

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:		2. Operational Period:	Date From:	7/14/2017 Date To:	7/17/2017
	WALL		Time From:	0700 Time To:	0700
. Objective(s):					
Management Obje	ectives lency personnel and publi	ic safety at all times.			
Protect property,	improvements, and infras	tructure.			
Ensure coordinate	ed, timely and accurate re	lease of public information.			
Foster and mainta	ain relationships with all co	ooperators and stakeholders.			
Protect economic	, natural, cultural and heri	tage resources.			
		ts commensurate with values	at risk.		
Control Objective					
Keep the fire with	in established Control Lin	es.			
General Situation	al Awareness:				
	terrain with difficult ac	cess.			
larrow roads and					
Repopulation has	increased vehicle and	pedestrian traffic in the area	1.		
5, Site Safety Pla	n Required?	Yes □ No Ø			
-	fety Plan(s) Located at:				
6. Incident Action					
☑ ICS 203	✓ ICS 215A	☐ Phone List		uppression Repair Plan	
☑ ICS 204	☑ ICS 220	Training Message			
☑ IC\$ 205	✓ Incident Map	Travel Map			
☑ ICS 206	Weather Forecas				
☑ ICS 208	☑ Fire Behavior		☑ ICS 2	14 11.12	
7. Prepared By:	Gabe Garcia	Position/Title: PSC	Signature:	Garan Or	
8. Approved by Ir	cident Commander:	Jason Dyer	Signature:	5 5	
ICS 202					

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational	Period: Date From:	7/14/2017	Date 10:	7/17/2017
WAI		L.	Time From:	0700	Time To:	0700
3. Incident Commander(7. Operation Section			
	Jason Dyer			Mike Conaty (T)		
Deputy			Deputy			
Safety Officer			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 / Ti	m 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		ell-man.	
Red Cross	Dave Willoughby		Branch			
BC Animal Control	Ryan Soulsby		Division/Group			with the same of t
			Division/Group			
			Division/Group			
			Staging Area			
			Division/Group			
5. Planning Section:			Branch			
	Gabe Garcia		Division/Group			
Deputy			Division/Group			
	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			
Order Todal Opeo			Air Operations Bra	anch	Director:	12.42.124.2.124
6. Logistics Section:				Air Support Grp Sup		
	Shane Cook			Helibase Manager		-
Deputy	Onano ocea					
Supply Unit			8. Finance/Admini	stration Section	l	
Facilities Unit	~			Janet Sutton		
Ground Support Unit			Time Unit	10.101.001.011		
Hired Equipment Tech			Procurement Unit			
Communications Unit			Comp/Claims Unit			
			Cost Unit			
Medical Unit			Cost Offic			
Motel Tech Spec		Desiries (fig.)	DESI	Cianabura	7, -1,	
Prepared By: Name:	Shawn Holden	Position/Title:	RESL	Signature:	45th	
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.

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

<u>20-FT AFTERNOON WIND:</u> (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/reguest/

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
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 X	
Prepared by: Name(s): Jos	Buchmajer SOF1 / Josh Janssen SOF1(T)	Incident Safety: Tim Devos SOFR
ICS 208	Date/Time: July 13, 2017 18:00	TM Joen

Incident Name:	Wall		Incident N	ımber:	: CABTU10975
Date/Time Prepa Date: 07/13/17	red: Time: 1900	Operationa			rom: 07/14/17 Date To: 07/17/17 From: 0700 Time To: 0700
INCIDENT AREA	HAZARDS/RISKS			c T	MITIGATIONS
ALL	STEEP TERRAIN				VATCH FOOTING ADJUST OPERATIONS
ALL	NARROW ONE WA	AY ROAD	S	l	HEADLIGHTS ON SLOW DOWN
ALL	FATIGUE. CREWS RUNNING MULTIP			F	MAINTAIN PROPER WORK REST CYCLES DOCUMENT ON ICS-214
ALL	HYDRATION AND TEMPERATURES	HIGH			MAINTAIN 3 WATERS TO ELECTROLYTE RATIO
ALL	FIRELINE SUPPRI	ESSION F	REPAIR		CAUTION WORKING AROUND HEAVY EQUIPMENT
ALL	MOP UP OPERATI HOLES, HIDDEN H	•		- N	VEAR PROPER PPE MAINTAIN SITUATIONAL AWARENESS
ALL	BACKHAUL HOSE	& TRASH	1	- L	JSE PROPER LIFTING ECHNIQUES JTILIZE VEHICLES WHEN POSSIBLE
ALL	COMMUNICATION	IS		- F	FOLLOW THE COMM PLAN
ALL	DROUGHT STRES	SED TRE	EES		BE CAUTIOUS OF WHERE YOU ARE TAKING SHADED BREAKS
ALL	RE-POPULATION	COMPLE	TED		BE CAUTIOUS DRIVING AND WORKING IN RE-POP AREAS
	e Buchmeier SOF1, Josh Ja	inssen SOF1	(T)	ln	Ton ∆ew—
ICS 215A					

