

Camp Incident

CA-BTU-016737

INCIDENT ACTION PLAN



OPERATIONAL PERIOD

11/9/2018 0700

to

11/10/2018 0700

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INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">Camp Incident</p>	2. Operational Period:	Date From: 11/9/2018 Time From: 0700	Date To: 11/10/2018 Time To: 0700
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3. Objective(s):

Management Objectives

- Provide for and maintain public and firefighter safety by utilizing the incident safety analysis process.
- Protect all critical infrastructure to include communication towers, water systems, natural gas, railroad and highways.
- Be financially responsible for all management and fire suppression tactics.
- Foster and enhance community and political relationships.
- All management actions and efforts will be focused on serving, safeguarding and protecting the citizens and natural resources of Butte County.

Control Objectives

- Keep the fire East of Hwy 99 to Durham Dayton Hwy to Oroville Chico Hwy to Estates Dr.
- Keep the fire South of Cohasset Rd.
- Keep the fire West of Hwy 70
- Keep the fire North of Hwy 149 and Hwy 99

General Situational Awareness:

Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history and drought stressed trees.

5. Site Safety Plan Required? Yes No


Approved Site Safety Plan(s) Located at:

6. Incident Action Plan

<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 215A	<input type="checkbox"/> Phone List	<input type="checkbox"/> Fire Suppression Repair Plan
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Incident Map	<input checked="" type="checkbox"/> Travel Map	
<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Demob Plan	
<input 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: Chris Burch	Position/Title: PSC	Signature:
8. Approved by Incident Commander:	Dave Russell	Signature:

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Camp Incident		2. Operational Period: Date From: 11/9/2018 Time From: 0700		Date To: 11/10/2018 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Todd Derum	Chief	Mark Brown, Josh Bischof (T)		
Deputy	Dave Russell	Deputy	Bill Wiser, Monty Smith (T)		
Safety Officer	Jack Piccinini, Doug Ferro (T)	Night Ops	Mark Higgins		
Information Officer	Steve Kaufmann, Bill Murphy (T)	Staging Area	COLLEGE	TBA	
Liaison Officer	Mitch Villapondo	Branch	I	Josh Campbell	
		Division/Group	A	TBA	
		Division/Group	B	TBA	
4. Agency/Organization Representatives:			Division/Group	D	TBA
Agency/Organization	Name	Division/Group			
Butte Co Sheriff	Derek Bell	Division/Group			
Town of Paradise PD	Eric Reinbold	Branch	II	Darryl Laws	
CHP	Cliff Morrison	Division/Group	E	TBA	
State Parks	Aaron Wright	Division/Group	F	TBA	
OES	Cindi Dunsmoor	Division/Group	G	Randy England	
SPI	Steve Roberts	Division/Group			
PG&E	Rob Cone	Division/Group			
		Branch	III	Kevin Bohall	
		Division/Group	H	TBA	
		Division/Group	K	TBA	
		Division/Group	N	TBA	
		Division/Group			
		Division/Group			
		Branch	IV	Steve Spinharney	
5. Planning Section:			Division/Group	O	TBA
Chief	Chris Burch	Division/Group	P	TBA	
Deputy	Jason Martin	Division/Group	Q	TBA	
Resource Unit	Coby Dyche, Ron Karlen (T) Brian Torosian (T)	Division/Group			
Situation Unit	Denny O'Neil	Division/Group			
Documentation Unit		Branch	V	TBA	
Demobilization Unit	Chris Lynch	Division/Group	R	TBA	
GISS	Dan Dresselhaus	Division/Group	S	TBA	
FBAN	Tim Chavez, Jonathan Pangburn (T)	Division/Group	T	TBA	
IMET	Alex Hoon	Division/Group			
Training Tech Spec	Dennis Martin	Staging Area			
		Air Operations Branch		Director:	
6. Logistics Section			Air Support Grp Sup	Greg Bradshaw, Tim Perkins	
Chief	Matt Reich	Helibase Manager	JC Collins		
Supply Unit	Mathew Brandt				
Facilities Unit	Shawn Burriss, Travis Heard	8. Finance/Administration Section:			
Ground Support Unit	Conor Stapleton, Mike Esparza	Chief	George Huang		
Ordering	Mike HeyFron	Deputy	Mara Zaver		
Hired Equipment Tech	Tim Bingham	Time Unit	Shane Beck, Greg Tunzi (T)		
Communications Unit	Tom Webb	Procurement Unit	Joe Flagg		
Medical Unit	Darien Nelson	Comp/Claims Unit	Courtney Forsythe		
Motel Tech Spec	Dawn Muschetto	Cost Unit	Rob Jenkins		
Prepared By: Name:	Chris Burch	Position/Title:	PSC	Signature:	
ICS 203		Date/Time:	11/8/2018 2300 hours		



Fire Weather Forecast



FORECAST NO: 1
PREDICTION FOR: DAY/NIGHT SHIFT
SHIFT DATE: November 9, 2018
TIME/DATE ISSUED: November 8, 2018 2000 PDT

NAME OF FIRE: Camp
UNIT: CA-BTU
SIGNED: Alex Hoon
Incident Meteorologist

WEATHER DISCUSSION: ...RED FLAG WARNING IN EFFECT THROUGH 11 AM THIS MORNING...

