# INCIDENT ACTION PLAN SLATER INCIDENT

CA-KNF-7035 P5NKM3



# **NIGHT SHIFT**



9/15/2020 1800

to 9/16/2020 0600

Fire Information: (530) 324-2528

# **INCIDENT OBJECTIVES (ICS 202)**

|   | <del></del>    |  |                           |             |                                      |              |             |  |  |  |
|---|----------------|--|---------------------------|-------------|--------------------------------------|--------------|-------------|--|--|--|
| 1. Incident Name:   | 2. Op          | erational Period:                          | Date F                    |             | 9/15/2020                            | Date To:     | 9/16/2020   |  |  |  |
| S/ater  | 1              |  | Time F                    | -rom:       | 1800                                 | Time To:     | 0600        |  |  |  |
| 3. Objective(s):  |                |  |                           |             |                                      |              |             |  |  |  |
| <ul> <li>Management Objectives</li> <li>Provide for responder and public safety throexposure.</li> </ul>              | ugh so         | ound risk manager                          | ment prac                 | tices inc   | duding mitigati                      | ions for CC  | OVID-19     |  |  |  |
| Implement strategies and tactics that have a<br>natural and cultural resources by developing                          |                |  |                           |             |                                      | perty, infra | istructure, |  |  |  |
| - Build and maintain positive relationships bet communities through professional engagement                           |                | assigned resource                          | es, cooper                | rators, st  | takeholders, a                       | nd affected  | d           |  |  |  |
| - Provide for a transition of the northern zone of the incident to the incoming IMT in a timely and efficient manner. |                |  |                           |             |                                      |              |             |  |  |  |
| - Keep costs commensurate with the values a   | t risk t       | by using thoughtfu                         | ıl business               | s proces    | ses.                                 |              |             |  |  |  |
| Control Objectives  |                | 4-4-4-4                                    | W                         |             | <u> </u>                             |              |             |  |  |  |
| <ul> <li>Prioritize life safety and point protection of va</li> </ul>   | alues          | at risk to reduce th                       | ne exposur                | re to life  | and property.                        |              |             |  |  |  |
| - Keep the fires north of Hwy 96 to limit the po  |                |  | •                         |             |                                      |              |             |  |  |  |
| <ul> <li>Keep the fires west of Seiad Creek and the A<br/>values.</li> </ul>  | ∤ppleç         | jate River to check                        | k fire sprea              | ad onto     | private timberl                      | lands and    | other       |  |  |  |
| - Keep the fires south of the 46 Road and the   | Sturgi         | is Fork to prevent                         | further imp               | pacts to    | the Illinois Val                     | lley.        |             |  |  |  |
| <ul> <li>Keep the fires east of Hwy 199, Shelly Creek<br/>terrain</li> </ul>  | cand \         | Whiskey Creek to                           | reduce the                | e potent    | ial fire size inte                   | o inaccess   | ible        |  |  |  |
| - Be prepared to support the local units with in  | itial at       | ttack by maintainir                        | ng a high s               | state of r  | readiness                            |              |             |  |  |  |
|   |                |  |                           |             |                                      |              |             |  |  |  |
|   |                |  |                           |             |                                      |              |             |  |  |  |
| General Situational Awareness:  |                |  |                           |             |                                      |              |             |  |  |  |
| <ul> <li>Steep and rugged terrain, critically dry and re</li> </ul>   | eceptiv        | ve fuel beds, activ                        | e area for                | fire histe  | ory and drougl                       | ht stressed  | d trees.    |  |  |  |
|   |                |  |                           |             | _                                    |              |             |  |  |  |
| <ul> <li>In the COVID-19 environment, high density p<br/>your family and to ensure all employees return</li> </ul>    | opula<br>m hor | itions or large grou<br>ne safely, make si | ips are pa<br>ure to prac | rticularly  | y at risk. To he<br>cial distancing. | elp protect  | yourself,   |  |  |  |
| - Enhanced hygiene (especially handwashing)   |                | •  | -                         |             | _                                    |              | sponders.   |  |  |  |
|   |                |  | •                         |             |                                      |              |             |  |  |  |
|   | <del></del>    |  |                           |             |                                      |              |             |  |  |  |
|   | Yes 🗆          | l No                                       |                           |             |                                      |              |             |  |  |  |
| Approved Site Safety Plan(s) Located at:  | <del></del>    |  |                           | <del></del> |                                      |              |             |  |  |  |
| 6. Incident Action Plan   | ###S           |  |                           |             | <b>-</b>                             |              |             |  |  |  |
| ICS 203 ICS 215A  |                | Water Log                                  | Ä                         |             | Order Form                           |              |             |  |  |  |
| ICS 204 ICS 220 ICS 205 Facility Maps   | 2              | Training Message                           | U                         | • • •       | sion Repain Plan                     |              |             |  |  |  |
| Section 200   |                | Travel Map                                 | Ž                         |             | 19 Message                           |              |             |  |  |  |
| ☐ ICS 208 ☐ Weather Forecast ☐ ICS 208 ☐ Fire Behavior  | 2              | Recycle Plan                               |                           | ICS 214     | •••                                  |              |             |  |  |  |
|   | Dositic        | Finance Message<br>on/Title: PSC           | Signatu                   | WF206 8     | 3 Line                               | 7            |             |  |  |  |
|   |                | Dairymple                                  | Signatu                   |             |                                      | For          | -           |  |  |  |
| ICS 202   | Daren          | ban yiripic                                | Jigitata                  | ic.         | many yaz                             |              | NIMS IAP    |  |  |  |
|   |                |  |                           |             | 1                                    |              | NIMOTAP     |  |  |  |

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

|                                       |                               |                     | al Period: Date From                            | 9/15/2020               | Date To:      | 9/16/2020        |  |  |
|---------------------------------------|-------------------------------|---------------------|---|-------------------------|---------------|------------------|--|--|
| Slater                                |                               |                     | Time From                                       | : 1800                  | Time To:      | 0600             |  |  |
| 3. Incident Commander(s) and Comman   | d Staff:                      |                     | 7. Operation Section                            | n:                      |               |                  |  |  |
| IC/UC's                               | Daren Dalrymple / Bei         | n Newburn (t)       | Day Ops Heather McRae / Deputy Ops Tom Browning |                         |               |                  |  |  |
| Deputy                                | Joe Molhaek                   |                     | Planning Op:                                    | Planning Ops Dan George |               |                  |  |  |
| Safety Officer                        | F. Pingiczer / R. Hilfer      | (t) / Charles Frank | Night Op:                                       | s Eric Petterson        |               |                  |  |  |
| Night Safety Officer                  |                               |                     |   |                         |               |                  |  |  |
| Information Officer                   | Adrienne Freeman / D          | arren McMillin      | Branch  | 1 1                     |               |                  |  |  |
| Liaison Officer                       | Tim Fike                      |                     | Division/Group                                  | T/W/Z                   | Luis Gomez    | / Tye Erwin (t)  |  |  |
| 4. Agency/Organization Representative | L .                           |                     | Division/Group                                  | ) N                     | Unstaffed     |                  |  |  |
| USFS - Klamath NF AA                  | Kris Sexton                   |                     | Division/Group                                  | R R                     | Unstaffed     |                  |  |  |
| USFS - Rogue-Siskiyou NF AAREP        | Merv George                   |                     | Division/Group                                  | )                       |               |                  |  |  |
| USFS - Six River NF AAREP             | Ted McArthur                  |                     | Branch  | ı III                   |               |                  |  |  |
| CAL FIRE - Siskiyou Unit AA           | Phil Anzo                     |                     | Division/Group                                  | 1                       |               |                  |  |  |
| Oregon Dept. of Forest AA             | Dave Larson                   |                     | Division/Group                                  |                         |               |                  |  |  |
| Oregon Caves National Monument AA     | Steve Mietz                   |                     | Division/Group                                  | ,                       |               |                  |  |  |
| Medford District BLM AA               | Bill Dean                     |                     | Staging Area                                    |                         |               |                  |  |  |
| CAL FIRE Humboldt-Del Norte Unit AA   | David Esteves                 |                     | Division/Group                                  |                         |               |                  |  |  |
| Smith River NRA                       | Jeff Marszal                  |                     | Branch  | V                       |               |                  |  |  |
| Siskiyou County OES                   | Jason Vela                    |                     | Division/Group                                  | RR/UU/XX                | Unstaffed     |                  |  |  |
| Del Norte County OES                  | Jay Serena                    |                     | Division/Group                                  |                         | 1             |                  |  |  |
| Siskiyou County Under Sheriff         | Karl Houtman                  |                     | Division/Group                                  |                         |               |                  |  |  |
| Josephine County Under Sheriff        | Travis Snyder                 |                     | Division/Group                                  |                         |               |                  |  |  |
| Grants Pass Fire/Rescue               | Lang Johnson                  |                     | Division/Group                                  |                         |               |                  |  |  |
| Karuk Tribe Rep                       | Earl Crosby                   |                     | Branch  |                         |               |                  |  |  |
| Siskiyou County C.E.O                 | Angela Davis                  | \                   | Division/Group                                  |                         | Unstaffed     |                  |  |  |
| Tolowa-Dee-ni Emergency Manager       | Tessa LaFazio                 |                     | Division/Group                                  | <del></del>             | Unstaffed     |                  |  |  |
| Siskiyou County Board of Supervisors  | Ray Haupt                     |                     | Division/Group                                  |                         |               |                  |  |  |
| CHP (Eureka)                          | Daniel Maurer                 |                     | Branch  | iX.                     |               |                  |  |  |
| 5. Planning Section                   |                               |                     | Division/Group                                  |                         | Ted King / Ja | ames Robbins (t) |  |  |
| Chief John Owen                       |                               |                     | Division/Group                                  | G/M                     | Unstaffed     |                  |  |  |
| Deputy                                | Jeff Buscher / Matt Joh       | nson                | Division/Group                                  |                         |               |                  |  |  |
|                                       | D. Miller / M. Velazque       |                     |   |                         |               |                  |  |  |
| Resource Unit                         | Martin                        |                     | Division/Group                                  |                         |               |                  |  |  |
| Situation Unit                        | James Savage (t)              |                     | Branch  |                         |               |                  |  |  |
| Documentation Unit                    |                               |                     | Division/Group                                  |                         |               |                  |  |  |
| Human Resources Specialist            |                               |                     | Division/Group                                  |                         |               |                  |  |  |
| GISS                                  | K. Deniz / S. Waltershie      | d                   | Division/Group                                  |                         |               |                  |  |  |
| FBAN                                  | Ken Larson                    |                     | Division/Group                                  |                         |               |                  |  |  |
| IMET                                  | Jeff Tonkin                   |                     | Air Operations Branc                            | an a constant           | Director:     | Staci Okkson     |  |  |
| SCKN                                  |                               |                     | Air Suppo                                       | ort Group Supervisor    | Ray Wilson    |                  |  |  |
| Training Tech Spec                    | Brad Smith                    |                     | Air Tactio                                      | cal Group Supervisor    |               |                  |  |  |
| ITSS                                  | Shane Neal / Zack Sohl        |                     |   | Helibase Manager        | Tyler Detrick |                  |  |  |
| 6. Logistics Section                  |                               |                     | 8. Finance/Administr                            | ration Section:         |               |                  |  |  |
| Chief                                 | Jack Costello / Mike He       | ckendorn            | Chief   | Beth Lopez              |               |                  |  |  |
| Supply Unit                           | Tracey Valentine              |                     | Time Unit                                       | Penny Portlock / Jua    | nita Cortez   |                  |  |  |
| Ordering Manager                      | Mani Bouslaugh                |                     | Equipment Time                                  |                         |               | <u></u>          |  |  |
| Facilities Unit                       | Robin Davis / Sean Caywood(t) |                     | Personnel Time                                  | Layne Clark             |               |                  |  |  |
| Ground Support Unit                   |                               |                     | Comp/Claims Unit                                |                         |               |                  |  |  |
| Communications Unit                   | <u> </u>                      |                     |   | Sam Rapphahn            |               | <u> </u>         |  |  |
| Communication Tech                    | Chuck Schuler                 |                     |   |                         |               |                  |  |  |
| Medical Unit                          |                               |                     |   |                         | ·             |                  |  |  |
| Equipment Manager                     |                               |                     |   |                         |               |                  |  |  |
| Food Unit Leader                      | Becky Baker                   |                     |   | $\sim$                  |               |                  |  |  |
|                                       |                               |                     |   | Signature:              | 1             |                  |  |  |
| ICS 203                               |                               | Pate/Time:          | PSC<br>9/15/2020                                |                         | *             |                  |  |  |
|                                       |                               | -,                  | -, -2, 2020                                     | <i>y</i>                | <del></del>   | NIMS IAP         |  |  |





