

INCIDENT ACTION PLAN

SAND INCIDENT

CA-LNU-009880

Monday



6/10/2019 0700
to
6/11/2019 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">SAND</p>	2. Operational Period:	Date From: 6/10/2019 Time From: 0700	Date To: 6/11/2019 Time To: 0700
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3. Objective(s):

Management Objectives

- Provide for emergency personnel and public safety at all times.
- Protect property, improvements, and infrastructure.
- Ensure repopulation takes place in a quick, efficient, and effective manner.
- 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.

Control Objectives

- Keep the fire North of the Town of Rumsey
- Keep the fire South of Glasscock Mountain
- Keep the fire West of Cortina Creek
- Keep the fire East of Blue Ridge

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 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 Forecas	<input type="checkbox"/> Demob Plan	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

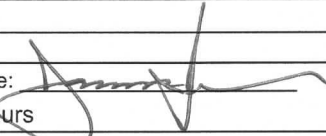
7. Prepared By: Jim Irving Position/Title: PSC Signature:

8. Approved by Incident Commander: Ben Nicholls Signature:

ICS 202 NIMS IAP

Weather Forecast	Latitude: 38.8292	Longitude: -122.1929	NWS Fire Weather	Update
1. Incident Name: SAND	2. Operational Period:	Date From: 6/10/19 Time From: 0700	Date To: 6/11/19 Time To: 0700	Last Update 10/7/2018 10:22:49
<p>FNUS76 KSTO 100021 FWSSTO</p> <p>SPOT FORECAST for Sand Fire...North Bay IMT for Cal Fire National Weather Service SACRAMENTO CA 521 PM PDT Sun Jun 9 2019</p> <p>Forecast is based on forecast start time of 1700 PDT on June 09. If conditions become unrepresentative...contact the National Weather Service.</p> <p>.DISCUSSION... High pressure over the region will result in hot and dry weather conditions over the fire site. Dry, north winds will continue over the fire site tonight and Monday although wind speeds will be much lighter than earlier in the weekend.</p> <p>.TONIGHT... Sky/weather.....Mostly clear. Min temperature.....68-74. Max humidity.....24-30 percent. Wind (20 ft)..... Slope/valley.....Northwest to north winds up to 7 mph. Ridgetop.....North 10 to 16 mph. Mixing height.....Lowering to 100-300 ft AGL. Transport winds.....Northwest to north up to 7 mph. CWR.....0 percent. LAL.....1.</p> <p>.MONDAY... Sky/weather.....Mostly sunny. Max temperature.....95-100. Min humidity.....8-13 percent. Wind (20 ft)..... Slope/valley.....Northwest to north winds up to 8 mph. Ridgetop.....North to northeast 12 to 17 mph in the morning becoming northwest up to 8 mph after 1300-1400. Mixing height.....Rising to 7000 ft AGL in the afternoon. Transport winds.....Northwest to north up to 8 mph. CWR.....0 percent. LAL.....1.</p>				
PREPARED BY:	Date/Time:			

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: SAND		2. Operational Period: Date From: 6/10/2019 Time From: 0700		Date To: 6/11/2019 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Ben Nicholls	Operations	Justin Benguerel		
Deputy	Dave Jeffries	Deputy Operations			
Safety Officer	Lucas Lambert	Night Ops			
Information Officer	Sandy Wargo	Staging Area			
Liaison Officer	Matt Epstein	Branch	I	Gary Engen	
4. Agency/Organization Representatives:		Division/Group	A	Dave Miinch	
Agency/Organization	Name	Division/Group	C	Bob Todeschini	
Yolo County OES	Dana Carey	Division/Group	M	Steve Milosovich	
BLM	Rob Winkler	Division/Group			
Colusa County OES	Jeff Gilbert	Division/Group			
Wintun Nation/ Yocha Dehe Fire Dept.	Gary Fredericksen	Branch	III	JC Greenberg	
Cal Trans		Division/Group	W	Seth Peano	
CHP		Division/Group	Y	Rich Lawler	
Colusa County SO	Sgt. Arnold Navarro	Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Division/Group			
5. Planning Section:		Division/Group			
Chief	Jim Irving	Division/Group			
Deputy	Gabe Garcia	Division/Group			
Resource Unit	Matt Selzer/Dan Mahoney	Division/Group			
Situation Unit		Branch			
Documentation Unit		Division/Group			
Demobilization Unit		Division/Group			
GISS	Albert Lau/Brett Agler (T)	Division/Group			
FBAN		Division/Group			
IMET		Division/Group			
Training Tech Spec		Air Operations Branch		Director:	
		Air Support Group Supervisor			
		Air Tactical Group Supervisor			
6. Logistics Section		Helibase Manager		Niko Matteoli	
Chief	Mike Gutierrez				
Supply Unit		8. Finance/Administration Section:			
Facilities Unit		Chief	Michael Borelli		
Ground Support Unit		Time Unit	Gregory Tunzi		
Communications Unit	Scott Gamba	Procurement Unit			
Medical Unit		Comp/Claims Unit			
Motels	William Blue	Cost Unit			
Prepared By: Name: Jim Irving		Position/Title: PSC		Signature: 	
ICS 203		Date/Time: 6/9/2019 2300 hours		<small>NIMS IAP</small>	

