

LOWELL FIRE



INCIDENT ACTION PLAN

AUGUST 01, 2015 0700

TO

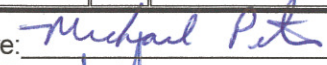
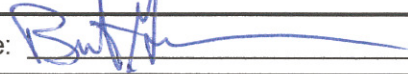
AUGUST 02, 2015 0700

CA-NEU-017851



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INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: LOWELL INCIDENT CA-NEU-017851	2. Operational Period: Date From: 08/01/2015 Date To: 08/02/2015 Time From: 0700 hours Time To: 0700 hours																																								
3. Objective(s): <u>Management Objectives</u> <ul style="list-style-type: none"> • Provide for public and emergency personnel safety at all times • Provide for timely and accurate release of incident information to the public, media, first responders and cooperators • Protect and defend structures and improvements in the fire area • Protect natural and cultural resources in the fire area • Provide a process to manage emergency resources efficiently • Ensure costs are minimized appropriately for values at risk • Ensure coordination and communication with stakeholders and cooperating agencies <u>Control Objectives</u> <ul style="list-style-type: none"> • NORTH of: Interstate 80 • SOUTH of: Buckeye Ridge • EAST of: Highway 174 • WEST of: McGuire Mountain 																																									
4. General Weather Conditions: SEE ATTACHED																																									
General Situational Awareness and Safety: <ul style="list-style-type: none"> • MAINTAIN L.C.E.S. AT ALL TIMES. Safety zones and escape routes are mandatory • Ensure all personnel maintain situational awareness • Rolling material and steep terrain. Remember to maintain good footing • Keep your hydration up by drinking water and electrolyte beverages. Avoid energy drinks • Maintain good communications with your supervisors, adjacent forces and crew members • Guard against complacency. 																																									
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at:																																									
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td><input checked="" type="checkbox"/></td><td>ICS 203</td> <td><input checked="" type="checkbox"/></td><td>ICS 214</td> <td><input checked="" type="checkbox"/></td><td>Finance Section Message</td> <td><input type="checkbox"/></td><td>Fire Operation Check List</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>ICS 204(s)</td> <td><input checked="" type="checkbox"/></td><td>ICS 220</td> <td><input checked="" type="checkbox"/></td><td>FC-33 Input Form</td> <td><input checked="" type="checkbox"/></td><td>Water Usage Report</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>ICS 205</td> <td><input checked="" type="checkbox"/></td><td>Weather Forecast</td> <td><input checked="" type="checkbox"/></td><td>Training Message</td> <td><input checked="" type="checkbox"/></td><td>Facility/Base Map</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>ICS 206</td> <td><input checked="" type="checkbox"/></td><td>Fire Behavior Forecast</td> <td><input checked="" type="checkbox"/></td><td>Documentation Message</td> <td><input checked="" type="checkbox"/></td><td>Travel Map</td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td>ICS 208</td> <td><input checked="" type="checkbox"/></td><td>Supp. Repair Message</td> <td><input checked="" type="checkbox"/></td><td>Demobilization Procedure</td> <td><input checked="" type="checkbox"/></td><td>Incident Map</td> </tr> </table>		<input checked="" type="checkbox"/>	ICS 203	<input checked="" type="checkbox"/>	ICS 214	<input checked="" type="checkbox"/>	Finance Section Message	<input type="checkbox"/>	Fire Operation Check List	<input checked="" type="checkbox"/>	ICS 204(s)	<input checked="" type="checkbox"/>	ICS 220	<input checked="" type="checkbox"/>	FC-33 Input Form	<input checked="" type="checkbox"/>	Water Usage Report	<input checked="" type="checkbox"/>	ICS 205	<input checked="" type="checkbox"/>	Weather Forecast	<input checked="" type="checkbox"/>	Training Message	<input checked="" type="checkbox"/>	Facility/Base Map	<input checked="" type="checkbox"/>	ICS 206	<input checked="" type="checkbox"/>	Fire Behavior Forecast	<input checked="" type="checkbox"/>	Documentation Message	<input checked="" type="checkbox"/>	Travel Map	<input checked="" type="checkbox"/>	ICS 208	<input checked="" type="checkbox"/>	Supp. Repair Message	<input checked="" type="checkbox"/>	Demobilization Procedure	<input checked="" type="checkbox"/>	Incident Map
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7. Prepared by: Name: <u>Mike Petro</u> Position/Title: <u>PSC1-T</u> Signature: <u></u>																																									
8. Approved by Incident Commander: Name: <u>Bret Gouvea</u> Signature: <u></u>																																									
ICS 202	IAP Page _____	Date/Time: <u>07/31/2015 2100 hrs</u>																																							

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: LOWELL CA-NEU-017851		2. Operational Period: Date From: 08/01/2015 Time From: 0700		Date To: 08/02/2015 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs	Bret Gouvea		Chief	Steve Spinharney (D) / Tony Brownell (N)	
Deputy	Phill Veneris, Keith Callison (T) Steve Shaw (T)		Deputy	Bill Weiser	
Safety Officer	Baraka Carter, Dennis Lange (T)		Staging Area		
Public Info. Officer	Mike Mohler		Branch I		
Liaison Officer	David Schloss / Dennis Carreiro		Branch Director	Mark Higgins	
Law Liaison	Shannon Barney		Division/Group	A/B/C	Jamie Crabtree
4. Agency/Organization Representatives:			Division/Group	D/E	Josh Silveira Robert Bartsch(T)
Nevada County Sheriff	Jeff Pettitt		Division/Group		
CHP	George Steffenson		Branch II		
Cal OES	Gary Humphrey		Branch Director		
BLM	Jerry Martinez		Division/Group		
USFS	Jason Withrow		Division/Group		
Sierra Pacific Industries	Eric Sweet		Branch III		
PG&E	Jeff Millar		Branch Director	Unstaffed	
5. Planning Section:			Division/Group		
Chief	Josh Taylor		Division/Group		
Deputy	Jon Lovie, Mike Petro (T)		Branch IV		
Resources Unit	Paul Carlos / Kenny Osburn (T)		Branch Director	Mark Higgins	
Situation Unit	Eric Scovel, Rob Decamp (T)		Division/Group	W/X/Y	George Huang
Equipment Tech Spec.	Ken Elliot		Division/Group		
Documentation Unit	Kim Moore / Tim Bingham		Supp. Repair		
DMOB Unit	James Klosek, Nick Lawlor (T)		Division/Group	All Groups	Dave Davis Andy Gregerson(T)
GISS	Tim Werle		Division/Group		
IMET	Ryan Walbrun		Division/Group		
Training Tech. Spec.	David Randolph				
Logistics Section			Road		
Chief	Craig White		Division/Group	Road Grp	Noah Demartino
Deputy	Jesse Morris		Air Operations Branch		
Support Branch			Air Ops Branch Dir.	Dave Lopez	
Supply Unit	Lon Story		Air Support Gp Sup.	Tim Stepanovich	
Facilities Unit	Matt Reich, Larinda Pontes		Helibase Mgr.	Matt Hill	
Ground Support Unit	Robert Tooker		8. Finance/Administration Section:		
Ordering Manager	Chris Richins, Ron Dragoo		Chief	Rich Browne	
Crew Tech. Spec.	Justin Schmollinger		Deputy	Abigail O'Leary/Jack Franklin (T)	
Service Branch			Time Unit	Allison McAdams	
Motel Tech Spec	Stan Owens		Procurement Unit	Bob Counts/James Lopez	
Communications Unit	Tom Webb		Comp/Claims Unit	Skip Sannar	
Medical Unit	Jesse Winnen		Cost Unit	Suzi Cain	
9. Prepared by: Name: <u>Mike Petro</u> Position/Title: <u>PSC1 (T)</u> Signature: <u><i>Michael Petro</i></u>					



