INCIDENT ACTION PLAN

FORT INCIDENT

CA-KRN-026515

Friday

OPERATIONAL PERIOD

6/6/2025 0700

to

6/7/2025 0700

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period:	Date From:	6/6/2025	Date To:	6/7/2025
FORT		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 Tank Farm
- Keep the fire South of Digier Road
- Keep the fire East of Midslope Road
- Keep the fire West of Interstate 5

General Situational Awareness:

Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history and drought stressed trees.

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 204	☑	ICS 220	☐	Training Message	☐	
☑	ICS 205	☑	Perimeter Map	☐	Travel Map	☐	
☑	ICS 206	☑	Weather Forecast	☐	Demob Plan	☐	
☑	ICS 208	☐	Fire Behavior	☐	Finance Message	☑	ICS 214

7. Prepared By: B. Corey Position/Title: PSC Signature: _____

8. Approved by Incident Commander: J. Schillinger / B. Powers (T) Signature: _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:	2. Operational Period: Date From:	6/6/2025	Date To:	6/7/2025
FORT	Time From:	0700	Time To:	0700

3. Incident Commander(s) and Command Staff:	
IC/UC's	J. Schillinger / B. Powers (T)
Deputy	
Safety Officer	M. Chapman
Information Officer	
Liaison Officer	

4. Agency/Organization Representatives:	
Agency/Organization	Name

5. Planning Section:	
Chief	B. Corey
Deputy	
Resource Unit	
Situation Unit	
Documentation Unit	
Demobilization Unit	
GISS	
FBAN	
IMET	
Training Tech Spec	

6. Logistics Section	
Chief	R. Hernandez
Supply Unit	
Facilities Unit	
Ground Support Unit	
Communications Unit	
Medical Unit	

7. Operation Section:		
Operations		
Deputy Operations		
Night Ops		
Staging Area		
Branch		
Division/Group	B	N. Prestage
Division/Group	Y	O. Holguin
Division/Group		
Division/Group		
Division/Group		
Branch		
Division/Group		
Division/Group		
Division/Group

Weather Forecast	Latitude:		Longitude:			
1. Incident Name:	2. Operational Period:	Date From:	6/6/25	Date To:	6/7/25	
FORT		Time From:	0700	Time To:	0700	

.DISCUSSION... Mostly clear with a 5% probability of Thunder near the burn site Friday afternoon. Gusty ridge winds and near any thunderstorms. Otherwise, terrain driven winds expected across the area through next week. Moderate humidity recovery during the period. Slowly warming temperatures expected through next week. .

.FRIDAY... Sky/weather.....Mostly Sunny (10-20 percent). Max temperature.....83-85. Min humidity.....23-25 percent. Eye level winds.....Light and variable 2-4 mph in the morning, becoming upslope 4-8 mph after 1100 PDT. Surrounding ridge...West to Northwest 6-12 mph with gusts to 18 mph. Mixing height.....Rising to 7600 ft AGL. Transport winds.....Northwest around 8 mph. Wind (20 ft).....Northwest 5-9 mph with gusts to 11 mph.

PREPARED BY:	Date/Time: 6/5/25	

ASSIGNMENT LIST (ICS 204 WF)

1. Incident Name:	2. Operational Period:				3. Branch	Division
FORT	Date From:	06/06/25	Date To:	06/07/25		B
	Time From:	0700	Time To:	0700	Page 1 of 1	Bravo

4. Operations Personnel:

Operations Section Chief:		Night Ops:	
Branch Director:		Branch Safety:	
Division/Group Supervisor:	N. Prestage	Air Attack:	

5. Resources Assigned:

Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STC 9350C			E. Hostedder			0700-0700	ICP
CRW KRN C-10			N. Prestage			0700-0700	ICP

6. Work Assignments:

Keep fire within established control lines.

Reinforce control lines.

Mop up as needed.

