Anderson Mobilization Center

08/07/2015 to 08/08/2015

0800-0800

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Anderson Mobilization Center	2. Operational Period: Date From: 08/08/2015 Time From: 0800 Date To: 08/09/2015 Time To: 0800

3. Objectives:

Management Objectives:

- Provide a safe and secure environment for equipment and personnel.
- Provide an efficient and cost effective mobilization center.
- Ensure fiscal accountability.

Control Objectives:

- Ensure accurate accountability of resources and operational readiness.
- Provide adequate logistical support.
- Provide timely intelligence to all personnel.
- Ensure contract accountability.

4. Operational Period Command Emphasis:

The safety, security, and mission readiness of all equipment and personnel at the Anderson Mobilization Center is paramount. All other considerations are secondary.

5. Site Safety Plan Required? Yes ☐ No ■
Approved Site Safety Plan(s) Located at:

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

■ ICS 203	■ ICS-206	Other Attachments:
■ Weather	■ Phone List	☐ _____
■ Safety	■ Information Message	☐ _____
■ ICS 215A	■ Map	☐ _____
■ ICS 204s	■ ICS-214	☐ _____

7. Prepared by: Rob Daugherty(PSC) Signature: _____

8. Approved by Incident Commander: Mark Kendall Signature: _____

ICS 202	IAP Page: 1	Date/Time: 08/07/2015 1800

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Anderson Mobilization Center	2. Operational Period: Date From: 08/08/2015 Date To:08/09/2015 Time From: 0800 Time To: 0800

3. Incident Commander(s) and Command Staff:	
IC/UCs	Robert Michael/ Steve Reeder (T)
Deputy	Mark Kendall /Barry Biermann (T)
Safety Officer	Curtis Brown/ Dave Sargenti (T)
Public Info. Officer	Mike Smith
Liaison Officer	Dennis Carreiro
Law Liaison Officer	John Davis

4. Agency/Organization Representatives:	
CDCR	Cory Gould
State OES	Bill Bondshu
CCC	Paul Hancock

5. Planning Section:	
Chief	Rob Daugherty
Deputy	
Resources Unit	Josh Black/ Jim Mobley (T)
Situation Unit	Dave Shy
Documentation Unit	
Demobilization Unit	Steve DeBenedet

6. Logistics Section:	
Chief	Pete Gallegos
Deputy	Geoff Pemberton
Supply Unit	Tim Stewart/ Amber Henderson
Facilities Unit	Carmel Mitchell
Ground Support Unit	Steve Langston
Hired Equipment	Andy Whitlock
Communications Unit	Kyle Johnson
Medical Unit	
Food Unit	David Jones/ Mario Rivera
Motel Unit	April Brown

7. Operations Section:		
Chief		
Deputy		
Staging Area		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Air Operations Branch		
Air Ops Branch Dir.		

8. Finance/Administration Section:	
Chief	Roger Raines
Deputy	
Time Unit	Patrick Aguada
Procurement Unit	James Lopez
Comp/Claims Unit	Laura Germany
Cost Unit	John Forsberg

9. Prepared by: Name: J. Black_____ Position/Title: RESL_____Signature: _____

ICS 203	IAP Page: 2	Date/Time: 08/07/2015 1925_____

Northern California Weather Synopsis

RED FLAG WARNING

***** HIGH RISK for Lingering Thunderstorms Today but Getting Wetter *****

***** HIGH RISK for Increasing SW Winds Early Next Week *****

Low pressure moved onshore across Central CA last night, with a few hundred lightning strikes, with some light showers. Today's lightning will focus more on the Sierra/Cascades and parts of the Northern Mountains. These storms, especially in the Sierra, will be getting progressively wetter by late this afternoon. Over the weekend, a low will drop south along the Canadian coast and continue to move south along our West Coast the first half of next week. This will produce a strengthening SW flow with drier conditions over North Ops. Given number of fires ongoing and possible new lightning starts, these winds...in the 15-30 mph range are enough of a concern to warrant High Risk for early next week.

In addition, by midweek but there may be just enough moisture associated with the low for some isolated thunderstorms over the Northern Mountains. Temperatures will remain seasonable, even a little cooler than normal. Onshore flow along the immediate coast should produce significant cooling there, but a deep marine layer is not expected due to the proximity of low pressure.

CAL FIRE INCIDENT MANAGEMENT TEAM 3

SAFETY MESSAGE	1. INCIDENT NAME:	2. DATE PREPARED:	3. TIME PREPARED:
	Anderson Mobilization Center	August 7, 2015	0900

4. PREPARED BY:	5. LEADER NAME:	6. OPERATIONAL PERIOD:
David Sargenti	Curtis Brown SOF1	8-8-2015 0800 **TO** 8-9-2015 0800

SAFETY MESSAGE

com·pla·cen·cy

1. the sense of security and comfort that derives from the belief that the success that's taken place in the past will contiune indefinitely.

