

*\* Corrected Copy \**

# INCIDENT ACTION PLAN

## SAND INCIDENT

CA-LNU-009880

Tuesday



6/11/2019 0700  
to  
6/12/2019 0700



# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> <p style="text-align: center;"><b>SAND</b></p>	<b>2. Operational Period:</b> Date From: 6/11/2019    Date To: 6/12/2019 Time From: 0700            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 checked="" type="checkbox"/> Shift Ticket Example |
| <input checked="" type="checkbox"/> ICS 205 | <input checked="" type="checkbox"/> Incident Map     | <input checked="" type="checkbox"/> Travel Map | <input type="checkbox"/>                                 |
| <input checked="" type="checkbox"/> ICS 206 | <input checked="" type="checkbox"/> Weather Forecast | <input 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:**            Gabe Garcia                      Position/Title: PSC


Signature: *Gabe Garcia*

**8. Approved by Incident Commander:**            Ben Nicholls

Signature: *Ben Nicholls*

ICS 202

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> SAND		<b>2. Operational Period: Date From:</b> 6/11/2019 Time From: 0700		<b>Date To:</b> 6/12/2019 Time To: 0700	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operation Section:</b>		
IC/UC's	Ben Nicholls	Operations	Aaron Latta		
Deputy	Dave Jeffries	Deputy Operations			
Safety Officer	Lucas Lambert	Night Ops			
Information Officer	Sandy Wargo	Staging Area			
Liaison Officer	Matt Epstein	Branch			
<b>4. Agency/Organization Representatives:</b>		Division/Group	A/Y	Rich Allen	
Agency/Organization	Name	Division/Group	C	Brian Ham	
Yolo County OES	Dana Carey	Division/Group	M	Jason Novak	
BLM	Rob Winkler	Division/Group	W	Sean Murray (9117C)	
PG&E	Dave Hotchkiss	Division/Group	Supp. Repair		
Wintun Nation/ Yocha Dehe Fire Dept.	Issac Bojorquez	Branch			
Cal Trans	Franco Bargagliotti	Division/Group			
CHP	Sgt. David Barker	Division/Group			
Yolo County SO	Captain Dale Johnson	Division/Group			
USFS	Tyler Otterson	Division/Group			
CCC	Ken McDonald	Division/Group			
		Branch			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Division/Group			
<b>5. Planning Section:</b>		Division/Group			
Chief	Gabe Garcia	Division/Group			
Deputy		Division/Group			
Resource Unit	Matt Selzer/Dan Mahoney	Division/Group			
Situation Unit		Branch			
Documentation Unit		Division/Group			
Demobilization Unit		Division/Group			
GISS	Brett Agler (T)/Spencer Robert (T)	Division/Group			
FBAN		Division/Group			
IMET		Division/Group			
Training Tech Spec		<b>Air Operations Branch</b>		<b>Director:</b>	
		Air Support Group Supervisor			
		Air Tactical Group Supervisor			
<b>6. Logistics Section</b>		Helibase Manager		Niko Matteoli	
Chief	Mike Gutierrez				
Supply Unit		<b>8. Finance/Administration Section:</b>			
Facilities Unit	Josh Usry (T)	Chief	Michael Borelli		
Ground Support Unit	Rod Cavanaugh	Time Unit	Gregory Tunzi		
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Motels	Kelly Blue	Cost Unit			
<b>Prepared By: Name:</b> Gabe Garcia		<b>Position/Title:</b> PSC		<b>Signature:</b> 	
<b>ICS 203</b>		<b>Date/Time:</b> 6/10/2019 2300 hours			

<b>Weather Forecast</b>	<b>Latitude:</b> 38.8292	<b>Longitude:</b> -122.1929	<b>NWS Fire Weather</b>	<b>Update</b>
<b>1. Incident Name:</b> SAND	<b>2. Operational Period:</b>	Date From: 6/11/19 Time From: 0700	Date To: 6/12/19 Time To: 0700	Last Update 6/10/2019 17:16:33

SPOT FORECAST for Sand Fire...North Bay IMT for CALFIRE  
National Weather Service SACRAMENTO CA  
923 PM PDT Mon Jun 10 2019

Forecast is based on forecast start time of 0800 PDT on June 11.  
If conditions become unrepresentative...contact the National Weather Service.

