

INCIDENT ACTION PLAN

GLEN INCIDENT

CA-NEU-021381



OPERATIONAL PERIOD

8/14/2021 0700

to

8/15/2021 0700

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">Glen</p>	2. Operational Period: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Date From:</td> <td style="border: none;">8/14/2021</td> <td style="border: none;">Date To:</td> <td style="border: none;">8/15/2021</td> </tr> <tr> <td style="border: none;">Time From:</td> <td style="border: none;">0700</td> <td style="border: none;">Time To:</td> <td style="border: none;">0700</td> </tr> </table>	Date From:	8/14/2021	Date To:	8/15/2021	Time From:	0700	Time To:	0700
Date From:	8/14/2021	Date To:	8/15/2021						
Time From:	0700	Time To:	0700						

3. Objective(s):

Management Objectives

- Provide for safety of the public and first responders.
- Keep cost commensurate with the values at risk.
- Ensure coordinated, timely and accurate release of public information.
- Bring back normalcy to the affected communities.
- Foster and maintain relationships with all cooperators and stakeholders.

Control Objectives

- Keep fire North of Triglay Lane.
- Keep fire West of Frenchtown Road.
- Keep fire South of South of Hansonville Hill.
- Keep fire East of Saddle Springs Pass.

General Situational Awareness:

Maintain situational awareness in timber overstory with dry flashy fuel understory.

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

5. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan

<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 215A	<input type="checkbox"/> Logistics Message	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Facility Maps	<input type="checkbox"/> Travel Map	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Demob Plan	<input type="checkbox"/> County Health Message
<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

7. Prepared By: D. Sooy **Position/Title:** RESL **Signature:** _____

8. Approved by Incident Commander: Rob Bartsch **Signature:** _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Glen		2. Operational Period: Date From: 8/14/2021 Time From: 0700		Date To: 8/15/2021 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Rob Bartsch-CAL FIRE	Operations			
	Brandon Spear- Yuba Co. SO	Deputy Operations			
	Scott Evans (night IC)	Night Ops			
		Staging Area			
Deputy					
Safety Officer					
Information Officer	Mary Eldridge				
Liaison Officer		Branch			
4. Agency/Organization Representatives:		Division/Group	A/C/X	Antonio Cruz/ Scott Evans	
Foothill Fire	Chris Greene	Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Staging Area			
		Staging Area			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Division/Group			
5. Planning Section:		Division/Group			
Chief	Steve Garcia	Division/Group			
Deputy		Division/Group			
Resource Unit	Daniel Sooy	Division/Group			
Situation Unit	Elsa Hucks	Branch			
Documentation Unit		Division/Group			
Demobilization Unit		Division/Group			
GISS	Alex Stone	Division/Group			
FBAN		Division/Group			
IMET		Division/Group			
Training Tech Spec		Air Operations Branch	Director:		
		Air Support Group Supervisor			
		Air Tactical Group Supervisor	David Krussow		
		Helibase Manager			
6. Logistics Section					
Chief	Matt Siebecke				
Supply Unit					
Facilities Unit		8. Finance/Administration Section:			
Ground Support Unit		Chief			
Communications Unit		Time Unit			
Medical Unit		Procurement Unit			
		Comp/Claims Unit			
		Cost Unit			
Prepared By: Name: D. Sooy		Position/Title: RESL		Signature: _____	
ICS 203		Date/Time: 8/13/2021 2300 hours			

Weather Forecast	Latitude: 39.4250	Longitude: -121.2903	Update	NWS Fire Weather
1. Incident Name: Glen	2. Operational Period:	Date From: 8/14/21 Time From: 0700	Date To: 8/15/21 Time To: 0700	Last Update 10/7/2018 10:22:49

.DISCUSSION...

Hot and dry conditions expected through the weekend with warming temperatures and lowering humidity. Wind will generally be terrain driven with locally gusty wind possible in the afternoon.

.SATURDAY...

Sky/weather.....Mostly sunny.
 Max temperature.....98-103.
 Min humidity.....18-23 percent.
 Wind (20 ft).....
 Slope/valley.....Northeast up to 5 mph becoming west up to 6 mph
 after 1000 hours.
 Ridgetop.....North to northwest 7 to 12 mph.
 Mixing height.....100-400 ft AGL increasing to 5500-6500 ft AGL
 early in the afternoon.
 Transport winds.....North to northwest around 7 mph.
 CWR.....0 percent.
 LAL.....1.

.SATURDAY NIGHT...

