

* CORRECTED 7/14/2017 0900 *

**WALL
INCIDENT
CA-BTU-010975**

INCIDENT ACTION PLAN





OPERATIONAL PERIOD

7/14/2017 0700


to

7/17/2017 0700

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">WALL</p>	2. Operational Period:	Date From: 7/14/2017 Time From: 0700	Date To: 7/17/2017 Time To: 0700																				
3. Objective(s): <u>Management Objectives</u> - Provide for emergency personnel and public safety at all times. - Protect property, improvements, and infrastructure. - Ensure coordinated, timely and accurate release of public information. - Foster and maintain relationships with all cooperators and stakeholders. - Protect economic, natural, cultural and heritage resources. - Maintain fiscal accountability and keep costs commensurate with values at risk. <u>Control Objectives</u> - Keep the fire within established Control Lines.																							
General Situational Awareness: Steep and rugged terrain with difficult access. Narrow roads and limited access. Repopulation has increased vehicle and pedestrian traffic in the area.																							
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 <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input checked="" type="checkbox"/> ICS 215A</td> <td><input type="checkbox"/> Phone List</td> <td><input checked="" type="checkbox"/> Fire Suppression Repair Plan</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 220</td> <td><input type="checkbox"/> Training Message</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Incident Map</td> <td><input checked="" type="checkbox"/> Travel Map</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td><input checked="" type="checkbox"/> Weather Forecast</td> <td><input checked="" type="checkbox"/> Demob Plan</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> Fire Behavior</td> <td><input checked="" type="checkbox"/> Finance Message</td> <td><input checked="" type="checkbox"/> ICS 214</td> </tr> </table>				<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 215A	<input type="checkbox"/> Phone List	<input checked="" type="checkbox"/> Fire Suppression Repair Plan	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Incident Map	<input checked="" type="checkbox"/> Travel Map	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input checked="" type="checkbox"/> Demob Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> Fire Behavior	<input checked="" type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214
<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 215A	<input type="checkbox"/> Phone List	<input checked="" type="checkbox"/> Fire Suppression Repair Plan																				
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>																				
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Incident Map	<input checked="" type="checkbox"/> Travel Map	<input type="checkbox"/>																				
<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input checked="" type="checkbox"/> Demob Plan	<input type="checkbox"/>																				
<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> Fire Behavior	<input checked="" type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214																				
7. Prepared By: Gabe Garcia		Position/Title: PSC																					
8. Approved by Incident Commander:		Jason Dyer																					
ICS 202		Signature:  Signature: 																					

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: WALL		2. Operational Period: Date From: 7/14/2017 Time From: 0700		Date To: 7/17/2017 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Jason Dyer	Chief	Mike Conaty (T)		
Deputy		Deputy			
Safety Officer	Tim Devos	Night Ops			
Information Officer	Mary Ann Aldrich	Staging Area			
Liaison Officer		Branch			
Law Tech Spec		Division/Group	A/C/P/H/I/L		
		Division/Group			
4. Agency/Organization Representatives:		Division/Group	Supp Repair	Dave Derby / Tim Collins	
Agency/Organization	Name	Division/Group			
CAL FIRE - BTU	Garrett Sjolund / David Hawks	Division/Group			
Butte County Fire	Garrett Sjolund / David Hawks	Division/Group			
BCSO	Derek Bell	Division/Group			
PG&E	Rob Cone	Division/Group			
CHP Oroville	Al Sanders	Division/Group			
NVADG	Norm Rosene	Staging Area			
Butte Co. EOC	Shari McCracken	Division/Group			
Red Cross	Dave Willoughby	Branch			
BC Animal Control	Ryan Soulsby	Division/Group			
		Division/Group			
		Division/Group			
		Staging Area			
		Division/Group			
5. Planning Section:		Branch			
Chief	Gabe Garcia	Division/Group			
Deputy		Division/Group			
Resource Unit	Shawn Holden	Division/Group			
Situation Unit		Division/Group			
Documentation Unit		Division/Group			
Demobilization Unit		Branch			
GISS		Division/Group			
FBAN		Division/Group			
IMET		Division/Group			
Training Tech Spec		Division/Group			
Crew Tech Spec		Staging Area			
		Air Operations Branch	Director:		
6. Logistics Section:		Air Support Grp Sup	Shem Hawkins		
Chief	Shane Cook	Helibase Manager			
Deputy					
Supply Unit		8. Finance/Administration Section:			
Facilities Unit		Chief	Janet Sutton		
Ground Support Unit		Time Unit			
Hired Equipment Tech		Procurement Unit			
Communications Unit		Comp/Claims Unit			
Medical Unit		Cost Unit			
Motel Tech Spec					
Prepared By: Name:	Shawn Holden	Position/Title:	RESL	Signature:	
ICS 203		Date/Time:	7/13/2017 2300 hours		



3-DAY INCIDENT Weather Outlook



FORECAST NO: 5

NAME OF INCIDENT: Wall Fire

PREDICTION FOR: 7/14/17 – 7/16/17

UNIT: CA-Butte

SIGNED: *Scott Weishaar*

TIME AND DATE

FORECAST ISSUED: 1000 Thursday, July 13, 2017

Scott Weishaar
Incident Meteorologist

WEATHER DISCUSSION: ...TURNING HOT AGAIN OVER THE WEEKEND...

