



SADDLE INCIDENT

CA-BTU-013655

OPERATIONAL PERIOD

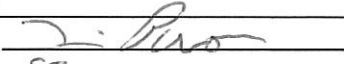
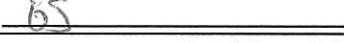
THURSDAY SEPTEMBER 8TH 0700

to

FRIDAY SEPTEMBER 9TH 0700



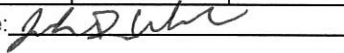
INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Saddle CA-BTU-013655	2. Operational Period Date From: 9/8/2016 Date To: 9/9/2016 Time From: 0700 Time To: 0700		
3. Objective(s):			
Management Objectives			
<ul style="list-style-type: none"> -Provide for and maintain public and emergency responder safety by utilizing the incident safety analysis process. -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 reasources in the fire area. -Provide a process to manage emergency reasources efficiently. -Ensure costs are minimized appropriately for the values at risk. -Ensure coordination and communications with stakeholders and cooperating agencies. 			
Control Objectives			
<ul style="list-style-type: none"> -Keep the fire south of Wilderness Way. -Keep the fire east of Pentz Rd. -Keep the fire west of Highway 70. -Keep the fire north of Lime Saddle Road. 			
General Situational Awareness:			
<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. Rember 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 ___ No <u>X</u>			
Approved Site Safety Plan(s) Located at:			
6. Incident Action Plan			
X ICS 203	ICS 215A	Phone List	Fire Suppression Repair Plan
X ICS 204	X ICS 220	X Training Message	X Off Site Lodging Message
X ICS 205	X Travel Map	X Base Map	X Documentation Message
X ICS 206	X Weather Forecast	X Demob Plan	X ICS 214
X Safety Message	Fire Behavior	Finance Message	X CAL FIRE 101
7. Prepared By: Tim Person	Position/Title: PSC	Signature:	
8. Approved by Incident Commander Garrett Sjolund		Signature:	
ICS 202	IAP Page _____	Date/Time: 09/7/2016 2300hrs	

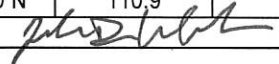
ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Saddle CA-BTU-013655		2. Operational Period: Date From: 9/8/2016 Time From: 0700		Date To: 9/9/2016 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Garrett Sjolund	Chief	Jason Dyer		
Deputy		Deputy			
Safety Officer		Night Ops			
Information Officer	Mary Ann Aldrich	Staging Area			
Liaison Officer		Branch	I	Director:	
LE Liaison Officer		Division/Group	A	Matt Sisneros	
		Division/Group	X/Y	Randy Engler	
4. Agency/Organization Representatives:		Division/Group			
Paradise Police	Erick Reinbold	Division/Group			
CHP	Brian McGe	Division/Group			
Butte County Sheriff	Deric Bell	Branch	II	Director:	
PG&E	Rob Cone	Division/Group	H/M		
CA State Parks		Division/Group			
NAVDAG		Division/Group			
CDCR	Tom Bainbridge	Division/Group			
Oroville CHP		Division/Group			
Town of Paradise		Branch	Director:		
Butte County EMS		Division/Group	Supp Repair	Dave Durby	
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
5. Planning Section:		Branch	Director:		
Chief	Tim Person	Division/Group			
Deputy		Division/Group			
Resource Unit	Jordan Weber				
Situation Unit		Staging Area			
Documentation Unit		Division/Group			
Demobilization Unit	Jordan Weber	Branch	Director:		
GISS		Division/Group			
FBAN		Division/Group			
IMET		Division/Group			
Training Specialist		Air Operations Branch		Director:	Shem Hawkins
Crew Tech		Air Attack Supervisor			
6. Logistics Section		Air Support Supervisor			
Chief	Jessie Morris	Helicopter Coordinator			
Deputy		Helibase Manager			
Supply Unit		8. Finance/Administration Section:			
Facilities Unit	Randy Ford	Chief	Vance Multan		
Ground Support Unit	Craig Sanderson	Deputy			
Hired Equipment Tech		Time Unit			
Communications Unit	Kyle Johnson	Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
Hotel Tech Spech	Matt Aldrich				
Prepared By: Name:	Jordan Weber	RESL	Signature: 		
ICS 203	IAP Page _____	Date/Time:	9/7/2016 2300 hours		