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center; font-size: 1.2em;">SAND</p>		2. Operational Period: Date From: 06/10/19 Date To: 06/11/19 Time From: 0700 Time To: 0700			3. Branch Division <p style="text-align: center; font-size: 1.5em;">I A</p>		
4. Operations Personnel:					Page 1 of 1	Alpha	
Operations Section Chief: Justin Benguerel		Night Ops:					
Branch Director: Gary Engen		Branch Safety: Daryle Balao					
Division/Group Supervisor: Dave Miinch		Air Attack:					
5. Resources Assigned: ** Resources Below in Bold are 12 Hour **							
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STC TGU 9250C			Stroing, Tom	14	E-2	0700-0700	
STC+						0700-0700	
ENG LNU 1458			Frantz, Matt			0700-0700	
ENG LNU 1469			Bridges, Jake	3	E-6	0700-0700	
CRW CDF STG 9122G		6/8	Lindermann, Grant	33	C-12	0700-0700	
STG+						0700-0700	
STG+						0700-0700	
DOZ LNU 1445						0700-0700	
DOZ PVT E-46			Sites, Kyle	2	E-46	0700-0700	
DOZ+						0700-0700	
DOZ+						0700-0700	
W/T PVT E-39			Halbersma, Syd	2	E-39	0700-0700	
W/T PVT E-52			Lutz, Fred	1	E-52	0700-0700	
W/T WIL 3051			Mayes, Nick	2		0700-0700	
HEQB+						0700-0700	
6. Work Assignments: Construct and patrol direct line Mop up 100' to 300'							
7. Special Instructions:							
8. Communications							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C2	1	COMMAND	151.2650	103.5 (T8)	159.3300	141.3 (T13)	BERRYESSA PEAK TONE 13
CDF T26	4	TACTICAL	159.2925	192.8 (T16)	159.2925	192.8 (T16)	
A/G CDF T24	14	TACTICAL	151.3325	192.8 (T16)	151.3325	192.8 (T16)	AIR TO GROUND
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	
GUARD	16	EMERGENCY	168.6250		168.6250	110.9 (T1)	EMERGENCY USE ONLY
9. Prepared by: Name: Matt Selzer		RESL		Signature:		Personnel Count: 57	
ICS 204		Date/Time: 6/9/2019 2200					