.DISCUSSION...

High pressure over the area on Tuesday will result in hot and dry weather conditions over the burn site. Minor cooling and minor improvement in humidity on Wednesday as weak upper-level low pressure over the Pacific Ocean approaches the CA coast and high pressure shifts eastward. Weak upper-level low pressure will spread some high cloudiness over Norcal. Generally, downslope (northerly) flow overnight will turn upvalley/upslope (southwesterly) during the day.

.TUESDAY...

Sky/weather.....High cloudiness.  
Max temperature.....98-103.  
Min humidity.....10-15 percent.  
Wind (20 ft).....  
Slope/valley.....Northwest to north winds up to 3 mph becoming southwest up to 7 mph after 1200.  
Ridgetop.....Northwest 5 to 10 mph becoming southwest up to 7 mph after 1200.  
Mixing height.....Rising to 7000-7500 ft AGL in the afternoon.  
Transport winds.....Northwest to north up to 5 mph becoming southwest up to 6 mph after 1200.  
CWR.....0 percent.  
LAL.....1.

.TUESDAY NIGHT...

Sky/weather.....Mostly clear.  
Min temperature.....74-80.  
Max humidity.....34-40 percent.  
Wind (20 ft).....  
Slope/valley.....Southwest to northwest winds 5 to 10 mph in the evening becoming north up to 8 mph after midnight.  
Ridgetop.....Northwest 6 to 12 mph becoming north.  
Mixing height.....Lowering to 100-300 ft AGL.  
Transport winds.....West to northwest 5 to 10 mph, becoming northwest up to 6 mph after midnight.  
CWR.....0 percent.  
LAL.....1.

.WEDNESDAY...

Sky/weather.....High cloudiness.  
Max temperature.....95-100.  
Min humidity.....13-18 percent.  
Wind (20 ft).....  
Slope/valley.....Variable less than 5 mph becoming southwest up to 6 mph in the afternoon.  
Ridgetop.....Northwest 4 to 8 mph becoming southwest to west in the afternoon.  
Mixing height.....Rising to 9000 to 10,000 ft AGL in the afternoon.  
Transport winds.....Northwest up to 6 mph becoming southwest to west in the afternoon.  
CWR.....0 percent.  
LAL.....1.

PREPARED BY:

Date/Time:













# AIR OPERATIONS SUMMARY ICS-220

**Incident Name**  
**SAND / CA-LNU-009880**

**Sunrise** 5:44    **Sunset** 6:14    **Cutoff** 20:04    **Pumpkin** 21:04

**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.  
*Retardant: Avoidance Area 300' of Waterways. Notify the AOB and Provide: Lat / Long, Estimated Number of Gallons and a Map Detailing The Area.*

**Time Prepared**  
 2000

**Start Time** 8:00    **End Time** 21:00

**Helibase Information**  
 Name 7M  
 Latitude 38.43.76  
 Longitude 122.33.24

**Name**  
 Longitude  
 (Use page 2 for if needed)

**Date Prepared**  
 Monday June 10th, 2019

**Operational Period - Date**  
 Tuesday, June 11, 2019

**Operational Period - Time**  
 0800-2100

**Prepared By**  
 Spenser Scott

**Rescue Ship Information**  
 Hoist/Rescue Air Amb  
 C101

**Name**  
 Phone  
 Make/Model UH-1H  
 Location 7M HB

**Request Procedure for These Aircraft:**  
 Incident Communications  
 See Medical Plan For Additional Info

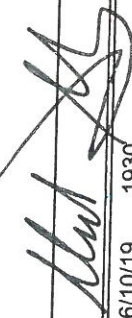
Request #	Altitude	Centerpoint	NOTAMS	Position	Name	Phone	Trainee Name	Phone
	5 NM	38 55.26 Lat	707-799-4600	AOBD				
	12000 MSL	122 15.40 Long		ASGS				
				HEBM	Niko Matteoli	704-488-2460	Spenser Scott	
				ATGS				
				HLCO	Val Linch		Kyle Lunsted	
				HLCO				
				FM				
				FM				
				FM				
				FM				
				FM				
				FM				