High pressure aloft over the Great Basin will expand north and west Friday and Saturday. This results in warmer daytime temperatures, less humidity recovery and diurnal terrain-driven wind. The hottest day looks to be Saturday. The Delta sea breeze will be minimal to non-existent over the weekend. A return to seasonal conditions is expected to begin Monday, July 17th and continue through at least the middle of the week. No rain or lightning during the period.

SKY/WEATHER: Clear through the period. Some high clouds Friday and Saturday with cumulus possible North and East Friday and Saturday.

		<u>7/14/17</u>	<u>7/15/17</u>	<u>7/16/17</u>
MAX TEMP	BELOW 1000 FT	96-100	99-103	98-102
	ABOVE 1000 FT	90-95	94-99	93-97
MIN TEMP		65-70	67-73	68-74
MIN RH		14-24%	12-22%	15-25%
MAX RH	BELOW 1000 FT	45-60%	40-50%	40-50%
	ABOVE 1000 FT	35-45%	30-40%	35-45%
LAL		1	1	1
CWR		0%	0%	0%

20-FT AFTERNOON WIND: (APPLY APPROPRIATE REDUCTION FACTOR FOR YOUR LOCATION ON THE FIRE)

FRI: SLOPE/VALLEY – Up-slope/Up-valley 4-8 mph. Gusts to 13 mph after 1500.
RIDGETOP – South to Southwest 4-8 mph. Gusts to 13 mph.

SAT: SLOPE/VALLEY – Up-slope/Up-valley 4-7 mph. Gusts to 12 mph after 1500.
RIDGETOP – Southwest 4-8 mph. Gusts to 12 mph.

SUN: SLOPE/VALLEY – Up-slope/Up-valley 4-8 mph. Gusts to 12 mph after 1500.
RIDGETOP – Southwest 4-8 mph. Gusts to 12 mph.

20-FOOT NIGHTTIME WIND:

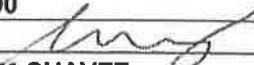
SLOPE/VALLEY - Switch to down-slope/down-canyon or East to 6 mph each day after dark.
RIDGES – Switch to Northeast 4-8 mph with gusts up to 15 mph. Strongest wind overnight.

OBTAIN SPOT FORECASTS FROM NWS SACRAMENTO:



<http://www.weather.gov/spot/request/>

FIRE BEHAVIOR OUTLOOK

FIRE NAME: WALL	OUTLOOK PERIOD : JULY 14-16 , 2017
DATE ISSUED: JULY 13, 2017	TIME ISSUED: 1000
UNIT: CAL FIRE- BUTTE UNIT	SIGNED: 
Typed/printed : TIM CHAVEZ	

WEATHER/CLIMATOLOGY DISCUSSION: RELATIVELY STATIC SUMMER PATTERN WITH LITTLE CHANGES DAY TO DAY. SEE IMET OUTLOOK AND REQUEST A SPOT FORECAST EACH DAY FROM THE NATIONAL WEATHER SERVICE FORECAST OFFICE IN SACRAMENTO PHONE: (916)-979-3045



NORTH OPS 7 DAY OUTLOOK PAGE

CHECK THE 7 DAY OUTLOOK EACH DAY

FIRE BEHAVIOR DISCUSSION:

Short Range (Today, Tomorrow):

MONITOR INITIAL ATTACK ACTIVITY IN THE AREA. THIS IS A GOOD INDICATOR OF WHAT YOU CAN EXPECT IF THERE IS AN ESCAPE OR IF YOU ARE SENT TO ANOTHER FIRE. FIRE AND FUEL CONDITIONS ARE STILL PRONE TO RAPID SPREAD AND INTENSE BURNING. PROBABILITY OF IGNITION AT MID-DAY IS STILL ABOVE 70%+ EACH DAY.

Medium Range (3-7 Days):

WEEKEND CONDITIONS WILL RETURN TO SIMILAR CONDITIONS TO WHEN THE WALL FIRE STARTED. PROBABILITY OF IGNITION WILL RETURN TO 100% DURING DAYLIGHT HOURS.

Long Range/Seasonal (8+ Days):

SLIGHT CHANCE OF MONSOON INTRUSION IN NORTHERN CALIFORNIA IN 8-14 DAYS. THAT IMPLIES POSSIBILITY OF LIGHTNING AND DOWNDRAFTS.

Smoke Concerns:

NO SMOKE ISSUES

Reassessment Criteria:

THE PRESENCE OF ANY OF THESE CONDITIONS WILL INVALIDATE THE STATEMENTS ABOVE:

- CUMULUS BUILDUPS OVER THE MOUNTAINS OR THUNDERSTORM FORMATION
- STRONG WINDS ESPECIALLY FROM THE NORTH OR DURING THE OVERNIGHT HOURS

SAFETY

- MONITOR THE WEATHER USING A BELT WEATHER KIT OR ELECTRONIC DEVICE SEVERAL TIMES A DAY TO HAVE ADVANCE NOTICE OF CHANGING CONDITIONS. IF THE SPOT FORECAST IS NOT CONSISTENT WITH YOUR OBSERVATIONS CALL THE FIRE WEATHER FORECASTER AND FIND OUT WHY
- STATISTICALLY THE BIGGEST DANGER TO YOU IN THE MOP-UP STAGES OF ANY FIRE IS DRIVING ACCIDENTS AND TREE HAZARDS. PAY ATTENTION TO BOTH.