7. Special Instructions:

8. Communications

Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
KRN 3	1	DISPATCH	155.6250	(T7) 167.9	158.8500	(T7) 167.9	A	
VFIRE 24	2	TACTICAL	154.2725	(T6) 156.7	154.2725	(T6) 156.7	A	
KRN A/G	14	A/G	154.8900	(T7) 167.9	154.8900	(T7) 167.9	A	
CALCORD	15	TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
AIR GUARD	16	EMERGENCY	168.6250		168.6250	T-1, 110.9		

9. Prepared by: Name: RESL

Signature:_____

ICS 204 Date/Time: 6/5/2025 2200 Personnel Count: 0

ASSIGNMENT LIST (ICS 204 WF)

1. Incident Name:	2. Operational Period:				3. Branch	Division
FORT	Date From:	06/06/25	Date To:	06/07/25		Y
	Time From:	0700	Time To:	0700	Page 1 of 1	Yankee

4. Operations Personnel:

Operations Section Chief:		Night Ops:	
Branch Director:		Branch Safety:	
Division/Group Supervisor:	O. Holguin	Air Attack:	

5. Resources Assigned:

Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
ENG6 KRN P-48			R. Gladden			0700-0700	ICP
ENG6 KRN P-53			R. Murillo			0700-0700	ICP
STG 9360G			R. Souder			0700-0700	ICP
CRW KRN C-13			O. Holguin			0700-0700	ICP

6. Work Assignments:

Keep fire within established control lines.

Reinforce control lines.

Mop up as needed.

7. Special Instructions:

8. Communications

Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
KRN 3	1	DISPATCH	155.6250	(T7) 167.9	158.8500	(T7) 167.9	A	
VFIRE 24	2	TACTICAL	154.2725	(T6) 156.7	154.2725	(T6) 156.7	A	
KRN A/G	14	A/G	154.8900	(T7) 167.9	154.8900	(T7) 167.9	A	
CALCORD	15	TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
AIR GUARD	16	EMERGENCY	168.6250		168.6250	T-1, 110.9		

9. Prepared by: Name: RESL

Signature:_____

ICS 204 Date/Time: 6/5/2025 2200 Personnel Count: 0

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN									CONTROLLED UNCLASSIFIED INFORMATION//BASIC
1. Incident Name:		2. Date/Time Prepared		3. Operational Period:					
FORT		Date: 06/05/2025		Date From: 06/06/25		Date To: 06/07/25			
Incident Channels		Time: 1930		Time From: 0700		Time To: 0700			
4. Communications									
Ch#	**Function**	**Name**	**Assigned To**	**Rx Freq**	**Rx Tone**	**Tx Freq**	**Tx Tone**	**Mode**	**Notes**
1	DISPATCH	KRN 3	ALL DIVS	155.6250	(T7) 167.9	158.8500	(T7) 167.9	A	
2	TACTICAL	VFIRE 24	ALL DIVS	154.2725	(T6) 156.7	154.2725	(T6) 156.7	A	
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14	A/G	KRN A/G	ALL DIVS	154.8900	(T7) 167.9	154.8900	(T7) 167.9	A	
15	TACTICAL	CALCORD	ALL DIVS	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
16	EMERGENCY	AIR GUARD	ALL DIVS	168.6250		168.6250	T-1, 110.9		
17									
18									
19									
20									
5. Special Instructions									
This is a test									
6. Prepared by (Communications Unit Leader): Name:						Signature:_____			
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC				NIMS IAP		Date/Time: 06/05/2025		1930	

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period:	Date From:	6/6/25	Date To:	6/7/25
FORT		Time From:	0700	Time To:	0700

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	Bakersfield	911	ALS
Mercy Air 14	Ridgecrest	911	ALS
Mercy Air 15	Bakersfield	911	ALS

5. Hospitals:

Hospital Name	Address, Lat & Long Helipad	Contact Number(s)/ Frequency	Travel Time Air	Travel Time Ground	Trauma Center	Burn Center	Helipad
Kern Medical	1700 Mount Vernon, Bakersfield		15	40	Level 2	☐	☑
Bakersfield Memorial	420 34th St, Bakersfield		15	40		☑	☑
						☐	☐
						☐	☐
						☐	☐

6. Special Medical Emergency Procedures

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.

