

INCIDENT ACTION PLAN

FAWN INCIDENT

CA-SHU-010480



OPERATIONAL PERIOD

9/30/2021 0700
 to
10/3/2021 0700



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INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">FAWN</p>	2. Operational Period:	Date From: 9/30/2021 Time From: 0700	Date To: 10/3/2021 Time To: 0700
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3. Objective(s):

- Management Objectives
- Provide for and maintain Public and First Responder safety utilizing the incident safety analysis process.
 - Ensure COVID-19 precautions and best practices are met at all times.
 - Protect values at risk; including infrastructure, improvements, private, and public lands, natural, and cultural resources.
 - Foster and maintain relationships with all cooperators and stakeholders.
 - Ensure coordinated, timely and accurate release of public information.
 - Maintain fiscal accountability and keep costs commensurate with values at risk.

- Control Objectives
- Keep the fire within 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.

Enhanced hygiene (especially handwashing), PPE & monitoring practices help limit the infection rate of first responders.

5. Site Safety Plan Required? Yes No

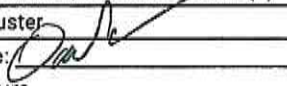
Approved Site Safety Plan(s) Located at:

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

7. Prepared By: David Shy Position/Title: PSC Signature:

8. Approved by Incident Commander: Scott Corn Signature:

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: FAWN		2. Operational Period: Date From: 9/30/2021 Time From: 0700		Date To: 10/3/2021 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Scott Corn		Operations	Brian Gibilisco	
Deputy			Deputy Operations		
Safety Officer	Josh Faulkner		Night Ops		
Information Officer			Staging Area		
Lialson Officer			Branch	I/V	Dusty Gyves (12 Hr)
LEO Liaison			Division/Group	A/B/Y	Anthony Pescatore (T) (12 Hr)
4. Agency/Organization Representatives:			Division/Group	T/M/W/U	Arthur Hernandez (24Hr-9/30,10/2,10/4) Clint Swenson (24 Hr-10/1,10/3)
Agency/Organization	Name		Division/Group		
			Division/Group		
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			Branch	Suppression Repair	Jason Poburko (12 Hr)
			Division/Group	Group 1	Scott Irvine (12 Hr)
			Division/Group	Group 5	Kevin Mancebo (12 Hr)
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
5. Planning Section:			Division/Group		
Chief	Dan Dresselhaus		Division/Group		
Deputy			Division/Group		
Resource Unit	Dave Newell		Division/Group		
Situation Unit			Division/Group		
Documentation Unit	Allyson Liang		Division/Group		
Demobilization Unit	Clifford Thomas		Division/Group		
GISS			Division/Group		
FBAN			Division/Group		
IMET			Division/Group		
Training Tech Spec			Air Operations Branch	Director:	
6. Logistics Section			Air Support Group Supervisor		
Chief	Pete Mock		Air Tactical Group Supervisor		
Deputy			Helibase Manager		
Supply Unit	April Howell/Allen Carrol		8. Finance/Administration Section:		
Facilities Unit			Chief	Mara Zaver	
Ground Support Unit			Deputy	Rob Jenkins	
Communications Unit			Time Unit	Shane Beck, Greg Tunzi (T)	
Medical Unit			Procurement Unit	Brock Chapin	
Motel Unit	Jason Wing		Comp/Claims Unit	Sean Bowe	
Food Unit			Cost Unit	Angela Davidson, Derek McTernan (T)	
Ordering Manager			Purchasing	Amber Custer	
Prepared By: Name: David Shy		Position/Title: PSC		Signature: 	
ICS 203		Date/Time: 9/29/2021 2300 hours			



INCIDENT Weather Forecast



FORECAST NO: 5
PREDICTION FOR: 0700-0700
SHIFT DATE: Thu 9/30 – Sun 10/03
FORECAST ISSUED: 1900 9/29/2021

NAME OF FIRE: Fawn
UNIT: Shasta-SHU
SIGNED: *Julie Malingowski* (T)
Incident Meteorologist

WEATHER DISCUSSION: Increased North winds Thursday morning with gusts up to 20 mph will persist before lighter diurnally-driven winds return by late Thursday. Dry conditions and slightly above normal temperatures will persist through the weekend.

WEATHER FORECAST:

WEATHER: **Thursday:** Mostly clear during the day, then mostly cloudy overnight
Friday and Saturday: Partly cloudy

MAX TEMPERATURES: **Thursday, Friday and Saturday:** 81-88 F

MIN TEMPERATURES: **Thursday, Friday and Saturday:** 55-61 F

MIN HUMIDITY: **Thursday, Friday and Saturday:** 12-20%

MAX HUMIDITY: **Thursday, Friday and Saturday:** 34-50%

20 FT WINDS: **Thursday:**

Ridges: North 5-10 mph gusts 15 mph

Valleys: Upslope/Upvalley 3-8 mph

Downslope after 2100 3-5 mph

Friday and Saturday: Upslope/Upvalley 2-5 mph daytime, becoming downslope/north 5-12 mph overnight

MIXING HEIGHT: 5500 – 7000 FT

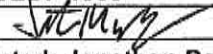
TRANSPORT WIND: South 8-15 mph

EXTENDED OUTLOOK FOR the week of October 3rd:

Dry conditions with poor to fair relative humidity overnight will persist through at least Tuesday. High level clouds will begin to increase early in the week. A cooler, wetter and breezier pattern is likely to develop by late in the week. High temperatures may drop into the 60s and 70s mid next week with relative humidity increasing to 30-45% during daytime hours and 50-70% overnight.