ASSIGNMENT LIST (ICS 204)

1. Incident Name:		2. Operationa	l Period:			3.	
WALL		Date From:	07/14/17	Date To:	07/17/17		
		Time From:	0700	Time To:	0700	Branch:	
4. Operations Personne	l:					Div/Group:	A/C/P/H/I/L
Operations Section Chie	f: Mike C	onaty (T)					
Branch Directo	г:						
Division/Group Superviso	r:			,		B 2 1	- Ciel Favia-ant
5. Resources Assigned:				Number of	27	Remarks, Notes,	
Resource Identifier		Lead		Personnel	Request #	Time	Location
STC BTU 9211C		Manson		21 17	E-82	0700-1900	ICP 0700
STC NEU 9231C		York, E		17	E-84	0700-1900	ICP 0700
STG TGU 9257G		Hannan		33	C-1	0700-1900	ICP 0700
W/T BTC 25		Churc		1	E-24	0700-1900	ICP 0700
W/T BTC 64		Casagrano	le, David	-2	E-43	0700-1900	ICP 0700
						-	
						<u> </u>	
						1	
0.181 1.4 -1							
6. Work Assignments:							
Mop up 500"							
Tactical Patrol							
Support Fire Suppression F	Repair as	necessary					
7. Special Instructions:							
IC/Operations to assign nig	jht shift re	sources as necessa	агу				
8. Communications		and/or phone conta	,			T	Notes
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
		Holden	Pos/Title:	RESL		N -1	2
9. Prepared by: Name:	Snawi		7/13/2017	2300 hours	Signature:	Ju 18	

		 1.2
		1
	V2	

ASSIGNMENT LIST (ICS 204)

Date To:

Time To:

2. Operational Period:

07/14/17

0700

Date From:

Time From:

1. Incident Name:

4. Operations Personnel:

WALL

Branch Director:

Operations Section Chief: Mike Conaty (T)

3.

Branch:

Div/Group;

Supp Repair

07/17/17

0700

Division/Group Superviso	r. Dave I	Derby / Tim Collins	/ALK	LEM			
5. Resources Assigned:				Number of	Request #	Remarks, Notes, a	i, Special Equipment, nd Information Location
Resource Identifier		Lead		Personnel	C-3	7ime 0700-1900	ICP 0700
CRW BFC1 TINDELL	, TODI	- Delong, SI		16		-	ICP 0700
CRW BFC2		Alderman,		-16- 7	C-4		
DOZ PVT E-67		Siller,		1	E-336		ICP 0700
DOZ PVT E-71 SILVA	JAPE	D -Miller, h	larold	11	E-71	1	ICP 0700
DOZ PVT E-336		Ulsh, I		1	E336		ICP 0700
DOZ PVT E-337 MADRA	ANDO, I	MULE - Orov	ille—	1	E-337		ICP 0700
N/T PVT E-37	1.0	Lawrence	, Bruce	1	E-37		ICP 0700
N/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	0-112	0700-1900	ICP 0700
HEQB NIEDERBERGER C	D-187	Niederberge	r, 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, R	lichard J	1	O-36	0700-1900	ICP 0700
FOBS CLEMENS O-73		Clemens		1	0-73	0700-1900	ICP 0700
FOBS COBB O-35		Cobb, Ma		1	O-35	0700-1900	ICP 0700
FOBS NOYES 0-71		Noyes, C		1	0-71	0700-1900	ICP 0700
Restore Berm Barriers Reshape Soil Surface Road Break Apart Dozer Piles Install Water Bars Where Id 7. Special Instructions: IC/Operations to assign nig	dentified	esources as necessa	IV.				
8. Communications		and/or phone contact		needed for this a		Tx Tone	Notes
Name	Ch	Function	Rx Freq		Tx Freq		BTU SUPPORT Tone 2
		1		11	450,0000	123.0 (T2)	
BT SP 2	1	COMMAND	154.4150	123,0 (T2)	159.0000	120.0 (12)	SUNSET
	1 11	TACTICAL	154.4150 168.2500	123,0 (12)	168.2500		SUNSET
NIFC T7	_			123,0 (12) 156.7 (T6)		156.7 (T6)	
NIFC T7 CALCORD	11	TACTICAL	168.2500		168.2500		
BT SP 2 NIFC T7 CALCORD CDF T18 GUARD	11 15	TACTICAL MEDICAL	168.2500 156.0750	156.7 (T6)	168.2500 156.0750	156.7 (T6)	MEDICAL COORDINATI