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Saddle CA-BTU-013655		2. Operational Period: Date From: 09/08/16 Date To: 09/09/16 Time From: 0700 Time To: 0700				3. Branch: I Division/Group: A Staging Area:	
4. Operations Personnel: Operations Section Chief: Jason Dyer Branch Director: Division/Group Supervisor: Matt Sisneros							
5. Resources Assigned:		Resource Identifier	Leader	Number of Personnel	Contact	Reporting Location, Special Equipment, Remarks, Notes, and Information	
STC LNU 9144C				18		DP 10	
STC SKU 9263C				18		DP 10	
STG LMU 9228G				33		DP 10	
STG SHU 9243G				33		DP 10	
PVT DOZ BUT 1				2		DP 10	
DOZ TGU 2540				2		DP 10	
W/T BUT 42				2		DP 10	
W/T PVT E-100				2		DP 10	
W/T PVT E-101*				2		DP 10	
6. Work Assignments: Provide for structure defense, Continue to improve and hold control lines Patrol and mop-up 300' interior Back haul all unnecessary equipment and trash to drop points							
7. Special Instructions: * Indicates 12 hour resources							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C7 T2	1	Command	151.4600 N	103.5	159.3900 N	123.0	
VFIRE 24	3	TACTICAL	154.2725 N	156.7	154.2725 N	156.7	
CALCORD	15	EMS	156.0750	156.7	156.0750	156.7	
CDF A/G T18	14	Air to Ground	159.3450 N	192.8	159.3450 N	192.8	
Air Guard	16	EMERGENCY	168.6250 N		168.6250 N	110.9	
9. Prepared by: Name: Jordan Weber		Pos/Title:	RESL	Signature:			
ICS 204		Date/Time:	9/7/2016	2300 hours			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Saddle CA-BTU-013655		2. Operational Period: Date From: 09/08/16 Date To: 09/09/16 Time From: 0700 Time To: 0700				3. Branch: I Division/Group: X/Y Staging Area:	
4. Operations Personnel: Operations Section Chief: Jason Dyer Branch Director: Division/Group Supervisor: Randy Engler							
5. Resources Assigned:		Number of Personnel	Contact	Reporting Location, Special Equipment, Remarks, Notes, and Information			
Resource Identifier	Leader						
STC SCU 9160C	Barteau, William	16		DP 30			
STG MEU 9112G		33		DP 30			
STG BTU 9210G		33		DP 30			
W/T PVT E-80*		2		DP 30			
6. Work Assignments: Provide for structure defense, Continue to improve and hold control lines, Patrol and mop-up 300' interior Back haul all unnecessary equipment and trash to drop points							
7. Special Instructions: * Indicates 12 hour resources							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C7 T2	1	Command	151.4600 N	103.5	159.3900 N	123.0	
VFIRE 26	5	TACTICAL	154.3025 N	156.7	154.3025 N	156.7	
CALCORD	15	EMS	156.0750	156.7	156.0750	156.7	
CDF A/G T18	14	Air to Ground	159.3450 N	192.8	159.3450 N	192.8	
Air Guard	16	EMERGENCY	168.6250 N		168.6250 N	110.9	
9. Prepared by: Name: Jordan Weber		Pos/Title: RESL		Signature: 			
ICS 204		Date/Time: 9/7/2016		2300 hours			

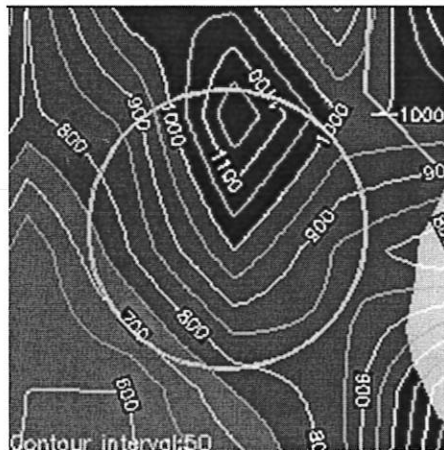
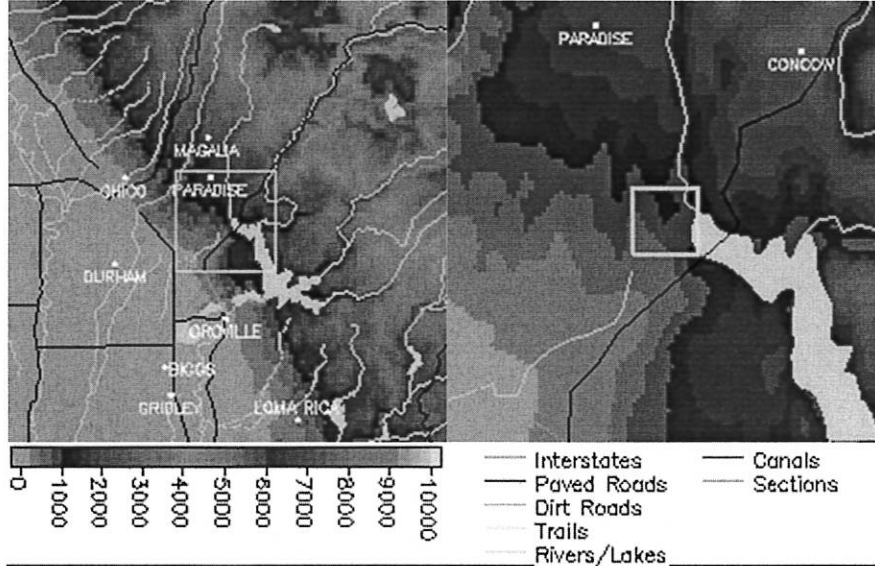
ASSIGNMENT LIST (ICS 204)