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center; font-size: 1.2em;">SAND</p>		2. Operational Period: Date From: 06/10/19 Date To: 06/11/19 Time From: 0700 Time To: 0700			3. Branch <p style="text-align: center; font-size: 1.5em;">I</p> Page 1 of 1		Division <p style="text-align: center; font-size: 1.5em;">C</p> Charlie	
4. Operations Personnel:								
Operations Section Chief: Justin Benguerel				Night Ops:				
Branch Director: Gary Engen				Branch Safety: Daryle Balao				
Division/Group Supervisor: Bob Todeschini				Air Attack:				
5. Resources Assigned:								
** Resources Below in Bold are 12 Hour **								
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location	
STC MEU 9110C			Rogers, Dino	16	E-1	0700-0700		
STC SHF CA-SHF - 3675C			Wright, Josh	27	E-18	0700-1900		
ENG LNU 1478			Hoff, Adam	3		0700-0700		
ENG LNU 1479			Cherry, Steve	3	E-5	0700-0700		
ENG LNU 1485			Pena, David	2	E-4	0700-0700		
ENG LNU 1489			Lerma, Andrew S	3	E-7	0700-0700		
STG TGU 9254G			Mcguire, Jesse	33	C-5	0700-0700		
STG+						0700-0700		
STG+						0700-0700		
DOZ LNU 1448			Maddocks, Jeff	1	E-13	0700-0700		
DOZ PVT 14 E-3					E-3	0700-0700		
DOZ PVT E-47			Robison, Kevin	2	E-47	0700-0700		
W/T PVT E-29			Moreno, Philipe	2	E-29	0700-0700		
W/T PVT E-40			Smith, Dave	2	E-40	0700-0700		
W/T PVT E-41		6/7	Burgess, David	2	E-41	0700-0700		
FLMP	Yes					0700-0700		
FLMP	Yes					0700-0700		
6. Work Assignments:								
Construct direct line								
Mop up 100% around structures								
7. Special Instructions:								
8. Communications								
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes	
CDF C2	1	COMMAND	151.2650	103.5 (T8)	159.3300	141.3 (T13)	BERRYESSA PEAK TONE 13	
CDF T27	5	TACTICAL	159.3075	192.8 (T16)	159.3075	192.8 (T16)		
A/G CDF T24	14	TACTICAL	151.3325	192.8 (T16)	151.3325	192.8 (T16)	AIR TO GROUND	
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)		
GUARD	16	EMERGENCY	168.6250		168.6250	110.9 (T1)	EMERGENCY USE ONLY	
9. Prepared by: Name: Matt Selzer RESL								
						Signature:		
ICS 204		Date/Time: 6/9/2019 2200			Personnel Count: 96			

NIMS IAP

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

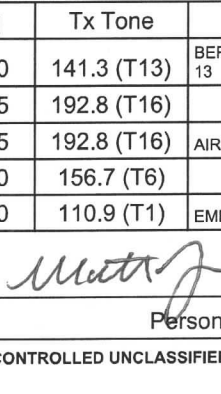
1. Incident Name: <p style="text-align: center; font-weight: bold;">SAND</p>		2. Operational Period: Date From: 06/10/19 Date To: 06/11/19 Time From: 0700 Time To: 0700			3. Branch Division <p style="text-align: center; font-weight: bold;">I M</p>	
4. Operations Personnel:					Page 1 of 1 Mike	
Operations Section Chief: Justin Benguerel			Night Ops:			
Branch Director: Gary Engen			Branch Safety: Daryle Balao			
Division/Group Supervisor: Steve Milosovich			Air Attack:			
5. Resources Assigned:		** Resources Below in Bold are 12 Hour **				
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours Reporting Location
STC PNF 3660C			Bronk, Joel	24	E-17	0700-1900
T/F 4276						0700-0700
ESP B18						0700-0700
YDF B25						0700-0700
WOF B7						0700-0700
EYO B42						0700-0700
ESP W19						0700-0700
STC+						0700-0700
STG TGU 9257G			Pederson, Travis	33	C-2	0700-0700
CRW MENDOCINO IHC			Lopez, Manuel Vargas	15	C-6	0700-1900
STG+						0700-0700
STL SHU 9241L			Capen, John	3	E-14	0700-0700
DOZ PVT E-26			Dorr, Davey	2	E-26	0700-0700
W/T PVT E-30			Dooling, Stefen	2	E-30	0700-0700
6. Work Assignments: RECON Construct direct line where possible Identify drop points and landing zones						
7. Special Instructions:						
8. Communications						
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone Notes
CDF C2	1	COMMAND	151.2650	103.5 (T8)	159.3300	141.3 (T13) BERRYESSA PEAK TONE 13
CDF T28	6	TACTICAL	151.1825	192.8 (T16)	151.1825	192.8 (T16)
A/G CDF T24	14	TACTICAL	151.3325	192.8 (T16)	151.3325	192.8 (T16) AIR TO GROUND
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)
GUARD	16	EMERGENCY	168.6250		168.6250	110.9 (T1) EMERGENCY USE ONLY
9. Prepared by: Name: Matt Selzer			RESL		Signature:	
ICS 204	Date/Time: 6/9/2019		2200		Personnel Count: 79	