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

Injury Reporting Procedures

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_____

All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.

☐ 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): **M. Chapman** **Signature:**_____

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period:	Date From:	6/6/25	Date To:	6/7/25
FORT		Time From:	0700	Time To:	0700

Working on steep, uneven terrain. Be mindful of rolling materials.

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 prepared for very hot and humid weather!

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

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

Be alert to Rattlesnakes in the area!

Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures, and elevated fire danger rating values.

4. Site Safety Plan Required? ☐ No

Approved Site Safety Plan(s) Located At:

5. Prepared By: M. Chapman Position/Title: SOFR

Signature: _____

ICS 208 Date/Time: 6/5/2025 / 2030

AIR OPERATIONS SUMMARY ICS-220

Time Prepared	Date Prepared	Prepared By
1400		

Incident Name / Number	Sunrise	Startup	Cutoff	Sunset	Shutdown	Operational Period - Date	Operational Period - Time
FORT / CA-KRN-026515	7:36	8:06	*18:37*	*19:07*	19:37	Friday June 6, 2025	0700-2100

General Remarks, Safety Notes, Hazards, Air Operations Special Equipment, etc.

TRACK ALL DIPSITE LOCATIONS / NUMBER OF DIPS / GALLONS TAKEN.
TRACK ALL DROP LOCATIONS / NUMBER OF DROPS / GALLONS DROPPED
All GPS DATA TO BE COLLECTED IN DEGREES, MINUTES, DECIMAL MINUTES FORMAT.

AVOID Aerial Application of Retardant / Foam / Agent within 300' of Waterways, Bodies of Water, etc. If Retardant / Foam / Agent is Dropped Within These Areas Immediately Notify the AOBD and Provide the Following Information: Lat / Long, Estimated Number of Gallons and a Map Detailing The Area.

Helibase Information

Name
Latitude
Longitude

Name
Latitude
Longitude
(use page 2 if needed)

TFR Information

Request #
Radius: **NM**
Altitude: **MSL**
Centerpoint: **Lat** **Long**
NOTAMS:
Frequency

Rescue Ship Information

	Day Hoist	Night Hoist
Name		
Phone		
Make/Model		
Location		

Request Procedure for These Aircraft:
Incident Communications
See Medical Plan For Additional Info

Frequencies	TX	Tone	RX	Tone	AM / FM
Command	158.8500	(T7) 167.9	155.6250	(T7) 167.9	FM
AIR / GROUND - TACTICAL	154.8900	(T7) 167.9	154.8900	(T7) 167.9	FM
AIR/AIR ROTARY WING					AM
Helco Briefing					
AIR TACTICS	151.3100	(T1) 110.9	151.3100	(T1) 110.9	FM
Air Attack Briefing					AM
TOLC					AM
DECK					FM
CALCORD - MEDICAL	**156.0750**	**156.7 (6)**	**156.0750**	**156.7 (6)**	**FM**
AIRGUARD - Emergency Only	**168.6250**	**110.9 (1)**	**168.6250**		**FM**