Northeast wind event continues into this morning with decreasing winds this afternoon as the pressure gradient relaxes. Strong northeast winds will continue through the morning, then by the afternoon winds will become light upslope (from the west for the ridgetops). Very dry conditions continue for the next few days, with poor humidity recovery as well overnight. Strong Northeast winds increase again Saturday Night into Sunday morning as another front passes through the region.

WEATHER FORECAST FOR FRIDAY: ...GUSTY IN THE MORNING...LIGHTER THIS AFTERNOON...

WEATHER: Sunny with smoke.

MAX TEMPERATURES: 66-71°F. 3 DEG WARMER

MIN HUMIDITY: 5-10%. LITTLE CHANGE

20-FOOT WIND:

SLOPE/VALLEY - Northeast 15 to 20 mph with gusts to 30 mph in the morning, then Becoming Upslope to 3 to 8 mph in the afternoon.

RIDGETOP- Northeast 15-25 mph with gusts to 40 mph in the morning, then Becoming West 5-10 mph in the afternoon.

MIXING HEIGHT: 2000 ft AGL in the afternoon.

TRANSPORT WINDS: Northeast 15 to 25 mph.

FRIDAY NIGHT: ...BREEZY DOWNSLOPE WINDS WITH POOR RECOVERY OVERNIGHT...

WEATHER: Clear.

MIN TEMPERATURES: 45-50°F. LITTLE CHANGE

MAX HUMIDITY: 25-35% LITTLE CHANGE

20-FOOT WIND:

SLOPE/VALLEY - Calm, then Northeast 5 to 10 mph.

RIDGETOP - West 5-10 mph, then Northeast 10 to 15 mph with gusts 20 mph after midnight.

EXTENDED FORECAST: ...GUSTY NORTHEAST WINDS AGAIN SATURDAY NIGHT...

SATURDAY AND SUNDAY: Sunny. Max temps...66-72°F. Min RH 10-15%. Light winds during the say, then increasing Northeast 10 to 20 mph. Gusts 30-40 mph after midnight and into Sunday morning.

MONDAY AND TUESDAY: Sunny. Max temps...66-72°F. Min RH 10-15%. Northeast 10 to 15 mph. Gusts 25 mph.

FIRE BEHAVIOR FORECAST

FORECAST NUMBER: 1	TYPE OF FIRE: Wildland Fire
FIRE NAME: Camp	OPERATIONAL PERIOD: 24hr 11/9 (0700-0700)
DATE ISSUED: 11/8	TIME ISSUED: 2100
UNIT: BTU	SIGNED: Jonathan Pangburn FBAN (T) <i>Jonathan M. Pangburn</i>

INPUTS

WEATHER SUMMARY

****Red Flag for Hot and Dry with Increased winds****
See Weather Forecast in IAP.

OUTPUTS

GENERAL: ****Possibility of Wind and Plume Dominated Fire Behavior****

Expect varying windows for direct attack versus indirect, as related to flame lengths and rates of speed, based upon forecast wind and smoke coverage.

In the absence of weather conditions outside the forecast or extreme fire behavior conditions expect:

	Max. Flame Length	Max. Rate of Spread	Spotting	Probability of Ignition
Grass	< 7' (2 m)	150-200 ch/hr (3-4 km/hr)	< 0.5 mile (0.8 km)	72%
Grass/Shrub Mix	< 10' (3 m)	50-65 ch/hr (1-1.3 km/hr)	< 0.5 mile (0.8 km)	72%
Shrub	< 10' (3 m)	50-65 ch/hr (1-1.3 km/hr)	< 0.5 mile (0.8 km)	72%
Timber Litter	< 5' (1.5 m)	10-20 ch/hr (0.2-0.4 km/hr)	< 0.5 mile (0.8 km)	72%
Slash-Blowdown	10-15' (3-5 m)	40-55 ch/hr (0.8-1.1 km/hr)	< 0.5 mile (0.8 km)	72%
WUI/Shrub	20-30' (6-9 m)	150-200 ch/hr (3-4 km/hr)	< 0.5 mile (0.8 km)	72%

****minimum safety zone size for brush fuels is 1/3 acre (0.1 Ha) for a Strike Team of Engines.**

****minimum safety zone size for slash fuels is 1/2 acre (0.2 Ha) for a Strike Team of Engines.**

****minimum safety zone size for WUI/shrub fuels is 1.25 acre (0.5 Ha) for a Strike Team of Engines.**

SPECIFIC:

Branch I: Heavy fuels, long burnout time. Expect wind eddies with frequent drainages and curves.

Branch II: Hwy 70 / 99 corridors have brush and grass, for increased spread component.

Branch III: Butte Creek drainages aligns with winds for increased rates of spread, with more flashy fuels.

