

COLD INCIDENT

16 LNU 007135

INCIDENT ACTION PLAN



OPERATIONAL PERIOD

8/8/2016 0700

to


8/9/2016 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">COLD</p>	2. Operational Period <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Date From:</td> <td style="border: none;">8/8/2016</td> <td style="border: none;">Date To:</td> <td style="border: none;">8/9/2016</td> </tr> <tr> <td style="border: none;">Time From:</td> <td style="border: none;">0700</td> <td style="border: none;">Time To:</td> <td style="border: none;">0700</td> </tr> </table>	Date From:	8/8/2016	Date To:	8/9/2016	Time From:	0700	Time To:	0700												
Date From:	8/8/2016	Date To:	8/9/2016																		
Time From:	0700	Time To:	0700																		
3. Objective(s):																					
<u>Management Objectives</u> <ul style="list-style-type: none"> -Provide for emergency personnel and public safety at all times -Protect property, improvements and infrastructure -Foster and maintain relationships with all cooperators and stakeholders -Protect economic, natural, cultural and heritage resources -Ensure coordinated, timely and accurate release of public information -Maintain fiscal accountability and keep costs commensurate with values at risk 																					
<u>Control Objectives</u> <ul style="list-style-type: none"> -Keep the fire East of Lake Berryessa -Keep the fire South of Enos Creek -Keep the fire West of Grapevine Spring -Keep the fire North of Hwy 128 																					
General Situational Awareness: <p>Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history, drought stressed trees, and Highway128 is open to all traffic with no controls. Demobilization of resources is occurring.</p>																					
5. Site Safety Plan Required? Yes ___ No <u>X</u>																					
Approved Site Safety Plan(s) Located at:																					
6. Incident Action Plan <table style="width: 100%; border: none;"> <tr> <td style="border: none;">X ICS 203</td> <td style="border: none;">X ICS 215A</td> <td style="border: none;">X Phone List</td> <td style="border: none;">X Fire Suppression Repair Plan</td> </tr> <tr> <td style="border: none;">X ICS 204</td> <td style="border: none;">X ICS 220</td> <td style="border: none;">X Training Message</td> <td style="border: none;">X Off Site Lodging Message</td> </tr> <tr> <td style="border: none;">X ICS 205</td> <td style="border: none;">X Travel Map</td> <td style="border: none;">X Base Map</td> <td style="border: none;">X Documentation Message</td> </tr> <tr> <td style="border: none;">X ICS 206</td> <td style="border: none;">X Weather Forecast</td> <td style="border: none;">X Demob Plan</td> <td style="border: none;">X ICS 214</td> </tr> <tr> <td style="border: none;">X ICS 208</td> <td style="border: none;">X Fire Behavior</td> <td style="border: none;">X Finance Message</td> <td></td> </tr> </table>		X ICS 203	X ICS 215A	X Phone List	X 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 ICS 208	X Fire Behavior	X Finance Message	
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7. Prepared By: Adam Mitchell	Position/Title: PSC	Signature:																			
8. Approved by Incident Commander Brian Estes		Signature:																			
ICS 202	IAP Page _____																				

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: <p style="text-align: center;">COLD</p>		2. Operational Period: Date From: 8/8/2016 Time From: 0700		Date To: 8/9/2016 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Brian Estes	Chief	Mike Webb / Mike Blankenheim (T)		
Deputy	Jeff Veik	Deputy	Jim Ferguson / Tim Ernst (T) / David Hawks (T)		
Safety Officer	Joe Buchmeier / Josh Janssen (T)	Night Ops	Ron Roberts		
Information Officer	Jonathon Cox	Staging Area			
Liaison Officer	Mitch Villalpando / Michael Hardy (T)	Branch	Director:		
LE Liaison Officer	Scott McCartney, Steven White	Division/Group	A/D/M	Chad Porter	
		Division/Group	R/W/X	Chip Fowler / Robert Bartsch (T)	
4. Agency/Organization Representatives:		Division/Group	Supp/Repair	Megan Scheeline	
Agency/Organization	Name	Division/Group	Delta Staging	Scott Grendahl	
CAL OES	Ken Hood	Division/Group			
ARC	Sandy Timmons	Branch		Director:	
BLM	Jeff Tunnell	Division/Group			
LACO Fire Dept	Tom Stukey	Division/Group			
Yolo Co. SO	Hernan Oviedo / Dean Nyland	Division/Group			
CHP	Chuck King	Division/Group			
CAL TRANS	Franco Bargagliotti	Division/Group			
PGE	Chad Lavezzo / Dave Ebbert	Branch		Director:	
Bureau of Reclamation	Margaret Bailey	Division/Group			
CDCR	Lt. Sid Turner	Division/Group			
City of Winters	John Donlevy, Jr.	Division/Group			
Yolo Co. OES	Dana Carey	Division/Group			
CCC	Amy Duncan / Noah Wall-Torres	Division/Group			
		Branch		Director:	
		Division/Group			
		Division/Group			
5. Planning Section:		Division/Group			
Chief	Chris Post	Division/Group			
Deputy	Adam Mitchell / David Shy	Division/Group			
Resource Unit	Gabe Garcia / Chad Wilson / Jim Irving (T)	Branch		Director:	
Situation Unit	Shane Sherwood	Division/Group			
Documentation Unit	Susan Hudson	Division/Group			
Demobilization Unit	Tom Shevenell	Division/Group			
GISS	Tom Knecht	Division/Group			
FBAN	Steve Volmer / Troy Velin (T)	Division/Group			
IMET	Jason Clapp	Air Operations Branch		Director:	Scott Packwood
6. Logistics Section		Division/Group	Air Support	Tom Swanson	
Chief	Eddy Moore		Helibase Manager	Scott Com	
Deputy	Milford Ferguson				
Supply Unit	Paul Lee	8. Finance/Administration Section:			
Facilities Unit	Steve Dohman / Travis Heard	Chief	Harper Keene		
Ground Support Unit	Jason Warden	Deputy	John Kiszka		
Hired Equipment Tech	Zach Lunsford	Time Unit	Andrew Corpuz / Juan Navarro (T)		
Communications Unit	Tim Maquire	Procurement Unit	Julie Freeman		
Medical Unit	Jorge Segura / Jamie Smart (T)	Comp/Claims Unit	Joe Tapia		
		Cost Unit	Greg Belk		
Prepared By: Name:	Adam Mitchell	PSC	Signature: 		
ICS 203	IAP Page _____	Date/Time:	8/7/2016 2300 hours		



INCIDENT WEATHER FORECAST



FORECAST NO: 4
PREDICTION FOR: Monday DAY/NIGHT SHIFT

INCIDENT NAME: Cold Fire
UNIT: CALFIRE Sonoma-Lake-Napa Unit

SHIFT DATE: 8/9 August 2016 0700-0700
TIME AND DATE
FORECAST ISSUED: 2100 / 7 August 2016

SIGNED: 
Jason Clapp
Incident Meteorologist

WEATHER TODAY:

WEATHER: Warmer and drier with late afternoon and evening breezy ridge winds. Expect wind eddies in upper Putah Creek drainage and mid to upper slopes on western side of fire. Then weak trough moves east overnight with **drying NNE ridges beginning after 2400.**

TEMPERATURES: 86-90 *Trend: Little Change*
RELATIVE HUMIDITY: 27-32% *Trend: Little Change*

20 FT WINDS:

RIDGETOP – WNW 7-10 mph gusting to 15 in the morning shifting ESE 5-8 mph gusting 14 mph after 0900, then W increasing 7-10 mph gusting to 17 mph (1800-2300).
SLOPE/VALLEY – Upslope 3-7 mph, then upcanyon gusts 15 mph by late morning with eddying winds near confluences and on mid to upper slopes.

