

Incident Action Plan

Strong WPA Piles



DOI Unified Region 5

North Dakota Fire Zone

Chase Lake WMD



Briefing Checklist

- Burn organization and assignments
- Prescribed Fire objectives and prescription
- Description of prescribed fire project area
- Special considerations and sensitive features
- Expected weather and fire behavior
- Communications
- Ignition plan
- Holding plan
- Contingency plan and assignments
- Wildfire declaration
- Safety and medical plan
- Risk Management

1. Incident Name: Chase Lake WMD, Strong WPA Piles	2. Incident Location: Stutsman County. From Woodworth: 4.0 miles South on 56 th Ave SE and 0.5 miles East on 23 rd St SE. 5600 23 rd St SE Woodworth, ND 58496 47.0856° -99.3021°	3. Operational Period:
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AGENCY ADMINISTRATOR IGNITION AUTHORIZATION (Prescribed Fire Plan, Element 2A)

Instructions: The Agency Administrator Ignition Authorization must be completed before a prescribed fire can be implemented. If ignition of the prescribed fire is not initiated prior to expiration date determined by the agency administrator, a new authorization will be required.

Prior to signature the agency administrator should discuss the following key items with the fire management officer (FMO) or burn boss. Attach any additional instructions or discussion documentation (optional) to this document.

Key Discussion Items

A.	Has anything changed since the Prescribed Fire Plan was approved or revalidated? <i>Such as drought or other climate indicators of increased risk, insect activity, new subdivisions/ structures, smoke requirements, Complexity Analysis Rating.</i>
B.	Have compliance requirements and pre-burn considerations been completed? <i>Such as preparation work, NEPA mitigation requirements, cultural, threatened and endangered species, smoke permits, state burn permits/ authorizations.</i>
C.	Can all of the elements and conditions specified in Prescribed Fire Plan be met? <i>Such as weather, scheduling, smoke management conditions, suitable prescription window, correct season, staffing and organization, safety considerations, etc.</i>
D.	Are processes in place to ensure all internal and external notifications and media releases will be completed?
E.	Have key agency staffs been fully briefed about the implementation of this prescribed fire?
F.	Are there circumstances that could affect the successful implementation of the plan? <i>Such as preparedness level restrictions, resource availability, other prescribed fire or wildfire activity</i>
G.	Have you communicated your expectations to the Burn Boss and FMO regarding if and when you are to be notified that contingency actions are being taken?
H.	Have you communicated your expectations to the Burn Boss and FMO regarding decisions to declare the prescribed fire a wildfire?

Implementation Recommended by:

FMO or Prescribed Fire Burn Boss Signature: _____ Date: _____

I am authorizing ignition of this prescribed fire between the dates of _____ and _____. It is my expectation that the project will be implemented within this time frame and as discussed and documented and attached to this plan. If the conditions we discussed change during this time frame, it is my expectation you will brief me on the circumstances and an updated authorization will be negotiated if necessary.

Additional Instructions or Discussion Documentation attached (Optional): Yes No

Ignition Authorized by:

Agency Administrator Signature and Title: _____ Date: _____

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**PRESCRIBED FIRE GO/NO-GO CHECKLIST
(Prescribed Fire Plan, Element 2B)**

* Preliminary Questions	Circle YES or NO
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 NO proceed with the Go/NO-GO Checklist below, if YES go to item B.	<p align="center">YES NO</p>
Has the prescribed fire plan been reviewed and an amendment been approved; or has it been determined that no amendment is necessary? If YES , proceed with checklist below. If NO, STOP: Implementation is not allowed. An amendment is needed.	<p align="center">YES NO</p>
GO/NO-GO Checklist	Circle YES or NO
* Have ALL permits and clearances been obtained?	<p align="center">YES NO</p>
* Have ALL the required notifications been made?	<p align="center">YES NO</p>
Have ALL the pre-burn considerations and preparation work identified in the prescribed fire plan been completed or addressed and checked?	<p align="center">YES NO</p>
Have ALL required current and projected fire weather forecast been obtained and are they favorable?	<p align="center">YES NO</p>
* Are ALL prescription parameters met?	<p align="center">YES NO</p>
* Are ALL smoke management specifications met?	<p align="center">YES NO</p>
Are ALL planned operations personnel and equipment on-site, available and operational?	<p align="center">YES NO</p>
Has the availability of contingency resources applicable to today's implementation been checked and are they available?	<p align="center">YES NO</p>
Have ALL personnel been briefed on the project objectives, their assignment, safety hazards, escape routes, and safety zones?	<p align="center">YES NO</p>
If all the questions were answered " YES " proceed with a test fire. Document the current conditions, location and results. If any questions were answered " NO ", DO NOT proceed with the test fire: Implementation is not allowed.	
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? Circle: YES or NO	

* Items required if checklist is modified *

Burn Boss Signature: _____ Date: _____

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INCIDENT OBJECTIVES (ICS 202)

4. Objective(s):

A. Resource objectives:

- Remove tree and brush piles in order to re-establish native grasses in support of promoting natural prairie ecosystems for the benefit of waterfowl, other migratory birds and trust species.

