

LOWELL FIRE



INCIDENT ACTION PLAN

AUGUST 02, 2015 0700

TO

AUGUST 03, 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: 08/02/2015 Date To: 08/03/2015 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"> Keep the fire within existing fire perimeter control lines 																																									
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:																																									
8. Approved by Incident Commander: Name: <u>Phill Veneris</u> Signature:																																									
ICS 202	IAP Page _____	Date/Time: <u>08/01/2015 2100 hrs</u>																																							

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: LOWELL CA-NEU-017851		2. Operational Period: Date From: 08/02/2015 Time From: 0700		Date To: 08/03/2015 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), Anthony Stornetta(T)	Staging Area			
Public Info. Officer	Mike Mohler	Branch I			
Liaison Officer	David Schloss / Dennis Carreiro	Branch Director	Derrick Davis		
Law Liaison	Shannon Barney	Division/Group	A/B/C/D/E	Matt Sisneros Patrick Rohaley(T)	
4. Agency/Organization Representatives:			Division/Group		
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	Derrick Davis		
Situation Unit	Eric Scovel, Rob Decamp (T)	Division/Group	W/X/Y	John Fredrick	
Equipment Tech Spec.	Ken Elliot	Division/Group			
Documentation Unit	Kim Moore / Tim Bingham	Division/Group			
DMOB Unit	James Klosek, Nick Lawlor (T)	Division/Group			
GISS	Tim Werle	Supp. Repair			
IMET	Ryan Walbrun	Division/Group	Groups 1, 2, 3 & Road	Dave Davis Andy Gregersen(T)	
Training Tech. Spec.	David Randolph	Division/Group			
Logistics Section			Division/Group		
Chief	Craig White	Division/Group			
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: Mike Petro Position/Title: PSC1 (T) Signature: 



Lowell Fire Weather Forecast



FORECAST NO: 6

NAME OF FIRE: Lowell

PREDICTION FOR: Sunday Aug 2nd

UNIT: NEU-Calfire

SHIFT DATE: 0700 Sun-0700 Mon

SIGNED: Ryan Walbrun

TIME AND DATE

FORECAST ISSUED: 1900 Aug 1st

Incident Meteorologist

WEATHER DISCUSSION: A more seasonable weather pattern is forecast over the Lowell Fire today. Cumulus clouds are once again expected well to the east of the incident with any thunderstorms staying closer to the Sierra Crest. Over the fire skies should be mostly sunny. Temperatures will be near normal with highs around 90 and afternoon humidity near 25%. General winds will be from the southwest and align with the typical afternoon up-canyon winds...but remain fairly light.

WEATHER FORECAST For Sunday:

WEATHER: Mostly sunny over the fire. Cumulus clouds to the east of the fire. Storms will develop over the Sierra Crest but are not expected to drift over the Lowell Fire.

TEMPERATURES: Highs 89-94 Little change.

HUMIDITY: Afternoon minimum 19-28% Little change.

20 FT WINDS:

RIDGETOP - Southwest 5-10 mph...afternoon gusts to 15 mph.

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

HAINES INDEX: 4

STABILITY/INVERSION: Weak inversion lifting by 1000

WEATHER FORECAST For Sunday Night:

WEATHER: Mostly clear.

TEMPERATURES: Overnight lows around 60.

HUMIDITY: Moderate to good humidity recovery 60-70%

20 FT WINDS:

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

SLOPE/VALLEY - Downcanyon 2-4 mph overnight.

EXTENDED FORECAST: An upper trough will approach by early in the week but the result will be a seasonable weather pattern. The biggest impact could be some slightly stronger wind gusts to 20 mph in the afternoon. Highs still around 90 with RH values 20-30%. West winds 6-12 mph.

EXTRA INFORMATION: Continue to hydrate so you are ready for the next incident. Know your lightning and thunderstorm safety protocols should any unexpected storms drift over the fire.