Branch VI: Potential for fire to spread into more timber component.

Fire will remain predominately surface fire in morning but may have torching and passive crown fire activity in timber stands with afternoon and overnight winds.

Expect rapid rates of spread in grass fuels wherever torching and ember cast is seen.

Areas of tactical advantage (water features, highways), normally utilized as barriers to fire spread, may be compromised with winds via spotting.

AIR OPERATIONS:

Anticipate turbulence, gusty winds, and limited visibility with consumption of heavy fuels.

Mixing height: 1,500 ft. AGL, Transport winds: NE 13-20 mph, Sunrise 0644, Sunset 1656.

SAFETY

Changes in fire behavior are often subtly signaled by atmospheric changes that can go unnoticed when firefighters are focused on more tangible effects of fire and terrain.



SAFETY MESSAGE



CAMP

CA-BTU-016737

TREES

TREES ARE THROUGHOUT THE FIRE AREA

Watch Out

- Ground cover has burned loosening the stability of the root system
- Trees have been heavily damaged by extreme fire behavior
- Many operations will be occurring within this hazard area

Mitigation

- Remove the hazard if safe to do so
- Flag and report the hazard to personnel
- Be alert while working and driving in hazard area

ACCOUNTABILITY

ACCIDENTS OFTEN OCCUR DURING TRANSITION

Watch Out

- Proper briefings do not always occur during transition
- Some resources may not be aware of proper radio frequencies
- Supervision may not be able to perform accountability rollcall in emergency situations

Mitigation

- Reconcile all assigned resources during breakouts and once on the line
- Make contact with resources not assigned to you but in your area to ensure they are assigned and have supervision
- Perform thorough briefings to all assigned resources as well as resources from cooperating agencies working in your area

EMOTIONAL FATIGUE

EMOTIONAL FATIGUE CAN IMPACTS US AS MUCH AS PHYCIAL FATIGUE

Watch Out

- Look for general depression
- Look for lack of work production
- Look for signs and symptoms among your fellow workers

Mitigation

- Get as much quality rest as possible
- Eat properly and stay hydrated
- Talk about difficult situations with your peers – seek help

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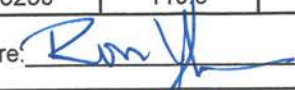
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Douglas Michael Ferro

INCIDENT TEAM SAFETY


ASSIGNMENT LIST (ICS 204)

1. Incident Name: Camp Incident		2. Operational Period: Date From: 11/09/18 Date To: 11/10/18 Time From: 0700 Time To: 0700			3. Branch: I Div/Group: D Delta		
4. Operations Personnel: Operations Section Chief: Mark Brown, Josh Bischof (T) Night Ops: Mark Higgins Branch Director: Josh Campbell Division/Group Supervisor: TBA							
5. Resources Assigned:		** Resources Below in Bold are 12 Hour **			Reporting Location, Special Equipment, Remarks, Notes, and Information		
Resource Identifier	Leader	Personnel	Request #	Time	Location		
T/F XCC 2026T/F	John Viera	20	E-127	0700-0700	BIG BEND/HWY 70		
T/F XME 2150T/F	John Thomen	14	E-129	0700-0700	BIG BEND/HWY 70		
STC				0700-0700	BIG BEND/HWY 70		
STC				0700-0700	BIG BEND/HWY 70		
STG				0700-0700	BIG BEND/HWY 70		
STG				0700-0700	BIG BEND/HWY 70		
STL				0700-0700	BIG BEND/HWY 70		
W/T				0700-0700	BIG BEND/HWY 70		
W/T				0700-0700	BIG BEND/HWY 70		
W/T				0700-0700	BIG BEND/HWY 70		
W/T				0700-0700	BIG BEND/HWY 70		
HEQB				0700-0700	BIG BEND/HWY 70		
6. Work Assignments: Scout the Fire for Branch and Division Breaks to validate Control Lines Hold and Improve Control Lines to mitigate threat of fire escaping Prepare Structure Defense Plan Perform Tactical Patrol around structures and prevent potential of new starts							
7. Special Instructions:							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
BUT SUP T2	1	COMMAND	154.4150	123.0	159.0000		TONE 2 SUNSET
CDF T29	9	TACTICAL	151.3475	192.8 (T16)	151.3475	192.8 (T16)	
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	
A/G CDF T18	5	A-G CMD	159.3450	192.8 (T16)	159.3450	192.8 (T16)	A-G COMMAND
GUARD	16	EMERGENCY	168.6250		168.6250	110.9	
9. Prepared by: Name: Ron Karlen Pos/Title: RESL Signature: 							
ICS 204		Date/Time: 11/8/2018		2300 hours			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Camp Incident		2. Operational Period: Date From: 11/09/18 Date To: 11/10/18 Time From: 0700 Time To: 0700				3. Branch: II Div/Group: G Golf 1 of 2	
4. Operations Personnel: Operations Section Chief: Mark Brown, Josh Bischof (T) Night Ops: Mark Higgins Branch Director: Darryl Laws Division/Group Supervisor: Randy England							
5. Resources Assigned:		** Resources Below in Bold are 12 Hour **				Reporting Location, Special Equipment, Remarks, Notes, and Information Time Location	
Resource Identifier	Leader	Personnel	Request #				
STA XSM 2275A	Don Long	22	E-95	0700-0700	NEAL/HWY 99		
STA OES 2810A	Robert Brand	22	E-80	0700-0700	NEAL/HWY 99		
STA OES 5812A				0700-0700	NEAL/HWY 99		
STA OES 5813A	Sean Doyle	22	E-92	0700-0700	NEAL/HWY 99		
STA				0700-0700	NEAL/HWY 99		
STC TUU 9421C	Chris Renaeu	20	E-144	0700-0700	NEAL/HWY 99		
STC XMY 2175C	Ron Lemos	18	E-109	0700-0700	NEAL/HWY 99		
STC				0700-0700	NEAL/HWY 99		
STG 9413G		30	C-20	0700-0700	NEAL/HWY 99		
STG				0700-0700	NEAL/HWY 99		
STG				0700-0700	NEAL/HWY 99		
STG				0700-0700	NEAL/HWY 99		
STL				0700-0700	NEAL/HWY 99		
STL				0700-0700	NEAL/HWY 99		
W/T				0700-0700	NEAL/HWY 99		
W/T				0700-0700	NEAL/HWY 99		
W/T				0700-0700	NEAL/HWY 99		
W/T				0700-0700	NEAL/HWY 99		
6. Work Assignments: Scout the Fire for Branch and Division Breaks to validate Control Lines Hold and improve Control Lines to mitigate threat of fire escaping Prepare Structure Defense Plan Perform Tactical Patrol around structures and prevent potential of new starts							
7. Special Instructions:							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
BUT SUP T2	1	COMMAND	154.4150	123.0	159.0000		TONE 2 SUNSET
CDF T32	12	TACTICAL	151.2425	192.8 (T16)	151.2425	192.8 (T16)	
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	
A/G CDF T18	5	A-G CMD	159.3450	192.8 (T16)	159.3450	192.8 (T16)	A-G COMMAND
GUARD	16	EMERGENCY	168.6250		168.6250	110.9	
9. Prepared by: Name: Ron Karlen		Pos/Title: RESL		Signature:			
ICS 204		Date/Time: 11/8/2018		2300 hours			

