

# INCIDENT ACTION PLAN

**Day Operational Period:**                      to

**Incident Info:  
Maps, IAP,  
etc.**



**AFTER HOURS NON-INCIDENT RELATED EMERGENCIES Activate the local  
9-1-1 system**

## SRD Prescribed Fire Briefing

### **Briefing Checklist; including, but not limited to: (additional items may be added)**

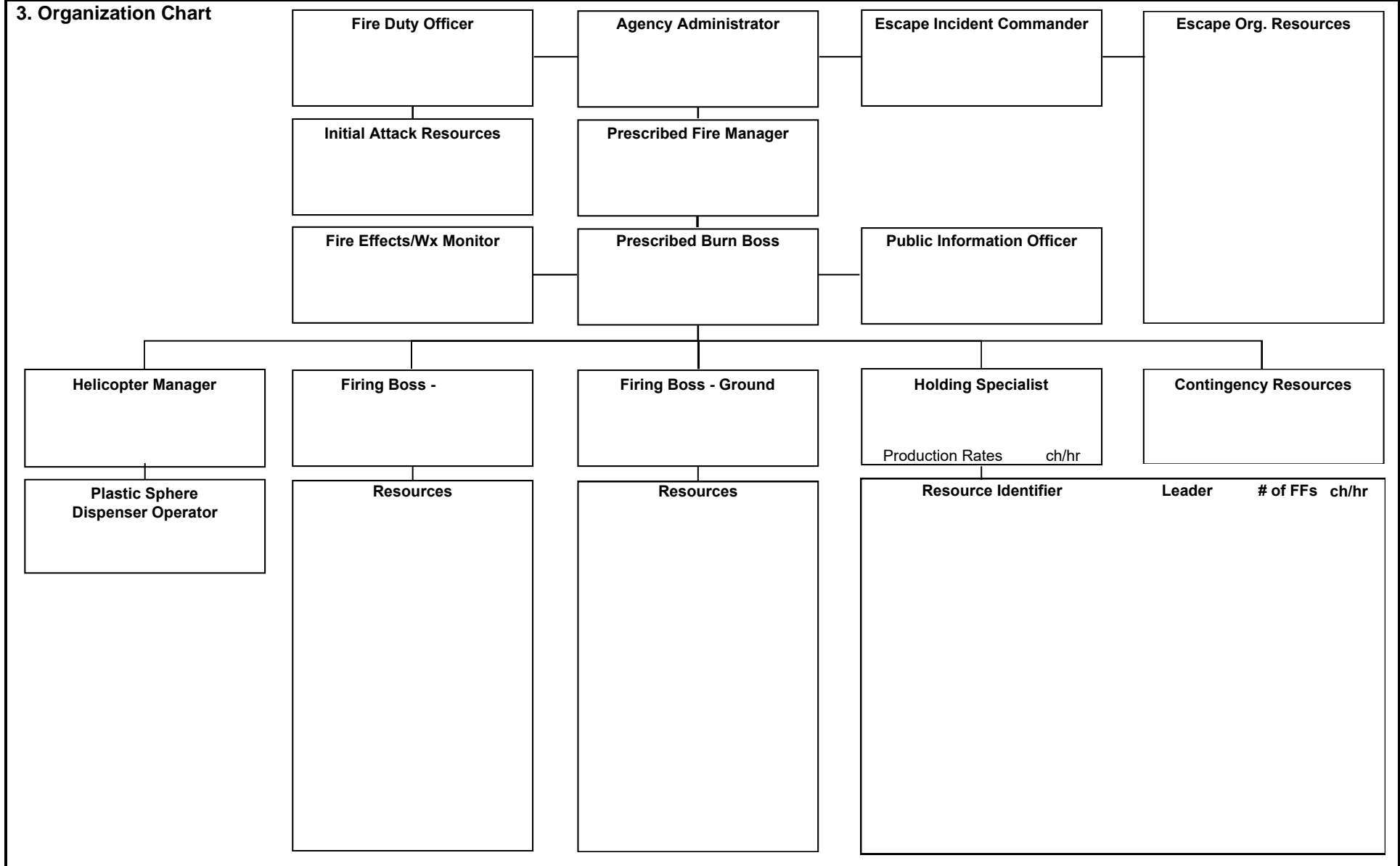
- Burn organization and assignments.
- Prescribed Fire objectives and prescription
- Description of prescribed fire project area
- Expected weather and fire behavior.
- Communications
- Ignition plan
- Holding plan
- Contingency plan and assignments
- Wildfire declaration
- Management Action Points
- Safety and medical plan
- Aerial ignition briefing (if aerial ignition devices will be used)
- Fuel types in and adjacent to burn blocks
- Critical holding points & control features outside of burn block
- Water sources
- Values at Risk (See map)