NIMS IAP

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION/BASIC

1. Incident Name:		2. Operational Period:				3. Branch		Division	
SAND		Date From: 06/10/19	Date To: 06/11/19			III		W	
		Time From: 0700	Time To: 0700						
4. Operations Personnel:									
Operations Section Chief: Justin Benguerel					Night Ops:				
Branch Director: JC Greenberg					Branch Safety: Pat Sullivan				
Division/Group Supervisor: Seth Peano					Air Attack:				
5. Resources Assigned:									
** Resources Below in Bold are 12 Hour **									
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location		
STC HUU 9120C			Lee, Bo	18		0700-0700			
T/F 4275T						0700-0700			
DVS G32						0700-0700			
UCD B34						0700-0700			
MAD E217						0700-0700			
WDL B3						0700-0700			
WNF W226						0700-0700			
STG TCU 9444G			Layton, John	33	C-3	0700-0700			
CRW LNU Delta 1						0700-0700			
STG+						0700-0700			
STL SKU 9260L				3	E-19	0700-0700			
DOZ CA-PNF 3				1	E-23	0700-1900			
W/T PVT E-44			Lear, John	2	E-44	0700-0700			
FLMP	Yes					0700-0700			
FLMP	Yes					0700-0700			
6. Work Assignments:									
RECON									
Construct direct line where possible									
Identify drop points and landing zones									
7. Special Instructions:									
8. Communications									
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes		
CDF C2	1	COMMAND	151.2650	103.5 (T8)	159.3300	141.3 (T13)	BERRYESSA PEAK TONE 13		
CDF T29	7	TACTICAL	151.3475	192.8 (T16)	151.3475	192.8 (T16)			
A/G CDF T24	14	TACTICAL	151.3325	192.8 (T16)	151.3325	192.8 (T16)	AIR TO GROUND		
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)			
GUARD	16	EMERGENCY	168.6250		168.6250	110.9 (T1)	EMERGENCY USE ONLY		
9. Prepared by: Name:									
Matt Selzer			RESL			Signature: 			
ICS 204									
			Date/Time: 6/9/2019 2200			Personnel Count: 57			

NIMS IAP

CONTROLLED UNCLASSIFIED INFORMATION/BASIC

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

1. Incident Name: SAND Incident Channels	2. Date/Time Prepared Date: 06/09/2019 Time: 1930	3. Operational Period: Date To: 06/11/19 Time To: 0700
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4. Communications									
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes	
1	COMMAND	CDF C2	ALL DIVS	151.2650	103.5 (T8)	159.3300	141.3 (T13)	BERRYESSA PEAK TONE 13	
2									
3									
4	TACTICAL	CDF T26	DIVISION A	159.2925	192.8 (T16)	159.2925	192.8 (T16)		
5	TACTICAL	CDF T27	DIVISION C	159.3075	192.8 (T16)	159.3075	192.8 (T16)		
6	TACTICAL	CDF T28	DIVISION M	151.1825	192.8 (T16)	151.1825	192.8 (T16)		
7	TACTICAL	CDF T29	DIVISION W	151.3475	192.8 (T16)	151.3475	192.8 (T16)		
8	TACTICAL	CDF T30	DIVISION Y	151.3925	192.8 (T16)	151.3925	192.8 (T16)		
9									
10									
11									
12									
13									
14	TACTICAL	A/G CDF T24	AIR TO GROUND	151.3325	192.8 (T16)	151.3325	192.8 (T16)	AIR TO GROUND	
15	MEDICAL	CALCORD	ALL DIVS	156.0750	156.7 (T6)	156.0750	156.7 (T6)		
16	EMERGENCY	GUARD	EMERGENCY	168.6250		168.6250	110.9 (T1)	EMERGENCY USE ONLY	
17									
18									
19									
20	EMERGENCY	GUARD	EMERGENCY	168.6250		168.6250	110.9 (T1)	EMERGENCY USE ONLY	

5. Special Instructions
 ***** CURRENT CLONE IS "SAND 1" *****

6. Prepared by (Communications Unit Leader): Name: SCOTT GAMBA NBIMT	Signature: _____
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC	NIMS IAP Date/Time: 06/09/19 1930

MEDICAL PLAN (ICS 206)

1. Incident Name: <div style="text-align: center; font-weight: bold;">SAND</div>	2. Operational Period: Date From: 6/10/19 Date To: 6/11/19 Time From: 0700 Time To: 0700
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3. Medical Aid Stations:			
Name	Location	Contact Number/Freq	Paramedics

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number	Level of Service
AMR	Station 23		ALS
REACH 6	SANTA ROSA/LAKEPORT	800-644-4045	ALS
NOR-CAL	REDDING	530-229-3979	ALS
CALSTAR	Ukiah (dispatch)	800-252-5050	ALS
CHP Copter H30/H32 (with hoist)	3500 Airport Rd. Napa, CA 94558	707-257-0103	ALS

