#### **INCIDENT ACTION PLAN**

#### BUTTE, TEHAMA, GLENN COMPLEX INCIDENT

CA-BTU-009692 North Zone IAP







#### **OPERATIONAL PERIOD**

9/9/2020

0700

to

9/10/2020

0700



|  | ENT OBJECTIV   | ES (ICS           | 5 202)                |               |           |
|--|--|-------------------|-----------------------|---------------|-----------|
| 1. Incident Name:  | 2. Operational Period:                               | Date From:        | 9/9/2020              | Date To:      | 9/10/2020 |
| Butte, Tehama, Glenn Complex   |  | Time From         | : 0700                | Time To:      | 0700      |
| 3. Objective(s):   |  |                   |                       |               |           |
| Management Objectives  |  |                   |                       |               |           |
| - Provide for and maintain public and first respond  | er safety by utilizing the inci                      | ident safety and  | alysis process        |               |           |
| - Ensure COVID-19 precautions and best practices   | s are met at all times.                              |                   |                       |               |           |
| <ul> <li>Protect the commercial timberland, historical and watersheds</li> </ul>   | cultural assets within the a                         | ffected area, in  | frastructure, impro   | vements, a    | nd        |
| <ul> <li>All management actions and efforts will be focused<br/>Tehama Counties</li> </ul>   | ed on serving, safeguarding                          | , and protectin   | g the citizens of Bu  | utte, Glenn a | and       |
| - Ensure coordinated, timely and accurate release  | of public information                                |                   |                       |               |           |
| - Be financially responsible for all management an   | d fire suppression tactics                           |                   |                       |               |           |
| Control Objectives   |  |                   |                       |               |           |
| 000.0.   |  |                   |                       |               |           |
| North Zone   |  |                   |                       |               |           |
| Keep the fire North of Bullards Bar Reservoir<br>Keep the fire South of Highway 70   |  |                   |                       |               |           |
| Keep the fire East of Lake Oroville<br>Keep the fire West of TBD   |  |                   |                       |               |           |
| Reep the life West of TBD  |  |                   |                       |               |           |
|  |  |                   |                       |               |           |
|  |  |                   |                       |               |           |
|  |  |                   |                       |               |           |
|  |  |                   |                       |               |           |
| General Situational Awareness:   |  |                   |                       |               |           |
| - Steep and rugged terrain, critically dry and receptive   | re fuel beds, active area for                        | fire history and  | d drought stressed    | trees.        |           |
| - In the COVID-19 environment, high density popula   | tions or large groups are pa                         | rticulary at risk | . To help protect ye  | ourself, you  | r family  |
| and to ensure all employees return home safely, m  | ake sure to practice social of                       | distancing.       |                       |               |           |
| - Enhanced hygiene (especially handwashing), PPE   | & monitoring practices help                          | limit the infect  | ion rate of first res | ponders.      |           |
|  |  |                   |                       |               | _         |
| PROFESSIONAL TO CONTRACT CONTR | Yes □ No   |                   |                       |               |           |
| Approved Site Safety Plan(s) Located at:   |  |                   |                       |               |           |
| 6. Incident Action Plan  |  |                   |                       |               |           |
| ICS 203 ICS 215A   | ICS 205 A  |                   |                       |               |           |
| ICS 204 ICS 220  | Training Message                                     |                   |                       |               |           |
| ✓ ICS 205 ✓ Facility Maps ✓ ICS 206 ✓ Weather Forecast   | Travel Map   | <b>2</b>          | abilla alth Mass      |               |           |
| ✓ ICS 208 ✓ Weather Forecast ✓ ICS 208 ✓ Fire Behavior   | <ul><li>Demob Plan</li><li>Finance Message</li></ul> | ✓ Cou<br>✓ ICS    | nty Health Messag     | e             |           |
|  | Position/Title: PSC                                  | Signature:        | Dert/                 |               | 7         |
| COLORD THE CHARLES AND COLORD CONTROL  | Dave Russell   | Signature:        | 1 n                   | -             |           |
| ICS 202  | mangamat samadi #M                                   | g.nataro.         |                       |               | NIMS IAP  |
|  | ă  | T)                |                       |               | HING DAP  |

#### **ORGANIZATION ASSIGNMENT LIST (ICS 203)**

| 1. Incident Name:                       |  | 2. Operational                  | Period: Date From:    | 9/9/2020                                   | Date To:  | 9/10/2020  |  |  |
|---|--|---------------------------------|-----------------------|--|-----------|--|--|--|
| Butte, Tehama, G                        | lenn Complex                                 | •                               | Time From:            |  | Time To:  | 0700   |  |  |
| 3. Incident Commande                    | er(s) and Command                            | Staff:                          | 7. Operation Section: |  |           |  |  |  |
| IC/UC's                                 | Dave Russell                                 |                                 | Operations            | perations Shane Lauderdale, Jim Hudson (T) |           |  |  |  |
| Deputy                                  | Darryl Laws, Charlie Bl                      | ankenheim                       | Deputy Operations     | Monty Smith                                |           |  |  |  |
| *************************************** | Doug Ferro, Brent St                         |                                 |                       | Shawn Raley                                |           |  |  |  |
|   | Steve Kaufmann, Ch                           |                                 | Staging Area          |  |           |  |  |  |
|   | Dave Pender, Ron K                           |                                 | Division/Group        | <del></del>                                |           |  |  |  |
|   | Josh Allen, LT. Antho                        |                                 | Zone                  | NORTH                                      | Jason Dye | <b>r</b> / 12883   |  |  |
| 4. Agency/Organizatio                   | n Representatives:                           |                                 | Branch                | XIII*                                      |           | *  |  |  |
| Agency/Organization                     | Nam  | Э                               | Division/Group        |  |           |  |  |  |
| CAL OES                                 | Corey Zander                                 |                                 | Division/Group        | ODD  |           |  |  |  |
| Butte Co Sheriff                        | Korey Honea                                  |                                 | Division/Group        | EVEN                                       |           |  |  |  |
| Glenn Co Sheriff                        | Richard Warren                               |                                 | Division/Group        |  |           |  |  |  |
| Shasta Co Sheriff                       | Eric Magrini                                 |                                 | Division/Group        |  |           |  |  |  |
| Tehama Co Sheriff                       | Dave Hencratt                                |                                 | Division/Group        |  |           |  |  |  |
| California State Parks                  | Aaron Wright                                 |                                 | Division/Group        |  |           |  |  |  |
| CDCR                                    | Ben Ingwerson                                |                                 | Branch                | XIV  |           |  |  |  |
| CAL Trans                               | Chris Boone                                  |                                 | Division/Group        |  |           |  |  |  |
| Butte Co OES                            | Cindy Dunsmoor                               |                                 | Division/Group        |  |           |  |  |  |
| Tehama Co OES                           | Andy Houghtby                                |                                 | Division/Group        |  |           |  |  |  |
| Glenn Co OES                            | Amy Travis                                   |                                 | Division/Group        |  |           |  |  |  |
| Shasta Co OES                           | Rob Sandbloom                                |                                 | Division/Group        |  |           |  |  |  |
| BLM                                     | Jeremy Strait                                |                                 | Division/Group        |  |           |  |  |  |
| PNF                                     | Aaron Grove                                  |                                 | Branch                | χv   |           |  |  |  |
| LNF                                     | Deb Bumpus                                   |                                 | Division/Group        |  |           |  |  |  |
| MNF                                     | Ann Carlson                                  |                                 | Division/Group        |  |           |  |  |  |
|   |  |                                 | Division/Group        |  |           |  |  |  |
| 5. Planning Section:                    |  |                                 | Division/Group        |  |           |  |  |  |
| Chief                                   | Chris Burch                                  |                                 | Division/Group        |  |           |  |  |  |
| Deputy                                  | David Shy                                    |                                 | Branch                | XVI  |           |  |  |  |
| Resource Unit                           | Gwyndolyn Ozard, N<br>(T), Travis Rye (T), J | ochella Funes<br>ohn Gaddie (T) | Division/Group        |  |           |  |  |  |
| Situation Unit                          | Denny O'Neil,                                |                                 | Division/Group        |  |           |  |  |  |
| Documentation Unit                      | Allison Liang                                |                                 | Division/Group        |  |           |  |  |  |
| Demobilization Unit                     | Chris Lynch, Tim Fox                         | : (T)                           | Division/Group        |  |           |  |  |  |
| GISS                                    | Daniel Dresselhaus                           |                                 | Division/Group        |  |           |  |  |  |
| FBAN                                    | Jonathan Pangburn                            |                                 | Division/Group        |  |           |  |  |  |
| IMET                                    |  |                                 | Division/Group        |  |           |  |  |  |
| Training Tech. Spec                     | Dennis Martin                                |                                 | Air Operations Bra    | anch                                       | Director: | Greg Bradshaw  |  |  |
| Air Resource Adviser                    |  | ,                               | Air Support           | Group Supervisor                           |           |  |  |  |
| Hired Equip Tech Spec                   | Jason Emery                                  |                                 | Air Tactica           | Group Supervisor                           |           |  |  |  |
| 6. Logistics Section                    |  |                                 |                       | Helibase Manager                           | Ray Gome  | Z  |  |  |
| Chief                                   | Matt Reich                                   |                                 | 8. Finance/Admini     | stration Section:                          |           |  |  |  |
| Deputy                                  | Mathew Brandt                                |                                 | Chief                 | Mara Zaver                                 |           |  |  |  |
| Supply Unit                             | Shawn Burris                                 |                                 | Deputy                | Rob Jenkins                                |           |  |  |  |
| Facilities Unit                         | Travis Heard, Jason \                        | Vilson (T)                      | Time Unit             | Greg Tunzi                                 |           |  |  |  |
| Ground Support Unit                     | Conor Stapleton                              |                                 | Procurement Unit      | Courtney Arebalo                           |           |  |  |  |
| Communications Unit                     | Mike Heyfron                                 |                                 | Comp/Claims Unit      | Katy Lamb                                  |           |  |  |  |
| Medical Unit                            | Steve McGary, Leif J                         | uliussen (T)                    | Cost Unit             | Angela Davidson                            | 1         |  |  |  |
| Motel Specialist                        | Dawn Muschetto                               |                                 |                       |  | 1         | and the same of th |  |  |
| Prepared By: Name:                      | ed By: Name: David Shy Position/Title:       |                                 |                       | Signature:                                 | V         |  |  |  |
| ICS 203                                 | 1  | Date/Time:                      | 9/8/2020              | 2300 hours                                 |           | NIMS LAF   |  |  |

#### Fire and COVID-19 Briefing Checklist

#### Self-Awareness / Screening

- Immediately separate yourself from others.
- Notify supervisor if you or others experience:
  - 。 Cough, more than expected
  - Shortness of breath or difficulty breathing
  - . New loss of taste or smell
  - Fever
  - 。 Chills
  - Sore throat
  - . Muscle pain
- Review and follow crew and division plans to isolate, triage, and transport symptomatic personnel.

#### Hygiene on the Fireline

- Properly wash or sanitize your hands often, especially before and after eating or entering a public place, and after coughing or sneezing.
- Avoid handshakes and communal use items.
- Maintain a supply of hand sanitizer and hand wipes. Inform supervisor of needed resupply.
- Disinfect high touch surfaces often:
  - 。 Radios, phones, doors, pumps, fuel cans, etc.

#### Social Distancing and Protective Equipment

- □ Initiate, practice, and remind others of social distancing.
- Conduct briefings and conversations outdoors and at least 6 feet apart.
- Utilize face coverings as a tool when practical.
- □ Clean or replace dirty face coverings, equipment, and PPE.

#### **Communications**

Face coverings and social distancing complicate communications.
 Ensure effective sender/receiver messaging.

#### Protect yourself, your crew, and your camp!

Find more information: <a href="https://www.nwcg.gov/coronavirus">https://www.nwcg.gov/coronavirus</a>.

NFES 002646 (06/2020)



#### INCIDENT -SPOT- Weather Forecast



Name Of Incident: Bear Fire

Unit: Plumas NF, Plumas/Butte counties

Prediction For: Tuesday 1800 through Thursday 0600

Time/Date Issued: Monday, 9/8/2020 @ 1900 hrs

Location: Northeast of Lake Oroville Signed: Derek Williams - Incident Meteorologist

PGE Sucker Run used for spot at 39.59/-121.27 @ 899ft.

Discussion: \*\*\*Red Flag Conditions for gusty winds and low humidity through 1700 Wednesday\*\*\*
Strong downslope winds combined with very low relative humidity will maintain critical fire weather conditions northeast of the Oroville area across the Bear Fire. Winds will begin to diminish after midnight with a considerable drop in winds during the day Wednesday.

#### Forecast:

| Date | Time | Temp. | RH% | Wind Dir. | Wind Speed | Weather     | Vsby   |
|------|------|-------|-----|-----------|------------|-------------|--------|
| 9/8  | 1800 | 75    | 10% | NE        | 15-20 G 30 | Dense smoke | 4-6 mi |
| 9/8  | 2000 | 74    | 11% | NE        | 16-22 G 32 | Dense smoke | 4-6 mi |
| 9/8  | 2200 | 73    | 13% | NE        | 19-25 G 34 | Dense smoke | N/A    |
| 9/9  | 0000 | 72    | 14% | NE        | 18-24 G 34 | Dense smoke | N/A    |
| 9/9  | 0200 | 72    | 15% | NE        | 17-22 G 33 | Dense smoke | N/A    |
| 9/9  | 0400 | 71    | 16% | NE        | 16-21 G 31 | Dense smoke | N/A    |
| 9/9  | 0600 | 71    | 16% | NE        | 15-20 G 30 | Dense smoke | N/A    |
| 9/9  | 0800 | 71    | 14% | NE        | 13-17 G 25 | Dense smoke | 2-4 mi |
| 9/9  | 1000 | 80    | 13% | NE        | 10-15 G 20 | Dense smoke | 2-4 mi |
| 9/9  | 1200 | 87    | 11% | NE        | 10-12      | Dense smoke | 2-4 mi |
| 9/9  | 1400 | 89    | 10% | SW        | 5-7        | Smoke/haze  | 3-5 mi |
| 9/9  | 1600 | 89    | 10% | SW        | 5-7        | Smoke/haze  | 3-5 mi |
| 9/9  | 1800 | 87    | 11% | SW        | 5-7        | Smoke/haze  | 3-5 mi |
| 9/9  | 2000 | 82    | 11% | SW        | 5-7        | Smoke/haze  | 3-5 mi |
| 9/9  | 2200 | 78    | 12% | SW        | 6-9        | Smoke/haze  | N/A    |
| 9/10 | 0000 | 74    | 13% | ENE       | 6-9        | Smoke/haze  | N/A    |
| 9/10 | 0200 | 70    | 15% | ENE       | 6-9        | Smoke/haze  | N/A    |
| 9/10 | 0400 | 68    | 16% | ENE       | 6-9        | Smoke/haze  | N/A    |
| 9/10 | 0600 | 66    | 17% | ENE       | 6-9        | Smoke/haze  | N/A    |

*Thursday:* Dense smoke and haze. Highs in the mid 80s. Min RH 11-16%. A light southwest upslope wind developing in the afternoon less than 10 mph.

*Thursday Night:* Smoke and haze. Lows in the mid to upper 60s. RH recoveries in the 40-50%. Light downslope winds of 2-4 mph.