- F	od - Time		rmation <u>Night Hoist</u>	hese Aircraft:	Phone												Remarks								кетагкѕ		
Scott Packwoo	Operational Period	0700-0700	Rescue Ship Information Day Hoist Name C-205 Phone	Make/Model UH-1H Location VINA Request Procedure for These Aircraft: See Medical Dian For Additional Info	Name												Start Ren								Start		
17	L			₹	╀							307					Avail S					ļ		-	Avail		
Date Prepared Wednesday, July 12, 2017	Operational Period - Date	July 14-17, 2017	TFR Information st # NM Son: NM ude: MSL	Senterpoint: Lat NOTAMS: Frequency http://ffr.faa.gov/ffr2/list-html	Phone							(530) 559-3807					Helibase A			-				-	Base		
Date Wednesda	Operation	July	TFR Request # Polygon: Altitude:	Centerpoint: NOTAMS: Frequency http://fr.faa	Name							Gary Lane 216PJ					Make/Model							1-17-1801-19-18-18	Make/Model		
Time Prepared 2000	Shutdown	2105	Helibase Information Name Latitude Longitude	Name Latitude ongitude (use page 2 if needed)								Gary Lar				eeded)	Туре						oded)	(5000)	adí		
Time Pi	Shute	21	Helibase In Name Latitude Longitude	Name Latitude Longitude (use page.)	Position	AOBD	AOBD	ASGS	HEBM	HEBM(T)	HEBM(T)	HTMG	HLCO	ATGS	ATGS	e page 2 if Needed)	FAA #						Page 2 if Needed	7 4 4 4	TAA#		
	Sunset	2035	t, etc. V. ED FORMAT.	r, etc. ride the a.	AM / FM	FM	FM	AM	AM	FM	FM	AM	FM	ΣH	Z L	ELICOPTERS (Use	Remarks	V/Crew					EIXED WING (Lice	auto auto	al No		
0	Cutoff	2005	Equipment, etc.	dies of Wate OBD and Pro- iiling The Are	Tone		192.8 (16)							156.7 (6)		HELICOP	Rem	CWN W/Crew					FIXED W	Olynom O	Veli		
ICS-220	Startup	0625	s Special I S / GALLC I / GALLON DECIMAL	aterways, Bo Notify the AC d a Map Deta	×		159.3450	122.2750		168.7375	3875			0750	168.6250		Start	0800						1000	Start		
MARY	Sunrise	0551	Operation ER OF DIP OF DROPS AINUTES.	nn 300' of W Immediately if Gallons an	RX		159.	122.		168.	170.6875			156.0750	168.0		Avail	0800						Avioil	Avail		
NNS SUM		75	lazards, Air (NS / NUMBE) / NUMBER (NECREES, N	oam / Agent with	Tone		192.8 (16)				131.8 (3)			156.7 (6)	110.9 (1)		Helibase	VINA						0000	Dase		
AIR OPERATIONS SUMMARY	ie / Number	CABTU010975	General Remarks, Safety Notes, Hazards, Air Operations Special Equipment, etc. TRACK ALL DIPSITE LOCATIONS / NUMBER OF DIPS / GALLONS TAKEN. TRACK ALL DROP LOCATIONS / NUMBER OF DROPS / GALLONS DROPPED All GPS DATA TO BE COLLECTED IN DEGREES, MINUTES, DECIMAL MINUTES FORMAT	AVOID Aerial Application of Retardant / Foam / Agent within 300° of Waterways, Bodies of Water, etc. If Retardant / Foam / Agent is Dropped Within These Areas Immediately Notify the AOBD and Provide the Following Information: Lat / Long, Estimated Number of Gallons and a Map Detailing The Area.	ΧŢ		159.3450	122.2750		168.7375	166.5750			156.0750	168.6250		Make/Model	Bell 214						And Lot In the Control of the Contro	Wake/IMOdel		
AIR	ent	WALL / CA	I Remarks, S. CK ALL DIPS K ALL DROP TA TO BE COL	erial Application it / Foam / Agent wing Information:	ncies	- COMMAND	- TACTICAL	TARY WING	TARY WING	CTICS	NIFC C11	ပ	X	- MEDICAL	nergency Only		Type	2							adkı		
		3	Genera TRA TRAC All GPS DAT	AVOID A If Retardan Follov	Fréquencies	AIR / GROUND - COMMAND	AIR / GROUND - TACTICAL	AIR/AIR ROTARY WING	AIR/AIR ROTARY WING	AIR TACTICS	Command NIFC C11	TOLC	DECK	CALCORD - MEDICAL	AIRGAURD - Emergency Only		FAA #	216PJ						7 4 4 1	* * * * * * * * * * * * * * * * * * *		