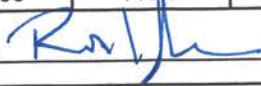
ASSIGNMENT LIST (ICS 204)

1. Incident Name: Camp Incident		2. Operational Period: Date From: 11/09/18 Date To: 11/10/18 Time From: 0700 Time To: 0700			3. Branch: III Div/Group: H Hotel Page 1 of 2		
4. Operations Personnel: Operations Section Chief: Mark Brown, Josh Bischof (T) Night Ops: Mark Higgins Branch Director: Kevin Bohall Division/Group Supervisor: TBA							
5. Resources Assigned:		** Resources Below in Bold are 12 Hour **			Reporting Location, Special Equipment, Remarks, Notes, and Information		
Resource Identifier	Leader	Personnel	Request #	Time	Location		
STA XKI 5055A	Manuel Dafonte	22	E-97	0700-0700	Skyway x Honey Run		
STA					Skyway x Honey Run		
STC HUU 9121C	Isaac Lake	17	E-223	0700-0700	Skyway x Honey Run		
STC				0700-0700	Skyway x Honey Run		
STC				0700-0700	Skyway x Honey Run		
STG				0700-0700	Skyway x Honey Run		
STG				0700-0700	Skyway x Honey Run		
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STL				0700-0700	Skyway x Honey Run		
STL				0700-0700	Skyway x Honey Run		
WT					Skyway x Honey Run		
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WT					Skyway x Honey Run		
WT					Skyway x Honey Run		
WT					Skyway x Honey Run		
WT					Skyway x Honey Run		
HEQB				0700-0700	Skyway x Honey Run		
6. Work Assignments: Scout the Fire for Branch and Division Breaks to validate Control Lines Hold and improve Control Lines to mitigate threat of fire escaping Prepare Structure Defense Plan Perform Tactical Patrol around structures and prevent potential of new starts							
7. Special Instructions:							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
BUT SUP T2	1	COMMAND	154.4150	123.0	159.0000		STONE 2 SUNSET
CDF T34	13	TACTICAL	151.4675	192.8 (T16)	151.4675	192.8 (T16)	
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	
A/G CDF T18	5	A-G CMD	159.3450	192.8 (T16)	159.3450	192.8 (T16)	A-G COMMAND
GUARD	16	EMERGENCY	168.6250		168.6250	110.9	
9. Prepared by: Name: Ron Karlen		Pos/Title: RESL		Signature: 			
ICS 204		Date/Time: 11/8/2018 2300 hours					

ASSIGNMENT LIST (ICS 204)