*****National Weather Service Sacramento Fire Weather: 916-979-3047*****
 *****Spot weather requests should be requested through weather.gov/spot/ *****

FIRE BEHAVIOR FORECAST

FORECAST NUMBER: 6	TYPE OF FIRE: Wildland
FIRE NAME: Fawn	OPERATIONAL PERIOD: 9/30-10/3, 0700-0700
DATE ISSUED: 9/29/2021	TIME ISSUED: 1600
UNIT: CA-SHU-010480	SIGNED: 
Typed/printed: Jonathan Pangburn, FBAN	

INPUTS

WEATHER SUMMARY: ABOVE AVERAGE TEMP WITH DIURNAL WINDS

Temp: 80-86 max; 55-60 min
 RH: 12-20% min; 34-50% max
 Wind: Day: N 5-10 Thurs, Slope/terrain driven Fr/Sat 2-5; Night 6-11

OUTPUTS

FIRE BEHAVIOR

GENERAL:

Fuels & fire behavior advisory in effect. Dead fuel accumulation from winter storm damage & mortality. ERC average for this time of year; BI near 97th percentile. Live & dead fuel moistures at critical. 1,000-hr dead fuels below 10th percentile.

No fire growth expected on the Fawn Fire. For new starts in the area, expect:

	Max. Flame Length	Max. Rate of Spread	Spotting	Probability of Ignition
Grass	5-10' (1.5-3 m)	50-60 ft/min (0.9-1.1 km/hr)	< 0.2 mile (0.3 km)	90%
Shrub	15-20' (4.5-6 m)	50-60 ft/min (0.9-1.1 km/hr)	< 0.4 mile (0.6 km)	90%
Timber Litter	< 5' (1.5 m)	5-10 ft/min (0.1-0.2 km/hr)	< 0.3 mile (0.5 km)	90%
Timber Understory	5-10' (1.5-3 m)	10-15 ft/min (0.2-0.3 km/hr)	< 0.3 mile (0.5 km)	90%

****minimum safety zone size for grass & timber fuels is 1/3 acre (0.1 Ha) for a Strike Team of Engines.**

****minimum safety zone size for shrub fuels is 1 acre (0.4 Ha) for a Strike Team of Engines.**

SPECIFIC:

Branch I / V: No fire growth anticipated.

Wind channels in drainages and creates eddies on the lee sides of ridges and peaks. Poor RH recovery overnight has dried fuels & will not assist with fuel moisture levels. Any new starts could have rapid rates of spread in critically dry live and dead fuels.

AIR OPERATIONS:

Mostly sunny.
 Mixing height: 5,000-6,000 ft. AGL. Transport winds: Thurs N 8-15; Fr/Sat S 8-15. Sunrise 0707, Sunset 1849.

SAFETY

Don't let your guard down. Common denominators of fatality fires:

1. *On relatively small fires or deceptively quiet areas of large fires.*
2. *In relatively light fuels, such as grass, herbs, and light brush.*

Fuels and Fire Behavior Advisory

Northern California

September 16, 2021, to September 30, 2021



Subject: Potential for extreme fire behavior due to continued critically low live and dead fuel moistures. Very dry conditions resulting from persistent drought, minimal snowpack and spring precipitation, periods of excessive heat have caused elevated to record fire danger rating values across much of northern California. Anticipated moisture could temporarily reduce some threat across the far north PSAs.

Discussion: Fires burning in northern California continue to exhibit extreme fire growth due to critical fuel conditions. Rapid fire spread can be fuels driven. Wind events have led to extreme rates of spread. Surface fuels are very receptive to embers. Long range spotting, area ignition, and group torching is occurring on large fires frequently.

Difference from normal conditions: Extreme to Exceptional levels of drought conditions continue to exist across much of Northern California. The drought is expected to persist or intensify through the rest of fire season. Deficient rainfall and snowpack with early melt off, coupled with periods of extreme heat has resulted in fuels that are critically dry, with record setting conditions for most areas.

Concerns to Firefighters and the Public:

- Energy Release Component (ERC) at numerous weather stations set record maximums already this year. Recent scattered rain has reduced some ERC values, but fuels are rebounding quickly. Extreme fire behavior has been observed in all fuel types and both live and dead fuels. **Continue to anticipate increased spread rates, spotting, and active nighttime burning.**
- The combination of extreme levels of persistent drought and record-low rainfall and snowpack amounts has led to very low live and dead fuel moistures. 1000-hour fuel moistures continue to trend at record low levels in many areas. Live fuel moistures in grasses, shrubs, and trees, remain at critical levels in many areas of Northern California due to limited green-up this spring. **Expect fires to ignite easier, spread faster and burn hotter. Reports of blistered paint on vehicles have been surprisingly frequent so far this year. Do not expect fires to exhibit reduced fire behavior when entering areas of live fuels; anticipate increased spread rates and spotting.**
- Direct attack is often not feasible under regular diurnal wind conditions with ground resources. Aviation utilization is often insufficient in moderating rate of spread without immediate heavy ground resource response. **Anticipate higher resistance to control in all fuel types.**
- Northern California continues to experience large fire activity and multiple team deployments and will likely experience an extended fire season. It is important to be mindful of and manage fatigue for all resources. **Everyone, every day, returns home safely.**
- The frequency of North to Northeast offshore wind events increases from mid-September into the fall. These strong winds are often accompanied by very low RHs and will pose an increased hazard when combined with this year's critically dry fuels conditions. **Watch for change.**