SAFETY MESSAGE WALL INCIDENT



Incident Name: **WALL**

Operational Period: Date From: 07/14/17
Time From: 07:00

Date To: 07/17/17
Time To: 07:00

FATIGUE LEVELS ARE HIGH, REMAIN FOCUSED!

- Many accidents happen during the mop up phase. Wear proper PPE, watch for stump holes and ash-hidden hazards.
- Receptive fuel beds are all around you. There is a high potential for new fires; plan your exit strategy accordingly.
- As backhaul operations continue use proper lifting techniques. Utilize vehicles for hauling whenever possible.
- Radio frequencies will be changing. Command is back to BTU Support, follow the communications plan.
- Maintain hydration using; **THREE WATER TO ONE ELECTROLYTE RATIO.**
- Use proper work rest cycles and find time to prepare for the next incident.
- Be cautious of any marijuana grows in the areas you are working.
- Be mindful of citizens working in the area and ensure their safety.

IT'S NOT OVER UNTIL IT'S OVER!

Site Safety Plan Required? Yes No

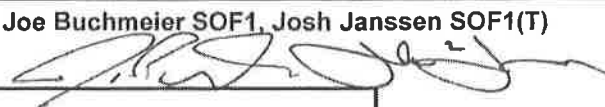
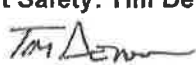
Prepared by: Name(s): Joe Buchmayer SOF1 / Josh Janssen SOF1(T)

Incident Safety: Tim Devos SOFR

ICS 208

Date/Time: July 13, 2017 18:00


Tim Devos

Incident Name: Wall		Incident Number: CABTU10975
Date/Time Prepared: Date: 07/13/17 Time: 1900		Operational Period: Date From: 07/14/17 Date To: 07/17/17 Time From: 0700 Time To: 0700
INCIDENT AREA	HAZARDS/RISKS	- MITIGATIONS
ALL	STEEP TERRAIN	- WATCH FOOTING - ADJUST OPERATIONS
ALL	NARROW ONE WAY ROADS	- HEADLIGHTS ON - SLOW DOWN
ALL	FATIGUE. CREWS HAVE BEEN RUNNING MULTIPLE INCIDENTS	- MAINTAIN PROPER WORK REST CYCLES - DOCUMENT ON ICS-214
ALL	HYDRATION AND HIGH TEMPERATURES	- MAINTAIN 3 WATERS TO 1 ELECTROLYTE RATIO
ALL	FIRELINE SUPPRESSION REPAIR	- CAUTION WORKING AROUND HEAVY EQUIPMENT
ALL	MOP UP OPERATIONS, STUMP HOLES, HIDDEN HAZARDS	- WEAR PROPER PPE - MAINTAIN SITUATIONAL AWARENESS
ALL	BACKHAUL HOSE & TRASH	- USE PROPER LIFTING TECHNIQUES - UTILIZE VEHICLES WHEN POSSIBLE
ALL	COMMUNICATIONS	- FOLLOW THE COMM PLAN
ALL	DROUGHT STRESSED TREES	- BE CAUTIOUS OF WHERE YOU ARE TAKING SHADED BREAKS
ALL	RE-POPULATION COMPLETED	- BE CAUTIOUS DRIVING AND WORKING IN RE-POP AREAS
Prepared by: Joe Buchmeier SOF1, Josh Janssen SOF1(T) 		Incident Safety: Tim Devos SOFR 
ICS 215A		

ASSIGNMENT LIST (ICS 204)

1. Incident Name: <div style="text-align: center;">WALL</div>		2. Operational Period: Date From: 07/14/17 Date To: 07/17/17 Time From: 0700 Time To: 0700				3. Branch: Div/Group: A/C/P/H/WL	
4. Operations Personnel: Operations Section Chief: Mike Conaty (T) Branch Director: Division/Group Supervisor:							
5. Resources Assigned:			Number of Personnel	Request #	Reporting Location, Special Equipment, Remarks, Notes, and Information		
Resource Identifier	Leader				Time	Location	
STC BTU 9211C	Manson, Rick		21 17	E-82	0700-1900	ICP 0700	
STC NEU 9231C	York, Brian		17	E-84	0700-1900	ICP 0700	
STG TGU 9257G	Hannan, Jake		33	C-1	0700-1900	ICP 0700	
W/T BTC 25	Churchill		1	E-24	0700-1900	ICP 0700	
W/T BTC 64	Casagrande, David		2 1	E-43	0700-1900	ICP 0700	
6. Work Assignments: Mop up 500" Tactical Patrol Support Fire Suppression Repair as necessary							
7. Special Instructions: IC/Operations to assign night shift resources as necessary							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
BT SP 2	1	COMMAND	154.4150	123.0 (T2)	159.0000	123.0 (T2)	BTU SUPPORT Tone 2 - SUNSET
NIFC T7	11	TACTICAL	168.2500		168.2500		
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	MEDICAL COORDINATION
CDF T18	14	AIR TO GROUND	159.3450	192.8 (T16)	159.3450	192.8 (T16)	
GUARD	16	EMERGENCY	168.6250	0.0	168.6250	110.9	EMERGENCY USE ONLY
9. Prepared by: Name: Shawn Holden Pos/Title: RESL Signature:							
ICS 204		Date/Time: 7/13/2017		2300 hours			