FIRE BEHAVIOR FORECAST

FORECAST NUMBER: 7

TYPE OF FIRE: Wildfire

FIRE NAME: Lowell

OPERATIONAL PERIOD: 8/3-6/15 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 fuels in the fire area will start continue to dry as the warmer weather moves back into the area. The main influences on the fire behavior are the 10 and 100 hour fuels. These fuels are below normal levels, due to the lack of precipitation. 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 thick pine plantations will burn readily resembling brush more than trees. 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 potential to become active as the moist fuels continue to dry out. If fire established outside the lines it will be slope and wind driven. The normal wind pattern aligns with the drainage funneling the wind increasing its speed. The fire will transition to a crown fire when slope and wind align or the canopy comes within 8 feet of the ground. The fire will have a rate of spread of 15 – 20 ch/h on the surface, with 5-8 foot flame lengths. Single and group torching will occur, creating spot fire .1 to .3 miles away. The probability of ignition will be approximately 70% during the night and 90-100% during the afternoon. The west facing slopes of the drainage will have high fire intensity and be the most prone to crown fires. The fire will continue to progress northeast up the Steephollow Creek drainage. If fire gets established in the drainages to the north or south it will progress faster in the lower slopes where the wind speed is the highest.

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

Post lookouts to watch for increasing fire behavior in the bottom of the drainage and on the slope you are working.

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Lowell	2. Operational Period:	Date From: 8/2/2015 Time From: 0700	Date To: 8/3/2015 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. Possible slick roads due to rain.

Fireline Hazards:

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

Weather

Possible thunderstorms, heavy rain, lightning and down bursts.

Demob:

Ensure personnel are rested and vehicles are mechanically safe.

Wildlife:

Communicate to crews and adjoining resources

Mechanized Equipment

Confirm all personnel working around equipment stay attentive to their task and wear appropriate PPE at all times.

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 No

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: 8/1/2015 4:40 PM

AIR OPERATIONS SUMMARY

PREPARED BY: David A. Lopez

PREPARED DATE/TIME: 8/01/15 19:00

1. INCIDENT NAME: Lowell

2. OPERATIONAL PERIOD DATE: 8/02/15 START TIME: 07:00 END TIME: 21:00 SUNRISE: 06:05 SUNSET: 20:15

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**

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

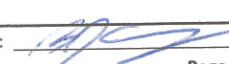
Radius: 5 NM, 10,000 MSL
 Freq: 120.575
 Center point: Lat: N39° 12 59'
 Long: W120° 52.49'

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:			Airtankers	
ATGS:		AIR/AIR RW:	120.575		Lead Planes	
HILCO:		AIR/GROUND:	CDF Tac16	159.2850 TX/Rx 192.8	Base FAX #:	
ASGS: Tim Stepanovich	323-819-5369	COMMAND:	RX 168.0750 TX 170.4250		ATGS Aircraft	
HEBM: Matt Hill	530-859-5609	COMMAND TONE	RX: TX: 131.8		Other	Crash Rescue- Contact Lowell Comm Unit
ATB MGR:		DECK FREQ:	168.350			
		TOLC FREQ:	122.850			

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
2HP	2	A-34	Bell 212	KG00	0800		CWN Standard								

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/02/15 Date To: 08/03/15 Time From: 0700 Time To: 0700		3. Branch: I Division: A/B/C/D/E Staging Area:	
4. Operations Personnel: Operations Section Chief: Steve Spinharney(D) Tony Brownell(N) Branch Director: Derrick Davis** Division/Group Supervisor: Matt Sisneros, Patrick Rohaley (T)**				Contact Number (209) 274-5503 (D) (661) 330-0358 (530) 521-2733	
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.)		
STC AEU 9271C	Mark Brunton	18	(530) 864-1142	DP 12	
STC NEU 9232C**	Darin Nelson	17	(916) 622-3371	DP 12	
<i>SOFR Jordan**</i>	Brian Jordan	1	(818) 292-5443	DP 12	
<i>FEMP Dacpano**</i>	Jeffrey Dacpano	1	(831) 970-3612	DP 12	
<i>FEMP Norman**</i>	Wesley Norman	1	(530) 613-3328	DP 12	
6. Work Assignments: Mop up 300' interior. Pull hose lays in A,B,C, and D. 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 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: William Corey		Position/Title: RESL (T)		Signature: 	
ICS 204		IAP Page _____		Date/Time: 8/1/15 2100 Page 1 of 1	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/02/2015 Date To: 08/03/2015 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: Derrick Davis**		(661) 330-0358		
Division/Group Supervisor: John Fredrick**		(209) 728-5448		
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 TCU 9442C**	Jacob Read	18	(916) 521-2922	DP 14
<i>SOFR Sargenti**</i>	Dave Sargenti	1	(831) 596-4724	DP 14
<i>FEMP Lenihan**</i>	Kevin Lenihan	1	(559) 359-6792	DP 14
<i>FEMP Moder**</i>	Scott Moder	1	(707) 484-6684	DP 14
6. Work Assignments: Mop up 300' interior. Back haul garbage, hose, and water. Pull hose lays in X and Y.				
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)			
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: William Corey Position/Title: RESL(T) Signature:				
ICS 204	IAP Page _____	8/1/15 2100	Page 1 of 1	