#### Slater Fire Weather Forecast

FORECAST NO: 5 N

PREDICTION FOR: SHIFT DATE:

FORECAST ISSUED:

Tuesday Night Shift September 15/16, 2020 1200 September 15, 2020 NAME OF FIRE: Slater Fire UNIT: KNF / Clim Team 10

Incident Meteorologist: Jeff Tonkin

**WEATHER DISCUSSION:** Fire activity still dictated by the amount and thickness of the smoke layers. Smoke modeling shows clearing from west to east into the western perimeter each afternoon but much of the remainder of the perimeters remains under extensive smoke. Overnight conditions will remain similar to previous nights with heavy smoke, cool and moist conditions across the lower drainages. Mid slopes and ridge tops should see increasingly better RH recoveries starting tonight and persisting for the next few nights while ridge top winds weaken.

#### WEATHER FORECAST TONIGHT (TUESDAY NIGHT/ EARLY WED MORNING SHIFT):

WEATHER: Continued very smoky at low elevations. Less smoke mid elevations and up.

MIN TEMPERATURES: Drainages (<3,000 ft) 40 - 50 F. Mid Slopes/Ridges (>3,000 ft) 58 - 62 F

MAX RH: Drainges(< 2000 ft) 60-80%. Mid Slps (~3,000 ft) 45-55%. UpSlopes/Ridges (>4,000 ft) 33-38%.

WINDS (EYE LEVEL):

Lower Slopes/Drainages (<3,500 ft) – West or downslope 3 - 5 mph.

Upper Slopes/Ridges (>3,500 ft) - South and SW 6 to 10 mph with Gusts of 15-20 mph.

LAL: 1 CWR: 0% MIXING HEIGHT: 1000 FT AGL.

STABILITY / INVERSION: Stable. Inversions over-night lasting through late morning.

SMOKE TRANSPORT WIND: South 25 mph

#### WEATHER FORECAST FOR WEDNESDAY:

WEATHER: Periods of high clouds...a few sprinkles possible.

**MAX TEMPERATURES:** Lower to Midslope (< 3500 ft) 74 – 78. Upper Slopes/Ridges (> 3,500 ft) 68 – 73 **MIN RH: Drainages(< 2000 ft) 20-25%. Mid Slps** (~3,000 ft) 45-55%. UpSlopes/Ridges (>4,000 ft) 38-43%.

WINDS (EYE LEVEL): Valleys – up slope / up valley or West 3 – 6 mph...afternoon gusts 10 mph

Ridges – South and Southwest 6 – 12 mph... Gusts 14 to 18 mph.

LAL: 1 CWR: 0% Mixing Heights: 5k ft.

STABILITY / INVERSION: Inversion may break around 1100.

SMOKE TRANSPORT WIND: SW 15-20 mph

OUTLOOK FOR WED NIGHT / THU MORNING: Mostly Cloudy...High RH's all levels. Min Temps: 55 to 60. Max RH: 70 - 80%. Ridge Wind: South and Southeast 6 - 8 mph...Gusts 12 - 15 mph. LAL 1. CWR 0%. Haines 3.

#### THURSDAY - SATURDAY (3500 FT UPPER SLOPE)

|     | Max T   | Min RH | Max RH | Ridge Winds, Afternoon | LAL | <u>WX</u> |
|-----|---------|--------|--------|------------------------|-----|-----------|
| WED | 68 - 72 | 40%    | 65%    | W/SW 5-10 Gust 15 mph  | 1   | Sprinkles |
| THU | 65 - 70 | 50%    | 80%    | SW 5-10 Gust 15 mph    | 1   | Lt. Rain  |
| FRI | 63 - 68 | 60%    | 90%    | W/NW 10-15 Gust 20 mph | 1   | Lt. Rain  |

| Observations from TUESDAY Morning at 0500 PDT: |          |        |          |          |   |  |  |  |  |
|--|----------|--------|----------|----------|---|--|--|--|--|
|  | Min Temp | Max RH | Wind Dir | Wind Spd | Š |  |  |  |  |
| Slater Butte (4,600 ft)                        | 58       | 42%    | SE       | 1-4 mph  |   |  |  |  |  |
| Dutch - Indy (2,281 ft)                        | 56       | 60%    | VAR      | 1-3 mph  |   |  |  |  |  |

#### FIRE BEHAVIOR FORECAST

| FORECAST NUMBER: 12  | TYPE OF FIRE: Wildland Fire                       |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| FIRE NAME: Slater and Devil Fires                          | OPERATIONAL PERIOD: Sept. 15, 1800-Sept. 16, 0600 |  |  |  |  |  |  |
| DATE ISSUED: September 15, 2020                            | TIME ISSUED: 1200                                 |  |  |  |  |  |  |
| UNIT: Klamath National Forest SIGNED: /si Xen Larson, FBAN |   |  |  |  |  |  |  |
|  | INPUTS  |  |  |  |  |  |  |

#### WEATHER SUMMARY:

\*\*\*See attached Fire Weather Forecast\*\*\*

Discussion: Ridgetop winds decreasing with increasing RH. Heavy smoke and moist conditions in drainages.

Weather: Continued very smoky at low elevations. Less smoke mid elevations and up.

Min Temp: Drainages 40 - 50°; Mid Slopes/Ridges 58 - 62°

Max RH: Drainages 60 - 80%; Mid slopes 45 - 55%; Upper Slopes/Ridges 33 - 38%.

Winds (Eve Level):

Lower Slopes/Drainages - West or down slope 3 - 5 mph.

Upper Slopes/Ridges - South and Southwest 6 - 10 mph, gusts 15-20.

#### FIRE BEHAVIOR

#### **GENERAL**

#### Review the Fuels and Fire Behavior Advisory issued by the Northern California Geographic Area in the IAP

The fire is burning primarily through mixed conifer stands with a shrub understory. Other fuel types burning include moderate brush fields; and low grass-shrub fuels intermixed with areas of small to large downed logs associated with recent fire scars. Snags from previous fires are also contributing to fire spread.

Little to no fire spread has occurred on the west side of the fire (south of the State line) due to movement into the footprint of the Natchez Fire (2018) and the Eclipse Complex (2017).

ERC values based on the Slater Butte RAWS are at the 97<sup>th</sup> percentile. Many RAWS stations in NW California and SW Oregon are above the 97<sup>th</sup> percentile with some reaching new record values during the past week.

#### SPECIFIC FIRE BEHAVIOR

Higher elevation areas, such as the Devil Fire and the East flank of the Slater Fire near the California/Oregon border, may continue to be impacted by southwest winds tonight. Illinois Valley area will be active into late evening.