Haines: 4 **LAL:** 1 **Stability/Inversion:** Inversion breaking around 1000.

WEATHER FOR TONIGHT AFTER 2200: Clear.

Low temperatures: 55-60...thermal belt 65-70. **Max RH:** 55-65%...45% midslopes.
20FT Winds: W 5-10 mph gusting 15-20 in Putah Creek drainage through 0400. **After 2400, ridge winds shifting NNE 4-7 mph gusting 12.**

WEATHER DISCUSSION: Warmer and drier as the marine moisture retreats. The weak upper disturbance moves east overnight with drying northerly winds beginning after 2400. Tuesday will be similar temperature and drier with the northerly ridge winds into afternoon, turning WSW by late afternoon. The trough/low sinks south over NorCal Wed with cooler temps and terrain-driven winds.

OUTLOOK FOR TUESDAY/WEDNESDAY:

Tuesday: Temps remain near normal with decreasing humidity and NNE winds into afternoon.
High temps: 86-91. **Max/ Min RH:** 50% / 22%. **Winds:** Slope winds with stronger NNE ridge winds 5-8 gusting 12-15 mph shifting to WSW 1800 to 2200. W gusts to 15 down Putah Creek 2100-0300.
Wednesday: Cooler temperatures with increasing humidity and terrain-driven winds.
High temps: 84-89. **Max/ Min RH:** 55% / 26%. **Winds:** Slope winds with NNE ridge winds in morning shifting to WSW winds 6-8 gusting 15 mph 1700 to 2200. W 6-8 mph gusting 20 down Putah Creek Canyon 2100-0300.





Nearby Weather Observations

Extended Weather Outlook



FIRE BEHAVIOR FORECAST

FORECAST NUMBER: 4	TYPE OF FIRE: Wildland Fire
FIRE NAME: Cold	OPERATIONAL PERIOD: 8/8 24hr (0700-0700)
DATE ISSUED: 08/07	
UNIT: LNU	SIGNED:  
	Printed: Stephen Volmer – FBAN/Troy Velin FBAN-T

INPUTS

WEATHER SUMMARY

MAX Temp: 86 - 90 deg. **Min Relative Humidity:** 27% - 32%

20-Foot Winds:

Slope/Valley – Upslope 3 – 7 mph in aligned canyons. Then up canyon gusts to 15 by noon.

Ridge top – WNW 7-10 gusting to 15 mph in the morning, shifting to ESE 5-8 gusting to 14 mph after 0900, and then W 7-10 gusting to 17 mph this evening.

OUTPUTS

FIRE BEHAVIOR

GENERAL:

Critically dry and abundant fuels exist in and surrounding the fire area. The primary carrier of any new fire will be grass. By 1500hrs expect these fuel moistures to be 3-5% on west aspects and 4-6% on east aspects. Brush fuel moistures in the area are between 60% - 70% and should be expected to pose challenges to suppression. Expect spotting distances as far out at 1/3rd of a mile. Fuels North of the fire consist of dense brush 6-10' tall. These fuels have not burned in over 30 years.

New Fire Potential With Optimal Alignment

Fuel Type	ROS (Ft-MIN) Forward	FL (Ft)	PIG
Grass	Slow/Moderate 30-35	4-6	88%
Brush	Slow/Moderate 52-55	15-20	88%

SPECIFIC:

All Divisions;

Smokes are well interior on all divisions, low fire behavior expected today on the Cold Fire.

PIG near 90% - equipment use and vehicles are capable of igniting dry grass.

Trees falling onto or near stump holes will continue to add mop up challenges, particularly in deep drainages.

AIR OPERATIONS:

Expect inversion to lift around 1000hrs, clear and sunny.

SAFETY

Stay alert; tragedies have occurred during mop-up.

Post fire hazards are present - hot ash pits, weakened heavy limbs on oaks and pines and footing hazards.

Terrain and fuels make escape to safety zones difficult.



SAFETY MESSAGE COLD INCIDENT





1. Incident Name: Cold	2. Operational Period: Date From:08/08/16 Time From:07:00	Date To:08/09/16 Time To:07:00
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"IN SOME CASES, TRAGEDIES OCCUR IN THE MOPUP STAGE"

- Drought stressed trees and stump holes are still a big problem. Maintain Situational Awareness and brief your personnel on these hazards.
- Be alert to bees in multiple areas of the fire line. If you have a known allergy ensure your supervisor is aware and have a plan to mitigate it.
- The use of PPE can prevent a simple injury that has a larger effect on the operation.
- Be mindful of securing your vehicles and equipment while off site. Be alert of your surroundings at all times. When possible, park in well-lit areas.
- Demobilization has begun. Please ensure you complete your golden circle prior to driving. Two minutes spent ensuring the vehicle is ready to move can prevent an accident.
- No PPE is allowed in the eating areas. Wash hands regularly and always before entering the eating areas.
- Be cognizant of fatigue in yourself and your crews. Many of us have been on multiple assignments concurrently. Rest when appropriate.
- Drive with head lights on and slow down to 5mph inside Base Camp. Be aware of pedestrian traffic inside Pena Adobe Region Park.
- Units working on Hwy 128 must use code three lights while parked. Be aware that Hwy 128 has been fully opened and will have a heavier amount of traffic due to the weekend.

IT'S NOT OVER UNTIL IT'S OVER

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: Buchmeier/Janssen_Position/Title: SOF1/SOF1(T)_Signature: 		
ICS 208	IAP Page _____	Date/Time: August 7, 2016/16:00

1. Incident Name: COLD		2. Incident Number: CALNU007135	
3. Date/Time Prepared: Date: 8/7/16 Time: 1600		4. Operational Period: Date From: 8/8/16 Date To: 8/9/16 Time From: 0700 Time To: 0700	
5. Incident Area	6. Hazards/Risks	7. Mitigations	
ALL	STEEP TERRAIN	<ul style="list-style-type: none"> - POST LOOKOUTS - WATCH FOOTING 	
ALL	NARROW ONE WAY ROADS	<ul style="list-style-type: none"> - TURN ON HEADLIGHTS - SLOW DOWN 	
ALL	FATIGUE	<ul style="list-style-type: none"> - MAINTAIN PROPER WORK REST CYCLES & DOCUMENT IN YOUR ICS-214 	
ALL	HYDRATION	<ul style="list-style-type: none"> - MAINTAIN 3 WATER's TO 1 ELECTROLYTE RATIO 	
ALL	BACK HAUL/TRASH	<ul style="list-style-type: none"> - USE PROPER LIFTING TECHNIQUES 	
ALL	IN CAMP CIVILIAN PEDESTRIAN TRAFFIC	<ul style="list-style-type: none"> - DIVERTING PEDESTRIAN TRAFFIC OFF PAVED ROADWAY - MAINTAIN 5 MPH SPEED LIMIT IN CAMP 	
ALL	DEMOB NOW IN PROGRESS	<ul style="list-style-type: none"> - COMPLETE YOUR GOLDEN CIRCLE - ENSURE EQUIPMENT IS STOWED/SECURED 	
ALL	HIRED EQUIPMENT	<ul style="list-style-type: none"> - PROVIDE PROPER SUPERVISION PER CAL FIRE POLICY 	
ALL	HYGEINE	<ul style="list-style-type: none"> - ENSURE PROPER HAND-WASHING & CLEANLINESS 	
ALL	DROUGHT STRESSED TREES	<ul style="list-style-type: none"> - MAINTAIN SITUATIONAL AWARENESS 	
ALL	COMMUNICATIONS	<ul style="list-style-type: none"> - FOLLOW THE COMM PLAN - USE HUMAN REPEATERS - USE HELCO IF ALL ELSE FAILS 	
ALL	INCIDENT BASE SECURITY AND OFF-SITE LOCATIONS	<ul style="list-style-type: none"> - PLACE SECURITY AT ENTRANCE AND EXIT PLUS TWO ROAMING IN ICP - PARK IN WELL LIT AREAS 	
8. Prepared by: Joe Buchmeier SOF1/Josh Janssen SOF1(T)			
			