ASSIGNMENT LIST (ICS 204)

1. Incident Name: <p style="text-align: center;">WALL</p>		2. Operational Period: Date From: 07/14/17 Date To: 07/17/17 Time From: 0700 Time To: 0700				3. Branch: Div/Group: Supp Repair	
4. Operations Personnel: Operations Section Chief: Mike Conaty (T) Branch Director: Division/Group Supervisor: Dave Derby / Tim Collins / AL KLEM							
5. Resources Assigned:						Reporting Location, Special Equipment, Remarks, Notes, and Information	
Resource Identifier	Leader	Number of Personnel	Request #	Time	Location		
CRW BFC1 <i>TINDELL, TODD</i>	Delong, Shannon	16	C-3	0700-1900	ICP 0700		
CRW BFC2	Alderman, Brian K	16 17	C-4	0700-1900	ICP 0700		
DOZ PVT E-67	Siller, Neal	1	E-336	0700-1900	ICP 0700		
DOZ PVT E-71 <i>SILVA, JARED</i>	Miller, Harold	1	E-71	0700-1900	ICP 0700		
DOZ PVT E-336	Ulsh, Dale	1	E336	0700-1900	ICP 0700		
DOZ PVT E-337 <i>MADRANDO, MANUEL</i>	Oreville	1	E-337	0700-1900	ICP 0700		
W/T PVT E-37	Lawrence, Bruce	1	E-37	0700-1900	ICP 0700		
W/T PVT E-38	Ciganobich, Charlie	1	E-38	0700-0700	ICP 0700		
EXC PVT E-324	Swank, Matt	1	E-324	0700-1900	ICP 0700		
EXC PVT E-335	Siller, Kent	1	E-335	0700-1900	ICP 0700		
HEQB AGUILERA O-188	Guillermo, Manuel	1	O-188	0700-1900	ICP 0700		
HEQB RAMEY O-112	Ramey, Josh	1	O-112	0700-1900	ICP 0700		
HEQB NIEDERBERGER O-187	Niederberger, Hans J	1	O-187	0700-1900	ICP 0700		
HEQB URRUTIA O-190	Urrutia, Felix	1	O-190	0700-1900	ICP 0700		
FOBS GALLARDO O-36	Gallardo, Richard J	1	O-36	0700-1900	ICP 0700		
FOBS CLEMENS O-73	Clemens, Orion	1	O-73	0700-1900	ICP 0700		
FOBS COBB O-35	Cobb, Matthew	1	O-35	0700-1900	ICP 0700		
FOBS NOYES O-71	Noyes, Colin J	1	O-71	0700-1900	ICP 0700		
6. Work Assignments: Restore Berm Barriers Reshape Soil Surface Roads Break Apart Dozer Piles Install Water Bars Where Identified							
7. Special Instructions: IC/Operations to assign night shift resources as necessary							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
BT SP 2	1	COMMAND	154.4150	123.0 (T2)	159.0000	123.0 (T2)	BTU SUPPORT Tone 2 - SUNSET
NIFC T7	11	TACTICAL	168.2500		168.2500		
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	MEDICAL COORDINATION
CDF T18	14	AIR TO GROUND	159.3450	192.8 (T16)	159.3450	192.8 (T16)	
GUARD	16	EMERGENCY	168.6250	0.0	168.6250	110.9	EMERGENCY USE ONLY
9. Prepared by: Name:		Shawn Holden		Pos/Title: RESL		Signature: 	
ICS 204		Date/Time: 7/13/2017		2300 hours			

MEDICAL PLAN (ICS 206)