HELICOPTERS ( Use page 2 if Needed )													
FAA #	Type	Make/Model	Helibase	Avail	Start	Remarks	FAA #	Type	Make/Model	Helibase	Avail	Start	Remarks
N2095B	I	Sikorsky/64E	7M	800		Restricted							
C101	II	UH-1H	7M	800		Hoist/Rescue							
C104	II	UH-1H	7M	800		Standard							
N873HL	II	Bell 212	7M	800		Standard							

FIXED WING ( Use Page 2 if Needed )													
FAA #	Type	Make/Model	Base	Avail	Start	Remarks	FAA #	Type	Make/Model	Base	Avail	Start	Remarks



# ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED  
INFORMATION/BASIC

1. Incident Name: <b>SAND</b> Incident Channels		2. Date/Time Prepared		3. Operational Period:				
		Date: 06/10/2019	Date From: 06/11/19	Date To: 06/12/19				
		Time: 1930	Time From: 0700	Time To: 0700				
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/Y	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								
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: Mike Gutierrez			Signature: 					
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC			Date/Time: 06/10/19 1930					

NIMS IAP

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> <p style="text-align: center; font-weight: bold;">SAND</p>		<b>2. Operational Period:</b> Date From: 6/11/19 Date To: 6/12/19 Time From: 0700 Time To: 0700						
<b>3. Medical Aid Stations:</b>								
Name	Location	Contact Number/Freq	Paramedics					
<b>4. Transportation (indicate air or ground):</b>								
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					
<b>5. Hospitals:</b>								
Hospital Name	Address,		Travel Time		Trauma Center	Burn Center	Helipad	
	Lat & Long	Helipad	Contact Number(s)/ Frequency	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, Chico		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"/>
<b>6. Special Medical Emergency Procedures</b>								
<b>Line Emergency</b> 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.				<b>Injury Reporting Procedures</b>  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 _____				
<b>Camp Emergency</b> 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				<b>All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.</b>				
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.								
<b>7. Prepared by (Medical Unit Leader):</b> UBIMT Mike Gutierrez				Signature: 				
<b>8. Approved by (Safety Officer):</b> Lucas Lambert				Signature: 				
ICS 206			Date/Time: _____					

**SAFETY MESSAGE/PLAN (ICS 208)**

1. Incident Name: <b>SAND</b>	2. Operational Period:	Date From: 6/11/19 Time From: 0700	Date To: 6/12/19 Time To: 0700
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**Driving-** Reduce your speed on all roads. Roads have been reopened to public. Obey all posted speed limits and be aware of school hours. Drive with headlights on at all times and wear your seatbelt!

**Steep Terrain and Loose Footing-** Plan your work and maintain LCES at all times. Have a plan for injured or ill personnel from steep and limited access areas. Communicate your plan.

**Be aware of rolling material-** Crews need to be aware of any material that can produce roll out and cause harm to those working below. Communicate to crews below if material begins to roll downhill.

**Fatigue-** Ensure adequate work to rest ratio. Consider long travel times and rest accommodations. Supervisors should adjust work times accordingly.

**Stay hydrated!!!** Time to think = time to drink.

**Complacency-** The strongest weapon against complacency is good leadership. Clearly communicate leader's intent, stay engaged and empower your subordinates.