Mitigation Measures:

- Local and inbound fire personnel need to be aware that fire behavior across the state is exceeding normal expectations for this time of the year. **Local briefings need to be thorough and highlight specific fire environment conditions. These include but are not limited to local weather forecasts, PocketCards, ERC's, live and dead fuel moistures.**
- Suppression actions need to be based on good anchor points, escape routes, and safety zones. **Remember LCES. Experienced lookouts are essential under these conditions.**
- Base all actions on current and expected behavior of the fire. **Augment initial attack resources as incident activity dictates.**

Area of Concern: Northern California except for the following Predictive Service Areas: North Coast and Bay Marine, west of Highway 101 in Mid-Coast to Mendocino and Diablo-Santa Cruz, and the northeastern portion of Far Eastside.

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center; font-weight: bold;">FAWN</p>	2. Operational Period: Date From: 09/30/21 Date To: 10/03/21 Time From: 0700 Time To: 0700	3. Branch Division <p style="text-align: center; font-size: 1.5em; font-weight: bold;">I/V A/B/Y</p> <p style="text-align: center;">Page 1 of 1 Alpha</p>
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4. Operations Personnel:	
Operations Section Chief: Brian Gibilisco	Night Ops:
Branch Director: Dusty Gyves (12 Hr)	Branch Safety: Josh Faulkner (12 Hr)
Division/Group Supervisor: Anthony Pescatore (T) (12 Hr)	Air Attack:

5. Resources Assigned:		** Resources Below in Bold are 12 Hour **					
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STC SHU 9241C			BOIC, DENNIS	18	E-184	0700-1900	TBD
STC SHU 9242C			STENGER, DANIEL	18	E-185	0700-1900	TBD
W/T PVT E-124 - ANDERSON			ANDERSON, JACK	1	E-124	0700-1900	TBD
W/T PVT E-126 - BC TRKNG			COULTER, BOB	1	E-126	0700-1900	TBD

6. Work Assignments:
 Mop up all visible heat sources.
 Perform tactical patrol.
 Backhaul all excess hose, trash, etc.
 Be Aware of and assist with repopulation activities in the area.

7. Special Instructions:
 Operational Briefings for Thurs (9/30) and Friday (10/1) will be at the ICP in Anderson at 0700.
 Operational Briefings for Sat (10/2) at the Mountain Gate Helibase (I-5 x Wonderland Blvd) at 0700.

8. Communications							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
SHA CMD T1	1	COMMAND	154.4300	136.5 (T4)	159.0150	110.9 (T1)	Hatchet Mtn
CDF T23	4	TACTICAL	159.4500	192.8 (T16)	159.4500	192.8 (T16)	Branch I
CDF T25	14	AIR TO GROUND	159.2775	192.8 (T16)	159.2775	192.8 (T16)	Air to Ground
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	Medical
GUARD	16	AIRGUARD	168.6250	None	168.6250	110.9 (T1)	EMERGENCY

9. Prepared by: Name:	David Newell	RESL	Signature:
ICS 204	Date/Time: 9/29/2021	2200	Personnel Count: 38

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center; font-size: 1.2em;">FAWN</p>	2. Operational Period: Date From: 09/30/21 Date To: 10/03/21 Time From: 0700 Time To: 0700	3. Branch Division <p style="text-align: center; font-size: 1.5em;">IV T/M/W/U</p>
4. Operations Personnel:		Page 1 of 1

Operations Section Chief: Brian Gibilisco	Night Ops:
Branch Director: Dusty Gyves (12 Hr)	Branch Safety: Josh Faulkner (12 Hr)
Division/Group Supervisor: Arthur Hernandez (24Hr-9/30,10/2,10/4) Clint Swenson (24 Hr-10/1,10/3)	Air Attack:

5. Resources Assigned:		** Resources Below in Bold are 12 Hour **					
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
EVEN ONLY							
STC LNU 9144C (9/30, 10/2)			ANDRADE, VICTOR	16	E-284	0700-0700	TBD
ODD ONLY							
STC TGU 9250C (10/1, 10/3)							TBD
ALL SHIFTS							
STC SHU 9240C			CAPEN, JOHN	18	E-183	0700-1900	TBD
STG SHU 9243G			TAVALERO, GREGORY	39	C-15	0700-1900	TBD
W/T PVT E-64 - WETTER				1	E-64	0700-1900	TBD
W/T PVT E-119 - KNIGHT			SCHAAR, ELLEN	1	E-119	0700-1900	TBD

6. Work Assignments:
Mop up all visible heat sources.
Perform tactical patrol.
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8. Communications

Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
SHA CMD T1	1	COMMAND	154.4300	136.5 (T4)	159.0150	110.9 (T1)	Hatchet Min
CDF T28	5	TACTICAL	151.1825	192.8 (T16)	151.1825	192.8 (T16)	Branch I
CDF T25	14	AIR TO GROUND	159.2775	192.8 (T16)	159.2775	192.8 (T16)	Air to Ground
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	Medical
GUARD	16	AIRGUARD	168.6250	None	168.6250	110.9 (T1)	EMERGENCY