ICS 215A			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: <p style="text-align: center;">COLD</p>		2. Operational Period: Date From: 08/08/16 Date To: 08/09/16 Time From: 0700 Time To: 0700			3. Branch: Division/Group A/D/M Staging Area:		
4. Operations Personnel: <u>Name</u> <u>Contact #</u> Operations Section Chief: Mike Webb / Mike Blankenheim (T) Night Ops: Ron Roberts Branch Director: Division/Group Supervisor: Chad Porter							
5. Resources Assigned:					Reporting Location, Special Equipment, Remarks, Notes, and Information		
Resource Identifier	Leader	Number of Personnel	Contact				
STC HUU 9120C	Lentz, John	20		0700-0700	DP20		
STC MRN 9150C*	Engler, Randy	18		0700-1900	DP20		
STG LNU 9147G	Boyce, Michael	33		0700-0700	DP20		
STG AEU 9274G	Loveless, Jeffrey	33		0700-0700	DP20		
W/T PVT E-90*	Kelly, Mike	1		0700-1900	DP20		
W/T PVT E-86*	Fletes, Art	1		0700-1900	DP20		
SOFR O-237	Newberry, Matt	1		0700-0700	DP20		
FEMT O-84	Moore, Steven R	1		0700-0700	DP20		
FEMT O-85	Zinchuk, Richard	1		0700-0700	DP20		
FEMP O-272	Zbinden, Jonathan S	1		0700-0700	DP20		
FEMP O-176	Mathews, Andrew	1		0700-0700	DP20		
6. Work Assignments:							
Identify and mitigate IR hot spots							
Patrol							
Backhaul hose and trash							
7. Special Instructions:							
* Bold denotes 12 hour resource							
Do not use private hydrant located in front of Lake Solano County Park on Pleasant Valley Rd							
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 C11	1	COMMAND	151.1675	103.5	159.3975	162.2	
CDF T29	4	TACTICAL	151.3475	192.8	151.3475	192.8	
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7	
A/G	15	AIR TO GROUND	159.2250	192.8	159.2250	192.8	
GUARD 04	16	EMERGENCY	168.6250		168.6250	110.9	
9. Prepared by: Name: Jim Irving Pos/Title: RESL (T) Signature:							
ICS 204		IAP Page _____	Date/Time: 8/7/2016	2300 hours			


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Name	Contact #											
Operations Section Chief: Mike Webb/Mike Blankenheim (T)	Night Ops: Ron Roberts											
Branch Director:												
Division/Group Supervisor: Chip Fowler, Robert Bartsch (T)												
5. Resources Assigned:		Number of Personnel	Contact	Reporting Location, Special Equipment, Remarks, Notes, and Information								
Resource Identifier	Leader											
STC LNU 9146C	Weese, Scott	18		0700-0700 DP40								
STC AEU 9271C*	Wood, David	21		0700-1900 DP40								
STG TGU 9253G	Solaire, Tim	33		0700-0700 DP40								
CRW LNU Konocti 3	Morrissy, Brian	16		0700-0700 DP40								
DOZ PVT E-27*	Dillsaver, John	1		0700-1900 DP40								
W/T PVT E-87	Cookson, Sam	2		0700-0700 DP40								
HEQB O-42	Newell, David	1		0700-0700 DP40								
HEQB O-227	Juback, Patrick	1		0700-0700 DP40								
SOFR O-242*	Topoleski, Jim	1		0700-1900 DP40								
SOFR O-244*	Stewart, Kevin	1		0700-1900 DP40								
FEMP O-177	Oberndorfer, Mike	1		0700-0700 DP40								
FEMP O-178	Luera, Andrew	1		0700-0700 DP40								
FEMP O-212	Wright, Jeremy A	1		0700-0700 DP40								
FEMP O-179	Maza, Nick R	1		0700-0700 DP40								
6. Work Assignments: Identify and mitigate IR hot spots Patrol Backhaul hose and trash												
7. Special Instructions: * Bold denotes 12 hour resource Do not use private hydrant located in front of Lake Solano County Park on Pleasant Valley Rd												
8. Communications (radio and/or phone contact numbers needed for this assignment):												
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CDF C11	1	COMMAND	151.1675	103.5	159.3975	162.2						
CDF T30	5	TACTICAL	151.3925	192.8	151.3925	192.8						
CALCORD	14	MEDICAL	156.0750	156.7	156.0750	156.7						
A/G	15	AIR TO GROUND	159.2250	192.8	159.2250	192.8						
GUARD 04	16	EMERGENCY	168.6250		168.6250	110.9						
9. Prepared by: Name: Jim Irving Pos/Title: RESL (T) Signature:												
ICS 204		IAP Page _____		Date/Time: 8/7/2016 2300 hours								


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4. Operations Personnel: <u>Name</u> <u>Contact #</u> Operations Section Chief: Mike Webb / Mike Blankenheim (T) Night Ops: Ron Roberts Branch Director: Division/Group Supervisor: Megan Scheeline							
5. Resources Assigned:							
Resource Identifier	Leader	Number of Personnel	Contact (phone, radio freq, etc.)	Reporting Location, Special Equipment, Remarks, Notes, and Information			
CRW LNU Delta 5*	Schepens, Derek	16		0700-1900	ICP		
DOZ LNU 1449	Hutchison, Richard	2		0700-0700	ICP		
DOZ PVT E-95*	Petersen, Ryan	1		0700-1900	ICP		
DOZ PVT E-52*	Schnetzler, Darren	1		0700-1900	ICP		
DOZ PVT E-53*	Arias, Louie	1		0700-1900	ICP		
DOZ PVT E-26*	Greish, Joel	1		0700-1900	ICP		
DOZ PVT E-25*	Martinez, Aurelio	1		0700-1900	ICP		
DOZ PVT E-23*	Schroff, Matt	1		0700-1900	ICP		
DOZ PVT E-22*	Dunlap, David	1		0700-1900	ICP		
W/T WOF WT7*	Guse, Jon	1		0700-1900	ICP		
W/T MDS 17*	Green, Paul	1		0700-1900	ICP		
W/T PVT E-142*	Andrews, Don	1		0700-1900	ICP		
W/T PVT E-212*	Brady, Dan	1		0700-1900	ICP		
W/T PVT E-88*	Wanzer, Anthony	1		0700-1900	ICP		
W/T PVT E-211*		1		0700-1900	ICP		
6. Work Assignments: Repair and rehabilitate all areas damaged by suppression activities							
7. Special Instructions: * Bold denotes 12 hour resource Do not use private hydrant located in front of Lake Solano County Park on Pleasant Valley Rd							
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 C11	1	COMMAND	151.1675	103.5	159.3975	162.2	
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5. Resources Assigned:								
Resource Identifier	Leader	Number of Personnel	Contact (phone, radio freq, etc.)	Reporting Location, Special Equipment, Remarks, Notes, and Information				
GRD PVT E-207*		1		0700-1900 ICP				
EXC PVT E-		1		0700-1900 ICP				
HEQB O-31*	Drummond, James	1		0700-1900 ICP				
HEQB O-41*	Nelson, Jon	1		0700-1900 ICP				
HEQB O-30*	Tanner, Robert	1		0700-1900 ICP				
HEQB O-43*	Dyer, Jason	1		0700-1900 ICP				
HEQB O-29*	Vasquez, Estevan	1		0700-0700 ICP				
FOBS O-2*	Long, Stevie	1		0700-1900 ICP				
FOBS (T) O-153*	Lau, Joshua	1		0700-1900 ICP				
RESP O-302*	Titus, Lucas	1		0700-1900 ICP				
RESP O-303*	Feller, Pete Z	1		0700-1900 ICP				
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9. Prepared by: Name: Jim Irving		Pos/Title: RESL (T)		Signature: 				
ICS 204		IAP Page _____		Date/Time: 8/7/2016 2300 hours				