1. Incident Name: Saddle CA-BTU-013655		2. Operational Period: Date From: 09/08/16 Date To: 09/09/16 Time From: 0700 Time To: 0700			3. Branch: II Division/Group: H/M Staging Area:		
4. Operations Personnel: Operations Section Chief: Jason Dyer Branch Director: Division/Group Supervisor:							
5. Resources Assigned:							
Resource Identifier	Leader	Number of Personnel	Contact (phone radio freq, etc.)	Reporting Location, Special Equipment, Remarks, Notes, and Information			
STC MEU 9110C		16		DP 20			
STC LMU 9229C	Delacour, Sean	19		DP 20			
STC MRN 9150C*	Pierce, Jeremey	18		DP 20			
STG HUU 9122G		33		DP 20			
STG TGU 9257G		33		DP 20			
STG LMU 9223G*		33		DP 20			
DOZ TGU 2544		2		DP 20			
W/T PVT E-81		2		DP 20			
W/T PVT E-35		2		DP 20			
W/T PVT E-36*		2		DP 20			
6. Work Assignments: Provide for structure defense, Continue to improve and hold control lines, Patrol and mop-up 300' interior Back haul all unnecessary equipment and trash to drop points							
7. Special Instructions: * Indicates 12 hour resources							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C7 T2	1	Command	151.4600 N	103.5	159.3900 N	123.0	
VFIRE 25	4	TACTICAL	154.2875 N	156.7	154.2875 N	156.7	
CALCORD	15	EMS	156.0750	156.7	156.0750	156.7	
CDF A/G T18	14	Air to Ground	159.3450 N	192.8	159.3450 N	192.8	
Air Guard	16	EMERGENCY	168.6250 N		168.6250 N	110.9	
9. Prepared by: Name: Jordan Weber		Pos/Title: RESL		Signature:			
ICS 204		Date/Time: 9/7/2016 2300 hours					

SADDLE (WILDFIRE) (Requested: 1255 PDT 9/7/16)

Forecast complete at 1546 PDT 9/7/16

Requested by: CAL FIRE Phone:(530) 538-6840 FAX:(530) 538-7401 Contact:JOSHUA BAKER



Location: Legal: Lat/Lon:39 40 35/121 34 02 Quad:

Calculated:(39.67639°N 121.56722°W)(CHEROKEE CA)

Elevation:947-1600 Drainage:WEST BRANCH OF FEATHER RIVER Aspect:SOUTH
Size:700

Fuel Type:BRUSH (Fully Sheltered)

Observations:

Place	Elev	Time	Wind	Temp	Wetbulb	RH	Dewpt	Remarks
concow	1400	1250	2-4 sw	87		18		clear

Requested Parameters

Remarks

XXX Sky / Weather

New spot weather forecast needed

XXX Temperature for 09/08/16 operational period.
XXX Relative Humidity Needed by today at 16:00 please.
XXX 20-ft Wind
XXX Ridge Top Wind
... Chance of Wetting Rain
... Lightning Activity Level
... Smoke Dispersion

FORECAST:

IF CONDITIONS BECOME UNREPRESENTATIVE,
CONTACT THE NATIONAL WEATHER SERVICE.

SPOT FORECAST FOR SADDLE...CAL FIRE
NATIONAL WEATHER SERVICE SACRAMENTO CA
346 PM PDT WED SEP 7 2016

FORECAST IS BASED ON REQUEST TIME OF 1255 PDT ON SEPTEMBER 07.
IF CONDITIONS BECOME UNREPRESENTATIVE...CONTACT THE NATIONAL WEATHER
SERVICE.

.DISCUSSION...