1. Incident Name: <p style="text-align: center;">Camp Incident</p>		2. Operational Period: Date From: 11/09/18 Date To: 11/10/18 Time From: 0700 Time To: 0700				3. Branch: III Div/Group: K Kilo	
4. Operations Personnel: Operations Section Chief: Mark Brown, Josh Bischof (T) Night Ops: Mark Higgins Branch Director: Kevin Bohall Division/Group Supervisor: TBA							
5. Resources Assigned:		** Resources Below in Bold are 12 Hour **				Reporting Location, Special Equipment, Remarks, Notes, and Information Time Location	
Resource Identifier	Leader	Personnel	Request #				
STA XSC 2304A	Brian Jones	22	E-77			0700-0700 Butte Co FS #26	
STA						0700-0700 Butte Co FS #26	
STC XLS 3075C		16	E-82			0700-0700 Butte Co FS #26	
STC						0700-0700 Butte Co FS #26	
STC						0700-0700 Butte Co FS #26	
STG						0700-0700 Butte Co FS #26	
STG						0700-0700 Butte Co FS #26	
STG						0700-0700 Butte Co FS #26	
STG						0700-0700 Butte Co FS #26	
STL						0700-0700 Butte Co FS #26	
STL						0700-0700 Butte Co FS #26	
WT						0700-0700 Butte Co FS #26	
WT						0700-0700 Butte Co FS #26	
WT						0700-0700 Butte Co FS #26	
WT						0700-0700 Butte Co FS #426	
WT						Butte Co FS #41	
HEQB						0700-0700 Butte Co FS #42	
6. Work Assignments: Scout the Fire for Branch and Division Breaks to validate Control Lines Hold and improve Control Lines to mitigate threat of fire escaping Prepare Structure Defense Plan Perform Tactical Patrol around structures and prevent potential of new starts							
7. Special Instructions: 							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
BUT SUP T2	1	COMMAND	154.4150	123.0	159.0000		TONE 2 SUNSET
CDF T35	14	TACTICAL	159.3225	192.8 (T16)	159.3225	192.8 (T16)	
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	
A/G CDF T18	5	A-G CMD	159.3450	192.8 (T16)	159.3450	192.8 (T16)	A-G COMMAND
GUARD	16	EMERGENCY	168.6250		168.6250	110.9	
9. Prepared by: Name: Ron Karlen Pos/Title: RESL Signature:							
ICS 204		Date/Time: 11/8/2018 2300 hours					

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Camp Incident		2. Operational Period: Date From: 11/09/18 Date To: 11/10/18 Time From: 0700 Time To: 0700				3. Branch: III Div/Group: N November	
4. Operations Personnel: Operations Section Chief: Mark Brown, Josh Bischof (T) Night Ops: Mark Higgins Branch Director: Kevin Bohall Division/Group Supervisor: Josh Kitchens							
5. Resources Assigned:		** Resources Below in Bold are 12 Hour **				Reporting Location, Special Equipment, Remarks, Notes, and Information Time Location	
Resource Identifier	Leader	Personnel	Request #				
STA XSC 2304A	Brian Jones	22	E-77	0700-0700	Skyway x Ponderosa		
STA XSC 2305A	Robert Bacon	22	E-78	0700-0700	Skyway x Ponderosa		
STA				0700-0700	Skyway x Ponderosa		
STC XLS 3075C		16	E-82	0700-0700	Skyway x Ponderosa		
STC				0700-0700	Skyway x Ponderosa		
STG				0700-0700	Skyway x Ponderosa		
STG				0700-0700	Skyway x Ponderosa		
STG				0700-0700	Skyway x Ponderosa		
STL				0700-0700	Skyway x Ponderosa		
STL				0700-0700	Skyway x Ponderosa		
WT				0700-0700	Skyway x Ponderosa		
WT				0700-0700	Skyway x Ponderosa		
WT				0700-0700	Skyway x Ponderosa		
WT				0700-0700	Skyway x Ponderosa		
WT				0700-0700	Skyway x Ponderosa		
HEQB				0700-0700	Skyway x Ponderosa		
6. Work Assignments: Scout the Fire for Branch and Division Breaks to validate Control Lines Hold and improve Control Lines to mitigate threat of fire escaping Prepare Structure Defense Plan Perform Tactical Patrol around structures and prevent potential of new starts							
7. Special Instructions:							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
BUT SUP T2	1	COMMAND	154.4150	123.0	159.0000		TONE 2 SUNSET
CDF T27		TACTICAL		192.8 (T16)	159.3075	192.8 (T16)	
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	
A/G CDF T18	5	A-G CMD	159.3450	192.8 (T16)	159.3450	192.8 (T16)	A-G COMMAND
GUARD	16	EMERGENCY	168.6250		168.6250	110.9	
9. Prepared by: Name: Ron Karlen Pos/Title: RESL Signature: 							
ICS 204		Date/Time: 11/8/2018		2300 hours			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Camp Incident		2. Operational Period: Date From: 11/09/18 Date To: 11/10/18 Time From: 0700 Time To: 0700				3. Branch: Staging COLLEGE	
4. Operations Personnel: Operations Section Chief: Mark Brown, Josh Bischof (T) Night Ops: Mark Higgens Branch Director: Division/Group Supervisor: TBA							
5. Resources Assigned:		** Resources Below in Bold are 12 Hour **				Reporting Location, Special Equipment, Remarks, Notes, and Information Time Location	
Resource Identifier	Leader	Personnel	Request #				
STA					0700-0700	BUTTE COLLEGE	
STA					0700-0700	BUTTE COLLEGE	
STA					0700-0700	BUTTE COLLEGE	
STA					0700-0700	BUTTE COLLEGE	
STA					0700-0700	BUTTE COLLEGE	
STC					0700-0700	BUTTE COLLEGE	
STC					0700-0700	BUTTE COLLEGE	
STC					0700-0700	BUTTE COLLEGE	
STC					0700-0700	BUTTE COLLEGE	
STC					0700-0700	BUTTE COLLEGE	
STG					0700-0700	BUTTE COLLEGE	
STG					0700-0700	BUTTE COLLEGE	
STG					0700-0700	BUTTE COLLEGE	
STG					0700-0700	BUTTE COLLEGE	
W/T					0700-0700	BUTTE COLLEGE	
W/T					0700-0700	BUTTE COLLEGE	
W/T					0700-0700	BUTTE COLLEGE	
W/T					0700-0700	BUTTE COLLEGE	
6. Work Assignments:							
7. Special Instructions:							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
BUT SUP T2	1	COMMAND	154.4150	123.0	159.0000		TONE 2 SUNSET
#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	
A/G CDF T18	5	A-G CMD	159.3450	192.8 (T16)	159.3450	192.8 (T16)	A-G COMMAND
GUARD	16	EMERGENCY	168.6250		168.6250	110.0	
9. Prepared by: Name: Ron Karlen		Pos/Title: RESL		Signature:			
ICS 204		Date/Time: 11/8/2018		2300 hours			