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

1. Incident Name: COLD		2. Date/Time Prepared Date: 08/07/2016 Time: 1900		3. Operational Period: Date From: 08/08/16 Time From: 0700		Date To: 08/09/16 Time To: 0700		
4. Communications								
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
1	COMMAND	CDF C11	COMMAND	151.1675	103.5	159.3975	162.2	GROUP 20 CH.19 (TONE 15)
2		CH 2						
3	COMMAND	NIFC T5	IN CAMP COMMAND	166.7250	CSQ	166.7250		LINKED TO CDF C11
4	TACTICAL	CDF T29	DIV A / D / M	151.3475	192.8	151.3475	192.8	
5	TACTICAL	CDF T30	DIV R / W / X	151.3925	192.8	151.3925	192.8	
6	TACTICAL	CDF T31	SUPPRESSION REPAIR	159.3825	192.8	159.3825	192.8	
7	TACTICAL	VFIRE 24	UNASSIGNED	154.2725	156.7	154.2725	156.7	
8	TACTICAL	VFIRE 25	UNASSIGNED	154.2875	156.7	154.2875	156.7	
9	TACTICAL	VFIRE 26	UNASSIGNED	154.3025	156.7	154.3025	156.7	
10		CH 10						
11		CH 11						
12		CH 12						
13		CH 13						
14	MEDICAL	CALCORD	MEDICAL	156.0750	156.7	156.0750	156.7	
15	AIR TO GROUND	A/G	AIR TO GROUND	159.2250	192.8	159.2250	192.8	CDF T14
16	EMERGENCY	GUARD 04	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY ONLY (CLONED ON 8/4/16)
17		CH 17						
18		CH 18						
19		CH 19						
20	EMERGENCY	GUARD 04	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY ONLY (CLONED ON 8/4/16)
5. Special Instructions								
6. Prepared by (Communications Unit Leader): Name: TIM MAGUIRE COML				Signature: 				
ICS 205				Date/Time: 08/07/16 2000				



CAL FIRE INCIDENT MANAGEMENT TEAM 6



Established 1994

COLD INCIDENT CA LNU 007135

-Phone List-

Safety- 707-339-1243

Accommodations- 530-355-5227

Communications- 530-454-5178

Logistics- 951-225-4509

Medical- 925-588-6836

Finance- 951-225-4506

PIO- 951-225-4507

Supply- 805-903-3416

Demob- 925-324-8425

Ground Support- 530-708-2732

Fire Info Hotline- 707-967-4207

**Dedicated to Effective, Efficient, and Professional Incident
Management**

MEDICAL PLAN ICS 206	1. INCIDENT NAME COLD FIRE	2. DATE PREPARED 08/07/16	3. TIME PREPARED 2100	4. OPERATIONAL PERIOD 8/8/16 – 8/9/16 0700-0700
---------------------------------------	--------------------------------------	------------------------------	--------------------------	---

5. INCIDENT MEDICAL AID STATIONS

MEDICAL SUPPLY TRAILER	LOCATION	PARAMEDICS	
		YES	NO
FRONTLINE	ICP NEXT TO THE SHOWER UNIT		X

6. TRANSPORTATION

A. AMBULANCE SERVICES

NAME	LOCATION	PHONE	PARAMEDICS	
			YES	NO
CALSTAR (Odd Days)	Vacaville	800-252-5050	X	
Reach Ambulance (Even Days)	Concord	800-338-4045	X	
American Medical Response	West Sacramento	800-913-9122 916-439-4604	X	
CAL FIRE Copter104 (Day)	Brooks Heli Base	Cold Communications		X

B. INCIDENT AMBULANCES

NAME	LOCATION	PARAMEDICS	
		YES	NO
AMR 461	Highway 128/ Pleasants Valley	X	

7. HOSPITALS

NAME Med Net Channel	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
Kaiser (Level 2 Trauma)	1 Quality Dr. Vacaville CA	2	8	707-624-4000 707-452-9892	X			X
UC Davis Medical Center (Level 1 Trauma / Burn)	2315 Stockton Blvd, Sacramento CA 95817	12	30	916-734-2011 916-734-5669	X		X	
Vaca Valley Hospital	1000 Nut Tree Rd. Vacaville	3	16	707-624-7000 707-624-7810	X			X

8. MEDICAL EMERGENCY PROCEDURES

LINE EMERGENCY:

Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.

- Division/Group Supervisor contacts:
 1. Communications Unit
 2. Closest EMS resource
- 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 need.
- Communications Unit will clear command channel for emergency traffic as needed and only for duration of need.

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

NATURE OF INJURY _____

LOCATION OF PATIENT _____

POINT OF CONTACT _____

TRANSPORTATION REQUESTED BY: AIR___ GROUND___

POINT OF PICKUP _____

LAT _____ LONG _____ Datum WGS84

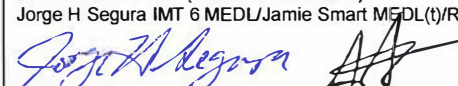

PATIENT UNIT ID _____

IS AN EMT WITH PATIENT: YES ___ NO ___

AGE _____

SEX: MALE ___ FEMALE ___

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

ICS 206 (Rev 03/ 12) FR	9. PREPARED BY: (Medical Unit Leader) Jorge H Segura IMT 6 MEDL/Jamie Smart MEDL(t)/Robert Beeson MEDL(t) 	10. REVIEWED BY: (Safety Officer) Joe Buchmeier SOF 1 IMT 6 / John Janssen SOF 1(t) IMT 6 
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AIR OPERATIONS SUMMARY ICS-220

Prepared By: Scott Packwood	Date Prepared Sunday, Aug 7, 2016		Time Prepared 2000
	Sunrise 613	Sunset 2014	Cutoff 1944

1. INCIDENT NAME: **COLD**

2. OPERATIONAL PERIOD DATE: **8/8/2016**

3. REMARKS (Safety Notes, Hazards, Air Operations Special Equipment, etc.)
 All GPS data to be collected in Degrees, Minutes, Decimal Minutes Format.
 AVOID Aerial Application of Retardant or Foam within 300' of Waterways, Bodies of Water, etc. If Retardant or Foam is Dropped Within These Areas, Immediately Notify the AOB and Provide the Lat / Long, estimated Number of Gallons and a Map Detailing The Area