5. Hospitals:								
Hospital Name	Address,		Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad			Air	Ground			
COLUSA REGIONAL MED CNTR	199 E. WEBSTER STREET		707-994-6486	x	30 mins		<input type="checkbox"/>	<input type="checkbox"/>
UC Davis (adult burn)	4251 X Street. Sacramento		707-262-5000	30 mins	1.5 hrs	Level 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Shriners Hospital for Children	2425 Stockton Blvd, Sacramento		707-963-3611	30 mins	1.5 hrs		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ENLOE	1531 Esplanade, Sacramento		916-734-3636	30 mins	2 hours		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Woodland Memorial	1325 Cottonwood St. Woodland		530-662-3961		30-35 mins		<input type="checkbox"/>	<input type="checkbox"/>
Kaiser Vacaville Trauma Center	1 Quality Dr. Vacaville		707-624-4000		50 mins	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Special Medical Emergency Procedures	
<p>Line Emergency Crew Supervisor will contact Division Supervisor with patient complaint/condition and location. - Division Group Supervisor Contacts: 1. Closest EMS resource 2. Communications Unit - Communications Unit Contacts: 1. Ground or Air ambulance as requested. 2. Operations 3. Safety 4. Medical Unit - Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel. 1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency. - Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need.</p> <p>Camp Emergency Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient. - Medical Unit contacts 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims</p>	<p>Injury Reporting Procedures</p> <p>Nature of Injury: _____ Location of Patient: _____ Point of Contact: _____ Transportation Requested by: Air _____ Ground _____ Point of Pick-Up: _____ Lat: _____ Long: _____ Patient Unit ID: _____ Is an EMT with Patient: Yes _____ No _____ Age: _____ Sex: Male _____ Female _____</p> <p>All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.</p>

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader):	Signature: _____
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8. Approved by (Safety Officer):	Signature: _____
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ICS 206	Date/Time: _____
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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: SAND	2. Operational Period:	Date From: 6/10/19 Time From: 0700	Date To: 6/11/19 Time To: 0700
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Steep winding roads are throughout the incident. Slow down when driving on loose gravel and blind curves. Drive defensively with headlights on and use hands free devices.

Working on steep, uneven terrain. Be mindful of rolling materials.

Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.

Maintain situational awareness. Look up, Look down, Look around

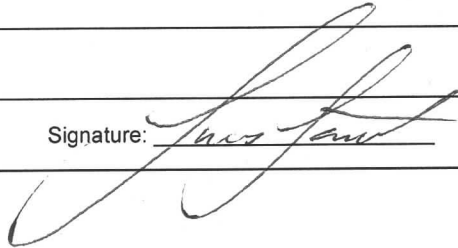
Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.

Remain mindful of what is going on around you! LCES!


HEADS UP!!! Lookout for SNAGS when working around areas with burned trees. Evaluate all wind damaged trees with large limbs before working under around them.

Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures, persistent drought, and elevated fire danger rating values.

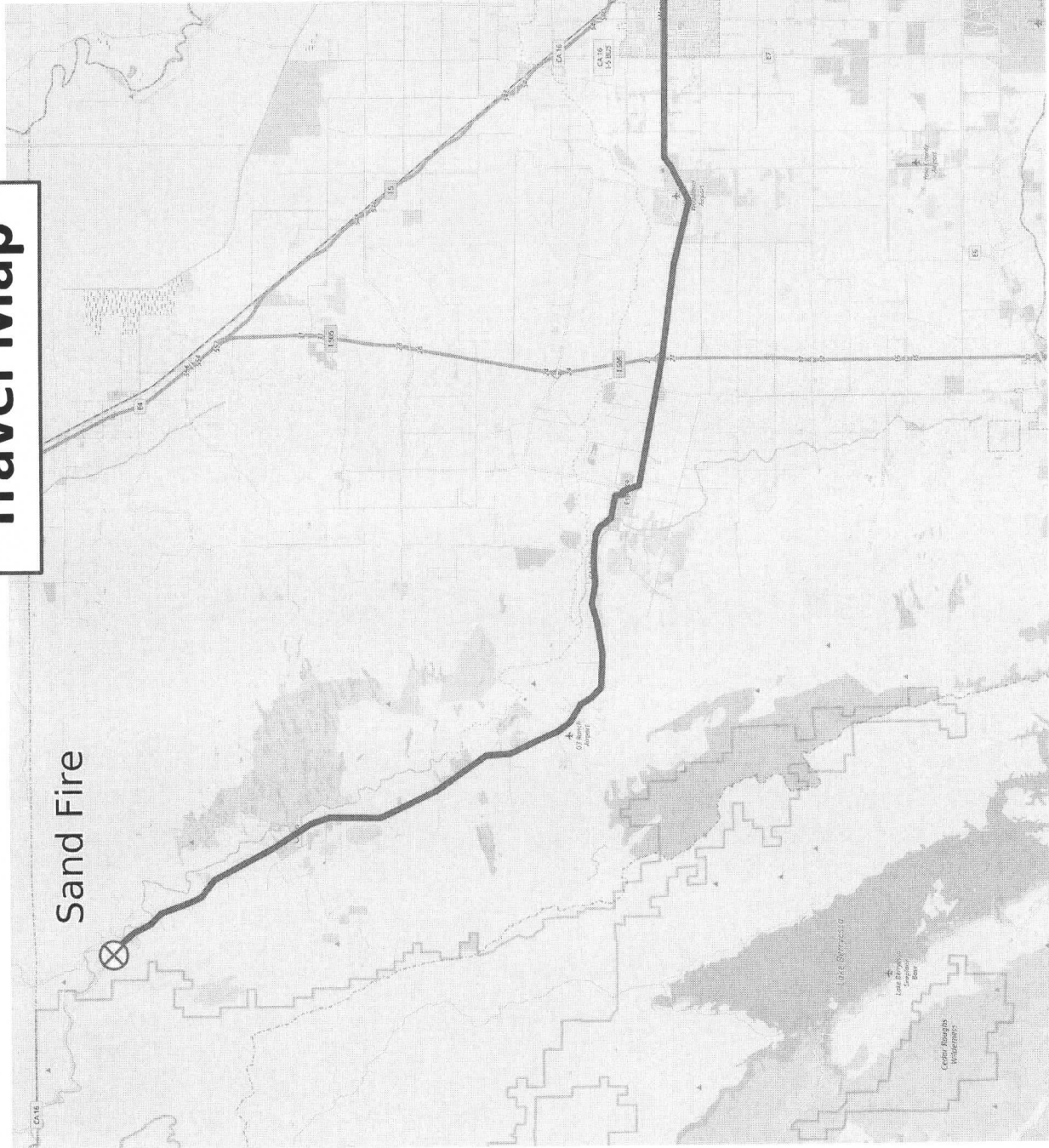
Be aware of ticks and snakes. Cover exposed skin and inspect PPE before returning from assignment.

4. Site Safety Plan Required?	<input type="checkbox"/> No	Approved Site Safety Plan(s) Located At:	
5. Prepared By: Lucas Lambert	Position/Title: SOF3	Signature: 	
ICS 208	Date/Time: 6/9/2019 / 2030		