ABOVE AVERAGE TEMPERATURES AND DRY CONDITIONS WILL CONTINUE THROUGH
FRIDAY AT THE SADDLE FIRE. MODERATE HUMIDITY RECOVERY FORECAST
TONIGHT

ALTHOUGH LOCALIZED SPOTS IN THE VICINITY OF THE FIRE COULD HAVE
POOR RECOVERY. DOWNSLOPE WIND SPEEDS TONIGHT INTO THURSDAY MORNING
ARE EXPECTED TO BE LIGHTER THAN THEY WERE TUES NIGHT/WED MORNING.
HOTTEST PART OF THE DAY SHOULD OCCUR BETWEEN 1500-1800 HOURS
THURSDAY.

UPSLOPE/UPVALLEY WIND FLOW WILL REDEVELOP THURSDAY AFTERNOON.

.TONIGHT...

SKY/WEATHER.....CLEAR.
MIN TEMPERATURE.....65-70.
MAX HUMIDITY.....43-48 PERCENT.
WIND (20 FT).....WEST WINDS UP TO 5 MPH SHIFTING TO THE
NORTHEAST (DOWNSLOPE) 4 TO 7 MPH AFTER
MIDNIGHT.
RIDGETOP WIND.....LIGHT WINDS.
MIXING HEIGHT.....6000 FT AGL DECREASING TO 200-900 FT AGL EARLY
IN THE EVENING.
TRANSPORT WINDS.....LIGHT WINDS.

.THURSDAY...

SKY/WEATHER.....SUNNY.
MAX TEMPERATURE.....93-97.
MIN HUMIDITY.....14-19 PERCENT.
WIND (20 FT).....NORTHEAST WINDS UP TO 5 MPH SHIFTING TO THE
SOUTHWEST BY NOON WITH SPEEDS OF 4 TO 8 MPH
CONTINUING INTO THE EVENING.
RIDGETOP WIND.....WEST AROUND 5 MPH.
MIXING HEIGHT.....200 FT AGL INCREASING TO 5900-6300 FT AGL.
TRANSPORT WINDS.....WEST 4 TO 6 MPH.

Safety Message



Saddle Fire

CA-BTU-013655 09/08/2016
0700-0700

Fire Fighter Health

- Attitude is key make it your mission to work well with everyone!!!
- Ensure personnel are adequately **hydrated**.
- Utilize work/rest cycles to **prevent Heat Illness**.
- Maintain **Situational Awareness** at all times, including Mop-up.

Roads

- Several roads in on the incident are narrow and dusty. Maintain appropriate **Safe Speeds** and distances at all times to avoid pedestrians, livestock & wild game.
- The fire area has been repopulated, **Residents** are in the area.
- Ensure drivers are properly rested & **drive defensively**.

Topography & Hazard Trees

- Steep and Rocky = Beware of **rolling and falling debris** from above
- Identify fire weakened / partially-burned **Hazard Trees** and brief your crews. If you cannot mitigate the hazard, flag the drop zone and notify the Division Supervisor of location.
- Brief on **dozer safety**
- Watch for **chipper/excavator** crews working Fire Suppression Repair

Communications

- Ensure that Radios have been properly cloned
- **Communicate** with your crew when aircraft are working in the area

Prepared By: Lou Sciocchetti, Safety Officer

Handwritten signature of Lou Sciocchetti in black ink.

Approved by: Garrett Sjolund, Incident Commander

Handwritten signature of Garrett Sjolund in black ink, underlined.

AIR OPERATIONS SUMMARY

OPERATIONAL PERIOD DATE: 09/8/16 START: 0830 END: 1856 SUNRISE: 0642 SUNSET: 1926

1. INCIDENT NAME: Saddle 2. PREPARED BY: SHEM HAWKINS 3. # OF COPIES NEEDED:

4. REMARKS (Safety Notes, Hazards, Air Operations Special Equipment, etc.):
GLIDER AIRCRAFT TO THE EAST OF THE HELIBASE. USE CAUTION

Ensure your load calcs reflect the increased temperatures.
 GPS settings: hddd°mm.mmm' with WGS 84 selected as the map datum.