Lowell Fire Weather Forecast



FORECAST NO: 5

NAME OF FIRE: Lowell

PREDICTION FOR: Saturday Aug 1st

UNIT: NEU-Calfire

SHIFT DATE: 0700 Sat-0700 Sun

SIGNED: Ryan Walbrun

TIME AND DATE

FORECAST ISSUED: 1900 July 31st

Incident Meteorologist

WEATHER DISCUSSION: The main concern will be a continued thunderstorm threat today. However winds aloft will be turning more south to southwest so the best chance of thunderstorms appears to be east of the fire and closer to the Sierra Crest. Any thunderstorm activity will be monitored through the day and crews should review basic lightning safety during morning breakout sessions. Otherwise expect partly cloudy and more seasonable conditions. Highs will be in the lower 90s with humidity readings slightly wetter than previous days. Afternoon up-canyon winds will align with general winds from the southwest but still be fairly light. Better humidity recovery Saturday Night into Sunday morning.

WEATHER FORECAST For Saturday:

WEATHER: Partly cloudy. Afternoon cumulus build-ups east of the fire with t-storms closer to the Sierra Crest. About a 10% chance that a cell could move over the Lowell Fire. Will need to monitor for outflow boundaries or any stray storms that may try and approach the incident.

TEMPERATURES: Highs 89-94 Little change.

HUMIDITY: Afternoon minimum 20-30% Little change.

20 FT WINDS:

RIDGETOP - Southwest 5-10 mph gusts to 15 mph. Locally to 25 mph near any cells.

SLOPE/VALLEY - Afternoon upcanyon 4-8 mph gusts 10-12 mph.

HAINES INDEX: 5

STABILITY/INVERSION: Weak inversion lifting by 1000

WEATHER FORECAST For Saturday Night:

WEATHER: Evening cumulus clouds dissipating...otherwise partly cloudy

TEMPERATURES: Cooler with overnight lows in the lower 60s.

HUMIDITY: Moderate humidity recovery 55-65%

20 FT WINDS:


RIDGETOP - Southwest 4-8 mph. Evening gusts to 12 mph.

SLOPE/VALLEY - Downcanyon 2-4 mph overnight.

EXTENDED FORECAST: A slight cooling trend on Sunday as an upper low approaches. Thunderstorms will still be possible but mainly east of the fire and closer to the crest. Highs still around 90 with RH values 18-28%. West winds 5-10 mph.

EXTRA INFORMATION: Please review Lighting and Thunderstorm Safety in your IRPG.

FIRE BEHAVIOR FORECAST

FORECAST NUMBER: 6	TYPE OF FIRE: Wildfire
FIRE NAME: Lowell	OPERATIONAL PERIOD: 8/1-3/15 0700-0700
DATE ISSUED: 7/30/15	TIME ISSUED: 1900
UNIT: NEU – Nevada Yuba Placer Unit	SIGNED: 
	Typed/printed: Don Watt FBAN(T)

INPUTS

WEATHER SUMMARY:

See attached weather forecast for this operational period.

OUTPUTS

FIRE BEHAVIOR

GENERAL:

The moisture passing through in the atmosphere will have little effect on fire behavior without significant rain. This will slightly delay the drying of the fuels in the interior which received heavy water and retardant applications. The main influences on the fire behavior are the 10 and 100 hour fuels. These fuels will continue to smolder and may begin to actively burn. The trees are stressed and have a horizontal continuity, which could lead to short crown runs if enough heat builds in the understory. The larger material will continue to consume over time, watch for rolling material starting fires in any unburned vegetation downhill.

SPECIFIC:

The fire still has islands of unburned fuels. The islands can become active if there are embers in or adjacent to them. If the fire builds enough heat in these islands active fire is possible. Watch for smokes in the interior becoming more active as the day warms up and wind increases. These smokes may develop into active ground fire. Watch for individual trees torching which have been dried by the fire. The ember cast will have a moderate to high chance of starting a spot fire. Chances of spot fires will be decreases if there is cloud cover shading the fuels during the heat of the day. Watch for rolling material and make sure the line will catch and items which could break loose and larger fuels burn down and loosen on the slopes.

AIR OPERATIONS

Be aware of your location when aircraft are working over the fire. Fire weakened trees may fall from bucket drops or wind turbulence.

SAFETY

The weather will be increasingly cloudy today with the monsoonal moisture, observe the sky for possible cumulus cloud development in the fire area.

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Lowell	2. Operational Period:	Date From: 8/1/2015 Time From: 0700	Date To: 8/2/2015 Time To: 0700
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3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

Communication:
Open, continuous, effective communication between fire personnel, contractors and public.

Hydration/Nutrition/Fatigue:
Hydration and nutrition starts prior to getting to the line, monitor your people.

Driving Hazards:
Be cognoscente of camp traffic, and lower your speeds. Slow down when traversing steep narrow roads and dusty low visibility areas.

Fireline Hazards:
Identify, communicate and flag snags, stumpholes, hazard trees and rock roll out areas. Post lookouts in life hazard areas

Demob:
Ensure personnel are rested and vehicles are mechanically safe.

Wildlife:
Communicate to crews and adjoining resources

Lightning Safety

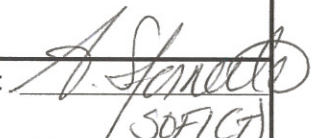
If thunder is heard or lightning seen in and around area please observe the 30/30 rule. Do not resume work in exposed areas until 30 minutes after storm activity has passed. Other thunderstorm countermeasures include:

- Take shelter in a vehicle or building if possible.
- If outdoors, find a low spot away from tall trees, wire fences, utility lines, ponds, waterways and other elevated conductive objects.
- If in the woods, move to an area with shorter trees.
- If in open country, crouch low, minimizing your contact with the ground. Never lie flat on the ground.
- Don't group together.

In addition to lightning and thunderstorm activity other threats that may pose hazards to personnel on the fireline are;

- Outflow winds and downbursts can dramatically affect fire behavior miles away from a thunder cell; please notify your division so that information can get relayed to the communication unit and the IMET.
- Localized heavy precipitation can also occur so flash flooding is a potential concern in low-lying areas.

All line and camp personnel are urged to review the Thunderstorm Safety section of the Incident Response Pocket Guide, page 21.