Mixed conifer stands: **Upper slopes/Ridges** potential head rate of spread 10-15 chains per hour with flame length 6-10 feet. Possible single and group tree torching and occasional crown fire runs on steeper slopes. Spotting to 3/10 mile. Probability of ignition 30-40%. **Lower slopes/drainages** mostly backing/flanking fire with upslope movement less than 5 chains per hour. Probability of ignition 10-20%.

Moderate brush fields: **Upper slopes/Ridges** rate of spread 20-40 chains per hour, flame length 8-10 feet. **Lower slopes/drainages** mostly backing/flanking fire with minimal upslope movement.

Low grass-shrub fuels: **Upper slopes/Ridges** rate of spread 10-20 chains per hour, flame length 3-6 feet. **Lower slopes/drainages** mostly backing/flanking fire with minimal upslope movement.

Heavy smoke concentrations are reducing fire behavior activity significantly.

#### AIR OPERATIONS

Air operations will be impacted by smoke during the operational period.

Sunset: Tuesday, 09/15 19:19 Sunrise: Wednesday, 09/16 06:53

#### SAFETY

Dense smoke in areas continues to reduce visibility such that spot fires or slop-overs may remain undetected for quite some time. Remain vigilant during nighttime patrols to ensure quick detection.

# Fuels and Fire Behavior Advisory

#### Northern California Geographic Area

September 7, 2020

Subject: Extended high temperatures continues to rapidly dry out an above normal live fuel load and dead fuels across Northern California. Extreme fire behavior and rapid to dangerous rates of spread has occurred during enhanced breezy periods accompanied with low humidity in areas clear of smoke. Extreme fire behavior will become more common as the fuel drying continues in September.

Discussion: Weeks of record temperatures in August and early September coupled with limited precipitation has been expanding extreme to severe drought conditions across much of the Geographic Area. All indications show these drought conditions persisting through September. The thunderstorm event of August 16-17 produced much lightning with limited rainfall that only lowered fire danger for a very brief period. Fires have recently shown or exhibited rapid or dangerous spread rates or generate extreme fire behavior once the any cap of smoke lifts out. There is a high potential for extreme fire behavior to persist under a wider range of conditions as fuel continues to dry and gusty north to northeast foehn winds events become more frequent.

Difference from normal conditions: Winter precipitation was below to well below normal with 55% of normal mountain snowpack. Late spring moisture during the heart of the low-mid elevation growing season led to above normal fine fuel loading. Typical dry summer conditions coupled with above normal temperatures has dramatically effected fuel dryness and fire danger indices. ERC's will generally range between 90th to 97th percentile the next 2 weeks with some PSA's experiencing seasonal record values. This time of year, live brush has typically low moisture levels due to normal seasonal drying but recently sampled live brush are at the at historic lows for many sampling sites.

# Fuels - Low Elevation Grass Crop

#### Sierra Foothills Rangeland Forage Production Data

- 40 years of consistent data
- 2019-20 growing season 4th highest total
- 5 seasons of above normal in a row

| Top 5 Growing Seasons | Pounds/Acres |
|-----------------------|--------------|
| 2017-18               | 5514         |
| 1992-93               | 4696         |
| 1982-83               | 4630         |
| 2019-20               | 4420         |
| 2004-05               | 4410         |

For more information about the very unseasonable environmental conditions occurring, follow these links: https://gacc.nifc.gov/oncc/fuelsFireDanger\_Bi.php https://yegdri.unl.edu/Home/StateVegDRI.aspx?CA

https://gacc.nifc.gov/oncc/fuelsFireDanger Bi.php https://gacc.nifc.gov/oncc/fuelsFireDanger Erc.php https://gacc.nifc.gov/oncc/fuelsFireDanger Hundred.php

https://vegdri.unl.edu/Home/StateVegDRI.aspx?CA https://gacc.nifc.gov/oncc/fuelsFireDanger\_Thousand.php https://www.esrl.noaa.gov/psd/eddi/

#### Concerns to Firefighters and the Public:

- Cured fine fuel loading below 3,000' elevation is above normal, exhibiting very rapid fire spread.
- Firefighters should be prepared for potential extreme fire behavior and dangerous or otherwise rapid rates of spread at any time of day, especially during foehn wind events.
- The potential for extreme fire activity will be likely to continue until enough precipitation occurs to significantly increase fuel moisture.
- Rapid rates of spread could have a significant impact on public safety and make evacuations difficult.

#### Mitigation Measures:

- All local and visiting firefighters need to remain aware of current and expected weather and burning conditions and consider such information while making strategic and tactical decisions.
- Employ LCES principles (Lookouts, Communications, Escape Routes, Safety Zones).
- Review current fire potential products from Predictive Services at
   <a href="https://gacc.nifc.gov/oncc/predictive/weather/index.htm">https://gacc.nifc.gov/oncc/predictive/weather/index.htm</a> or potential Red Flag conditions from the National Weather Service and weather at <a href="https://www.wrh.noaa.gov/fire2/cafw/">https://www.wrh.noaa.gov/fire2/cafw/</a>.

Area of Concern: All areas across Northern California could see very active fire behavior. The PSA numbers associated with those areas are NC01, NC02, NC03A, NC03B, NC04, NC05, NC06, NC07 and NC08.

| 1. Incident Name:   |                  | 2. Operation             | al Period:       |                      |                    | 3. Branch Division            |                         |  |
|---|------------------|--------------------------|------------------|----------------------|--------------------|-------------------------------|-------------------------|--|
| Slater  |                  | Date From:<br>Time From: | 09/15/20<br>1800 | Date To:<br>Time To: | 09/16/20<br>0600   | ı                             | N                       |  |
| 4. Operations Personnel:                                  |                  |                          |                  |                      |                    | Page 1 of 1                   | November                |  |
| Operations Section Chief: Heather McRae  Branch Director: | / Deputy Ops     | Tom Browni               | ng               |                      |                    | Eric Petterso<br>Paul Salvest | * * *                   |  |
| Division/Group Supervisor: Unstaffed                      |                  |                          |                  | Ai                   | r Branch Director: | de company - company - com    |                         |  |
| 5. Resources Assigned:                                    |                  |                          |                  |                      |                    |                               |                         |  |
| Resource Identifier                                       | Request #        | Lea                      | ider             | Personnel            | LWD                | Hours                         | Reporting Location      |  |
|   |                  |                          |                  |                      |                    |                               | <u></u>                 |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          | <u></u>          |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               | <u></u>                 |  |
|   |                  |                          |                  | 1                    |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  | 1                    |                    |                               |                         |  |
| 6. Work Assignments:                                      |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
| 7. Special Instructions:                                  |                  |                          |                  |                      |                    |                               |                         |  |
| -   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
|   |                  |                          |                  |                      |                    |                               |                         |  |
| E ASSESSED FOR  |                  |                          |                  |                      |                    |                               |                         |  |
| 8. Communications   |                  | nction                   | Rx Freq          | Rx Tone              | Tx Freq            | Tx Tone                       | Notes                   |  |
| Name C  | Ch Fur           | ICHOH                    | nx rieq          | NA TOTE              | IXIIEQ             | TX TOTIE                      | Notes                   |  |
|   |                  |                          |                  | <u> </u>             |                    |                               |                         |  |
|   |                  | <u> </u>                 |                  |                      |                    |                               |                         |  |
| CALCORD 1   | 5 MEC            | DICAL                    | 156.0750         | T6 - 156.7           | 156.0750           | T6 - 156.7                    | For Medical Emergencies |  |
| AIRGUARD 1  | 6 AIRC           | SUARD                    | 168.6250         |                      | 168.6250           | T1 - 110.9                    | EMERGENCY USE ONLY      |  |
| 9. Prepared by: Name: D.                                  | Miller / M. Vela | zquez / M. Dun           | kel / J. Martin  | RESL                 | Signature:         | ull                           | f. Ver                  |  |
| ICS 204   |                  | Date/Time:               | 9/15/2020        | 1400                 | _ <del></del>      |                               | ersonnel Count: 0       |  |
| <u> </u>  | <del></del>      | -                        |                  |                      |                    |                               |                         |  |

| 1. Incident Name:   | 2. Operational Period:   |   |   |                      | 3. Branch Division |                               |   |  |
|---|--|---|---|----------------------|--------------------|-------------------------------|---|--|
| Slater  |  | Date From:<br>Time From:                    | 09/15/20<br>1800  | Date To:<br>Time To: | 09/16/20<br>0600   | <b>j</b>                      | R   |  |
| 4. Operations Personnel:                                  |  |   |   |                      |                    | Page 1 of 1                   | Romeo   |  |
| Operations Section Chief: Heather McRae  Branch Director: | Operations Section Chief: Heather McRae / Deputy Ops  Branch Director: |   |   |                      |                    | Eric Petterso<br>Paul Salvest | * * * *   |  |
| Division/Group Supervisor: Unstaffed                      |  | //w// 111111/411111/41111111111/11/4/4/4/4/ | yyyyy ganta ad ahaba laba metrala into 1911 in 1911 in 1911 | Aiı                  | r Branch Director: |                               | yyyymb mittanit itt tillyssininini inisi inisiinininininy |  |
| 5. Resources Assigned:                                    |  |   |   |                      |                    |                               |   |  |
| Resource Identifier                                       | Request #  | Lea   | ader  | Personnel            | LWD                | Hours                         | Reporting Location  |  |
|   |  |   |   |                      |                    |                               |   |  |
|   |  |   |   |                      |                    |                               |   |  |
|   |  |   |   |                      |                    |                               |   |  |
|   |  |   |   |                      |                    |                               |   |  |
|   |  |   |   |                      |                    |                               |   |  |
| 6. Work Assignments:                                      |  |   |   | I.                   |                    | <u> </u>                      |   |  |
| 7. Special Instructions:                                  |  |   |   |                      |                    |                               |   |  |
| 8. Communications   |  |   |   |                      |                    |                               |   |  |
| Name C  | Ch Fur   | nction                                      | Rx Freq   | Rx Tone              | Tx Freq            | Tx Tone                       | Notes   |  |
|   |  |   |   |                      |                    |                               |   |  |
|   |  | DICAL                                       | 156.0750  | T6 - 156.7           | 156.0750           | T6 - 156.7                    | For Medical Emergencies                                   |  |
|   |  | SUARD                                       | 168.6250  |                      | 168.6250           | T1 - 110.9                    | EMERGENCY USE ONLY  |  |
|   | Miller / M. Vela   |   |   |                      | Signature:         |                               | ersonnel Count: 0   |  |
| ICS 204   |  | Date/Time:                                  | 9/15/2020   | 1400                 |                    |                               | ersonner Count: U   |  |

