

INCIDENT ACTION PLAN

SAND INCIDENT

CA-LNU-009880

3-DAY



6/13/2019 0700
 to
6/16/2019 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">SAND</p>	2. Operational Period:	Date From: 6/13/2019	Date To: 6/16/2019
		Time From: 0700	Time To: 0700

3. Objective(s):

Management Objectives

- Provide for emergency personnel and public safety at all times.
- Protect property, improvements, and infrastructure.
- 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 fire within established containment / control lines.

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 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 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: Matt Selzer	Position/Title: PSC	Signature:
8. Approved by Incident Commander:	Ben Nicholls	Signature:

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: SAND		2. Operational Period: Date From: 6/13/2019 Time From: 0700		Date To: 6/16/2019 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Scott Weese		Operations		
Deputy			Deputy Operations		
Safety Officer	Rich Lawler		Night Ops		
Information Officer			Staging Area		
Liaison Officer			Branch		
4. Agency/Organization Representatives:			Division/Group	A/C/M/W/Y	Scott Weese
Agency/Organization	Name		Division/Group	Suppression Repair	Brandon Rodgers
Yolo County OES	Dana Carey		Division/Group		
BLM	Rob Winkler		Division/Group		
PG&E	Dave Hotchkiss		Division/Group		
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 Mc Donald		Division/Group		
			Branch		
LNU ECC DEMOB #	707-299-7828		Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Branch		
			Division/Group		
5. Planning Section:			Division/Group		
Chief	Matthew Selzer		Division/Group		
Deputy			Division/Group		
Resource Unit	Matthew Selzer		Division/Group		
Situation Unit			Branch		
Documentation Unit			Division/Group		
Demobilization Unit	Jack Worden		Division/Group		
GISS	Brett Agler (T)/Spencer Robert (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	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		
Prepared By: Name: Matt Selzer		Position/Title: PSC		Signature: 	
ICS 203		Date/Time: 6/12/2019 2300 hours			

Weather Forecast	Latitude: 38.8292	Longitude: -122.1929	NWS Fire Weather	Update
1. Incident Name: SAND	2. Operational Period:	Date From: 6/13/19 Time From: 0700	Date To: 6/16/19 Time To: 0700	Last Update 6/12/2019 15:31:18

SPOT FORECAST for Sand Incident...CAL FIRE
National Weather Service SACRAMENTO CA
341 PM PDT Wed Jun 12 2019

Forecast is based on forecast start time of 0800 PDT on June 13.
If conditions become unrepresentative...contact the National Weather Service.

.DISCUSSION...

Above normal temperatures will continue but with some gradual cooling each day. Humidities levels will continue to remain low. Winds will be shifting Thursday night and Friday as stronger winds move through the Delta.

.THURSDAY...

Sky/weather.....Sunny.
Max temperature.....97-101.
Min humidity.....16-21 percent.
Wind (20 ft).....
Slope/valley.....North winds up to 5 mph shifting to the south up to 6 mph in the afternoon.
Ridgetop.....Light winds.
Mixing height.....400 ft AGL increasing to 7700-7900 ft AGL.
Transport winds.....Light winds.
CWR.....0 percent.
LAL.....1.

.THURSDAY NIGHT...

Max humidity.....57-62 percent.
Wind (20 ft).....
Slope/valley.....Southwest winds up to 9 mph.
Ridgetop.....West around 5 mph.
Mixing height.....7700 ft AGL decreasing to 100-200 ft AGL early in the evening.
Transport winds.....West around 5 mph.
CWR.....0 percent.
LAL.....1.
Sky/weather.....Mostly clear.
Min temperature.....63-68.

.FRIDAY...

Sky/weather.....Sunny.
Max temperature.....95-99.
Min humidity.....18-23 percent.
Wind (20 ft).....
Slope/valley.....Variable less than 5 mph becoming southeast 5 to 8 mph in the afternoon.
Ridgetop.....Light winds.
Mixing height.....100-600 ft AGL increasing to 4100-4700 ft AGL.
Transport winds.....Light winds.
CWR.....0 percent.
LAL.....1.

PREPARED BY:	Date/Time:
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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: SAND	2. Operational Period:	Date From: 6/13/19 Time From: 0700	Date To: 6/16/19 Time To: 0700
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Driving- Keep your speeds down on all roads. Watch out on loose, dusty roads, unstable shoulders and fire debris. Be alert for opposing traffic on narrow dirt roads. Use headlights when driving in reduced visibility. Wear your seatbelts!

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.

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.

Medical Evacuation- Understand and follow ICS 206 Emergency procedures. Understand your primary and contingency plans for medical evacuation prior to an event happening.

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

Hazard Trees- Survey your work areas for hazard trees, flag and restrict access, use only qualified personnel for tree felling. Review and follow Hazard Tree Safety, pg. 22-23 in your IRPG.