4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Approved Site Safety Plan(s) Located At: N/A			
5. Prepared by:	Name: Anthony Stornetta	Position/Title: SOF1(T)	Signature: 
ICS 208	IAP Page	Date/Time: 7/31/2015 5:00 PM	

AIR OPERATIONS SUMMARY

PREPARED BY: David A. Lopez

PREPARED DATE/TIME: 7/31/15 19:00

1. INCIDENT NAME: Lowell

2. OPERATIONAL PERIOD DATE: 8/01/15 START TIME: 07:00 END TIME: 21:00 SUNRISE: 06:04 SUNSET: 20:16

3. REMARKS (Safety Notes, Hazards, and Air Operations Special Equipment, etc.):

- * All GPS data to be collected (Degree ,Decimal, Minutes)
- * Avoid aerial application of retardant or foam within 300' of waterways, bodies of water. If dropped in these areas, notify AOB with Lat/Long, and estimate of gallons.
- * Power Lines in the Area
- * Track dip sites/ quantity taken/ and drop location* **Track retardant drop location*
- * Nevada County Airport (Grass Valley) Lat/Long N39° 13' 26.5" X W121° 00' 11.1" **KG00**
- * Blue Canyon Helibase Lat/ Long N39° 16' 29" X W120° 42' 35.1" **KBLU**

4. MEDEVAC A/C:

- C-2HP Med Evac
- C-2HP Initial Attack
- Daytime hoist rescue Sac Metro.
- Contact through Grass Valley
- Night rescue helicopter available from Mather Airport.
- Contact through Grass Valley

5. TFR: NOTAM 5/0436

Radius: 5 NM, 10,000 MSL
Freq: 120.575
Center point: Lat: N39° 12 59'
Long: W120° 52.49'

6. PERSONNEL	Phone	7. FREQUENCIES	AM	FM	8. FIXED-WING	# Avail / Type/ Make-Model / FAA N# / Base(s)
AOBD: Dave Lopez	714-713-5679	AIR/AIR FW:	120.575	169.200	Airtankers	
ATGS: Jake Sjolund	530-277-2308	AIR/AIR RW:			Lead Planes	
HLCO:		AIR/GROUND:	CDF Tac16	159.2850	Base FAX #:	
ASGS: Tim Stepanovich	323-819-5369	COMMAND:	NIFC C-3	TX/Rx 192.8	ATGS Aircraft	
HEBM: Matt Hill	530-859-5609	COMMAND TONE	RX: 168.0750	TX: 131.8	Other	
ATB MGR:		DECK FREQ:	TX 170.4250	168.350		
		TOLC FREQ:	122.850			Crash Rescue- Contact Lowell Comm Unit -

9. HELICOPTERS (Use Additional Sheets as Necessary)

FAA N#	TY	A#	/MODEL	BASE	AVAIL	START	REMARKS	FAA N#	TY	A#	/MODEL	BASE	AVAIL	START	REMARKS
699	1	A-13	KMAX	KBLU	08:00		Exclusive Use								
2HP	2	A-34	Bell 212	KBLU	0800		CWN Standard								
88B	3	A-47	206 L4	KBLU	08:00		CWN Standard								

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/01/15 Date To: 08/02/15 Time From: 0700 Time To: 0700		3. Branch: I Division/Group: A/B/C Staging Area:	
4. Operations Personnel:				Contact Number (209) 274-5503 (D) (530) 310-2216 (707) 900-1666	
Operations Section Chief: Steve Spinharney(D) Tony Brownell(N)					
Branch Director: Mark Higgins**					
Division/Group Supervisor: Jamie Crabtree					
5. Resource Assigned:					
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
STC CZU 9171C	Mark Bisbee	19	(831) 254-1713	DP 7	
STG TGU 9257G**	Jeffrey Loveless	31	(530) 680-9203	DP 7	
<i>SOFR Sargenti</i>	Dave Sargenti	1	(831) 596-4724	DP 7	
<i>FEMP White</i>	Kevin White	1	(831) 239-0887	DP 7	
<i>FEMT Farrer</i>	Jobee Farrer	1	(707) 799-5070	DP 7	
6. Work Assignments: Mop up 300' interior. Pull hose lays. Back haul garbage, hose, and water. Patrol.					
7. Special Instructions: Bold** denotes 12 hr. resource (0700-1900) <i>Bold Italicized denotes branch resource</i>					
8. Communications (radio and/or phone contact numbers needed for this assignment): Function/Name Primary Contact: indicate cell, pager, or radio (frequency/system/channel)					
NIFC CMD 3		Radio (168.0750 RX / 170.4250 TX / Tn 131.8)			
Tactical - VTAC 11		Radio (151.1375 RX / 151.1375 TX / Tn 156.7)			
Medical - CALCORD		Radio (156.0750 RX / 156.0750 TX / Tn 156.7)			
Air to Ground - CDF TAC 16		Radio (159.2850 RX / 159.2850 TX / Tn 192.8)			
9. Prepared by: Name: <u>William Corey</u> Position/Title: <u>RESL (T)</u> Signature:		ICS 204 IAP Page _____ Date/Time: 7/31/15 2100		Page 1 of 1	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/01/2015 Date To: 08/02/2015 Time From: 0700 Time To: 0700		3. Branch: I	
4. Operations Personnel:			Division/Group: D/E Staging Area:		
Operations Section Chief: Steve Spinharney(D) Tony Brownell(N)		Contact Number (209) 274-5503 (D)			
Branch Director: Mark Higgins**		(530) 310-2216			
Division/Group Supervisor: Josh Silveira, Robert Bartsch (T)		(831) 524-2960			
5. Resource Assigned:					
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
STC SKU 9261C	Ross Miller	18	(530) 598-2654	DP 12	
STC MEU 9113C**	Jeff Schlafer	16	(707) 391-6715	DP 12	
STC NEU 9232C**	Darin Nelson	17	(916) 622-3371	DP 12	
STG SLU 9396G**	Wolfgang Quillin	33	(805) 801-7762	DP 12	
STG FKU 9474G**	Alicia Whippy	31	(559) 730-1068	DP 12	
W/T E-29 Ellis**	Chuck Riley	2	(916) 790-0752	DP 12	
W/T E-86 Spitfire**	Bruce Florence	2	(916) 955-6783	DP 12	
W/T E-112 Gomes**	Bill Silva	2	(530) 575-6857	DP 12	
W/T E-204 Kulikov**	Andrea Kulikov	2	(209) 471-2483	DP 12	
SOFR Sargenti	Dave Sargenti	1	(831) 596-4724	DP 12	
FEMP White	Kevin White	1	(831) 239-0887	DP 12	
FEMT Farrer	Jobee Farrer	1	(707) 799-5070	DP 12	
6. Work Assignments: Mop up 300' interior. Back haul garbage, hose, and water.					
7. Special Instructions: Bold** denotes 12 hr. resource (0700-1900) Bold Italicized denotes branch resource					
8. Communications (radio and/or phone contact numbers needed for this assignment):					
Function/Name	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)				
NIFC CMD 3	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)				
Tactical - VTAC 12	Radio (154.4525 RX / 154.4525 TX / Tn 156.7)				
Medical - CALCORD	Radio (156.0750 RX / 156.0750 TX / Tn 156.7)				
Air to Ground - CDF TAC 16	Radio (159.2850 RX / 159.2850 TX / Tn 192.8)				
9. Prepared by: Name: <u>William Corey</u> Position/Title: <u>RESL(T)</u> Signature:					
ICS 204	IAP Page _____	Date/Time: 7/31/15 2100		Page 1 of 1	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/01/2015 Date To: 08/02/2015 Time From: 0700 Time To: 0700		3. Branch: IV Division/Group: W/X/Y Staging Area:
4. Operations Personnel:			Contact Number	
Operations Section Chief: Steve Spinharney(D) Tony Brownell(N)		(209) 274-5503 (D)		
Branch Director: Mark Higgins**		(530) 310-2216		
Division/Group Supervisor: George Huang		(805) 903-3438		
5. Resource Assigned:				
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
STC RRU 9310C	Scott Lane	20	(951) 581-2283	DP 12
STC TCU 9442C**	Jacob Read	18	(916) 521-2922	DP 14
STG MEU 9111G**	Dean Bryner	35	(530) 340-0282	DP 14
STG TGU 9259G**	Steve Klein	31	(530) 370-4819	DP 14
W/T E-41 AFP**	Richard Thickers	1	(530) 567-5265	DP 14
W/T E-80 AWB**	Dan Brady	1	(530) 305-2695	DP 14
<i>SOFR Suarez</i>	Alfredo Suarez	1	(831) 383-8745	DP 14
FEMP Queenan	James Queenan	1	(408) 390-3786	DP 14
FEMP Juliussen	Leif Juliussen	1	(209) 614-0709	DP 14
6. Work Assignments: Mop up 300' interior. Back haul garbage, hose, and water. Patrol.				
7. Special Instructions: Bold** denotes 12 hr. resource (0700-1900) Bold Italicized denotes branch resource				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Function/Name	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
NIFC CMD 3	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)			
Tactical-VTAC 13	Radio (158.7375 RX/ 158.7375 TX/ Tn 156.7)			
Medical -CALCORD	Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)			
Air to Ground CDF TAC 16	Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)			
9. Prepared by: Name: <u>William Corey</u>		Position/Title: <u>RESL (T)</u>		Signature:
ICS 204	IAP Page _____	7/31/15 2100		Page 1 of 1