**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.

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

Watch Out Situation of the Day

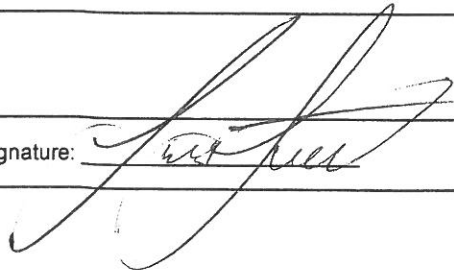


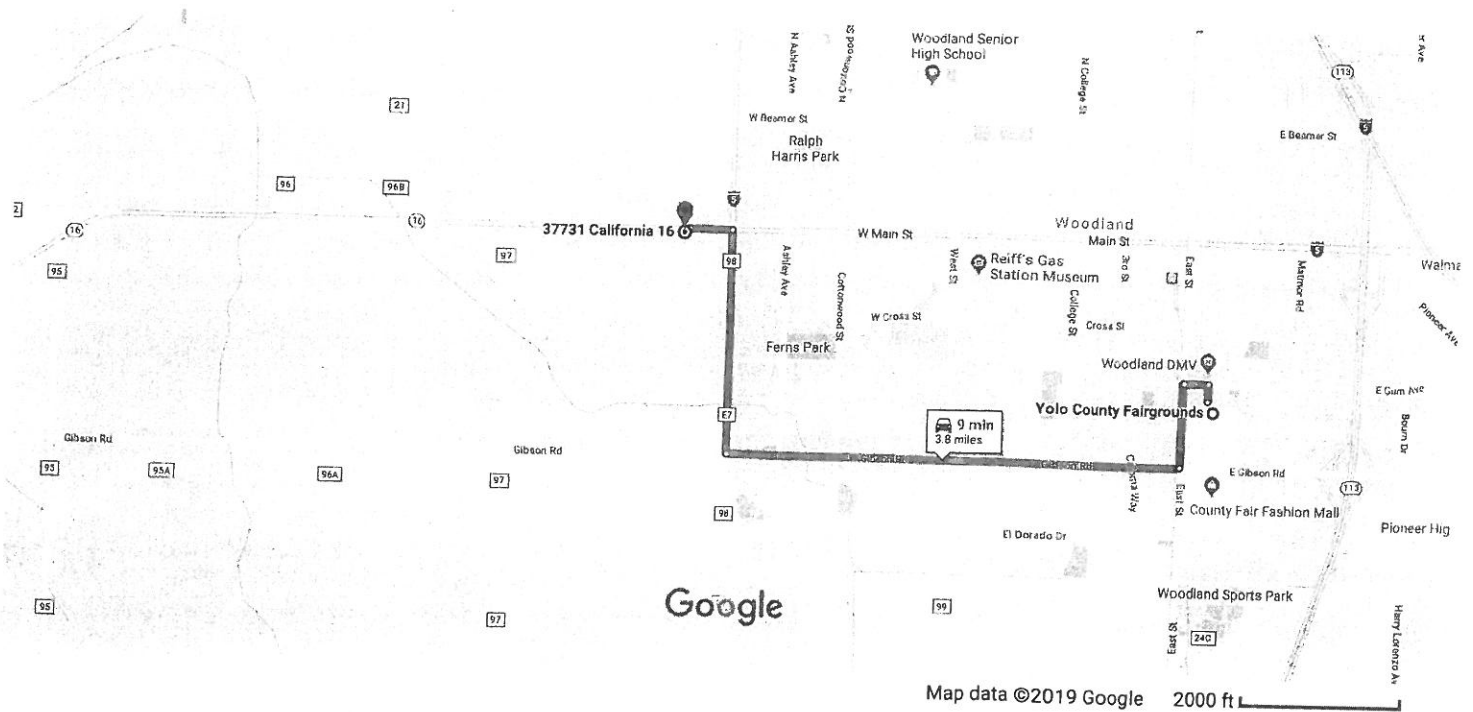
14. WEATHER IS GETTING HOTTER AND DRIER

4. Site Safety Plan Required?	<input type="checkbox"/> No
Approved Site Safety Plan(s) Located At:	
5. Prepared By: <u>Lucas Lambert</u>	Position/Title: SOF3
ICS 208	Date/Time: 6/10/2019 / 2030

Signature:

## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

<b>1. Incident Name:</b> SAND	<b>2. Operational Period:</b>	Date From: 6/11/19 Time From: 0700	Date To: 6/12/19 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.	
<b>5. Prepared By:</b> Lucas Lambert		Position/Title: SOFR3	Signature: 
ICS 215A	Date/Time: 6/10/2019 / 2030		



