

Incident Action Plan Woodworth Station WPA



Units 2 & 3

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, Woodworth Station WPA Units 2 & 3 | 2. Incident Location: Stutsman County. Strong Twp Burn unit is 2.7 miles east of Woodworth ND, along 19 th St SE 5924 19 th St SE, Woodworth, ND 58496 47.1456° -99.2458° | 3. Operational Period: |
|---|---|-------------------------------|

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 |
|--|------------------------------|
| 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 NO proceed with the Go/NO-GO Checklist below, if YES go to item B. | <p align="center">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 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 | |

Burn Boss Signature: _____ Date: _____

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INCIDENT OBJECTIVES (ICS 202)

Objective(s):

A. Resource objectives:

1. Actively manage units using prescribed fire with 1-2 treatments every 5-10 years.
2. Reduce or maintain presence of non-native invasive species including smooth brome, Kentucky bluegrass, absinth wormwood and Canada thistle.
3. Reduce accumulated litter by 70% - 100% to increases soil nutrients, stimulates plant growth and rejuvenate native grasses.

B. Prescribed fire objectives:

1. Treat 80% - 100% of unit with fire providing for a natural or mosaic fire pattern where possible.
2. Reduce litter accumulation by 70% - 100%.

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:

1. Protection of public and fire line personnel life safety
2. Protection of privately owned primary residences
3. Protection of private property and lands
4. Minimize any damage to natural resources

General Situational Awareness

Safety Hazards:

- Wetlands on boundary - Driving interior of unit & access around water.

Smoke-Sensitive Receptors:

- Residence within 2 miles of unit

Leaders Intent

1. **Task:** Ignite, hold, patrol, mop-up the perimeter, and protect values at risk within and adjacent to the burn unit.
2. **Purpose:** protect private property, reduce hazardous fuels, and enhance wildlife habitat
3. **End State:** Fire stays on FWS lands, within containment lines. Damage to natural resources do not occur or are minimized. No injuries occur. No vehicles get stuck.

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 checked="" type="checkbox"/> Prescription Parameters | <input checked="" type="checkbox"/> ICS 202 |
| <input checked="" type="checkbox"/> Rx Fire Go/No-Go | <input checked="" type="checkbox"/> ICS 207 | <input checked="" type="checkbox"/> Spot Forecast | <input checked="" type="checkbox"/> ICS 204 |
| <input checked="" type="checkbox"/> ICS 205A | <input checked="" type="checkbox"/> ICS 214 | | |

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ASSIGNMENT LIST (ICS 204)

| | | | | | | | |
|--|---|---------------------|--|--------------------------|---|---|-------------------|
| 4. Physical Description | | | | | | | |
| Location | <u>Township Range Section</u> T142N R68W S1, 2 | | <u>Latitude Longitude (NAD 83)</u> 47.1456° -99.2458° | | <u>County/Township</u> Stutsman/Strong | | |
| | <u>Topo Quad 24k</u> Goldwin Woodworth | | <u>Fire District</u> Woodworth Rural Fire Department | | <u>911 Address</u> 5924 19 th St SE, Woodworth, ND 58496 | | |
| Size | <u>Unit Acres</u> 633 | | <u>Burnable Acres</u> 633 | | <u>Perimeter</u> 5.6 | <u>Fire Break Miles</u> 0.0 | |
| Topography | <u>Aspect</u> Flat, Rolling | | <u>Slope</u> 0-10 % | | <u>Elevation</u> 1900-1975 | | |
| 5. Operations Personnel: | | | | | | | |
| | | <u>Name</u> | | <u>Contact Number(s)</u> | | | |
| FWS Project Leader: | | Paul Halko (acting) | | 701-649-0122 | | | |
| 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 | |
| RXB2 | | 1 | | | | UTV Pumper | |
| FFT1 | | 2 | | | | UTV Pumper's | |
| ENGB, FFT2 | | 2 | | | | Type 6 | |
| FFT2 | | 2 | | | | Igniter | |
| FFT2 | | 1 | | | | UTV Pumper's | |
| | | | | | | | |
| | | | | | | | |
| 7. Work Assignments: | | | | | | | |
| Ignite, hold and patrol line along the boundary. Continually patrol between ignition and test fire to ensure line is secure. | | | | | | | |
| 8. Special Instructions: | | | | | | | |
| Critical holding areas: any portion of the border that requires a mowed fire break. Patrol until line is secure to ensure there is no possibility of fire creeping outside the unit. | | | | | | | |
| 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)

