

# 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;">SAND</p>	<b>2. Operational Period:</b>	Date From: 6/11/2019 Time From: 0700	Date To: 6/12/2019 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:**

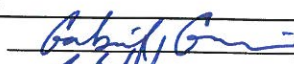
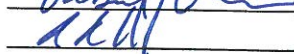
**Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history and drought stressed trees.**

**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 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              |

<b>7. Prepared By:</b> Gabe Garcia	Position/Title: PSC	Signature: <u></u>
<b>8. Approved by Incident Commander:</b>	Ben Nicholls	Signature: <u></u>

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 <b>Time To:</b> 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	<b>Branch</b>			
<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	<b>Branch</b>			
Cal Trans	Franco Bargagliotti	Division/Group			
CHP	Sgt. David Barker	Division/Group			
Yolo County SO	Captain Dale Johnson	Division/Group			
		Division/Group			
		Division/Group			
		<b>Branch</b>			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		<b>Branch</b>			
		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		<b>Branch</b>			
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			
		Helibase Manager		Niko Matteoli	
<b>6. Logistics Section</b>		<b>8. Finance/Administration Section:</b>			
Chief	Mike Gutierrez	Chief	Michael Borelli		
Supply Unit		Time Unit	Gregory Tunzi		
Facilities Unit	Josh Usry (T)	Procurement Unit			
Ground Support Unit	Rod Cavanaugh	Comp/Claims Unit			
Communications Unit		Cost Unit			
Medical Unit					
Motels	Kelly Blue				
<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		<small>NIMS IAP</small>	

Weather Forecast	Latitude: 38.8292	Longitude: -122.1929	NWS Fire Weather	Update	
1. Incident Name: SAND	2. Operational Period:		Date From: 6/11/19 Time From: 0700	Date To: 6/12/19 Time To: 0700	Last Update 6/10/2019 17:16:33
<p>SPOT FORECAST for Sand Fire...North Bay IMT for CALFIRE National Weather Service SACRAMENTO CA 923 PM PDT Mon Jun 10 2019</p> <p>Forecast is based on forecast start time of 0800 PDT on June 11. If conditions become unrepresentative...contact the National Weather Service.</p> <p>.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.</p> <p>.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.</p> <p>.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.</p> <p>.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.</p>					
PREPARED BY:	Date/Time:				

# ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED  
INFORMATION//BASIC

<b>1. Incident Name:</b> <p style="text-align: center; font-weight: bold;">SAND</p>	<b>2. Operational Period:</b> Date From: 06/11/19    Date To: 06/12/19 Time From: 0700        Time To: 0700	<b>3. Branch</b> <b>Division</b> <p style="text-align: center; font-weight: bold;">A/Y</p>
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<b>4. Operations Personnel:</b>		<b>Page 1 of 1</b>
Operations Section Chief: <b>Aaron Latta</b>	Night Ops:	
Branch Director:	Branch Safety:	
Division/Group Supervisor: <b>Rich Allen</b>	Air Attack:	

<b>5. Resources Assigned:</b>		<b>** Resources Below in Bold are 12 Hour **</b>					
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STC XSA 4151C			Powell, Greg M	18	E-27	0700-0700	HWY 16 & RD 41
<b>STC SHF 3675C</b>			<b>Wright, Josh</b>	<b>27</b>	<b>E-18</b>	<b>0700-1900</b>	<b>HWY 16 &amp; RD 41</b>
STG SHU 9240G			Miles, Russell S	33	C-4	0700-0700	HWY 16 & RD 41
<b>CRW 23 REDDING MALLIA</b>			<b>Mallia, Dan</b>	<b>19</b>	<b>C-23</b>	<b>0700-1900</b>	<b>HWY 16 &amp; RD 41</b>
DOZ LMU 2242			Stevenson, Norm	1	E-24	0700-0700	HWY 16 & RD 41
WT PVT E-39					E-39	0700-0700	HWY 16 & RD 41
WT PVT E-44					E-44	0700-0700	HWY 16 & RD 41
<b>FLMP LACY</b>			<b>Mike Lacy</b>	<b>1</b>	<b>O-88</b>	<b>0700-1900</b>	<b>HWY 16 &amp; RD 41</b>
SOFR TAVALERO			Tavalero, Scott	1	O-27	0700-0700	HWY 16 & RD 41

**6. Work Assignments:**  
 Construct and hold line utilizing direct tactics and cold trail fingers & islands where necessary to prevent fire spread.  
 Improve direct fire line. Mop up 300' in from control line.  
 Identify suppression repair needs.  
 Backhaul all trash.