- **Be alert for signs of fatigue in yourself and your crews. Take actions to get adequate rest**
- **Inspect all of your equipment that they are operating correctly and are ready for the next assignment**
- **Stay informed of the current and expected weather conditions prior to your assignment**
- **Monitor your hydration/nutrition intake and keep adequate supplies of each**
- **Secure all vehicles and belongings when not occupied by personnel**
- **Use your time wisely in the Mobilization Center to prepare for the next incident**

Stay Informed

(utilize all of the resources that are available to you)

Demob Safety Message

Anderson Mobilization Center

On Behalf of CAL FIRE Incident Management Team 3 we would like to thank you for your assistance. We wish you safe travels home or to your next assignment. Below are a few reminders to make your trip safer:

- ✓ Conduct walk around before driving
- ✓ Check for and secure all loose items (ie: tools, hose, and packs)
- ✓ Wear seat belts at all times
- ✓ Monitor all drivers for fatigue,
  - o Switch drivers regularly if possible
  - o If not find a safe place to stop, exit the vehicle and stretch a little
  - o If all else fails, stop and take a short rest to revitalize.
- ✓ Obey Posted Speed Limits
- ✓ Ensure Personnel have adequate nutrition and hydration for the trip
- ✓ Be prepared to go to the next incident

Thank you again travel safe!

Curtis Brown SOF1 IMT 3

Lookouts **Communications** **Escape Routes** **Safety Zones**

ANDERSON MOBILZATION CENTER INCIDENT RISK ANALYSIS (ICS 215A)

DIV	HAZARDOUS ACTIONS / CONDITIONS	MITIGATIONS/WARNINGS/REMEDIES
CAMP	FATIGUE	• Be alert for signs of fatigue in yourself and your crew, get adequate rest at Camp. • Monitor incoming/outgoing resources for level of fatigue. • Maintain 2:1 work/rest ratio.
CAMP	HYDRATION	• Stay hydrated while in camp, replenish bottled water supply. • Be alert for signs of heat stress in yourself and others.
CAMP	DRIVING HAZARDS	• Drive defensively! Expect the unexpected. Slow Down on Highway 273! • Reduce distractions (phones, radios, eating) while driving. • Increase following distances. Maintain Situational Awareness. • Drive with headlights on.
CAMP	HEAT ILLNESS PREVENTION	• Follow CAL FIRE Heat Illness Prevention Plan-Available at ICP • All line personnel should be acclimated to work environment • Monitor employee hydration/nutrition and insure adequate supplies are available • Utilize cooling measures to assist with lowering core temperature • IRPG Page 103
CAMP	COMMUNICATION	• Obtain incident information and IAP prior to departing Mob Center. • Everyone gets a briefing. • Ensure radios are correctly cloned for your next assignment • Refer to IRPG Page ix.
CAMP	COMPLACENCY	• Stay alert. Be prepared to respond when dispatched. • Maintain situational awareness • Refer to IRPG Page x.
ALL	SECURITY	• Secure your vehicles prior to leaving. Keep valuables out of sight. • Park in well-lit areas • Provide for accountability of your personnel • Regarding recent events, maintain situational awareness of your surroundings both in camp and with movement around the community.

Incident Name:	DATE PREPARED: **8/7/15**	OPERATIONAL PERIOD
ANDERSON MOBILIZATION CENTER	Prepared by: David Sargenti SOF1T	**August 8, 2015** **0800-0800**

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3. Resource Assignment
Anderson Mobilization Center	Date From: 08/08/2105 Date To:08/09/2015 Time From: 0800 Time To: 0800	**STAGING AVAILABLE**

4. Staging Area Manager: Steve DeBenedet **Contact Info: (530) 378-6781**

5. Resources Assigned:

Resource Identifier	Leader	Request #	# of Persons	Status
STA OES 2804A	M. Ciancio	E-87	21	Available\Immediate
STA OES 2803A	K. Bradley	E-90	22	Available\Immediate
STA XLC 1205A	W. Lynch	E-92	21	Available\Immediate
STA OES 1860A	T. Ohara	E-89	21	Available\Immediate
STC XNE 4100C	J. Bierwagen	E-91	20	Available\Immediate
STC CNT 2310C	B. Glass	E-86	22	Available\Immediate
STC XSD 6440C	C. Smith	E-85	19	Available\Immediate
ENG NMS E1774	C. Espinoza	E-16	3	Available\Immediate
ENG A1S 174	G. Reitz	E-57	4	Available\Immediate
ENG A1S 591	C. Reyes	E-60	4	Available\Immediate
ENG A1S B332	J. Johnson	E-58	4	Available\Immediate
ENG SPA E2061	V. Calabaza	E-31	3	Available\Immediate\No EMS
ENG A1S 261	M. Laing	E-91	4	Available\Immediate\No EMS
ENG PVT SANGRE 40	J. Valdez	E-42	3	Available\Immediate\No EMS
ENG PVT ROC WLDF 6	R. Norrid	E-41	3	Available\Immediate\No EMS
CRW SRF SALYER	D. Varon	E-115	19	Available\Immediate