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1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/01/2015 Date To: 08/02/2015 Time From: 0700 Time To: 0700		3. Suppression Repair
4. Operations Personnel:			<u>Contact Number</u>	Group 1 Staging Area:
Operations Section Chief: Steve Spinharney(D) Tony Brownell(N)		(209) 274-5503 (D)		
Branch Director: Division/Group Supervisor: Dave Davis, Andy Gregersen (T)**		(530) 320-7794		
5. Resource Assigned:				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	
RESP Ahmadi**	David Ahmadi	1	(530) 559-6221	Lowell Camp
RESP Walsh**	Terri Walsh	1	(530) 205-5604	Lowell Camp
BAER Whitson**	Gary Whitson	1	(209) 419-4432	Lowell Camp
CRW NEU WAR 1**	Randy Northup	14	(530) 277-2575	Lowell Camp
DOZ E-150 Algerine**	Tim Wearin	1	(209) 770-25697	Lowell Camp
DOZ E-151 Algerine**	Zack Lomelli	1	(209) 352-2202	Lowell Camp
W/T E-88 Rodgers AWD**	Buddy Rodgers	1	(916) 663-2455	Lowell Camp
W/T E-113 A & F**	Howard Elliot	1	(530) 277-5975	Lowell Camp
Masticator E-251 Bordges**	Tim Borges	1	(530) 919-3711	Lowell Camp
HEQB Walter**	Terry Walter	1	(530) 598-4162	Lowell Camp
SOFR Jordan**	Brian Jordan	1	(818) 292-5443	Lowell Camp
6. Work Assignments: Plan and implement suppression repair needs.				
7. Special Instructions: Bold** denotes 12 hr. resource (0700-1900) Bold italicized denotes Branch resource.				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Function/Name	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
Command-NIFC CMD 3	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)			
Tactical-VFIRE 24	Radio (154.2725 RX/ 154.2725TX/ Tn 156.7)			
Medical -CALCORD	Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)			
Air to Ground CDF TAC 16	Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)			
9. Prepared by: Name: <u>William Corey</u> Position/Title: <u>RESLT</u> Signature:				
ICS 204	IAP Page _____	Date/Time: 7/31/15 1900		Page 1 of 1

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/01/2015 Date To: 08/02/2015 Time From: 0700 Time To: 0700		3. Suppression Repair
4. Operations Personnel:			Group 2	Staging Area:
Operations Section Chief: Steve Spinharney(D) Tony Brownell(N)		Contact Number (209) 274-5503 (D)		
Branch Director:				
Division/Group Supervisor: Dave Davis, Andy Gregersen (T)**		(530) 320-7794		
5. Resource Assigned:				
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
RESP Harvey**	Jack Harvey	1	(530) 277-1174	Lowell Camp
CRW NEU WAR 2**	Joe Madsen	16	(775) 846-2440	Lowell Camp
CRW NEU WAR 4**	John Valentich	16	(530) 310-1096	Lowell Camp
DOZ E-107 Volcano**	Franck Cameron	1	(530) 613-7259	Lowell Camp
DOZ E-146 Donk & Buick**	Darren Schneitzer	1	(530) 335-7225	Lowell Camp
W/T E-85 Pierce**	Bill Pierce	1	(775) 671-7814	Lowell Camp
W/T E-89 Volcano**	Bobby Knuckey	1	(530) 388-0719	Lowell Camp
W/T E-114 Bruner**	Jess Bruner	1	(530) 388-0719	Lowell Camp
W/T E-229 Bruner**	Mike Holland	1	(530) 412-0513	Lowell Camp
Excavator E-239 Ridge Log**	Brian Forkner	1	(530) 470-3881	Lowell Camp
Excavator E-247 Mader**	Al Mader	1	(530) 277-6074	Lowell Camp
Masticator E-240 Lester**	Lewis Lester	1	(530) 913-2417	Lowell Camp
Masticator E-252 Graham	Clayton Graham	1	(530) 632-1977	Lowell Camp
Masticator E-254 Robinson**	Rick Smouts	1	(530) 913-2258	Lowell Camp
6. Work Assignments: Plan and implement suppression repair needs.				
7. Special Instructions: Bold** denotes 12 hr. resource (0700-1900) Masticator E-240 also available as an Excavator with thumb.				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Function/Name	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
Command-NIFC CMD 3	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)			
Tactical-VFIRE 25	Radio (154.2875 RX/ 154.2875 TX/ Tn 156.7)			
Medical -CALCORD	Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)			
Air to Ground CDF TAC 16	Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)			
9. Prepared by: Name: <u>William Corey</u> Position/Title: <u>RESL(T)</u> Signature:				
ICS 204	IAP Page _____	Date/Time: <u>7/31/15 1900</u>		Page 1 of 2