Sky/weather.....Mostly clear.
 Min temperature.....77-82.
 Max humidity.....40-45 percent.
 Wind (20 ft).....
 Slope/valley.....Southwest winds up to 6 mph shifting to the
 east after midnight.
 Ridgetop.....West wind to 10 mph early evening then Light wind.
 Mixing height.....6500 ft AGL decreasing to 0-100 ft AGL early in
 the evening.
 Transport winds.....Light winds.
 CWR.....0 percent.
 LAL.....1.

.SUNDAY...

Sky/weather.....Sunny.
 Max temperature.....101-106.
 Min humidity.....11-16 percent.
 Wind (20 ft).....
 Slope/valley.....East winds up to 5 mph shifting to the
 southwest up to 7 mph in the afternoon.
 Ridgetop.....North around 10 mph shifting to the west
 in the afternoon.
 Mixing height.....0-100 ft AGL increasing to 7100-8700 ft AGL.
 Transport winds.....North to west 5-10 mph.
 CWR.....0 percent.
 LAL.....1.

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED
INFORMATION/BASIC

1. Incident Name: Glen Incident Channels	2. Date/Time Prepared Date: 08/13/2021 Time: 0100	3. Operational Period: Date From: 08/14/21 Time From: 0700	Date To: 08/15/21 Time To: 0700
--	--	---	------------------------------------

Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
1	COMMAND	CDF C2	ALL DIVS	151.2650	103.5	159.3300	100.0(T9)	
2	A/G TACTICAL	CDF T22	ALL DIVS	159.4050	192.8 (T16)	159.4050	192.8 (T16)	
3	TACTICAL	VFIRE 24	DIV A/C	151.4675	192.8	151.4675	192.8 (16)	
4	TACTICAL	VFIRE 26	DIV X	159.3225	192.8(T16)	159.3225	192.8(16)	
5	MEDICAL	CALCORD	ALL DIVS	156.0750	156.7 (6)	156.0750	156.7 (6)	
6	EMERGENCY	AIRGUARD	ALL DIVS	168.6250	156.7 (6)	168.6250	110.9 (1)	
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

5. Special Instructions

6. Prepared by (Communications Unit Leader): Name: ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION/BASIC	Signature: _____
NIMS IAP	Date/Time: 08/13/21 0100

MEDICAL PLAN (ICS 206)

1. Incident Name: <p style="text-align: center; margin-left: 100px;">Glen</p>	2. Operational Period: Date From: 8/14/21 Date To: 8/15/21 Time From: 0700 Time To: 0700
--	--

3. Medical Aid Stations:			
Name	Location	Contact Number/Freq	Paramedics

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number	Level of Service
Bi-County Ambulance	1700 Poole Blvd. Yuba City, CA	530-274-9218	ALS
American Medical Response	1041 Fee Dr. Sacramento, CA	800-913-9112	ALS

5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long		Helipad	Air			
Sierra Nevada Memeorial	155 Glassen Way, Grass Valley	530-274-6000	10 Min	30 Min		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rideout	726 4th St. Marysville, CA 95901	530-888-4500	5 Min	45 Min		<input type="checkbox"/>	<input checked="" type="checkbox"/>
UC Davis Medical Center	2315 Stockton Blvd, Sacramento, CA 95817	916-734-2011	30 Min	1 Hr		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

6. Special Medical Emergency Procedures	
<p>Line Emergency Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.</p> <p>- Division Group Supervisor Contacts:</p> <ol style="list-style-type: none"> 1. Closest EMS resource 2. Communications Unit <p>- Communications Unit Contacts:</p> <ol style="list-style-type: none"> 1. Ground or Air ambulance as requested. 2. Operations 3. Safety 4. Medical Unit <p>- Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.</p> <ol style="list-style-type: none"> 1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency. <p>- Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need.</p> <p>Camp Emergency Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient.</p> <p>- Medical Unit contacts</p> <ol style="list-style-type: none"> 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims 	<p>Injury Reporting Procedures</p> <p>Nature of Injury: _____</p> <p>Location of Patient: _____</p> <p>Point of Contact: _____</p> <p>Transportation Requested by: Air ___ Ground ___</p> <p>Point of Pick-Up: _____</p> <p>Lat: _____ Long: _____</p> <p>Patient Unit ID: _____</p> <p>Is an EMT with Patient: Yes ___ No ___</p> <p>Age: _____ Sex: Male ___ Female ___</p> <p>All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.</p>

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader):	Signature: _____
--	------------------

8. Approved by (Safety Officer):	Signature: _____
---	------------------

ICS 206	NIMS IAP	Date/Time: _____
---------	----------	------------------