*Friday:* Smoke and haze. Highs in the middle 80s. Improving humidity with min RH 18-23%. A light southwest upslope wind developing in the afternoon less than 10 mph.

| 1. Incident Name:                    |          |         | 2. Operatio  | nal Period: |                           |  | 3. Branch     | Division                               |  |
|--------------------------------------|----------|---------|--------------|-------------|---------------------------|--|---------------|--|--|
| Butte, Tehama, Glenn Co              | omple    | ×       | Date From:   | 09/09/20    | Date To:                  | 09/10/20   |               |  |  |
| , ,                                  | •        |         | Time From:   |             | Time To:                  | 0700   | XIII          |  |  |
| 4. Operations Personnel:             |          |         | /            |             | / /                       | 0.00   | Page 1 of 2   |  |  |
| Operations Section Chief: Shane Laud | erdale   | . Jim H | ludson (T)   |             | Night Ops:                | Shawn Rale   |               |  |  |
| Branch Director:                     | o. uu.o  | ,       |              |             | Branch Safety:            | and the second contract of the second contrac | <b>y</b><br>· |  |  |
| Division/Group Supervisor:           |          |         |              |             | Air Attack:               |  |               | *** *** **** **** ******************** |  |
| 5. Resources Assigned:               |          | **      | Resources    | Below in Bo | ld are 12 Hou             | r **   |               |  |  |
| Resource Identifier                  | ALS      | LWD     | Lea          | ader        | Personnel                 | Request #  | Hours         | Reporting Location                     |  |
| STC-TGU-9225C                        |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| STC-XSU-3225C                        |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| BTU Task Force-1                     |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| ***ENG3-BTU-E2160***                 |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| ***ENG3-BTU-E2180***                 |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| ***ENG3-BTU-E2151***                 |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| ***ENG3-BTU-E2183***                 |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| ***ENG3-BTU-E2168***                 |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| BTU Task Force-2                     |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| ***ENG2-BTC-E44***                   | <u> </u> |         |              | ·····       |                           |  | 0700-0700     | FORE BAY                               |  |
| ***ENG2-BTC-E55***                   |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| ***ENG2-BTC-E71***                   |          |         |              | W           |                           | <del>, , , , , , , , , , , , , , , , , , , </del>  | 0700-0700     | FORE BAY                               |  |
| ***ENG2-BTC-E73***                   |          |         |              |             | ,                         |  | 0700-0700     | FORE BAY                               |  |
| ***ENG2-BTC-E74***                   |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| ENG3 BTC E-2166                      |          |         |              |             |                           | ***************************************  | 0700-0700     | FORE BAY                               |  |
| ENG3 BTC-E2167                       |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| ENG3-BTU-E2169                       |          |         |              |             |                           |  | 0700-0700     | FORE BAY                               |  |
| ENG2-ORO-E2                          |          |         | <del></del>  |             |                           |  | 0700-0700     | FORE BAY                               |  |
| 6. Work Assignments:                 |          |         |              |             |                           |  |               |  |  |
| 7. Special Instructions:             |          |         |              |             |                           |  |               |  |  |
| See ICS 205 for Tactical Channel As  | ssignm   | ents    |              |             |                           |  |               |  |  |
|                                      | <u>.</u> |         |              |             |                           |  |               |  |  |
| 8. Communications                    | ļ        |         | je 1 - BUTTE |             | 1 D. T. 1                 | T E  | <b></b>       | T                                      |  |
| Name                                 | Ch       |         | unction      | Rx Freq     | Rx Tone                   | Tx Freq  | Tx Tone       | Notes                                  |  |
| BUTTE CMD                            | 1        | CC      | MMAND        | 154.4150    | 123.0 (T2)                | 159.0000   | 136.5 (T4)    | BUTTE COMMAND                          |  |
| CDF A/G 1                            | 14       | AID T   | O GROUND     | 151.2200    | 102 8 /T16\               | 151 2200   | 102 0 (T16)   |  |  |
| CALCORD                              | 15       |         | EDICAL       | 151.2200    | 192.8 (T16)<br>156.7 (T6) | 151.2200<br>156.0750   | 192.8 (T16)   | **** AIR TO GROUND ****                |  |
| AIRGUARD                             | 16       |         | RGUARD       | 168.6250    | 000.0                     |  | 156.7 (T6)    | MEDICAL COORDINATION                   |  |
| 9. Prepared by: Name:                | L        | L       | NGUARD       | 100.0200    | RESL                      | 168.6250   | 110.9 (T1)    | EMERGENCY USE ONLY                     |  |
| 5. Frepareu by. Name:                | Travis   | туе     |              |             |                           | Signature:   | -12           |  |  |
| ICS 204                              |          |         | Date/Time:   | 9/8/2020    | 2200                      | orginature   | Per           | sonnel Count: 0                        |  |

CONTROLLED UNCLASSIFIED

| 1. Incident Name:   | 2. Operatio    | 2. Operational Period:   |             |   |                         | 3. Branch Division |                         |  |
|---|----------------|--------------------------|-------------|---|-------------------------|--------------------|-------------------------|--|
| Butte, Tehama, Glen   | n Complex      | Date From:<br>Time From: |             | Date To:<br>Time To:                        | 09/10/20<br>0700        | XIII               | A10.300 Po. 20.         |  |
| 4. Operations Personnel:  |                |                          |             | 7   |                         | Page 2 of 2        | à                       |  |
| Operations Section Chief: Shane Branch Director: Division/Group Supervisor: | Lauderdale, Ji | m Hudson (T)             |             | Night Ops:<br>Branch Safety:<br>Air Attack: | Shawn Rale              | ý<br>              |                         |  |
| 5. Resources Assigned:  |                | ** Resources             | Below in Bo | ld are 12 Hou                               | r **                    |                    |                         |  |
| Resource Identifier   | ALS L          | ND Lea                   | ader        | Personnel                                   | Request #               | Hours              | Reporting Location      |  |
| ENG3-PNF-E34  |                |                          |             |   |                         | 0700-0700          | FORE BAY                |  |
| ENG3-BTC-E366   |                |                          |             |   |                         | 0700-0700          | FORE BAY                |  |
| ENG3-BTC-E360   |                |                          |             |   |                         | 0700-0700          | FORE BAY                |  |
| ENG3 BTC-E327   |                |                          |             |   |                         | 0700-0700          | FORE BAY                |  |
| ENG6-BTC-E661   |                |                          |             |   |                         | 0700-0700          | FORE BAY                |  |
| CRW1-TGU-9244G  |                |                          |             |   |                         | 0700-0700          | FORE BAY                |  |
| DOZ-BTU-2142  |                |                          |             |   |                         | 0700-0700          | FORE BAY                |  |
| DOZ-BTU-2149  |                |                          |             |   |                         | 0700-0700          | FORE BAY                |  |
| DOZ-NEU-2342  |                |                          |             |   |                         | 0700-0700          | FORE BAY                |  |
| DOZ-NEU-2346  |                |                          |             |   |                         | 0700-0700          | FORE BAY                |  |
| DOZ-TGU-2540  |                |                          |             |   |                         | 0700-0700          | FORE BAY                |  |
|   |                |                          |             |   |                         |                    |                         |  |
|   |                |                          |             |   |                         |                    |                         |  |
|   |                |                          |             |   |                         |                    |                         |  |
|   |                |                          |             |   |                         |                    |                         |  |
|   | -              |                          |             |   |                         |                    |                         |  |
|   |                |                          |             |   |                         |                    |                         |  |
| 6. Work Assignments:  |                | ·                        |             |   |                         |                    |                         |  |
| 7. Special Instructions:<br>See ICS 205 for Tactical Chann                  | nel Assignment | S                        |             |   |                         |                    |                         |  |
| 8. Communications   | Use 205        | Page 1 - BUTTE           | ZONE        |   |                         |                    |                         |  |
| Name  | Ch             | Function                 | Rx Freq     | Rx Tone                                     | Tx Freq                 | Tx Tone            | Notes                   |  |
| BUTTE CMD   | 1              | COMMAND                  | 154.4150    | 123.0 (T2)                                  | 159.0000                | 136.5 (T4)         | BUTTE COMMAND           |  |
|   |                |                          |             |   |                         |                    |                         |  |
| CDF A/G 1   | 14 AII         | R TO GROUND              | 151.2200    | 192.8 (T16)                                 | 151.2200                | 192.8 (T16)        | **** AIR TO GROUND **** |  |
| CALCORD   | 15             | MEDICAL                  | 156.0750    | 156.7 (T6)                                  | 156.0750                | 156.7 (T6)         | MEDICAL COORDINATION    |  |
| AIRGUARD  | 16             | AIRGUARD                 | 168.6250    | 000.0                                       | 168.6250                | 110.9 (T1)         | EMERGENCY USE ONLY      |  |
| 9. Prepared by: Name:   | Travis Ry      |                          |             | RESL _ /                                    |                         |                    | 2                       |  |
| ICS 204   |                | Date/Time:               | 9/8/2020    | 2200  | Signatur <del>e/.</del> |                    | sonnel Count: 0         |  |
|   |                | Date/ IIII6.             | J. J. LULU  |   |                         | r el               | Sorrier Court. U        |  |

| 1. Incident Name:   |             |            |            | 2. Operation                                | nal Period: |                      | 3. Branch Division |             |                    |      |
|---|-------------|------------|------------|---|-------------|----------------------|--------------------|-------------|--------------------|------|
| Butte, Teham  | a, Glenn Co | omple      | ×          | Date From:<br>Time From:                    |             | Date To:<br>Time To: | 09/10/20<br>0700   | XIII        |                    |      |
| 4. Operations Pers  | onnel:      | (#)        |            |   | 3           |                      |                    | Page 1 of 1 |                    |      |
| Operations Section Chief:<br>Branch Director:<br>Division/Group Supervisor: | , Jim H     | ludson (T) | 1 + 10 (1) | Night Ops:<br>Branch Safety:<br>Air Attack: | Shawn Rale  | y                    | HI I               | 7           |                    |      |
| 5. Resources Assign   | ned:        |            | **         | Resources                                   | Below in Bo | ld are 12 Hou        | r **               |             |                    |      |
| Resource Identifier   |             | ALS        | LWD        | Le  | ader        | Personnel            | Request #          | Hours       | Reporting Locati   | ion  |
|   |             |            |            |   |             |                      |                    |             | FORE BAY           |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            | -          |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    | _    |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
| 6. Work Assignments   |             |            |            |   |             |                      |                    |             |                    |      |
| o. Work Assignment  | 5.          |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
| 7. Special Instruction  | ns:         |            |            |   |             |                      |                    |             |                    |      |
| See ICS 205 for Taction   |             | ssignm     | ents       |   |             |                      |                    |             |                    |      |
| CONTRACT INCOMES POSTAGES SOUNT DESCRIPTION                                 |             | •          |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
|   |             |            |            |   |             |                      |                    |             |                    |      |
| 8. Communications   |             | Use 2      | 05 Pag     | je 1 - BUTTI                                | ZONE        |                      |                    |             |                    |      |
| Name  |             | Ch         | F          | unction                                     | Rx Freq     | Rx Tone              | Tx Freq            | Tx Tone     | Notes              |      |
| BUTTE CMD .   |             | 1          | CC         | DINAMM                                      | 154.4150    | 123.0 (T2)           | 159.0000           | 136.5 (T4)  | BUTTE COMMAND      | ,    |
|   |             |            |            |   |             |                      |                    |             |                    |      |
| CDF A/G 1   |             | 14         | AIR T      | O GROUND                                    | 151.2200    | 192.8 (T16)          | 151.2200           | 192.8 (T16) | **** AIR TO GROUND | •••• |
| CALCORD   |             | 15         | M          | EDICAL                                      | 156.0750    | 156.7 (T6)           | 156.0750           | 156.7 (T6)  | MEDICAL COORDINAT  | LION |
| AIRGUARD  |             | 16         | AIF        | RGUARD                                      | 168.6250    | 0.000                | 168.6250           | 110.9 (T1)  | EMERGENCY USE ON   | NLY  |
| 9. Prepared by: Name  | e:          | Travis     | Rye        |   |             | RESL                 |                    | _/          | W                  |      |
| W   | 29          |            |            |   |             |                      | Signature:         |             |                    |      |
| ICS 204   |             |            |            | Date/Time:                                  | 9/8/2020    | 2200                 |                    | Per         | rsonnel Count:     | 0    |

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

| 1. Incident Name:   |        |      | 2. Operational Period:                 |   |                   | 3. Branch        | Division           |
|---|--------|------|--|---|-------------------|------------------|--------------------|
| Butte, Tehama, Glenr  | Comple | ×    | Date From: 09/09/20<br>Time From: 0700 | Date To:<br>Time To:                        | 09/10/20<br>0700  | XIII             | ODD                |
| 4. Operations Personnel:  |        | *    |  | 399   | •                 | Page 1 of 3      | Oscar/Delta        |
| Operations Section Chief: Shane Lauderdale, Jim H Branch Director: Division/Group Supervisor: |        |      | udson (T)                              | Night Ops:<br>Branch Safety:<br>Air Attack: |                   | Parell II parell |                    |
| 5. Resources Assigned:  |        | **   | Resources Below in Bol                 | d are 12 Hou                                | ır **             |                  |                    |
| Resource Identifier   | ALS    | LWD  | Leader                                 | Personnel                                   | Request #         | Hours            | Reporting Location |
| STC SKU 9261C   |        | 9/17 | CUNNINGHAM, KENT                       | 19  | E-7-POTTERS       | 0700-0700        | FORE BAY           |
| STC XTB 4231C   |        |      | ANDERSON, JON                          | 22  | E-20106-BTU LIGHT | 0700-0700        | FORE BAY           |
| T/F XSJ 4181 (5,3,6,4,3)  |        |      | INGRUM, DAVE                           | 17  | E-20113-BTU LIGHT | 0700-0700        | FORE BAY           |
| ENG TGU 2554  |        |      | NADEY, CHAD                            | 3   | E-8-TGU BAT 4     | 0700-1900        | FORE BAY           |
| ENG TGU 2570  |        |      | FREEMAN, JASON                         | 4   | E-9-TGU BAT 4     | 0700-1900        | FORE BAY           |
| ENG3 GCF 305  |        |      | GIESBRECHT, WES                        | 4   | E-18-TGU BAT 4    | 0700-1900        | FORE BAY           |
| ENG6 PVT 75   |        |      | THOMAS, TARYN                          | 3   | E-21.3-BTU LIGHT  | 0700-1900        | FORE BAY           |
| STG MEU 9113G   |        |      | MCNAULTY, JAY                          | 33  | C-33003-BTU LIGHT | 0700-0700        | FORE BAY           |
| STG LMU 9224G   |        |      | SWEET, TYLER                           | 33  | C-33002-BTU LIGHT | 0700-0700        | FORE BAY           |
| STG SHU 9240G   |        |      | GARWOOD TAMARA                         | 33  | C-23028-BTU LIGHT | 0700-0700        | FORE BAY           |
| STG SLU 9342G   |        |      | HERRING, NATE                          | 30  | C-23018-BTU LIGHT | 0700-0700        | FORE BAY           |
| STG SLU 9344G   |        |      | SPADARO, ALBERT                        | 33  | C-23023-BTU LIGHT | 0700-0700        | FORE BAY           |
| STG TCU 9446G   |        |      | BLAKEWAY, ERIK                         | 29  | C-23022-BTU LIGHT | 0700-0700        | FORE BAY           |
| STH LMU 9225H   |        |      | MADSON, JOE                            | 33  | C-5-BTU LIGHT     | 0700-0700        | FORE BAY           |
| CRW VALLEY VIEW 6   |        | 9/10 | REID                                   | 14  | C-1-TGU BAT 4     | 0700-0700        | FORE BAY           |
| CRW SALT CREEK 4  |        |      | NIXXON, GARRET                         | 13  | C-2-TGU BAT 4     | 0700-0700        | FORE BAY           |
| CRW2 FORTUNA 1  |        |      | UTTERBACK, AARON                       | 17  | 2-23003-BTU LIGHT | 0700-0700        | FORE BAY           |
| DOZ SHU 2442  |        |      | WILSON, DALE                           | 2   | E-9-POTTERS       | 0700-0700        | FORE BAY           |

