

INCIDENT ACTION PLAN RANCHO INCIDENT

CA-KRN-031290

Sunday



OPERATIONAL PERIOD

7/14/2024 0700

to

7/15/2024 0700



	Latitude:		Longitude:		
1. Incident Name: RANCHO	2. Operational Period:	Date From: 7/14/24	Date To: 7/15/24		
		Time From: 0700	Time To: 0700		
<p>...EXCESSIVE HEAT WARNING IN EFFECT UNTIL 10 AM PDT SUNDAY... ...RED FLAG WARNING IN EFFECT UNTIL 9 AM PDT SUNDAY...</p> <p>.DISCUSSION...A surge of tropical moisture will provide for scattered showers and thunderstorms across the Kern County Mountains and Deserts through Sunday morning. Conditions will dry out for Rancho Fire through the day Sunday with light terrain driven winds.</p> <p>.SUNDAY...</p> <p>Sky/weather.....Sunny (0-10 percent). Max temperature....98-103 Min humidity.....25-30 percent. Eye level winds....Upslope winds up to 5 mph. Surrounding ridge...Northwest 6 to 12 mph. Mixing height.....Rising to 7900 ft AGL. Transport winds....West around 6 mph. Wind (20 ft).....West winds 5 to 8 mph.</p> <p>.SUNDAY NIGHT...</p> <p>Sky/weather.....Clear (0-10 percent). Min temperature....76-81. Max humidity.....42-47 percent. Eye level winds....Downslope up to 4 mph. Surrounding ridge...Northwest 7 to 12 mph. Mixing height.....Falling to 1100 ft AGL. Transport winds....North around 6 mph. Wind (20 ft).....Northwest winds around 7 mph becoming east 5 to 6 mph overnight.</p>					
PREPARED BY:	Date/Time: 7/13/24				

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name:	2. Operational Period:	3. Branch	Division
RANCHO	Date From: 07/14/24 Date To: 07/15/24 Time From: 0700 Time To: 0700	P	P
4. Operations Personnel:		Page 1 of 1	Papa

Operations Section Chief: Sean Riley	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 TBD							
STC TBD							
STG TBD							
STG TBD							
STL TBD							
WT TBD							
SOFR TBD							

6. Work Assignments:
Construct control lines as direct as possible.

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 T36	3	TACTICAL	159.3225	(T17) 67.0	159.3225	(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	PSC	Signature: _____
ICS 204	Date/Time: 7/13/2024	2200	Personnel Count: 0

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

**CONTROLLED UNCLASSIFIED
INFORMATION//BASIC**

1. Incident Name: RANCHO Incident Channels		2. Date/Time Prepared Date: 07/13/2024 Time: 1930	3. Operational Period: Date From: 07/14/24 Date To: 07/15/24 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 T34	DIV B,F,M	159.2475	(T17) 67.0	159.2475	(T17) 67.0	A	
3	TACTICAL	CDF T36	DIV P,Y	159.3225	(T17) 67.0	159.3225	(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	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;">RANCHO</p>	2. Operational Period: Date From: <u>7/14/24</u> Date To: <u>7/15/24</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 / Arvin	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	15	50		<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: RANCHO	2. Operational Period:	Date From: 7/14/24 Time From: 0700	Date To: 7/15/24 Time To: 0700
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Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.

Maintain situational awareness. Look up, Look down, Look around.

Be mindful of extreme heat.

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

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

Potential thunderstorms in the forecast. Have a plan!

4. Site Safety Plan Required? No

Approved Site Safety Plan(s) Located At:

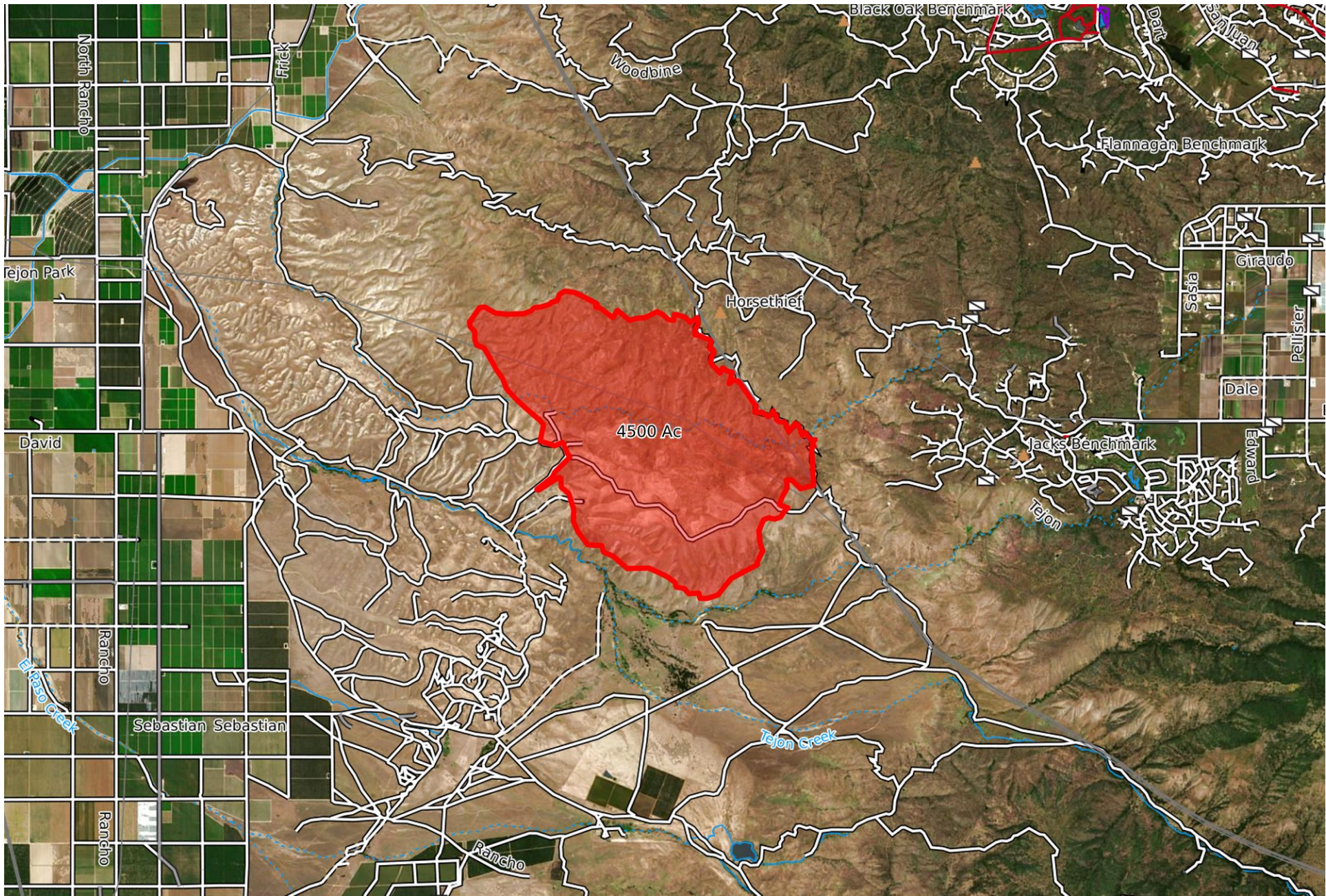
5. Prepared By:

Position/Title: SOFR

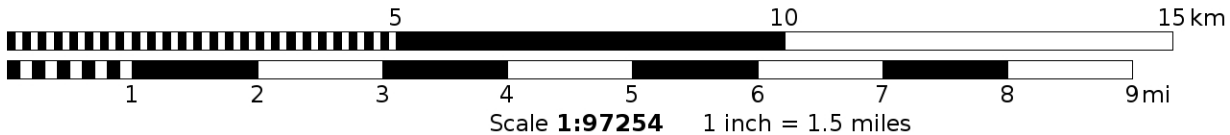
ICS 208

Date/Time: 7/13/2024 / 2030

Signature: _____



Mercator Projection
WGS84
UTM Zone 11S

MN
11.8°

1. Incident Name: <p style="text-align: center; margin: 0;">RANCHO</p>		2. Operational Period: Date From: 7/14/24 Date To: 7/15/24 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 EVENTS		
7. Prepared By:		Date/Time:	