# INCIDENT/PROJECT OBJECTIVES (ICS 202)

<b>1. Incident/Project Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____													
<b>3. Objective(s):</b>														
<b>4. Operational Period Command Emphasis:</b>														
General Situational Awareness														
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>														
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td><td rowspan="6" style="vertical-align: top;"><b>Other Attachments:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td></tr><tr><td><input type="checkbox"/> ICS 206</td><td></td></tr><tr><td></td><td></td></tr></table>		<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<b>Other Attachments:</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> ICS 206			
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<input type="checkbox"/> ICS 206														
<b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____														
<b>8. Approved by:</b> Name: _____ Signature: _____														
<b>ICS 202</b>	<b>IAP Page</b> _____	<b>Date/Time:</b> _____												

# INCIDENT/PROJECT ORGANIZATION CHART (ICS 207)

<b>1. Incident/Project Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____
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ICS 207	IAP Page _____	<b>4. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____ Date: _____
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<b>DIVISION ASSIGNMENT LIST</b>					
Incident Name		Operational Period			
		Date:		Time:	
Operations Personnel					
Operations Chief		Incident Commander			
		Division Supervisor			
Resources Assigned This Period					
Resource Designator	Leader	Number Persons	Trans Needed	Drop Off PT/Time	Pick Up PT/Time
Control Operations					
Special Instructions					
Prepared By (Resource Unit Leader)		Approved By (Planning Sect. Ch.)		Date	Time

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Special Instructions					
Prepared By (Resource Unit Leader)		Approved By (Planning Sect. Ch.)		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."*

<b>Severity of Emergency / Transport Priority</b>	<input type="checkbox"/> <b>RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b> <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> <b>YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.</b> <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> <b>GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport</b> <i>Ex: Sprains, strains, minor heat-related illness.</i>	
<b>Nature of Injury or Illness &amp; Mechanism of Injury</b>		<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>
<b>Evacuation Request</b>		<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>
<b>Patient Location</b>		<i>Descriptive Location &amp; Lat. / Long. (WGS84)</i>
<b>Incident Name</b>		<i>Geographic Name + Medical (Ex: Trout Meadow Medical)</i>
<b>On-Scene Incident Commander</b>		<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>
<b>Patient Care</b>		<i>Name of Care Provider (Ex: EMT Smith)</i>

**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. EVACUATION PLAN:**

Evacuation Location: *(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 *
COMMAND					
AIR-TO-GRND					
TACTICAL					

**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 ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

SRD IAP Rx documentation

<b>WEATHER / FUELS / FIRE BEHAVIOR / SMOKE OBSERVATIONS</b>									
<b>Weather and Fuels</b>									
<b>OBSERVATION TIME (24 HR)</b>									
<b>SLOPE (%)</b>									
<b>ASPECT</b>									
<b>ELEVATION (FEET)</b>									
<b>SHADING (&lt;50% or &gt;50%)</b>									
<b>DRY BULB TEMPERATURE (°F)</b>									
<b>WET BULB TEMPERATURE (°F)</b>									
<b>RELATIVE HUMIDITY (%)</b>									
<b>EYE LEVEL WIND SPEED (MPH)</b>									
<b>WIND DIRECTION</b>									
<b>CLOUD COVER (%)</b>									
<b>1-HR FUEL MOISTURE (%)</b>									
<b>Fire Behavior</b>									
<b>AVERAGE FLAME LENGTH (FT)</b>									
<b>MAX. FLAME LENGTH (FT)</b>									
<b>SMOKE DIRECTION</b>									
<b>SMOKE RISE</b>									
<b>Notes:</b>									
<b>Observer</b>									