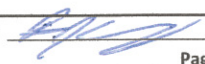
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1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/02/2015 Date To: 08/03/2015 Time From: 0700 Time To: 0700		3. <h3 style="text-align: center;">Suppression Repair</h3> <p style="text-align: center; font-size: 1.2em;">Group 1</p> <p style="text-align: center;">Staging Area:</p>
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:				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) 770-5697	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
6. Work Assignments: Plan and implement suppression repair needs.				
7. Special Instructions: <p style="margin-left: 40px;">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-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:				
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ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/02/2015 Date To: 08/03/2015 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:		(530) 320-7794		
Division/Group Supervisor: Dave Davis, Andy Gregersen (T)**				
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 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-29 Ellis**	Chuck Riley	1	(916) 790-0752	Lowell Camp
W/T E-80 AWB**	Dan Brady	1	(530) 305-2695	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
Excavator E-239 Ridge Log**	Brian Forkner	1	(530) 470-3881	Lowell Camp
Excavator E-248 Volcano**	Kevin Haycraft	1	(530) 913-4170	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-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 _____	Date/Time: 8/1/15 1900	Page 1 of 2

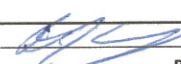
ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/02/2015 Time From: 0700		Date To: 08/03/2015 Time To: 0700		3. Suppression Repair Group 2 Staging Area:
4. Operations Personnel:					Contact Number (209) 274-5503 (D) (530) 320-7794	
Operations Section Chief: Steve Spinharney(D) Tony Brownell(N)						
Branch Director:						
Division/Group Supervisor: Dave Davis, Andy Gregersen (T)**						
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	
FMOD O-208 Trees Unltd**	George Harrison	2	(530) 277-7959		Lowell Camp	
Transport E-203 Robinson**	Rick Smouts	1	(530) 913-2258		Lowell Camp	
Transport E-249 Mader**	Al Mader	1	(530) 277-6074		Lowell Camp	
HEQB Hathaway**	Aaron Hathaway	1	(530) 356-1780		Lowell Camp	
HEQB Wilson**	Craig Wilson	1	(530) 386-3975		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-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 _____		Date/Time: 8/1/15 1900		

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/02/2015 Date To: 08/03/2015 Time From: 0700 Time To: 0700		3. Suppression Repair Group 3 Staging Area:
4. Operations Personnel:			Contact Number	
Operations Section Chief: Steve Spinharney(D) Tony Brownell(N)		(209) 274-5503 (D)		
Branch Director:			(530) 320-7794	
Division/Group Supervisor: Dave Davis, Andy Gregersen (T)**				
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 Anderson**	Guy Anderson	1	(559) 281-8479	
DOZ E-148 Bordges**	JR Butts	1	(530) 295-7240	
DOZ E-149 G & O**	Scott Weaver	1	(530) 344-6878	
Excavator E-247 Mader**	Al Mader	1	(530) 277-6074	
Chipper TBA**				
FOBS Stratton**	Robert Stratton	1	(707) 696-9136	
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-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 _____	Date/Time: 8/1/15 1900	Page 1 of 1	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Lowell CA-NEU-017851		2. Operational Period: Date From: 08/02/2015 Date To: 08/03/2015 Time From: 0700 Time To: 0700		3. Suppression Repair
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	Road Group Staging Area:
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-86 Spitfire**	Bruce Florence	1	(916) 955-6783	DP 25
W/T E-204 Kulikov**	Andrea Kulikov	1	(209) 471-2483	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: <u>William Corey</u> Position/Title: <u>RESL(T)</u> Signature: 				
ICS 204		IAP Page _____	Date/Time: 8/1/15 2100	