9. Prepared by: Name: J Black_____ Position/Title: RESL_____Signature: _____

ICS 204	IAP Page _____	Date/Time: 08/08/2015 2210_____

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3. Resource Assignment
Anderson Mobilization Center	Date From: 08/08/2105 Date To:08/09/2015 Time From: 0800 Time To: 0800	**UNAVAILABLE R&R**

4. Staging Area Manager: Steve DeBenedet **Contact Info: (530) 378-6781**

5. Resources Assigned:

Resource Identifier	Leader	Request #	# of Persons	Status

9. Prepared by: Name: J Black_____ Position/Title: RESL_____Signature: _____

ICS 204	IAP Page _____	Date/Time: 08/07/2015 2210_____

ASSIGNMENT LIST (ICS 204)

1. Incident Name: **Anderson Mobilization Center**	**2. Operational Period:** Date From: 08/08/2105 Date To:08/09/2015 Time From: 0800 Time To: 0800	**3. Resource Assignment** **BARNETT**

4. Staging Area Manager: Steve DeBenedet **Contact Info: (530) 378-6781**

5. Resources Assigned:

Resource Identifier	Leader	Request #	# of Persons	Status
STG RRU 9383G	D. Mattson	C-5	33	Available 08/08/2015 @ 0800

9. Prepared by: Name: J Black____________ Position/Title: RESL_____________Signature: ___________________

ICS 204	**IAP Page** _____	Date/Time: 08/07/2015 2210_____________________________

MEDICAL PLAN **ICS 206**	1. INCIDENT NAME **Anderson Mobilization Center**	2. DATE PREPARED 8/7/15	3. TIME PREPARED 1500	4. OPERATIONAL PERIOD 8/8/15 0800-0800

5. INCIDENT MEDICAL AID STATIONS

MEDICAL AID STATIONS	LOCATION	PARAMEDICS	
		YES	NO
ICP			XX

6. TRANSPORTATION

A. AMBULANCE SERVICES

NAME	LOCATION	PHONE	PARAMEDICS	
			YES	NO
American Medical Response, AMR	4989 Mountain Lakes Blvd. Redding, CA 96001	530.245.6564	XX	
Mercy Ambulance	2175 Rosaline Ave. Redding, CA 96001	530.225.7214	XX	
Reach 5 (Air Transport)	1524 East St. Redding , CA 96001	707.239.0077	XX	
PHI Med 4-3 (Air Transport)	5900 Old Oregon Trail Redding, CA 96002	530.221.0646	XX	

B. INCIDENT AMBULANCES

NAME	LOCATION	PARAMEDICS	
		YES	NO

7. HOSPITALS

NAME Med Net Channel	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
Mercy Medical Center (Level II Trauma Ctr)	2175 Rosaline Ave. Redding CA	5 min	10 min	530.225.7214	X			X
Shasta Regional (Level III Trauma Ctr)	1100 Butte Street Redding CA	5 min	10 min	530.243.4042	X			X
UC Davis Burn Ctr	2315 Stockton Blvd. Sacramento CA	1 hr	2.5 hrs	916.734.2011	X		X	

8. MEDICAL EMERGENCY PROCEDURES

CAMP EMERGENCY:
Call 911, care for patient, and contact Supervisor with patient complaint/condition and location.

- Supervisor will contact Communications unit at **530.524.6129**

INJURY REPORTING PROCEDURES

NATURE OF INJURY_____
LOCATION OF PATIENT_____
POINT OF CONTACT _____
TRANSPORTATION REQUESTED BY:AIR___ GROUND__
POINT OF PICKUP_____
LAT _____ **LONG** _____
PATIENT UNIT ID_____
IS AN EMT WITH PATIENT: YES _____ **NO**_____
AGE_____
SEX: MALE_____ **FEMALE**_____

ALL EMERGENCIES---Secure the area and identify witnesses for later investigation. Keep an accurate log of events.