5. TFR:
 Center: Latitude: 39°40'35"N,
 Longitude: 121°34'02"W
 Radius: 5 nautical miles
 Altitude: From the surface up
 to and including 6000 feet MSL

8. FIXED WING			
# Avail / Type/ Make-Model / FAA N# / Base(s)	AIRTANKERS	LEADPLANES	Available upon request
			123.1750
PILOT MAP:			

7. FREQUENCIES					
Phone	AM	FM	AIR/AIR FW:	AIR/AIR RW:	AIR BRIEFING
		169.2000		123.1750	
			Tx 159.3900 T 103.5 Rx 151.4600		
			CDF T18 Tx/Rx 159.3450 T192.8		
			DECK: 163.100		
			TOLC: 123.0250		
			COMMAND: See IAP Communications Plan		
			Air Guard		

9. HELICOPTERS (Use Additional Sheets as Necessary)													
FAA N#	TY	MAKE/MODEL	BASE	AVAIL	START	REMARKS	FAA N#	TY	MAKE/MODEL	BASE	AVAIL	START	REMARKS
C205	2	UH1H	Chico	0815	0830	Hoist / Bucket							
6GH	2	205A1++	Chico	0815	0830	Hoist / Bucket							
7RH	3	AS350	Chico	0815	0830	Recon							

10. TASK/MISSION/ASSIGNMENT (Use ICS-220a if additional space needed; Type/Function includes: Air Tactical, Retardant, Recon, Personnel Transport, Water Dropping, etc.)			
TYPE/FUNCTION	NAME OF PERSONNEL OR CARGO (if applicable) OR INSTRUCTIONS FOR TACTICAL AIRCRAFT	MISSION START	FLY FROM FLY TO
Recon			
Water Drops/Retard.			
Personnel Transport			
Logistics			

INCIDENT RADIO COMMUNICATIONS PLAN		Incident Name			SADDLE			Date/Time Prepared	Operational Period Date/Time		
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	CDF C7 T2	ALL DIVISIONS	151.4600	N	103.5	159.3900	N	123.0	A	BK GROUP 16 CH 7 (T2)
2											
3	TACTICAL	VFIRE 24	DIVISION A	154.2725	N	156.7	154.2725	N	156.7	A	BK GROUP 24 CH 20
4	TACTICAL	VFIRE 25	DIVISION H/M	154.2875	N	156.7	154.2875	N	156.7	A	BK GROUP 25 CH 01
5	TACTICAL	VFIRE 26	DIVISION X/Y	154.3025	N	156.7	154.3025	N	156.7	A	BK GROUP 25 CH 02
6	TACTICAL	CDF T31	SUP/REPAIR	159.3825	N	192.8	159.3825	N	192.8	A	BK GROUP 20 CH 18
7											
8											
9											
10											
11											
12											
13											
14	AIR TO GRD	CDF A/G T18	ALL DIVISIONS	159.3450	N	192.8	159.3450	N	192.8	A	BK GROUP 20 CH 05
15	EMS	CALCORD	ALL DIVISIONS	156.0750	N	156.7	156.0750	N	156.7	A	BK GROUP 24 CH 11
16	EMERGENCY	GUARD	EMERGENCY	168.6250	N		168.6250	N	110.9	A	EMERGENCY USE ONLY
17											
18											
19											
20	EMERGENCY	GUARD	EMERGENCY	168.6250	N		168.6250	N	110.9	A	EMERGENCY USE ONLY

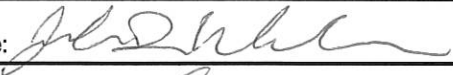

Prepared By (Communications Unit)

Kyle R. Johnson

Incident Location OROVILLE
 County BUTTE State CA Latitude Longitude

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: Saddle CA-BTU-013655		2. Operational Period: Date From: 9/8/16 Date To: 9/9/16 0700-0700 Time From: 0700 Time To: 0700					
3. Medical Aid Stations:							
Name	Location	Contact Number/Freq	Paramedics Yes / No Yes / No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number	Level of Service				
Butte EMS	Paradise	530-538-6460	X ALS / <input type="checkbox"/> BLS				
Enloe Flight Care	Chico	530-538-6460	X ALS / <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS / <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS / <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Lat & Long Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Enloe Medical Center	1531 Esplanade, Chico	530-332-7300	5	30	Level: 2	<input type="checkbox"/> Yes x No	x Yes <input type="checkbox"/> No
Feather River Hospital	5974 Pentz Rd, Paradise	530-872-3378	5	30	Level: 3	<input type="checkbox"/> Yes x No	x Yes <input type="checkbox"/> No
UCD Med Center	2315 Stockton Blvd. Sacramento	916-734-2011	20	2	Level 1	x Yes <input type="checkbox"/> No	x Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level:___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level:___	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures				<p>Line Emergency Crew Supervisor will contact Division Supervisor with patient complaint/condition and location. - Division Group Supervisor Contacts: 1. Closest EMS resource 2. Communications Unit - Communications Unit Contacts: 1. Ground or Air ambulance as requested. 2. Operations 3. Safety 4. Medical Unit - Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel. 1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency. - Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need.</p> <p>Camp Emergency Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient. - Medical Unit contacts 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims</p>			
				<p>Injury Reporting Procedures Nature of Injury: _____ Location of Patient: _____ Point of Contact: _____ Transportation Requested by: Air _____ Ground _____ Point of Pick-Up: _____ Lat: _____ Long: _____ Patient Unit ID: _____ Is an EMT with Patient: Yes _____ No _____ Age: _____ Sex: Male _____ Female _____</p> <p>All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.</p>			
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: Jorden Weber				Signature: 			
8. Approved by (Safety Officer): Name: Tim Person				Signature: 			
ICS 206	IAP Page _____	Date/Time:	9/7/16	2100			