| 1. Incident Name:                      | 2. Operation  | al Period:  |   |   | 3. Branch Division                      |              |  |  |
|--|---|---|---|---|---|--------------|--|--|
| Slater                                 |   | Date From:<br>Time From:  | 09/15/20<br>1800                        | Date To:<br>Time To:                    | 09/16/20<br>0600                        |              | T/W/Z  |  |
| 4. Operations Personnel:               |   |   |   |   |   | Page 1 of 1  |  |  |
| Operations Section Chief: Heather N    | ficRae / Deputy   | Ops Tom Browni  | ing                                     | Night Ops: Eric Petterson               |   |              |  |  |
| Branch Director:                       | y ny grang y symposy (poundly any had the delign and heldly an arthyllet to | 6-41 (-11-40) (-41011-40-11-11-11-11-11-11-11-11-11-11-11-11-11 | **************************************  | *************************************** | Safety:                                 | Paul Salvest | rin  |  |
| Division/Group Supervisor: Luis Gome:  | z / Tye Erwin (t)   | *** **********************                                      | *************************************** | Ai                                      | r Branch Director:                      |              |  |  |
| 5. Resources Assigned:                 |   |   |   |   |   |              |  |  |
| Resource Identifier                    | Reques  | t# Lea  | nder                                    | Personnel                               | LWD                                     | Hours        | Reporting Location                                     |  |
| Grass Lake MOD                         | 0-22  | 3 Will Jo   | ohnson                                  | 9                                       | 9/25                                    | 1800-0600    | DP 03 / DP 90  |  |
| ST 4232C 24HR                          | E-9   | 0 Brian   | Zaba                                    | 20                                      | 9/25                                    | 1800-0600    | DP 03 / DP 90  |  |
| ENG3 AZ FRY 3651                       | E-20  | 8 Jon S   | Sayler                                  | 3                                       | 9/25                                    | 1800-0600    | DP 03 / DP 90  |  |
| ENG6 Methow River Wild 11              | E-3   | 3 Seth I  | Larson                                  | 3                                       | 9/22                                    | 1800-0600    | DP 03 / DP 90  |  |
| ENG6 Woodpecker                        | E-4   | 4 Ed Fa   | ulkner                                  | 3                                       | 9/22                                    | 1800-0600    | DP 03 / DP 90  |  |
| ENG6 Grayback Forestry E11             | E-3   | 4 Bill T  | urner                                   | 3                                       | 9/22                                    | 1800-0600    | DP 03 / DP 90  |  |
| WT2 Karuk 24 24HR                      | E-21  | 6 Jeff McA  | Arthur Sr.                              | 1                                       | 9/22                                    | 1800-0600    | DP 03 / DP 90  |  |
|  |   |   |   |   |   |              |  |  |
|  |   |   |   | <del> </del>                            |   |              |  |  |
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| 4                                      |   |   | *************************************** |   |   |              |  |  |
|  |   |   | ······                                  |   |   | <u> </u>     |  |  |
|  |   |   |   |   |   |              |  |  |
| 6. Work Assignments:                   |   |   |   |   | L                                       | J            |  |  |
| Patrol and mop up around structure     | S   |   |   |   |   |              |  |  |
| Monitor fire spread toward HWY 96      |   |   |   |   |   |              |  |  |
| Initiate firing as needed to keep fire | north of 96   |   |   |   |   |              |  |  |
| 7. Special Instructions:               |   |   | <u> </u>                                |   |   | <del></del>  |  |  |
|  |   |   |   |   |   |              |  |  |
|  |   |   |   |   |   |              |  |  |
| 8. Communications                      |   |   |   |   |   |              |  |  |
| Name                                   | Ch  | Function  | Rx Freq                                 | Rx Tone                                 | Tx Freq                                 | Tx Tone      | Notes  |  |
| ORG RPT                                | 1 (   | COMMAND   | 172.2750                                |   | 164.7000                                |              | Lake T2(123.0), Baldy T3<br>(131.8), Stater T11(114.8) |  |
| NIFC T7                                | 6   | TACTICAL  | 168.2500                                |   | 168.2500                                | T6 - 156.7   |  |  |
| A/G CMD                                | 13 A/C  | COMMAND   | 166.6000                                |   | 166.6000                                |              |  |  |
| CALCORD                                | 15  | MEDICAL   | 156.0750                                | T6 - 156.7                              | 156.0750                                | T6 - 156.7   | For Medical Emergencies                                |  |
| AIRGUARD                               | 16 /  | NRGUARD   | 168.6250                                |   | 168.6250                                | T1 - 110.9   | EMERGENCY USE ONLY                                     |  |
| 9. Prepared by: Name:                  | D. Miller / M.  | Velazquez / M. Dun  | kel / J. Martin                         | RESL                                    | *************************************** | ~ 00         | 0,   |  |
|  |   |   |   |   | Signature:                              |              |  |  |
| ICS 204                                |   | Date/Time:  | 9/15/2020                               | 1400                                    |   | Pe           | ersonnel Count: 42                                     |  |

| 1. Incident Name:                  |              | 2. Operationa  | l Period:      |                 |   | 3. Branch Division                    |                          |                         |  |
|------------------------------------|--------------|----------------|----------------|-----------------|---|---------------------------------------|--------------------------|-------------------------|--|
| Slate                              | r            |                | Date From:     | 09/15/20        | Date To:  | 09/16/20                              | V                        | RR/UU/XX                |  |
|                                    |              |                | Time From:     | 1800            | Time To:  | 0600                                  | Dags 1 of 1              |                         |  |
| 4. Operations Personnel:           |              |                | T              |                 | STATE STATE OF STATE |                                       | Page 1 of 1              |                         |  |
| Operations Section Chief: Heathe   | er McKae / D | eputy Ops      | Iom Brown      | ng              |   |                                       | Eric Petterso            |                         |  |
| Branch Director:                   |              |                |                |                 |   |                                       | Paul Salvest             | rin                     |  |
| Division/Group Supervisor: Unstaff | ted .        |                |                |                 | AI:   | r Branch Director:                    |                          |                         |  |
| 5. Resources Assigned:             |              |                | 1              |                 |   |                                       |                          |                         |  |
| Resource Identifier                |              | Request #      | Lea            | der             | Personnel   | LWD                                   | Hours                    | Reporting Location      |  |
| ALL OSFM GROUPS WITHIN DIVI        | ISIONS       |                |                |                 |   |                                       | ····-                    |                         |  |
| WILL BE UNSTAFFED                  |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   | · · · · · · · · · · · · · · · · · · · |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
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|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
| 6. Work Assignments:               |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
| 7. Special Instructions:           | <del></del>  | <del> </del>   |                |                 |   |                                       |                          |                         |  |
| r. openii monaniono.               |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
| 8. Communications                  |              |                |                |                 |   |                                       |                          |                         |  |
| Name                               | Ch           | Fun            | ction          | Rx Freq         | Rx Tone   | Tx Freq                               | Tx Tone                  | Notes                   |  |
|                                    |              |                |                |                 |   |                                       |                          |                         |  |
|                                    |              |                | <u> </u>       |                 |   |                                       |                          |                         |  |
| CALCORD                            | 15           | 1AET           | OICAL          | 156.0750        | T6 - 156.7  | 156.0750                              | TG 4567                  | For Medical Emergencies |  |
| CALCORD<br>AIRGUARD                | 15<br>16     |                | UARD           | 168.6250        | 10 - 100./  | 168.6250                              | T6 - 156.7<br>T1 - 110.9 | EMERGENCY USE ONLY      |  |
|                                    |              |                |                |                 | DECI  | · · · · · · · · · · · · · · · · · · · |                          |                         |  |
| 9. Prepared by: Name:              | D. Mille     | ı / ıvı. velaz | quez / M. Dunk | .e. / J. Wartin | VEDL  | Signature:                            | u.E.l                    | 0 0/                    |  |
| ICC 204                            |              |                | Data/Time:     | 0/15/2020       |   | oignature:                            |                          |                         |  |
| ICS 204                            |              |                | Date/Time:     | 7/ 13/ 2U2U     | 1400  |                                       | Ρ(                       | ersonnel Count: 0       |  |