**7. Special Instructions:**  
 Do not water roads

<b>8. Communications</b>							
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

<b>9. Prepared by: Name:</b>	Matt Selzer	RESL	Signature:
<b>ICS 204</b>	Date/Time: 6/10/2019	2200	Personnel Count: 100



# ASSIGNMENT LIST (ICS 204 WF)

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INFORMATION//BASIC

<b>1. Incident Name:</b> <p style="text-align: center;"><b>SAND</b></p>	<b>2. Operational Period:</b> Date From: 06/11/19    Date To: 06/12/19 Time From: 0700    Time To: 0700	<b>3. Branch</b> <b>Division</b> <p style="text-align: center;"><b>M</b></p> Page 1 of 1 <b>Mike</b>
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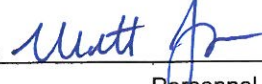
<b>4. Operations Personnel:</b>			
Operations Section Chief: <b>Aaron Latta</b>	Night Ops:		
Branch Director:	Branch Safety:		
Division/Group Supervisor: <b>Jason Novak</b>	Air Attack:		

<b>5. Resources Assigned:</b>		<b>** Resources Below in Bold are 12 Hour **</b>					
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STC SHU 9242C			Velin, Troy	18	E-15	0700-0700	Camp Haswell
STG NEU 9234G			Nelson, Todd	27	C-10	0700-0700	Camp Haswell
STG RCC 9273G			Abeloe, Mark	33	C-11	0700-0700	Camp Haswell
<b>CRW MENDO IHC</b>			<b>Lopez, Manuel Vargas</b>	15	<b>C-6</b>	<b>0700-1900</b>	<b>Camp Haswell</b>
<b>CRW EDH IHC</b>					<b>C-17</b>	<b>0700-1900</b>	<b>Camp Haswell</b>
DOZ PVT E-26			Dorr, Davey		E-26	0700-0700	Camp Haswell
DOZ PVT E-46					E-46	0700-0700	Camp Haswell
HEQB BOYCE			Boyce, Michael	1	O-49	0700-0700	Camp Haswell
<b>FLMP FOWLER</b>			<b>Jerry Fowler</b>	1	<b>O-84</b>	<b>0700-1900</b>	<b>Camp Haswell</b>
<b>FLMP WEISS</b>			<b>Randy Weiss</b>	1	<b>O-85</b>	<b>0700-1900</b>	<b>Camp Haswell</b>
SOFR GONZALES			Gonzales, Sam	1	O-26	0700-0700	Camp Haswell

**6. Work Assignments:**  
 Construct and hold line utilizing direct tactics and cold trail fingers & islands where necessary to prevent fire spread.  
 Improve direct fire line. Mop up 300' in from control line.  
 Identify suppression repair needs.  
 Backhaul all trash.

**7. Special Instructions:**

<b>8. Communications</b>							
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: 6/10/2019 2200    Personnel Count: 97





# ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED  
INFORMATION//BASIC

<b>1. Incident Name:</b> <p style="text-align: center;"><b>SAND</b></p>	<b>2. Operational Period:</b> Date From: 06/11/19    Date To: 06/12/19 Time From: 0700    Time To: 0700	<b>3. Branch</b> <b>Division</b> <p style="text-align: center;"><b>Supp. Repair</b></p>
<b>4. Operations Personnel:</b>		<b>Page 1 of 1</b>

Operations Section Chief: <b>Aaron Latta</b>	Night Ops:
Branch Director:	Branch Safety:
Division/Group Supervisor:	Air Attack:

5. Resources Assigned: <b>** Resources Below in Bold are 12 Hour **</b>							
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location

**6. Work Assignments:**

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**7. Special Instructions:**

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8. Communications							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
	#N/A						
	#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)	
GUARD	16	EMERGENCY	168.6250		168.6250	110.9 (T1)	EMERGENCY USE ONLY

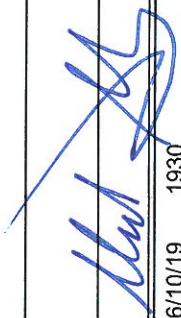
**9. Prepared by: Name:** Matt Selzer                      RESL                      Signature:

Personnel Count: 0

AIR OPERATIONS SUMMARY ICS-220													
Incident Name <b>SAND / CA-LNU-009880</b>			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 AOBD and Provide: Lat / Long, Estimated Number of Gallons and a Map Detailing The Area.													
Time Prepared	Date Prepared	Prepared By	Start Time	End Time	Operational Period - Date	Operational Period - Time	Helibase Information	TFR Information	Rescue Ship Information				
2000	Monday June 10th, 2019	Spenser Scott	8:00	21:00	Tuesday, June 11, 2019	0800-2100	Name 7M Latitude 38 43.76 Longitude 122 33.24	Request # Radius: 5 NM Altitude: 12000 MSL Centerpoint: 38 55.26 Lat 122 15.40 Long NOTAMS: 9/1420	Name Phone Make/Model Location Request Procedure for These Aircraft: Incident Communications See Medical Plan For Additional Info				
Frequency	TX	Tone	RX	Tone	AM / FM	Position	Name	Phone	Trainee Name	Phone			
AIR / GROUND - COMMAND						AOBD							
AIR / GROUND - TACTICAL	151.3325	192.8 (T16)	151.3325	192.8 (T16)	FM	ASGS							
AIR / AIR ROTARY WING	119.1000		119.1		AM	HEBM	Niko Matteoli	704-488-2460	Spenser Scott	707-799-4600			
AIR / AIR FIXED WING						ATGS							
AIR TACTICS	166.6125			166.1625	FM	HLCO	Val Linch		Kyle Lunsted				
COMMAND	151.2650	103.5 (T8)		141.3 (T13)	FM	HLCO							
TOLC	169.1500				FM								
DECK	163.1000				FM								
CALCORD - MEDICAL	156.0750	156.7 (6)		156.7 (6)	FM								
AIRGUARD - Emergency Only	168.6250	110.9 (1)		168.6250	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

<b>1. Incident Name:</b> SAND Incident Channels		<b>2. Date/Time Prepared</b> Date: 06/10/2019 Time: 1930		<b>3. Operational Period:</b> Date From: 06/11/19 Time From: 0700		Date To: 06/12/19 Time To: 0700		
<b>4. Communications</b>								
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
<b>5. Special Instructions</b>								
**** CURRENT CLONE IS "SAND 1" ****								
<b>6. Prepared by (Communications Unit Leader):</b> Name: Mike Gutierrez NBIMT				Signature: 		Date/Time: 06/10/19 1930		
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC								

## 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,	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, 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>							
<p><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 IWL 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><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</p>		<p><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 _____</p> <p><b>All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.</b></p>					
<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> <p style="font-size: 1.2em; color: blue;">UBIMT Mike Gutierrez</p>		Signature:					
<b>8. Approved by (Safety Officer):</b> <p style="text-align: center; font-weight: bold;">Lucas Lambert</p>		Signature:					
ICS 206		Date/Time: _____					

## SAFETY MESSAGE/PLAN (ICS 208)

<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
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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.