1. Incident Name:		2. Operational Period:					
		Date From: 7/14/17	Date To: 7/17/17				
		Time From: 0700	Time To: 0700				
3. Medical Aid Stations:							
Name	Location	Contact Number/Freq	Paramedics				
None assigned	None assigned	Oroville ECC	<input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number	Level of Service				
(Ground) Butte County EMS	None assigned	Oroville ECC	ALS				
(Air) Enlo Flight Care	None assigned	Oroville ECC	ALS				
(Air) Reach	None assigned	Oroville ECC	ALS				
5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long		Air	Ground			
Oroville Hospital	2767 Olive Hwy, Oroville, CA 95966	(530) 533-8500	5	25	Level 3	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Enloe Medical Center	1531 Esplanade Chico, CA 95926	(530) 332-7300	20	55	Level 2	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
University of California- Davis Medical Center	2315 Stockton Blvd. Sacramento	(916) 734-2011	40	100	Level 1	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
6. Special Medical Emergency Procedures							
<p>Line Emergency Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.</p> <p>- Division Group Supervisor Contacts:</p> <ol style="list-style-type: none"> 1. Closest EMS resource 2. Communications Unit <p>- Communications Unit Contacts:</p> <ol style="list-style-type: none"> 1. Ground or Air ambulance as requested 2. Operations 3. Safety 4. Medical Unit <p>- Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.</p> <ol style="list-style-type: none"> 1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency. <p>- 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.</p> <p>- Medical Unit contacts</p> <ol style="list-style-type: none"> 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims 				<p>Injury Reporting Procedures</p> <p>Nature of Injury: _____</p> <p>Location of Patient: _____</p> <p>Point of Contact: _____</p> <p>Transportation Requested by: Air _____ Ground _____</p> <p>Point of Pick-Up: _____</p> <p style="padding-left: 40px;">Lat: _____ Long: _____</p> <p>Patient Unit ID: _____</p> <p>Is an EMT with Patient: Yes _____ No _____</p> <p>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 (Logistics Section Chief): Name: Shane Cook				Signature:			
8. Approved by (Safety Officer): Name: Tim Devos				Signature:			
ICS 206				Date/Time: 7/13/2017 2300hrs			

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

1. Incident Name: WALL		2. Date/Time Prepared Date: 07/13/2017 Time: 1830		3. Operational Period: Date From: 07/14/17 Time From: 0700		Date To: 07/17/17 Time To: 0700		
4. Communications								
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
1	COMMAND	BT SP 2	ALL DIVS	154.4150	123.0 (T2)	159.0000	123.0 (T2)	BTU SUPPORT Tone 2 - SUNSET
2	COMMAND	BT SP 5	ALL DIVS	154.4150	123.0 (T2)	159.0000	146.2 (T5)	BTU SUPPORT Tone 5 - ST. JOHN
3	COMMAND	BT SP13	ALL DIVS	154.4150	123.0 (T2)	159.0000	141.3 (T13)	BTU SUPPORT Tone 13 - BLOOMER
4								
5								
6								
7								
8								
9								
10								
11	TACTICAL	NIFC T7	ALL DIV/GRPS	168.2500		168.2500		
12								
13								
14	AIR TO GROUND	CDF T18	ALL DIVS	159.3450	192.8 (T16)	159.3450	192.8 (T16)	
15	MEDICAL	CALCORD	ALL DIVS	156.0750	156.7 (T6)	156.0750	156.7 (T6)	MEDICAL COORDINATION
16	EMERGENCY	GUARD	EMERGENCY	168.6250	0.0	168.6250	110.9	EMERGENCY USE ONLY
17								
18								
19								
20	EMERGENCY	GUARD	EMERGENCY	168.6250	0.0	168.6250	110.9	EMERGENCY USE ONLY
5. Special Instructions								
6. Prepared by (COML): Name: John Brooks COML IMT#6								Signature: 
ICS 205								Date/Time: 07/13/17 1830

DEMOBILIZATION PLAN - SUMMARY
Wall Incident
CA-BTU-010975

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

- **NO RESOURCES WILL LEAVE THE INCIDENT UNTIL AUTHORIZED TO DO SO BY THE DEMOBILIZATION UNIT.**
- Efforts will be made to ensure that all released personnel arrive at their destination prior to 2200 hours. Resources not able to arrive at their destination by 2200 hours may need to arrange to rest overnight.
- All government and hired vehicles leaving the incident will have a safety inspection.
- 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.
- All incident personnel will receive and read the DMOB Safety Message before departing.

RESPONSIBILITIES

Unit Leaders will declare resources excess to their Section Chief. Section Chiefs will declare excess resources to the Plans Section Chief through the Resources Unit Leader. This should be done 36 hours in advance of anticipated release. Use the Declaration of Excess Resources Form or General Message Form (ICS-213) to list all excess resources. Include the Request #, ICS position, Name/ID, 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. Only Surplus resources will report to the DEMOBILIZATION 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 resources
6. Within Region Cal Fire resources
7. Unit CAL FIRE resources

TRAVEL INFORMATION

All resources will meet their agency specific requirements on hours of travel per day.

**WALL INCIDENT
CABTU 010975**

**MECHANICAL
DEMOBILIZATION**

STARTING: Saturday, July 15th, 2017

LOCATION: Cal Fire Shop
2309 Veatch St.
Oroville, CA 95965

HOURS: 0700 – 1800

WALL FINANCE MESSAGE

Shift Tickets:

- DIVS and OPBD must complete shift tickets for all hired equipment, including fallers and runners.
- Turn in completed shift tickets daily to the Finance Section.
- Shift Ticket examples are in the IAP.

Efc-33:

- Contact the Time Unit with updated dates and times if overhead or resources are being released.

COMP/CLAIMS:

- If any Claims issues arise, document on a ICS-213 and take pictures. Notify the COMP/CLAIMS Unit ASAP for follow-up.