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/01/2015 Date To: 08/02/2015 Time From: 0700 Time To: 0700		3. Suppression Repair
4. Operations Personnel:			Contact Number	Group 2 Staging Area:
Operations Section Chief: Steve Spinharney(D) Tony Brownell(N)		(209) 274-5503 (D)		
Branch Director: Division/Group Supervisor: Dave Davis, Andy Gregersen (T)**		(530) 320-7794		
5. Resource Assigned:				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	
FMOD O-208 Trees Unltd**	George Harrison	2	(530) 277-7959	
Transport E-203 Robinson**	Rick Smouts	1	(530) 913-2258	
Transport E-249 Mader**	Al Mader	1	(530) 277-6074	
HEQB Hathaway**	Aaron Hathaway	1	(530) 356-1780	
HEQB Wilson**	Craig Wilson	1	(530) 386-3975	
SOFR Jordan**	Brian Jordan	1	(818) 292-5443	
6. Work Assignments: Plan and implement suppression repair needs.				
7. Special Instructions: Bold** denotes 12 hr. resource (0700-1900) <i>Bold italicized denotes Branch resource.</i>				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Function/Name	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
Command-NIFC CMD 3	Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)			
Tactical-VFIRE 25	Radio (154.2875 RX/ 154.2875 TX/ Tn 156.7)			
Medical -CALCORD	Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)			
Air to Ground CDF TAC 16	Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)			
9. Prepared by:	Name: <u>William Corey</u>	Position/Title: <u>RESL(T)</u>	Signature:	
ICS 204	IAP Page _____	Date/Time: 7/31/15 1900	Page 2 of 2	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/01/2015 Date To: 08/02/2015 Time From: 0700 Time To: 0700		3. <p style="text-align: center; font-size: 1.2em;">Suppression Repair</p> <p style="text-align: center; font-size: 1.2em;">Group 3</p> Staging Area:
4. Operations Personnel: Operations Section Chief: Steve Spinharney(D) Tony Brownell(N) Branch Director: Division/Group Supervisor: Dave Davis, Andy Gregersen (T)**		Contact Number (209) 274-5503 (D) (530) 320-7794		
5. Resource Assigned:				
Resource Identifier	Leader	Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
RESP Anderson**	Guy Anderson	1	(559) 281-8479	Lowell Camp
DOZ E-148 Bordges**	JR Butts	1	(530) 295-7240	Lowell Camp
DOZ E-149 G & O**	Scott Weaver	1	(530) 344-6878	Lowell Camp
Excavator E-248 Volcano**	Kevin Haycraft	1	(530) 913-4170	Lowell Camp
FOBS Stratton**	Robert Stratton	1	(707) 696-9136	Lowell Camp
SOFR Jordan**	Brian Jordan	1	(818) 292-5443	Lowell Camp
6. Work Assignments: Plan and implement suppression repair needs.				
7. Special Instructions: <p style="text-align: center;"> Bold** denotes 12 hr. resource (0700-1900) <i>Bold italicized denotes Branch resource.</i> </p>				
8. Communications (radio and/or phone contact numbers needed for this assignment): Function/Name Primary Contact: indicate cell, pager, or radio (frequency/system/channel)				
Command-NIFC CMD 3		Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)		
Tactical-VFIRE 25		Radio (154.2875 RX/ 154.2875 TX/ Tn 156.7)		
Medical -CALCORD		Radio (156.0750 RX/ 156.0750 TX / Tn 156.7)		
Air to Ground CDF TAC 16		Radio (159.2850 RX/ 159.2850 TX/ Tn 192.8)		
9. Prepared by: Name: <u>William Corey</u> Position/Title: <u>RESL(T)</u> Signature:				
ICS 204		IAP Page _____		Date/Time: 7/31/15 1900 Page 1 of 1

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/01/2015 Date To: 08/02/2015 Time From: 0700 Time To: 0700		3. Branch: Road Group Staging Area:
4. Operations Personnel: Operations Section Chief: Steve Spinharney(D) Tony Brownell(N) Branch Director: Division/Group Supervisor: Noah Demartino**			Contact Number (209) 274-5503 (D) (714) 883-9491	
5. Resource Assigned:		Number Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader			
W/T E-84 Pierce**	Bill Pierce	1	(775) 283-8035	DP 25
W/T E-233 Ryan**	John Ryan	1	(775) 846-5203	DP 25
W/T E-234 Ryan**	John Ryan	1	(702) 496-9525	DP 25
W/T E-235 Fireline**	Bryan Troedel	1	(707) 489-4221	DP 25
Grader TNF E-223**	Chris Torres	1	(530) 446-0927	DP 25
Grader E-237 Lester**	Luis Lester	1	(530) 913-3417	DP 25
6. Work Assignments:				
Improve driving conditions on fire road systems.				
7. Special Instructions:				
Bold** denotes 12 hr. resource (0700-1900)				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Function/Name		Primary Contact: indicate cell, pager, or radio (frequency/system/channel)		
NIFC CMD 3		Radio (168.0750 RX/ 170.4250 TX/ Tn 131.8)		
Tactical - VTAC 14		Radio (159.4725 RX /159.4725 TX / Tn 156.7)		
EMS - CALCORD		Radio (156.0750 RX / 156.0750 TX / Tn 156.7)		
Air to Ground - CDF TAC 16		Radio (159.2850 RX / 159.2850 TX / Tn 192.8)		
9. Prepared by: Name: William Corey Position/Title: RESL (T) Signature:				
ICS 204		IAP Page	Date/Time: 7/31/15 2100	Page 1 of 1

INCIDENT RADIO COMMUNICATIONS PLAN		Incident Name		Date/Time Prepared			Operational Period Date/Time				
Lowell		7/31/2015 1800 hrs			8/01/15-08/02/15 0700 to 0700						
Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	N or W	RX Tone/NAC	TX Freq	N or W	Tx Tone/NAC	Mode A, D or M	Remarks
1	Command	NIFC CMD 3	All Divisions	168.0750		none	170.4250		131.8	A	Tone 3 Banner MTN
2	Command	CDF CMD 1	Not Assigned	151.3550		103.5	159.3300		OST	A	<u>Not Assigned</u>
3	Command	NEU LOCAL	Initial Attack	151.3250		131.8	159.3600		OST	A	
4	Tactical	VTAC 11	Div A/B/C	151.1375		156.7	151.1375		156.7	A	
5	Tactical	VTAC 12	Div D/E	154.4525		156.7	154.4525		156.7	A	
6	Tactical	VTAC 13	Div W/X/Y	158.7375		156.7	158.7375		156.7	A	
7	Tactical	VTAC 14	Roads	159.4725		156.7	159.4725		156.7	A	
8	Tactical	CDF TAC 13	Not Assigned	151.3775		192.8	151.3775		192.8	A	<u>Not Assigned</u>
9	Tactical	CDF TAC 23	Not Assigned	159.4500		192.8	159.4500		192.8	A	<u>Not Assigned</u>
10	Tactical	VFIRE 24	Sup Repair Grp 1	154.2725		156.7	154.2725		156.7	A	
11	Tactical	VFIRE 25	Sup Repair Grp 2/3	154.2875		156.7	154.2875		156.7	A	
12	AIR TO GROUND	CDF TAC 16	All Divisions	159.2850		192.8	159.2850		192.8	A	Air To Ground
13											
14											
15	EMS	CALCORD	All Divisions	156.0750		156.7	156.0750		156.7		IWI Use
16	Emergency	Air Guard	All Divisions	168.6250			168.6250		110.9 (1)		EMERGENCIES ONLY
17											
18											
19											
20	Emergency	Air Guard	All Divisions	168.6250 N			168.6250 N		110.9 (1)		EMERGENCIES ONLY

Prepared By (Communications Unit)

Tom Webb COML IMT #1

Incident Location

County Nevada

State-CA

Latitude

N Longitude

W

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.

MEDICAL PLAN (ICS 206)

1. Incident Name: LOWELL	2. Operational Period: Date From: 8-1-15 Time From: 07:00	Date To: 8-2-15 Time To: 07:00
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
MERT (RN/MD)	BASE CAMP NEAR POND IN PARKING	(530) 310-4511	No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
SIERRA NEVADA AMB (M6)	155 GLASSON WAY, GRASS VALLEY	(530) 477-5761	ALS
AMR	COLFAX AND AUBURN	(916) 563-0910	ALS
AIR AMUBLANCE	GRASS VALLEY ECC AIR AMBULANCE CORDINATION	(888) 692-6692	ALS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
SIERRA NEVADA MEMORIAL	155 GLASSON WAY, GRASS VALLEY N 39 13.36.75 W 121 02 85	530-274-6001	5	15	NO Level: _____	NO	YES
AUBURN FAITH	11815 EDUCATION ST, AUBURN, CA	(530) 888-4562		30	NO Level: _____	NO	NO
SUTTER ROSEVILLE	1 MEDICAL PLAZA ROSEVILLE, CA N 38 44.89 W 121 15.00	(916)786-3033	16	45	YES Level: 2	NO	YES
UC DAVIS	2315 STOCKTON BLVD SACRAMENTO N 38 33.20 W 121 27.10	(916) 734-3790	23	60	YES Level: 1	YES	YES

6. Special Medical Emergency Procedures:

LINE EMERGENCY:
Crew Supervisor to contact Division Supervisor with patient complaint/condition and location.