DEMOB

SADDLE INCIDENT

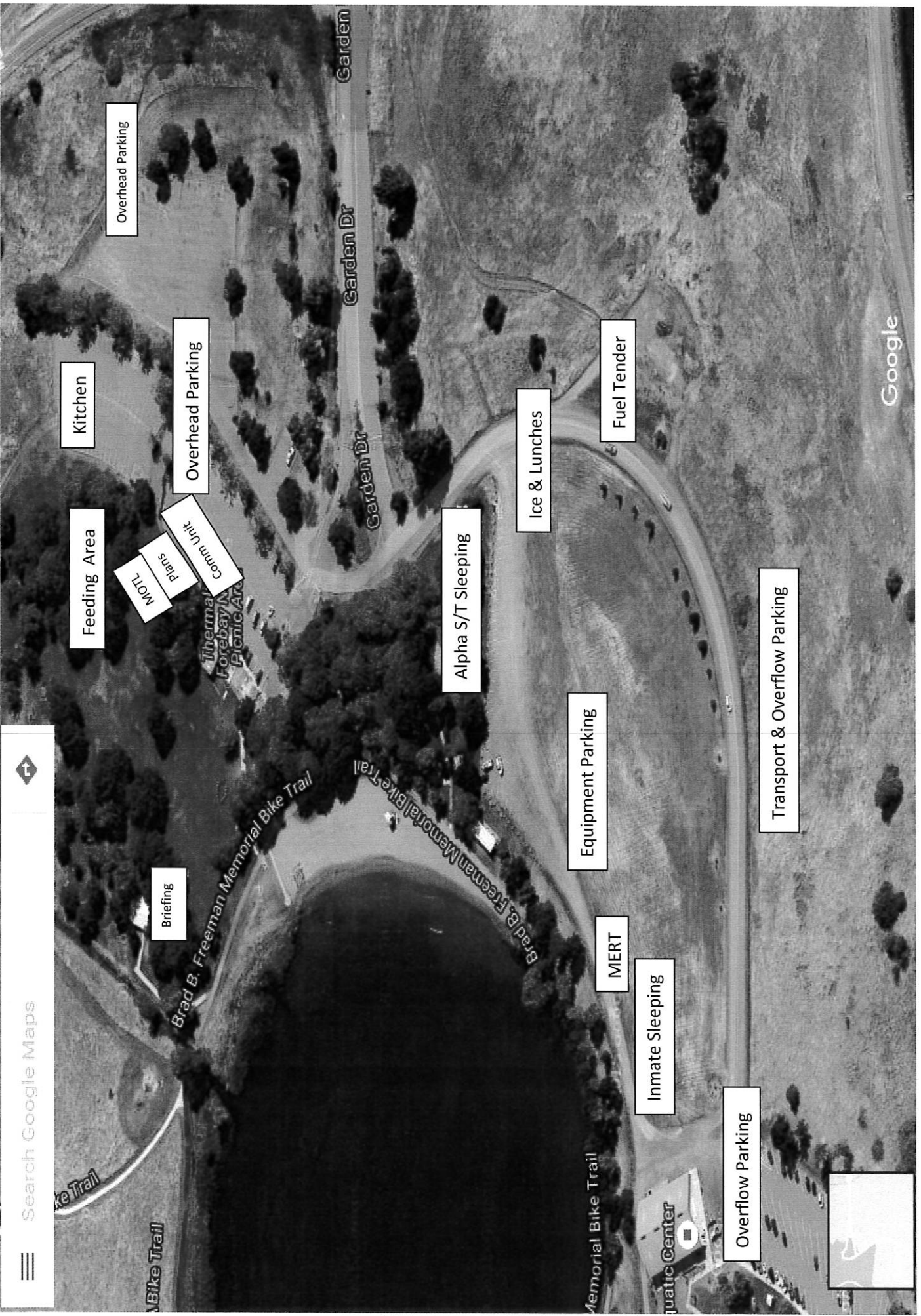
CA – BTU – 013655

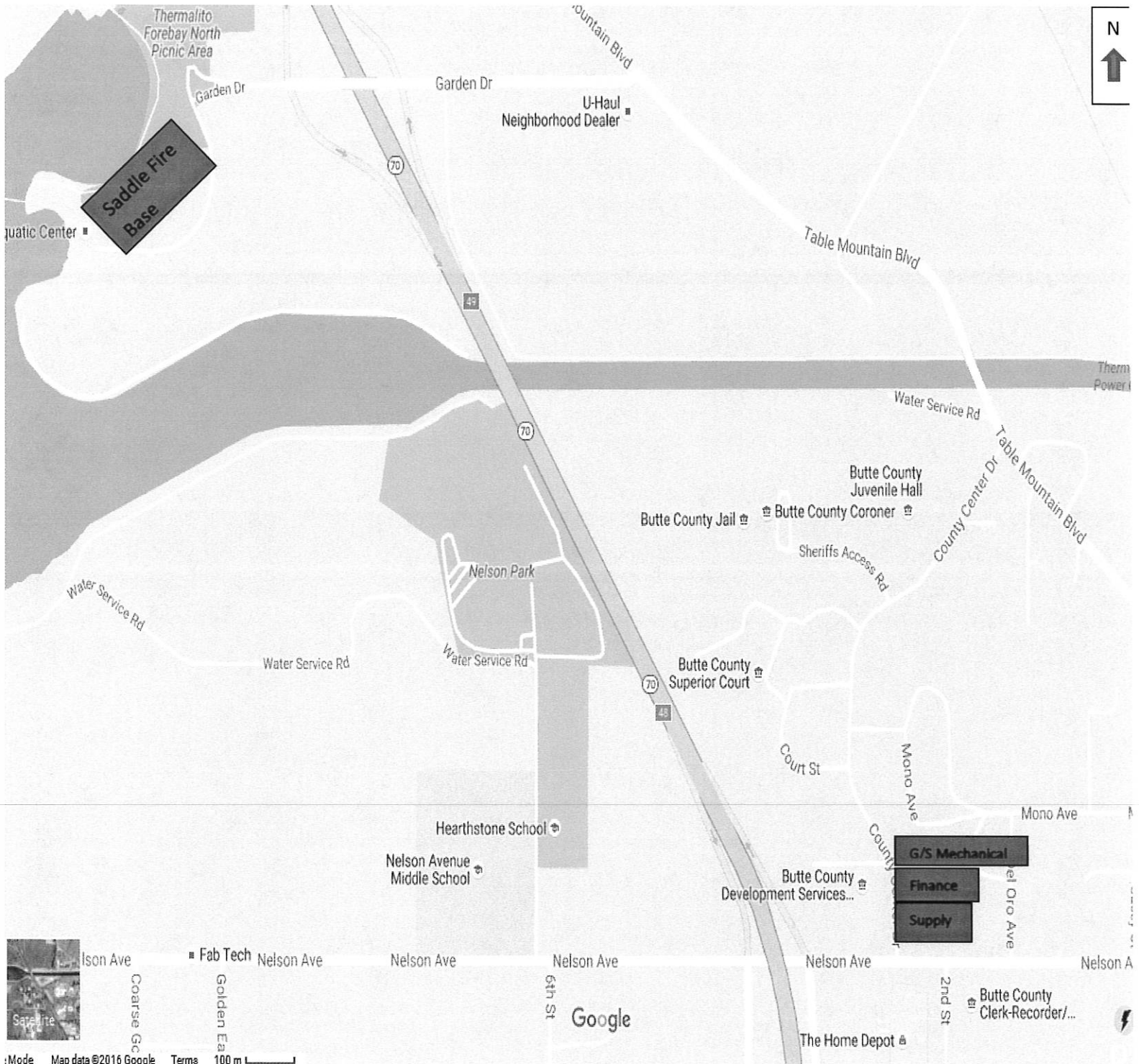
- Resources must Check-In prior to the Demob process.
- In order to be deemed excess, supervisors must submit an ICS #213 to the Resources Unit.
- Resources report to Demob at the times posted on the tentative Demob list, which is posted around the Incident Base.
- Prior to reporting to Demob, Please return all supplies and equipment.
- Resources will get signatures from the following units:
 - Motels
 - Supply
 - Ground Support
 - Documentation
 - Time
 - Demob

Archaeological and Historical Sites Fireline Guidance for the Saddle Incident

Do not compromise safety for the protection and preservation of archaeological and historical sites. When feasible and prudent:

1. Be on the lookout for prehistoric and historic sites. Prehistoric archaeological sites include temporary camps containing scatters of obsidian and/or chert flakes that often look like broken glass. More permanent village sites containing circular depressions (house pits), artifact scatters, and dark brown-black soils (midden). These typically occur on flats near sources of water, along ridgetops and saddles, and other such places suitable for camping. Historic sites include old wooden buildings, structures and corrals, rock foundations, wells, and debris scatters. These kinds of resources can be found in the same kinds of environmental settings as prehistoric camp sites.
2. No archaeological or historical sites have yet been flagged. If you observe artifacts, features, or sites, attempt to avoid dozing or driving through and/or parking on these sites, if feasible, especially with heavy equipment.
3. If you can't avoid sites, minimize disturbance as much as feasible, only clearing the surface to as minimal a depth and width as necessary.
4. Leave all artifacts in place. Some artifacts may have been intentionally placed for religious or ceremonial reasons.
5. When a site is discovered, flag it for visibility and report its location to the Division Supervisor. If feasible, note locations of discovered resources on a map. Better yet, take a GPS reading. Leave information with the Plans Section so that the sites can be relocated and protected during both the suppression and fire suppression repair phases of the Incident.
6. If you encounter a burial or other human remains, cease work in that area immediately and contact the CAL FIRE Archaeologist. State law requires that CAL FIRE then contact the County Coroner, who will then determine if the remains are part of a crime scene. If the Coroner determines that the remains are Native American, State law requires the Coroner to contact the Native American Heritage Commission in Sacramento.





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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:
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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:
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UNIT SUPERVISOR'S APPROVAL

COMMENTS:

SIGNATURE OF UNIT ADMINISTRATOR:	TITLE:	DATE:
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CAL FIRE

INCIDENT MANAGEMENT TEAM

WATER USAGE PLAN

California Drought Emergency

The following shall be considered and implemented by all fire resources as a means to provide maximum efficiencies when utilizing water resources, while minimizing the impacts to private and public water supplies. Accountability shall be maintained for all water supplies that are utilized and care should be applied to ensure proper replacement and/or reimbursement to the supplier/ owner.

Fireline personnel- (During mop up operations)

- Use of Pencil Hose and Garden Nozzles with Shut-Offs.
- Use of Back pumps.
- Dry Mop-up and consolidation of heavy fuels to areas where they can burn out safely
- Locate/ Relocate Firelines to lighter fuels or natural barriers when safe.
- Set up and use portable tanks in anticipation of longer transport times for Water Tenders.
- Use of foams, gels and other water enhancers.
- Evaluate need to mop up in excess of 200 feet from fireline

Road Maintenance and Repair-

- Monitor and water roads only when and where needed.
- Water when most effective (evening and nights).
- Use chemical treatments when available (Magchloride, Omni bind etc).
- Consider use of tertiary or treated water (sp)

Aviation Operations-

- Use of Gels, Foams and Retardants. Set up portable plants.
- Consider Blivits and Pencil hose for interior mop up operations as opposed to numerous bucket drops.
- Establish and use pre-use agreements for existing and known water sources.
- Use large watershed dip sites when able. Minimize use of small, static ponds and lakes.
- Maintain accountability of water used and locations of dip sites.
- Evaluate need for interior bucket drops

Private Water Supplies-

- Notify property owner as early as possible.
- Minimize usage and develop alternative water supplies when and where appropriate.
- Track usage (meter, 214 form) and develop a plan to replace water.
- Make arrangements for reimbursement and damage claims if needed.

Public/ Municipal Water Supplies-

- Notify Agency as soon as possible and request a representative to the incident.
- Identify fill areas and request metering devices. Place on incident map.
- Use alternative or reclaimed water sources when available. Place on incident map.
- Make arrangements for reimbursement and damage claims if needed.

Management and Supervision-

- Use leaders intent and consider establishing Water Conservation as a Management Objective.
- Consider complexity of water use on incidents. Consider establishing a Water Supply Group Supervisor to coordinate additional resources to support the incident needs.
- Complete the Water Usage Report daily and turn in to Finance
- Review this check list and brief daily.

CAL FIRE

INCIDENT MANAGEMENT TEAM

WATER USAGE LOG

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.

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ACTIVITY LOG (ICS 214)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Name:	4. ICS Position:	5. Home Agency (and Unit):	
6. Resources Assigned:			
Name	ICS Position	Home Agency (and Unit)	
7. Activity Log:			
Date/Time	Notable Activities		
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 214, Page 1		Date/Time: _____	