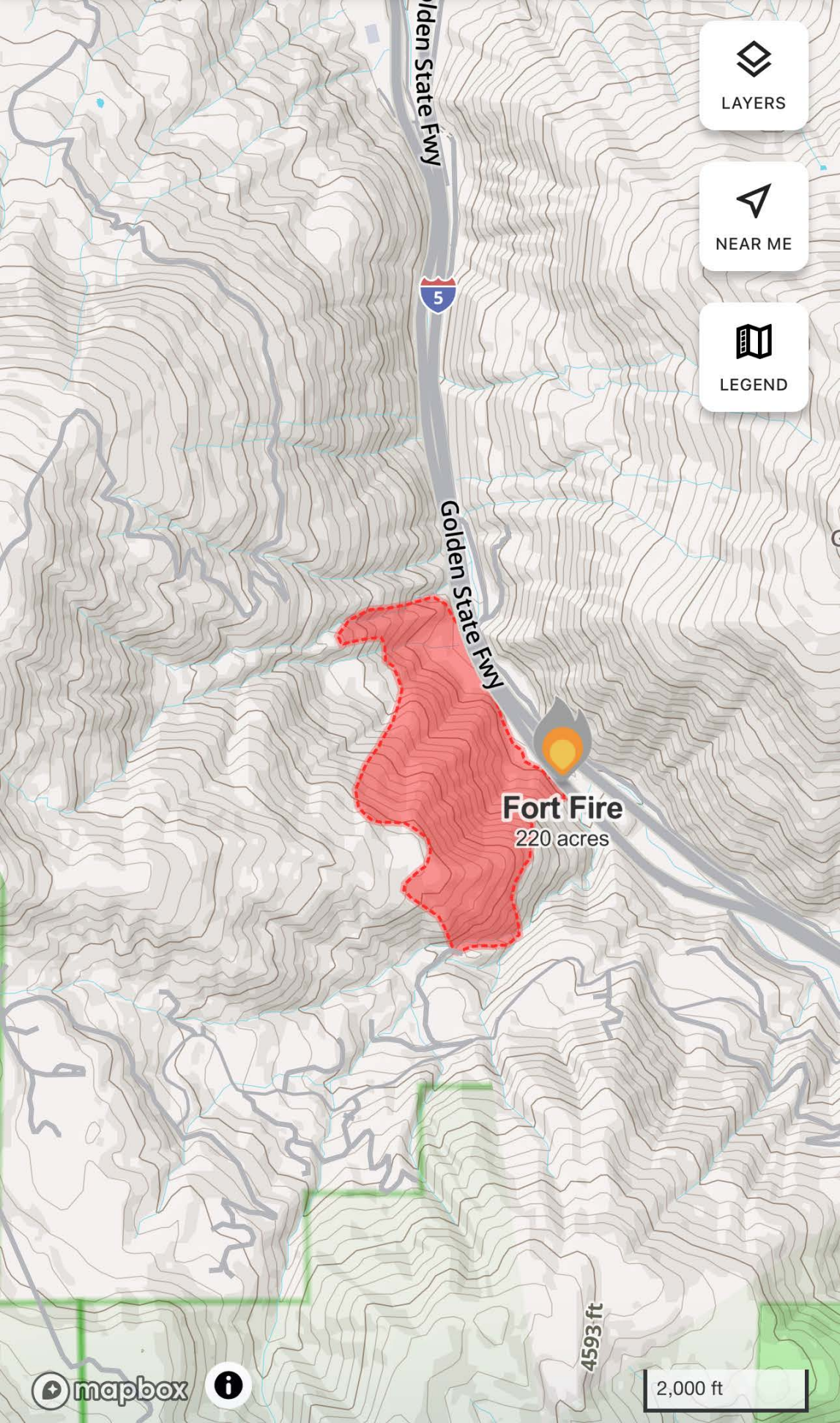
Position	Name	Phone	Trainee	Phone
AOBD				
ASGS				
HEBM				
HLCO				
AAML				
HLCO				
ATGS				

HELICOPTERS (Use page 2 if Needed)

FAA #	Type	Make/Model	Helibase	Avail	Start	Remarks	FAA #	Type	Make/Model	Helibase	Avail	Start	Remarks

FIXED WING (Use Page 2 if Needed)

FAA #	Type	Make/Model	Base	Avail	Start	Remarks	FAA #	Type	Make/Model	Base	Avail	Start	Remarks


LAYERS
NEAR ME
LEGEND
Golden State Fwy
5
Fort Fire
220 acres
4593 ft
mapbox
2,000 ft

UNIT LOG (ICS 214)

1. Incident Name:	2. Operational Period:	Date From:	6/6/25	Date To:	6/7/25
FORT		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:

UNIT LOG CONT. (ICS 214)

1. Incident Name:	2. Operational Period:	Date From:	6/6/25	Date To:	6/7/25
FORT		Time From:	0700	Time To:	0700

6. Activity Log

TIME	MAJOR EVENTS