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: Camp Incident			2. Date/Time Prepared Date: 11/08/2018 Time: 1830			3. Operational Period: Date From: 11/09/18 Time From: 0700			 Date To: 11/10/18 Time To: 0700		
4. Communications											
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes			
1	COMMAND	BUT SUP T2	COMMAND	154.4150	123.0	159.0000		TONE 2 SUNSET			
2	COMMAND	BUT SUP T4	COMMAND	154.4150	123.0	159.0000	136.5	TONE 4 BALD MTN			
3	COMMAND	BUT SUP T5	COMMAND	154.4150	123.0	159.0000	146.2	TONE 5 MT. ST. JOHN			
4	COMMAND	BUT SUP T13	COMMAND	154.4150	123.0	159.0000	141.3	TONE 13 BLOOMER MTN			
5	A-G CMD	A/G CDF T18	AIR TO GROUND	159.3450	192.8 (T16)	159.3450	192.8 (T16)	A-G COMMAND			
6	A/G TAC	A/G CDF T25	AIR TO GROUND	159.3525	192.8 (T16)	159.3525	192.8 (T16)	A-G TACTICAL			
7	TACTICAL	CDF T27	DIV A/N	159.3075	192.8 (T16)	159.3075	192.8 (T16)				
8	TACTICAL	CDF T28	DIV D	151.1825	192.8 (T16)	151.1825	192.8 (T16)				
9	TACTICAL	CDF T29		151.3475	192.8 (T16)	151.3475	192.8 (T16)				
10	TACTICAL	CDF T30	DIV E	151.3925	192.8 (T16)	151.3925	192.8 (T16)				
11	TACTICAL	CDF T31	DIV F	159.3825	192.8 (T16)	159.3825	192.8 (T16)				
12	TACTICAL	CDF T32	DIV G	151.2425	192.8 (T16)	151.2425	192.8 (T16)				
13	TACTICAL	CDF T34	DIV H	151.4675	192.8 (T16)	151.4675	192.8 (T16)				
14	TACTICAL	CDF T35	DIV K	159.3225	192.8 (T16)	159.3225	192.8 (T16)				
15	MEDICAL	CALCORD	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)				
16	EMERGENCY	GUARD	EMERGENCY	168.6250		168.6250	110.9				
17											
18											
19											
20	EMERGENCY	GUARD	EMERGENCY	168.625		168.625	110.9				
5. Special Instructions											
6. Prepared by (Communications Unit Leader): Name:						Signature: _____					
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC						Date/Time: 11/08/18 1830					

MEDICAL PLAN ICS 206	INCIDENT NAME	DATE & TIME PREPARED	OPERATIONAL PERIOD
	CAMP	11/8/18 1700HRS	11/9/18-11/10/18 0700-0700HRS

