

INCIDENT ACTION PLAN WHITE INCIDENT

CA-KRN-031252

Monday



OPERATIONAL PERIOD

7/15/2024 0700
to
7/16/2024 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: WHITE	2. Operational Period: Date From: 7/15/2024 Date To: 7/16/2024 Time From: 0700 Time To: 0700
-----------------------------------	---

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 north of Contour Road.
- Keep the fire east of the Middle Ridge Fire scar.
- Keep the fire south of Tejon Creek.
- Keep the fire west of White Oak Road.

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: _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: WHITE		2. Operational Period: Date From: 7/15/2024 Time From: 0700		Date To: 7/16/2024 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC - Day	Andrew Kennison	Operations			
IC - Night	Jason Schillinger	Deputy Operations			
Safety Officer		Night Ops			
Information Officer		Staging Area			
Liaison Officer		Branch			
4. Agency/Organization Representatives:		Division/Group	B	TBD	
Agency/Organization	Name	Division/Group	F	Brian Powers	
CalFire AREP	Cody Bogan	Division/Group	M	TBD	
		Division/Group	Y	TBD	
		Division/Group	Z	TBD	
		Division/Group			
		Branch	Contingency	Pat Rebello	
		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			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
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					
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: 7/14/2024 2300 hours		NIMS IAP	

	Latitude:		Longitude:		
1. Incident Name: WHITE	2. Operational Period:	Date From: 7/15/24	Date To: 7/16/24		
		Time From: 0700	Time To: 0700		
<p>.DISCUSSION...</p> <p>A cooling and drying trend will take place across the area through the middle of the week. Winds will remain diurnally driven with afternoon occasional breezes. Hot and dry conditions are expected to rebound later in the week.</p> <p>.MONDAY...</p> <p>Sky/weather.....Mostly Sunny (5-15 percent). Max temperature.....89-91. Min humidity.....23-25 percent. Eye level winds.....Light and variable winds 1-3 mph in the morning, increasing to 2-5 mph in the afternoon. Surrounding ridge...Southwest to West 4-8 mph. Mixing height.....Rising to around 8000 ft AGL in the afternoon. Transport winds.....West around 10 mph. Wind (20 ft).....West 3-6 mph.</p>					
PREPARED BY:	Date/Time: 7/14/24				

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name:			2. Operational Period:				3. Branch		Division		
WHITE			Date From: 07/15/24		Date To: 07/16/24		B				
			Time From: 0700		Time To: 0700						
4. Operations Personnel:							Page 1 of 1		Bravo		
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 9320C							0700-0700	ICP			
STC 9360C							0700-0700	ICP			
STG 9355G							0700-0700	ICP			
STL 9318L							0700-0700	ICP			
STL 9334L							0700-0700	ICP			
STL 9337L							0700-0700	ICP			
DOZ PVT E-20							0700-0700	ICP			
DOZ PVT E-56							0700-0700	ICP			
DOZ PVT E-57							0700-0700	ICP			
DOZ PVT E-58							0700-0700	ICP			
DOZ PVT E-59							0700-0700	ICP			
WT TBD							0700-0700	ICP			
WT TBD							0700-0700	ICP			
6. Work Assignments:											
Hold and improve existing control lines.											
Construct direct hand line where possible, working towards DIV F.											
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 T37	2	TACTICAL	151.1525	(T17) 67.0	151.1525	(T17) 67.0	A				
CDF A/G6	14	A/G	159.2850	(T16) 192.8	159.2850	(T16) 192.8	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: 7/14/2024 2200				Personnel Count: 0					

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name:		2. Operational Period:				3. Branch		Division	
WHITE		Date From: 07/15/24		Date To: 07/16/24		F		Page 1 of 1 Foxtrot	
		Time From: 0700		Time To: 0700					
4. Operations Personnel:									
Operations Section Chief:		Night Ops:							
Branch Director:		Branch Safety:							
Division/Group Supervisor: Brian Powers		Air Attack:							
5. Resources Assigned:									
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location		
STC 9330C						0700-0700	ICP		
STC TBD						0700-0700	ICP		
STC TBD						0700-0700	ICP		
STG 9436G						0700-0700	ICP		
STG TBD						0700-0700	ICP		
CREW 11						0700-0700	ICP		
CREW 12						0700-0700	ICP		
STL 9319L						0700-0700	ICP		
STL 9416L						0700-0700	ICP		
STL 9467L						0700-0700	ICP		
DOZ PVT E-25						0700-0700	ICP		
DOZ PVT E-54						0700-0700	ICP		
DOZ PVT E-55						0700-0700	ICP		
DOZ PVT E-48 (RANCHO)						0700-0700	ICP		
WT PVT E-20						0700-0700	ICP		
WT PVT E-50						0700-0700	ICP		
FEMT TBD						0700-0700	ICP		
FEMP TBD						0700-0700	ICP		
6. Work Assignments:									
Hold and improve existing control lines.									
Construct dozer and hand line, go 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 T37	2	TACTICAL	151.1525	(T17) 67.0	151.1525	(T17) 67.0	A		
CDF A/G6	14	A/G	159.2850	(T16) 192.8	159.2850	(T16) 192.8	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: 7/14/2024 2200				Personnel Count: 0			