| 1. Incident Name:                                      |            | 2. Operation                           | al Period:                             |   |                      | 3. Branch Division                    |                          |                         |  |
|--|------------|--|--|---|----------------------|---------------------------------------|--------------------------|-------------------------|--|
| Slater   |            |  | Date From:<br>Time From:               | 09/15/20<br>1800                        | Date To:<br>Time To: | 09/16/20<br>0600                      | VII                      | LL/MM                   |  |
| 4. Operations Personnel:                               |            |  |  |   |                      |                                       | Page 1 of 1              |                         |  |
| Operations Section Chief: Heather In  Branch Director: | /IcRae / D | eputy Ops                              | Tom Browni                             | ng                                      |                      |                                       | Eric Petters Paul Salves |                         |  |
| Division/Group Supervisor: Unstaffed                   |            | ************************************** | 11111111111111111111111111111111111111 | *************************************** | Α                    | ir Branch Director                    | • !                      | * (1 - 2                |  |
| 5. Resources Assigned:                                 |            |  |  |   |                      |                                       |                          |                         |  |
| Resource Identifier                                    |            | Request #                              | Lea                                    | der                                     | Personnel            | LWD                                   | Hours                    | Reporting Location      |  |
|  |            |  |  |   |                      |                                       |                          |                         |  |
|  |            |  |  |   |                      |                                       |                          |                         |  |
|  |            |  |  |   |                      |                                       |                          |                         |  |
|  |            |  |  |   |                      |                                       |                          |                         |  |
|  |            |  |  |   |                      |                                       |                          |                         |  |
| 6. Work Assignments:                                   |            |  |  |   |                      |                                       | <u> </u>                 |                         |  |
| 7. Special Instructions:                               |            |  |  |   |                      |                                       |                          |                         |  |
| 8. Communications                                      |            |  |  |   |                      |                                       |                          |                         |  |
| Name   | Ch         | Fun                                    | ction                                  | Rx Freq                                 | Rx Tone              | Tx Freq                               | Tx Tone                  | Notes                   |  |
|  |            | · · · · · · · · · · · · · · · · · · ·  |  |   |                      |                                       | 1                        |                         |  |
| CALCORD  | 15         | MED                                    | ICAL                                   | 156.0750                                | T6 - 156.7           | 156.0750                              | T6 - 156.7               | For Medical Emergencies |  |
| AIRGUARD   | 16         |  | UARD                                   | 168.6250                                |                      | 168.6250                              | T1 - 110.9               | EMERGENCY USE ONLY      |  |
| 9. Prepared by: Name:                                  |            |  | quez / M. Dunk  Date/Time:             | cel / J. Martin                         | RESL<br>1400         | Signature:                            | me                       | ersonnel Count: 0       |  |
| NIAS IAP   |            |  | Date/ Hite:                            | 7/ 13/ 4040                             | 1400                 | · · · · · · · · · · · · · · · · · · · |                          | ersonnel Count: 0       |  |

| 1. Incident Name:            |   |   | 2. Operational Period: 3. Branch Divisio |   |                      |                     |              |                              |
|------------------------------|---|---|--|---|----------------------|---------------------|--------------|------------------------------|
| S                            | later                                   |   | Date From:<br>Time From:                 | 09/15/20<br>1800                        | Date To:<br>Time To: |                     |              | P                            |
| 4. Operations Personnel:     |   |   |  |   |                      |                     | Page 1 of 1  | Papa                         |
| Operations Section Chief: H  |   | eputy Ops                               | Tom Browni                               | ng                                      |                      | Night Ops           | Eric Petters | on                           |
| Branch Director:             | ·                                       | V                                       | .,                                       |   |                      | Safety:             | Paul Salvest | rin                          |
| Division/Group Supervisor: U | nstaffed                                |   |  |   | A                    | ir Branch Director: | 1            |                              |
| 5. Resources Assigned:       |   |   |  |   |                      |                     |              |                              |
| Resource Identifier          |   | Request #                               | Lea                                      | der                                     | Personnel            | LWD                 | Hours        | Reporting Location           |
|                              |   |   |  |   |                      |                     |              |                              |
|                              |   |   |  |   |                      |                     |              |                              |
|                              |   |   |  |   |                      |                     |              |                              |
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|                              |   |   |  |   |                      |                     |              |                              |
|                              | <u>, , , , , =, , </u>                  |   |  |   |                      |                     |              | ·····                        |
|                              |   |   |  |   |                      |                     |              |                              |
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|                              |   |   |  |   |                      |                     |              |                              |
|                              |   |   |  |   | <u> </u>             |                     |              |                              |
|                              |   |   |  |   |                      |                     |              |                              |
|                              |   |   |  |   |                      |                     |              |                              |
|                              |   |   |  |   |                      |                     |              |                              |
|                              |   | *************************************** |  |   | 1                    |                     |              |                              |
|                              |   |   |  |   |                      |                     | <u> </u>     |                              |
| 6. Work Assignments:         |   |   |  |   |                      |                     |              |                              |
|                              |   |   |  |   |                      |                     |              |                              |
|                              |   |   |  |   |                      |                     |              |                              |
| 7. Special Instructions:     |   |   |  |   |                      |                     |              |                              |
|                              |   |   |  |   |                      |                     |              |                              |
|                              |   |   |  |   |                      |                     |              |                              |
|                              |   |   |  |   |                      |                     |              |                              |
| 8. Communications            |   |   |  |   |                      |                     |              |                              |
| Name                         | Ch                                      | Fun                                     | ction                                    | Rx Freq                                 | Rx Tone              | Tx Freq             | Tx Tone      | Notes                        |
|                              |   |   |  |   |                      |                     |              |                              |
|                              |   |   |  |   |                      |                     |              |                              |
|                              |   |   |  |   |                      |                     |              |                              |
| CALCORD                      | 15                                      |   | DICAL                                    | 156.0750                                | T6 - 156.7           | 156.0750            | T6 - 156.7   | For Medical Emergencies      |
| AIRGUARD                     | 16                                      |   | UARD                                     | 168.6250                                | <u> </u>             | 168.6250            | T1 - 110.9   | EMERGENCY USE ONLY           |
| 9. Prepared by: Name:        | D, Mille                                | er / M. Velaz                           | quez / M. Dunl                           | kel / J. Martin                         | RESL                 | Signature:          | n.l.f.       | PI                           |
| ICS 204                      |   |   | Date/Time:                               | 9/15/2020                               | 1400                 | J                   |              | ersonnel Count: 0            |
| NIMS IAP                     | *************************************** | ······                                  |  |   |                      |                     |              | ASSIFIED INFORMATION / RASIC |

| 1. Incident Name:                              |  | 2. Operation   | al Period:      |   |                    | 3. Branch Division |   |  |
|--|--|----------------|-----------------|---|--------------------|--------------------|---|--|
| Slater   | Slater                                   |                |                 | Date To:                                | 09/16/20           | ΙX                 | A/F   |  |
|  |  | Time From:     | Time From: 1800 |   | Time To: 0600      |                    | ,,,,  |  |
| 4. Operations Personnel:                       |  |                |                 |   | Page 1 of 1        | Alpha/Foxtrot      |   |  |
| Operations Section Chief: Heather McRae        | / Deputy Ops                             | Tom Brown      | ng              |   | Night Ops:         | Eric Petterson     |   |  |
| Branch Director:                               | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |                |                 |   | Safety:            | Paul Salvesti      | rin   |  |
| Division/Group Supervisor: Ted King / James R  | lobbins (t)                              |                |                 | Aiı                                     | r Branch Director: |                    |   |  |
| 5. Resources Assigned:                         |  |                |                 |   |                    |                    |   |  |
| Resource Identifier                            | Request #                                | Lea            | Leader F        |   | LWD                | Hours              | Reporting Location                                  |  |
| TF1 Duncan 24HR                                |  | Johnatho       | n Duncan        | 13                                      | 9/22               | 1800-0600          | Happy Camp  |  |
| ST 2396C 24HR                                  | E-75                                     | Bria           | n Cyr           | 18                                      | 9/22               | 1800-0600          | Happy Camp  |  |
| ENG3 AZ Beaver Dam 23                          | E-204                                    | Ernesto        | Renteria        | 3                                       | 9/25               | 1800-0600          | Нарру Сатр  |  |
| ENG5 SWS Clearwater 1425                       | E-247                                    | Matt           | Геадие          | 3                                       | 9/27               | 1800-0600          | Happy Camp  |  |
| GRPL Johnson 24HR                              | E-176                                    | Matt '         | Wilson          | 1                                       | 9/25               | 1800-0600          | Нарру Сатр  |  |
|  |  |                |                 |   |                    |                    |   |  |
|  |  |                |                 |   |                    |                    |   |  |
|  |  |                |                 |   |                    | <u> </u>           |   |  |
|  |  |                |                 |   |                    |                    |   |  |
|  |  |                |                 |   |                    | <u></u>            |   |  |
|  |  |                |                 |   |                    |                    |   |  |
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|  |  |                | ,               |   |                    |                    |   |  |
|  |  | <u> </u>       |                 |   |                    |                    |   |  |
|  |  |                |                 |   | <u></u>            |                    |   |  |
| 6. Work Assignments:                           |  |                |                 | <u> </u>                                |                    |                    |   |  |
| Patrol and mop up around structures            |  |                |                 |   |                    |                    |   |  |
| Monitor fire spread toward Hwy 96              |  |                |                 |   |                    |                    |   |  |
| Initiate firing as needed to keep fire North o | f Huny 96                                |                |                 |   |                    |                    |   |  |
| Initiate fining as needed to keep me North o   | 111 <b>4 y</b> 30                        |                |                 |   |                    |                    |   |  |
| 7. Special Instructions:                       |  |                |                 |   |                    |                    |   |  |
| 7, Special Histractions.                       |  |                |                 |   |                    |                    |   |  |
|  |  |                |                 |   |                    |                    |   |  |
|  |  |                |                 |   |                    |                    |   |  |
|  |  |                |                 | 24 V |                    |                    |   |  |
| 8. Communications                              |  |                |                 |   |                    |                    | <b>T</b>  |  |
| Name Ci  | n Fur                                    | nction         | Rx Freq         | Rx Tone                                 | Tx Freq            | Tx Tone            | Notes   |  |
| ORG RPT 1                                      | COM                                      | MAND           | 172.2750        |   | 164.7000           |                    | Lake T2(123.0), Baldy T3 (131.8), Slater T11(114.8) |  |
| NIFC T1 2                                      | TAC                                      | TICAL          | 168.0500        |   | 168.0500           | T6 - 156.7         |   |  |
| A/G CMD 13                                     | A/G CO                                   | DMMAND         | 166.6000        |   | 166.6000           |                    |   |  |
| CALCORD 15                                     | 5 MEI                                    | DICAL          | 156.0750        | T6 - 156.7                              | 156.0750           | T6 - 156.7         | For Medical Emergencies                             |  |
| AIRGUARD 16                                    | 6 AIRC                                   | SUARD          | 168.6250        |   | 168.6250           | T1 - 110.9         | EMERGENCY USE ONLY                                  |  |
| 9. Prepared by: Name: D. N                     | Miller / M. Vela                         | zquez / M. Dun | kel / J. Martin | RESL                                    |                    | and the same       | 0 /   |  |
|  |  |                |                 |   | Signature:         | ref.               | K. C.   |  |
| ICS 204  |  | Date/Time:     | 9/15/2020       |   |                    |                    | ersonnel Count: 38                                  |  |

| 1. Incident Name:   | 2. Operation:            | al Period:       |                                    |   | 3. Branch Division            |            |                         |  |
|---|--------------------------|------------------|------------------------------------|---|-------------------------------|------------|-------------------------|--|
| Slater  | Date From:<br>Time From: | 09/15/20<br>1800 | Date To: 09/16/20<br>Time To: 0600 |   | ıх                            | G/M        |                         |  |
| 4. Operations Personnel:                                  |                          |                  |                                    |   | Page 1 of 1                   | Golf/Mike  |                         |  |
| Operations Section Chief: Heather McRae  Branch Director: | Tom Browni               | ng               |                                    | * | Eric Petterso<br>Paul Salvest |            |                         |  |
| Division/Group Supervisor: <b>Unstaffed</b>               |                          |                  |                                    | Ai                                      | r Branch Director:            |            |                         |  |
| 5. Resources Assigned:                                    |                          |                  |                                    |   |                               |            |                         |  |
| Resource Identifier                                       | Request #                | Lea              | der                                | Personnel                               | LWD                           | Hours      | Reporting Location      |  |
|   |                          |                  |                                    |   |                               |            |                         |  |
|   |                          |                  |                                    |   |                               |            |                         |  |
|   |                          |                  |                                    |   |                               |            | <del></del>             |  |
|   |                          |                  |                                    |   |                               | <b>1</b>   |                         |  |
|   |                          |                  |                                    |   |                               |            |                         |  |
|   |                          |                  |                                    |   |                               |            |                         |  |
|   |                          |                  |                                    |   |                               |            |                         |  |
|   |                          | 1                |                                    |   |                               |            |                         |  |
| 6. Work Assignments:                                      |                          |                  | MANAGERIA                          |   |                               |            |                         |  |
| 7. Special Instructions:                                  |                          |                  |                                    |   |                               |            |                         |  |
| 8. Communications   |                          |                  |                                    |   |                               |            |                         |  |
| Name Ch   | Fur                      | nction           | Rx Freq                            | Rx Tone                                 | Tx Freq                       | Tx Tone    | Notes                   |  |
|   |                          |                  |                                    |   |                               |            |                         |  |
|   |                          |                  |                                    |   |                               | <u> </u>   |                         |  |
| CALCORD 15  | NAC1                     | DICAL            | 156.0750                           | T6 - 156.7                              | 156.0750                      | T6 - 156.7 | For Medical Emergencies |  |
| AIRGUARD 16   |                          | BUARD            | 168.6250                           | 10-100.7                                | 168.6250                      | T1 - 110.9 | EMERGENCY USE ONLY      |  |
|   |                          | zquez / M. Dun   |                                    | RESL                                    | Signature:                    |            | P.U.                    |  |
| ICS 204   |                          | Date/Time:       | 9/15/2020                          | 1400                                    | -                             |            | ersonnel Count: 0       |  |

# Lookouts Communications Escape Routes Safety Zones

#### SLATER INCIDENT

Operation Period: 09/15-16/2020 Night Shift

# **SAFETY MESSAGE**

# **FATIGUE EFFECTS AND MANAGEMENT**

- Cumulative fatigue is a contributing factor in many accidents.
- Fatigue effects your mental processing, your ability to access your short and long term memory, as well as your physical performance.
- The effect of 24 hours without sleep is equivalent to being legally drunk.
- The only remedy to fatigue is quality sleep. Manage your off shift time to ensure you and your personnel get the rest needed.

#### MAJOR HAZARDS AND RISKS

| STEEP TERRAIN | ROLLING MATERIAL | POISON OAK   |
|---------------|------------------|--------------|
| FATIGUE       | DEHYDRATION      | HAZARD TREES |
| HEAVY SMOKE   | DRIVING          | COMPLACENCY  |

# Be sure all elements of your safety plan are in place prior to engagement

#### Risk Management

- Keep risks commensurate with the benefit.
- Utilize the Risk Management Process found on page 1 of the IRPG.
- Recognize that no injury is worth the ground you are working.
- Everyone is entitled to a round trip ticket. Bring them home healthy.

# **Hazardous Tree Indicators:**

- Strong winds.
- Night Operations.
- Steep Slopes.
- Disease or bug-kill timber.
- Trees and duff have been burning for an extended period.
- High-risk tree species (rot and shallow root system tan oaks, redwoods).
- Numerous down trees.
- Dead or broken tops and limbs overhead.
- Accumulation of downed limbs.
- Absence of needles, bark or limbs.
- · Leaning or hung-up trees.

CIIMT 10 Safety Officers: Frank Pingiczer, Chuck Frank, Robert Hilfer(t)

# INCIDENT RISK ANALYSIS (ICS 215A) Slater Fire 09/15-16/2020 Night Shift

| DIV      | HAZARDOUS ACTIONS /<br>CONDITIONS  | MITIGATIONS / WARNINGS / REMEDIES   |
|----------|------------------------------------|---|
| ALL      | Point Protection                   | <ul> <li>Review WUI Firefighting in IRPG pgs. 12-16.</li> <li>Do not commit to stay in areas without adequate safety zones.</li> <li>Ensure you have adequate access and egress.</li> <li>Set trigger points to disengage and allow adequate time to relocate to primary and secondary safety zones.</li> <li>Look for propane tanks and other hazardous materials.</li> <li>Structures may have generators that may be putting power back into the lines.</li> </ul> |
| ALL      | Driving                            | <ul> <li>Narrow, steep, unforgiving native surfaced roads within the fire area.</li> <li>Watch for rocks and wildlife on Highway 96. Especially from dusk to dawn.</li> <li>Practice Defensive Driving Techniques.</li> <li>Be aware of livestock and wildlife in area</li> <li>Use warning lights when working on roads or traveling in smoke</li> <li>Local traffic on road at night.</li> </ul>  |
| ALL      | Hazard Trees                       | <ul> <li>Follow "Hazard Tree Safety" guidelines, IRPG pgs. 22-23.</li> <li>Post lookouts, road guards, spotters in areas where mop up is happening.</li> <li>Establish trigger points for disengagement during high wind events.</li> <li>Limit exposure to work area as much as possible.</li> </ul>   |
| ALL      | Fire Behavior                      | <ul> <li>Anticipate active fire behavior and rapid rates of spread.</li> <li>Establish and maintain LCES.</li> <li>Expect increased spot fires.</li> <li>Allow for adequate time to escape routes and safety zones.</li> <li>Large dead and down component.</li> </ul>  |
| ALL      | Fatigue                            | <ul> <li>Be alert for signs of fatigue and take breaks as necessary.</li> <li>Maintain 2:1 work/rest ratio.</li> <li>Monitor incoming resources for level of fatigue.</li> </ul>  |
| ALL      | Steep Terrain and Rolling Material | <ul> <li>Maintain 8'-10' spacing when working &amp; walking.</li> <li>Don't work above any personnel.</li> <li>Evaluate necessity to send personnel in areas with limited access.</li> </ul>  |
| ALL<br>· | Communications                     | <ul> <li>Ensure all personnel are familiar with the incident and IA communications plan.</li> <li>Share your situational awareness(hazards Changes ETC) to those who also have a need</li> <li>Ask for intel if and when you don't know the plan</li> </ul>   |
| ALL      | Powerlines                         | <ul> <li>Treat all powerlines as live. Some structures may have generators that may be putting power back into the lines.</li> <li>Review Powerline Safety section in IRPG pgs. 24-25.</li> <li>Communicate, Identify, Isolate, Deny Entry.</li> </ul>  |
| ALL      | Marijuana Plantations              | <ul> <li>Maintain situational awareness.</li> <li>Watch for open areas and sign of improvements or irrigation systems.</li> <li>Be aware of evidence that cultivation has occurred in the area.</li> <li>If you stumble upon an area with probable cultivation be extremely cautious, exit on the same route you arrived and notify supervisor immediately.</li> </ul>  |
| ALL      | Firing Operations                  | <ul> <li>Conduct thorough briefing for all personnel (inside rear cover IRPG).</li> <li>Qualified personnel for all assignments. Trainees to have qualified trainers.</li> <li>Required PPE to be worn by all personnel involved.</li> <li>Establish LCES prior to implementing burning operations.</li> </ul>  |
| ALL      | COVID                              | <ul> <li>Maintain 6' foot distance whenever possible.</li> <li>Utilize masks, frequent handwashing/sanitizing, disinfect common surfaces.</li> <li>Follow county Public Health guidelines. Monitor for symptoms.</li> </ul>   |
| ALL      | Environmental Hazards              | <ul> <li>Keep alert for wildlife, rattlesnakes, insects, and plants. Watch footing and hand placement around rocks.</li> <li>Personal hygiene is #1 when it comes to Poison Oak Prevention.</li> </ul>  |
| INCIDENT | Slater                             | DATE PREPARED:    OPERATIONAL PERIOD  |

#### Fire and COVID-19 Briefing Checklist

| Self-Awareness / Screening  |
|---|
| □ Immediately separate yourself from others.  |
| □ Notify supervisor if you or others experience:  |
| o Cough, more than expected   |
| o Shortness of breath or difficulty breathing   |
| o New loss of taste or smell  |
| o Fever o Chills  |
| o Sore throat o Muscle pain   |
| ☐ Review and follow crew and division plans to isolate, triage, and transport symptomatic personnel.  |
| Hygiene on the Fireline   |
| □ Properly wash or sanitize your hands often, especially before and after eating or entering a public place,  |
| and after coughing or sneezing.   |
| □ Avoid handshakes and communal use items.  |
| ☐ Maintain a supply of hand sanitizer and hand wipes. Inform supervisor of needed resupply.   |
| □ Disinfect high touch surfaces often:  |
| o Radios, phones, doors, pumps, fuel cans, etc.   |
| Social Distancing and Protective Equipment  |
| ☐ Initiate, practice, and remind others of social distancing.   |
| □ Conduct briefings and conversations outdoors and at least 6 feet apart.   |
| □ Utilize face coverings as a tool when practical.  |
| □ Clean or replace dirty face coverings, equipment, and PPE.  |
| Communications  |
| □ Face coverings and social distancing complicate communications. Ensure effective sender/receiver messaging.   |
| Protect yourself, your crew, and your camp!   |
| Find more information: https://www.nwcg.gov/coronavirus   |
| WILDLAND FIRE COVID-19 SCREENING TOOL   |
| Have you in the past 14 days, had contact with a person known to be infected with the Coronavirus (COVID-19)?   |
| Find more information: <a href="https://www.nwcg.gov/coronavirus">https://www.nwcg.gov/coronavirus</a> WILDLAND FIRE COVID-19 SCREENING TOOL  Have you in the past 14 days, had contact with a person known to be infected with the |

Today or in the past 24 hours, have you had any of the following symptoms?

+ Cough more than expected? + Shortness of breath or difficulty breathing?

+ Fever? Chills? + Sore throat? + Nausea or vomiting? + Diarrhea?

+ New loss of taste or smell? + Fatigue, outside your normal for firefighting?

+ Headache, outside your normal for firefighting?

+ Congestion or runny nose, outside your normal for firefighting?

+ Muscle pain, outside your normal for firefighting?

#### **MEDICAL PLAN (ICS 206)**

| 1. Incident Name:  |                        |                       |   | [2       | 2. Op                                 | erational Per                        | iod:   | Date                                   | From:  | 9/15/20                                | Date To:   | 9/16/20 |
|--|------------------------|-----------------------|---|----------|---------------------------------------|--------------------------------------|--------|--|--|--|------------|---------|
|  | Slater                 |                       |   |          |                                       |                                      |        |  | From:  | 1800                                   | Time To:   | 0600    |
| 3. EMS / Ambulance Service                               | es:                    |                       | N   |          |                                       |                                      |        |  | 1. 1. 1.   |  | N. A.      |         |
| Name   |                        |                       |   | L        | Location                              |                                      |        |  | tact Nur   | nber/Freq                              | Paramedics |         |
| Нарру Сатр   |                        |                       |   | Нарру    | / Can                                 | np, Ca.                              |        | Com                                    | mand o   | r <b>530-842</b> -<br>5                | Yes        |         |
| Mount Shasta Amb   | ulance                 |                       |   | Нарру    | / Can                                 | np, Ca.                              |        | Com                                    | mand oi<br>351                                   | 530-842-<br>5                          |            | Yes     |
| Mountian Med   | ic                     |                       |   |          | ICP                                   |                                      |        |  |  |  |            | Yes     |
| 4. Air Rescue / Air Ambulan                              | ce Servic              | es:                   | 1.1.  |          |                                       |                                      | 1310.0 |  |  | 111                                    |            | 4, 3    |
| Name   |                        |                       |   | Phone    | / Fre                                 | quency                               |        | Ту                                     | pe of Ai   | rcraft & Ca                            | pability   |         |
| Mercy - Medford  | Or.                    |                       | Com   | mand o   | or (53                                | 0) 842-3515                          |        | ALS                                    | Day and  | Night Me                               | dical Ship | ALS     |
| Airlink - Klamath I                                      | -alls                  |                       | Comi  | mand o   | эг (53                                | 0) 842-3515                          |        | ALS                                    | Day and  | Night Me                               | dical Ship | ALS     |
| PHI or REACH - Red                                       | ding, Ca               |                       | Com   | mand o   | or (53                                | 0) 842-3515                          |        | ALS                                    | Day and  | Night Med                              | dical Ship | ALS     |
|  |                        |                       |   |          |                                       |                                      |        |  |  |  |            |         |
| 5. Hospitals:  |                        |                       |   | Manag.   |                                       |                                      |        |  |  |  |            |         |
|  |                        | Addr                  | ess   | Co       | ntact                                 | Number(s)                            | Tı     | ravel T                                | ime -  | Trauma                                 | Burn       |         |
| Hospital Name  | Lat                    | & Long                | Helipad   |          | Free                                  | quency                               | Ai     | r (                                    | Ground   | Center                                 | Center     | Helipad |
| Fairchild Medical Center                                 |                        |                       | eka, Ca. 96097<br>W120 37.728   | (        | (530)                                 | 842-6292                             | 10 M   | Ins. 9                                 | 90 Mins.   | Level 4                                |            |         |
|  |                        |                       | Rd. Medford,  | <u> </u> |                                       |                                      |        |  |  |  |            |         |
| Rogue Reginal Medical Center                             |                        | Or. 97504             |   | 1        | (541)                                 | 789-7132                             | 20 M   | lns.                                   | 180<br>Mins.                                     | Level 2                                |            |         |
|  | N 42 19.079 x W        |                       |   | <u> </u> | Tx/Rx 155.340                         |                                      |        | wins.                                  |  |  | Wester     |         |
| Mercy Medical Center                                     | 2175 Ros               | 2175 Rosaline Ave. Re |   | (        | (530) 225-7201                        |                                      | 40 Mi  | ins.                                   | 240  | Level 2                                |            |         |
|  | N 40 34                | .325 x V              | V 122 23.700  | ļ        |                                       |                                      |        |  | Mins.  | CCVCIZ                                 | vzzeńa.    |         |
| U.C. Davis Medical Center                                | 1                      | 5 Stockt<br>amento,   | on Błvd.<br>Ca. 95817   | 3790     | B                                     | 116) 734-<br>Burn (916) 734-<br>1636 | 1 H    | г.                                     | 6 Hr   | Level 1                                |            |         |
|  | N 38 33                | .292 x V              | / 121 27.326  | -        | Tx/Rx 155.340                         |                                      | 1      |  |  |  |            |         |
| 6. Special Medical Emergence                             | y Proced               | ures                  |   | Uj       | odate                                 | and discuss                          | with a | ssign                                  | ed resc  | ources dai                             | ly         |         |
| Fireline EMT / Medic's<br>Division / Branch Location     |                        |                       |   |          |                                       |                                      |        |  |  |  |            |         |
| Air Hoist site location site:<br>Lat / Long / Elevation: |                        |                       |   |          | · · · · · · · · · · · · · · · · · · · |                                      |        | ······································ |  | <del> </del>                           |            |         |
| Helispot:<br>Lat / Long / Elevation:                     |                        |                       |   |          |                                       |                                      |        |  | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |  |            |         |
| ☐ Check box if aviation ass                              | ets are uti            | ilized fo             | r rescue. If as   | sets a   | re use                                | ed. coordinate                       | with A | ir Ope                                 | rations.   |  | **         |         |
| 7. Remote Aid Stations                                   |                        | 1.1                   | Name of the State | <u> </u> |                                       |                                      |        |  |  |  |            |         |
|  | Point of               | Contac                | t:  |          |                                       |                                      | ····   |  |  |  |            |         |
|  | Eguipme                | nt Avai               | ilable on site:   |          |                                       |                                      |        |  |  |  |            |         |
|  | Ambulan                | ice ETA               | <b>:</b>  | Ai       | ir                                    |                                      |        | Groun                                  | d  | ······································ |            |         |
| 8. Prepared by (Medical Unit                             | eador).                | 1                     |   |          |                                       | <u> </u>                             |        |  |  | was Susanian Posses                    |            |         |
|  | _664 <del>6</del> 1 ). | Patric                | k Young   |          |                                       |                                      | Signa  | ture:                                  | Market Market St.                                |  |            |         |
| 9. Approved by (Safety Office                            | r):                    |                       |   |          |                                       |                                      |        |  | 9,   |  | J          |         |
|  |                        | Frank                 | Pingiczer   |          |                                       |                                      | Signa  |  | AN   | - 1 t                                  |            |         |
| ICS 206  |                        |                       |   |          |                                       | Date/Time                            | :      | 0                                      | 9/15/20  | 20 /                                   | 140        | 00      |