7. Special Instructions:

See ICS 205 for Tactical Channel Assignments

| 8. Communications | Use 205 Page 1 - BUTTE ZONE |               |          |             |          |             |                         |  |  |  |
|-------------------|-----------------------------|---------------|----------|-------------|----------|-------------|-------------------------|--|--|--|
| Name<br>BUTTE CMD | Ch                          | Function      | Rx Freq  | Rx Tone     | Tx Freq  | Tx Tone     | Notes                   |  |  |  |
|                   | 1                           | 1 COMMAND     |          | 123.0 (T2)  | 159.0000 | 136.5 (T4)  | BUTTE COMMAND           |  |  |  |
| CDF A/G 1         | 14                          | AIR TO GROUND | 151.2200 | 192.8 (T16) | 151.2200 | 192.8 (T16) | **** AIR TO GROUND **** |  |  |  |
| CALCORD           | 15                          | MEDICAL       | 156.0750 | 156.7 (T6)  | 156.0750 | 156.7 (T6)  | MEDICAL COORDINATION    |  |  |  |
| AIRGUARD          | 16                          | AIRGUARD      | 168.6250 | 0.000       | 168.6250 | 110.9 (T1)  | EMERGENCY USE ONLY      |  |  |  |

Date/Time: 9/8/2020

9. Prepared by: Name:

Travis Rye

RESL

2200

Signature:

Personnel Count: 342

ICS 204

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

| 1. Incident Name:   |      |     | 2. Operational Period:                 | 3. Branch                                   | Division          |             |                    |
|---|------|-----|--|---|-------------------|-------------|--------------------|
| Butte, Tehama, Glenn Co   | mple | x   | Date From: 09/09/20<br>Time From: 0700 | Date To:<br>Time To:                        | 09/10/20<br>0700  | XIII        | ODD                |
| 4. Operations Personnel:  |      |     |  |   | Page 2 of 3       | Oscar/Delta |                    |
| Operations Section Chief: Shane Lauderdale, Jim Branch Director: Division/Group Supervisor: |      |     | ludson (T)                             | Night Ops:<br>Branch Safety:<br>Air Attack: |                   | ,           |                    |
| 5. Resources Assigned:  |      | **  | Resources Below in Bol                 | d are 12 Hou                                | ır **             |             |                    |
| Resource Identifier   | ALS  | LWD | Leader                                 | Personnel                                   | Request #         | Hours       | Reporting Location |
| DOZ TGU 2544  |      |     | WILBANKS, CLIFF                        | 1   | E-33-TGU BAT 4    | 0700-0700   | FORE BAY           |
| DOZ PVT E-12- ACT FAST  |      |     | EVANS, DOUG                            | 2   | E-12-POTTERS      | 0700-1900   | FORE BAY           |
| DOZ PVT E-20 - NORTHWESTERN   |      |     |  | 2   | E-20-TGU BAT 4    | 0700-0700   | FORE BAY           |
| DOZ PVT E-21 - Tehama 2   |      |     | ERBES, GREG                            | 2   | E-21              | 0700-0700   | FORE BAY           |
| DOZ PVT E-22 - CRANE MILLS  |      |     | WESTON, MATT                           | 2   | E-22-TGU BAT 3    | 0700-0700   | FORE BAY           |
| DOZ2 PVT E-24 LET R BUCK  |      |     | LASSEN, STEVE                          | 2   | E-24 TGU BAT 3    | 0700-0700   | FORE BAY           |
| DOZ PVT E-26 - ACT FAST   |      |     | HOGSTUT, STEVE                         | 2   | E-26-BTU LIGHT    | 0700-0700   | FORE BAY           |
| DOZ PVT E-34 - MILLER   |      |     | MILLER, HAROLD                         | 2   | E-34-TGU BAT 4    | 0700-0700   | FORE BAY           |
| DOZ PVT E-40 - SUNRISE  |      |     | O'BRIAN, MIKE                          | 2   | E-40-TGU BAT 4    | 0700-0700   | FORE BAY           |
| DOZ PVT E-1102- PEARSON   |      |     | PEARSON, ROBERT                        | 2   | E-1102-BTU LIGHT  | 0700-0700   | FORE BAY           |
| DOZ PVT E-1104  |      |     | BURFORD, TONY                          | 2   | E-1104-BTU LIGHT  | 0700-1900   | FORE BAY           |
| DOZ PVT E-1099- AAA   |      |     | HATLER, TIM                            | 2   | E-1099-BTU LIGHT  | 0700-0700   | FORE BAY           |
| DOZ PVT E-20062- BENNETT  |      |     | ZEBALLA, JOHNATHAN                     | 3   | -20062-BTU LIGHT  | 0700-1900   | FORE BAY           |
| DOZ PVT E-20076-PALMER  |      |     | PALMER, JAMES                          | 2   | E-20076-BTU LIGHT | 0700-0700   | FORE BAY           |
| W/T PVT E-3 - LENAHAN'S   |      |     | PERRIOT, GERRAD                        | 2   | E-3-TGU BAT 4     | 0700-0700   | FORE BAY           |
| W/T1 PVT E-13 - ACT FAST  |      |     | ANDREW, TOMMY                          | 1   | E-13-TGU BAT 3    | 0700-1900   | FORE BAY           |
| W/T PVT E-14 - GARR   |      |     | GARR, TODD                             | 2   | E-14-POTTERS      | 0700-1900   | FORE BAY           |
| W/T PVT E-15 -DAVIS   |      |     | DAVIS                                  | 2   | E-15-POTTERS      | 0700-0700   | FORE BAY           |

7. Special Instructions:

See ICS 205 for Tactical Channel Assignments

| 8. Communications | Use 205 Page 1 - BUTTE ZONE |               |          |             |          |             |                         |  |  |  |
|-------------------|-----------------------------|---------------|----------|-------------|----------|-------------|-------------------------|--|--|--|
| Name<br>BUTTE CMD | Ch                          | Function      | Rx Freq  | Rx Tone     | Tx Freq  | Tx Tone     | Notes                   |  |  |  |
|                   | 1                           | 1 COMMAND     |          | 123.0 (T2)  | 159.0000 | 136.5 (T4)  | BUTTE COMMAND           |  |  |  |
| CDF A/G 1         | 14                          | AIR TO GROUND | 151.2200 | 192.8 (T16) | 151.2200 | 192.8 (T16) | **** AIR TO GROUND **** |  |  |  |
| CALCORD           | 15                          | MEDICAL       | 156.0750 | 156.7 (T6)  | 156.0750 | 156.7 (T6)  | MEDICAL COORDINATION    |  |  |  |
| AIRGUARD          | 16                          | AIRGUARD      | 168.6250 | 000.0       | 168.6250 | 110.9 (T1)  | EMERGENCY USE ONLY      |  |  |  |

Date/Time: 9/8/2020

9. Prepared by: Name:

Travis Rye

RESL

2200

Signature:

Personnel County

Personnel Count:

ICS 204

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

| 1. Incident Name:  | 2. Operational Period | l:  | )( )( )                               | 3. Branch                     | Division          |           |   |
|--|-----------------------|-----|---------------------------------------|-------------------------------|-------------------|-----------|---|
| Butte, Tehama, Glenn Co  | omple                 | €X  | Date From: 09/09/2<br>Time From: 0700 | 0 Date To:<br>Time To:        | 09/10/20<br>0700  | XIII      | ODD                                     |
| 4. Operations Personnel:   |                       |     |                                       | 10                            | *                 | 3 of 3    | Oscar/Delta                             |
| Operations Section Chief: Shane Laud Branch Director: Division/Group Supervisor: | erdale                | *)  | 1 = 3 =                               | Branch Safety:<br>Air Attack: |                   | ý         | · >==================================== |
| 5. Resources Assigned:   |                       | **  | Resources Below in E                  | 3old are 12 Hou               | ur **             |           |   |
| Resource Identifier  | ALS                   | LWD | Leader                                | Personnel                     | Request #         | Hours     | Reporting Location                      |
| W/T1 PVT E-17 - FORD   |                       |     | FORD, GARY                            | 2                             | E-17-POTTERS      | 0700-0700 | FORE BAY                                |
| W/T1 PVT E-23 - TWO BROTHER  |                       |     | GOMEZ, ART                            | 2                             | E-23-BTU LIGHT    | 0700-0700 | FORE BAY                                |
| W/T PVT E-28 - M & C   |                       |     | KIDWELL, JEREMY                       | 1                             | E-28-TGU BAT 4    | 0700-1900 | FORE BAY                                |
| W/T PVT E-30 - WEINRICH  |                       |     | WEINRICH, LUKE                        | 1                             | E-30-TGU BAT 4    | 0700-1900 | FORE BAY                                |
| W/T1 PVT E-43 - ACT FAST   |                       |     | PETER, RUSSELL                        | 2                             | E-43-TGU BAT 4    | 0700-0700 | FORE BAY                                |
| W/T PVT E-82 HOLMES  |                       |     | NEWLAND, H                            | 1                             | E-82-BTU LIGHT    | 0700-1900 | FORE BAY                                |
| W/T2 PVT E-1026 - WELLS  |                       |     | WELLS, JEFF                           | 2                             | E-1026-BTU LIGHT  | 0700-1900 | FORE BAY                                |
| W/T PVT E-1027 - DARRAH  |                       |     | KAUNDART, DAVE                        | 2                             | E-1027-BTU LIGHT  | 0700-0700 | FORE BAY                                |
| W/T PVT E-1028 - DARRAH  |                       |     | CRETTEN, BOB                          | 2                             | E-1028-BTU LIGHT  | 0700-1900 | FORE BAY                                |
| W/T1 PVT E-1030 - GRANT  |                       |     | GRANT, HANNAH                         | 2                             | E-1030-BTU LIGHT  | 0700-1900 | FORE BAY                                |
| MAST PVT E-1005 - SUNRISE  |                       |     | WILLIAMS, BRANDO                      | N 2                           | E-1005-BTU LIGHT  | 0700-1900 | FORE BAY                                |
| MAST PVT E-1006 - LEPAGE   |                       |     | GREER, MIKE                           | 1                             | E-1006-BTU LIGHT  | 0700-1900 | FORE BAY                                |
| MAST PVT E-1078- DIG IT  |                       |     | HOLLAND, CALEB                        | 2                             | E-1078-BTU LIGHT  | 0700-1900 | FORE BAY                                |
| FELL PVT E-1060 - LESLIE   |                       |     | LESLIE, PRESTON                       | 1                             | E-1060-BTU LIGHT  | 0700-1900 | FORE BAY                                |
| EXC2 PVT E-20100- PETER'S  |                       |     | HANAM, BILL                           | 1                             | E-20100-BTU LIGHT | 0700-1900 | FORE BAY                                |
| FALM MATNEY  |                       |     | MATNEY                                | 1                             | O-35-BTU LIGHT    | 0700-1900 | FORE BAY                                |
|  |                       |     |                                       |                               |                   |           |   |
|  |                       |     |                                       |                               |                   |           |   |
| 6. Work Assignments:   |                       |     |                                       |                               |                   |           |   |

#### 7. Special Instructions:

See ICS 205 for Tactical Channel Assignments

| 8. Communications | Use 205 Page 1 - BUTTE ZONE |               |          |             |          |             |                         |  |  |  |  |
|-------------------|-----------------------------|---------------|----------|-------------|----------|-------------|-------------------------|--|--|--|--|
| Name<br>BUTTE CMD | Ch                          | Function      | Rx Freq  | Rx Tone     | Tx Freq  | Tx Tone     | Notes                   |  |  |  |  |
|                   | 1                           | COMMAND       | 154.4150 | 123.0 (T2)  | 159.0000 | 136.5 (T4)  | BUTTE COMMAND           |  |  |  |  |
| CDF A/G 1         | 14                          | AIR TO GROUND | 151.2200 | 192.8 (T16) | 151.2200 | 192.8 (T16) | **** AIR TO GROUND **** |  |  |  |  |
| CALCORD           | 15                          | MEDICAL       | 156.0750 | 156.7 (T6)  | 156.0750 | 156.7 (T6)  | MEDICAL COORDINATION    |  |  |  |  |
| AIRGUARD          | 16                          | AIRGUARD      | 168.6250 | 0.000       | 168.6250 | 110.9 (T1)  | EMERGENCY USE ONLY      |  |  |  |  |

9. Prepared by: Name:

Travis Rye

RESL

Signature: /

Personnel Count:

ICS 204

Date/Time: 9/8/2020

2200

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

| 1. Incident Name:  |          |       | 2. Operational Period:                 | 3. Branch                                   | Division   |             |                    |
|--|----------|-------|--|---|--|-------------|--------------------|
| Butte, Tehama, Glenn   | Comple   | X     | Date From: 09/09/20<br>Time From: 0700 | Date To:<br>Time To:                        | 09/10/20<br>0700   | XIII        | EVEN               |
| 4. Operations Personnel:   |          |       | K                                      | ě.  |  | Page 1 of 1 |                    |
| Operations Section Chief: Shane La Branch Director: Division/Group Supervisor: | uderdale | Jim H | ludson (T)                             | Night Ops:<br>Branch Safety:<br>Air Attack: | Shawn Raley  |             |                    |
| 5. Resources Assigned:   |          | **    | Resources Below in Bol                 | d are 12 Hou                                | r **   |             |                    |
| Resource Identifier  | ALS      | LWD   | Leader                                 | Personnel                                   | Request #  | Hours       | Reporting Location |
| STC BTU 9210C  |          |       | KENNEFIC, MICHAEL                      | 17  | E-20119-BTU LIGHT  | 0700-0700   | FORE BAY           |
| STC TGU 9250C  |          |       | DESMET, BRIAN                          | 19  | 200054-BTU LIGHT   | 0700-0700   | FORE BAY           |
| STC BDU 9351C  |          |       | PIDGEON, JOE                           | 16  | E-20138-BTU LIGHT  | 0700-0700   | FORE BAY           |
| STC XCA 4055C  |          |       | BROWN, PAT                             | 18  | E-20105-BTU LIGHT  | 0700-0700   | FORE BAY           |
| STC XTB 4228C  |          |       | DANEN, JASON                           | 20  | E-20080-BTU LIGHT  |             | FORE BAY           |
| STC XSB 1522C  | X        |       | GALLAGHER, MICHAEL                     | 20  | E-20139-BTU LIGHT  | 0700-0700   | FORE BAY           |
| STF XTU 5185F  |          |       | RUSSELL, RAYMOND                       | 17  | E-20134-BTU LIGHT  | 0700-0700   | FORE BAY           |
| STG TGU 9212G  |          |       | FINKENKELLER, KEVIN                    | 34  | C-23009-BTU LIGHT  | 0700-0700   | FORE BAY           |
| STG LMU 9223G  |          |       | BONNER, CHRIS                          | 30  | C-23024-BTU LIGHT  | 0700-0700   | FORE BAY           |
| STG SHU 9246G  |          |       | CHENOWETH, DAN                         | 25  | 2-33001-BTU LIGHT  | 0700-0700   | FORE BAY           |
| STG SKU 9260G  |          |       | PINDELL, SETH                          | 33  | The state of the s | 0700-0700   | FORE BAY           |
| STG AEU 9273G  |          |       | CHOLICO, ALEJANDRO                     | 33  | 2-23026-BTU LIGHT  | 0700-0700   | FORE BAY           |
| STG AEU 9275G  |          |       | DRUMMOND, HOWARD                       | 69  | C-3000-BTU LIGHT   | 0700-0700   | FORE BAY           |
| STG RRU 9315G  |          |       | LORD, DAVE                             | 29  | 2-23011-BTU LIGHT  | 0700-0700   | FORE BAY           |
| STG TUU 9413G  |          |       | JOHNSON, SAM                           | 33  | C-23027-BTU LIGHT  | 0700-0700   | FORE BAY           |
| STG MMU 9424G  |          |       | COMSTOCK, HUNTER                       | 33  | C-23015-BTU LIGHT  |             | FORE BAY           |
| STG FKU 9435G  |          |       | CASTILLO, ROBERT                       | 27  | C-23008-BTU LIGHT  | 0700-0700   | FORE BAY           |
| STG TCU 9444G  |          |       | BISHOP, JAMES                          | 33  | C-23012-BTU LIGHT  |             | FORE BAY           |
| STH AEU 9270H  |          |       | ABELOE, MARK                           | 30  | C-23016-BTU LIGHT  | 0700-0700   |                    |
| 6. Work Assignments:   |          |       |  |   |  |             |                    |

#### 7. Special Instructions:

See ICS 205 for Tactical Channel Assignments

| 8. Communications | Use 2 | Use 205 Page 1 - BUTTE ZONE |          |             |          |             |                         |  |  |  |  |  |
|-------------------|-------|-----------------------------|----------|-------------|----------|-------------|-------------------------|--|--|--|--|--|
| Name<br>BUTTE CMD | Ch    | Function                    | Rx Freq  | Rx Tone     | Tx Freq  | Tx Tone     | Notes                   |  |  |  |  |  |
|                   | 1     | COMMAND                     | 154.4150 | 123.0 (T2)  | 159.0000 | 136.5 (T4)  | BUTTE COMMAND           |  |  |  |  |  |
| CDF A/G 1         | 14    | AIR TO GROUND               | 151.2200 | 198.2 (T16) | 151.2200 | 198.2 (T16) | **** AIR TO GROUND **** |  |  |  |  |  |
| CALCORD           | 15    | MEDICAL                     | 156.0750 | 156.7 (T6)  | 156.0750 | 156.7 (T6)  | MEDICAL COORDINATION    |  |  |  |  |  |
| AIRGUARD          | 16    | AIRGUARD                    | 168.6250 | 0.000       | 168.6250 | 110.9 (T1)  | EMERGENCY USE ONLY      |  |  |  |  |  |

9. Prepared by: Name:

Travis Rye

RESL

Signature: /

Personnel Count: 5

ICS 204

Date/Time: 9/8/2020 2200

| 1. Incident Name:   |             | 2. Operation             | nal Period: | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3. Branch   | Division                |                  |                          |                         |  |
|---|-------------|--------------------------|-------------|---|-------------|-------------------------|------------------|--------------------------|-------------------------|--|
| Butte, Teham  | a, Glenn Co | omple                    |             | Date From:                              | 09/09/20    | Date To:                | 09/10/20<br>0700 | XIV                      |                         |  |
| 4. Operations Pers  | onnel:      |                          |             |   | 7           | 3,111,15                | 7 71 77          | Page 1 of 1              |                         |  |
| Operations Section Chief:<br>Branch Director:<br>Division/Group Supervisor: | Shane Laud  | erdale                   | , Jim H     | ludson (T) Nig<br>Branch<br>Air         |             |                         |                  |                          |                         |  |
| 5. Resources Assign   | ed:         |                          | **          | Resources                               | Below in Bo | ld are 12 Hou           | r **             |                          |                         |  |
| Resource Identifier   |             | ALS                      | LWD         | Le                                      | ader        | Personnel               | Request #        | Hours                    | Reporting Location      |  |
|   |             |                          |             |   |             |                         |                  |                          |                         |  |
|   |             |                          |             |   |             |                         |                  |                          |                         |  |
|   |             |                          |             |   |             |                         |                  |                          |                         |  |
|   |             |                          |             |   |             |                         |                  |                          |                         |  |
|   |             |                          |             |   |             | 1                       |                  |                          |                         |  |
|   |             |                          |             |   |             |                         |                  |                          |                         |  |
|   |             |                          |             |   |             |                         |                  |                          |                         |  |
|   |             |                          |             |   |             |                         |                  |                          |                         |  |
|   |             |                          |             |   |             |                         |                  |                          |                         |  |
|   |             |                          |             |   |             |                         |                  |                          |                         |  |
|   |             |                          |             |   |             |                         |                  |                          |                         |  |
| 6. Work Assignments   | 993))       |                          |             |   |             |                         |                  |                          |                         |  |
| 7. Special Instruction<br>See ICS 205 for Taction                           |             | ssignm                   | ents        |   |             |                         |                  |                          |                         |  |
| 8. Communications   |             | Use 2                    | 05 Pag      | e 1 - BUTTE                             | ZONE        | ·                       |                  |                          |                         |  |
| Name  |             | Ch                       | F           | unction                                 | Rx Freq     | Rx Tone                 | Tx Freq          | Tx Tone                  | Notes                   |  |
| BUTTE CMD   |             | 1                        | СО          | MMAND                                   | 154.4150    | 123.0 (T2)              | 159.0000         | 136.5 (T4)               | BUTTE COMMAND           |  |
| CDF A/G 1   |             | 14                       | AIR TO      | GROUND                                  | 151.2200    | 192.8 (T16)             | 151.2200         | 192.8 (T16)              | **** AIR TO GROUND **** |  |
| CALCORD   |             | 15                       |             | EDICAL                                  | 156.0750    | 156.7 (T6)              | 156.0750         | 156.7 (T6)               | MEDICAL COORDINATION    |  |
| AIRGUARD  |             | 16                       |             | GUARD                                   | 168.6250    | 000.0                   | 168.6250         | 110.9 (T1)               | EMERGENCY USE ONLY      |  |
| 9. Prepared by: Name  | ):          | Travis                   |             |   |             | RESL                    | Signature:       |                          |                         |  |
| ICS 204   |             | Date/Time: 9/8/2020 2200 |             |   |             | 2200 Personnel Count: 0 |                  |                          |                         |  |
| NIMS IAP  |             |                          |             |   |             | CONT                    | ROLLED UNCLASS   | IFIED INFORMATION//BASIC |                         |  |

| 1. Incident Name:   |              |  |         | 2. Operational Period:   |                 |                               |                  | 3. Branch   | Division                |  |  |
|---|--------------|--|---------|--------------------------|-----------------|-------------------------------|------------------|-------------|-------------------------|--|--|
| Butte, Tehama   | , Glenn Co   | omple                                      | x       | Date From:<br>Time From: |                 | Date To:<br>Time To:          | 09/10/20<br>0700 | XIV         |                         |  |  |
| 4. Operations Perso   | nnel:        |  | 10      |                          | 7               |                               | *                | Page 1 of 1 |                         |  |  |
| Operations Section Chief:<br>Branch Director:<br>Division/Group Supervisor: |              | erdale                                     |         |                          |                 | Branch Safety:<br>Air Attack: | 1 1              |             | (W<br>! [               |  |  |
| 5. Resources Assigne  | d:           |  | _       | Resources                |                 |                               |                  |             |                         |  |  |
| Resource Identifier   |              | ALS  | LWD     | Le                       | ader            | Personnel                     | Request #        | Hours       | Reporting Location      |  |  |
|   |              | -  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  | -       |                          |                 |                               |                  |             |                         |  |  |
|   |              | _  | +       |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
| 6. Work Assignments:  |              |  |         |                          |                 |                               |                  |             |                         |  |  |
| 3   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
| 7. Special Instructions   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
| See ICS 205 for Tactica   | I Channel As | ssignm                                     | ents    |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
|   |              |  |         |                          |                 |                               |                  |             |                         |  |  |
| 8. Communications   |              | Use 2                                      | 05 Pag  | je 1 - BUTTE             | ZONE            |                               |                  |             |                         |  |  |
| Name  |              | Ch   | _       | unction                  | Rx Freq         | Rx Tone                       | Tx Freq          | Tx Tone     | Notes                   |  |  |
| BUTTE CMD   |              | 1  |         | MMAND                    | 154.4150        | 123.0 (T2)                    | 159.0000         | 136.5 (T4)  | BUTTE COMMAND           |  |  |
|   |              |  | 2.01005 |                          | 7.30.00 5.00.00 |                               |                  |             | DOTTE COMMENTE          |  |  |
| CDF A/G 1   |              | 14   | AIR T   | O GROUND                 | 151.2200        | 192.8 (T16)                   | 151.2200         | 192.8 (T16) | **** AIR TO GROUND **** |  |  |
| CALCORD   |              | 15   | M       | EDICAL                   | 156.0750        | 156.7 (T6)                    | 156.0750         | 156.7 (T6)  | MEDICAL COORDINATION    |  |  |
| AIRGUARD  |              | 16 AIRGUARD 168.6250                       |         |                          | 168.6250        | 0.000                         | 168.6250         | 110.9 (T1)  | EMERGENCY USE ONLY      |  |  |
| 9. Prepared by: Name:   |              | Travis                                     | Rye     |                          |                 | RESL                          |                  | _/          | 11                      |  |  |
|   |              |  |         |                          |                 |                               | Signature        | -p/         |                         |  |  |
| ICS 204   | 9            |  |         | Date/Time:               | 9/8/2020        | 2200                          |                  | Per         | sonnel Count: 0         |  |  |
| NIMS IAP  |              | CONTROLLED UNCLASSIFIED INFORMATION//BASIC |         |                          |                 |                               |                  |             |                         |  |  |

| 1. Incident Name:  |         | 2. Operation                            | onal Period:          |                          | 3. Branch  | Division                 |                         |
|--|---------|---|-----------------------|--------------------------|------------|--------------------------|-------------------------|
| Butte, Tehama, Glenn C   | omple   |   | Commission Commission | Date To:                 | 09/10/20   | Separation of the        |                         |
|  |         | Time From                               |                       | Time To:                 | 0700       | XIV                      |                         |
| 4. Operations Personnel:   |         | (6)                                     |                       |                          |            | Page 1 of 1              | 1                       |
| Operations Section Chief: Shane Lau  | derdale | , Jim Hudson (T)                        |                       | Night Ops:               | Shawn Rale |                          |                         |
| Branch Director:   |         | , | *                     | Branch Safety:           | 95         | •                        | •                       |
| Division/Group Supervisor:   |         | 4                                       | Air Attack:           |                          |            |                          | 38 JIE 5 3              |
| 5. Resources Assigned:   |         | ** Resources                            | Below in Bo           | ld are 12 Hou            | r **       |                          |                         |
| Resource Identifier  | ALS     | LWD Le                                  | eader                 | Personnel Request #      |            |                          | Reporting Location      |
|  |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          | 8                       |
|  | -       |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
|  | -       |   |                       |                          |            |                          |                         |
|  | -       |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
| C.W  | -yl     |   |                       |                          |            |                          |                         |
| 6. Work Assignments:   |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
| 7. Special Instructions:   |         |   |                       |                          |            |                          |                         |
| See ICS 205 for Tactical Channel A   | ssignm  | ents                                    |                       |                          |            |                          |                         |
| The state of the s |         |   |                       |                          |            |                          |                         |
|  |         |   |                       |                          |            |                          |                         |
|  |         | /                                       |                       |                          |            |                          |                         |
| 8. Communications  |         | 05 Page 1 - BUTT                        |                       | D. T                     | T. F.      |                          |                         |
| Name<br>BUTTE CMD  | Ch      | Function                                | Rx Freq               | Rx Tone                  | Tx Freq    | Tx Tone                  | Notes                   |
| BOTTE CIMID  | 1       | COMMAND                                 | 154.4150              | 123.0 (T2)               | 159.0000   | 136.5 (T4)               | BUTTE COMMAND           |
| CDF A/G 1  | 14      | AIR TO GROUND                           | 151.2200              | 192.8 (T16)              | 151.2200   | 192.8 (T16)              | **** AIR TO GROUND **** |
| CALCORD  | 15      | MEDICAL                                 | 156.0750              | 156.7 (T6)               | 156.0750   | 156.7 (T6)               | MEDICAL COORDINATION    |
| AIRGUARD   | 16      | AIRGUARD                                | 168.6250              | 000.0                    | 168.6250   | 110.9 (T1)               | EMERGENCY USE ONLY      |
| 9. Prepared by: Name:  | Rye     |   | RESL                  |                          |            | LINE TO LIVE TO USE ONLY |                         |
|  |         | 201. G <b>.</b>                         |                       | Signature:               |            |                          |                         |
| ICS 204  |         | Date/Time:                              | 9/8/2020              | 2200                     |            |                          | sonnel Count: 0         |
| NIMS IAP   |         |   |                       | IFIED INFORMATION//BASIC |            |                          |                         |

| 1. Incident Name:                |               | 2. Operational Period: |         |              |  | 3. Branch      | Division   |                          |   |
|----------------------------------|---------------|------------------------|---------|--------------|--|----------------|--|--------------------------|---|
| Butte, Teham                     | a, Glenn C    | omple                  | ex      | Date From:   | 09/09/20   | Date To:       | 09/10/20   | VV                       |   |
|                                  |               |                        |         | Time From:   | 0700   | Time To:       | 0700   | XV                       |   |
| 4. Operations Pers               | onnel:        |                        |         | *            |  | *              | - Visioniss  | Page 1 of 1              |   |
| Operations Section Chief         |               | derdale                | , Jim F | ludson (T)   |  | Night Ops:     | Shawn Rale   | y                        | 1 020   |
| Branch Director                  | (6)           |                        |         |              |  | Branch Safety: |  |                          |   |
| Division/Group Supervisor        |               |                        |         |              |  | Air Attack:    |  | -                        | 9   |
| 5. Resources Assign              | ied:          | 41.0                   |         |              |  | ld are 12 Hou  |  |                          | 10-20 - 100 |
| Resource Identifier              |               | ALS                    | LWD     | Le           | ader   | Personnel      | Request #  | Hours                    | Reporting Location  |
|                                  |               | -                      |         |              |  |                |  |                          |   |
|                                  |               | +                      |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
| 6. Work Assignment               | g.            |                        |         |              |  |                |  |                          |   |
| o. Work Addiginion               | •             |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
| 7. Special Instruction           |               |                        |         |              |  |                |  |                          |   |
| See ICS 205 for Taction          | cal Channel A | ssignm                 | ents    |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
|                                  |               |                        |         |              |  |                |  |                          |   |
| 8. Communications                |               | llee 2                 | 05 Pac  | je 1 - BUTTE | ZONE   |                |  |                          |   |
| Name                             |               | Ch                     | _       | unction      | Rx Freq  | Rx Tone        | Tx Freq  | Tx Tone                  | Notes   |
| BUTTE CMD                        |               | 1                      |         | MMAND        | 154.4150   | 123.0 (T2)     | 159.0000   | 136.5 (T4)               | PERSONAL CONTRACTOR CONTRACTOR  |
|                                  |               |                        |         | TOTAL STATE  | 104.4100   | 120.0 (12)     | 100.0000   | 100.0 (14)               | BUTTE COMMAND   |
| CDF A/G 1                        |               | 14                     | AIR TO  | O GROUND     | 151.2200   | 192.8 (T16)    | 151.2200   | 192.8 (T16)              | **** AIR TO GROUND ****   |
| CALCORD                          |               | 15                     |         |              |  | 156.7 (T6)     | 156.0750   | 156.7 (T6)               | MEDICAL COORDINATION  |
| AIRGUARD                         |               | 16 AIRGUARD 168.6250   |         |              | 000.0  | 168.6250       | 110.9 (T1)   | EMERGENCY USE ONLY       |   |
| 9. Prepared by: Name: Travis Rye |               |                        |         |              |  | RESL           |  | /                        | 1-  |
|                                  |               |                        | H       |              |  | Signature:     |  |                          |   |
| ICS 204                          | <u> </u>      |                        |         | Date/Time:   | 9/8/2020   | 2200           | - A Transfer of the Control of the C | Per                      | sonnel Count: 0   |
| NIMS IAP                         |               |                        |         |              | A SOUTH THE THE STATE OF THE ST | CONT           |  | IFIED INFORMATION//BASIC |   |

CONTROLLED UNCLASSIFIED

| 1. Incident Name:  |                         |        | nal Period: | (100 20                 | ,              | 3. Branch   | Division     |                         |
|--|-------------------------|--------|-------------|-------------------------|----------------|-------------|--------------|-------------------------|
| Butte, Tehama, Glenn Co                                      | mple                    | x      | Date From:  | 10.5000 (0.000) (0.000) | Date To:       | 09/10/20    | 0XXV-03X273B | Division                |
|  |                         |        | Time From:  |                         | Time To:       | 0700        | XV           |                         |
| 4. Operations Personnel:                                     |                         |        | *           | 0,00                    | 11110 10.      | 0,00        | Page 1 of 1  |                         |
| Operations Section Chief: Shane Laude                        | erdale                  | Jim H  | udson (T)   |                         | Night Ops:     | Shawn Rale  |              |                         |
| Branch Director:   |                         | ,      |             |                         | Branch Safety: |             | ,            | ×                       |
| Division/Group Supervisor:                                   |                         |        |             |                         | Air Attack:    |             |              | * * * *                 |
| 5. Resources Assigned:                                       |                         | **     | Resources   | Below in Bo             | ld are 12 Hou  | ır **       |              |                         |
| Resource Identifier  | ALS                     | LWD    | Le          | ader                    | Personnel      | Request #   | Hours        | Reporting Location      |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
|  |                         |        |             |                         |                |             |              |                         |
| 6. Work Assignments:   |                         |        |             |                         |                | ¥           |              |                         |
| 7. Special Instructions: See ICS 205 for Tactical Channel As | signm                   | ents   |             |                         |                |             |              |                         |
| 8. Communications  | Use 2                   | 05 Pag | e 1 - BUTTE | ZONE                    |                |             |              | 1                       |
| Name   | Ch                      | Fi     | unction     | Rx Freq                 | Rx Tone        | Tx Freq     | Tx Tone      | Notes                   |
| BUTTE CMD  | 1                       | co     | MMAND       | 154.4150                | 123.0 (T2)     | 159.0000    | 136.5 (T4)   | BUTTE COMMAND           |
|  |                         |        |             |                         |                |             |              |                         |
| CDF A/G 1  | 14                      |        | GROUND      | 151.2200                | 192.8 (T16)    | 151.2200    | 192.8 (T16)  | **** AIR TO GROUND **** |
| CALCORD  | 15                      |        | EDICAL      | 156.0750                | 156.7 (T6)     | 156.0750    | 156.7 (T6)   | MEDICAL COORDINATION    |
| AIRGUARD   | 16                      |        | GUARD       | 168.6250                | 000.0<br>RESL  | 168.6250    | 110.9 (T1)   | EMERGENCY USE ONLY      |
| 9. Prepared by: Name:  | ed by: Name: Travis Rye |        |             |                         |                |             |              |                         |
| ICS 204  |                         |        | Date/Time:  | 9/8/2020                | 2200           | Signature:/ | Per          | sonnel Count: 0         |

| 1. Incident Name:                |               | 2. Operation | nal Period: |               | 3. Branch                                | Division                |            |                           |                          |
|----------------------------------|---------------|--------------|-------------|---------------|--|-------------------------|------------|---------------------------|--------------------------|
| Butte, Teham                     | a, Glenn Co   | omple        |             | Date From:    |  | Date To:                | 09/10/20   |                           |                          |
|                                  |               |              | 32.73       | Time From:    |  | Time To:                | 0700       | XV                        |                          |
| 4. Operations Pers               | onnel:        | -            |             |               | -  |                         | 7          | Page 1 of 1               |                          |
| Operations Section Chief:        |               | erdale       | , Jim H     | udson (T)     |  | Night Ops:              | Shawn Rale |                           |                          |
| Branch Director:                 |               |              |             | 1000 CON 1000 | E.                                       | Branch Safety:          |            | •                         |                          |
| Division/Group Supervisor:       |               |              | *           | Air Ai        |  |                         |            |                           |                          |
| 5. Resources Assign              | ed:           | 5            | **          | Resources     | Below in Bo                              | ld are 12 Hou           | r **       |                           |                          |
| Resource Identifier              |               | ALS          | LWD         | Le            | ader                                     | Personnel               | Request #  | Hours                     | Reporting Location       |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              | $\perp$     |               |  |                         |            |                           |                          |
| 6. Work Assignments              | •             |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
| 7. Special Instruction           | s:            |              |             |               |  |                         |            |                           |                          |
| See ICS 205 for Taction          | al Channel As | signm        | ents        |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
|                                  |               |              |             |               |  |                         |            |                           |                          |
| 8. Communications                |               |              |             | e 1 - BUTTE   | The second second second                 |                         |            |                           | 27.7                     |
| Name                             |               | Ch           |             | unction       | Rx Freq                                  | Rx Tone                 | Tx Freq    | Tx Tone                   | Notes                    |
| BUTTE CMD                        |               | 1            | CO          | MMAND         | 154.4150                                 | 123.0 (T2)              | 159.0000   | 136.5 (T4)                | BUTTE COMMAND            |
| CDF A/G 1                        |               | 14           | AID TO      | GROUND        | 151.2200                                 | 192.8 (T16)             | 151.2200   | 102 9 (T16)               |                          |
| CALCORD                          |               | 15           |             | EDICAL        | 151.2200                                 | 156.7 (T6)              | 151.2200   | 192.8 (T16)<br>156.7 (T6) | **** AIR TO GROUND ****  |
| AIRGUARD                         |               | 16           |             | GUARD         | 168.6250                                 | 000.0                   | 168.6250   | 110.9 (T1)                | MEDICAL COORDINATION     |
| 9. Prepared by: Name: Travis Rye |               |              |             | COAILD        | 100.0200                                 | RESL                    | 100.0200   | 110.0 (11)                | EMERGENCY USE ONLY       |
| o. i Toparoa by Hallie           | TIEVIS        | Type         |             |               | Signature:                               |                         |            |                           |                          |
| ICS 204                          |               |              |             | Date/Time:    | 9/8/2020                                 | 2200 Personnel Count: 0 |            |                           |                          |
| NIMS IAP                         |               |              |             |               | -, -, -, -, -, -, -, -, -, -, -, -, -, - |                         | CONT       |                           | IFIED INFORMATION//BASIC |

CONTROLLED UNCLASSIFIED

| Z 1 2 2 2 1 2 1 1            | 7100                |              |                   | (100 20        | ,  |                | RMATION//BASIC            |  |
|------------------------------|---------------------|--------------|-------------------|----------------|--|----------------|---------------------------|--|
| 1. Incident Name:            |                     | 2. Operation | medical Control   | 1202 8 8-8     | D. Control of the Con | 3. Branch      | Division                  |  |
| Butte, Tehama, C             | Blenn Complex       | Date From:   | 09/09/20          | Date To:       | 09/10/20   | XVI            |                           |  |
|                              |                     | Time From:   | 0700              | Time To:       | 0700   |                |                           |  |
| 4. Operations Personn        |                     |              |                   |                |  | Page 1 of 1    |                           |  |
| Operations Section Chief: Sh | ane Lauderdale, Jim | Hudson (T)   |                   | Night Ops:     | Shawn Rale   | У              |                           |  |
| Branch Director:             | 100 100 100         |              | 8                 | Branch Safety: |  |                |                           |  |
| Division/Group Supervisor:   |                     | XXXX         | MAN TO 1000 12000 | Air Attack:    |  |                | 1                         |  |
| 5. Resources Assigned:       |                     |              | 120,000           | ld are 12 Hou  | r  |                |                           |  |
| Resource Identifier          | ALS LWD             | Lea          | ader              | Personnel      | Request #  | Hours          | Reporting Location        |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   | -              |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
| 720-020 9 30 00 00           |                     |              |                   |                |  |                |                           |  |
| 6. Work Assignments:         |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
| 7. Special Instructions:     |                     |              |                   |                |  |                |                           |  |
| See ICS 205 for Tactical C   | hannel Assignments  |              |                   |                |  |                |                           |  |
| Coc 100 200 for Tablicar C   | mariner Assignments |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
|                              |                     |              |                   |                |  |                |                           |  |
| 8. Communications            | Use 205 Pa          | ge 1 - BUTTE | ZONE              |                |  |                | 2"                        |  |
| Name                         | Ch I                | unction      | Rx Freq           | Rx Tone        | Tx Freq  | Tx Tone        | Notes                     |  |
| BUTTE CMD                    | 1 C                 | DNAMMC       | 154.4150          | 123.0 (T2)     | 159.0000   | 136.5 (T4)     | BUTTE COMMAND             |  |
|                              |                     |              |                   |                |  | 71. 500        |                           |  |
| CDF A/G 1                    | 14 AIR 7            | O GROUND     | 151.2200          | 192.8 (T16)    | 151.2200   | 192.8 (T16)    | **** AIR TO GROUND ****   |  |
| CALCORD                      | 15 N                | 1EDICAL      | 156.0750          | 156.7 (T6)     | 156.0750   | 156.7 (T6)     | MEDICAL COORDINATION      |  |
| AIRGUARD                     | 16 AI               | RGUARD       | 168.6250          | 0.000          | 168.6250   | 110.9 (T1)     | EMERGENCY USE ONLY        |  |
| 9. Prepared by: Name:        | Travis Rye          |              |                   | RESL           |  | 111            |                           |  |
|                              |                     |              |                   | Signature      |  |                |                           |  |
| ICS 204                      |                     | Date/Time:   | 9/8/2020          | 2200           |  | Per            | sonnel Count: 0           |  |
| NIMS IAP                     |                     |              |                   |                | CONT   | ROLLED UNCLASS | SIFIED INFORMATION//BASIC |  |

| 1. Incident Name:   |               | 2. Operatio | nal Period: |                        | 3. Branch   | Division                                    |                     |                          |                         |  |
|---|---------------|-------------|-------------|------------------------|-------------|---|---------------------|--------------------------|-------------------------|--|
| Butte, Tehama   | a, Glenn Co   | omple       | ×           | Date From:             | 09/09/20    | Date To:                                    | 09/10/20            | XVI                      |                         |  |
|   |               |             |             | Time From:             | 0700        | Time To:                                    | 0700                | AVI                      |                         |  |
| 4. Operations Pers  | onnel:        |             |             |                        |             |   | ,                   | Page 1 of 1              |                         |  |
| Operations Section Chief: Branch Director: Division/Group Supervisor: | Shane Laud    | erdale      | , Jim H     | udson (T)              | ,<br>H.H.   | Night Ops:<br>Branch Safety:<br>Air Attack: | Shawn Rale          | <b>y</b>                 | *                       |  |
| 5. Resources Assign   | ed:           |             | **          | Resources              | Below in Bo | ld are 12 Hou                               | r **                |                          | -                       |  |
| Resource Identifier   | 4             | ALS         | LWD         |                        | ader        | Personnel                                   | Request #           | Hours                    | Reporting Location      |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               | _           |             |                        |             |   |                     |                          |                         |  |
|   |               |             | -           |                        |             |   |                     |                          |                         |  |
|   |               |             | _           |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             | $\bot$      |                        |             |   |                     |                          |                         |  |
| 6. Work Assignments   | <b>3</b> :    |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
| 7. Special Instruction  | s:            |             |             |                        |             |   |                     |                          |                         |  |
| See ICS 205 for Taction   | al Channel As | ssignm      | ents        |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        |             |   |                     |                          |                         |  |
|   |               |             |             |                        | *)          |   |                     |                          |                         |  |
| 8. Communications   |               | Hee 2       | OF Dog      | o 4 DUTTE              | ZONE        |   |                     |                          |                         |  |
| Name  |               | Ch          |             | e 1 - BUTTE<br>unction | Rx Freq     | Rx Tone                                     | Ty Frog             | Tx Tone                  | Notes                   |  |
| BUTTE CMD   |               | 1           | _           | MMAND                  | 154.4150    | 123.0 (T2)                                  | Tx Freq<br>159.0000 | 136.5 (T4)               | Notes                   |  |
| DOTTE CIVID   |               |             | - 00        | IVIIVIAIVD             | 154.4150    | 123.0 (12)                                  | 139.0000            | 130.3 (14)               | BUTTE COMMAND           |  |
| CDF A/G 1   |               | 14          | AIR TO      | O GROUND               | 151.2200    | 192.8 (T16)                                 | 151.2200            | 192.8 (T16)              | **** AIR TO GROUND **** |  |
| CALCORD   |               | 15          |             | EDICAL                 | 156.0750    | 156.7 (T6)                                  | 156.0750            | 156.7 (T6)               | MEDICAL COORDINATION    |  |
| AIRGUARD  |               | 16          | -           | RGUARD                 | 168.6250    | 000.0                                       | 168.6250            | 110.9 (T1)               | EMERGENCY USE ONLY      |  |
| 9. Prepared by: Name  | :             | Travis      |             |                        |             | RESL  |                     | //                       |                         |  |
| . 65  |               |             |             |                        | Signature   |   |                     |                          |                         |  |
| ICS 204   |               |             |             | Date/Time:             | 9/8/2020    | 2200  |                     |                          | sonnel Count: 0         |  |
| NIMS IAP  |               |             |             |                        |             | CONT  |                     | IFIED INFORMATION//BASIC |                         |  |

#### ASSIGNMENT LIST (ICS 204 WF) CONTROLLED UNCLASSIFIED INFORMATION//BASIC

| 1. Incident Name:  |         | 2. 0   | peratio            | nal Period:      |   | 3. Branch        | Division    |                         |
|--|---------|--|--------------------|------------------|---|------------------|-------------|-------------------------|
| Butte, Tehama, Glenn C   | omple   | 1915. N. 1977. N. 197 | e From:<br>e From: | 09/09/20<br>0700 | Date To:<br>Time To:                        | 09/10/20<br>0700 | XVI         |                         |
| 4. Operations Personnel:   |         |  | 1                  |                  | 7   |                  | Page 1 of 1 |                         |
| Operations Section Chief: Shane Lauc<br>Branch Director:<br>Division/Group Supervisor: | lerdale | , Jim Huds   | on (T)             | e <u>u</u> 1     | Night Ops:<br>Branch Safety:<br>Air Attack: |                  |             |                         |
| 5. Resources Assigned:   |         | ** Res   | ources             | Below in Bo      | ld are 12 Hou                               | ır **            |             |                         |
| Resource Identifier  | ALS     | LWD  | Lea                | ader             | Personnel                                   | Request #        | Hours       | Reporting Location      |
|  |         |  |                    |                  |   |                  |             |                         |
|  |         |  |                    |                  |   |                  |             |                         |
|  |         |  |                    |                  |   |                  |             |                         |
|  | -       |  |                    |                  |   |                  |             |                         |
|  |         |  |                    |                  |   |                  |             |                         |
|  |         |  |                    |                  |   |                  |             |                         |
|  |         |  |                    |                  |   |                  |             |                         |
|  |         |  |                    |                  |   |                  |             |                         |
|  |         |  |                    |                  |   |                  |             |                         |
|  |         |  |                    |                  |   |                  |             |                         |
|  |         |  |                    |                  |   |                  |             |                         |
|  |         |  |                    |                  |   |                  |             |                         |
| 6. Work Assignments:   |         |  |                    |                  |   |                  |             |                         |
| 7. Special Instructions: See ICS 205 for Tactical Channel A                            | ssignm  | ents   |                    |                  |   |                  |             |                         |
| 8. Communications  | Use 2   | 05 Page 1  | BUTTE              | ZONE             |   | Ä.               |             |                         |
| Name   | Ch      | Funct  | on                 | Rx Freq          | Rx Tone                                     | Tx Freq          | Tx Tone     | Notes                   |
| BUTTE CMD  | 1       | COMM   | AND                | 154.4150         | 123.0 (T2)                                  | 159.0000         | 136.5 (T4)  | BUTTE COMMAND           |
| CDF A/G 1  | 14      | AIR TO GE  | ROUND              | 151.2200         | 192.8 (T16)                                 | 151.2200         | 192.8 (T16) | **** AIR TO GROUND **** |
| CALCORD  | 15      | MEDIC  | AL                 | 156.0750         | 156.7 (T6)                                  | 156.0750         | 156.7 (T6)  | MEDICAL COORDINATION    |
| AIRGUARD   | 16      | AIRGU  | ARD                | 168.6250         | 000.0                                       | 168.6250         | 110.9 (T1)  | EMERGENCY USE ONLY      |
| 9. Prepared by: Name:  | Travis  | Rye  |                    |                  | RESL  | Signature:       | 1/2         | _                       |
| ICS 204<br>NIMS IAP  | -       | Dat  | e/Time:            |                  |   | sonnel Count: 0  |             |                         |

#### SAFETY MESSAGE

#### NORTH ZONE

September 9, 2020 0700-0700



E

V

#### GENERAL ILLNESS

#### FATIGUE, HOT WEATHER, HARD EXHAUSTIVE WORK PUTS US AT RISK

#### Watch Out

- Hot weather causes dehydration, heat exhaustion and serious medical emergencies
- · Hard exhaustive work increases core temperature, weakens the body's ability to function healthy and causes fatigue
- Fatigue Causes poor judgement and decreased work performance affecting safety