Tailgate Safety

1) Accountability

- Everyone checks in and everyone checks out. Supervisors know where their crews are at all times

2) Communication

- Everyone knows the com-plan

3) Safety Gear

- Everyone has the appropriate safety gear and in good working condition

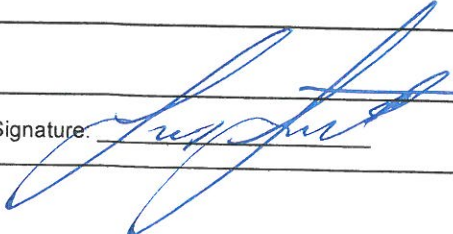
4) Medical

- Follow the medical procedures found on the ICS206 in the IAP

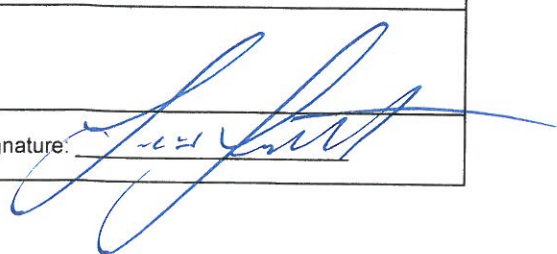
All operational activities should be based upon these questions (IRPG pg. 82)

4. Site Safety Plan Required? No
 Approved Site Safety Plan(s) Located At:

5. Prepared By: Lucas Lambert Position/Title: SOF3
 ICS 208 Date/Time: 6/12/2019 / 2030

Signature: 

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name: SAND	2. Operational Period:	Date From: 6/13/19 Time From: 0700	Date To: 6/16/19 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: 6/12/2019 / 2030		

MEDICAL PLAN (ICS 206)

1. Incident Name: <p style="text-align: center; font-weight: bold;">SAND</p>	2. Operational Period: Date From: 6/13/19 Date To: 6/16/19 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
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		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"/>

6. Special Medical Emergency Procedures	
<p>Line Emergency Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.</p> <ul style="list-style-type: none"> - Division Group Supervisor Contacts: <ol style="list-style-type: none"> 1. Closest EMS resource 2. Communications Unit - Communications Unit Contacts: <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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>Camp Emergency Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient.</p> <ul style="list-style-type: none"> - Medical Unit contacts <ol style="list-style-type: none"> 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims 	<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): NBMT M. Gutierrez Signature: [Signature]

8. Approved by (Safety Officer): Lucas Lambert Signature: [Signature]

ICS 206 Date/Time: _____

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED
INFORMATION/BASIC

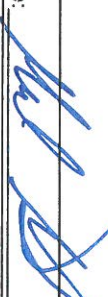
1. Incident Name: **SAND**
 Incident Channels

2. Date/Time Prepared
 Date: 06/12/2019
 Time: 1930

3. Operational Period:
 Date From: 06/13/19
 Time From: 0700
 Date To: 06/16/19
 Time To: 0700

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	DIV A/C/M/W/Y	159.2925	192.8 (T16)	159.2925	192.8 (T16)	
5								
6								
7								
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 NBI/MT
 Signature: 

ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION/BASIC
 NIMS IAP Date/Time: 06/12/19 1930



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**
Serial Number: **COMPLETE VIN# 12345A1**

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

Equipment Use: (Circle) **Hours** / Assignment: **12345A1**

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

Inspected: Under Agreement
Released by Government:
Withdrawn by Contractor:
Remarks/Comments: **2 OPERATORS**

Vendor Rating: **NO DAMAGE / NO CLAIM**
Govt. Rep. Name and Position - PRINT: **NO DAMAGE / NO CLAIM**

Print Your Name: **Govt. Rep. Signature**
Your Signature: **John Smith**
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: **FIRST & LAST**
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**
Serial Number: **COMPLETE VIN#**

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

Equipment Use: (Circle) **Hours** / Assignment: **MMU-0000015955**

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

Inspected: Under Agreement
Released by Government:
Withdrawn by Contractor:
Remarks/Comments: **1 OPERATOR**

Vendor Rating: **NO DAMAGE / NO CLAIM**
Govt. Rep. Name and Position - PRINT: **NO DAMAGE / NO CLAIM**

Print Your Name: **Govt. Rep. Signature**
Your Signature: **John Smith**
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**
Serial Number: **COMPLETE VIN# 12345A1**

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

Equipment Use: (Circle) **Hours** / Assignment: **12345A1**

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

Inspected: Under Agreement
Released by Government:
Withdrawn by Contractor:
Remarks/Comments: **2 OPERATORS**

Vendor Rating: **NO DAMAGE / NO CLAIM**
Govt. Rep. Name and Position - PRINT: **NO DAMAGE / NO CLAIM**

Print Your Name: **Govt. Rep. Signature**
Your Signature: **John Smith**
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: **FIRST & LAST**
Incident or Project Name: **MISSION** Request Number: **E-333**
Agreement Number: **CA-MMU-018115**

Equipment Make: **TENT** Equipment Model / Type: **WESTERN SHELTER 19X35**
Serial Number: **COMPLETE VIN#**

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

Equipment Use: (Circle) **Hours** / Assignment: **MMU-0000015950**

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

Inspected: Under Agreement
Released by Government:
Withdrawn by Contractor:
Remarks/Comments: **(4) TENTS, CANOPY WISBES FLOOR & INSULATED ROOF 570sq ft**

Vendor Rating: **NO DAMAGE / NO CLAIM**
Govt. Rep. Name and Position - PRINT: **NO DAMAGE / NO CLAIM**

Print Your Name: **Govt. Rep. Signature**
Your Signature: **John Smith**
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.