9. Prepared by: Name: David Newell RESL Signature:

ICS 204 Date/Time: 9/29/2021 2200 Personnel Count: 75

ASSIGNMENT LIST (ICS 204 WF)

1. Incident Name: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FAWN</div>	2. Operational Period: Date From: 09/30/21 Date To: 10/03/21 Time From: 0700 Time To: 0700	3. Branch Group <div style="font-weight: bold; font-size: 1.2em;">Suppression Repair Group 1</div> Page 1 of 1
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4. Operations Personnel:			
Operations Section Chief: Brian Gibilisco	Night Ops:		
Branch Director: Jason Poburko (12 Hr)	Branch Safety:		
Division/Group Supervisor: Scott Irvine (12 Hr)	Air Attack:		

5. Resources Assigned:		** Resources Below in Bold are 12 Hour **						
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location	
CRW1 C-57 BLR 1 (CAL FIRE)			MCGRATH, DEAN	14	C-57	0700-1900	TBD	
DOZ PVT E-67 - LONE STAR			FIELDS, BRUCE	1	E-67	0700-1900	TBD	
DOZ PVT E-69 - HOLMES TRUCK			HOLMES, DEE	1	E-69	0700-1900	TBD	
DOZ PVT E-83 - C&C CONST				1	E-83	0700-1900	TBD	
EXC PVT E-347 - GILES				1	E-347	0700-1900	TBD	
EXC PVT E-349 - MORGAN CRK				1	E-349	0700-1900	TBD	
MAS PVT E-288 - HILL			HILL, STEVEN	1	E-288	0700-1900	TBD	
CHIP PVT E-339 - ACA			BAKER, JEFF	2	E-339	0700-1900	TBD	
CHIP PVT E-340 - BUNDYS			GARRETT, JUSTIN	2	E-340	0700-1900	TBD	
HEQB SIMPSON			SIMPSON, EDWIN	1	O-47	0700-1900	TBD	
HEQB BROWN (T)			BROWN, CHARLES	1	O-46	0700-1900	TBD	

6. Work Assignments:
Identify and document suppression repair needs to facilitate timely completion of repairs. Implement Suppression Repair Plan.

7. Special Instructions:
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Operational Briefings for Sat (10/2) at the Mountain Gate Helibase (I-5 x Wonderland Blvd) at 0700.

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SHA CMD T1	1	COMMAND	154.4300	136.5 (T4)	159.0150	110.9 (T1)	Hatchet Mtn
CDF T29	6	TACTICAL	151.3475	192.8 (T16)	151.3475	192.8 (T16)	Suppression Repair
	14	AIR TO GROUND	159.2775	192.8 (T16)	159.2775	192.8 (T16)	Air to Ground
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	Medical
GUARD	16	AIRGUARD	168.6250	None	168.6250	110.9 (T1)	EMERGENCY

9. Prepared by: Name:	David Newell	RESL	Signature:	
ICS 204	Date/Time: 9/29/2021 2200	Personnel Count: 26		

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center; font-weight: bold;">FAWN</p>	2. Operational Period: Date From: 09/30/21 Date To: 10/03/21 Time From: 0700 Time To: 0700	3. Branch Division Suppression Repair Group 5
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4. Operations Personnel: Page 1 of 1

Operations Section Chief: Brian Gibilisco	Night Ops:
Branch Director: Jason Poburko (12 Hr)	Branch Safety:
Division/Group Supervisor: Kevin Mancebo (12 Hr)	Air Attack:

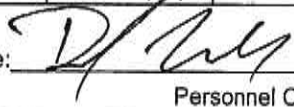
5. Resources Assigned:	** Resources Below in Bold are 12 Hour **						
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
DOZ PVT E-35 - HIGH MTN				1	E-35	0700-1900	TBD
DOZ PVT E-131 - BOGGS EQT			TARBUSH, PATRICK	1	E-131	0700-1900	TBD
DOZ PVT E-134 - SPRATT			SPRATT, ERIC	1	E-134	0700-1900	TBD
DOZ PVT E-144 - INGRAM			GRABLE, RYAN	2	E-144	0700-1900	TBD
DOZ PVT E-259 - CHERNOH			CHERNOH, GARRET	1	E-259	0700-1900	TBD
DOZ PVT E-260 - DEUCES				1	E-260	0700-1900	TBD
DOZ PVT E-261 - HD EXC			PETTA, GUY	1	E-261	0700-1900	TBD
W/T PVT E-30 - H & C CONST				1	E-30	0700-1900	TBD
W/T PVT E-52 - A CUT ABOVE				1	E-52	0700-1900	TBD
W/T PVT E-89 - GARR				1	E-89	0700-1900	TBD
W/T PVT E-128 - DIG IT CONST			MCGUIRE, JOSHUA	1	E-128	0700-1900	TBD
W/T PVT E-322 - COTTONWOOD			VARGAS, RICHIE	1	E-322	0700-1900	TBD
GDR PVT E-290 - LET-ER-BUCK			ANDREWS, DON	1	E-290	0700-1900	TBD
EXC PVT E-289 - 2C LAND			ROBERTSON, JUSTIN	2	E-289	0700-1900	TBD
MAST PVT E-323 - KRISMAN'S				2	E-323	0700-1900	TBD
HEQB HAGAN			HAGAN, JEFFREY	1	O-34	0700-1900	TBD
FRRS STRANGE			STRANGE, RICHARD	1	O-43	0700-1900	TBD

6. Work Assignments:
Identify and document suppression repair needs to facilitate timely completion of repairs.
Implement Suppression Repair Plan.

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CDF T25	14	AIR TO GROUND	159.2775	192.8 (T16)	159.2775	192.8 (T16)	Air to Ground
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	Medical
GUARD	16	AIRGUARD	168.6250	None	168.6250	110.9 (T1)	EMERGENCY

9. Prepared by: Name: David Newell RESL Signature: 

ICS 204 Date/Time: 9/29/2021 2200 Personnel Count: 20



SAFETY MESSAGE

FAWN CA-SHU-010480

9/30, 10/1, 10/2/21 0700-0700

COMMUNICATIONS AND ACCOUNTABILITY

RESOURCES ARE UNDER THE CONTROL OF REDDING ECC

Mitigation - Follow all protocols and information within the IAP for the next 5 days

- Line leadership is essential in providing for safety. Accountability and communications must be ongoing
- Conduct accountability PARs throughout the shift
- Provide for LECS

COMPLACENCY

WE CAN'T FORGET THE IMPORTANCE OF SITUATIONAL AWARENESS DURING MOP UP OPERATIONS

Mitigation - Stay alert and maintain situational awareness

- Slow down and take breaks during exhaustive work
- Based on current conditions be prepared to shift to an IA assignment
- Coach members of your team and take care of one another

HIDDEN HAZARDS

LOOK BEYOND THE OBVIOUS

Mitigation - If it doesn't look right make it known

- Flag hazard trees and communicate the dangers to your supervisor
- Stump holes are difficult to identify; use your hand tool to feel for ground depth
- Remain alert! Evaluate, identify, and make hazards known in your work area

OPERATIONAL BRIEFING

ALL PERSONNEL NEED A BRIEFING

Mitigation – Poor briefings is where communication breakdowns start

- Leaders are responsible to complete briefings and ensure their subordinates have a clear understanding of the operational picture
- Leaders will ensure briefings are attended and personnel understand the tactics supporting the plan
- Briefings will occur at any time there is a change in the plan

- | |
|---|
| <ul style="list-style-type: none"> • Conduct a daily briefing with all personnel • Briefing checklist can be found on the inside back cover of the IRPG • Review the 215a and take tactical pauses to conduct hazard and risk assessments throughout the shift • REMAIN FIRE FOCUSED AND COVID-19 AWARE |
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INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)



1. Incident Name: FAWN		2. Incident Number: 21-CA-SHU-010480	
3. Date/Time Prepared: Date: 09/29/2021 Time: 1700 hours		4. Operational Period: Date From: 09/30/2021 To: 10/03/2021 Time From: 0700 hours To: 0700 hours	
5. Incident Area	6. Hazards/Risks	7. Mitigations	
DIV. B, T, U, W	Driving	Plan ahead. Slow down and expect increased traffic. Lights on and drive with respect.	
DIV. B, T, U, W	Hazardous Trees	IRPG Pg 22: Identify and Flag Hazardous Trees. Eliminate hazardous trees with qualified sawyers or heavy equipment.	
DIV. B, T, U, W	Changing Weather	Northerly Winds are predicted to reverse and become Southerly...Be Aware and Prepare for the weather transition.	
DIV. B, T, U, W	Personal Protective Equipment (PPE)	Wear appropriate PPE for all operations until your supervisor indicates it's safe to remove.	
DIV. B, T, U, W	Highway 5 Old Oregon Trail and Bear Mountain Road: CAL TRANS and Utilities working along the roadway	Drive slow through the construction areas. Expect delays along all travel routes.	
DIV. B, T, U	Steep, unstable terrain	Watch footing and maintain downhill tool placement. Be aware of loose material. Look for ash pits and stump holes.	
DIV. B, T, U, W	Unburned areas	LCES - utilize worst case scenario when working in or around pockets of unburned fuels.	
DIV. B, T, U, W	Working around heavy equipment	Maintain eye-to-eye contact with the operator. Have fire suppression support when operating in dry fuels	
DIV. B, T, U, W	Powerlines /Compromised Power Poles and Utility Workers	LOOK UP and LOOK DOWN...Communicate utility hazards, and flag those to prevent injury of other crews.	
Ground Support/DEMOB	Personnel and vehicles moving around one another in tight areas	Chock wheels. Use spotters and backers. Follow mechanic direction.	
ALL areas of the incident including the ICP and Hotels	COVID-19: Reduce exposure potential to yourself, your crew and the public	Maintain 6' of social distance. Wash hands frequently and for at least 20 seconds. Wear a mask when appropriate.	
8. Prepared by (Safety Officer): Name: Douglas M Ferro		Signature: 	
Prepared by (Deputy Operations Section Chief): Name: Shawn Raley		Signature: 	
ICS 215A	Date/Time: 09.29.2021 1700 Hours		