ICS 206 (Rev 03/12) FR	9. PREPARED BY: (Medical Unit Leader)	10. REVIEWED BY: (Safety Officer)

INCIDENT NAME: ANDERSON MOBILIZATION **OPERATIONAL PERIOD**: DATE: 8/8/15

INCIDENT #: CA-CNR-000025 TIME FROM: 0800 TIME TO: 0800

INCIDENT COMMANDERS	NAME	PHONE #
INCIDENT COMMANDER	ROBERT MICHAEL	(951) 232-3948
DEPUTY	MARK KENDALL	(530) 949-0569
SAFETY OFFICER	DAVID SARGENTI	(831) 596-4724
PIO	MIKE SMITH	(951) 232-4049
LIAISON	DENNIS CARRERIO	(831) 594-8612
LAW ENFORCEMENT OFFICER	JOHN DAVIS	(949) 307-5952
PLANNING SECTION		
PLANS CHIEF	ROB DAUGHERTY	(530) 378-6781
RESOURCES UNIT	JOSH BLACK	(530) 378-6781
SITUATION UNIT	DAVE SHY	(530) 378-6781
HIRED EQUIPMENT TECH SPEC.	ANDY WHITLOCK	(530) 378-6781
DEMOB UNIT	STEVE DEBENEDET	(530) 378-6781
GIS	CHRIS INGRAM	(530) 378-6781
LOGISTICS		
LOGISTICS CHIEF	PETE GALLEGOS	(408) 722-8507
DEPUTY	GEOFF PEMBERTON	(951) 377-8472
SUPPORT BRANCH		
FACILITIES UNIT	CARMELL MITCHEL	(530) 410-5142
GROUND SUPPORT UNIT	STEVE LANGSTON	(661) 301-7352
SERVICE BRACH		
MOTEL TECH SPEC	RANDY DIAZ	(760) 534-8321
COMMUNICATIONS UNIT	KYLE JOHNSON	(530) 515-6673
COMMUNICATIONS VAN 24	N/A	(530) 524-6129
INCINET	JESUS MADRIGAL	(916) 690-2482
EXPANDED ECC	PAUL DUNCAN	(925) 519-6309
FINANCE		
FINANCE CHIEF	ROGER RAINES	(530) 356-7628
TIME UNIT	PARTICK AGUADA	(530) 356-7628
PROCUREMENT UNIT	JAMES LOPEZ	(530) 356-7628
COMP/CLAIMS UNIT	LAURA GERMANY	(951) 313-2817
COST UNIT	JOHN FORSBERG	(805) 235-2817

PREPARED BY (Name title): KYLE JOHNSON (COML) SIGNATURE: DATE: 8/7/2015

INCIDENT MANAGEMENT TEAM 3

Robert Michael – Incident Commander

ANDERSON MOBILIZATION BASECAMP RULES

- **SLEEP ONLY IN DESIGNATED AREAS/BUILDINGS**
  - **Please be quiet, personnel sleeping 24/7**
  - **No sleeping on fire equipment in parking lot**
  - **Clean up after yourself**
- **MANDATORY HANDWASHING PRIOR TO EATING MEALS**
- **NO DRUGS OR ALCOHOL ON PREMISE AT ANY TIME**
- **USE DESIGNATED METERED FIRE HYDRANTS FOR FILLING EQUIPMENT**
- **NO SMOKING WITHIN 30 FEET OF ALL ENTRANCES AND EXITS**
- **FOOT TRAFFIC ONLY IN BASECAMP**
  - **Park vehicles in designated areas**

If you have any questions regarding the basecamp, contact:

IMT 3 Facility Unit Leader, Carmel Mitchell @530-410-5142

Incident Management Team 3

Information Message

While assigned to the Anderson Mobilization Center, please direct members of the media to dial 916-651-FIRE (3473).

Members of the public requesting incident information may be directed to the Information Board on Briggs Street west of Highway 273.

As a reminder, the ICP maintains a Lost & Found for articles retrieved from the Mobilization Center. If you find an article, please return it to the Check In in ICP. If you've lost something, you can report it here.

Anderson Mobilization Center Map

NO DRUGS OR ALCOHOL ALLOWED IN ANDERSON MOBILIZATION – BASECAMP

ACTIVITY LOG (ICS 214)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit)**:**

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 of _____ Date/Time: _____

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit)**:**

Date/Time	Notable Activities

8. Prepared by: Name: ____________________ Position/Title: ____________________ Signature: ____________________

ICS 214, Page 2 of ________ Date/Time: ____

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

3. Name:	4. ICS Position:	5. Home Agency (and Unit):

Date/Time	Notable Activities

8. Prepared by: Name: ____________________ Position/Title: ____________________ Signature: ____________________

ICS 214, Page ________ of ________ Date/Time: ____________________

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:	
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit)**:**

Date/Time	Notable Activities

8. Prepared by: Name: ____________________ Position/Title: ____________________ Signature: ____________________

ICS 214, Page ________ of _________ Date/Time: ____