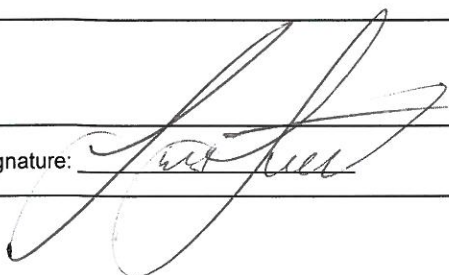
Watch Out Situation of the Day

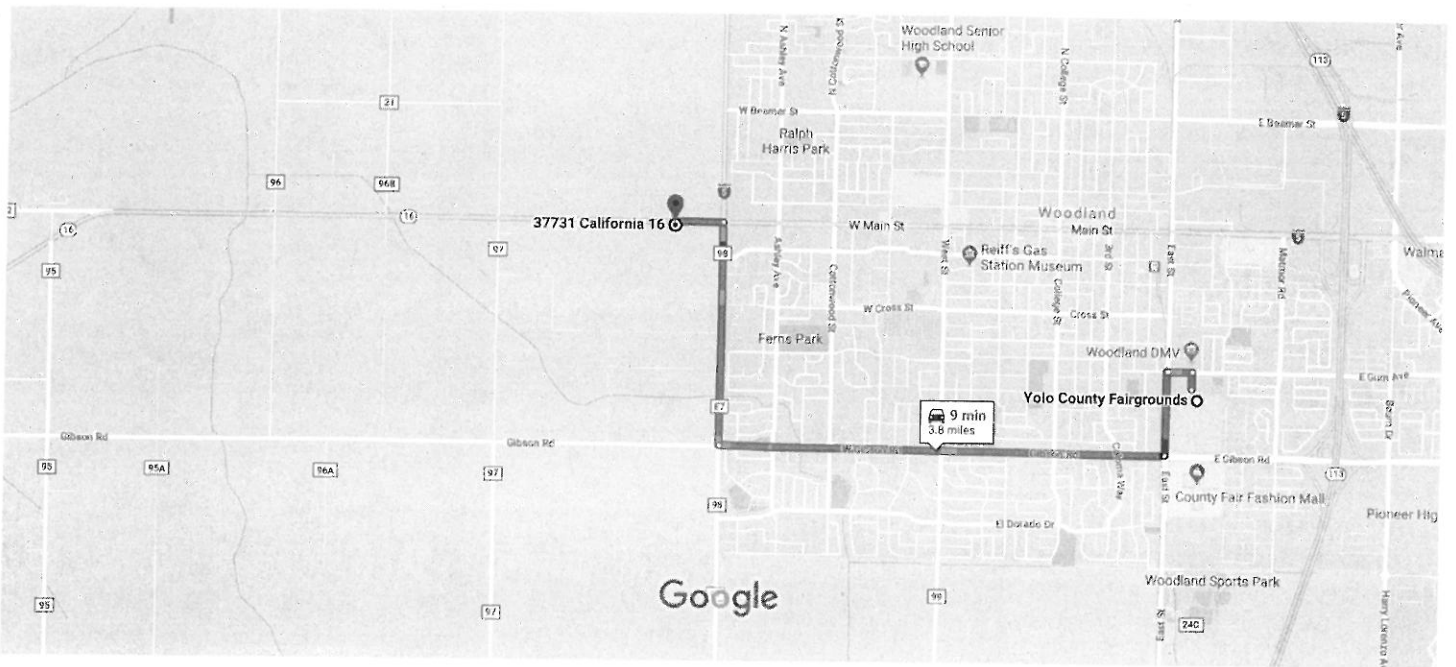


14. WEATHER IS GETTING HOTTER AND DRIER

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	Signature:
ICS 208	Date/Time: 6/10/2019 / 2030	

## 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
<b>Incident Area</b>	<b>Hazard/Risks</b>	<b>Mitigations</b>	
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> <u>Lucas Lambert</u>	<b>Position/Title:</b> SOFR3	<b>Signature:</b> 	
ICS 215A	<b>Date/Time:</b> 6/10/2019 / 2030		



Map data ©2019 Google 2000 ft

### 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.

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

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

Agreement Number: **MMU-0000015953** License Number: **12345A1**

Equipment Make: **1999 PETERBILT 379** Equipment Model / Type: **TRANSPORT 18 WHEEL**

Serial Number: **COMPLETE VIN#**

Date Mo / Day	Start	Stop	Hours (Circle)	Days / Miles 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: **Print Your Name**

Govt. Rep. Signature: *Yours 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.

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

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

Agreement Number: **MMU-0000015955** License Number: **COMPLETE VIN#**

Equipment Make: **2004 CAT** Equipment Model / Type: **D6N / TYPE II E**

Serial Number: **COMPLETE VIN#**

Date Mo / Day	Start	Stop	Hours (Circle)	Days / Miles 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: **Print Your Name**

Govt. Rep. Signature: *Yours 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.

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

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

Agreement Number: **MMU-0000015953** License Number: **12345A1**

Equipment Make: **1999 PETERBILT 379** Equipment Model / Type: **TRANSPORT 18 WHEEL**

Serial Number: **COMPLETE VIN#**

Date Mo / Day	Start	Stop	Hours (Circle)	Days / Miles 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: **Print Your Name**

Govt. Rep. Signature: *Yours 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.

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

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

Agreement Number: **MMU-0000015950** License Number: **COMPLETE VIN#**

Equipment Make: **TENT** Equipment Model / Type: **WESTERN SHELTER 19X35**

Serial Number: **COMPLETE VIN#**

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

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

Govt. Rep. Name and Position - PRINT: **Print Your Name**

Govt. Rep. Signature: *Yours 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.