### Yolo County Fairgrounds

1250 Gum Ave, Woodland, CA 95776

- ↑ 1. Head north toward E Gum Ave  
407 ft
- ↶ 2. Turn left onto E Gum Ave  
0.1 mi
- ↶ 3. Turn left onto East St  
0.4 mi
- ↷ 4. Turn right at the 1st cross street onto Gibson Rd  
2.0 mi
- ↷ 5. Turn right onto Co Hwy E7/Co Rd 98  
  - ⓘ Continue to follow Co Rd 98
1.0 mi
- ↶ 6. Turn left onto CA-16 W  
  - ⓘ Destination will be on the left
0.2 mi

### 37731 CA-16

Woodland, CA 95695

These directions are for planning purposes only. You may find that construction projects, traffic,



# 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**

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

Equipment Make: **1999 PETERBILT 379**  
Equipment Model / Type: **TRANSPORT 18 WHEEL**  
License Number: **12345A1**

Operator Furnished By:  Contractor  Government  
Operating Supplies Furnished By:  Contractor  Government

Equipment Status:  Under Agreement  
Inspected:  Released by Government  
Withdrawn by Contractor

Remarks/Comments: **2 OPERATORS**

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

Vendor Rating: **NO DAMAGE / NO CLAIM**  
Govt. Rep. Name and Position - PRINT: \_\_\_\_\_  
Print Your Name: \_\_\_\_\_  
Govt. Rep. Signature: *Yous Signature*  
Contractor Signature: *John Smith*  
Date: **9/6/17** Time: **0700**

\* 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**  
Request Number: **E-555**  
Agreement Number: **CA-MMU-018115**

Equipment Make: **2004 CAT**  
Equipment Model / Type: **D6N / TYPE II E**  
License Number: **MMU-0000015955**

Operator Furnished By:  Contractor  Government  
Operating Supplies Furnished By:  Contractor  Government

Equipment Status:  Under Agreement  
Inspected:  Released by Government  
Withdrawn by Contractor

Remarks/Comments: **1 OPERATOR**

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

Vendor Rating: **NO DAMAGE / NO CLAIM**  
Govt. Rep. Name and Position - PRINT: \_\_\_\_\_  
Print Your Name: \_\_\_\_\_  
Govt. Rep. Signature: \_\_\_\_\_  
Contractor Signature: *John Smith*  
Date: **9/5/17** Time: **1900**

\* 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**  
Request Number: **E-444**  
Agreement Number: **CA-MMU-018115**

Equipment Make: **1999 PETERBILT 379**  
Equipment Model / Type: **TRANSPORT 18 WHEEL**  
License Number: **12345A1**

Operator Furnished By:  Contractor  Government  
Operating Supplies Furnished By:  Contractor  Government

Equipment Status:  Under Agreement  
Inspected:  Released by Government  
Withdrawn by Contractor

Remarks/Comments: **2 OPERATORS**

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

Vendor Rating: **NO DAMAGE / NO CLAIM**  
Govt. Rep. Name and Position - PRINT: \_\_\_\_\_  
Print Your Name: \_\_\_\_\_  
Govt. Rep. Signature: *Yous Signature*  
Contractor Signature: *John Smith*  
Date: **9/5/17** Time: **1900**

\* 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**  
Request Number: **E-333**  
Agreement Number: **CA-MMU-018115**

Equipment Make: **TENT**  
Equipment Model / Type: **WESTERN SHELTER 19X35**  
License Number: **MMU-0000015950**

Operator Furnished By:  Contractor  Government  
Operating Supplies Furnished By:  Contractor  Government

Equipment Status:  Under Agreement  
Inspected:  Released by Government  
Withdrawn by Contractor

Remarks/Comments: **(4) TENTS, CANOPY WIDES FLOOR & INSULATED ROOF 570sq ft**

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

Vendor Rating: **VENDOR RATING MUST BE DONE**  
Govt. Rep. Name and Position - PRINT: \_\_\_\_\_  
Print Your Name: \_\_\_\_\_  
Govt. Rep. Signature: \_\_\_\_\_  
Contractor Signature: *John Smith*  
Date: **9/5/17** Time: **1900**

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



# UNIT LOG CONT. (ICS 214)

1. Incident Name:

SAND

2. Operational Period:

Date From: 6/11/19 Date To: 6/12/19

Time From: 0700 Time To: 0700

## 6. Activity Log

TIME

MAJOR EVENTS

7. Prepared By:

Date/Time:

