

INCIDENT ACTION PLAN

SCU LIGHTNING COMPLEX

CA-SCU-005740

Thursday



OPERATIONAL PERIOD

9/10/2020 0700
to
9/11/2020 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">SCU LIGHTNING COMPLEX</p>	2. Operational Period:	Date From: 9/10/2020 Time From: 0700	Date To: 9/11/2020 Time To: 0700
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3. Objective(s):

- Management Objectives
- Provide for emergency personnel and public safety at all times.
 - Ensure COVID-19 precautions and best practices are met at all times.
 - Protect property, improvements, and infrastructure.
 - Ensure coordinated, timely and accurate release of public information.
 - Foster and maintain relationships with all cooperators and stakeholders.
 - Protect economic, natural, cultural and heritage resources.
 - Maintain fiscal accountability and keep costs commensurate with values at risk.

- Control Objectives
- Keep the fire within the current fire perimeter.

General Situational Awareness:

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

In the COVID-19 environment, high density populations or large groups are particularly at risk.

To help protect yourself, your family, and to ensure all employees return home safely, make sure to practice social distancing. Enhanced hygiene (especially handwashing), PPE & monitoring practices help limit the infection rate of first responders.

5. Site Safety Plan Required? Yes No


Approved Site Safety Plan(s) Located at:

- 6. Incident Action Plan**
- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> ICS 203 | <input checked="" type="checkbox"/> Demob Safety | <input checked="" type="checkbox"/> PIO Message | <input checked="" type="checkbox"/> Peer Support Message |
| <input checked="" type="checkbox"/> ICS 204 | <input checked="" type="checkbox"/> Facility Maps | <input checked="" type="checkbox"/> Transportation Map | <input checked="" type="checkbox"/> COVID-19 Safety Bulletin |
| <input checked="" type="checkbox"/> ICS 205 | <input checked="" type="checkbox"/> Weather Forecast | <input checked="" type="checkbox"/> COVID Daily Check | <input checked="" type="checkbox"/> Fire Suppression Repair Plan |
| <input checked="" type="checkbox"/> ICS 206 | <input checked="" type="checkbox"/> Fire Behavior | <input checked="" type="checkbox"/> Finance Message | <input checked="" type="checkbox"/> Demob Plan |
| <input checked="" type="checkbox"/> ICS 208 | <input checked="" type="checkbox"/> Training Message | <input checked="" type="checkbox"/> Shift Ticket Example | <input checked="" type="checkbox"/> ICS 214 |

7. Prepared By: Gabe Garcia Position/Title: PSC1 Signature:

8. Approved by Incident Commander: Dusty Martin (T) Signature:

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: SCU LIGHTNING COMPLEX		2. Operational Period: Date From: 9/10/2020 Time From: 0700		Date To: 9/11/2020 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's J.Veik / D. Martin (T)		Operations M. Marcucci / S. Lane (T) / D. Esades (T)			
Deputy M. Blankenheim		Deputy Operations			
Safety Officer J. Buchmeier / J. Novak (T)		Night Ops			
Information Officer R. Lubben (T)		Staging Area			
Liaison Officer M. Villalpando / J. Kiszka (T)		Branch		I / II	
4. Agency/Organization Representatives:		Division/Group		I / J / K / L / Q / R / V / M / N / O / T	
Santa Clara County OEM	Dana Reed	Division/Group		S. Gonzales (12)	
State Parks	Wes Gray	Division/Group			
PG&E	Pam Perdue	Division/Group			
San Francisco Water	Rick Duffey	Division/Group			
CCC	Shawn Fry	Division/Group			
DWR	Jerry Snow	Division/Group			
Sta.Clara Valley Water	Aaron Baker	Division/Group			
San Jose Water Co.	Curt Rayer	Division/Group			
TID	Calvin Curtin	Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Staging Area		ICP	
		Branch			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
5. Planning Section:			Division/Group		
Chief G. Garcia / J. Worden (T)		Division/Group			
Deputy D. Scheurich (T) / C. Daniels (T)		Division/Group			
Resource Unit J. Heald (T)		Division/Group			
Situation Unit N. Wallingford		Division/Group			
Documentation Unit M. Schaeffer		Division/Group			
Demobilization Unit M. Schaeffer (T) / K. Swope (T)		Division/Group			
GISS T. Meyer		Division/Group			
FBAN S. Volmer		Air Operations Branch		Director:	
IMET		Air Support Group Supervisor		P. Mateer	
Training Tech Spec S. Vargas / D. Shaw / I. Crossley (T)		Air Tactical Group Supervisor			
6. Logistics Section			Helibase Manager		R. Johnson / L. Kalfsbeek (T)
Chief J. Warden (T)					
Deputy Chief A. Long		8. Finance/Administration Section:			
Supply Unit C. Campmas / D. Zumkeller (T)		Chief G. Belk / J. Tapia (T)			
Facilities Unit B. Luiz / J. Finley		Deputy Chief R. Browne			
Ground Support Unit J. Luckenbach / J. Christofferson (T)		Time Unit J. Navarro			
Communications Unit J. Brooks / B. Rapp (T)		Procurement Unit J. Andrade			
Medical Unit J. Segura / R. Beeson (T)		Comp/Claims Unit B. Stirton / E. Sanchez			
Motel Unit B. Brewer		Cost Unit G. Bull (T)			
Prepared By: Name: Jamie Heald		Position/Title: RESL		Signature: 	
ICS 203		Date/Time: 9/9/2020 2300 hours			

SCU Lightning Complex-Canyon

National Weather Service San Francisco/Monterey Bay Area

2020-09-09 2:22 PM PDT

Spot Forecast for SCU Lightning Complex-Canyon...CALFIRE

National Weather Service San Francisco Bay Area

222 PM PDT Wed Sep 9 2020

Forecast is based on forecast start time of 0700 PDT on September 10. If conditions become unrepresentative...contact the National Weather Service.

.DISCUSSION...Generally light southerly winds each night will veer to the west and increase slightly during the afternoon and evening hours. The marine layer will likely remain around 1,500 feet in depth but may also deepen slightly through late week providing better humidity recoveries in the lower elevations. Meanwhile, warm and dry conditions will persist above the marine inversion. One caveat will be the impacts on temperatures, humidity and even wind patterns as smoke from distant wildfires advects over the region as seen on Wednesday.

.THURSDAY...

Sky/weather.....Mostly sunny. Haze and areas of smoke.
Max temperature.....79-87.
Min humidity.....19-29 percent.
Wind (20 ft).....Southeast winds 5 to 10 mph shifting to the west-southwest in the afternoon.
Mixing height.....3700 ft AGL.
Transport winds.....South around 10 mph.
Marine layer.....1500ft.

.THURSDAY NIGHT...

Sky/weather.....Clear.
Min temperature.....54-63.
Max humidity.....36-46 percent.
Wind (20 ft).....West winds 5 to 10 mph shifting to the south up to 5 mph overnight.
Mixing height.....100 ft AGL.
Transport winds.....Southwest 5 to 10 mph.
Marine layer.....1500ft.


.FRIDAY...

Sky/weather.....Sunny.
Max temperature.....82-90.
Min humidity.....15-25 percent.
Wind (20 ft).....South winds up to 5 mph shifting to the west in the afternoon.
Mixing height.....2500 ft AGL.
Transport winds.....Southeast 5 to 10 mph.
Marine layer.....1500ft.

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Forecaster...R_GASS
Requested by...STEPHEN VOLMER
Type of request...WILDFIRE
.TAG 2012182.4/MTR
.DELDT 09/09/20

FIRE BEHAVIOR FORECAST

FORECAST NUMBER: 24	TYPE OF FIRE: WILDFIRE
FIRE NAME: SCU LIGHTNING COMPLEX CASCU-005740	OPERATIONAL PERIOD: 9/10-9/11/20 0700-0700
DATE ISSUED: 9/9/20	TIME ISSUED: 1800
UNIT: SANTA CLARA	SIGNED:  Typed/printed: Stephen Volmer FBAN

INPUTS

WEATHER SUMMARY:

Temperatures will be in the high 70's on the Western edge of the fire and lower slopes, and mid 80's for the interior and Eastern portions. Minimum humidity will be in the high teens. Winds will be Southeast 5-10 mph, shifting to West Southwest in the afternoon. Strongest winds will be over the ridgetops and in canyons. Haze and smoke from other incidents will blanket the area, reducing visibility, increasing shade and cooling. The overnight humidity recovery will be good ranging from 36-46% below 2,000'. Expect West winds to continue shifting to South before sunrise. Minor cooling and humidity recovery increases will continue through the weekend.

OUTPUTS

FIRE BEHAVIOR

FUEL MODEL	RATE OF SPREAD FT/MIN	FLAME LENGTH FT	SPOTTING DISTANCE	PROBABILITY OF IGNITION
GRASS	45-87	7	.20 mi	87%
BRUSH	45-81	19	.40 mi	87%
OAK OVERSTORY	11-21	11	.30 mi	87%

GENERAL:

Live fuel moistures in the area are below critical levels, and have continued to drop. 1000hr fuels are below the 3rd percentile and are almost at historic levels. ERC above the 97th percentile. Interior Islands still have a high potential for ignition, with reburn likely to occur in areas of dirty burns. **Fuels above 2,000' elevation will burn extremely well all night due to no overnight humidity recovery and temperatures lowering minimally.** Be alert for new ignitions, interior islands burning out, and spot fires.

*****Values above are valid for any new starts in the area*****

SPECIFIC:

- Heavy equipment working will be a significant ignition source. Be alert to your work area.
- Be alert for tree and branch release to happen with the gusty conditions.
- Fuels across the state are critically dry. Know what your fire is doing at all times.

AIR OPERATIONS: Hazy conditions will be present, with limited visibility at times. Expect gusty conditions near the ridgetops and passes in the afternoon. Transport winds South 10 mph in the afternoon. Air resources may be committed to other incidents, or delayed, so make sure you have a secondary plan.

Sunset 19:21 Sunrise 06:44

SAFETY

- Look at the condition of the tree, and grass height before moving your vehicle under it to take shade. Hot exhausts and motors will ignite the dry grass easily.
- Winds increase and/or changes direction



SAFETY MESSAGE

SCU LIGHTNING COMPLEX



1. Incident Name: SCU LIGHTNING COMPLEX	2. Operational Period: Date From: 9/10/20 Time From: 07:00	Date To: 9/11/20 Time To: 07:00
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WINDS ADD DANGER IN ALL OPERATIONS.

Calculate your spot, position, and down-wind branch release.
 No frontal assaults when combating wind-driven fire conditions.
 Watch alignment and rates of spread.

MONITOR yourself and your assigned personnel for FATIGUE and HYDRATION.
 Work before the heat; be fluid and prepared for initial attack.
 Use cooling locations throughout the day.
 Avoid Complacency; Maintain Good Work Rest Cycles.

Excessive heat warning in effect. Ensure proper cooling and hydration.

Review & Report Heat Related Emergencies – Signs & Symptoms (IRPG Pg.109).

WATCH for contractors, civilians & bicyclist.

WATCH for Heavy Equipment and traffic on narrow roadways.
 EVALUATE your driving routes; Use CAUTION on congested roadways.
 MAINTAIN a safe following distance: monitor speed, gear selection, & brakes.
 UTILIZE chocks, backers and spotters; when in doubt scout it out!

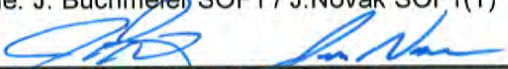
ALWAYS wear the proper PPE.

State-of-Readiness: Fire Weather Watch and Increased Fire Activity State-wide.

Primary, Alternate, Contingency, Emergency Planning on all new assignments;
 watch for fire alignment and extreme fire behavior.

REST when opportunity provides itself;
Stay Hydrated, Stay Focused, Stay Ready!

4. Site Safety Plan Required? Yes No

5. Prepared by: Name: J. Buchmeier SOF1 / J. Novak SOF1(T)


ICS 208 Date/Time: September 9, 2020 / 1900

1. Incident Name: SCU LIGHTNING COMPLEX		2. Incident Number: CA-SCU-005740
3. Incident Area	4. Hazards/Risks	5. Mitigations
DIV	HAZARDOUS ACTIONS/CONDITIONS	MITIGATIONS / WARNINGS / REMEDIES
CURRENT CONDITIONS		
ALL	COVID 19 & HYGIENE	Adhere to local, state, federal and CDC health guidelines. Maintain social distancing when applicable. Wear a mask for yourself/others. Report any symptoms immediately to a supervisor. Hygiene, hand washing, and disinfecting of surfaces & handles often.
ALL	FATIGUE, HEAT, & DEHYDRATION	Don't underestimate the task at hand. Adhere to work/rest cycle for all task(s). Drink water before, during and after shifts, up to 1.5 gal. per shift. Review Heat Related Emergencies (IRPG Pg. 109). Seek shade when you can.
ALL	COMPLACENCY	Be alert for signs of fatigue and distractions and remain engaged. Have the right radio clone. Know your mission and objectives; communicate
ALL	WIND	Watch alignment and rates of spread; no frontal assaults. Park into the wind; prevent injury or damage with door control. Calculate tree fall and branch release; project down-wind falling.
ALL	STEEP TERRAIN / ROLLING DEBRIS	Watch your footing while hiking in steep terrain. Be careful of loose rolling debris. Maintain Situational Awareness .
ALL	FALLING MODULES, HAZARD TREES, STUMP HOLES	Identify and isolate the area to provide for the safety of others. Flag and make proper notifications. Do not fall trees out of your certification level. Evaluate wind and lean prior to making cuts. Monitor footing; watch for ash pits and root balls.
ALL	MOP UP, REHAB, & REPAIR	Conduct thorough briefing for all personnel; Assure proper PPE . Follow "Look Up, Look Down, Look Around" procedures. Utilize Risk Management Process...reference the IRPG.
ALL	DRIVING HAZARDS	SLOW DOWN! Do 360's before moving vehicles. Utilize Chocks. Drive with headlights and seatbelts on; drive defensively. Utilize spotters, backers, and scout when in doubt. Assess Road Conditions; Flag hazard if you cannot mitigate, report.
ALL	HEAVY EQUIPMENT & DOZER SAFETY	Watch for rolling material; Monitor safe working distances. Avoid working below dozer. Utilize communication with the operator (radio or hand signals).
NEW STARTS & FIRE BEHAVIOR		
ALL	NEW START(s)	Know your LCES and maintain Situational Awareness. Use experienced Look Outs. Follow downhill line construction guidelines. Monitor weather for changes in the wind, temp, and RH. Know the forecast. Primary, Alternate, Contingency, Emergency on all new assignments.
ALL	EXTREME FIRE BEHAVIOR	High rates of spread & frontal fire intensity. Watch for alignment conditions & spotting. Caution with added vertical development or wind-driven conditions.
ALL	AIRCRAFT OPERATIONS	Monitor air-to-ground frequency, they are your eyes in the sky. Use air-to-ground frequency to communicate with aircraft. Use clear, concise statements when directing aircraft; clear the line . Only utilize aircraft to insert personnel on the line when necessary.
6. Prepared by: Joe Buchmeier SOF1/Jason Novak SOF1(T)		
ICS 215-A	Operational Period 9/10/20 – 9/11/20	Time: 0700 - 0700



CAL FIRE / INCIDENT MANAGEMENT TEAM 6



COVID-19 DAILY HEALTH CHECK SCREENING ALGORITHM

EACH WORKDAY WILL BEGIN WITH THE FOLLOWING:

Temperature recorded
Employee Screening Questionnaire

TEMPERATURE RECORDED

- Fever YES/NO? *Fever is considered $> 100.4^*$
- #### EMPLOYEE SCREENING QUESTIONNAIRE
- Are you feeling ill/feverish?
 - Are you having chills?
 - Do you have new or worsening SOB?
 - Do you have a new or worsening cough?
 - Do you have a new or prolonged sore throat?

No Fever and No answered to all
Employee Screening Questionnaire

Continue with Daily Operations

Yes Fever OR Yes answered to any of the Employee
Screening Questionnaire

- Wash Hands, Don Mask and Isolate from other employees. Maintain a distance of > 6 feet.
- Notify the Company Officer and/or Strike Team Leader.
- Notify Medical Unit Leader
- Refer employee to appropriate healthcare provider for evaluation and treatment.
- Disinfect "High-touch" surface areas.

REMINDERS TO ALL EMPLOYEES

- ◇ Self-Monitor yourself while you are on and off the line. If you experience any flu-like symptoms, COVID-19 symptoms, or any Respiratory illness symptoms contact your Company Officer and or Strike Team Leader.
- ◇ Maintain proper hand hygiene. Wash hands with soap and water for 20 seconds. Utilize hand sanitizer often. Do not shake hands, touch, or hug others.
- ◇ Cover coughs or sneezes (if not masked). Cloth Masks should be exchanged and or washed daily.
- ◇ Masks are required when out in the public on non-emergency business.
- ◇ Disinfect high-touch surfaces daily.
- ◇ Practice social distancing (> 6 feet) at meal times, dormitories, in-person meeting, or while in public.



CAL FIRE / Incident Management Team 6

COVID-19 Response Algorithm



Employee Response Action Plan

COVID-19 Positive Test or COVID-19 Positive Clinical Symptoms Presentation

- COVID 19 Symptoms: Cough, SOB, Fever or afebrile, Chills, Muscle Pain, Sore throat, Loss of taste/smell
- Employee informs Company Officer and Strike Team Leader of presumed/confirmed COVID-19 symptoms.
- Employee advised to seek evaluation by Medical Unit and CAL MAT or base camp medical unit.
- Crew initiates cleaning measures. Mask, safety glasses, gloves worn. (If needed, LOGS will assist)
- Medical Unit to notified IC, Liaison, Safety and Logistics ASAP. Medical Unit will notify COVID-19 Public Health Officer and determine need for testing and locations.

Incident Action Plan

- Company Officer / Strike Team Leader notified of personnel with COVID-19 positive test or symptom.
- Medical Unit evaluates individual(s) and need for care and evaluation.
- IC, Liaison, Safety and Logistics notification made to determine course of incident evaluation and response.
- Line Chief, Agency Administrator, and Region Office updated upon notification

Facilities Response

- Medical and Safety notified
- Incident Notification
- Disinfection plan initiated.
- Resource Status Evaluated

Medical Evaluation & Contact Tracing

- Personnel interviewed by Medical Unit . List of Positive contacts made in the last 5 days acquired. All Exposed are required to wear surgical mask, self monitor for Fever/Resp symptoms for up to 14 days (exposed personnel are subject to COVID-19 testing)
- Home Unit / Department utilized and retrospective tracking of Positive COVID-19 personnel inter-actions are identified within the last 5 days.
- Home Unit / Department updated by Company Officer / Strike Team Leader.
- Public Health Department is contacted and updated by IC or Designated Representative.
- Positive COVID-19 Employees w/symptoms will need to be evaluated by Health Department conducting testing, prior to returning to assignment.
- Positive COVID-19 Employees w/o symptoms may be required to be evaluated and resource status will be reviewed prior to returning to assignment.

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION/BASIC

1. Incident Name: SCU LIGHTNING COMPLEX	2. Operational Period: Date From: 09/10/20 Date To: 09/11/20 Time From: 0700 Time To: 0700	3. Branch Division I / II I / J / K / L / Q / R / V / M / N / O / T
4. Operations Personnel:		Page 1 of 1

Operations Section Chief: M. Marcucci / S. Lane (T) / D. Esades (T)	Night Ops:
Branch Director:	Branch Safety:
Division/Group Supervisor: S. Gonzales (12)	Air Attack:

5. Resources Assigned:		** Resources Below in Bold are 12 Hour **					
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
ENG SCU 1671				3	E-170.6	0700-0700	ICP
ENG SCU 1662				3	E-170.2	0700-0700	ICP
ENG SCU 1663				3	E-170.4	0700-1900	ICP
ENG SCU 1685				4	E-169.5	0700-1900	ICP
STH SCU 9163H				17	C-85	0700-1900	ICP
FEMT QUADT			J. Quadt	1	O-521	0700-1900	ICP
FEMP JOHNSON	X		J. Johnson	1	O-462	0700-1900	ICP

6. Work Assignments:
Tactical Patrol.
Backhaul all trash.

7. Special Instructions:


8. Communications							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
SCU L	1	COMMAND	151.4450N	156.7 (T6)	159.3450N	OST	TONE 1 - 2 - 3 - 5
CDF T31	7	TACTICAL	159.3825N	192.8 (T16)	159.3825N	192.8 (T16)	
CDF T20	14	AIR TO GROUND	159.3750N	192.8 (T16)	159.3750N	192.8 (T16)	
CALCORD	15	MEDICAL	156.0750N	156.7 (T6)	156.0750N	156.7 (T6)	
GUARD 27	16	EMERGENCY	168.6250N		168.6250N	110.9 (T1)	AIR GUARD

9. Prepared by: Name: Jamie Heald	RESL	Signature:
ICS 204	Date/Time: 9/9/2020 2200	Personnel Count: 32

MEDICAL PLAN (ICS 206)

1. Incident Name: SCU LIGHTNING COMPLEX		2. Operational Period: Date From: 9/10/20 Date To: 9/11/20 Time From: 0700 Time To: 0700					
3. Medical Aid Stations:							
Name	Location	Contact Number/Freq	Paramedics				
Cal Mat - California Medical Assistance Team	ICP	Morgan Hill	Yes				
MERT	ICP	Morgan Hill	<input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number	Level of Service				
Stanford Life Flight (Air)	Stanford - Santa Clara County	Morgan Hill	ALS				
CAL FIRE Copter 106 (Day Hoist)	Morgan Hill Dispatch	Morgan Hill	BLS				
5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad		Air	Ground			
St. Louise Regional Medical Center	9400 No Name Uno, Gilroy N37°02'08.24, W-121°34'16.15	(408) 848-8680	:31	1:35		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Santa Clara Valley Medical	751 S. Bascom Ave. San Jose N37°18'50.30, W-121°56'03.28	(408) 885-6912	:22	1:18	Level1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Eden Medical Center Sutter Health	20103 Lake Chabot Rd Castro N37°41'56.28, W-122°05'21.36	(510) 727-3015	:22	1:18	Level2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stanford Health Care - ValleyCare Medical Center	5555 W. Las Positas Blvd., Pleasanton N37°41'39.93, W- 121°52'51.22	(925) 416-6525	:18	1:06		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Special Medical Emergency Procedures							
Line Emergency Crew Supervisor will contact Division Supervisor with patient complaint/condition and location. - Division Group Supervisor Contacts: 1. Closest EMS resource 2. Communications Unit - Communications Unit Contacts: 1. Ground or Air ambulance as requested. 2. Operations 3. Safety 4. Medical Unit - Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel. 1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency. - Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need. Camp Emergency Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient. - Medical Unit contacts 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims				Injury Reporting Procedures Nature of Injury: _____ Location of Patient: _____ Point of Contact: _____ Transportation Requested by: Air _____ Ground _____ Point of Pick-Up: _____ Lat: _____ Long: _____ Patient Unit ID: _____ Is an EMT with Patient: Yes _____ No _____ Age: _____ Sex: Male _____ Female _____ All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.			
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): J. Segura R. Beeson (T)				Signature:			
8. Approved by (Safety Officer): J. Buchmeier J. Novac (T)				Signature:			
ICS 206		NIMS IAP		Date/Time:		9/9/2020 17:30	

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

1. Incident Name: SCU LIGHTNING COMPLEX		2. Date/Time Prepared Date: 09/09/2020 Time: 1930		3. Operational Period: Date To: 09/11/20 Time To: 0700				
4. Communications								
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
1	COMMAND	SCU L	ALL BRANCHES & DIVISIONS	151.4450N	156.7 (T6)	159.3450N	OST	TONE 1 - 2 - 3 - 5
2								
3								
4								
5								
6								
7	TACTICAL	CDF T31	ALL BRANCHES & DIVISIONS	159.3825N	192.8 (T16)	159.3825N	192.8 (T16)	
8								
9								
10								
11								
12								
13								
14	AIR TO GROUND	CDF T20	ALL BRANCHES & DIVISIONS	159.3750N	192.8 (T16)	159.3750N	192.8 (T16)	
15	MEDICAL	CALCORD	ALL BRANCHES & DIVISIONS	156.0750N	156.7 (T6)	156.0750N	156.7 (T6)	
16	EMERGENCY	GUARD 27	ALL BRANCHES & DIVISIONS	168.6250N		168.6250N	110.9 (T1)	AIR GUARD
17								
18								
19								
20	EMERGENCY	GUARD 27	ALL BRANCHES & DIVISIONS	168.6250N		168.6250N	110.9 (T1)	AIR GUARD
5. Special Instructions								
TO CONFIRM YOU HAVE THE MOST CURRENT CLONE, ENSURE YOUR DISPLAY OF CHANNEL 16 OR 20 MATCHES CHANNEL 16 OR 20 OF THE 205 - HEIGHT AND POWER ARE KEY WHEN USING RADIOS; BE AT A HIGH POINT, USE A MOBILE IF POSSIBLE, AND USE RADIO RELAYS WHEN NEEDED								
6. Prepared by (Communications Unit Leader): Name: John Brooks, IMT6			Signature: 					
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC			Date/Time: 09/09/20 1930					

TRAINING MESSAGE

ALL TRAINEES MUST HAVE THEIR
TRAINING PACKAGE'S TO THE
TRAINING SPECIALIST BY NOON
ON THURSDAY 9/10/2020

PLEASE REMEMBER TO BRING THE FOLLOWING

COMPLETED DOCUMENTS

WITH YOU TO TRAINING:

- **TASK BOOK**
- **ICS 225** - *Please ensure signatures of both trainer and trainee are on the 225*
- **TASK BOOK EVALUATION RECORD**

*DON'T TRAIN UNTIL YOU GET IT RIGHT, TRAIN UNTIL YOU
CAN'T GET IT WRONG!!*

Any questions please contact the Training Specialist:

Shane Vargas (530) 410-4225

Ian Crossley (530) 681-5100



CAL FIRE INCIDENT MANAGEMENT TEAM 6

Jeff Veik- INCIDENT COMMANDER



DEMOBILIZATION PLAN - SUMMARY SCU Lightning Complex CA-SCU-005740

GENERAL INFORMATION

The Demobilization Plan is developed to facilitate the orderly removal and checkout of resources on the incident. By definition; surplus personnel are available for release if they have rested for a minimum of 8 hours, are cleaned up, outfitted and have a vehicle ready to depart to their next destination.

GENERAL GUIDELINES

- o **NO RESOURCES WILL LEAVE THE INCIDENT UNTIL AUTHORIZED TO DO SO BY THE DEMOB UNIT.**
- o Efforts will be made to ensure that all released personnel arrive at their destination prior to 2200 hours.
- o All Resources will arrive at the Demobilizations Unit at their scheduled time Only.
- o **All Rental Vehicles will receive a safety inspection prior to leaving the incident.**
- o All trainees are to keep their time up to date and report to the Training Specialist with their task books and evaluations prior to completion of the demobilization process.
- o All strike team leaders are responsible to call **North Ops at 1-800-237-3703** immediately upon being released from the incident

RESPONSIBILITIES

Unit Leaders will declare resources excess to their **Section Chief**. **Section Chiefs** will declare excess resources to the Planning Section Chief through the **Resource Unit Leader**. This should be done 36 hours in advance of anticipated release. Use the **Declaration of Excess Resources sheet or General Message Form (ICS-213)** to list all excess resources. Include the resource name, request number, name of person, date and time of declared excess, and time in which the resource will be eligible to leave. Send to the **RESOURCE UNIT** where the resource will be determined to be surplus to the incident. Surplus resources will then be able to report to the **DEMOB UNIT**, receive a Demobilization Checkout Form (ICS 221), get the appropriate ICS 221 signatures, and then return the completed ICS 221 to the DEMOB UNIT prior to final release or reassignment. Resources are not to contact **North Ops** or the expanded dispatch center unless instructed to do so by the Demobilization Unit.

RELEASE PRIORITIES

1. **Organized fire departments**
2. **OES engines**
3. **Hired personnel and equipment**
4. **Other agencies (USFS, BLM, etc.)**
5. **Out of region CAL FIRE forces**
6. **Within Region CAL FIRE Forces**
7. **Unit CAL FIRE Forces**

TRAVEL INFORMATION

All resources will meet agency specific requirements on hours of travel per day. For CAL FIRE hand crews, a full 24 hour reset period shall be adhered to before departing from the incident. After a crew's last operational period they shall begin the demobilization release procedure during their 24 hour off shift. In addition, they must use the following complete 24-hour period as reset time before they depart from the incident.

ATTN: Federal Resources (specifically Federal Contracted Resources/ADs)

RE: Virtual Finance Support

If you are assigned to a CAL FIRE managed incident, you have noticed that there is no “federal” time unit on site. We have developed a virtual finance section to provide you with your invoices/time sheets. We will need for you to **scan and email** your documents to the R5.CalFire.Support@firenet.gov email address. (The CAL FIRE finance section may have a scanner available if you do not have a “scanning” app on your phone and/or computer.) In the subject line enter:

TIME - Resource # - Company/Person Name – Attachment description - Fire Name/Number

Contract Crew/Equipment:

We need for you to send us the following information (even if you have submitted it to the CAL FIRE finance unit):

- Contact name, phone number, and email for on-site “leader”
- Resource Order
- Contract (Pages 1-2 and any additional pages referencing equipment/resource information)
- Crew Manifest
- Inspection (if one was done)
- Shift Tickets (signed by you and your incident supervisor) / CTRs (signed by your incident supervisor)

Administratively Determined (AD) Resources:

We need for you to send us the following information:

- Contact phone number and email
- Resource Order
- Casual Hire Form
- CTRs (signed by your incident supervisor)

Federal Employees:

As of right now, we are not planning to create OF-288s for Federal “regular” employees. Each of you can utilize your CTRs as your backup documentation for submitting your time sheets.

IF, however you require an OF-288, we will do our best to accommodate your needs. If you are claiming Hazard Pay, just like always, you must provide a justification for the claim (“H=Hazard”) is NOT enough. Use “action verbs” to explain what/why you are claiming the hazard.

WHEN YOU ARE CLOSE TO DEMOB:

- Give Finance a “Courtesy Email” 1-2 days prior to make sure all your documents have been received.
- Submit all time documentation (including travel home) ahead of demob.
- Send an email the morning of your demob to the Support email so the demob process can be started from the virtual finance group.

INJURY/CLAIMS:

If you have an injury and or claim concern, send an email to the inbox below and our Claims Specialist will get in touch with you. Provide a **name**, **cell phone number**, and **email address**.

EMAIL: R5.CalFire.Support@firenet.gov

Please **do not** wait until the end of your assignment to get us your information. Since we are virtual, the process will take additional time.

eFC-33 INITIAL INPUT FORM

1 2 3 4 5 6 7

Overhead: complete one form per person.
All Others: complete one form per vehicle.

Request Number						
----------------	--	--	--	--	--	--

INCIDENT	State: Agency	Incident Number	Incident Name	Incident Index Code	Incident PCA Code
CA					

RESOURCE	Strike Team	Resource ID: Fire Assignment	Home Station / Office Location
S T	9 3 2 5 C	E-3499	PASO ROBLES

YOUR NORMAL DUTY SCHEDULE	24 Hr 8-8 7-7 Other	Portal to Portal?	YOUR AGENCY	HOME UNIT	COMMIT RELEASE	YOUR CELL PHONE #
	<input checked="" type="checkbox"/> One Box	<input checked="" type="checkbox"/>	CAL FIRE	S L U		

PERSONNEL	Schedule		First Name	Last Name	Rank or Classification	# of Regular Duty Scheduled Hours per Day									
	A	B				Mon	Tue	Wed	Thu	Fri	Sat	Sun			
EMPLOYEE 1															
EMPLOYEE 2															
EMPLOYEE 3															
EMPLOYEE 4															
EMPLOYEE 5															
EMPLOYEE 6															
	<input checked="" type="checkbox"/> One Box		Johnson	Robert	FC										

VEHICLE	Schedule		Radio ID	Kind of Vehicle	ID No/No.
	A	B			
VEHICLE 1					X
VEHICLE 2					X
	<input checked="" type="checkbox"/> One Box		E-3499	FTH	0 2 X 1 2 3
					Portable Pump?

Put a Dozer and It's Transport on a single form. All others, use one form per individual vehicle.

ADDITIONAL INFO





Local Government Resources on CFAA

If you are demobing from this incident and there is no OES AREP on site do the following:

Complete the F-42 and have the Incident Finance Section Chief sign the F42.

Leave the Pink copy with the Incident Finance Chief.

Take the remaining copies (White, Golden and Green) back to your department.

The Original and Green need to be mailed back to OES Headquarters as per the instructions on the front of your F-42

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



Questions?

**Your OES Fire & Rescue Region II AREP is
Dave Franklin
650.436.2185**

SHIFT TICKET EXAMPLE

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name DOZER DUDE		
Incident or Project Name SCU LIGHTNING COMPLEX		Incident Number CASCU 005740	Request Number E#		Operator #1 BOB SMITH	Operator #2 TOM SMITH	
Agreement Number XXX - 000000 - 00					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		
Equipment Make CAT		Equipment Model / Type D6XM			Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		
Serial Number 111111		Licence Number 111111			Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement		
Equipment Use (Circle) Hours Days / Miles					Released by Government		
Date Mo / Day	Start	Stop	Work	Assignment	Withdrawn by Contractor		
8/17	0700	2400	17	DIV M	NO DAMAGE/ NO CLAIMS		
8/18	0001	0700	7	DIV M			
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber		
	Poor*	Avg.	Good	Exc.	N/A		
Met Performance Expectations		Vendor Rating must be done.			Govt. Rep. Signature <i>Mike Weber</i>		
Equipment in Safe Working Condition					Contractor Signature <i>Bob Smith</i>		
Operator Skill Level					Date 08/18/20		
Operates Safely					Time 0800		
Operator's Cooperation Level					CALFIRE 297		
Overall Performance					(Rev 3-2011)		
* NOTE: Any rating of POOR requires an explanation in Comment Section.							
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.							
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative	

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name DUDE TRANSPORT		
The responsible Government Officer will complete this form each shift							
Incident or Project Name SCU LIGHTNING COMPLEX		Incident Number CASCU 005740	Request Number E # Here		Operator #1 BOB SMITH	Operator #2 TOM SMITH	
Agreement Number XXX - 000000 - 00					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		
Equipment Make TRANSPORT/ KENWORTH		Equipment Model / Type COZAD TRAILER /26 WHEELS			Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		
Serial Number 1XP3ESMP14239012		Licence Number 9999999			Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement		
Equipment Use (Circle) Hours Days / Miles					Released by Government		
Date Mo / Day	Start	Stop	Work	Assignment	Withdrawn by Contractor		
8/17	0700	2400	17	DIV M	NO DAMAGE/ NO CLAIMS		
8/18	0001	0700	7	DIV M			
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber		
	Poor*	Avg.	Good	Exc.	N/A		
Met Performance Expectations		Vendor Rating must be done.			Govt. Rep. Signature <i>Mike Weber</i>		
Equipment in Safe Working Condition					Contractor Signature <i>Bob Smith</i>		
Operator Skill Level					Date 08/18/20		
Operates Safely					Time 0800		
Operator's Cooperation Level					CALFIRE 297		
Overall Performance					(Rev 3-2011)		
* NOTE: Any rating of POOR requires an explanation in Comment Section.							
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.							
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative	

Turn shift tickets into Time Unit.

STATE OF CALIFORNIA
 DEPARTMENT OF FORESTRY AND FIRE PROTECTION
PROPERTY CERTIFICATION OF LOCATION OR DAMAGE
CERTIFICATE OF RESPONSIBILITY FOR INCIDENT OCCURRENCE
 CAL FIRE-101 page 1 of 2 (1/07)

Incident #:
Request #:

LOCATION / INCIDENT NAME:	INCIDENT NUMBER:	UNIT:	REGION:	DOC. NUMBER:
				DATE:

THE FOLLOWING ARTICLES WERE: (broken, left on line, damaged, or other) _____ **DATE OF OCCURRENCE:** _____

QUANTITY	UNIT OF MEAS.	CAL FIRE STOCK NUMBER (COMPLETE WHENEVER ASSIGNED)	DESCRIPTION <small>(INDICATE SIZE, MAKE, MODEL, TYPE, ETC., TO CLEARLY DESCRIBE THE ITEM, PROVIDE ADEQUATE DATA TO EFFECTIVELY IDENTIFY EQUIPMENT OR PROPERTY.)</small>	PROPERTY NUMBER

DIV: _____ **DIV's Name:** _____

DIV. Signature: _____

LOCATION OF ITEMS: _____

REMARKS: _____

SIGNATURE OF PERSON CERTIFYING OCCURRENCE AS DESCRIBED			
SIGNATURE:	PRINTED NAME:	TITLE:	DATE:

UNIT SUPERVISOR'S APPROVAL

COMMENTS:

SIGNATURE OF UNIT ADMINISTRATOR:	TITLE:	DATE:



PUBLIC INFORMATION



Official Sources of Public Information

Incident Information Line: (916)618-3195	Incident Media Line: (916)618-3195
Incident Website: www.fire.ca.gov/incidents	Email List Sign Up: www.tinyurl.com/scu-evacmap



EVACUATION MAP



@CALFIRESCU



@CALFIRE_SCU



EMAIL SIGN UP

STATUS	
Incident Start Date: August 16, 2020	Total Personnel
Acreage:	Containment:

Media Law

The California State Penal Code Section 409.5(d) allows the news media to enter scenes of disaster, riot, or civil disturbance. Properly identified members of the news media should not be restricted from entering locations specified within the code. However, this does not include crime scenes, and does not imply that the news media may interfere with incident operations while they are in the areas of concern. If entering such a location that is hazardous, they should be advised; media access cannot be prevented for safety reasons unless their presence would impede CAL FIRE's mitigation of the incident or the disturbing of evidence. When working around the media, remember:

- Media **is not permitted** on private property without the property owners permission.
- If approached and questioned by the media and or the public, talk about your assignment or task at hand. Remember to wear all the appropriate PPE.
- If needed call for an incident PIO through the chain of command.
- Never speculate, give opinions or speak for others.
- There is no such thing as an "off the record" comment.

CAL FIRE Social Media Policy (Social Media 0691)

Social Media is increasingly being used by public agencies, the media as well as the public. This form of communication continues to grow rapidly in order to supply the instant gratification needs of society. Therefore when on a CAL FIRE incident you will adhere to the CAL FIRE Social Media Policy, 0691. You can get further information about the CAL FIRE Social Media Policy from the incident Public Information Officer. While assigned to the incident, there will be no posting of:

- Inappropriate information or materials, no opinions, no endorsements, inappropriate pictures or videos

Lost and Found

The Information Section will manage Lost and Found items for the incident. If you have lost an item leave your contact information and what you have lost at the Information Section. If you have found an item on the incident bring the item to the Information Section with your contact information as well.

Incident Base Camp Mailing Address c/o Public Information Office/Trailer 4501 Pleasanton Ave. Pleasanton, CA 94566 Pleasanton Ave Street Entrance
--

Peer Support Team Message:

INCIDENT PEER SUPPORT:

We no longer have any peer support on the incident. They are still available by phone to meet your needs. The best way to get a hold of them is to call them directly.

ESS

Amber Henderson-805 794-1690

Clinician

Jill Gustafson-530 957-8020

or

CAL FIRE Peer Support/Helpline

916-445-4337

Below are other Team Members not on the incident who can also be contacted directly:

Tony Howard 916-224-1543

Mike Aiello 916-584-0548

Warren Parrish 916-823-6641

Shawna Powell-530 717-0667

Nikole Schutz 916-709-0434

Amy Head 916-956-3277

Chris Lomanto 916-247-6974

Connie Quarisa 916-213-8697

In addition to peer support, if there is a need, we can have a culturally competent Clinician available that can assist you on an individual and/or group basis by phone.

Watch for the signs and symptoms of stress in yourself and the people around you. Try and stay positive and get much needed rest when you can. We can do this, together!

Stay Healthy, Stay Alert and Stay Strong!

CAL FIRE Employees can also contact EAP directly at: 1-866-327-4762

FIRE SUPPRESSION REPAIR

SCU LIGHTNING COMPLEX

CA SCU-005740

Fire Suppression Repair (FSR) is the repair of damage caused directly from fire suppression activities, it is not the rehabilitation of areas damaged by the fire. See also CAL FIRE Handbook 7773

Start Early!

Repair work should start as soon as practical but shall not hamper or conflict with fire suppression actions or compromise firelines.

When operationally feasible, Divisions can assist by flattening berms and constructing waterbars on dozer lines and underslung hand lines. Scattered trash, missed hose, etc. shall be collected and deposited at Drop Points for backhaul. Police your areas.

Repair Work Inventory:

Assistance is requested in identifying FSR needs. Please provide location, type of repair and a reporting contact. Reporting can be done:

- In-person to the FSR Branch at Building "R" at the ICP
- Through your chain of command
- Scu.lightning.fsr@gmail.com
- Exported Avenza line and point layers are preferable but we can accept most types of GPS and text intel. Include a picture(s) if available

Landowners reporting damage should be relayed to the FSR Branch. The FSR Branch has foresters, archaeologists and other environmental who will evaluate each site, develop a repair plan, and schedule the repair with appropriate resources.

Infrastructure Damage:

Report the location and type of suppression damage to infrastructure. Common examples include:

- Fences /gates
- Culvert/ Bridge/ Other watercourse crossings
- Developed water sources
- Utility distribution line; above/below ground.
- Restore barriers on roads previously closed but opened for suppression activities.
- Remove trash and debris, including flagging and signs when no longer needed.
- Misc. damage to infrastructure.

Natural Resource Damage:

This category represents repairing problems caused by fire suppression activities (direct effect) and to prevent likely future problems such as accelerated erosion caused by winter rains (indirect effect).

- Construct drivable waterbars or rolling dips on unsurfaced roads.
- Construct waterbars on all dozer and hand lines according to the following Specifications: Water bars shall be cut diagonally into firm soil at least 6" deep and have a berm at least 12" in height. Water bar should have a 30-45 degree angle to the fall line. Outlets must be open and directed onto the least erodible material possible.

Slope or Road Gradient (%)	0-10%	11-25%	26-50%	>50%
Waterbreak Spacing	100'	100'	75'	50'

- Flatten berms along roads and firelines to maintain natural drainage patterns. If berms are necessary along a road segment, cut breach outlets periodically.
- Remove soil and debris deposited by fire suppression activities from drainage facilities and culvert inlets.
- Slash and soil deposited into watercourses shall be removed and stabilized as feasible.
- Work within 100 feet of a watercourse, cultural site or other sensitive location shall be performed with guidance from the FSR Group.
- Slash from felled trees adjacent to roads shall be lopped and scattered, chipped or piled for burning.
- Scattered trash, missed hose, etc. shall be collected and deposited at Drop Points. Police your areas.

Cultural Sites:

Immediately report the location of any known or suspected archaeological/historical site through the chain of command to the incident Archaeologist and/or the FSR Branch. Indicate the type of impact, including retardant coverage. Avoid further disturbance if operationally feasible and flag the site perimeter. Otherwise, use the least disturbing suppression methods possible. Removing artifacts or vandalizing a site is a violation of State and Federal law.

Comp Claims Issues:

Damaged resources that are too large or complex for the Fireline Suppression Group to handle shall be turned over to the IMT #6 Comp/Claims Unit. Examples of such issues include damage to pavement, bridges, pipelines, etc.

Fire Suppression Repair Report Form

List any special type of material/equipment/personnel needed. (Fencing materials, tools, dozer, backhoe, stakeside, handcrew, etc.) Provide landowner contact info if known.

Division _____ Form completed by _____ Phone _____ Date _____

Work needed/Location

Fence/gate repair _____

Waterbars _____

Road Repair _____

Watercourse cleanout _____

Culvert cleanout/repair _____

Trash/Hose pickup _____

Hazard Trees _____

Other _____

SCU LIGHTNING COMPLEX INCIDENT FACILITIES MAP

CA SCU 005740

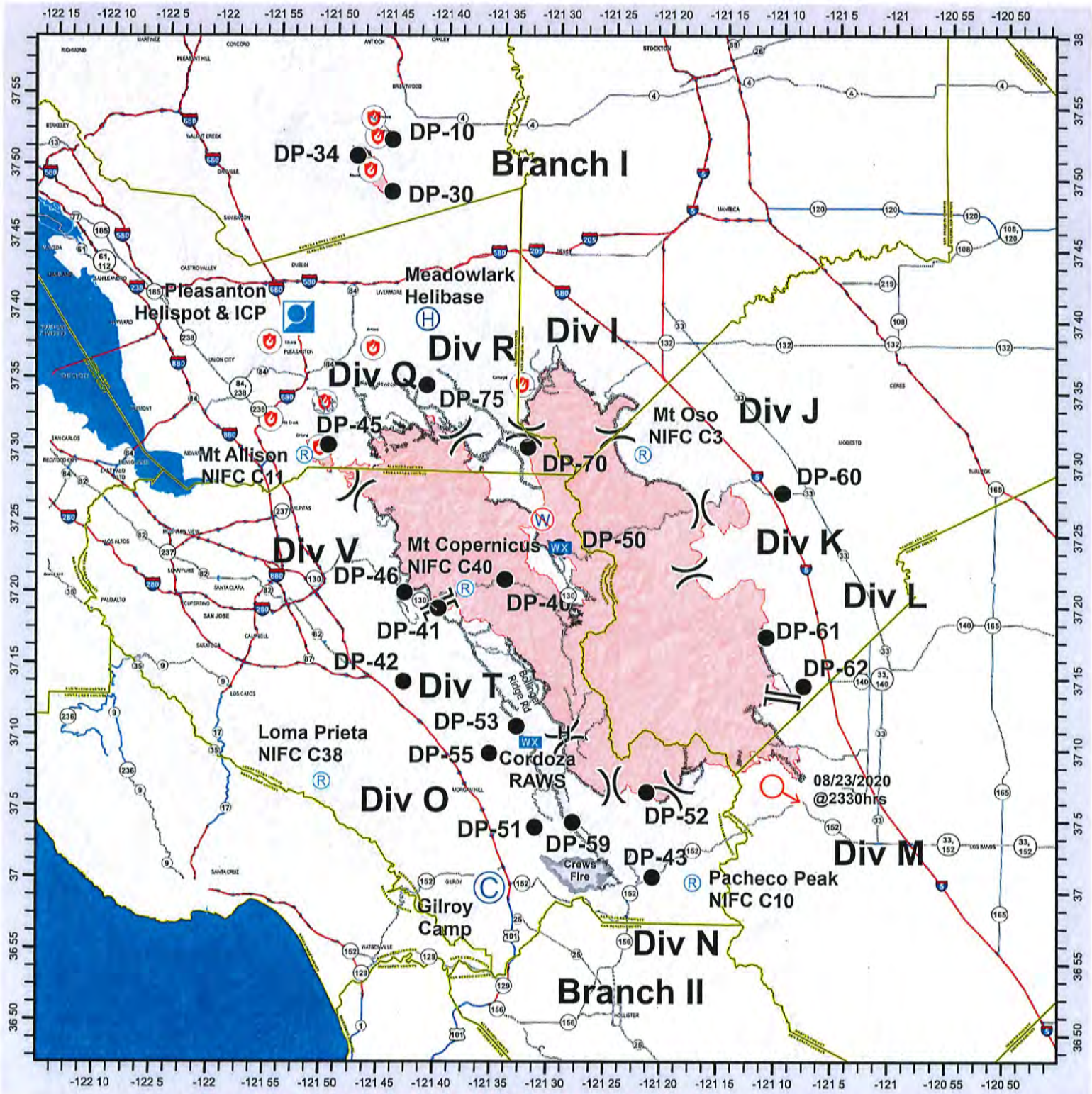


1	Ground Support	6	CCC Sleeping	11	Tools & Equipment	16	Showers	21	Motels	26	Potable-Grey Water	31	Sheriff-ALCO	41	IC		
2	Fuel	7	Tents	12	Lunches	17	Laundry	22	CAL OES	27	InciNet	32	Finance	37	COMMS		
3	Dozer/Heavy Equip	8	Water	13	CAL MAT	18	Comp Claims	23	Facilities	28	Briefing	33	Safety	38	Liason		
4	Vendor Staging	9	Supply	14	COVID Testing	19	Check-In & Demob	24	Food Unit	29	Employee Support Services	34	FBAN	39	Resources		
5	Vendor Sleeping	10	Ice	15	Sleep-Trailers	20	Time Unit	25	Inmate Tents	30	Medical	35	Ordering/LOGS	40	Clerical		
																44	JIC
																45	PIO



SCU LIGHTNING COMPLEX INCIDENT TRANSPORTATION MAP

CA SCU 005740



CAL FIRE - INCIDENT MANAGEMENT TEAM 6 *Established 1994*



Camp	Incident Command Post	Restricted Water Source	Completed Dozer Line
Drop Point	Mobile Weather Unit	Fire Point	Completed Hand Line
Helibase	Repeater	Division Break	Wildfire Daily Fire Perimeter
Helispot	Spot Fire	Branch Break	County

DISCLAIMER: This document contains information that is disseminated and shared for informational purposes. The information contained in this document is not intended to be used as a basis for any legal action or as a substitute for professional advice. It is provided as a service to the public and is not intended to be used as a basis for any legal action or as a substitute for professional advice.

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