INCIDENT ACTION PLAN
SALT RX

CA-SHF-0010
Base WFSE. OT/Lodging WISXR525

3/3/2026	0700
to	
3/4/2026	2000

MAP

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Salt RX	2. Operational Period:	Date From: 3/3/2026	Date To: 3/4/2026
		Time From: 0700	Time To: 2000

3. Objective(s):

<u>Leader's Intent</u>

- Provide for Firefighter and Public Safety

- Ignitions will be focused on hand piles, however, additional firing tactics may be necessary to achive RX objectives.

<u>Management Objectives</u>

- Provide for emergency personnel and public safety at all times.
- Protect property, improvements, and infrastructure (Railroad).
- Ensure coordinated, timely and accurate release of public information.
- Coordinate resource benefits i.e, ecosystem maintenance for natural fire regime.

<u>Operational Objectives</u>

- Consume 80-100% of the piled material within each piled project location.
- Fire creep beyond pile footprint is acceptable if control lines are present around the burn unit.
- Mortality of overstory trees <10% understory <50%
- Ideally all piles will be lit and consume material effectively, however, it is possible that not all piles will consume as planned. The expectation is this will be <5% of all piles.

<u>Special Instructions</u>

** Please fill out and submit the cost worksheet (QR code in the back of this IAP), all OT must be tracked.

** Please send all photos to deborah.carlisi@usda.gov

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	☐ Facility Maps	☐ Travel Map	☐
☑ ICS 206	☑ Weather Forecast	☐ Demob Plan	☐ County Health Message
☑ ICS 208	☐ Fire Behavior	☑ Finance Message	☑ ICS 214

7. Prepared By: Timothy Aldridge	Position/Title: PSC	Signature:
8. Approved by Incident Commander:	Justin Regelin	Signature:

ICS 202

NIMS IAP

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Salt RX	2. Operational Period: Date From: 3/3/2026	Date To: 3/3/2026
	Time From: 0700	Time To: 2000

3. Incident Commander(s) and Command Staff:		7. Operation Section:		
Burn Boss	Justin Regelin	Operations		
Burn Boss (T)	Nick Price	Deputy Operations		
Safety Officer		Night Ops		
Information Officer		Staging Area		
Liaison Officer		Branch	Firing	
4. Agency/Organization Representatives:		Division/Group	Firing Boss	Bogdan
Agency/Organization	Name	Division/Group	Firing Boss (T)	Joss
Agency Administrator	Ben Sundall	Division/Group	Group 1	Howry - Gasca
Forest Duty Officer	Alex McBath	Division/Group	Group 2	Malson - McConnaughay
District Duty Officer	Brent Kissick	Division/Group	Group 3	Moreno - Chandler
		Branch	Holding	
		Division/Group	Holding Boss	Gregory
		Division/Group	Holding Boss (T)	Parsons
		Division/Group		
		Division/Group		
		Division/Group		
		Branch		
		Division/Group		
		Division/Group		
		Division/Group		
		Division/Group		
		Division/Group		
		Branch		
		Division/Group		
5. Planning Section:		Division/Group		
Chief	Tim Aldridge	Division/Group		
Deputy		Division/Group		
Resource Unit		Division/Group		
Situation Unit		Branch		
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		UAS	Matt Boss	
Supply Unit		**8. Finance/Administration Section:**		
Facilities Unit		Chief		
Ground Support Unit		Time Unit		
Communications Unit		Procurement Unit		
Medical Unit	Mike S	Comp/Claims Unit		
		Cost Unit		

Prepared By: Name:	Timothy Aldridge	Position/Title:	PSC	Signature:
ICS 203		Date/Time:	3/2/2026 2300 hours	NIMS IAP

ASSIGNMENT LIST (ICS 204 WF)

1. Incident Name:		2. Operational Period:				3. Branch	Division
Salt RX		Date From: 03/03/26		Date To: 03/03/26			**Firing**
		Time From: 0700		Time To: 2000			

4. Operations Personnel:		
Operations Section Chief:		Night Ops:
Branch Director:		Branch Safety:
Division/Group Supervisor: Bogdan - Joss		Air Attack:

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5. Resources Assigned: ** Resources Below in Bold are 12 Hour **

Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
Firing 1			Howry - Gasca	2			
Tahoe 1				9	O-14		
Burn Assist				10			
Hat Creek				12	O-13		
Firing 2			Malson - McConnaughay	2			
Jumpers			May, Agbalog, Liming	3			
PNF Mod 3				16	O-18		
KNF Mod 1				11	O-20		
Firing 3			Moreno - Chandler	2			
Almanor Mod				9	O-19		
Hat Creek				12	O-13		
MNF 1				10	O-15		
Shasta Lake IHC				4			

6. Work Assignments:

7. Special Instructions:

8. Communications

Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
SLRD	1	DISTRICT	167.7250		167.7250			
SHF-R	2	FOREST	171.5750	T10	165.0125	T10		
R5 TAC 4	4	TACTICAL	166.5500		166.5500			Firing
R5 TAC 5	5	TACTICAL	167.1125		167.1125			Holding
CALCORD	14	EMERGENCY	156.0750	T6	156.0750	T6		

9. Prepared by: Name:	Timothy Aldridge	PSC	
		Signature:	

ICS 204		Date/Time: 3/2/2026 2200	Personnel Count: 83

ASSIGNMENT LIST (ICS 204 WF)

1. Incident Name:	2. Operational Period:			3. Branch	Division
Salt RX	Date From: 03/03/26	Date To:	03/03/26		**Holding**
	Time From: 0700	Time To:	2000		

4. Operations Personnel:		Page 1 of 1

Operations Section Chief:	Night Ops:	
Branch Director:	Branch Safety:	
Division/Group Supervisor: **Gregory - Parsons**	Air Attack:	

5. Resources Assigned:

** Resources Below in Bold are 12 Hour **

Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
Holding			Gregory - Parsons	2			
SRF Mod 1				19	O-17		
MDF Fuels 1				17	O-16		
SHF E-352			Mitch Wallen	5			
SHF E-371				5			
Unmaned Romeo 3-1			Matt Boss	2	A-1		

6. Work Assignments:

7. Special Instructions:

8. Communications:

Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
SLRD	1	DISTRICT	167.7250		167.7250			
SHF-R	2	FOREST	171.5750	T10	165.0125	T10		
R5 TAC 4	4	TACTICAL	166.5500		166.5500			Firing
R5 TAC 5	5	TACTICAL	167.1125		167.1125			Holding
CALCORD	14	EMERGENCY	156.0750	T6	156.0750	T6		

9. Prepared by: Name:	Timothy Aldridge	PSC	
		Signature:	

ICS 204	Date/Time: 3/2/2026 2200	Personnel Count: 50

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Salt RX	2. Operational Period:	Date From: 3/3/26	Date To: 3/4/26
		Time From: 0700	Time To: 2000

S A F E T Y   S A F E T Y   S A F E T Y   S A F E T Y

Steep winding roads are throughout the Prescribe fire area . Slow down when driving on loose gravel and blind curves. Drive defensively with headlights on and use hands free devices.

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

Stay hydrated!!! Time to think = time to drink.

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

Be mindful of incoming weather, have a plan in place to get vehicles off of clay based road systems.

I T ' S   U P   T O   Y O U ! ! ! ! ! ! ! ! ! ! !

5. Prepared By: Tim Aldridge	Position/Title: PSC	Signature:
ICS 208	Date/Time: 3/2/2026 / 2030	

MEDICAL PLAN (ICS 206)

1. Incident Name: Salt RX	2. Operational Period:	Date From: 3/3/26 Date To: 3/4/26
		Time From: 0700 Time To: 2000

3. Medical Aid Stations:

Name	Location	Contact Number/Freq	Level of Service
American Medical Response	Redding, CA	Redding Disptach or 911	ALS
Mercy Ambulance	Redding, CA	Redding Disptach or 911	ALS

4. Transportation (indicate air or ground):

Ambulance Service	Air or Ground	Location	Contact Number/Freq	Level of Service
Mercy / PHI Air Medical	Air	Redding, CA	911 or 1-800-576-7828	ALS
Reach	Air	Redding, CA	911 or 1-800-576-7828	ALS

5. Hospitals:

Hospital Name	Address, Lat & Long Helipad	Address & Phone #	Travel Time Air	Travel Time Ground	Trauma Center	Bum Center	Helipad
Mercy Hospital	40 34.13X122 23.86	530-225-7200	15 MIN	35 MIN	Level 2	☐	☒
Shasta Reginal	40 35.00X 122 22.30	530-244-5353	15 MIN	35 MIN	Level 3	☐	☒
Mercy Hospital Mt Shasta	40 35.00X 122 22.30	530-926-6111	20 MIN	45 MIN	Level 4	☐	☒
UC Davis Burn Center	38 33.30X 121 27.40	916-734-3636	1 HR	2.5 HR	Level 1	☒	☒
						☐	☐

6. Special Medical Emergency Procedures

Emergency Frequency: 15   NIFC T5   166.775   166.775

Line Emergency Protocol
Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.
- Division or 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 Leader
- Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.
- 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 and contact:

1. Communications
2. Safety
3. Logistics
4. Operations
5. Crew Supervisor
6. Comp/Claims

Injury Reporting Procedures

The following information should be relayed to the Communications Unit:
Nature of Emergency:_____
Chief Complaint:_____
Location of Patient:_____
Patient Age:_____
Patient Unit ID:_____
Point of Contact ID:_____
Resource Needs:_____

Transportation Requested by: **Air**
Point of Pick-Up: **Cal-Trans lot next to I-5 South**
Lat: 40 50.216
Long: 122 19.833

Is an EMT or Paramedic with Patient: Yes_____ No_____

All Emergencies:
Secure the area and identify 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):	Signature:_____

ICS 206 NIMS IAP	Date/Time:

MEDICAL PLAN (ICS 206 WF)

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A MEDICAL EMERGENCY: IDENTIFY ON-SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following items to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report)

Ex: "Communications, Div. Alpha, Stand-by for Emergency Traffic."

2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure.

Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones, EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	☐ RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE. Ex: Unconscious, difficulty breathing, bleeding severely, 2o – 3o burns more than 4 palm sizes, heat stroke, disoriented.
	☐ YELLOW / PRIORITY 2 Serious injury or illness. Evacuation may be DELAYED if necessary. Ex: Significant trauma, unable to walk, 2o – 3o burns not more than 1-3 palm sizes.
	☐ GREEN / PRIORITY 3 Minor injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness.

Nature of Injury or Illness & Mechanism of Injury		Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)
Transport Request		Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location		Descriptive Location & Lat. / Long. (WGS84)
Incident Name		Geographic Name + "Medical" (Ex: Trout Meadow Medical)
On-Scene Incident Commander		Name of on-scene IC of incident within an incident (Ex: TFLD Jones)
Patient Care		Name of Care Provider (Ex: EMT Smith)

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:

Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.)	Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number		Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *	Mode	Comments
COMMAND	SLMU	1						All Command repeaters linked
AIR-TO-GRND	SHF	2						
TACTICAL	CDF T4							

7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.

8. ADDITIONAL INFORMATION: Updates/Changes, etc.

REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

GENERAL MESSAGE (ICS 213)

1. Incident Name:			
2. To (Name and Position):			
3. From (Name and Position):			
4. Subject:		5. Date:	6. Time:
7. Message:			

8. Approved By:	Name:	Signature:	Position/Title:

9. Reply:

10. Replied By:	Name:	Signature:	Position/Title:
ICS 213	Date/Time:		

RIMS IAP

UNIT LOG (ICS 214)

| 1. Incident Name: Salt RX | 2. Operational Period: | Date From: 3/3/26 | Date To: 3/4/26 |
| | | Time From: 0700 | Time To: 2000 |

| 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: | NIMS IAP |

SALT RX OVERTIME TRACKING

Please fill this out.