MEDICAL PLAN (ICS 206)

S. Modical Aid Stations: Name Location Contact Number/Freq Paramedical Processing Contact Number Contact Number	1. Incident Name:				2. Operational Perio		ate From:	7/14/17 0700	Date To:	7/17/17 0700
None assigned Afternamportation (indicate air or ground): Ambulance Service Ambulance Service None assigned None assigned None assigned Orovile ECC ALS (Air) Reach None assigned None assigned Orovile ECC ALS (Air) Reach None assigned None assigned Orovile ECC ALS None assigned Orovile ECC ALS None assigned Orovile ECC ALS Orovile				-			ime rioiii.	0700	Time 10.	- 0700
None assigned None assigned A. Transportation (indicate air or ground): Ambulance Service A. Transportation (indicate air or ground): Ambulance Service Coround Butte County EMS None assigned None assigned Orovile ECC A.L.S (Air) Enclo Flight Care None assigned Orovile ECC A.L.S (Air) Enclo Flight Care None assigned Orovile ECC A.L.S Address Contact Number(s)/ Frequency Air Ground Center C				-			Contact Nu	mbor/Fred	Paran	nedics
A. Transportation (Indicate air or ground): Arbulance Service (Ground) Buts County EMS None assigned Orovite ECC ALS (Air) Ench Pilght Care None assigned None assigned Orovite ECC ALS None assigned Orovite ECC ALS Hospital State Address, Hospital Name Lat & Long Helipad Frequency Air Ground Frequency Air Ground Center			None perional		ocation			inpent red		
Contact Number Level of Service Coround Buttle County EMS None assigned Orrovile ECC ALS	None assigned		None assigned				Jiovile Loo			
Ground Bute County EMS None assigned Orovile ECC ALS	4. Transportation (indicate a	air or ground);							
Automatical Control Parison Auto	Ambulance Sen	vice		L	ocation		Contact I	Number	Level of	Service
Auto- Regent None assigned Oroville ECC ALS	(Ground) Butte County EMS		None assigned			(Drovile ECC		A	LS
S. Hospitals: Address. Contact Number(s)/ Frequency Travel Time Trauma Burn Center Helipad Crowle Hospital 2767 Olive Hwy, Crowlile, CA 95988 (530) 533-8500 5 52 Lovel 3 Li No 97 yes Contact Number(s)/ State Center Center Helipad Conter Center Center Helipad Conter Center Cen	(Air) Enlo Flight Care		None assigned				Drovile ECC		A	LS
Hospital Name	(Air) Reach		None assigned			(Drovile ECC		A	LS
Hospital Name Lat & Long Helipad Frequency Air Ground Center Center Helipad Crovile Hospital 2767 Olive Hwy, Oroville, CA 95988 (530) 533-8500 5 25 Level 3	5. Hospitals:							W.		,
Hospital Name Lat & Long Helipad Croville Hospital 2767 Oftive Hwy, Oroville, CA 95986 (530) 533-8500			Address,		Contact Number(s)/	Tra	vel Time	Trauma	Burn	
Crowle Hospital 2767 Olive Hwy, Oroville, CA 95986 (530) 533-8500 5 25 Level 3 No 17 Yes 1531 Esplanade Chico, CA 95928 (530) 332-7300 20 55 Level 2 No 17 Yes 17 Yes 17 Yes 17 Yes 18 Yes 18 Yes 18 Yes 19	Hospital Name	Lat 8	Long Helipad		Frequency	Air	Ground			Helipad
Enloe Medical Center 1531 Esplanade Chico, CA 85928 University of California- Davis Medical Center 2315 Stockton Bivd, Sacramento (916) 734-2011 40 100 Level 1 12 Yes	Orovile Hospital	2767 Olive H	lwy, Oroville, CA 95966	(53	0) 533-8500		5 25	Level 3	□ No	☑ Yes
6. Special Medical Emergency Procedures Line Emergency Crew Supervisor will contact Division Supervisor with patient complain/to-ordition and location. - Division Group Supervisor Contacts: 1. Closest EMS resource 2. Operations 3. Safety 4. Medical Unit in Contacts or International Contact and run medical emergency or assigned channel. 1. Prepared only for duration of the emergency. - Communications Unit will clear the Command channel for emergency traffic as needed for duration of the needs. Camp Emergency Contact Medical Intit with patient complain/to-ondition and location. - Medical Unit with patient complain/to-ondition and location. - Medical Unit with patient complain/to-ondition and location. - Medical Unit contacts 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor or designee will serve as point of contact and run medical unit with patient complain/to-ondition and location. - Medical Unit with patient complain/to-ondition and location. - Medical Unit contacts 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor or designee will serve as point of contact and run medical unit with patient complain/to-ondition and location. - Medical Unit with patient complain/to-ondition and location. - Medical Unit contacts 1. Communications 5. Crew Supervisor 6. CompiClaims - 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: - Point of Contact: - Transportation Requested by: Air	Enloe Medical Center			(53	0) 332-7300		20 55	Level 2	□No	☑ Yes
Injury Reporting Procedures	University of California- Davis Medical Center			(91	6) 734-2011		40 100	Level 1	✓ Yes	☑ Yes
Injury Reporting Procedures										
Injury Reporting Procedures										
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 8. Approved by (Safety Officer): Name: Tim Devos Signature: 7/13/2017	1. Ground or Air ambulance as 2. Operations 3. Safety 4. Medical Unit - Division Supervisor or designe run medical emergency on ass 1. A pre-assigned tactical frequency for IWI and only for duration - Communications Unit will clean traffic as needed for duration of Camp Emergency Contact Medical Unit with patien Medical staff will respond to state - Medical Unit contacts 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor	e will serve as planed, usercy (i.e. CAL) of the emerger of the need.	CORD) should be used noy. channel for emergency dition and location.	Tr Po Pa Is Aç	ansportation Requint of Pick-Up: Lat: tient Unit ID: an EMT with Patige:Sex All Emergencies - witnesses for late	ent: Y	d by: AirLong:_ es e	No Female	entified	-
Date/Time: 7/13/2017	Check box if aviation a	ection Chief)	; Name: Shane Co	ok	Signature:	ith Air C	operations.			
	8. Approved by (Safety Offi	icer):	Name: IIM Devos	5		ne:	7/13/2017 2300hrs			