- Division Supervisor contacts:
 1. Line EMT at nearest Drop Point
 2. Communications Unit
- Communications Unit contacts:
 1. Ground EMS resource on Fire Line
 2. Operations
 3. Safety
 4. Medical Unit
- Division Supervisor or designee will serve as point of contact and run medical emergency utilizing **CALCORD** for IWI and only for duration needed.
- Communication Unit will clear command channel for emergency traffic as needed and only for time needed.

BASE CAMP EMERGENCY
Contact Medical Unit with patient complaint/condition and location. Medical Staff will respond to stabilize incident:

- Medical Unit contacts:
 1. Communications
 2. Safety
 3. Logistics
 4. Operations
 5. Crew Supervisor
 6. Comps/Claims

INJURY REPORTING PROCEDURES

CHIEF COMPLAINT _____
 LOCATION OF PATIENT _____
 TRANSPORT REQUEST BY: AIR ___ GROUND ___
 DIVISION _____ CREW _____
 POINT OF PICKUP _____
 LAT _____ LONG _____
 IS EMT WITH THE PATIENT: YES ___ NO ___
 AGE _____
 SEX: MALE ___ FEMALE ___

ALL EMERGENCIES
Secure the area and identify witnesses for later investigation. Keep an 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): Name: JESSE WINNEN Signature: _____

8. Approved by (Safety Officer): Name: DENNIS LANGE Signature: _____

ICS 206 IAP Page _____ Date/Time: 7/31/15 17:00

Suppression Repair Message

The following are repair tasks that crews can conduct as available on the fireline.

Handlines

- Install waterbreaks when necessary to prevent erosion.
- Handlines along the contour, on ridge tops or other flat areas will not require waterbreaks if the line will not concentrate water runoff.
- Waterbreaks on handlines shall be cut a minimum of 6 inches into firm ground and shall have an unobstructed discharge at the outlet.
- Remove all trash from the lines so it can be backhauled.

Dozer Lines

- Move hose lines to one side of the line so that it can be accessed and repaired by equipment if necessary.
- Install waterbreaks as feasible focusing on very steep areas first.
- Waterbreaks should be deep enough to significantly reduce the chance of being destroyed by off-highway vehicle use. (12" high berms with 6" deep cut into hard earth totaling 18")

Roads

- Remove berms from outside of roads.
- Clean Culvert inlets of debris from suppression activities.
- Clean inside ditches of debris from suppression activities.

General Repair Items

- Report any damage to property including gates, fences, water sources, culverts or any other damage caused by suppression activities.
- Remove all trash generated by the incident.

• Fireline and Road Gradient (%):	0-10	11-25	26-50*	>50*
Fireline waterbreak spacing	150'	100	75'-50'	50'-25'
Road waterbreak spacing	150'	100	75'-50'	N/A'



FINANCE MESSAGE

DATE: Saturday, August 1st, 2015

INCIDENT BILLING INFORMATION

**CAL FIRE Nevada Yuba Placer Unit
13760 Lincoln Way
Auburn, CA 95603**

**Index Code: 2300
Billing Code: 013857
PCA Code: 00900
Federal P Code: PNJZ4U**

TIME UNIT

- Please come by the Time Unit and start your FC-33
- Vendor drop off your agreements to the Time Unit
- Shift Tickets need to be completed by line supervisor and turned in at the end of each shift.
- See attached updated FC-33 worksheet
- See attached Shift Ticket examples
- Federal Time Unit will be leaving this morning

COMP / CLAIMS

- Report all injuries
- Property Damage must be reported to Comp / Claims and documented
- Report any Vehicle Damage

PROCUREMENT UNIT

- Offsite feeding must have prior approval of the Finance Section Chief
- Water usage reports need to be turned into Comp / Claims daily

Rich Browne
IMT-1 Finance Section Chief

Abby O'Leary
IMT-1 Deputy Finance Section Chief



**CAL
FIRE**



FC-33 DAILY UPDATE

DATE:		24 Hr	12 Hr
-------	--	-------	-------

RQST #:		S/T #	
---------	--	-------	--

WORK LOCATION:	
----------------	--

Radio IDs:	DOZER BLADE HRS	PRTBL PUMP HRS	# OF SAWS	HRS ON EACH SAW	NOTES
ST Leader:					
Engine/Crew:					

Comments (any changes?):

CELL PHONE #:	
---------------	--

1 operator, 12 hour shift

EMERGENCY SHIFT TICKET and EVALUATION FORM						Contractor Name		
The responsible Government Officer will complete this form each shift						We Build Line		
Incident or Project Name Wild		Incident Number CALNU 123456		Request Number E-61		Operator #1 Jason Ferguson	Operator #2	
Agreement Number LNU76543210						Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		
Equipment Make CAT		Equipment Model / Type Dozer D6N				Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		
Serial Number 3BG0236		License Number				Equipment Status Inspected <input type="checkbox"/> Released by Government <input type="checkbox"/> Withdrawn by Contractor <input checked="" type="checkbox"/> Under Agreement		
Equipment Use								
Date	Start	Stop	(Circle) Hours	Days / Miles	Assignment			Remarks/Comments ** 1 Operator
7/17	0001	0800	8		Off Shift			
7/17	0800	2000	12		Division B			
7/17	2000	2400	4		Off Shift			
Vendor Rating								Govt. Rep. Name and Position - PRINT Steve Hampton, Div B
Met Performance Expectations	Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Signature <i>Steve Hampton</i>		
Equipment in Safe Working Condition	Vendor Rating must be done.						Contractor Signature <i>Jason Ferguson</i>	
Operator Skill Level								
Operates Safely								
Operator's Cooperation Level								
Overall Performance						Date 07/17/12	Time 2000	
* NOTE: Any rating of POOR requires an explanation in Comment Section. **Final evaluation or for more documentation, use an ICS Form 230 or equivalent.								CALFIRE 297 (Rev 3-2011)
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative		

2 operator, 24 hour shift

EMERGENCY SHIFT TICKET and EVALUATION FORM						Contractor Name		
The responsible Government Officer will complete this form each shift						Water Haulers		
Incident or Project Name Wild		Incident Number CALNU 123456		Request Number E-64		Operator #1 Sean Rodgers	Operator #2 Wayne Rodgers	
Agreement Number LNU22223333						Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		
Equipment Make Peterbilt		Equipment Model / Type 4000 Gallon				Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		
Serial Number 11343N		License Number 6A256483				Equipment Status Inspected <input type="checkbox"/> Released by Government <input type="checkbox"/> Withdrawn by Contractor <input checked="" type="checkbox"/> Under Agreement		
Equipment Use								
Date	Start	Stop	(Circle) Hours	Days / Miles	Assignment			Remarks/Comments ** 2 Operators
7/16	1300	1500	2		Travel In			
7/16	1500	2400	9		Division B			
7/17	0001	0800	8		Division B			
Vendor Rating								Govt. Rep. Name and Position - PRINT Mike Brown, Div B
Met Performance Expectations	Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Signature <i>Mike Brown</i>		
Equipment in Safe Working Condition	Vendor Rating must be done.						Contractor Signature <i>Wayne Rodgers</i>	
Operator Skill Level								
Operates Safely								
Operator's Cooperation Level								
Overall Performance						Date 07/17/12	Time 0800	
* NOTE: Any rating of POOR requires an explanation in Comment Section. **Final evaluation or for more documentation, use an ICS Form 230 or equivalent.								CALFIRE 297 (Rev 3-2011)
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative		

STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY AND FIRE PROTECTION
PROPERTY CERTIFICATION OF LOCATION OR DAMAGE
CERTIFICATE OF RESPONSIBILITY FOR INCIDENT OCCURRENCE
CAL FIRE-101 page 1 of 2 (1/07)

NOTE: This form must not be used to certify lost, stolen or worn out property. A STD 152 Property Survey Report must be completed.