#### Mitigation

L

D

E

R

S

N

T

E

N

- Proper nutrition, rest and hydration reduces fatigue and exhaustion emergencies
- Drink plenty of water and eat right- START EARLY reduce caffeine input
- Take breaks throughout the work-period and take measures to cool down

#### UNDERSTANDING THE PLAN

Multiple Agencies Working in Coordination

#### Watch Out

- Operational briefing not being passed down to lowest level
- Objectives not clear
- Lack of participation at briefings

#### Mitigations

- · Leaders have the responsibility to provide complete briefings and ensure that subordinates have a clear understanding of their intent
- · All personnel who have not received a briefing shall notify their direct supervisor prior to engaging
- Supervisors will ensure briefings are attended

#### FIRE BEHAVIOR

#### Watch Out

- High Winds, Fuels are dry from being drought stricken and are receptive to fire spread
- Inconsistent weather pattern alters the relative humidity's and winds
- Be cognizant of Chimneys, Box Canyon, Shoots and Saddles

#### Mitigation

- Know the weather forecast and review with your crews / Plan accordingly
- Request spot weather forecasts / Take onsite weather
- Look-Outs, Communications, Escape Routes, Safety Zones (LCES)

**Douglas Michael Ferro** CAL FIRE IMT 4 Safety



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



| 1. Incident Name: North Zo                           | one  |   | 2. Incident   | Number: 20-CA-TGU-  |  |  |
|--|--|---|---------------|---|--|--|
| 3. Date/Time Prepared:<br>Date: 09/08/2020 Time: 170 | 00 hours   | 4. Operational  |               | ate From: 09/09/2020 To: 09/10/2020<br>me From: 0700 hours To: 0700 hours   |  |  |
| 5. Incident Area                                     | 6. Hazards/R   | isks  |               | 7. Mitigations  |  |  |
| ALL  | Fatigue – phy  | sical and mental  |               | Continually monitor your crew. Know the signs and symptoms of heat illness. Plan for a 2-1 Work Rest Work Cycle   |  |  |
| ALL  | to lodging; pas  | rays – extended<br>ssing on undivid<br>w moving truck t<br>dust | ed            | Turn lights on, observe speed limits and expect vehicles opposing traffic. Plan for extended travel times.  |  |  |
| ALL  | Dehydration /  | Rhabdomyolysis  | 5             | With the long operational shifts and high humidity's, maintain your crews water and caloric intake regimen.   |  |  |
| ALL  | Weather and I  | Fire Behavior   |               | Stay Mobile and Identify Escape Routes and Safety Zones and make them known to your personnel.  |  |  |
| ALL  | Poor commun  | ications  |               | The radio plan is new and changing, stay alert and in touch with Oroville ECC for any changes.  |  |  |
| ALL  | Steep, unstab  | le terrain  |               | Watch footing and maintain downhill tool placement. Be aware of loose material. Look for ash pits and stump holes.  |  |  |
| ALL  | Unburned area  | as  |               | Watch for Evacuees; LCES - utilize worst case scenario when working in or around pockets of unburned fuels.   |  |  |
| ALL  | Hazardous Tre  | ees   |               | IRPG Pg 22: Identify and Flag Hazardous<br>Trees. Eliminate hazardous trees with<br>qualified sawyers or heavy equipment.                                 |  |  |
| ALL  | Personal Prote   | ective Equipmen   | t (PPE)       | Wear appropriate PPE for all operations until your supervisor indicates its safe to remove.   |  |  |
| ALL  | Highway 99/32<br>Contractors wo  | 2 CAL TRANS ar<br>orking along the                              | nd<br>roadway | Drive slow through the construction areas.<br>Expect delays along Hwy 99.   |  |  |
| ALL  |  | duce exposure porcew and the pul                                |               | Wear a mask while in the ICP, while feeding and with the public, and when six feet of social distancing is difficult. Wash hands for at least 20-seconds. |  |  |
| ALL  | Helicopters - Water Drops and Turbulence   |   |               | Post lookouts and make escape routes and safety zones know. LCES. Watch overhead for hazard trees and wind changes.                                       |  |  |
| All  | Powerlines / Power | ower Poles  |               | IRPG Pg 24: Be aware of overhead and underground powerlines. Flag downed powerlines as hazard to others and notify.                                       |  |  |
| 8. Prepared by (Safety Office                        | er): Name:   |   | Douglas M I   | Ferro Signature:  |  |  |
| Prepared by (Deputy Ope                              | rations Section  | Chief): Name: S   |               |   |  |  |
| ICS 215A   |  | Date/Time:  | 08.19.2020    | 1700 Hours  |  |  |

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

|           |  |                  |   |             |                        |  |                                       | INFORMIA HON/BASIC                  |
|-----------|--|------------------|---|-------------|------------------------|--|---------------------------------------|-------------------------------------|
| 7. II     | 1. Incident Name:  |                  | 2. Date/Time Prepared   |             | 3. Operational Period: | nal Period:  |                                       |                                     |
|           | Butte, Tehama, Glenn Complex   | าก Complex       | Date:   | 09/08/2020  | Date From: 09/09/20    | 09/09/20   | Date To:                              | 09/10/20                            |
|           | BEAR CONTINGENCY   | 3ENCY            | Time:   | 1930        | 1930 Time From: 0700   | 0020   | Time To:                              | 0200                                |
| 4. Co     | 4. Communications  |                  |   |             |                        |  |                                       |                                     |
| to<br>C   | Ch# Function   | Name             | Assigned To   | Rx Freq     | Rx Tone                | Tx Freq  | Tx Tone                               | Notes                               |
| -         | COMMAND  | BUTTE CMD        | ALL DIVS  | 154.4150    | 123.0 (T2)             | 159.0000   | 136.5 (T4)                            | BUTTE COMMAND                       |
| 2         | TACTICAL   | VFIRE 25         | ALL DIVS  | 154.2875    | 156.7 (T6)             | 154.2875   | 156.7 (T6)                            | BRANCH XVI                          |
| ო         | TACTICAL   | VFIRE 23         | ALL DIVS  | 154.2950    | 156.7 (T6)             | 154.2950   | 156.7 (T6)                            | BRANCH XVI                          |
| 4         | TACTICAL   | CDF T24          | ALL DIVS  | 151.3325    | 192.8 (T16)            | 151.3325   | 192.8 (16)                            | BRANCH XV                           |
| 2         | TACTICAL   | CDF T29          | ALL DIVS  | 151.3475    | 192.8 (T16)            | 151.3475   | 192.8 (16)                            | BRANCH XV                           |
| 9         |  |                  |   |             |                        |  |                                       |                                     |
| 7         |  |                  |   |             |                        |  |                                       |                                     |
| ω         |  |                  |   |             |                        | The state of the s |                                       |                                     |
| თ         |  |                  |   |             |                        |  | T T T T T T T T T T T T T T T T T T T |                                     |
| 10        |  |                  |   |             |                        |  |                                       |                                     |
| 7         |  |                  |   |             |                        |  |                                       |                                     |
| 12        |  |                  |   |             |                        |  |                                       |                                     |
| 13        |  |                  |   |             |                        |  |                                       |                                     |
| 4         | AIR TO GROUND  | CDF A/G 1        | ALL DIVS  | 151.2200    | 192.8 (16)             | 151.2200   | 192.8 (T16)                           | 192.8 (T16) **** AIR TO GROUND **** |
| 15        | MEDICAL  | CALCORD          | ALL DIVS  | 156.0750    | 156.7 (T6)             | 156.0750   | 156.7 (T6)                            | MEDICAL COORDINATION                |
| 16        | AIRGUARD   | AIRGUARD         | ALL DIVS  | 168.6250    | 0.000                  | 168.6250   | 110.9 (T1)                            | EMERGENCY USE ONLY                  |
| 17        |  |                  |   |             |                        |  |                                       |                                     |
| 18        |  |                  |   |             |                        |  |                                       |                                     |
| 19        | The state of the s |                  |   |             |                        |  |                                       |                                     |
| 70        | AIRGUARD   | AIRGUARD         | EMERGENCY   | 168.6250    | 0.000                  | 168.6250   | 110.9 (T1)                            | EMERGENCY USE ONLY                  |
| 5. Spt    | 5. Special Instructions  |                  |   |             |                        |  |                                       |                                     |
| H<br>**   | E LATEST CLONE P   | FOR SEPTEMBEI    | ***THE LATEST CLONE FOR SEPTEMBER 9, 2020 IS BEAR 1 WHICH IS THE GROUP NAME IN YOUR HT*** | CH IS THE G | ROUP NAME              | IN YOUR H  | ***                                   |                                     |
| 6. Pre    | pared by (Commun   | ications Unit Le | 6. Prepared by (Communications Unit Leader): Name: Mike Heyfron COML                      | n COML      |                        | Signature:   | when                                  | les les                             |
| ICS 205 - | 05 - CONTROLLED  | UNCLASSIFIED     | CONTROLLED UNCLASSIFIED INFORMATION//BASIC  |             | dot smin               | NIMS IAP Date/Time:  | 02/80/60                              | 1930                                |
|           | THE PROPERTY OF THE PROPERTY O |                  |   |             | ואוואן אוואן           |  | 2000                                  | 0001                                |

#### **MEDICAL PLAN (ICS206)**

| 1. Incident Name:  |  |  | 2. Operational Per   | iod:                        | Date From:                    | 9/9/20                                  | Date To: | 9/14/20  |
|--|--|--|--|-----------------------------|-------------------------------|---|----------|----------|
| Butte, Teham   | a, Glenn Com   | plex                                     |  |                             | Time From:                    | 0700                                    | Time To: | 0700     |
| 3. Medical Aid Stations:   |  |  |  |                             | 7/1-2                         |   | 1,,,,,   | 0,00     |
| Name   |  |  | Location   |                             | Contact N                     | lumber                                  | Level of | Service  |
| N/A  |  |  | -  |                             |                               | *************************************** | 1        | -        |
| 4. Transportation (indicate a  | ir or ground):   |  |  | l.                          |                               |   | .1       |          |
| Ambulance Servi  | ice  |  | Location   |                             | Contact N                     | lumber                                  | Level of | Service  |
| Saint Elizabeth Ambulanc   | e (Ground)   |  | Red Bluff / Corning  |                             | (530)529                      | -8542                                   | Al       | _S       |
| Westside Ambulance (   | Ground)  |  | Orland   |                             | (530)895                      | -9130                                   | AI       |          |
| PHI MED 43 (Ai   | r)   |  | Redding  |                             | (866)417                      | -1820                                   | R        | N        |
| Enloe (Air)  |  |  | Chico  |                             | (800)344                      | -1863                                   | R        | N        |
| Santa Barbara Copter 4 (24   | Hour Hoist)  | ı  | Redding (North Ops)  |                             | Red B                         |   | Al       |          |
| 5. Hospitals:  |  |  |  | L.                          |                               |   | J        |          |
| Hospital Name  | Ado  | ress,                                    | Contact Number(s)/   | Tra                         | avel Time                     | Trauma                                  | Burn     |          |
| riospitai Name   | Lat & Lor  | ng Helipad                               | Frequency  | Air                         | Ground                        | Center                                  | Center   | Helipad  |
| Saint Elizabeth Comm Hospital<br>Red Bluff, CA   | 2550 Sister Ma<br>N40°08.95'   | ary Columbia Dr<br>W122°13.17'           | (530)529-8300  | 10                          | 45                            | Level 3                                 |          | <b>S</b> |
| Glenn Medical Center<br>Glenn, CA  | 1133 West  | Sycamore St                              | (530)934-1840  | N/A                         | 45                            | N/A                                     |          |          |
| Enloe Medical Center<br>Chico, CA  |  | splanade<br>W121°50.95'                  | (530)332-7743  | 15                          | 75                            | Level 2                                 |          |          |
| UC Davis Medical Center<br>Sacramento, CA  | N38°33.28'   | ckton Blvd<br>W121°27.35'                | (916)734-3790  | 45                          | 120                           | Level 1                                 | 2        | Ø        |
| 6. Special Medical Emergency  Line Emergency   | y Procedures   |  |  |                             |                               | V                                       | L.       |          |
| Crew Supervisor will contact Division Si complaint/condition and location.  - Division Group Supervisor Contacts:  1. Closest EMS resource 2. Communications Unit  - Communications Unit Contacts:  1. Ground or Air ambulance as request 2. Operations 3. Safety 4. Medical Unit - Division Supervisor or designee will serun medical emergency on assigned contacts for IWI and only for duration of the effect of the contact of the co | erve as point of contract of c | ntact and<br>ould be used<br>r emergency | Injury Reporting Pro Nature of Injury: Location of Patient: Point of Contact: Transportation Requ Point of Pick-Up: Lat: Patient Unit ID: Is an EMT with Patie Age: Sex: All Emergencies - witnesses for later of events.  | uested<br>ent: Ye<br>: Male | d by: Air<br>_ Long:_<br>es N | Grou                                    | ntified  | -        |
| ☐ Check box if aviation asse   | ts are utilized f  | or rescue If a                           | ssets are used coordinate:   | with Ai-                    | Operations                    |   |          |          |
| 7. Prepared by (Medical Unit L   | eader): Stev   | e McGary<br>Juliussen (t)                |  |                             |                               | 421                                     |          |          |
| 3. Approved by (Safety Officer   | ): Dou   | Ferro<br>t Stangeland                    |  | Signatu<br>Signatu          |                               |   |          | 3        |
| CS 206   | NIMS IAP   | - Jungeland                              | Date/Time:   |                             | 9/8/20                        |   | 1900     |          |
|  |  |  | AND THE RESERVE TO THE PARTY OF |                             | 0,0,20                        |   | 1300     |          |

**GENERAL MESSAGE (ICS 213)** 

| 1. Incident Name (Optional): |                            |                 |         |
|------------------------------|----------------------------|-----------------|---------|
| 2. To (Name and Position):   |                            |                 |         |
| 3. From (Name and Position): |                            |                 |         |
|                              |                            |                 |         |
| 4. Subject:                  |                            | 5. Date:        | 6. Time |
| 7. Message:                  |                            |                 |         |
|                              |                            | 8               |         |
|                              |                            |                 |         |
|                              |                            |                 | VVII    |
|                              |                            |                 |         |
|                              |                            |                 |         |
| ŧ                            |                            |                 |         |
|                              |                            |                 |         |
|                              |                            |                 |         |
|                              |                            |                 |         |
|                              |                            |                 |         |
|                              |                            |                 |         |
|                              |                            |                 |         |
|                              |                            |                 |         |
| . Approved by: Name:         | Signatura:                 | Deside Till     |         |
| . Approved by: Name:         | Signature:                 | Position/Title: |         |
|                              | Signature:                 | Position/Title: |         |
| Reply:                       | Signature:                 | Position/Title: |         |
| Reply:                       | Signature:                 | Position/Title: |         |
| Reply:                       | Signature: Position/Title: |                 |         |

STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY AND FIRE PROTECTION PROPERTY CERTIFICATION OF LOCATION OR DAMAGE CERTIFICATE OF RESPONSIBILITY FOR INCIDENT **OCCURRANCE** 

#### Incident#: Request #:

NOTE: This form must not be used to certify lost, stolen or worn out property. A STD 152 Property Survey Report must be completed.