| Basic Local Communications Information: | | |
|---|-------------------------------|--------------|
| Name | Phone # | Time/Comment |
| ND Zone FMO – Jeff Dion | 701-285-3341/ 701-650-1171 | |
| Bismarck Nat'l Wx Service | 701-250-4494 | |
| ND Dispatch Center | 701-989-7330 | |
| State Radio | 701-328-9921 | |
| Stutsman County Dispatch | 701-252-1000/911 | |
| Woodworth VFD | 701-752-4133/911 | |
| | | |
| | | |
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| | | |
| Residence (within 2 miles) | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| Adjacent Landowners (* absentee landowner) | | |
| Reed Koenig (W) | 701-650-7094 (c) | |
| Elizabeth (Liz) Koenig (W) | 701752-4217 (h) | |
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MEDICAL PLAN (ICS 206)

| 1. Incident Name: Woodworth Station WPA Unit 3 | | 2. Incident Location: The unit is 2.5 miles east of Woodworth in Stutsman County 142N 68W Sec. 1 | | | | | |
|---|--|--|--|--------|--|--|--|
| 3. 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 | | | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 4. Transportation (indicate air or ground): | | | | | | | |
| Ambulance Service | Location | Contact Number(s)/Frequency | Level of Service | | | | |
| Barnes County Ambulance | Valley City | 845-2220 | <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS | | | | |
| Jamestown Ambulance | Jamestown | 252-1231 | <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS | | | | |
| Bowdon Ambulance | Bowdon | 962-3646 | <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS | | | | |
| | | | <input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS | | | | |
| 5. Hospitals: | | | | | | | |
| Hospital Name | Address, Latitude & Longitude if Helipad | Contact Number(s)/ Frequency | Travel Time | | Trauma Center | Burn Center | Helipad |
| | | | Air | Ground | | | |
| Jamestown Hospital | Jamestown, ND | 252-1050 | | 35 min | <input type="checkbox"/> Yes Level: ____ | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Merit Care Medical Center | Fargo, ND | 234-2000 | 20 min | 60 min | <input checked="" type="checkbox"/> Yes Level: ____ | <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 | 8 hr | <input checked="" type="checkbox"/> Yes Level: ____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Special Medical Emergency Procedures: | | | | | | | |
| <p>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 State Radio Dispatch by 911 or ST2-EMER.</p> <p>Use Patient Assessment found on pink page #100 of the IRPG to assess patient and provide information to Dispatch. Document all information in log unit.</p> <p><input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.</p> | | | | | | | |

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)

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 | <input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° 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, 2° – 3° 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 | | <i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i> |
| Transport Request | | <i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i> |
| Patient Location | | <i>Descriptive Location & Lat. / Long. (WGS84)</i> |
| Incident Name | | <i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i> |
| On-Scene Incident Commander | | <i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i> |
| Patient Care | | <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. 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 * |
|-------------|---------------------|--------------|------------|---------------|------------|
| 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.