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED
INFORMATION/BASIC

1. Incident Name: FAWN Incident Channels		2. Date/Time Prepared Date: 09/29/2021 Time: 1930		3. Operational Period: Date To: 10/03/21 Time To: 0700					
4. Communications									
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes	
1	COMMAND	SHA CMD T1	ALL DIVS	154.4300	136.5 (T4)	159.0150	110.9 (T1)	Hatchet Mtn	
2	COMMAND	SHA CMD T2	ALL DIVS	154.4300	136.5 (T4)	159.0150	123.0 (T2)	Bass Mtn	
3									
4	TACTICAL	CDF T23	DIV A/B/Y	159.4500	192.8 (T16)	159.4500	192.8 (T16)	Branch I	
5	TACTICAL	CDF T28	T/M/W/U	151.1825	192.8 (T16)	151.1825	192.8 (T16)	Branch I	
6	TACTICAL	CDF T29	Group 1/5	151.3475	192.8 (T16)	151.3475	192.8 (T16)	Suppression Repair	
7									
8									
9									
10									
11									
12									
13									
14	AIR TO GROUND	CDF T25	ALL DIVS	159.2775	192.8 (T16)	159.2775	192.8 (T16)	Air to Ground	
15	MEDICAL	CALCORD	ALL DIVS	156.0750	156.7 (T6)	156.0750	156.7 (T6)	Medical	
16	AIRGUARD	GUARD	ALL DIVS	168.6250	None	168.6250	110.9 (T1)	EMERGENCY	
17									
18									
19									
20	AIRGUARD	GUARD	ALL DIVS	168.6250	None	168.6250	110.9 (T1)	EMERGENCY	
5. Special Instructions						***The current clone for 9/30/21 to 10/3/21 is FAWN2 which is the name of the clone group***			
6. Prepared by (Communications Unit Leader): Name: Mike Heyfron			Signature: <i>Mike Heyfron</i>			Date/Time: 09/29/21			1930
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION/BASIC						NIMS IAP			

MEDICAL PLAN (ICS 206)

1. Incident Name: <p style="text-align: center;">FAWN</p>		2. Operational Period: Date From: 9/30/21 Date To: 10/3/21 Time From: 0700 Time To: 0700					
3. Medical Aid Stations:							
Name	Location	Contact Number/Freq	Paramedics				
N/A	N/A	N/A	N/A				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number	Level of Service				
AMR, DIGNITY (GROUND)	SHASTA COUNTY	REDDING ECC	ALS				
PHI AIR MED (AIR)	REDDING	REDDING ECC	RN				
CHP 14 & 16 (DAY HOIST)	REDDING	REDDING ECC	ALS				
5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad		Air	Ground			
Shasta Regional Medical Center Redding	1100 Butte St, N 40°35.100', W 122°23.280'	(530)244-5400 468.025 Tx, 468.025 Rx	5 MIN	15 MIN	Level 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mercy Medical Center Redding	2175 Rosaline Ave, N 40°34.330', W 122°23.800'	(530)225-7201 468.075 Tx 463.000 Rx	5 MIN	15 MIN	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UC Davis Medical Center Sacramento	2315 Stockton Blvd, N 38°33.380', W 121°27.350'	(916)734-3790 446.525 Tx, 203.500 Rx	1 HOUR	3.5 HOURS	Level 1	<input checked="" 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): <p style="text-align: center;">Steve McGary</p>				Signature:			
8. Approved by (Safety Officer): <p style="text-align: center;">Josh Faulkner</p>				Signature:			
ICS 206		Date/Time:		9/29/21		1900	
NIMS IAP							

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 #:

DOC. NUMBER:

LOCATION / INCIDENT NAME:	INCIDENT NUMBER:	UNIT:	REGION:	DATE:
THE FOLLOWING ARTICLES WERE: (broken, left on line, damaged, or other)				DATE OF OCCURANCE:

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

DIV: _____ Div's Name: _____
Div. Signature: _____
Attention Division Group Sup., by signing you are authorizing the above items to be replaced by the Supply Unit and / or Fire.

LOCATION OF ITEMS: _____
REMARKS: _____

SIGNATURE OF PERSON CERTIFYING OCCURANCE AS DESCRIBED			
SIGNATURE:	PRINTED NAME:	TITLE:	DATE:
UNIT SUPERVISOR'S APPROVAL			
COMMENTS:			
SIGNATURE OF UNIT ADMINISTRATOR:		TITLE:	DATE:



FAWN FIRE **INFORMATION SHEET**

Fire Information Line: **(530)448-2466**

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 FAWN FIRE BASE CAMP
PUBLIC INFORMATION TRAILER
SHASTA DISTRICT FAIRGROUNDS
1890 BRIGGS ST, ANDERSON, CA 96007

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.

TRAINING SPECIALIST MESSAGE

The Training Specialist has left the incident.

IF you have not closed out with the Training Specialist, please scan the QR code, fill in and submit.



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



CAL-FIRE INCIDENT MANAGEMENT TEAM 4



24HR LINE RESOURCE - 2 OPERATOR

EMERGENCY SHIFT TICKET and EVALUATION FORM
The responsible Government Officer will complete this form each shift.