B. Prescribed fire objectives:

- Consume > 80-100 % of all fuels

5. Operational Period Command Emphasis:

The Burn Boss is responsible for determining if an escape has become a wildfire.

Priorities in the event of a wildfire are as follows:

- Protection of public and fire line personnel life safety
- Protection of privately owned primary residences
- Protection of private property and lands
- Minimize any damage to natural resources

General Situational Awareness

Safety Hazards:

- Travel on county roads
- Ensuring the weather forecast is favorable for pile consumption and to limit pile creep into adjacent fuels.

Smoke-Sensitive Receptors:

- None

6. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located at: Station Safety Plan and JHA's are located at Chase Lake WMD Office.

7. Incident Action Plan (the items checked below are included in this Incident Action Plan):

<input checked="" type="checkbox"/> A/A Ign Authorization	<input checked="" type="checkbox"/> ICS 206	<input type="checkbox"/> Complexity Analysis	<input type="checkbox"/> Contingency Map
<input checked="" type="checkbox"/> Rx Fire Go/No-Go	<input checked="" type="checkbox"/> ICS 207	<input type="checkbox"/> Environmental Checklist	<input type="checkbox"/> Ignition Sequence Map
<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> Prescription Parameters	<input type="checkbox"/> Cultural Resource Review	<input type="checkbox"/> Smoke Trajectory Map
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> Spot Forecast	<input type="checkbox"/> Vicinity Map	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> ICS 214	<input type="checkbox"/> Project Map	<input type="checkbox"/>

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ASSIGNMENT LIST (ICS 204)

4. Physical Description							
Location	<u>Township Range Section</u> T142N R68W S28		<u>Latitude Longitude (NAD)</u> 47.0856° --99.3021°		<u>County</u> Stutsman		
	<u>Topo Quad 24K</u> Pearl Lake ND		<u>Fire District</u> Woodworth Rural FD		<u>911 Address</u> 5600 23 rd St SE Woodworth, ND 58496		
Size	<u>Unit Acres</u> 8		<u>Burnable Acres</u> 8		<u>Perimeter Miles</u> 0	<u>Fire Break Miles</u> 0	
Topography	<u>Aspect</u> Flat		<u>Slope</u> 0%		<u>Elevation</u> 1900		
5. Operations Personnel:							
			<u>Name</u>	<u>Contact Number(s)</u>			
FWS Project Leader:			Todd Frerichs	701-460-0576			
FWS Zone FMO:			Jeff Dion	701-650-1171			
Fire Management Specialist:			Mike Hill	701-450-8514			
6. Resources Assigned:							
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)			Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
RXB3 (or higher)		1					
FFT2		1					
7. Work Assignments:							
Ignite, hold and patrol piles until piles are out. Continually patrol to ensure pile perimeter is secure.							
8. Special Instructions:							
Critical holding areas: any portion of the pile with exposed adjacent fuels that can easily be dried by radiant heat transfer, and cause creeping/smoldering outside of the pile into a fuel bed causing an escape.							
9. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Function	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mod	Remarks
FWS FIRE	Tac	168.3500	CSq	168.3500	CSq	D	FWS RX Fire TA
ST2-EMER	Command	155.4750	CSq	158.4750	156.7	A	County Dispatch
VFIRE23	Tac	154.2950	CSq	154.2950	CSq	A	State Fire Mutual
AIR2GRND	Tac	167.4250	CSq	167.4250	CSq	A	ND01 Airtoground

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COMMUNICATIONS LIST (ICS 205A)

4. Basic Local Communications Information:		
Name	Phone #	Time/Comment
ND Zone FMO – Jeff Dion	285-3341/650-1171	
Bismarck Nat'l Wx Service	250-4494	
ND Dispatch Center	989-7330	
Stutsman County Dispatch	252-9000	Non-Emergency #
Woodworth VFD	752-4133	
Residence (within 1 mile)		
Steve Hochhalter	701-752-4170	
Adjacent Landowners (* absentee landowner)		
Steve Hochhalter	701-752-4170	