TRACK ALL RETARDANT AND WATER DROP LOCATIONS AND GALLONS DROPPED

4. MEDEVAC Aircraft:
 Name: Henry 1
 Phone: _____
 Make / Model: _____
 Location: Santa Rosa
 Request info: _____
 Through Communications direct.
 NOTAMS: _____

5. TFR DESCRIPTION:
 Request # A-24 6/8660
 Radius: 7 NM
 Altitude: 5,000 MSL
 Centerpoint: Lat _____ Long _____
 Centerpoint: 38.31.16 122.04.38

6. PERSONNEL	Name	Phone	7. FREQUENCIES	AM	FM	Tone	8. FIXED-WING (# Avail / Type/ Make-Model / FAA N# / Base(s))
AOBD	Scott Packwood	530-310-2236	Air / Air FIXED-WING	118.4250	169.2875	110.9	Airtankers
ATGS			Air / Air ROTARY WING	125.1750			
HLCO			AIR / GROUND		159.2250	T16 192.8 Tx/Rx	
ASGS	Tom Swanson	805-610-2908	COMMAND Tx		159.3975	162.2	Leasoplanes
ASGS (T)			COMMAND Rx		151.1675	103.5	ATGS
HEBM	Scott Corn	530-448-2418	DECK	163.1000			
			Take Off / Landing @ HB-TOLC	123.0250			Other
			CALCORD - MEDICAL				
			AIRGAURO - Emergency Only		168.6250		

9. HELICOPTERS (Use Additional Sheets As Necessary)								9. HELICOPTERS (Use Additional Sheets As Necessary)					
FAA #	TYPE	MAKE/MODEL	HELIBASE	AVAIL	START	REMARKS	FAA #	TYPE	MAKE/MODEL	HELIBASE	AVAIL	START	REMARKS
C104 A-54	2	UH1H	Brooks	800		Hoist Rescue / Bucket / IA							
209PJ A-35	2	UH1H	Brooks	800		Bucket / Restricted							
N697RH A-38	3	AS 350B3	Brooks	800		HLCO / Recon							
FAA #	TYPE	MAKE/MODEL	HELIBASE	AVAIL	START	REMARKS	FAA #	TYPE	MAKE/MODEL	HELIBASE	AVAIL	START	REMARKS

Training Message

Trainees and Trainers -- if either or both are demobing

You need to remember to check out, **together**, with the Training Specialists prior to being demobed to complete the paperwork and discuss the training assignment.

- Trainers need to sign off completed parts of the task book achieved on this assignment and discuss the assignment with the trainees.
- Complete an Evaluation Record.
- Trainers will also need to do an Incident Personnel Performance Rating (ICS 225- available in Training) and discuss their comments with the trainee.

If you do all this, the rest will take just a few minutes.