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

Incident or Project Name: **MISSION**
Request Number: **E-444**
Incident Number: **CA-MMU-018115**

Agreement Number: **MMU-0000015953**

Equipment Make: **1999 PETERBILT 379**
Equipment Model / Type: **TRANSPORT 18 WHEEL**
License Number: **12345A1**

Serial Number: **COMPLETE VIN#**

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

Equipment Use (Circle): **Hours** **Days / Miles**
Assignment: **DIV X**

Vendor Rating: **Vendor Rating MUST BE DONE**

Met Performance Expectations: **Vendor Rating MUST BE DONE**
Equipment in Safe Working Condition: **Vendor Rating MUST BE DONE**
Operator Skill Level: **Vendor Rating MUST BE DONE**
Operates Safely: **Vendor Rating MUST BE DONE**
Operator's Cooperation Level: **Vendor Rating MUST BE DONE**
Overall Performance: **Vendor Rating MUST BE DONE**

Govt. Rep. Name and Position - PRINT: **Govt. Rep. Name**
Print Your Name: **Govt. Rep. Name**
Govt. Rep. Signature: **Govt. Rep. Signature**
Your Signature: **Govt. Rep. Signature**
Contractor Signature: **Govt. Rep. Signature**
Date: **9/6/20** Time: **0700**

* NOTE: any rating of POOR requires an explanation in Comment Section.
** Final evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.

24HR / 12HR TRANSITION SHIFT TICKET

EMERGENCY SHIFT TICKET and EVALUATION FORM
The responsible Government Officer will complete this form each shift.

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

Incident or Project Name: **MISSION**
Request Number: **E-444**
Incident Number: **CA-MMU-018115**

Agreement Number: **MMU-0000015953**

Equipment Make: **1999 PETERBILT 379**
Equipment Model / Type: **TRANSPORT 18 WHEEL**
License Number: **12345A1**

Serial Number: **COMPLETE VIN#**

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

Equipment Use (Circle): **Hours** **Days / Miles**
Assignment: **DIV X**

Vendor Rating: **Vendor Rating MUST BE DONE**

Met Performance Expectations: **Vendor Rating MUST BE DONE**
Equipment in Safe Working Condition: **Vendor Rating MUST BE DONE**
Operator Skill Level: **Vendor Rating MUST BE DONE**
Operates Safely: **Vendor Rating MUST BE DONE**
Operator's Cooperation Level: **Vendor Rating MUST BE DONE**
Overall Performance: **Vendor Rating MUST BE DONE**

Govt. Rep. Name and Position - PRINT: **Govt. Rep. Name**
Print Your Name: **Govt. Rep. Name**
Govt. Rep. Signature: **Govt. Rep. Signature**
Your Signature: **Govt. Rep. Signature**
Contractor Signature: **Govt. Rep. Signature**
Date: **9/6/20** Time: **1900**

* NOTE: any rating of POOR requires an explanation in Comment Section.
** Final evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.

12HR LINE RESOURCE - 1 OPERATOR

EMERGENCY SHIFT TICKET and EVALUATION FORM
The responsible Government Officer will complete this form each shift.

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

Incident or Project Name: **MISSION**
Request Number: **E-555**
Incident Number: **CA-MMU-018115**

Agreement Number: **MMU-0000015955**

Equipment Make: **2004 CAT**
Equipment Model / Type: **D6N / TYPE II E**
License Number: **COMPLETE VIN#**

Serial Number: **COMPLETE VIN#**

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

Equipment Use (Circle): **Hours** **Days / Miles**
Assignment: **DIV X**

Vendor Rating: **Vendor Rating MUST BE DONE**

Met Performance Expectations: **Vendor Rating MUST BE DONE**
Equipment in Safe Working Condition: **Vendor Rating MUST BE DONE**
Operator Skill Level: **Vendor Rating MUST BE DONE**
Operates Safely: **Vendor Rating MUST BE DONE**
Operator's Cooperation Level: **Vendor Rating MUST BE DONE**
Overall Performance: **Vendor Rating MUST BE DONE**

Govt. Rep. Name and Position - PRINT: **Govt. Rep. Name**
Print Your Name: **Govt. Rep. Name**
Govt. Rep. Signature: **Govt. Rep. Signature**
Your Signature: **Govt. Rep. Signature**
Contractor Signature: **Govt. Rep. Signature**
Date: **9/7/20** Time: **1900**

* NOTE: any rating of POOR requires an explanation in Comment Section.
** Final evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.

24HR IN CAMP RESOURCE

EMERGENCY SHIFT TICKET and EVALUATION FORM
The responsible Government Officer will complete this form each shift.

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

Incident or Project Name: **MISSION**
Request Number: **E-333**
Incident Number: **CA-MMU-018115**

Agreement Number: **MMU-0000015950**

Equipment Make: **TENT**
Equipment Model / Type: **20 X 30**
License Number: **COMPLETE VIN#**