Starting on Saturday, July 15th, 2017, Finance will be located at:

Oxford Suites
2035 Business Lane
Chico, CA 95928
(530)899-9090

Finance Section Chief Shawn Hogan (559)281-4313
Time Unit Leader Andrew Corpuz (831)320-9335
Comp/Claims Unit Leader Joe Tapia (530)521-8553

SHIFT TICKET EXAMPLE

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name H2O DUDE	
Incident or Project Name WALL		Incident Number CABTU 010975	Request Number E or S # Here		Operator #1 BOB SMITH	Operator #2
Agreement Number XXX - 000000 - 00					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Equipment Make FREIGHTLINER		Equipment Model / Type WATER TENDER 2500 + GAL			Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Serial Number 1XP3ESMP14239012		Licence Number 55555555			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	
Date Mo / Day	Start	Stop	Work	Assignment		
8/3	0700	1900	12	DIV Z		
8/4	1900	2400	5	OFF SHIFT		
8/4	0001	0700	7	OFFSHIFT		
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber	
		Poor*	Avg.	Good	Exc.	N/A
Met Performance Expectations		Vendor Rating must be done.				Govt. Rep. Signature <i>Mike Weber</i>
Equipment in Safe Working Condition						Contractor Signature <i>Bob Smith</i>
Operator Skill Level						Date 08/04/15
Operates Safely						Time 0800
Operator's Cooperation Level						Date
Overall Performance						Time
* NOTE: Any rating of POOR requires an explanation in Comment Section. **Final evaluation or for more documentation, use an ICS Form 230 or equivalent.					CALFIRE 297 (Rev 3-2011)	
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name WATER GUY	
The responsible Government Officer will complete this form each shift						
Incident or Project Name WALL		Incident Number CABTU 010975	Request Number E OR S # Here		Operator #1 BOB SMITH	Operator #2 BILL SMITH
Agreement Number XXX - 000000 - 00					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Equipment Make PETERBUILT		Equipment Model / Type WATER TENDER 2500 + GAL			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 Withdrawn by Contractor	
Date Mo / Day	Start	Stop	Work	Assignment		
8/3	0700	2400	17	DIV M		
8/4	0001	0700	7	DIV M		
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber	
		Poor*	Avg.	Good	Exc.	N/A
Met Performance Expectations		Vendor Rating must be done.				Govt. Rep. Signature <i>Mike Weber</i>
Equipment in Safe Working Condition						Contractor Signature <i>Bob Smith</i>
Operator Skill Level						Date 08/04/15
Operates Safely						Time 0800
Operator's Cooperation Level						Date
Overall Performance						Time
* NOTE: Any rating of POOR requires an explanation in Comment Section. **Final evaluation or for more documentation, use an ICS Form 230 or equivalent.					CALFIRE 297 (Rev 3-2011)	
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative

Turn shift tickets into Finance.

SHIFT TICKET EXAMPLE

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name	
Incident or Project Name WALL		Incident Number CABTU 010975	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"/> Withdrawn by Contractor <input type="checkbox"/>	
Date Mo / Day	Start	Stop	Work	Assignment		
8/3	0700	2400	17	DIV M		
8/4	0001	0700	7	DIV M		
Vendor Rating Poor* Avg. Good Exc. N/A					Govt. Rep. Name and Position - PRINT Mike Weber	
Met Performance Expectations					Govt. Rep. Signature <i>Mike Weber</i>	
Equipment in Safe Working Condition					Contractor Signature <i>Bob Smith</i>	
Operator Skill Level					Date 08/04/15	
Operates Safely					Time 0800	
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 (Rev 3-2011)	
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.						
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative

**TWO OPERATORS
NO DAMAGE/ NO CLAIMS**

**Vendor Rating
must be done.**

**2 OPERATORS
NO DAMAGE/ NO CLAIMS**

**Vendor Rating
must be done.**

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name	
The responsible Government Officer will complete this form each shift					DUDE TRANSPORT	
Incident or Project Name WALL		Incident Number CABTU 010975	Request Number E # Here		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 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"/> Withdrawn by Contractor <input type="checkbox"/>	
Date Mo / Day	Start	Stop	Work	Assignment		
8/3	0700	2400	17	DIV M		
8/4	0001	0700	7	DIV M		
Vendor Rating Poor* Avg. Good Exc. N/A					Govt. Rep. Name and Position - PRINT Mike Weber	
Met Performance Expectations					Govt. Rep. Signature <i>Mike Weber</i>	
Equipment in Safe Working Condition					Contractor Signature <i>Bob Smith</i>	
Operator Skill Level					Date 08/04/15	
Operates Safely					Time 0800	
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 (Rev 3-2011)	
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.						
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative

Turn shift tickets into Finance.

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
			NOTES
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
			NOTES
ENGINE/CREW:			
COMMENTS (ANY CHANGES?):			
CELL PHONE #:			

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)

Incident#:
Request #:

DOC. NUMBER:

LOCATION / INCIDENT NAME: INCIDENT NUMBER: UNIT: REGION: DATE:

THE FOLLOWING ARTICLES WERE: (broken, left on line, damaged, or other) DATE OF OCCURANCE:

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

DIV: _____ Div's Name: _____
Div. Signature: _____
Attention Division Group Sup., by signing you are authorizing the above items to be replaced by the Supply Unit and / or Fire.