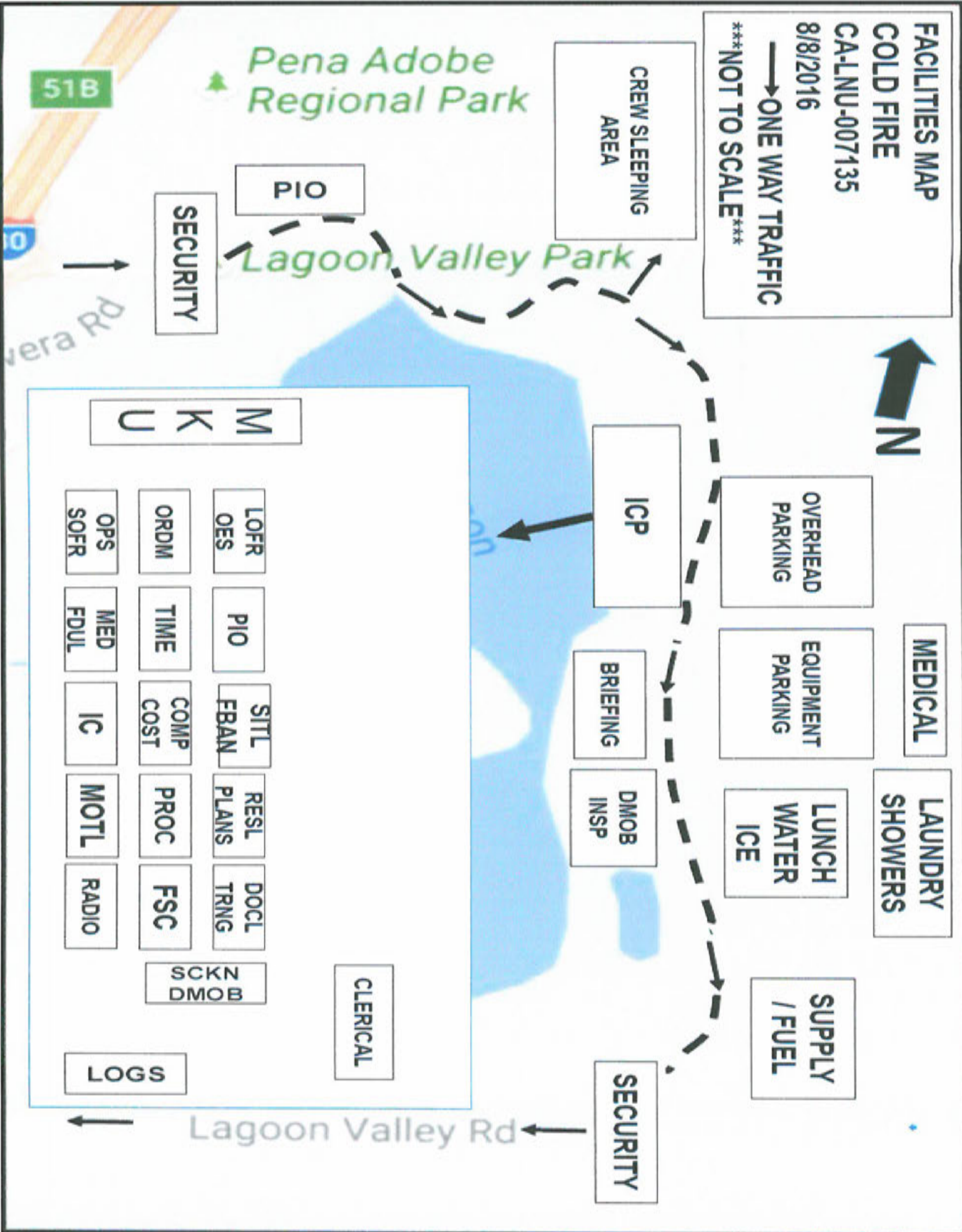
Training Watch Out

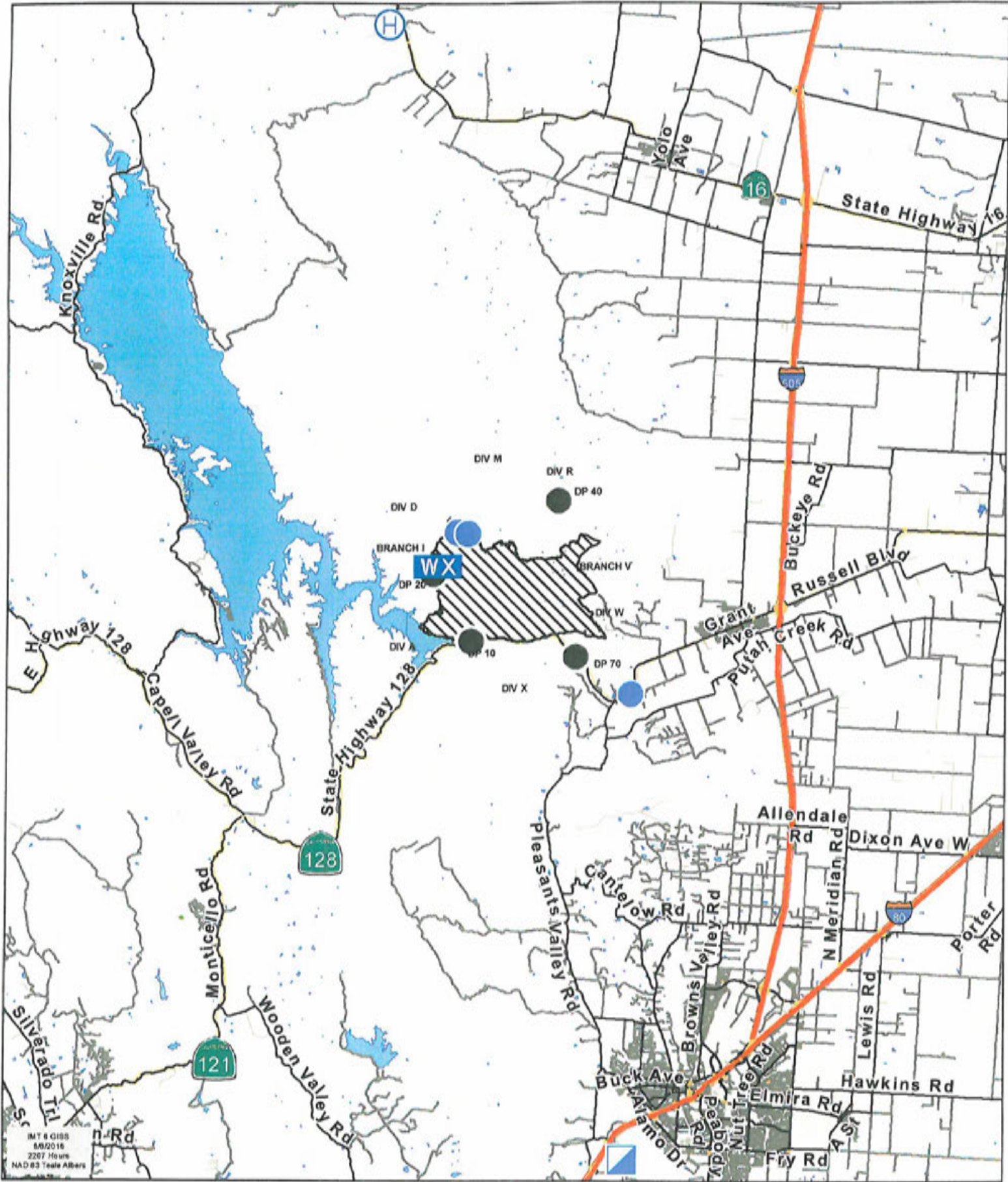
You haven't looked at your task book since checking in last week.

Early in the shift, take a few minutes to review your task book, **together**, and plan the day. There are still plenty of opportunities to work on evaluating some tasks.

Don't miss a chance to get a task signed off.

FACILITIES MAP
COLD FIRE
 CA-LNU-007135
 8/8/2016
 → ONE WAY TRAFFIC
 ****NOT TO SCALE****





MT 6 GIS
 8/12/2016
 2207 Hours
 NAD 83 Teale Albers



1:200,000

- Drop Point
- ⊗ Division
- || Branch
- Ⓜ Helibase
- ▣ ICP
- ▬ Fire Perimeter



TRAVEL MAP
Cold Incident
 CA LNU 007135





CAL FIRE INCIDENT MANAGEMENT TEAM 6



BRIAN ESTES – INCIDENT COMMANDER

DEMOBILIZATION PLAN - SUMMARY

Cold Incident
CA-LNU-7135
GENERAL INFORMATION

The Demobilization Plan is developed to facilitate the orderly removal and checkout of resources on the incident. By definition, surplus personnel are available for release if they have rested for a minimum of 8 hours, are cleaned up, outfitted and have a vehicle ready to depart to their next destination.

GENERAL GUIDELINES

- o **NO RESOURCES WILL LEAVE THE INCIDENT UNTIL AUTHORIZED TO DO SO BY THE DEMOB UNIT.**
- o Efforts will be made to ensure that all released personnel arrive at their destination prior to 2200 hours.
- o All government and hired vehicles leaving the incident will have a safety inspection. If a vehicle is within 1,000 miles of a "B" service, it is the responsibility of the resource to contact Ground Support and have an oil change prior to their scheduled demob time.
- o All trainees are to keep their time up to date and report to the Training Specialist with their task books and evaluations prior to completion of the demobilization process.
- o All strike team leaders are responsible to call North Ops at 1-800-237-3703 immediately upon being released from the incident.

RESPONSIBILITIES

Unit Leaders will declare resources excess to their **Section Chief**. **Section Chiefs** will declare excess resources to the Planning Section Chief through the **Resource Unit Leader**. This should be done 36 hours in advance of anticipated release. Use the **Declaration of Excess Resources sheet** or **General Message Form (ICS-213)** to list all **excess resources**. Include the resource name, request number, name of person, date and time of declared excess, and time in which the resource will be eligible to leave. Send to the **RESOURCE UNIT** where the resource will be determined to be surplus to the incident. Surplus resources will then be able to report to the **DEMOB UNIT**, receive a Demobilization Checkout Form (ICS 221), get the appropriate ICS 221 signatures, and then return the completed ICS 221 to the **DEMOB UNIT** prior to final release or reassignment.

RELEASE PRIORITIES

1. Organized fire departments
2. OES engines
3. Hired personnel and equipment
4. Other agencies (USFS, BLM, etc.)
5. Out of region Cal Fire forces
6. Within Region Cal Fire Forces
7. Unit CAL FIRE Forces

TRAVEL INFORMATION

All resources will meet agency specific requirements on hours of travel per day. For CAL FIRE hand crews, a full 24 hour reset period shall be adhered to before departing from the incident. After a crew's last operational period they shall begin the demobilization release procedure during their 24 hour off shift. In addition, they must use the following complete 24 hour period as reset time before they depart from the incident.

eFC-33 INITIAL INPUT FORM

1 2 3 4 5 6 7

Overhead: complete one form per person.
All Others: complete one form per vehicle.

Request Number						
----------------	--	--	--	--	--	--

State	Agency	Incident Number	Incident Name	Incident Index Code	Incident PCA Code
INCIDENT CA					

Strike Team	Resource ID - Fire Assignment	Home Station / Office Location
RESOURCE S T	9 3 2 5 C E-3499	PASO ROBLES

YOUR NORMAL DUTY SCHEDULE	24 Hr 8-5	24 Hr 7-7	Other
	<input checked="" type="checkbox"/>		

Portal to Portal?

YOUR AGENCY	CAL FIRE
-------------	----------

HOME UNIT	S L U
-----------	-------

COMMIT	Date	Time
RELEASE		

YOUR CELL PHONE #

PERSONNEL	Schedule		First Name	Rank or Classification	# of Regular Duty Scheduled Hours per Day										
	A	B			Mon	Tue	Wed	Thu	Fri	Sat	Sun				
EMPLOYEE 1															
EMPLOYEE 2															
EMPLOYEE 3															
EMPLOYEE 4															
EMPLOYEE 5															
EMPLOYEE 6															
	<input checked="" type="checkbox"/> One Box		Johnson	Robert	FC	24	24	24	24						

VEHICLE	Schedule		Radio ID	Kind of Vehicle	ID No/X No
	A	B			
VEHICLE 1					X
VEHICLE 2					X
	<input checked="" type="checkbox"/> One Box		E-3499	FTH	0 2 X 1 2 3
Chainsaw Quantity:			Portable Pump?		