Serial Number: **COMPLETE VIN#**

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

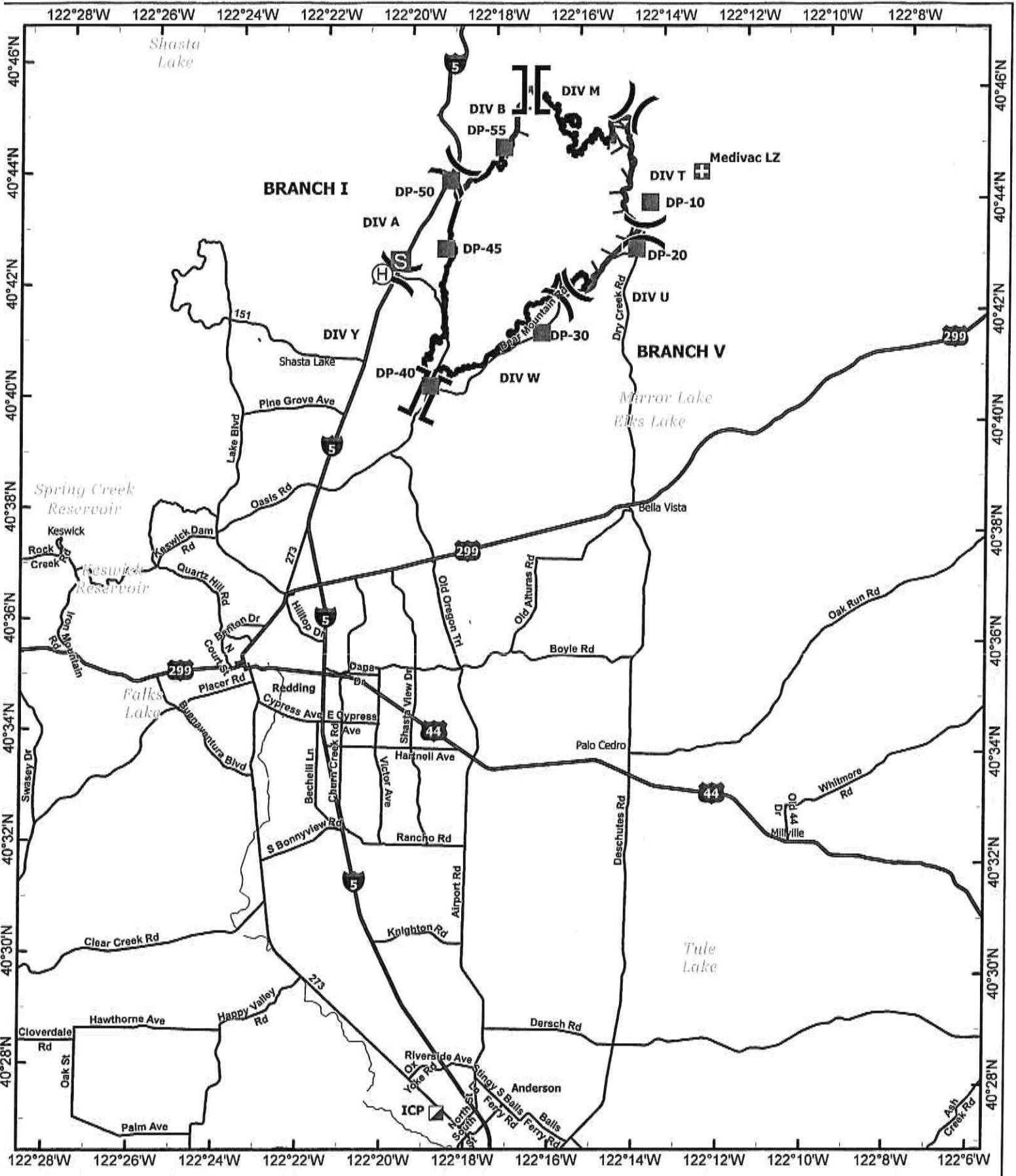
Equipment Use (Circle): **Hours** **Days / Miles**
Assignment: **ICP**

Vendor Rating: **Vendor Rating MUST BE DONE**

Met Performance Expectations: **Vendor Rating MUST BE DONE**
Equipment in Safe Working Condition: **Vendor Rating MUST BE DONE**
Operator Skill Level: **Vendor Rating MUST BE DONE**
Operates Safely: **Vendor Rating MUST BE DONE**
Operator's Cooperation Level: **Vendor Rating MUST BE DONE**
Overall Performance: **Vendor Rating MUST BE DONE**

Govt. Rep. Name and Position - PRINT: **Govt. Rep. Name**
Print Your Name: **Govt. Rep. Name**
Govt. Rep. Signature: **Govt. Rep. Signature**
Your Signature: **Govt. Rep. Signature**
Contractor Signature: **Govt. Rep. Signature**
Date: **9/2/20** Time: **1900**

* NOTE: any rating of POOR requires an explanation in Comment Section.
** Final evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.



TRAVEL MAP
Fawn Incident
 CA-SI-19-10480

- ⊕ Hellbase
- ⌘ Division Break
- ⌚ Branch Break
- ⊕ Medical
- ⊠ Incident Command Post
- Drop Point
- ⊠ Staging Area
- ⊗ Completed Dozer Line
- H - Completed Hand Line
- R - Completed Road as Line
- ▬ Fire Edge
- ▬ Contained Line



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UNIT LOG (ICS 214)

1. Incident Name: FAWN **2. Operational Period:** Date From: 9/30/21 Date To: 10/3/21
Time From: 0700 Time To: 0700

3. Unit Name/Designators **4. Unit Leader (Name and ICS Position)**

5. Personnel Assigned/Designators

NAME	ICS POSITION	HOME BASE

6. Activity Log (Continue on Reverse)

TIME	MAJOR EVENTS

7. Prepared By: _____ **Date/Time:** _____