MEDICAL AID STATIONS			
NAME	LOCATION	CONTACT NUMBER	SERVICE LEVEL
MERT	Incident Base		MD

TRANSPORTATION (indicate air or ground)			
NAME	LOCATION	CONTACT NUMBER	SERVICE LEVEL
Butte County EMS	Chico, CA.	530-895-9124	ALS
Reach 7 Air Ambulance	Marysville, CA.	800-338-4045	RN
Enloe Air Ambulance	Chico, CA.	800-344-1863	RN

INCIDENT AMBULANCES							
NAME	ADDRESS	PHONE #	TRAVEL TIME- minutes		Trauma Center	Burn Center	Helipad
			AIR	GROUND			
Oroville	2767 Olive Hwy. Oroville, CA.	530-532-8334	12	37	No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Orchard Biggs Memorial	240 Spruce St. Gridley, CA.	530-846-5671	15	40	No	<input type="checkbox"/> No	<input type="checkbox"/> No
Enloe (Trauma Center)	1530 Esplanade Chico, CA.	530-332-7743	10	20	Level 2	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
U.C Davis Medical Center	2315 Stockton Blvd. Sacramento, CA.	916-734-3790	28	108	Level 1	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes


MEDICAL EMERGENCY PROCEDURES

LINE EMERGENCY: CALCORD
 Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.
 - Division Group Supervisor Contacts:
 1. Closest EMS resource
 2. Communications Unit
 - Communications Unit Contacts:
 1. Ground or Air Ambulance as requested.
 2. Medical Unit (916) 622-3371
 3. Safety
 4. Operations
 - Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.
 1. A pre-assigned tactical frequency (CALCORD) should be used for IWI and only for duration of the emergency.
 - Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need.

CAMP EMERGENCY:
 Contact Communications on CALCORD with patient complaint/condition and location. Communications will respond appropriate medical response.
 - Communications contacts:
 1. Medical Unit
 2. Safety
 3. Logistics
 4. Operations
 5. Crew Supervisor
 6. Comp/Claims

INCIDENT REPORTING PROCEDURES:
****COLLECT ALL INFO BELOW PRIOR TO INITIATING EMERGENCY****
CHIEF COMPLAINT _____
LOCATION OF PATIENT _____
POINT OF CONTACT _____
TRANSPORTATION REQUESTED BY: AIR ___ **GROUND** ___
POINT OF PICKUP _____
LAT _____ **LONG** _____
PATIENT UNIT ID _____
IS AN LINE MEDIC 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.

Hospital	LAT	LONG
Oroville	39 30.27	121 32.52
Orchard Biggs	39 22.10	121 41.40
Enloe Trauma Center	39 44.50	121 51.10
U.C Davis	38 33.33	121 27.32

PREPARED BY: (Medical Unit Leader): Name: Darin Nelson Signature: 

APPROVED BY: (Safety Officer): Name: Jack Piccinini Signature: 

TRAINING SPECIALIST MESSAGE

A Training Specialist is available for trainees on the incident.

All State, Federal and local government agency Trainees working on Position Task Books will need to register with the Incident Training Specialist in order to receive proper credit for your assignment. We are located next to Check-In.

Training Specialist's

Dennis Martin

(707) 479-8421



Register using the QR Code

24HR LINE RESOURCE – 2 OPERATOR

EMERGENCY SHIFT TICKET and EVALUATION FORM
The responsible Government Officer will complete this form each shift.

Contractor Name: **THE BEST DOZERS LLC**
Operator #1: **FIRST & LAST** Operator #2: **FIRST & LAST**

Incident or Project Name: **MISSION** Incident Number: **CA-MMU-018115** Request Number: **E-444**

Agreement Number: **MMU-0000015953** Operator Furnished By: Contractor Government

Equipment Make: **1999 PETERBILT 379** Equipment Model / Type: **TRANSPORT 18 WHEEL** Operating Supplies Furnished By: Contractor Government

Serial Number: **COMPLETE VIN# 12345A1** License Number: **12345A1** Equipment Status: Under Agreement

Equipment Use (Circle)		Hours	Days / Miles
Mo / Day	Work	Assignment	
9/5	0701 2400	17	DIV X
9/6	0001 0700	7	DIV X

Vendor Rating: **NO DAMAGE / NO CLAIM**

Govt. Rep. Name and Position – PRINT: **NO DAMAGE / NO CLAIM**

Print Your Name: **Yours Signature**

Govt. Rep. Signature: **John Smith**

Operator Skill Level: **VENDOR RATING MUST BE DONE**

Operator's Cooperation Level: **9/6/17**

Time: **0700**

Overall Performance: **CAL FIRE 297 (Rev 3-2011)**

* NOTE: any rating of POOR requires an explanation in Comment Section.
** Final evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.

12HR LINE RESOURCE – 1 OPERATOR

EMERGENCY SHIFT TICKET and EVALUATION FORM
The responsible Government Officer will complete this form each shift.