ADDITIONAL INFO

Put a Dozer and it's Transport on a single form. All others, use one form per individual vehicle.

FC-33 DAILY UPDATE

DATE:			24 Hrs	12 Hrs
REQ #			S/T #	
WORK LOCATION:				
RADIO IDS: ST LEADER:	DOZER BLADE HRS	PORTABLE PUMP HRS	# OF SAWS	HRS ON EACH SAW
ENGINE/CREW:				
COMMENTS (ANY CHANGES?):				
CELL PHONE #:				

FC-33 DAILY UPDATE

DATE:			24 Hrs	12 Hrs
REQ #			S/T #	
WORK LOCATION:				
RADIO IDS: ST LEADER:	DOZER BLADE HRS	PORTABLE PUMP HRS	# OF SAWS	HRS ON EACH SAW
ENGINE/CREW:				
COMMENTS (ANY CHANGES?):				
CELL PHONE #:				

SHIFT TICKET EXAMPLE

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name DOZER DUDE	
Incident or Project Name COLD FIRE		Incident Number CALNU 007135	Request Number E#		Operator #1 BOB SMITH	Operator #2 TOM SMITH
Agreement Number XXX - 000000 - 00					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Equipment Make CAT		Equipment Model / Type D6XM			Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Serial Number 111111		Licence Number 111111			Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement	
Equipment Use (Circle) Hours Days / Miles					Released by Government <input type="checkbox"/>	
Date					Withdrawn by Contractor <input type="checkbox"/>	
Mo / Day	Start	Stop	Work	Assignment		
8/3	1300	1700	4	Travel		
8/3	1701	2400	8	DIV M		
8/4	0001	700	7	DIV M		
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber	
Poor* Avg. Good Exc. N/A					Govt. Rep. Signature <i>Mike Weber</i>	
Met Performance Expectations					Contractor Signature <i>Bob Smith</i>	
Equipment in Safe Working Condition					Date 08/04/15	
Operator Skill Level					Time 0800	
Operates Safely					Remarks/Comments ** TWO OPERATORS NO DAMAGE/ NO CLAIMS	
Operator's Cooperation Level					Date 08/04/15	
Overall Performance					Time 0800	
* NOTE: Any rating of POOR requires an explanation in Comment Section.					CALFIRE 297	
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.					(Rev 3-2011)	
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name DUDE TRANSPORT	
The responsible Government Officer will complete this form each shift					Operator #1 BOB SMITH	
Incident or Project Name COLD FIRE		Incident Number CALNU 007135	Request Number E # Here		Operator #2 TOM SMITH	
Agreement Number XXX - 000000 - 00					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Equipment Make TRANSPORT/ KENWORTH		Equipment Model / Type COZAD TRAILER /26 WHEELS			Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Serial Number 1XP3ESMP14239012		Licence Number 9999999			Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement	
Equipment Use (Circle) Hours Days / Miles					Released by Government <input type="checkbox"/>	
Date					Withdrawn by Contractor <input type="checkbox"/>	
Mo / Day	Start	Stop	Work	Assignment		
8/3	1300	1800	5	Travel		
8/3	1901	2400	5	DIV M		
8/4	0001	7	7	DIV M		
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber	
Poor* Avg. Good Exc. N/A					Govt. Rep. Signature <i>Mike Weber</i>	
Met Performance Expectations					Contractor Signature <i>Bob Smith</i>	
Equipment in Safe Working Condition					Date 08/04/15	
Operator Skill Level					Time 0800	
Operates Safely					Remarks/Comments ** 2 OPERATORS NOT AVAIL NO DAMAGE/ NO CLAIMS	
Operator's Cooperation Level					Date 08/04/15	
Overall Performance					Time 0800	
* NOTE: Any rating of POOR requires an explanation in Comment Section.					CALFIRE 297	
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.					(Rev 3-2011)	
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative

Turn shift tickets into Finance.

SHIFT TICKET EXAMPLE

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name H2O DUDE	
Incident or Project Name COLD FIRE		Incident Number CALNU 007135		Request Number E or S # Here		Operator #1 BOB SMITH
Agreement Number XXX - 000000 - 00		Equipment Make FREIGHTLINER		Equipment Model / Type WATER TENDER 2500 + GAL		Operator #2
Serial Number 1XP3ESMP14239012		Licence Number 55555555		Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government
Equipment Use (Circle) Hours Days / Miles		Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement		Released by Government		Remarks/Comments ** ONE OPERATOR NO DAMAGE/ NO CLAIMS
Date		Work		Withdrawn by Contractor		
Mo / Day	Start	Stop	Assignment			
8/3	1300	1700	4	Travel		
8/3	1701	2400	7	DIV Z		
8/4	0001	700	7	OFF SHIFT		
Vendor Rating		Govt. Rep. Name and Position - PRINT Mike Weber		Govt. Rep. Signature <i>Mike Weber</i>		
Met Performance Expectations		Poor* Avg. Good Exc. N/A		Contractor Signature <i>Bob Smith</i>		
Equipment in Safe Working Condition		Vendor Rating must be done.		Date 08/04/15		Time 0800
Operator Skill Level				Calfire 297 (Rev 3-2011)		
Operates Safely				Pink - Finance		
Operator's Cooperation Level				Blue - Home Unit HE Coordinator		
Overall Performance				Yellow - Vendor		
				White - Govt Representative		

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name WATER GUY	
The responsible Government Officer will complete this form each shift					Operator #1 BOB SMITH	
Incident or Project Name COLD FIRE		Incident Number CALNU 007135		Request Number E OR S # Here		Operator #2 BILL SMITH
Agreement Number XXX - 000000 - 00		Equipment Make PETERBUILT		Equipment Model / Type WATER TENDER 2500 + GAL		Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government
Serial Number 1XP3ESMP14239012		Licence Number 99999999		Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement
Equipment Use (Circle) Hours Days / Miles		Released by Government		Withdrawn by Contractor		Remarks/Comments ** 2 OPERATORS NO DAMAGE/ NO CLAIMS
Date		Work				
Mo / Day	Start	Stop	Assignment			
8/3	1300	1800	5	Travel		
8/3	1800	2400	6	DIV M		
8/4	0001	700	7	DIV M		
Vendor Rating		Govt. Rep. Name and Position - PRINT Mike Weber		Govt. Rep. Signature <i>Mike Weber</i>		
Met Performance Expectations		Poor* Avg. Good Exc. N/A		Contractor Signature <i>Bob Smith</i>		
Equipment in Safe Working Condition		Vendor Rating must be done.		Date 08/04/15		Time 0800
Operator Skill Level				Calfire 297 (Rev 3-2011)		
Operates Safely				Pink - Finance		
Operator's Cooperation Level				Blue - Home Unit HE Coordinator		
Overall Performance				Yellow - Vendor		
				White - Govt Representative		

Turn shift tickets into Finance.