CAL FIRE-101 page 1 of 2 (1/07)

| OALTINE-101P   | age 1012 (1      | 707)         |                                   |  |   |   | DOC. NU     | MBER:              |
|----------------|------------------|--------------|-----------------------------------|--|---|---|-------------|--------------------|
| LOCATION / INC |                  |              | INCIDENT NUME                     |  | UNIT:   | REGION:                                 | DATE:       |                    |
| THE FOLLOWIN   | G ARTICLES       | S WERE: (bro | ken, left on line, dan            | naged, or other)                         |   |   | DATE OF     | OCCURANCE:         |
| QUANTITY       | UNIT OF<br>MEAS. | CAL FIRE S   | STOCK NUMBER<br>HENEVER ASSIGNED) | (INDICATE SIZE, MAKE,<br>PROVIDE ADEQUAT | DESCRIPT<br>MODEL, TYPE, ETC.,<br>E DATA TO EFFECTI | TO CLEARLY DESCRIE VELY IDENTIFY EQUIPM | E THE ITEM, | PROPERTY<br>NUMBER |
|                |                  |              |                                   |  | PROPERTY  | r.)                                     |             |                    |
|                | -                |              |                                   |  |   |   |             |                    |
|                |                  | ·            |                                   |  | · · · · · · · · · · · · · · · · · · ·               |   |             |                    |
|                |                  |              |                                   |  |   |   |             |                    |
|                |                  |              |                                   |  |   |   |             |                    |
|                |                  |              |                                   |  |   |   |             |                    |
|                |                  |              |                                   |  |   | `                                       |             |                    |
|                |                  |              |                                   |  |   |   |             |                    |
|                |                  |              |                                   |  |   |   |             |                    |
|                |                  |              |                                   |  |   |   |             |                    |
|                |                  |              |                                   |  |   |   |             |                    |
|                |                  | ****         |                                   |  |   | · · · · · · · · · · · · · · · · · · ·   |             |                    |
|                |                  | <del></del>  |                                   |  |   | ······································  |             |                    |
|                |                  |              |                                   |  |   |   |             |                    |
|                |                  |              |                                   |  |   |   |             |                    |
|                |                  |              |                                   |  |   |   |             |                    |
|                |                  |              |                                   |  |   |   |             |                    |
|                |                  |              |                                   |  |   |   |             |                    |
| OCATION OF ITE | MS:              |              |                                   |  |   |   |             |                    |
| EMARKS:        |                  |              |                                   |  |   |   | <del></del> |                    |
|                |                  |              |                                   |  |   |   |             |                    |
|                | SIC              |              |                                   | ERTIFYING OCC                            | URANCE AS   | DESCRIBED                               |             |                    |
| IGNATURE:      |                  | PRI          | NTED NAME:                        | Ti                                       | TLE:  |   | DATE:       |                    |
| DIV:           |                  | Div'         | s Name                            | •  |   |   |             |                    |
| Div. Sig       | natu             |              |                                   |  |   |   |             |                    |
| Attention Div  | ision Gro        | up Sup.,     | by signing you                    | are verifying                            | that the abo  | ve list items v                         | where left  | on the             |
| ncident and n  | nay qual         | ify for rep  | lacement by t                     | he Supply Unit                           | and / or In   | cident.                                 |             |                    |

### TEHAMA / GLENN COMPLEX INFORMATION SHEET

Fire Information Line: (530)505-1165

Please scan the QR Below for CAL FIRE's Social Media Policy 0691.



#### **INCIDENT MAIL**

The PIO Trailer will receive mail/packages shipped to the Incident. Please ensure all mail addressed to the incident follows the format below:

(YOUR NAME, YOUR ORDER NUMBER)
C/O BTU/TGU LIGHTNING COMPLEX BASE CAMP
PUBLIC INFORMATION TRAILER
TEHAMA DISTRICT FAIRGROUNDS
650 ANTELOPE BLVD, RED BLUFF, CA 96080

#### **LOST AND FOUND**

Any items that are found, please bring them to the PIO Trailer located at the entrance to Base Camp and leave them with PIO staff. Please leave your name and contact information and description of lost items so we can attempt to reunite you with your items.







#### FINANCE MESSAGE

# ALL RESOURCES ASSIGNED TO THE COMPLEX WILL UTILIZE THE INCIDENT & REQUEST NUMBER ORDERED ON

#### **FIRES IN COMPLEX:**

| BTU LIGHTNING COMPLEX 2020 | CABTU 009692 |
|----------------------------|--------------|
| • 5-4 POTTERS              | CABTU 009702 |
| • TGU BATT 4 LCA           | CABTU 008705 |
| • IVORY                    | CABTU 008913 |
| • TGU BATT 3 LCA (ELKHORN) | CATGU 008683 |
| • ELK                      | CATGU 008702 |
| TGU BATT 1 LCA             | CATGU 008789 |

PLEASE ENSURE ALL SHIFT TICKETS & FC-33'S UTILIZE THE CORRECT INCIDENT & REQUEST NUMBER



# CAL-FIRE INCIDENT MANAGEMENT TEAM IV



# 24HR LINE RESOURCE - 2 OPERATOR

|                          | The respor                               | EMERGENCY SHIFT TICKET and EVALUATION FORM  The responsible Government Officer will complete this form each shift. | SHIFT TI                  | CKET an                   | d EVALU/<br>complete         | TION FO                                   | RM<br>sach shift. |          | Contractor Name                      | Itractor Name  |
|--------------------------|--|--|---------------------------|---------------------------|------------------------------|---|-------------------|----------|--------------------------------------|--|
| Incident o               | Incident or Project Name MISSION         | lame<br>N  | Incide                    | Incident Number<br>CA-MMU | dent Number<br>CA-MMU-018115 | S. Re                                     | Request Number    | nber     | Operator #1                          | Operator #2  |
| Agreeme                  | Agreement Number                         |  |                           |                           |                              |   |                   |          | Toloron O                            |  |
|                          |  |  | MMU-(                     | MMU-0000015953            | 5953                         |   |                   |          | X Contractor                         | Operator Furnished By:   |
| Equipment Make<br>1999 P | ot Make<br>999 PE                        | 1999 PETERBILT 379   | T 379                     | ш                         | TRAN                         | Equipment Model / Type TRANSPORT 18 WHEEL | 18 WH             | [        | Operating Supp                       | Operating Supplies Furnished By:   |
| Serial Number            | mber                                     |  |                           | Ž                         | License Number               | nber                                      |                   | 1        | Equipm                               | Equipment Status   |
|                          | COMP                                     | COMPLETE VIN#  |                           | _                         |                              | 12345A1                                   | A1                |          | Inspected                            | X Under Agreement  |
|                          |  |  | Equ                       | Equipment Use             | 6637                         |   |                   |          | Released by Government               | Marnmant   |
| Date                     |  |  |                           | (Circle)                  | (Hours)                      | Davs / Miles                              | Miles             |          | Withdrawn by Contractor              | Contractor   |
| Mo / Day                 | Start                                    | Stop   | Work                      |                           | )                            | Assignment                                | 1                 |          | Bemarks/Commonter                    | The state of the s |
| 9/2                      | 0701                                     | 2400   | 17                        |                           |                              | DIVX                                      |                   |          | 3 ODE                                | 2 ODEDATOR   |
| 9/6                      | 0001                                     | 0200   | 7                         |                           |                              | DIVX                                      |                   |          |                                      | 200  |
|                          |  |  |                           |                           |                              |   |                   |          | NO DAMAG                             | NO DAMAGE / NO CLAIM   |
|                          |  |  | Ven                       | Vendor Rating             | DG .                         |   |                   |          | Govt. Rep. Name and Position - PRINT | d Position - PRINT   |
|                          |  |  |                           | Poor*                     | Ava                          | Good                                      | Fyc               | N/A      | Drint Vous Mama                      |  |
| Met Perfo                | rmance Ex                                | Met Performance Expectations   |                           |                           |                              |   | -                 |          | Court Des Cirestin                   |  |
| Equipmen                 | t in Safe V                              | Equipment in Safe Working Condition  | ndition                   |                           |                              |   |                   |          | 94 C:                                |  |
| Operator                 | Operator Skill Level                     |  |                           |                           | VEN                          | VENDOR PATING                             | CIVIL             |          | your signature                       |  |
| Operates Safely          | Safely                                   |  |                           |                           |                              | 2 1                                       | 2110              |          | Contractor Signature                 |  |
| Onoratorio               | Operator's Connection I am               | land and   |                           |                           | ZOM .                        | MUSI BE DONE                              | ONE               |          | John Smith                           |  |
| Overell De               | Overall Performance                      | IOI Favel  |                           |                           |                              |   |                   |          | Date                                 | Time   |
| Overall                  | 20 III III III III III III III III III I | 24011  |                           |                           |                              |   |                   |          | 9/6/17                               | 0200   |
|                          | * Final e                                | • Final evaluation or for more documentation, use a CAI FIRE Form 230 or equivalent                                | ny rating (<br>r for more | docume                    | requires antation, us        | an explana<br>se a CALF                   | tion in Co        | 230 or e | ection.                              | CAL FIRE 297   |

|                       | EME<br>The respon                   | RGENCY<br>sible Gove                    | EMERGENCY SHIFT TICKET and EVALUATION FORM The responsible Government Officer will complete this form each shift. | KET an           | d EVALUA<br>complete   | TION FO       | HET TICKET and EVALUATION FORM  Contract ment Officer will complete this form each shift   |           | Contractor Name                      | 011001100                       |
|-----------------------|-------------------------------------|---|---|------------------|------------------------|---------------|--|-----------|--------------------------------------|---------------------------------|
| Incident              | Incident or Project Name            | ome                                     | Innidae   | I Milliam        |                        | -             |  |           | I UE DESI                            | I DE DEST DOZEKS LLC            |
|                       | MISSION                             | N                                       | Commence  | CA-MMU           | CA-MMU-018115          |               | Request Number<br>E-444  | per 1     | Operator #1<br>FIRST & LAST          | Operator #2                     |
| Agreemer              | Agreement Number                    |   |   |                  |                        |               |  |           | Orontoro                             | Operator Cimiched B.:           |
|                       |                                     |   | MMU-0000015953  | 00001            | 5953                   |               |  |           | X Contractor                         | General By.                     |
| Equipment Make        | ıt Make                             |   |   | Щ                | Equipment Model / Type | Model / Ty    | ed   |           | Operating Supp                       | Operating Supplies Firmished Ry |
| _                     | 1999 PETERBILT 379                  | FERBIL                                  | T 379   |                  | TRANS                  | SPORT         | TRANSPORT 18 WHEEL   | ĮĮ.       | X Contractor                         | Gougnos                         |
| Serial Number         | nber                                |   |   |                  | License Number         | pher          |  | 1         | Tourse V                             | COVELLINGIA                     |
|                       | COMP                                | COMPLETE VIN#                           | #Z  | _                |                        | 12345A1       | 5A1  |           | Inspected                            | Equipment status                |
|                       |                                     |   | Equir   | Equipment Use    | Se                     |               |  |           | Dologod In. C.                       | A Ginei Agidelielli             |
| Date                  |                                     |   |   | (Circle)         | House                  | Danie         | I Millian  |           | released by Government               | overnment                       |
| Mo / Day              | Start                               | Stop                                    | Work  | No.              |                        | Assimment     | / Miles  |           | Withdrawn by Contractor              | Contractor                      |
| 9/6                   | 0701                                | 1900                                    | 12  |                  |                        | DIVX          |  |           | Neimains/Comments                    | 2 ODEBATORS                     |
| 9/6                   | 1901                                | 2400                                    | 5   |                  | Ö                      | OFF SHIFT     | 1  |           | 10.4                                 | SOLE                            |
|                       |                                     |   |   |                  |                        |               |  |           | NO DAMAG                             | NO DAMAGE / NO CLAIM            |
| -                     |                                     |   | Vend  | Vendor Rating    | ng                     |               |  |           | Govt. Rep. Name and Position - PRINT | d Position - PRINT              |
|                       |                                     |   |   | Poor*            | Avg.                   | Good          | Exc.   | N/A       | Print Your Name                      |                                 |
| Met Perfor            | Met Performance Expectations        | pectations                              | 2010  |                  |                        |               |  |           | Gold Don Constitution                |                                 |
| Equipmen              | Equipment in Safe Working Condition | <b>Jorking Co.</b>                      | ndition   |                  |                        |               |  |           | of Ct.                               |                                 |
| Operator Skill I evel | Skill I aval                        |   |   |                  | VENIL                  | VENIDO BATINO | CIVIL  |           | your signature                       |                                 |
| Operator Cafely       | Cofolis Lordi                       |   | 1   |                  | VENL                   | 2 20          | PING   |           | Contractor Signature                 |                                 |
| operates.             | Saireny                             |   |   |                  | MUS                    | MUST BE DONE  | ONE  |           | John Smith                           |                                 |
| Operators             | Operator's Cooperation Level        | on Level                                |   |                  |                        |               |  |           | Date                                 | Time                            |
| Overall Pe            | Overall Performance                 |   |   |                  |                        |               |  |           | 9/5/17                               | 1900                            |
|                       | · Final e                           | <ul> <li>NOTE: a valuation o</li> </ul> | ny rating o   | f POOR<br>docume | requires a             | n explana     | * NOTE: any rating of POOR requires an explanation in Comment Section.  * Final evaluation or for more documentation use a CALFIRE Form 220 or controlled. | S Juneary | ection.                              | CAL FIRE 297                    |
|                       |                                     |   |   |                  |                        | -             | 3 1115   | 5         | duivaien.                            | (Kev 3-2011)                    |

# 12HR LINE RESOURCE -- 1 OPERATOR

|                 | EME                              | EMERGENCY SHIFT TICKET and EVALUATION CODM  | SHIFT    | CKET an                   | A FVALLE   | TION EO         | DAA            | 1       | FT TICKET and EVALUATION CODM    |                        |
|-----------------|----------------------------------|---|----------|---------------------------|--|-----------------|----------------|---------|----------------------------------|------------------------|
|                 | The respor                       | The responsible Government Officer will complete this form each shift.  | mment C  | Micer will                | complete   | this form       | ach shift.     |         | Contractor Name                  | THE REST DOZEDS 110    |
| Incident (      | Incident or Project Name MISSION | Vame<br>ON  | Incide   | Incident Number<br>CA-MMU | dent Number<br>CA-MMU-018115   |                 | Request Number | nber 5  | Operator #1                      | Operator #2            |
| Agreeme         | Agreement Number                 |   |          |                           |  |                 | 3              |         | 200                              |                        |
|                 |                                  |   | MMC      | MMU-0000015955            | 5955   |                 |                |         | X Contractor                     | Operator Furnished By: |
| Equipment Make  | nt Make                          |   |          | 3                         | Equipment Model / Type   | Andal / Tv      | 90             |         | Continue                         | Coveringing            |
|                 | 20                               | 2004 CAT  |          |                           | ă  | D6N / TYPE II E | PEIE           |         | X Contractor                     | Contractor Contractor  |
| Serial Number   | mber                             |   |          | -                         | License Number   | nber            |                |         | Forting                          | Forting of Status      |
|                 | COMP                             | COMPLETE VIN#   | #N       |                           |  | •               |                |         | Inspected                        | X Under Anneament      |
|                 |                                  |   | Eau      | Equipment Use             | Se   |                 |                |         | Dologood In C                    | A large Agreement      |
| Date            |                                  |   |          | (Circle)                  | (Hours   | N Days / Miles  | Milas          |         | Mithdraum his Control            | overnment              |
| Mo / Day        | Start                            | Stop  | Work     |                           | )  | Ssignment       |                |         | Damarkel Commontors              | OUR ACION              |
| 2/6             | 1000                             | 0200  | 7        |                           | Ö  | OFF SHIFT       | 1              |         | 1 Operation                      | 4 ODEDATOD             |
| 2/6             | 0701                             | 1900  | 12       |                           |  | DIVX            |                |         | 5                                | 10.00                  |
| 2/6             | 1901                             | 2400  | 2        |                           | Ö  | OFF SHIFT       | ı.             |         | NO DAMAG                         | NO DAMAGE / NO CLAIM   |
|                 |                                  |   | Ven      | Vendor Rating             | 1.   |                 |                |         | Govt Ren Name and Doction Dollar | d Docition DOINT       |
|                 |                                  |   |          | Poor*                     | Avo  | Grand           | Eve            | MIA     | Delay Verial                     | IN LOSIGION - LIVINA   |
| Met Perfo       | rmance Ex                        | Met Performance Expectations  |          |                           |  | 3               | i              | Cal     | LINE TOUR NAME                   |                        |
| Equipmen        | It in Safe V                     | Equipment in Safe Working Condition   | ndition  |                           |  |                 |                |         | ovi. Rep. Signature              | 0                      |
| Operator        | Operator Skill Level             |   |          |                           | VEND   | VENDOR PATING   | TING           |         | game ouganiere                   |                        |
| Onerates Safety | Safaly                           |   |          |                           |  |                 | 2              |         | Contractor Signature             |                        |
| chinings.       | Saidiy                           |   |          |                           | MUS  | MUST BE DONE    | ONE            |         | John Smith                       |                        |
| Operator        | Operator's Cooperation Level     | tion Level  |          |                           |  |                 |                |         | Date                             | Time                   |
| Overall P.      | Overall Performance              |   |          |                           |  |                 |                |         | 9/5/17                           | 1900                   |
|                 | Final e                          | * NOTE: any rating of POOR requires an explanation in Comment Section.  * Final evaluation or for more documentation use a CALFIRE Form 230 or equivalent | y rating | of POOR<br>docume         | requires a   | n explana       | tion in Cor    | nment S | Section.                         | CAL FIRE 297           |
|                 |                                  |   |          |                           | The state of the s | 200             | NE Politi      | 5 000   | equivalent.                      | (Rev 3-2011)           |