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MEDICAL PLAN (ICS 206)

4. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
Medina Ambulance	Medina, ND	911 – Stutsman Co. Dispatch	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
Jamestown Area Ambulance	Jamestown, ND	911 – Stutsman Co. Dispatch	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
Carrington Ambulance	Carrington, ND	911 – Stutsman Co. Dispatch	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
Medical Air Service	Jamestown, ND	911 – Stutsman Co. Dispatch	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
Bismarck Air Medical	Bismarck, ND	911 – Stutsman Co. Dispatch	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS

6. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Jamestown Regional Medical Center	Jamestown, ND	701-251-0343	15 min	45 min	<input checked="" type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
St. Alexius Medical Center	Bismarck, ND	701-530-7000	15 min	1.5 hr	<input checked="" type="checkbox"/> Yes Level: 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sanford Health	Jamestown, ND	701-253-4000	15 min	1.5 hr	<input checked="" type="checkbox"/> Yes Level: 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Regions Hospital	St. Paul, MN	800-922-2876	1.5 hr	5.5 hr	<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. Special Medical Emergency Procedures:

Declare the nature of the emergency. Closest Medical Aid personnel respond. Burn Boss will identify Medical Point of Contact (POC). Determine if transport is needed. If so, contact Central Dakota Communication Center via 911.

Use Patient Assessment found on pink page #118 of the IRPG to assess patient and provide information to Dispatch. Document all information in log unit.

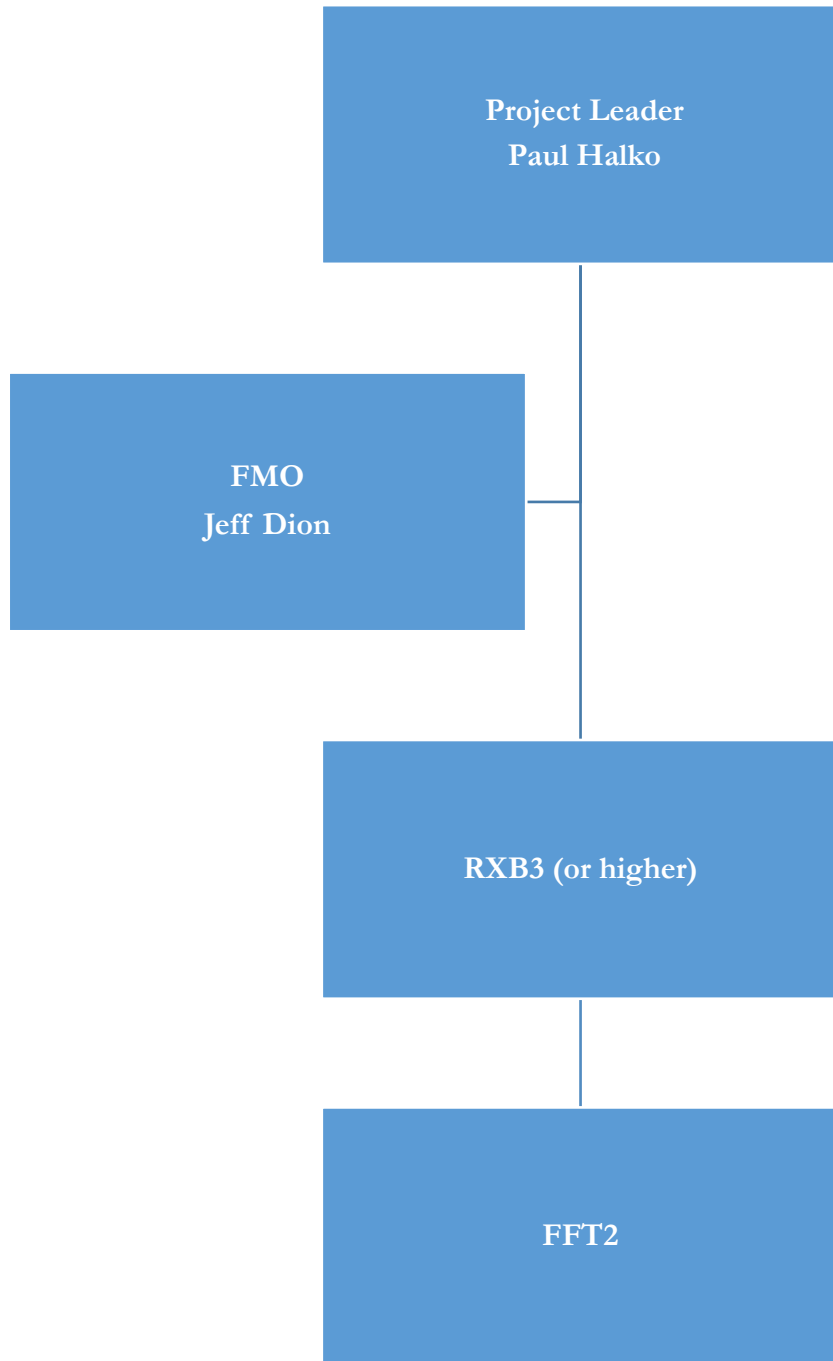
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MEDICAL PLAN (ICS 206 WF)
Controlled Unclassified Information//Basic