STATE OF CALIFORNIA
 DEPARTMENT OF FORESTRY AND FIRE PROTECTION
PROPERTY CERTIFICATION OF LOCATION OR DAMAGE
CERTIFICATE OF RESPONSIBILITY FOR INCIDENT OCCURRENCE
 CDF-101-(4/04)

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.	CDF STOCK NUMBER (COMPLETE WHENEVER ASSIGNED)	DESCRIPTION <small>(INDICATE SIZE, MAKE, MODEL, TYPE, ETC., TO CLEARLY DESCRIBE THE ITEM, PROVIDE ADEQUATE DATA TO EFFECTIVELY IDENTIFY EQUIPMENT OR PROPERTY.)</small>	PROPERTY NUMBER

LOCATION OF ITEMS:
 REMARKS:

Div or Branch SIGNATURE OF PERSON CERTIFYING OCCURRENCE AS DESCRIBED

SIGNATURE:	PRINTED NAME:	TITLE:	DATE:
------------	---------------	--------	-------

UNIT SUPERVISOR'S APPROVAL

COMMENTS:

SIGNATURE OF UNIT ADMINISTRATOR:	TITLE:	DATE:
----------------------------------	--------	-------

FIRE SUPPRESSION REPAIR PLAN: COLD INCIDENT

Fire suppression repair is the repair of damage caused directly from fire suppression activities. It is not the repair of infrastructure or rehabilitation of burned areas that happened as a result of the fire itself.

Damaged facilities will be upgraded to their pre-fire condition. Projects too large or complex to be completed by the Fire Suppression Repair Group shall be transferred to the Comp/Claims Unit or the local Unit. Repair work shall only occur in locations authorized by the Operations Section and where fire suppression activities are complete. Fire Suppression Repair Group resources shall evaluate all Divisions for appropriate repair needs. This includes areas inside and outside the fire perimeter, provided the damage was caused by official fire suppression activities.

Examples of items that may be repaired include, but are not limited to:

Infrastructure Damage	Natural Resource Damage
Fences and gates	Soil erosion
Culverts, bridges, and other watercourse crossings	Adverse impacts to air and water quality
Water sources	Adverse impacts to protected species of plants and animals
Utility distribution lines (above or below ground)	
Road barriers removed for fire access	
Trash, debris, and supplies left by fire suppression resources	
Miscellaneous damage to residential property	

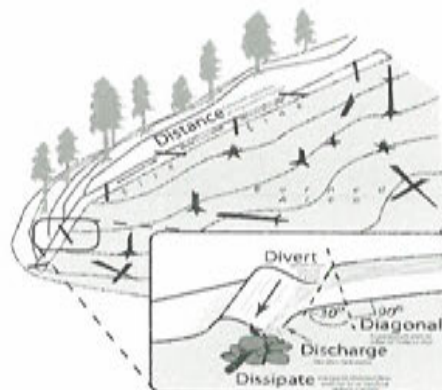
Dozer Line Repair

Dozers construct both fire and contingency lines. Dozer line width varies greatly. The following measures shall be implemented for constructed dozer line:

- Berms and push-piles shall be spread out to the extent feasible. This may be accomplished by back-blading and/or using ripper shanks or grapples. Debris piled against trees or perched above watercourses is especially important to remove or disperse.
- Waterbreaks shall be constructed at an approximately 45 degree angle and shall be a minimum depth of 12 inches from the bottom of the cut to the top of the berm. Where feasible, the discharge from waterbreaks shall be directed into vegetated areas.
- Where slopes exceed the range at which a tractor can effectively work, waterbreaks shall be constructed with hand tools.
- Roads used in fire suppression activities shall be left in the same condition they were found or better. Gravel and soil-surfaced roads shall be watered to prevent excessive dust. Where fire suppression activities have damaged or rendered road drainage facilities non-functional, waterbreaks or drivable drainage dips shall be installed for drainage.
- Where fire suppression activities have filled in or damaged inside ditches, the ditches shall be cleaned and left unobstructed.
- Spacing of waterbreaks shall be as follows:

Prevailing gradient	Maximum waterbreak spacing
0-10%	200 feet
11-25%	150 feet
26-50%	100 feet
>50%	75 feet

Spacing criteria is a general guide. Actual location of waterbreaks should be tailored to the topography and placement suited to the best dispersal of water flow.



Fire Suppression Repair

It is time to begin planning for the fire suppression repair efforts. A fire suppression repair plan will be developed for the LNU Cold Incident. To accomplish our goals we need to identify problem areas, prescribe the needed work, and ensure that the work is completed.

In an effort to identify problem areas we have created the attached form for use by the Branches and Divisions. As noted on the form, items to consider include: fences and gates damaged during the incident; road and watercourse crossings repairs; culverts and watercourses needing cleanout; fire breaks in need of waterbarring; trash and equipment pickup.

Use the attached form(s) to document locations where repair work may be necessary. Use maps to show locations. Return forms to the Suppression Repair Unit at the end of your shift.

Fire Suppression Repair Checklist CA-LNU-007135

Fire Name COLD Form Preparer _____

Division _____ Date Prepared _____

<u>Work Needed</u>	<u>Location (T./R./S.)</u>
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Fence/Gate Repair _____

Waterbars _____

Road Repair _____

Watercourse Cleanout _____

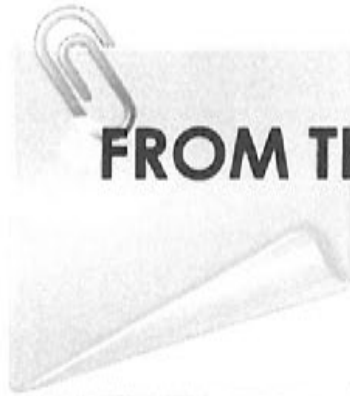
Culvert Cleanout and Repair _____

Seeding/Mulching Watercourse Crossing _____

Trash Pickup _____

Other _____

Note: List type of material/equipment/personnel needed (e.g. fencing material, tools, dozer, backhoe, stakeside, handcrew etc.)



FROM THE DESK OF DOCUMENTATION

COLD INCIDENT

Who needs to turn in what?



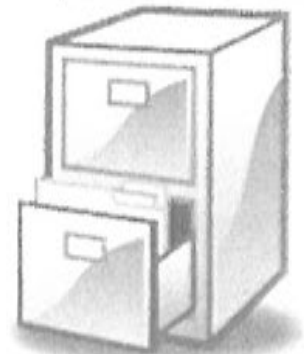
Unit Logs (ICS-214s) are required by Strike Team Leaders and above. However, Crews, Engines and possibly other contractors working on the line or in camp, may be asked to fill them out, especially if there has been a significant event that may need to be documented, or if requested by your Supervisor.



Copies of the Crew Evaluations (ICS-224s) and Personnel Evaluations (ICS-225s) are sent to your home unit or business office. Therefore, it is imperative to provide the home unit name or business name and full address on the evaluation form. Also put your REQUEST # AND RESOURCE ID AT TOP.

Thanks for your help and cooperation.

Susan Hudson ~ Documentation Unit



COLD FIRE

*****SITUATIONAL AWARENESS FOR OFF SITE HOTEL STAYS*****

- Keep your eyes open when entering the parking lot to park
- Watch out for each other as you unload your equipment
- Take all of your valuables into the hotel if at all possible
- Lock all of the equipment you need to inside a locked part of your rig
- Park under lights when possible
- Ask the Hotel if they have security and if they do ask for patrols
- Walk around your equipment prior to entering and leaving
- Always watch your surroundings

Scott McCartney, CALFIRE IMT 6 LELO

Steve White, CALFIRE IMT 6, CHP LEO