SRD/IAP Rx blank page

Sacramento RD Go/No-Go

Prescribed Fire

Block/Unit

Date

<b>Element 2B: Prescribed Fire Go/No-Go Checklist</b>	<b>Circle YES or NO</b>
<p>A. Have conditions in or adjacent to the ignition unit changed, (for example: drought conditions or fuel loadings), which were not considered in the prescription development? If <b><u>NO</u></b> proceed with the Go/NO-GO Checklist below, if <b><u>YES</u></b> go to item B.</p>	YES NO
<p>B. Has the prescribed fire plan been reviewed and an amendment been approved; or has it been determined that no amendment is necessary? If <b><u>YES</u></b>, go to item C. If <b><u>NO</u></b>, <b>STOP: Implementation is not allowed. An amendment is needed.</b></p>	YES NO
<p>C. Has the experience, qualifications, internal/external pressures, and fatigue levels of the implementation team has been evaluated, and identified concerns have been satisfactorily mitigated? (Note: use USFS Risk Calculator Mobile Application, IRPG Risk Management Process, Tailgate Safety Sheet, or similar tool to structure the assessment) If <b><u>YES</u></b>, proceed with checklist below. If <b><u>NO</u></b>, <b>STOP: Confer with AA and do not proceed with implementation until concerns are addressed.</b></p>	YES NO
<b>GO/NO-GO Checklist</b>	<b>Circle YES or NO</b>
Have ALL permits and clearances been obtained?	YES NO
Have ALL the required notifications been made?	YES NO
Have ALL the pre-burn considerations and preparation work identified in the prescribed fire plan been completed or addressed and checked?	YES NO
Have ALL required current and projected fire weather forecast been obtained and are they favorable through ignition, holding, and mop-up/control phases of the project?	YES NO
Are ALL prescription parameters met?	YES NO
Are ALL smoke management specifications met?	YES NO
Are ALL planned operations personnel and equipment on-site, available and operational?	YES NO
Has the availability of contingency resources applicable to today's implementation been checked and are they available? If Moderate or High complexity, are those contingency resources required to respond within 30 minutes available and in position to meet that timeframe?	YES NO
Have ALL personnel been briefed on the project objectives, their assignment, safety hazards, escape routes, and safety zones?	YES NO

Sacramento RD Go/No-Go

Prescribed Fire \_\_\_\_\_

Block/Unit \_\_\_\_\_

Date \_\_\_\_\_

**Element 2B: Prescribed Fire Go/No-Go Checklist - Continued**

<p>If all the questions were answered “<b><u>YES</u></b>” proceed with a test fire. Document the current conditions, location and results. If any questions were answered “<b><u>NO</u></b>”, DO NOT proceed with the test fire: Implementation is not allowed.</p>
<p>After evaluating the test fire, in your judgment can the prescribed fire be carried out according to the prescribed fire plan and will it meet the planned objective? <b>Circle: YES or NO</b></p>

Burn Boss Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Test Fire**

Location					
		Temp:	RH:	Wind:	FDFM:
1.	Weather conditions on-site:				
2.	Test Fire Results:				

## Post Prescribed Fire Documentation.

Instructions: Within two weeks of ignition compile and scan the following documents into the appropriate Pinion folders located here: *5100Fire/5140Hazardous Fuels Management and Pres../D2/\_\_\_\_Project/Rx fire/2024 Rx documentation*

\_\_\_\_\_ **Burn** \_\_\_\_\_ **block/unit** \_\_\_\_\_ **Date**

**Prescribed Fire Plan, Complexity Analysis w/signature pages** should already be uploaded into project folder in Pinion.

**Agency Administrator documents**

- 2A (amended D2 version)
- 2B w/test fire (amended D2 version)

**Pre-during-post documents:**

- Notification list.
- Moderate complexity project: IAP with organization
- Low complexity project: sign in sheet
- Spot Wx forecast
- (D2) Monitoring data form which includes the following:
  - Weather
  - Fire behavior
  - Smoke dispersal observations.

\_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notes:**