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

									ľ
1. Inc	1. Incident Name:		2. Date/Time Prepared		3. Operational Period:	nal Period:			
	WALL		Date	: 07/13/2017	Date: 07/13/2017 Date From: 07/14/17	07/14/17		07/17/17	
			Time:		1830 Time From: 0700	0020	Time To:	0700	
4. Cor	4. Communications								
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes	
۲	COMMAND	BT SP 2	ALL DIVS	154.4150	123.0 (T2)	159.0000	123.0 (T2)	BTU SUPPORT Tone 2 - SUNSET	
7	COMMAND	BT SP 5	ALL DIVS	154.4150	123.0 (T2)	159.0000	146.2 (T5)	BTU SUPPORT Tone 5 - ST. JOHN	
ო	COMMAND	BT SP13	ALL DIVS	154.4150	123.0 (T2)	159.0000	141.3 (T13)	BTU SUPPORT Tone 13 - BLOOMER	
4									
ည									
ဖ									
7									
ω									
6									
10									
1	TACTICAL	NIFC T7	ALL DIV/GRPS	168.2500		168.2500			
12									
13									
4	AIR TO GROUND CDF T18	SDF 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	
9	EMERGENCY G	GUARD	EMERGENCY	168.6250	0.0	168.6250	110.9	EMERGENCY USE ONLY	
17									
18									
19									
20	EMERGENCY G	GUARD	EMERGENCY	168.6250	0.0	168.6250	110.9	EMERGENCY USE ONLY	
5. Sp	5. Special Instructions								
6. Pre	6. Prepared by (COML): Name:	ате:	John Brooks COML IMT#6	T#6		Signature	2		
ICS 205	05					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.
- o All government and hired vehicles leaving the incident will have a safety inspection.
- 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 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

