervisor<br>6. Comp/Claims | ested.<br>serve as point of<br>d channel.<br>(i.e. CALCORD) s<br>e emergency.<br>Command channe<br>need.<br>plaint/condition ar | Injury Reporting Proce<br>Nature of Injury:<br>Location of Patient:<br>Point of Contact:<br>Transportation Reques<br>Point of Pick-Up:<br>Lat:<br>Patient Unit ID:<br>Is an EMT with Patient:<br>Age: Sex: M<br>All Emergencies - Se<br>witnesses for later in<br>of events. | ted by<br>l<br>: Yes_<br>ale<br>cure t | y: Air_<br>Long:_<br>he are | Gro<br>No<br>Femal<br>ea and io | ound          | <br><br> |              |              |
| 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<br>y programmed fo<br>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!          |               |               |            |
|                     |                    |   |               |              |               |               |            |
|                     |                    |   |               |              |               |               |            |
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|                     |                    |   |               |              |               |               |            |
|                     |                    |   |               |              |               |               |            |
| 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<br>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<br>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<br>H-523 | 1 2                            | KMAX               | KERNVILLE      |              |                |                |                |               |                |              |                                       |        | -          |                         |                 |
| H-523        | 2                              |                    | KERNVILLE      |              |                |                |                |               |                |              |                                       |        |            |                         |                 |
|              |                                |                    |                |              |                |                |                |               |                |              |                                       |        |            |                         |                 |
|              |                                |                    |                |              |                |                |                |               |                |              |                                       |        |            |                         |                 |
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|              |                                |                    |                |              |                |                |                |               |                |              |                                       |        |            |                         |                 |
|              |                                |                    |                |              |                |                |                |               |                |              |                                       |        |            |                         |                 |
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|              |                                |                    |                |              |                |                |                |               |                |              |                                       |        | 1          |                         |                 |
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|              |                                |                    |                |              |                |                |                |               |                |              |                                       |        |            |                         |                 |
|              |                                |                    |                |              |                | 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     |          |  |  |  |  |
|                                       |      |         |  |            |        |          |          |  |  |  |  |
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|                                       |      |         |  |            |        |          |          |  |  |  |  |
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| 6. Activity Log (Continue on Reverse) |      |         |  |            |        |          |          |  |  |  |  |
|                                       |      |         |  |            |        |          |          |  |  |  |  |
| TIME                                  |      |         | MAJOR E                                | /EN15      |        |          |          |  |  |  |  |
|                                       |      |         |  |            |        |          |          |  |  |  |  |
|                                       |      |         |  |            |        |          |          |  |  |  |  |
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| 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           |            |        |          |          |  |  |  |  |  |
|                          |   |                        |            |        |          |          |  |  |  |  |  |
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|                          |   |                        |            |        |          |          |  |  |  |  |  |
|                          |   |                        |            |        |          |          |  |  |  |  |  |
| 7. Prepared By:          |   | Date/Time:             |            |        |          | NIMS IAP |  |  |  |  |  |