Contractor Name: **THE BEST DOZERS LLC**
Operator #1: **FIRST & LAST** Operator #2: **-**

Incident or Project Name: **MISSION** Incident Number: **CA-MMU-018115** Request Number: **E-555**

Agreement Number: **MMU-0000015955** Operator Furnished By: Contractor Government

Equipment Make: **2004 CAT** Equipment Model / Type: **D6N / TYPE II E** Operating Supplies Furnished By: Contractor Government

Serial Number: **COMPLETE VIN#** License Number: **-** Equipment Status: Under Agreement

Equipment Use (Circle)		Hours	Days / Miles
Mo / Day	Work	Assignment	
9/7	0001 0700	7	OFF SHIFT
9/7	0701 1900	12	DIV X
9/7	1901 2400	5	OFF SHIFT

Vendor Rating: **NO DAMAGE / NO CLAIM**

Govt. Rep. Name and Position – PRINT: **NO DAMAGE / NO CLAIM**

Print Your Name: **Yours Signature**

Govt. Rep. Signature: **John Smith**

Operator Skill Level: **VENDOR RATING MUST BE DONE**

Operator's Cooperation Level: **9/5/17**

Time: **1900**

Overall Performance: **CAL FIRE 297 (Rev 3-2011)**

* NOTE: any rating of POOR requires an explanation in Comment Section.
** Final evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.

24HR / 12HR TRANSITION SHIFT TICKET

EMERGENCY SHIFT TICKET and EVALUATION FORM
The responsible Government Officer will complete this form each shift.

Contractor Name: **THE BEST DOZERS LLC**
Operator #1: **FIRST & LAST** Operator #2: **FIRST & LAST**

Incident or Project Name: **MISSION** Incident Number: **CA-MMU-018115** Request Number: **E-444**

Agreement Number: **MMU-0000015953** Operator Furnished By: Contractor Government

Equipment Make: **1999 PETERBILT 379** Equipment Model / Type: **TRANSPORT 18 WHEEL** Operating Supplies Furnished By: Contractor Government

Serial Number: **COMPLETE VIN# 12345A1** License Number: **12345A1** Equipment Status: Under Agreement

Equipment Use (Circle)		Hours	Days / Miles
Mo / Day	Work	Assignment	
9/6	0701 1900	12	DIV X
9/6	1901 2400	5	OFF SHIFT

Vendor Rating: **NO DAMAGE / NO CLAIM**

Govt. Rep. Name and Position – PRINT: **NO DAMAGE / NO CLAIM**

Print Your Name: **Yours Signature**

Govt. Rep. Signature: **John Smith**

Operator Skill Level: **VENDOR RATING MUST BE DONE**

Operator's Cooperation Level: **9/5/17**

Time: **1900**

Overall Performance: **CAL FIRE 297 (Rev 3-2011)**

* NOTE: any rating of POOR requires an explanation in Comment Section.
** Final evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.

24HR IN CAMP RESOURCE

EMERGENCY SHIFT TICKET and EVALUATION FORM
The responsible Government Officer will complete this form each shift.

Contractor Name: **THE BEST CAMP LLC**
Operator #1: **FIRST & LAST** Operator #2: **-**

Incident or Project Name: **MISSION** Incident Number: **CA-MMU-018115** Request Number: **E-333**

Agreement Number: **MMU-0000015950** Operator Furnished By: Contractor Government

Equipment Make: **TENT** Equipment Model / Type: **WESTERN SHELTER 19X35** Operating Supplies Furnished By: Contractor Government

Serial Number: **-** License Number: **-** Equipment Status: Under Agreement

Equipment Use (Circle)		Hours	Days / Miles
Mo / Day	Work	Assignment	
9/2	0001 2400	24	ICP

Vendor Rating: **NO DAMAGE / NO CLAIM**

Govt. Rep. Name and Position – PRINT: **NO DAMAGE / NO CLAIM**

Print Your Name: **Yours Signature**

Govt. Rep. Signature: **John Smith**

Operator Skill Level: **VENDOR RATING MUST BE DONE**

Operator's Cooperation Level: **9/5/17**

Time: **1900**

Overall Performance: **CAL FIRE 297 (Rev 3-2011)**

* NOTE: any rating of POOR requires an explanation in Comment Section.
** Final evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.

FIRING OPERATION CHECKLIST

Location: _____

Date: _____ Time: _____

Firing Supervisor _____

1. Personnel Briefing

- Objectives
- Conditions (fire environment)
- Resource assignments identified
 - Firing personnel
 - Holding forces
 - Lookouts
- Ignition plan/sequence
- Communication Plan
- Contingency Plan
- Safety issues

2. Go / No-Go

- All personnel briefed
- Weather forecast reviewed
- Resources in place
- Lookouts posted as needed
- Anchor and termination firing points identified
- Communications systems in place
- Fire behavior forecast reviewed
- Escape routes and safety zones established and made known
- Adjoining forces/Air Attack notified

3. Approval Prior To Firing

- Division Supervisor
- Branch Director
- Operations

4. Other Notifications

- Other: _____
- Other: _____

Attach Firing Operations Checklist to ICS-214

Rev: Ops Group February 8, 2011

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