		EMERGE	NCY SHIFT	TICKE	T and EVA	LUATION F	ORM		Contrador Name H2O DUDE			
incident or Pro	ject Name			Incident	Number		Request Number		Opera	tor#1	Operato	or#2
	WA	ALL		C	ABTU 0	10975	E or S	# Here		BOB SMITH		
Agreement Num	ber			_						Operator F	urnished	Ву:
	>	<xx -="" 0<="" td=""><td>00000</td><td>- 00</td><td></td><td></td><td></td><td></td><td>X</td><td>Contractor</td><td></td><td>Government</td></xx>	00000	- 00					X	Contractor		Government
quipment Make	e e e e e e e e e e e e e e e e e e e				Equipment Mod	lel / Type				Operating Suppl	lies Fum	shed By:
	FR	EIGHTL	INER		WAT	TER TEN	IDER 250	0 + GAL	Х	Contractor		Government
erial Number					Licence Numbe	r				Equipmo	ent Statu	3
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				Equipme		$\overline{}$				Released by Government) the same of the	
Date					(Circle)		ys / Miles			Withdrawn by Contractor		
Mo / Day	Start	Stop	Work	_		Assig	nment		Rem	arks/Comments **		
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8/4	1900	2400	5			OFF	SHIFT		ONE OPERATOR NO DAMAGE/ NO CLAIMS			
8/4	0001	0700	7			OFF	SHIFT					OLAIM
				Vendor	Rating				Govt,	Rep. Name and Position - PRINT		
			Р	oor*	Avg.	Good	Exc.	N/A		Mike	Webe	r
/let Perform	nance Expe	ctations							Govt.	Rep. Signature		
quipment i	In Safe Wor	king Conditi	on		Ven	dor	Ratir	na 🗔		Míke	Web	er
Operator Sk	dill Level							-	Contra	ector Signature		
Operates Sa	afely				mus	st be	don	е. 🗀		Bob.	Smith	h
Operator's (Cooperation	Level							Date		Time	
Overall Perf									1	08/04/15		0800
							planation in Co se an ICS For	mment Section				CALFIRE 297 (Rev 3-2011)

		EMERGEN	ICY SHIFT	FICKET and EVALUATION F	ORM	Contractor Na		0.0104
		The respo	nsible Governme	nt Officer will complete this form each :	shift		WATER	
incident or Proje				Incident Number	Request Number	Operator #1		Operator #2
	WA	ALL		CABTU 010975	E OR S # Here	B	OB SMITH	BILL SMITH
Agreement Nur	nber						Operator Fur	nished By:
			XXX	- 000000 - 00		X Con	tractor	Government
Equipment Mak				Equipment Model / Type			Operating Supplie	s Furnished By:
	PET	ERBUILT		WATER TEN	NDER 2500 + GAL	X Con	tractor	Government
Serial Number				Licence Number			Equipmen	t Status
	1XP3ES	MP1423	9012	9	999999	X Insp	ected	X Under Agreement
			Е	quipment Use		Refe	pased by Government	
Date				(Circle) (Hours) D	ays / Miles	With	drawn by Contractor	
Mo / Day	Start	Stop	Work	Assi	gnment	Remarks	Comments **	
8/3	0700	2400	17	Di	V M		2 OPER	ATORS
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							O DAMAGE	NO CLAIMS
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			Po	or* Avg. Good	Exc. N/A		Mike V	Veber
Met Perforr	nance Expe	ctations			D (:	Govt, Rep. 8		
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Operates S				□ must be	e done. 🗀		Bobs	mith
Operator's	Cooperation	Level				Date		Time
Overall Per							08/04/15	0800
				ating of POOR requires an ex				CALFIRE 297
L	Firence	**Fina		or for more documentation, u		ivalent.	White - Govt Rente	(Rev 3-2011)

Turn shift tickets into Finance.

SHIFT TICKET EXAMPLE

		EMERGE	NCY SHIF	T TICKET and	EVALUATION	FORM		Contra	actor Name DOZE	ווח ם:	IDE
Incident or Pro	ject Name			Incident Number		Request Number		Opera			alor #2
	W	ALL			U 010975		#	I Spend	BOB SMITH	J Spell	TOM SMITH
Agreement Num		-						-	Operator	Furnishe	
		<xx -="" 0<="" td=""><td>00000</td><td>- 00</td><td></td><td></td><td></td><td>×</td><td>Contractor</td><td></td><td>Government</td></xx>	00000	- 00				×	Contractor		Government
Equipment Make	в			Equipme	nt Model / Type				Operating Sup	olies Fu	mished By:
	CA	T				D6XM		х	Contractor		Government
Serial Number				Licence I	Number				Equipn	nent Sta	tus
	1	11111				111111		х	Inspected	х	Under Agreement
				Equipment Us					Released by Government	-	
Date	Start	Stop		(Circle		ays / Miles		_	Withdrawn by Contractor	_	
Mo / Day	Start	Stop	Work		Assi	gnment		Rem	arks/Comments **		
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8/4	0001	0700	7		DI	V M		1	TWO OF		
-0,4	0001	0,00			U	V 101		-	NO DAMAG	E/ N	O CLAIMS
				Vendor Rating				Govt.	Rep. Name and Position - PRINT		
			P	oor* Avg	g. Good	Exc.	N/A		Mike	Web	er
	папсе Ехре					D ::		Govt. I	Rep. Signature		
Equipment i	n Safe Wor	king Condition	on	Ve	endor	Rating			Míke	Wel	ber
Operator Sk	till Level					,		Contra	ctor Signature		
Operates Sa	afely			mı	ust be	done			Вов	Smít	th
Operator's C	Cooperation	Level						Date		Time	
Overall Perf	ormance								08/04/15		0800
						planation in Com					CALFIRE 297
		**Final	evaluation	or for more do	ocumentation, u	se an ICS Form :	230 or equive	inale		1	(Rev 3-2011)