LOCATION OF ITEMS: _____

REMARKS: _____

SIGNATURE OF PERSON CERTIFYING OCCURANCE AS DESCRIBED

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

UNIT SUPERVISOR'S APPROVAL

COMMENTS:

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



Wall Fire Local Assistance Center

The Local Assistance Center connects residents whose homes were damaged or destroyed in the Wall Fire with resources needed to recover and rebuild. Residents can come to the Local Assistance Center to learn if their home was damaged by the fire. Residents should bring any form of identification they have available. A form of identification with a photo and the property address would be ideal if it is available.

Location

Oroville Municipal Auditorium, 1200 Myers Street, Oroville, CA

Hours of Operation

Wednesday, July 12, 2017 – Saturday, July 15, 2017, 10:00 am to 7:00 pm

Services Providers

The following Butte County Departments, State of California Agencies, community-based organizations, and service providers have representatives in the Butte County Local Assistance Center.

Butte County Departments and Offices

- County Assessor – learn about property tax relief for damaged structures.
- Behavioral Health – crisis services.
- Butte County Sheriff's Office – assisting with notification of damaged homes and providing evacuation and road closure information to help residents go home.
- County Clerk/Elections – documents and birth certificates.
- Development Services Building Division
- Department of Employment and Social Services– assistance replacing lost food for CalFresh recipients, replace lost cards for CalFresh and Medical, as well as Veterans Services.
- Public Health
 - Animal Services - arrange for temporary, extended sheltering of your animals.
 - Environmental Health Division - wells, septic systems, and hazard materials.

State of California Agencies

- Contractor's State License Board- be aware of scams (use a licensed contractor).
- Franchise Tax Board- copies of Tax Returns.
- Department of Motor Vehicles- replace ID/claim, lost vehicles.
- California Department of Insurance- Home Inventory Guide/Claims
- EDD-Unemployment Insurance
- Board of Equalization- fire fee exemption/business extensions

Education

- Butte County Office of Education is available to assistance with school enrollment for displaced students and preschool enrollment for low income eligible families.

Community Based Organizations

- Christian Aid Ministries-Rapid Response Team
- Veteran's Resource Center
- Butte County 211
- Red Cross
- Salvation Army

Service Providers

- AAA
- Farmers Insurance
- ATT

EMERGENCY FIRE SUPPRESSION REPAIR PLAN - WALL 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 caused by the fire. We cannot upgrade facilities beyond their pre-fire condition. Fire suppression repair shall be applied to mitigate infrastructure damage and natural resource damage.

Infrastructure Damage: Culverts and other watercourse crossings, water sources, trails, road barriers removed for fire access, trash, debris and supplies left by fire suppression activities; miscellaneous.

Natural Resource Damage: Repair of existing problems caused by fire suppression activities (direct effect) to natural resources and to prevent likely future problems such as accelerated erosion caused by rains (indirect effect). The goal is to minimize soil erosion, adverse impacts to water quality, and adverse impacts to protected species of plants and animals

REPAIR GUIDELINES

General: Restore berms and barriers removed for fire control access.

Drop Points/Staging Areas/Safety Zones: New construction - cross drain and abandon (if applicable). Existing - repair to original condition, remove debris resulting from use. Pick up all trash.

Roads: Reshape soil surfaced roads that were used during fire control operations. Roads should be out-sloped with rolling dips where degradation of the road prism has resulted from fire control operations. Clean out culvert inlets and outlets as needed. Report any damaged culverts to the Fire Suppression Repair Specialist for specific repair guidance. Breach berms, where appropriate, to facilitate drainage. Water and wheel-pack any roads that have had the running surface destabilized by fire suppression activities.

Firelines: Break apart dozer piles of pushed over trees, vegetation and soil, and spread along tractor roads, tractor fire breaks, or any other areas disturbed during fire suppression activities. Lop and scatter displaced vegetation to a height of less than 30 inches or chip within 100' of a gravel road or structure. Scatter the lopped material along the fire line. Pull back any excess soil material sidecast along roads or tractor disturbed areas that are located within 100 feet of any watercourse or spring. Install waterbreaks on all constructed or used dozer lines using the following criteria:

Fireline and road gradient (%):	0-30	31-50	>50
Fireline waterbreak spacing:	100'	75'	50'
Road waterbreak spacing:	150'	100'	75'

Waterbreaks and/or rolling dips shall be used to reduce the volume and velocity of water by directing it off fire lines as soon as possible at controlled locations. The outfall end of all waterbreaks shall be opened by hand if necessary. Waterbreaks should be located to discharge into natural vegetation. Waterbreaks should cross the fire line at an angle of approximately 45 degrees.

Waterbreak installation on roads will be conducted in consultation with landowners.

Handlines: All waterbreaks shall be installed diagonally with a minimum cut of 4" into existing grade, and minimum height of 8". Waterbreaks shall be constructed to allow for drainage at the discharge end into non-erodible material.