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">WHITE</div>		2. Operational Period: Date From: 07/15/24 Date To: 07/16/24 Time From: 0700 Time To: 0700				3. Branch		Division	
						M			
4. Operations Personnel:						Page 1 of 1		Mike	
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		
ENG3 KRN E318						0700-0700	ICP		
STF TBD						0700-0700	ICP		
STF TBD						0700-0700	ICP		
ENG6 KRN P12						0700-0700	ICP		
ENG6 KRN P13						0700-0700	ICP		
ENG6 KRN P15						0700-0700	ICP		
STG TBD						0700-0700	ICP		
STG TBD						0700-0700	ICP		
STG TBD						0700-0700	ICP		
STG TBD						0700-0700	ICP		
STG TBD						0700-0700	ICP		
STG TBD						0700-0700	ICP		
DOZ PVT E-26						0700-0700	ICP		
DOZ PVT E-27						0700-0700	ICP		
DOZ TBD						0700-0700	ICP		
REMS TBD						0700-0700	ICP		
FEMT TBD						0700-0700	ICP		
FEMP TBD						0700-0700	ICP		
6. Work Assignments: Continue hand line construction to the west. Utilize hose line where necessary.									
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			
	4	TACTICAL							
CDF A/G6	14	A/G	159.2850	(T16) 192.8	159.2850	(T16) 192.8	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: 7/14/2024 2200				Personnel Count: 0			

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: WHITE	2. Operational Period: Date From: 07/15/24 Date To: 07/16/24 Time From: 0700 Time To: 0700	3. Branch Division Y Page 1 of 1 Yankee
--	---	--

4. Operations Personnel:			
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 TBD						0700-0700	ICP
STC TBD						0700-0700	ICP
STG TBD						0700-0700	ICP
STG TBD						0700-0700	ICP
WT PVT E-19						0700-0700	ICP
WT PVT E-21						0700-0700	ICP

6. Work Assignments:
 Hold and improve existing fire line.
 Continue mopping up 100 feet in.
 Identify suppression repair needs.

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 T38	3	TACTICAL	159.3375	(T17) 67.0	159.3375	(T17) 67.0	A	
CDF A/G6	14	A/G	159.2850	(T16) 192.8	159.2850	(T16) 192.8	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: 7/14/2024 2200 Personnel Count: 0

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center; font-weight: bold;">WHITE</p>	2. Operational Period: Date From: 07/15/24 Date To: 07/16/24 Time From: 0700 Time To: 0700	3. Branch Division Contingency Page 1 of 1
---	---	--

4. Operations Personnel:	
Operations Section Chief:	Night Ops:
Branch Director: Pat Rebello	Branch Safety:
Division/Group Supervisor:	Air Attack:

5. Resources Assigned:							
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STL 9316L						0700-0700	ICP
STL 9357L						0700-0700	ICP
DOZ KRN 3						0700-0700	ICP
DOZ KRN 5						0700-0700	ICP
DOZ PVT E-23						0700-0700	ICP
DOZ PVT E-24						0700-0700	ICP
DOZ PVT E-26						0700-0700	ICP
DOZ PVT E-28						0700-0700	ICP
DOZ PVT E-53						0700-0700	ICP
DOZ PVT E-60						0700-0700	ICP
DOZ PVT E-61						0700-0700	ICP
DOZ PVT E-81						0700-0700	ICP

6. Work Assignments:
Construct contingency line as directed.

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 T37	2	TACTICAL	151.1525	(T17) 67.0	151.1525	(T17) 67.0	A	
CDF A/G6	14	A/G	159.2850	(T16) 192.8	159.2850	(T16) 192.8	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: 7/14/2024 2200	Personnel Count: 0

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

**CONTROLLED UNCLASSIFIED
INFORMATION//BASIC**

1. Incident Name: WHITE Incident Channels		2. Date/Time Prepared Date: 07/14/2024 Time: 1930	3. Operational Period: Date From: 07/15/24 Date To: 07/16/24 Time From: 0700 Time To: 0700	
---	--	---	--	--

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 T37	DIV B,F,Cont	151.1525	(T17) 67.0	151.1525	(T17) 67.0	A	
3	TACTICAL	CDF T38	DIV Y,Z	159.3375	(T17) 67.0	159.3375	(T17) 67.0	A	
4	TACTICAL		DIV M						
5									
6									
7									
8									
9									
10									
11									
12									
13									
14	A/G	CDF A/G6	ALL DIVS	159.2850	(T16) 192.8	159.2850	(T16) 192.8	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;">WHITE</p>	2. Operational Period: Date From: <u>7/15/24</u> Date To: <u>7/16/24</u> Time From: <u>0700</u> Time To: <u>0700</u>
---	--

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	Rosamond	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			
Antelope Valley Hospital	1600 West Avenue J, Lancaster, CA 93534	(661) 949-5000	20	75	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kern Medical Center	1700 Mount Vernon Avenue, Bakersfield, CA 93306	(661) 326-2000	30	120	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bakersfield Memorial Hospital	420 34Th St, Bakersfield, CA 93301	(661) 327-1792	30	120		<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.</p> <p>- Division Group Supervisor Contacts:</p> <ol style="list-style-type: none"> 1. Closest EMS resource 2. Communications Unit <p>- Communications Unit Contacts:</p> <ol style="list-style-type: none"> 1. Ground or Air ambulance as requested. 2. Operations 3. Safety 4. Medical Unit <p>- Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.</p> <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. <p>- 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.</p> <p>- Medical Unit contacts</p> <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: _____
--	-------------------------

8. Approved by (Safety Officer):	Signature: _____
---	-------------------------

ICS 206	NIMS IAP	Date/Time: _____
---------	----------	------------------

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: WHITE	2. Operational Period:	Date From: 7/15/24 Time From: 0700	Date To: 7/16/24 Time To: 0700
-----------------------------------	-------------------------------	---------------------------------------	-----------------------------------

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: 7/14/2024 / 2030

Signature: _____