	DOC. NUMBER:
--	--------------

LOCATION / INCIDENT NAME:	INCIDENT NUMBER:	UNIT:	REGION:	DATE:
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THE FOLLOWING ARTICLES WERE: (broken, left on line, damaged, or other)	DATE OF OCCURRENCE:
--	---------------------

QUANTITY	UNIT OF MEAS.	CAL FIRE STOCK NUMBER (COMPLETE WHENEVER ASSIGNED)	DESCRIPTION (INDICATE SIZE, MAKE, MODEL, TYPE, ETC., TO CLEARLY DESCRIBE THE ITEM. PROVIDE ADEQUATE DATA TO EFFECTIVELY IDENTIFY EQUIPMENT OR PROPERTY.)	PROPERTY NUMBER

LOCATION OF ITEMS: _____

REMARKS:

SIGNATURE OF PERSON CERTIFYING OCCURRENCE AS DESCRIBED			
SIGNATURE:	PRINTED NAME:	TITLE:	DATE:

UNIT SUPERVISOR'S APPROVAL		
COMMENTS:		
SIGNATURE OF UNIT ADMINISTRATOR:	TITLE:	DATE:

Instructions for Use of CDF 101 Property Certification of Location or Damage

Document Number: for use as a local number system or when attached to a FC-40 document.

Location / Incident Name: Enter the CDF facility property is assigned to. If submitting to an incident base, enter the Incident Name.

Incident Number: Enter the appropriate incident number

Unit: Enter the Unit the property is assigned to. If submitting to an incident base, enter the request number of the person certifying damage example E-320, C-14 or O-355.

Region: Enter the CDF Region where the property was assigned. If submitting to an incident base, enter the CDF Region responsible for the incident.

Date: Enter the date the P.L. or D. was completed.

The following items were: Enter either 'Broken', 'Left on Line', 'Damaged' or other status of the property.

Reminder, this form cannot be used in place of the STD-152 to certify Lost, Stolen, Worn Out or Damaged beyond repair property.

Date of Occurrence: Enter the date the property was broken, left on line or damaged.

Quantity: Enter the quantity for the line item.

Unit of Measure: Enter the unit of measure for the line item (example ea = each).

CDF Stock Number: Enter the PIN or stock number.

Description: Enter the description of the line item, indicate size, make, model and type. Clearly describe the item and provide adequate data to effectively identify equipment or property.

Property Number: Enter the CDF property number assigned to the line item, Capitalized or sensitive property must have their property number entered here.

Location of Items: Where is the property now (example, left on Division B night shift 8/1/04, Drop Point 2). A GPS coordinate, Station 22 or Unit Service Center may also be used to describe Location.

Remarks: Enter specific remarks here, how was the property damaged, what specifically is wrong with it.

Signature of Person Certifying Occurrence as Described:

Signature: The CDF Employee certifying the occurrence must sign.

Printed Name: Enter the printed name of the signature.

Title: Enter the title of the signature.

Date: Enter the date of the signature.

Unit Supervisors Approval:

If submitted on an incident this section must be completed by the supervisor of the property custodian. This may be the Strike Team Leader, Division Supervisor, Receiving and Distribution Manager, Supply Unit Leader, Logistics Section Chief, Agency Representative or Incident Commander.

If submitted at the home Unit this section must also be completed by the supervisor of the property custodian. This may be a Battalion or Division Chief.

Comments: Supervisors may enter comments of approval or disapproval.

Signature of Unit Administrator: Signature of Unit Supervisor reviewing the certification described.

Title: Title of the signature.

Date: Date of the signature.

Notes:

This document is NOT required if exchanging property at an incident base with the exception of capitalized or sensitive property assigned a CDF property number.

This document is required as certification when submitting an MRT to your local Service Center for replacement of property.

An OF-315 (Incident Replacement Requisition) is required as authorization to purchase fire replacement items at your local Unit. This document is required when submitting an MRT to your local Service Center for fire replacement items. A CDF-101 and/or a STD-152 are required for the certification of the status of property being requisitioned for replacement.

TRAINING SPECIALIST MESSAGE

OFFICE LOCATION IS NEXT TO CHECK-IN

The following trainee's still need to register with the TNSP to receive proper credit for your assignment:

O-276	Carter, Bryan W
O-256	Celebron, Faith
E-21.8	French, Adam
O-116	Hallmark, Aaron
C-1.1	Hein, Pete
C-48.3.2	Hibbard, Patrick
O-323	Jackson, Garrett F
O-288	Johnson, Erik Gunner
O-2.8	Lohse, Scott
O-220	Lopez, James F
C-36.4	Loveless, Jeffrey
C-48.2.1	Partridge, Morgan
O-2.9	Peck, Casey
E-192.7	Read, Jacob R
O-5	Reese, Daniel
A-11.8	Rosengren, Tanya J
C-32.3.1	Tritchler, Jobey
O-353	Whiteside, James

FROM THE DESK OF DOCUMENTATION



Lowell Incident
08-01-15

Who needs to turn in what?

Unit Logs (ICS 214's) are required by Strike Team Leaders and above. However, Crews, Engines and possibly other contractors working on the line or in camp, may be asked to fill them out, especially if there has been a significant event that may need to be documented, or if requested by your Supervisor. Ensure they are signed and dated and include operational period if applicable.

Copies of the Crew (ICS 224's) and Personnel (ICS 225's) Evaluations are sent to your home unit or business office. Therefore, it is imperative to provide the home unit or business name and address on the evaluation form.

Thanks for your help and cooperation.

Documentation Unit





DEMOBILIZATION PROCEDURES

Lowell Incident

CA-NEU-017851



BRET GOUVEA – INCIDENT COMMANDER

- When your Name and/or Request number is posted on the Demob (Demobilization) list, report to the Demobilization Unit. The Demob list can also be accessed in the incident box account utilizing the incident Q.R. code.
- **STRIKE TEAMS: ONLY THE STRIKE TEAM LEADER NEEDS TO REPORT TO THE DEMOBILIZATION UNIT.**
- You must have your Order / Request number to begin the demobilization process.
- Pickup your demobilization check-out form (ICS-221) from the Demobilization Unit, then go to the following units to obtain the necessary signatures.
 - Supply Unit
 - Communications Unit
 - Ground Support / Vehicle inspection (If applicable)
 - Documentation Unit
 - Time Unit
 - Training Unit (If applicable)
 - Accommodations (If applicable)
- Return the completed ICS-221 form to the Demobilization Unit.