Fireline and road gradient (%):	0-30	31-50	>50
Handline waterbreak spacing:	75'	50'	25'

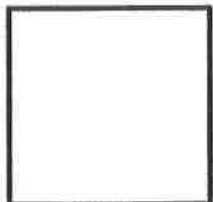
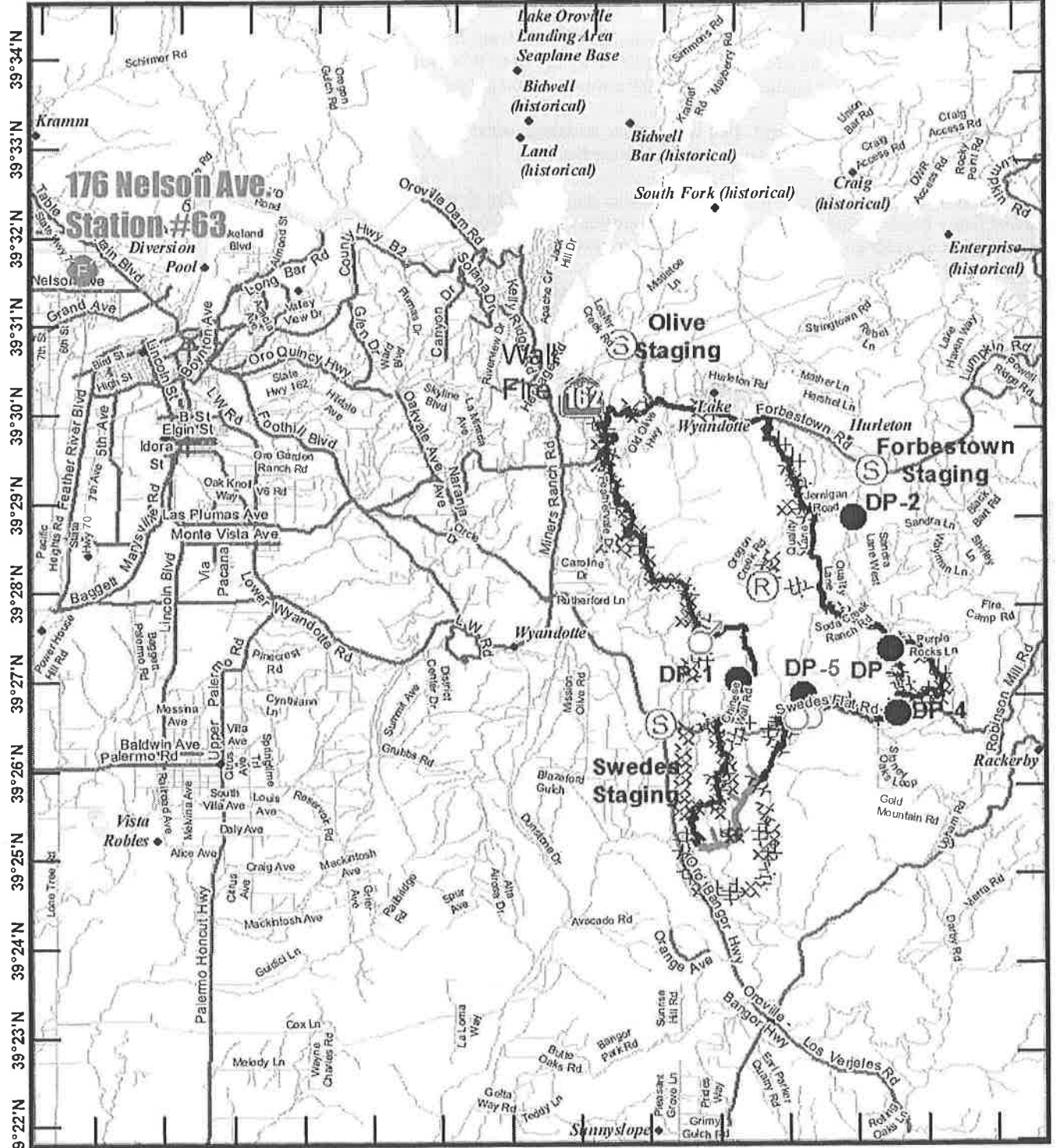
Slash Piles: Piles within 100' of permanent structures or public or un-gated private roads will be lopped and/or scattered within 30" of the soil surface or chipped. Scatter smaller debris where applicable.

Watercourse Crossings: All slash, soil, and debris deposited into watercourses resulting from fire suppression activities shall be removed and stabilized above the high-water line. Where fire lines are constructed within 100' of flowing watercourses, slash mulching will be applied. All loose soil must be pulled away from the watercourse and stabilized.

Archaeological or Historic Sites: All potential sites shall be avoided. Contact Rehabilitation Specialist.

Other Repair Concerns: Remove all trash from the fire lines and other affected areas.

121°35'W 121°33'W 121°31'W 121°29'W 121°27'W 121°25'W 121°23'W 121°21'W



Travel Map
Wall Incident
CA BTU 010975
July 14 - 17, 2017