INCIDENT RADIO COMMUNICATIONS PLAN		Incident Name Lowell		Date/Time Prepared 08/01/2015 1800 hrs		Operational Period Date/Time 8/02/2015-08/03/2015 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/D/E	151.1375		156.7	151.1375		156.7	A	
5	Tactical	VTAC 12	Div W/X/Y	154.4525		156.7	154.4525		156.7	A	
6	Tactical	VTAC 13	Sup Repair	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	Not Assigned	154.2725		156.7	154.2725		156.7	A	<u>Not Assigned</u>
11	Tactical	VFIRE 25	Not Assigned	154.2875		156.7	154.2875		156.7	A	<u>Not Assigned</u>
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: 8-2-15 Time From: 07:00	Date To: 8-3-15 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: _____

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 2st, 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:					
ST Leader:	DOZER BLADE HRS	PRTBL PUMP HRS	# OF SAWS	HRS ON EACH SAW	NOTES
Engine/Crew:					
Comments (any changes?):					
CELL PHONE #:					
8/29/2013					

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	
Agreement Number LNU76543210		Equipment Make CAT		Equipment Model / Type Dozer D6N		Operator #2 Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Serial Number 3BG0236		License Number		Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		Equipment Status <input type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement	
Equipment Use		Released by Government		Withdrawn by Contractor		Remarks/Comments ** 1 Operator	
Data	Start	Stop	Work	Assignment			
Mo / Day				(Circle) Hours Days / Miles			
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	
Poor* Avg. Good Exc. N/A						Steve Hampton, Div B	
Met Performance Expectations						Govt. Rep. Signature	
Equipment in Safe Working Condition						<i>Steve Hampton</i>	
Operator Skill Level						Contractor Signature	
Operates Safely						<i>Jason Ferguson</i>	
Operator's Cooperation Level						Date	
Overall Performance						Time	
* NOTE: Any rating of POOR requires an explanation in Comment Section.						07/17/12 2000	
**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	
Agreement Number LNU2223333		Equipment Make Peterbilt		Equipment Model / Type 4000 Gallon		Operator #2 Wayne Rodgers	
Serial Number 11343N		License Number 6A256483		Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		Equipment Status <input type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement	
Equipment Use		Released by Government		Withdrawn by Contractor		Remarks/Comments ** 2 Operators	
Data	Start	Stop	Work	Assignment			
Mo / Day				(Circle) Hours Days / Miles			
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	
Poor* Avg. Good Exc. N/A						Mike Brown, Div B	
Met Performance Expectations						Govt. Rep. Signature	
Equipment in Safe Working Condition						<i>Mike Brown</i>	
Operator Skill Level						Contractor Signature	
Operates Safely						<i>Wayne Rodgers</i>	
Operator's Cooperation Level						Date	
Overall Performance						Time	
* NOTE: Any rating of POOR requires an explanation in Comment Section.						07/17/12 0800	
**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:
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

TRAINEE'S

IT'S NEVER TOO LATE TO CAPTURE YOUR TRAINING OPPORTUNITIES. PLEASE COME SEE THE TNSP TO OPEN A FILE.

WHEN YOU COME TO SEE THE TNSP TO CLOSE A FILE, YOU MUST BRING THE FOLLOWING ITEMS:

- YOUR INITIATED POSITION TASK BOOK IN FOR REVIEW. THE PTB MUST BE COMPLETED BY THE TRAINER (EVALUATOR)
- YOUR EVALUATOR RECORD
- INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

*****DON'T WAIT UNTIL DEMOBILIZATION TO STOP BY*****

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

O-183	Compmas, Christopher
O-276	Carter, Bryan W
O-323	Hibbard, Patrick
O-288	Johnson, Erik Gunner
O-2.8	Lohse, Scott
C-48.2.1	Partridge, Morgan
O-5	Reese, Daniel
A-11.8	Rosengren, Tanya J

TNSP Dave Randolph (805) 857-4820

FROM THE DESK OF DOCUMENTATION



Lowell Incident
08-02-15

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