# 24HR IN CAMP RESOURCE

| The res                             | ponsible Gove       | SHIFT TI    | CKET and                  | EMERCENCY SHIFT TICKET and EVALUATION FORM sponsible Government Officer will complete this form each | EMERGENCY SHIFT TICKET and EVALUATION FORM The responsible Government Officer will complete this form each shift. |          | Contractor Name<br>THE BEST  | actor Name THE BEST CAMP LLC         |
|-------------------------------------|---------------------|-------------|---------------------------|--|---|----------|------------------------------|--------------------------------------|
| Incident or Project Name<br>MISSION | MISSION             | Incide      | Incident Number<br>CA-MMU | dent Number<br>CA-MMU-018115   | Request Number<br>F-333   | Jec      | Operator #1<br>FIRST & I AST | Operator #2                          |
| Agreement Number                    | per                 |             |                           |  |   |          | Onombor                      | - Consistent D.                      |
|                                     |                     | MMO         | MMU-0000015950            | 5950   |   |          | X Contractor                 | operator Curinsined by:              |
| Equipment Make                      | 559                 |             | Ec                        | Equipment Model / Type   | el / Type   |          | Operating Supp               | Operating Supplies Furnished By:     |
|                                     | TENT                |             | 5                         | /ESTERN  | WESTERN SHELTER 19X35 X Contractor  | 3X35     | X Contractor                 | Government                           |
| Serial Number                       |                     |             | Lik                       | License Number   |   |          | Equipm                       | Equipment Status                     |
|                                     |                     |             |                           |  |   |          | Inspected                    | X Under Agreement                    |
|                                     |                     | Equ         | Equipment Use             | 99   |   |          | Released by Government       | overnment                            |
|                                     | _                   |             | (Circle)                  | Hours  | Days / Miles  |          | Withdrawn by Contractor      | Contractor                           |
| MO / Day Start                      | dols 1              | Work        |                           | Assig  | ssignment   |          | Remarks/Comments**           | ***                                  |
| 9/2 0001                            | 1 2400              | 24          |                           | 2  | ICP   |          | (4) TENTS, CA                | (4) TENTS, CANOPY WISIDES            |
|                                     |                     |             |                           |  |   |          | FLOOR & INSULA               | FLOOR & INSULATED ROOF 570sq ft      |
|                                     |                     |             |                           |  |   |          | NO DAMAG                     | NO DAMAGE / NO CLAIM                 |
|                                     |                     | Ven         | Vendor Rating             | Đ(   |   | _        | Sovt. Rep. Name an           | Govt. Rep. Name and Position - PRINT |
|                                     |                     |             | Poor*                     | Avg. G   | Good Exc.   | N/A      | Print Vour Name              |                                      |
| Met Performance Expectations        | <b>Expectations</b> |             |                           | H  | ₽   | 1        | Gout Ran Signatura           |                                      |
| Equipment in Safe Working Condition | fe Working Co       | ndition     |                           |  |   | ľ        | Ofore County                 |                                      |
| Operator Skill Level                | lav                 |             |                           | VENDO  | VENIDO BATINO   |          | gour Signature               |                                      |
| Onerston Cofets                     | 5                   |             |                           | VENDO  | S LA LING   | Ĭ        | Contractor Signature         |                                      |
| operates sately                     |                     |             |                           | MUSTE  | MUST BE DONE  | -        | John Smith                   |                                      |
| Operator's Cooperation Level        | eration Level       |             |                           |  |   | Ī        |                              | Time                                 |
| Overall Performance                 | nce                 |             |                           |  |   |          | 9/5/17                       | 4000                                 |
| :                                   | • NOTE: a           | ny rating   | of POOR                   | requires an ex   | NOTE: any rating of POOR requires an explanation in Comment Section.  | ment Se  | ction.                       | CAL FIRE 297                         |
| LIM                                 | al evaluation o     | of for more | documen                   | ntation, use a (   | rinal evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.                                 | 30 or eq | uivalent.                    | (Rev 3-2011)                         |

### FEDERAL RESOURCES FINANCE CHECK-IN PROCESS

ATTENTION: For All Federal Resources NOT Within the 10,000-20,000 Resource Numbering Scheme, please read AND follow the instructions below:

If you have a resource order number that <u>does not</u> fall within the 10,000 to 20,000 numbering scheme, you are being supported through the Federal Virtual Finance Section. All documentation need to be emailed to the address below. Items needed, such as:

- Resource Order
- Contract, Casual Hire Forms,
- Shift Tickets,
- Crew Time Reports,
- Receipts, etc

Email: <u>R5.CalFire.Support@firenet.gov</u>. The team is established to support all of your needs virtually.

There may need to be follow-up communications with the CalFire personnel after they receive it. We will ensure that all resources are supported while minimizing confusion.

## ATTENTION: For All Federal Resources that ARE WITHIN the 10,000 TO 20,000 Numbering Scheme – ONLY – please read AND follow the instructions below:

Any resource ordered for this incident that fall within the 10,000 to 20,000 numbering scheme will need to go through this virtual CHECK-IN Process.

**Step One**: prior to checking in, you will be required to provide electronic copies of the following, if applicable:

- (1) Completed Sending Unit COVID-19 Checklist
- (2) Resource order
- (3) Incident Qualification Card (REDCARD)
- (4) Contract/Agreement/Casual Hire agreement

Send <u>all</u> documents to <u>shf.mobcenter.fsc3@gmail.com</u>

Email Subject Line Example: CHECKIN/CA-BTU-009692/ Resource Order No/Last, Name/First/Job Abbev Subject: CheckIn/CA-BTU-009692/O-12000/Last Name, First Name/OSC2

**Step Two:** Once you arrive at the specified location on your resource order, please check in using the **QR code or the link below**.

**Step Three:** Contact the MOB Center Manager (MCM) at (530) 638-2431. The MOB manager will provide you with further instructions.







# BTU LIGHTNING COMPLEX INCIDENT CA-BTU-009692 REMOTE CHECK-IN



Please use this code to Check In to the BTU LIGHTNING COMPLEX INCIDENT

**REMEMBER: YOU MUST STILL VISIT TIME UNIT!** 



#### Local Government Resources on CFAA

If you are demobing from an incident and there is no OES AREP on site

F-42 thru the Incident Finance Section Chief or the Incident Commander
One of them must sign your 42's

The Incident keeps the Pink copy and you keep the Golden.
The Original and Green you mail to OES Headquarters as per the instructions on the front of your F-42

OES JOB AIDS, FORMS, F-42 SAMPLES AND CFAA AGREEMENT



You're OES AREP on the BTU/TGU Complex
Patrick Titus
916-634-9225

#### TRAINING SPECIALIST CHECK-IN

A Training Specialist is available for trainees on the incident.

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

Dennis Martin
Training Specialist
(707) 479-8421



Register using the QR Code

### Trainee <u>Check-Out</u>

If you would like to <u>CHECK-OUT / CLOSE OUT</u> your packet with the Training Specialist, please scan the QR code, fill in "ALL" information and "click" <u>submit</u>.



Your completed packet will be emailed back to you

If you have any questions or concerns, please feel free to contact me.

#### **Training Specialist**

**Dennis Martin** 

(707) 479-8421

Dennis.martin@cityofvallejo.net

#### FIRING OPERATION CHECKLIST

| Date:   | Time:  |
|---|--|
| Firing Supervisor   |  |
| 1. <u>Personnel Briefing</u>  |  |
| Objectives Conditions (fire environments) Resource assignments identified Firing personnel Holding forces Lookouts Ignition plan/sequence Communication Plan Contingency Plan Safety issues   | ent)<br>entified   |
| . <u>Go / No-Go</u>   |  |
| All personnel briefed Weather forecast reviewed Resources in place Lookouts posted as needed Anchor and termination firir Communications systems in Fire behavior forecast revienescape routes and safety z Adjoining forces/Air Attack | d<br>ng points identified<br>n place<br>wed<br>ones established and made known |
| Approval Prior To Firing  |  |
| <ul><li>☐ Division Supervisor</li><li>☐ Branch Director</li><li>☐ Operations</li></ul>  |  |
| Other Notifications   |  |
| Other:  |  |

Attach Firing Operations Checklist to ICS-214

Rev: Ops Group February 8, 2011

#### CAL FIRE

### INCIDENT MANAGEMENT TEAM WATER USAGE PLAN

#### California Drought Emergency

The following shall be considered and implemented by all fire resources as a means to provide maximum efficiencies when utilizing water resources, while minimizing the impacts to private and public water supplies. Accountability shall be maintained for all water supplies that are utilized and care should be applied to ensure proper replacement and/or reimbursement to the supplier/ owner.

#### Fireline personnel- (During mop up operations)

- Use of Pencil Hose and Garden Nozzles with Shut-Offs.
- Use of Back pumps.
- Dry Mop-up and consolidation of heavy fuels to areas where they can burn out safely
- Locate/ Relocate Firelines to lighter fuels or natural barriers when safe.
- Set up and use portable tanks in anticipation of longer transport times for Water Tenders.
- Use of foams, gels and other water enhancers.
- Evaluate need to mop up in excess of 200 feet from fireline

#### Road Maintenance and Repair-

- Monitor and water roads only when and where needed.
- Water when most effective (evening and nights).
- Use chemical treatments when available (Magchloride, Omni bind ect).
- Consider use of tertiary or treated water (sp)

#### **Aviation Operations-**

- Use of Gels, Foams and Retardants. Set up portable plants.
- Consider Blivits and Pencil hose for interior mop up operations as opposed to numerous bucket drops.
- Establish and use pre-use agreements for existing and known water sources.
- Use large watershed dip sites when able. Minimize use of small, static ponds and lakes.
- Maintain accountability of water used and locations of dip sites.
- Evaluate need for interior bucket drops

#### Private Water Supplies-

- Notify property owner as early as possible.
- Minimize usage and develop alternative water supplies when and where appropriate.
- Track usage (meter, 214 form) and develop a plan to replace water.
- Make arrangements for reimbursement and damage claims if needed.

#### Public/ Municipal Water Supplies-

- Notify Agency as soon as possible and request a representative to the incident.
- Identify fill areas and request metering devices. Place on incident map.
- Use alternative or reclaimed water sources when available. Place on incident map.
- Make arrangements for reimbursement and damage claims if needed.

#### Management and Supervision-

- Use leaders intent and establish Water Conservation as an Management Objective.
- Consider complexity of water use on incidents. Establish a Water Supply Group Supervisor to coordinate additional resources to support the incident needs.
- Complete the Water Usage Report daily and turn in to Finance
- Review this check list and brief daily.

#### CAL FIRE

#### **INCIDENT MANAGEMENT TEAM WATER USAGE LOG**

| QUEST#                   | I.e Strike Tean | n 1110C, Acr                   | ne Water | Tenders         |   |
|--------------------------|-----------------|--------------------------------|----------|-----------------|---|
| WATER SOURCE<br>LOCATION | Hydran<br>t     | Open<br>source<br>i.e.<br>pond | Tan<br>k | Gallons<br>Used | Property Owner /<br>Contact Number if<br>known ** |
|                          |                 |                                |          |                 |   |
|                          |                 |                                |          |                 |   |
|                          |                 |                                |          |                 |   |
|                          |                 |                                |          |                 |   |
|                          |                 |                                |          |                 |   |
|                          |                 |                                |          |                 |   |
|                          |                 | _                              | _        |                 |   |

The intent of this document is intended to track, record and validated the amount of water used on a incident. It's not intended to review the performance of equipment using the water on an incident.

|  | UNIT         | LC                                      | OG (IC                                  | S 214)                                  |  |        |             |   |  |  |
|--|--------------|---|---|---|--|--------|-------------|---|--|--|
| 1. Incident Name:  |              |   | 2. Ope                                  | rational Period:                        | Date From:                             | 9/9/20 | Date To:    | 9/10/20                                 |  |  |
| Butte, Tehama, Glenn C   | Complex      |   |   |   | Time From:                             | 0700   | Time To:    | 0700                                    |  |  |
| 3. Unit Name/Designators   |              |   |   | 4. Unit Leader (I                       | Position)                              |        |             |   |  |  |
| 5. Personnel Assigned/Designators  |              |   |   |   |  |        |             |   |  |  |
| NAME   |              |   | ICS                                     | POSITION                                | HOME BASE                              |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             | *************************************** |  |  |
| ANNUAL CONTRACTOR OF THE CONTR |              |   |   |   |  |        |             | ···                                     |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              | *************************************** |   |   |  |        | <del></del> |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        | ·····       |   |  |  |
|  |              |   | *************************************** |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
| WWW.   |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   | *************************************** |  |        |             |   |  |  |
|  |              |   | <del></del>                             |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
| THE PROPERTY OF THE PROPERTY O |              |   |   |   |  |        |             |   |  |  |
| C. AHisibada - (Osadinasa - Danasa)  |              |   |   |   |  |        |             |   |  |  |
| 6. Activity Log (Continue on Reverse)  |              |   |   |   |  |        |             |   |  |  |
| TIME   | MAJOR EVENTS |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  | w      |             |   |  |  |
|  |              |   | *************************************** |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             | ·····                                   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
| ***************************************  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   |  |        |             |   |  |  |
|  |              |   |   |   | ************************************** |        |             |   |  |  |
|  |              |   | ·····                                   | <del></del>                             |  |        |             |   |  |  |
|  |              |   | ····                                    |   |  |        |             |   |  |  |
| 7. Prepared By:  |              |   |   | Date/Time:                              |  |        |             | NIMS IAP                                |  |  |

| UNIT LOG CONT. (ICS 214)   |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|--|--|--|---------------------------------------|--|----------------------|---------------------------------------|--|--|--|--|--|--|
| Incident Name:     Butte, Tehama, Glenn (  |  | 2. Operational Period:   | Date From:<br>Time From:              | 9/9/20<br>0700                         | Date To:<br>Time To: | 9/10/20<br>0700                       |  |  |  |  |  |  |
| 6. Activity Log  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
| TIME   |  | MAJOR EVENTS   |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      | <u> </u>                              |  |  |  |  |  |  |
|  |  |  |                                       | ************************************** |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  | ······               |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |  |
|  |  |  |                                       |  | ~~~~~~~              |                                       |  |  |  |  |  |  |
| 144444   |  |  | · · · · · · · · · · · · · · · · · · · |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
| 1 Township II and the second s |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  | 5-F-A  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      | ·····                                 |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  | TATALON WILLIAM TO THE TATALON TO TH |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  | · · · · · · · · · · · · · · · · · · · |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
|  |  |  |                                       |  |                      |                                       |  |  |  |  |  |  |
| 7. Prepared By:  |  | Date/Time:   |                                       |  |                      | NIMS IAP                              |  |  |  |  |  |  |