		EMERGE	NCY SHIFT	TICKET and EVALUATION F	ORM	Contractor Name	
		The respo	nsible Governm	ent Officer will complete this form each s	shift	DUDE TRA	ANSPORT
Incident or Proje				Incident Number	Request Number	Operator #1	Operator #2
		ALL		CABTU 010975	E# Here	BOB SMITH	TOM SMITH
Agreement Nun	nber					Operator Fu	mished By:
			XXX	- 000000 - 00		X Contractor	Government
Equipment Mak		RT/ KEN\	NORTH	Equipment Model / Type COZAD TRA	ILER /26 WHEEL	S X Contractor	es Furnished By:
Serial Number				Licence Number		Equipme	
	1XP3ES	MP1423	9012	99	999999	X Inspected	X Under Agreement
			E	quipment Use		Released by Government	
Date				(Circle) (Hours) Da	ays / Miles	Withdrawn by Contractor	
Mo / Day	Start	Stop	Work	Assig	nment	Remarks/Comments **	
8/3	0700	2400	17	Dl	V M	2 0000	ATORC
8/4	0001	0700	7	DI	V M	2 OPER	
						NO DAMAGE	/ NO CLAIMS
		4		endor Rating		Gov1. Rep. Name and Position - PRINT	
			Po	or* Avg. Good	Exc. N/A	Mike V	Veber
Met Perform				- 1/	D (: _	Govl. Rep. Signature	
Equipment	in Safe Wor	king Condition	on	☐ Vendor	Rating [Mike	Weber
Operator SI	kill Level				9	Contractor Signature	_
Operates Sa	afely			\sqsupset must be	done. 🗀	Bob S	mith
	Cooperation	Level				Date	Time
Overall Perf	ormance			1		08/04/15	0800
	Finance	**Final	evaluation	ating of POOR requires an exp or for more documentation, us			CALFIRE 297 (Rev 3-2011)

Turn shift tickets into Finance.

J.	FC-33 DAILY UPDATE	JPDAT	ш	
DATE:			24 Hrs	12 Hrs
REQ#	IS .	# L/S		
WORK LOCATION:				
RADIO IDS: ST LEADER:	DOZER PORTABLE BLADE PUMP HRS HRS	# OF H SAWS G	HRS ON EACH SAW	NOTES
ENGINE/CREW:				
COMMENTS (ANY CHANGES?):	CHANGES?);			
CELL PHONE #:				

SAT #1	F	-33 □	FC-33 DAILY UPDATE	PDA	H	
DOZER PORTABLE # OF HRS BLADE PUMP HRS SAWS ON EACH SAW SAWY CHANGES?):	DATE:				24 Hrs	-
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DOZER PORTABLE # OF HRS BLADE PUMP HRS SAWS ON EACH SAW	WORK LOCATION:			-		
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COMMENTS (ANY CHANGES?):	ENGINE/CREW:					
COMMENTS (ANY CHANGES?):						
CELL PHONE #:						
COMMENTS (ANY CHANGES?):						
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COMMENTS (ANY CHANGES?):						
COMMENTS (ANY CHANGES?):						
COMMENTS (ANY CHANGES?):						
CELL PHONE #:	COMMENTS (ANY	CHANG	iES?):		i e	
CELL PHONE #:						
	CELL PHONE #:					

Incident#: Request #:

STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY AND FIRE PROTECTION
PROPERTY CERTIFICATION OF LOCATION OR DAMAGE
CERTIFICATE OF RESPONSIBILITY FOR INCIDENT OCCURRANCE