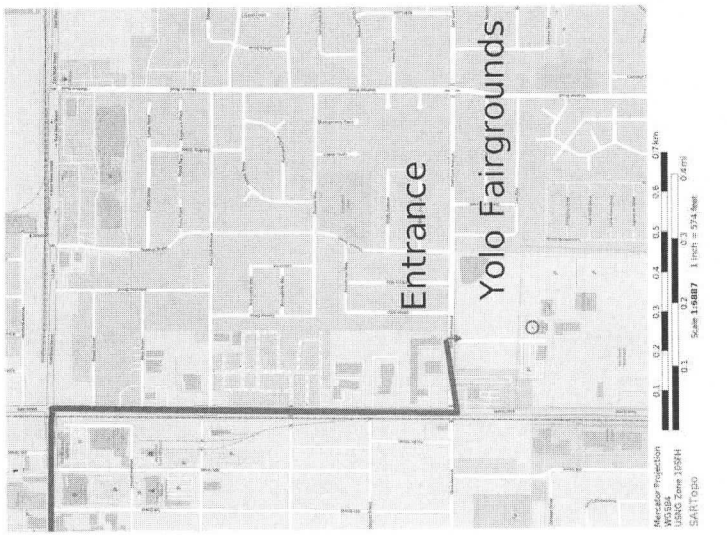
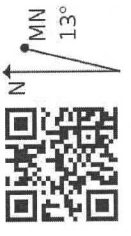
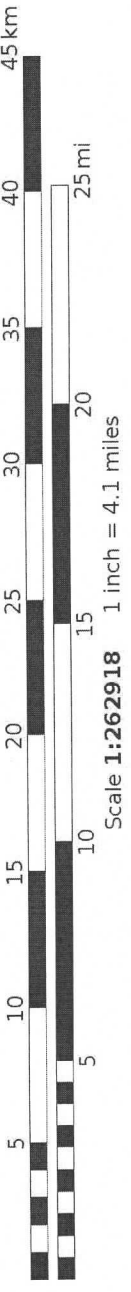
INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name: SAND	2. Operational Period:	Date From: 6/10/19 Time From: 0700	Date To: 6/11/19 Time To: 0700
Incident Area	Hazard/Risks	Mitigations	
ALL	FATIGUE	Be alert for signs of fatigue and take breaks as necessary. Be aware for signs of heat disorder for yourself and others.	
ALL	DRIVING HAZARDS	Drive defensively! Expect the unexpected at all times. Drive with headlights on. Use backer at all times. Obey all speed limits.	
ALL	WEATHER	Be thoroughly familiar with weather predictions and monitor conditions on the ground for changes. Carry proper equipment	
ALL	DEHYDRATION	Drink water before, during, and after your shift.	
ALL	WILDLIFE	Keep distance from animals and identify aggressive animals. Be aware of ticks and snakes. Cover exposed skin and inspect PPE before returning from assignment.	
ALL	SNAGS	Identify, flag and mitigate any snags. Communicate to all crews in your division.	
ALL	TERRAIN	Watch for tripping hazards and steep terrain. Ensure secure footing on all terrain.	
5. Prepared By: Lucas Lambert		Position/Title: SOFR3	Signature: 
ICS 215A	Date/Time: 6/9/2019 / 2030		

Travel Map



Mercator Projection
WGS84
USNG 10SEH-10SFJ
SARTopo



Mercator Projection
WGS84
USNG Zone 10SFH
SARTopo
Scale 1:8887
1 inch = 0.4 miles



CAL-FIRE SHIFT TICKET EXAMPLE



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**
Operator Furnished By: Contractor Government

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

Agreement Number: **MMU-0000015953**
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

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

Remarks/Comments: **2 OPERATORS**

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

Govt. Rep. Name and Position - PRINT: **Print Your Name**
Govt. Rep. Signature: *Your Signature*
Contractor Signature: *John Smith*
Date: **9/6/17**
Time: **0700**

Overall Performance: **NO DAMAGE / NO CLAIM**

* 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: **-**
Operator Furnished By: Contractor Government

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

Agreement Number: **MMU-0000015955**
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

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

Remarks/Comments: **1 OPERATOR**

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

Govt. Rep. Name and Position - PRINT: **Print Your Name**
Govt. Rep. Signature: *Your Signature*
Contractor Signature: *John Smith*
Date: **9/5/17**
Time: **1900**

Overall Performance: **NO DAMAGE / NO CLAIM**

* 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**
Operator Furnished By: Contractor Government

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

Agreement Number: **MMU-0000015953**
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

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

Remarks/Comments: **2 OPERATORS**

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

Govt. Rep. Name and Position - PRINT: **Print Your Name**
Govt. Rep. Signature: *Your Signature*
Contractor Signature: *John Smith*
Date: **9/5/17**
Time: **1900**

Overall Performance: **NO DAMAGE / NO CLAIM**

* 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: **-**
Operator Furnished By: Contractor Government

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

Agreement Number: **MMU-0000015950**
Equipment Make: **TENT**
Equipment Model / Type: **WESTERN SHELTER 19X35**
Operating Supplies Furnished By: Contractor Government

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

Date Mo / Day	Start	Stop	Work	Hours (Circle)	Days / Miles Assignment
9/2	0001	2400	24	24	ICP

Remarks/Comments: **(4) TENTS, CANOPY WISDES FLOOR & INSULATED ROOF 870sq ft NO DAMAGE / NO CLAIM**

Vendor Rating: **VENDOR RATING MUST BE DONE**

Govt. Rep. Name and Position - PRINT: **Print Your Name**
Govt. Rep. Signature: *Your Signature*
Contractor Signature: *John Smith*
Date: **9/5/17**
Time: **1900**

Overall Performance: **NO DAMAGE / NO CLAIM**

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