Vehicle Inspections:

- A vehicle inspection time will be provided when you initially arrive to the Demobilization Unit.
- Vehicle inspection occur at:

*Cal Fire Station 20
10242 Ridge Road
Nevada City, CA 95959*

DO NOT REPORT FOR VEHICLE INSPECTION PRIOR TO YOUR APPOINTMENT TIME!

- Agency dozers, ask for specific ground support instructions.



WATER USAGE REPORT

DATE: _____

Division / Group: _____

AGENCY ID / VENDOR: _____

I.e., Strike Team 1110C, Acme Water Tenders

REQUEST # _____

TURN INTO FINANCE DAILY

WATER SOURCE LOCATION	Hydrant	Open source i.e. pond	Tank	Gallons Used	Property Owner / Contact Number if known **

****Please note if you made contact with property owner and their contact.
(Use reverse side if needed.)
Information: _____**

The intent of this document is intended to track, record and validated the amount of water used on a incident. It's not intended to review the performance of equipment using the water on an incident.

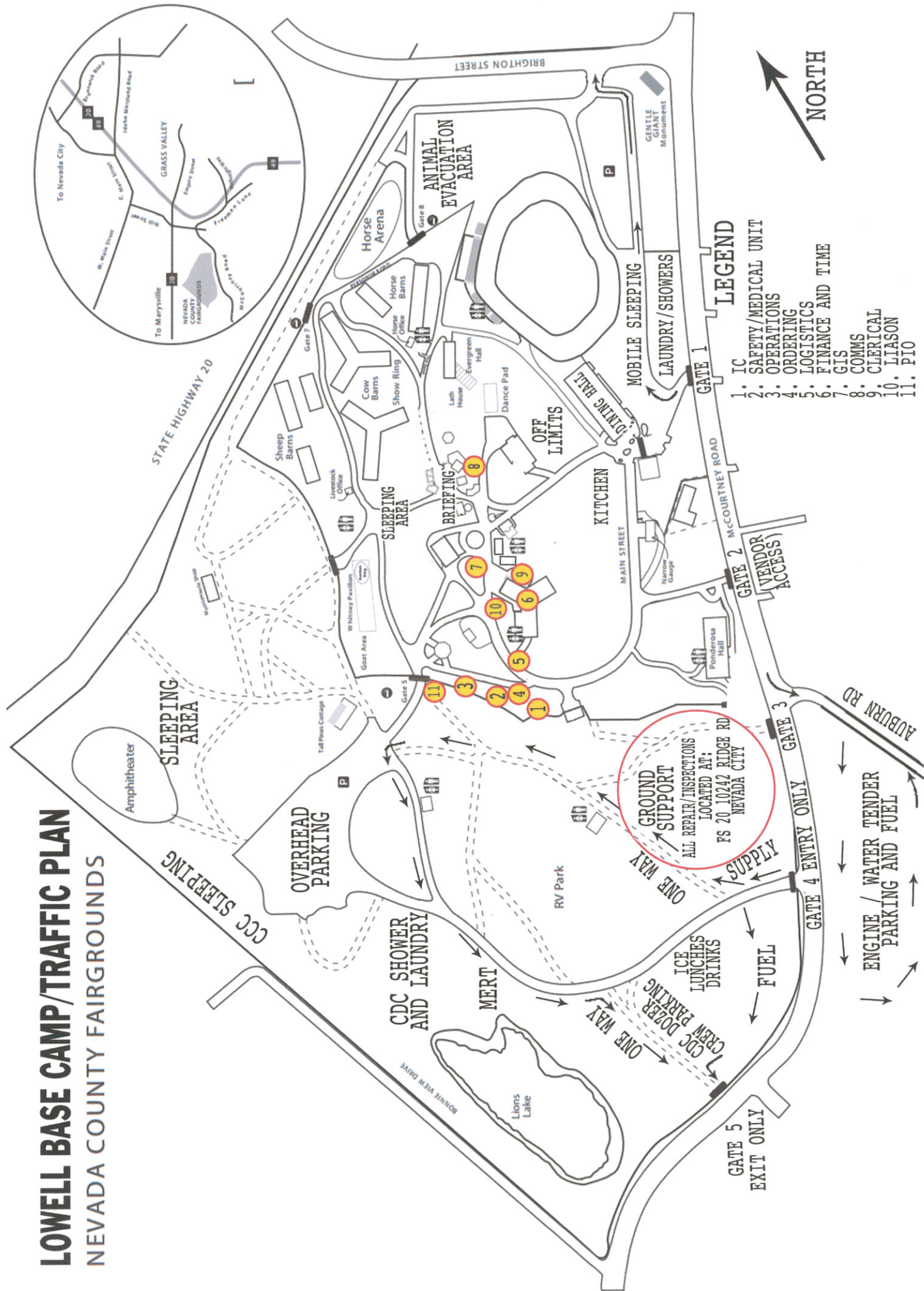
LOWELL INCIDENT
CANEU 017851
LOWELL INCIDENT IAP PHONE LIST

POSITION	PHONE NUMBER
Command Staff	
Safety	209-761-1975
Liason	760-594-2604
Law Liason	707-272-4633
Agency/Organization Reps	
Cal OES	916-912-4685 ext. 77726
Planning Section	
Situation	707-477-5194
Support Branch	
Facilities	530-741-0342
Ground Support	530-945-8394
Service Branch	
Motels	925-588-6713
Communications	530-273-8587
Finance/Admin Section	
Finance	559-799-2470
Time	530-273-8872
USFS Time	530-205-6378
Comp/Claims	530-966-0350
Check In	805-260-0906
Information	619-933-2357

Updated 7/31/15

LOWELL BASE CAMP/TRAFFIC PLAN

NEVADA COUNTY FAIRGROUNDS



LEGEND

- 1. IC
- 2. SAFETY/MEDICAL UNIT
- 3. OPERATIONS
- 4. ORDERING
- 5. LOGISTICS
- 6. FINANCE AND TIME
- 7. GIS
- 8. COMMS
- 9. CLERICAL
- 10. LIAISON
- 11. PIO



NORTH

GROUND SUPPORT
 ALL REPAIR/INSPECTIONS
 LOCATED AT:
 FS 20 10242 RIDGE RD
 NEVADA CITY

ENGINE / WATER TENDER
 PARKING AND FUEL

GATE 5
 EXIT ONLY

GATE 4 ENTRY ONLY

GATE 3

GATE 2
 (VENDOR ACCESS)

GATE 1

MOBILE SLEEPING
 LAUNDRY/SHOWERS

OFF LIMITS

KITCHEN

ANIMAL EVACUATION AREA

BRIEFING

SLEEPING AREA

OVERHEAD PARKING

SLEEPING AREA

Amphitheater

CCC SLEEPING

CDC SHOWER AND LAUNDRY

MERT

RV Park

ONE WAY
 SUPPLY

ONE WAY
 FUEL

ONE WAY
 ICE
 LUNCHES
 DRINKS

ONE WAY
 CDC DOPPER
 CREW PARKING

ONE WAY

ROBIN VIEW DRIVE

Lions Lake

MAIN STREET

JOINING HILL

LAUNDRY/SHOWERS

MOBILE SLEEPING

BRIGHTON STREET

STATE HIGHWAY 20

TO MARYSVILLE

TO NEVADA CITY

GRASS VALLEY

NEVADA COUNTY FAIRGROUNDS

W. Main Street

State Highway 20

McCortney Road

Amphitheater

Amphitheater

Amphitheater

Amphitheater

Amphitheater

Amphitheater

Amphitheater

Amphitheater

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