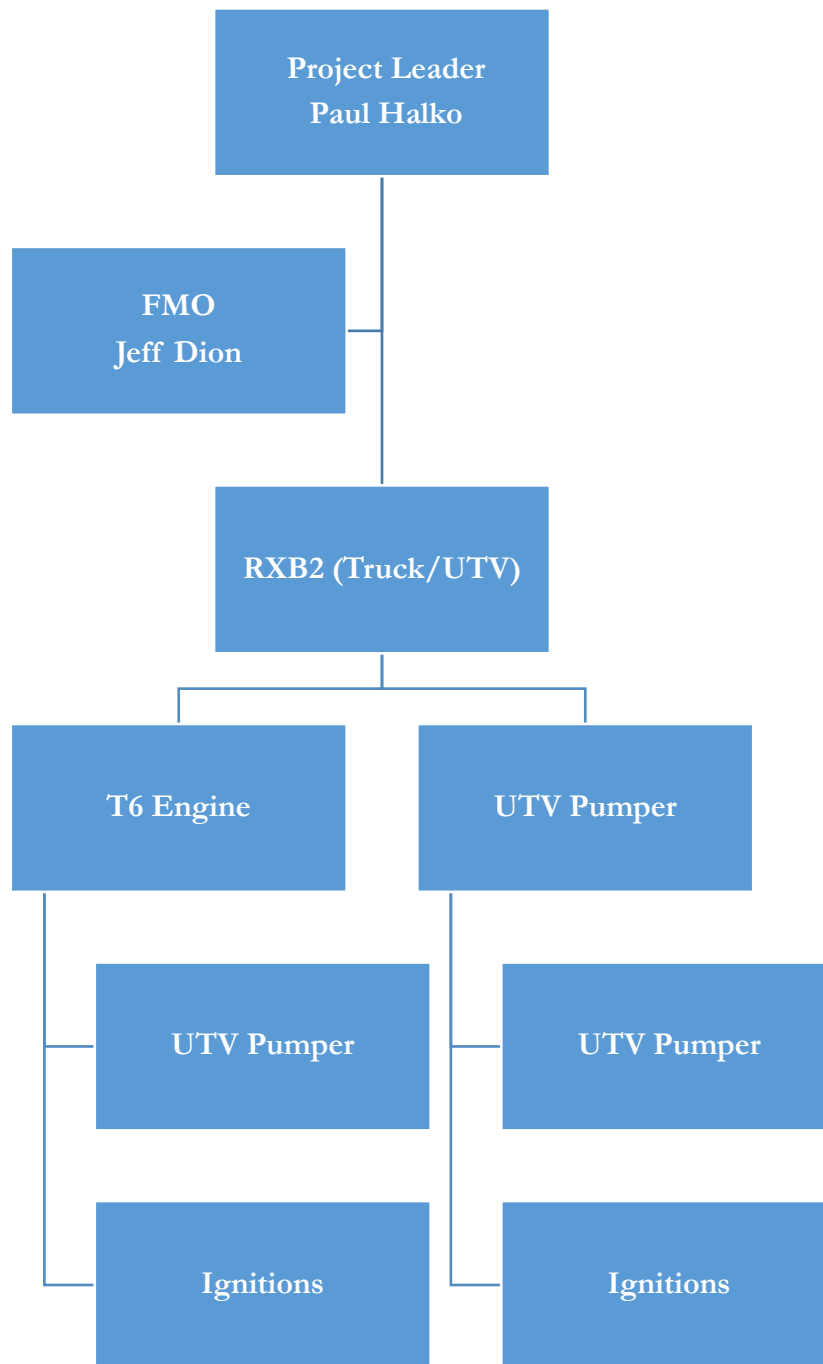
8. ADDITIONAL INFORMATION: Updates/Changes, etc.

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 (NWS spot forecast) |
|---|-------------------|----------------|--|
| Temperature | 40-99 | 50-89 | |
| Relative Humidity | 15-70 | 25-44 | |
| 1 hr. Fuel Moisture (%)* | 5-11 | 5-7 | |
| Wind Speed mph (20' forecast) | 3-20 | 5-15 | |
| Wind Direction | NW, N, W | | |
| Dispersion Index** | >13,000 | | |
| FIRE BEHAVIOR (BehavePlus5 runs – FM 1, 6% Slope, Direction of Maximum Spread) | ACCEPTABLE | DESIRED | FORECASTED (if environmental conditions are outside acceptable ranges – see below) |
| Surface Rate of Spread (ch/h) | 6-297 | 44.9-297.3 | |
| Fireline Intensity (Btu/ft/s) | 4-504 | 73-504 | |
| Flame Length (ft) | 0.8-8 | 3.2-7.9 | |
| FIRE BEHAVIOR (NFDRS Calculator) | ACCEPTABLE | DESIRED | FORECASTED (RAWS) |
| Energy Release Component (ERC) | 1-20+ | 3-4 | |
| Burning Index (BI) | 0-60 | 25-53 | |
| <p style="text-align: center;">See Appendix E: Fire Behavior Modeling Documentation or Empirical Documentation</p> <p>The Fire Behavior Prescription is the range of acceptable and desired fire behavior to obtain the fire treatment and resource objectives. The Environmental Conditions are used only to determine Fire Behavior. Any combination of weather and fuels guidance parameters that result in an acceptable fire behavior range will be considered within prescription.</p> | | | |

*1 hr. Fuel Moistures are Reference Fuel Moistures with Fuel Moisture Content Correction of 0-1 during May, June and July. Forecasted 1 hr. Fuel Moisture can be determined using the Fireline Handbook Appendix B: Fire Behavior or taken from a representative RAWS.

**Dispersion Index (Transport Winds X Mixing Height)

- <13,000: Poor, No burning will be conducted
- 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.
- NFDRS data for point forecasts, including Burning Index, Energy Release Component, Ignition Component and others, may be obtained from NDC or directly from the RAWS located in the area (Long Lake or Sand Lake).