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) <i>Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."</i>					
2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure. <i>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."</i>					
Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2nd - 3rd burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2nd - 3rd burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>				
Nature of Injury or Illness & Mechanism of Injury					Brief Summary of Injury or Illness <i>(Ex: Unconscious, Struck by Falling Tree)</i>
Transport Request					Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location					Descriptive Location & Lat. / Long. (WGS84)
Incident Name					Geographic Name + "Medical" <i>(Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander					Name of on-scene IC of Incident within an Incident <i>(Ex: TFLD Jones)</i>
Patient Care					Name of Care Provider <i>(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. 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:					
<i>Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication</i>					
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 ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.					

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INCIDENT ORGANIZATION CHART (ICS 207)



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Prescription Parameters

ENVIRONMENTAL CONDITIONS	ACCEPTABLE	DESIRED	FORECASTED <small>(NWS spot forecast)</small>
Temperature °F	0-60	25	
Relative Humidity	35-100	50	
Wind Speed mph (20' forecast)	0-20	5-15	
Wind Direction	ANY*		
Dispersion Index**	N/A		

Element 9: Pre-burn Considerations and Weather Requirements: On-site: Minimize Surface Fire Spread in Adjacent Fuels – Adjacent fuels must be either saturated, frozen, snow covered, and/or unable to carry fire to prevent fire spread beyond piles (including debris piles within areas where adjacent fuels do not exist with 30 feet of the pile). It will be at the discretion of the burn boss to determine that the conditions are acceptable to pile burning to minimize surface fire spread outside of the pile. The timing and seasonality of pile burning must allow for moisture to be present. The conditions below are suggested forms of adequate moisture and conditions limiting surface spread to conduct pile burning (other conditions may exist and burn boss shall document conditions on-site prior to ignition).

- a) Rain accumulations of greater than 0.1 inches within the previous 48 hours prior to planned ignition
- b) Snow accumulation greater than ¼”
- c) Frozen ground to minimize the duff and organic material from burning
- d) Heavy frost (small piles, few number of piles that can be closely monitored)

See Appendix E: Fire Behavior Modeling Documentation or Empirical Documentation

Due to the implementation timing of this prescribed fire during the fall, winter, and spring months when fuels are saturated, frozen, or snow covered, fire behavior runs are not accurate in depicting appropriate fire behavior in adjacent fuels. The burn boss is to ensure that the adjacent fuels will not carry a surface fire, and therefore fire behavior modeling is not required.

* While this plan calls for any wind direction for each unit, it should be noted that no burning should take place within ½ mile upwind of any residence or business. In addition to wind direction, burning should be avoided during strong inversions and poor smoke dispersal times in areas with residences or roadways within one mile of the burn unit.

**Dispersion Index (Transport Winds X Mixing Height) – even though a dispersion index isn’t part of the prescription parameters, it is still recommended that the burn boss calculate the daily dispersion index based off the Spot Weather Forecast and document the Dispersion Index

- <13,000: Poor
- 13,000 – 29,999: Fair
- 30,000 – 59,000: Good
- 60,000 or greater: Excellent

Method and Frequency for Obtaining Weather and Smoke Management Forecast(s)

- A spot weather forecast for the burn site will be requested from the NWS for each ignition operational period by submitting the online form at <http://www.crh.noaa.gov/bis/fire.htm> or by phone at 701-250-4224.

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9. On-Site WX & Fire Behavior Obs.								
Date/Time	Aspect			Cover Type			% Green	
	Location	Temp		RH	Wind		% Cloud Cover	Remarks: (smoke dispersal, fire behavior, fuel consumption)
		Dry	Wet		Speed	Direction		
	Test Fire							