CERTIFICATE CAL FIRE-101 pa	E OF RES	PONSIBII	LITY FOR INCIDE	ENT OCCURRAN	ICE		DOC. NUM	MBER:
LOCATION / INC	IDENT NAM	E: ,	INCIDENT NUMB	ER:	UNIT:	REGION:	DATE:	
THE FOLLOWING	3 ARTICLES	WERE: (br	oken, left on line, dam	naged, or other)			DATE OF	OCCURANCE:
#==	UNIT OF	CAL FIRE	STOCK NUMBER		DESCRIPTION OF LATER TO SERVICE T		BE THE ITEM, WENT OR	PROPERTY NUMBER
QUANTITY	MEAS.	(COMPLETE	WHENEVER ASSIGNED)	PROVIDE ADEQUAT	PROPERTY:	Called The Called		
			and the second			- WWMb		
			s					
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Attentio	on Division	on Group	Sup., by signii	ng you are auth	orizing the a	above items	to be rep	laced by
tue sup	ipiy Onic	and / Or						
LOCATION OF I	TEMS:							
REMARKS:			, mun					
		SIGNATII	RE OF PERSON	CERTIFYING C	CCURANCE	AS DESCRIE	BED	
SIGNATURE:		OIONATO	PRINTED NAME:		TITLE:		DATE:	
			UNIT S	SUPERVISOR'S	APPROVAL			
COMMENTS:	-				,			
							DATE:	
SIGNATURE OF	UNIT ADMI	NISTRATO	R:		TITLE:		DKIE.	***************************************





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 provides 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.

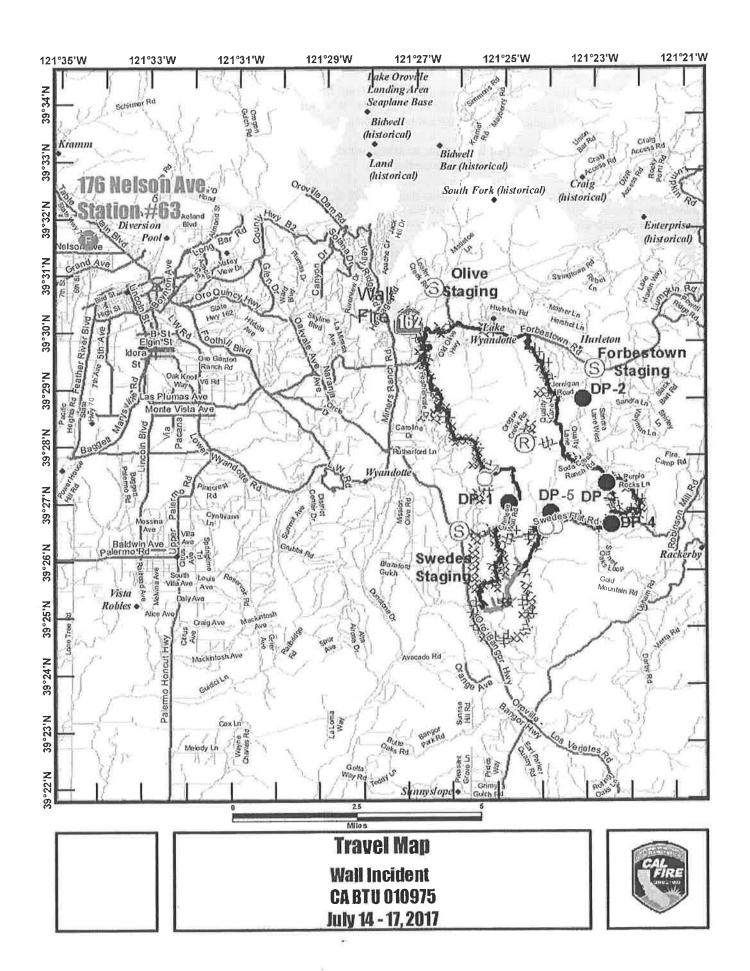
Fireline and road gradient (%):	0-30	31-50	>50
Handline waterbreak spacing:	75'	50'	25'

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.



	UNIT LOG CONT. (ICS 214)				
1. Incident Name:	2. Operational Period:	Date From:	7/14/17	Date To:	7/17/17
WALL	l.	Time From:	0700	Time To:	0700
6. Activity Log	AMA IOC	REVENTS			
TIME	MAJOR	CEVENIS			
-					
	The Daniel Co.				
					,
	3 110000				
7. Prepared By:	Date/Time;				

	UNIT	T LOG (ICS 214)							
1. Incident Name:		2. Operational Period;	Date From:	7/14/17	Date To:	7/17/17			
WALL			Time From:		Time To:	0700			
3. Unit Name/Designators		4. Unit Leader (Name and ICS P	osition)	0700 Time To:				
5. Personnel Assigned/Designator	5								
NAME		ICS POSITION		HOME	BASE				
a diamandia									
		With the second							
6. Activity Log (Continue on Reverse)								
TIME		MAJOR	EVENTS						
						J. 1			

						_			
7. Prepared By:		Date/Time:							