#### **MEDICAL PLAN (ICS 206)**

| 1. Incident Name:  |                            | · · · · · · · · · · · · · · · · · · · |  | 2   | 2. Ope                                | erational Per | riod:                                  | Da          | te From:     | 9/15/20                               | Date To:   | 9/16/20                               |
|--|----------------------------|---------------------------------------|--|---|---------------------------------------|---------------|--|-------------|--------------|---------------------------------------|--|---------------------------------------|
| Slate  | er - Gasqu                 | et                                    |  |   |                                       |               |  |             | ne From:     | 1800                                  | Time To:   |                                       |
| 3. EMS / Ambulance Servic                                | es:                        |                                       |  | 1,1   |                                       |               | . *.                                   | 1.          |              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 14, 23   | V 11                                  |
| Name   |                            | Location                              |  |   |                                       |               |  | mber/Freq   | Para         | medics                                |  |                                       |
| Del Norte Ambul  |                            | Gasquet -                             | - Americ   | can Le  | egion Hall DF                         | 40            | Command                                |             |              | Yes                                   |  |                                       |
|  |                            |                                       |  |   |                                       |               | ,,,,,                                  |             |              |                                       |  |                                       |
|  |                            |                                       |  |   |                                       |               |  | L           |              |                                       |  | No                                    |
| 4. Air Rescue / Air Ambulan                              | ice Servic                 | es:                                   | ·  |   |                                       |               |  | · · · · · · | Algebra (    | 12/4/                                 | \$ 1. X  | \$ 2 <sup>1</sup> \$                  |
| Name   |                            | · · · · · · · · · · · · · · · · · · · | <del> </del>                                     | Phone /                                       |                                       | ·             |  |             | Type of Ai   | rcraft & Ca                           | pability   |                                       |
| REACH Air Ambulance - I                                  |                            | Or.                                   | <del>                                     </del> |   |                                       | ) 441-3644    |  | AL          | S Day and    | l Night Me                            | dical Ship   | ALS                                   |
| Mercy - Medford  |                            |                                       |  |   |                                       | ) 441-3644    |  | AL:         | S Day and    | Night Me                              | dical Ship   | ALS                                   |
| National Gaurd O   | regon                      |                                       | Com  | mand or                                       | r (541                                | ) 620-8373    |  |             | Day a        | nd Night H                            | oist   | ALS                                   |
| 5. Hospitals:  |                            |                                       |  | N. Sant.                                      | O. S.                                 |               |  |             |              |                                       |  |                                       |
|  |                            | Addre                                 | · · · · · · · · · · · · · · · · · · ·            | Cor   | ntact I                               | Number(s)     | T                                      | rave        | l Time       | Trauma                                | Burn   |                                       |
| Hospital Name  | -                          |                                       | Helipad  |   | Freq                                  | uency         | A                                      | ir          | Ground       | Center                                | Center   | Helipad                               |
| Sutter Coast Hospital                                    |                            | City, (                               |  | (   | 707) 4                                | 64-8888       | N/                                     | A           | 25 Mins.     | EDAT                                  |  | - Comme                               |
|  |                            |                                       | V122 38' 69                                      | <u> </u>                                      |                                       |               |  |             |              |                                       | 1  |                                       |
| Rogue Reginal Medical Center                             |                            |                                       | Rd. Medford,<br>504                              | (5  | 541) 7                                | 89-7132       | 30 MIns.                               |             | 120<br>Mins. | Level 2                               | Accordance in the control of the con | Ø                                     |
|  |                            |                                       | V 122 49.903                                     | 1   | Tx/Rx                                 | 155.340       |  |             | IVIRIS.      |                                       | Vintania   |                                       |
| Three Rivers Medical Center                              | 500 S.W. Ramsey<br>Pass, C |                                       |  |   | 541) 4                                | 72-7081       | 30 Mins.                               |             | 90 Mins.     | Level 3                               |  |                                       |
| · · · · · · · · · · · · · · · · · · ·                    | N 40 34                    | .325 x V                              | V 122 23.700                                     | <u> </u>                                      |                                       |               |  |             |              |                                       | Land .   | (2000)                                |
| U.C. Davis Medical Center                                |                            | 5 Stockt                              | on Blvd.<br>Ca. 95817                            | ER (916) 734-<br>3790 Burn (916) 734-<br>3636 |                                       | 2 H           | r.                                     | 7 Hr        | Level 1      |                                       |  |                                       |
|  |                            |                                       | / 121 27.326                                     | Т   | Tx/Rx 155.340                         |               |  |             |              |                                       | İ  |                                       |
| 6. Special Medical Emergence                             | y Proced                   | ures                                  |  | Up  | date                                  | and discuss   | with a                                 | essiç       | gned reso    | ources dai                            | ly   |                                       |
| Fireline EMT / Medic's<br>Division / Branch Location     |                            |                                       |  |   |                                       |               |  |             |              |                                       |  |                                       |
| Air Hoist site location site:<br>Lat / Long / Elevation: |                            |                                       |  |   | · · · · · · · · · · · · · · · · · · · |               |  |             |              | ** *                                  |  |                                       |
| Helispot:<br>Lat / Long / Elevation:                     |                            |                                       |  | · · · · · · · · · · · · · · · · · · ·         |                                       |               |  |             |              |                                       |  | ·                                     |
| Check box if aviation ass                                | ets are uti                | lized for                             | rescue If as                                     | sente are                                     | 0.1100                                | d epordinate  | vuith A                                | i. O-       |              |                                       |  | · · · · · · · · · · · · · · · · · · · |
| 7. Remote Aid Stations                                   | octo are un                | inzed to                              | rescue. II as                                    | ssets are                                     | e usec                                | u, coordinate | WILL A                                 | ir Op       | perations.   |                                       |  |                                       |
|  | Point of                   | Contact                               | t:   |   |                                       |               |  |             |              | · · · · · · · · · · · · · · · · · · · |  |                                       |
|  | Equipme                    | nt Avai                               | lable on site:                                   | :   |                                       | ·             | ······································ |             |              |                                       |  |                                       |
| · · · · · · · · · · · · · · · · · · ·                    | Ambulan                    |                                       |  | Air   |                                       |               | ],                                     |             |              |                                       |  |                                       |
| 3. Prepared by (Medical Unit                             |                            | T T                                   |  | Air   |                                       |               |  | Grou        | ina          |                                       |  |                                       |
|  | ,                          | Patrick                               | <b>Young</b>                                     |   |                                       |               | Signa                                  | ture        | :            |                                       | )  | ĺ                                     |
| 3. Approved by (Safety Office                            | er):                       | Frank                                 | Pingiczer  |   |                                       |               | Signature: 2                           |             |              |                                       |  |                                       |
| CS 206   |                            |                                       | · · · · · · · · · · · · · · · · · · ·            |   | ·                                     | Date/Time     |  |             | 09/15/20     | 20/                                   | 140  | 0                                     |
|  |                            | 1                                     |  |   |                                       |               |  |             |              | V                                     |  | ı                                     |

# **MEDICAL PLAN (ICS 206)**

| 1. Incident Name:  |                |                                       | 2.          | Operational Per                              | iod:     | Date From:   | 9/15/20                                 | Date To:   | 9/16/20   |
|--|----------------|---------------------------------------|-------------|--|----------|--|---|--|-----------|
|  | - Wild Riv     | vers .                                |             |  |          | Time From:   | : 1800                                  | Time To:   | 0600      |
| 3. EMS / Ambulance Servic                                | es:            |                                       |             |  |          |  | 5.11                                    | 1.5  | 1         |
| Name   |                |                                       | Loc         | ation  |          | Contact No   | umber/Freq                              | Parar  | nedics    |
| AMR Ambular  | nce            | Grants Pass, Or.                      |             |  |          | Command  | or IV RPT                               | 1  | Yes       |
|  | <del></del>    |                                       |             |  |          |  |   |  | No        |
|  |                |                                       |             |  |          |  |   |  | No        |
| 4. Air Rescue / Air Ambulan                              | ce Servic      | es:                                   |             |  | <u> </u> | V 278  |   |  |           |
| Name   |                |                                       | Phone / F   | requency                                     |          | Type of A  | Type of Aircraft & Capabili             |  |           |
| Mercy - Medford  | ·              |                                       |             | or IV RPT                                    | ······   | ALS Day ar   | nd Night Me                             | dical Ship   | ALS       |
| Airlink - Klamath  |                |                                       |             | i or IV RPT                                  |          | ALS Day ar   | <del> </del>                            |  | ALS       |
| REACH - Brooking   |                |                                       | ·           | l or IV RPT                                  |          | ALS Day ar   | nd Night Me                             | dical Ship   | ALS       |
| National Gaurd, O  | regon          |                                       | Command     | l or IV RPT                                  |          | Day :  | and Night H                             | oist   | ALS       |
| 5. Hospitals:  | 1000 (N. 1900) |                                       |             |  |          |  |   |  | V/// #677 |
|  |                | Address                               | Cont        | act Number(s)                                | T        | ravel Time   | Trauma                                  | Burn   |           |
| Hospital Name  | <del></del>    | & Long Helipad                        | F           | requency                                     | Ai       | r Ground   | 3                                       | Center   | Helipad   |
| Three Rivers Medical Center                              | 500 S.W        | . Ramsey Ave. Grants<br>Pass, Or.     | (54         | 11) 472-7081                                 | 10 M     | ins. 45 Mins   | Level 3                                 |  |           |
| Rogue Reginal Medical Center                             | 2825 E.        | Barnett Rd. Medford,<br>Or. 97504     | (54         | 11) 789-7132                                 | 20 M     | Ins. 90 Mins   | . Level 2                               | The state of the s | 8         |
|  | N 42 19        | 9.079 x W 122 49.903                  | Tx          | /Rx 155.340                                  |          |  | Level                                   | lessen!  |           |
| Providence Medical Center                                |                | ter Lake Ave. Medford,<br>Or.         | (54         | 1) 201-4000                                  | 40 Mi    | ns. 90 Mins.   | . Level 3                               |  |           |
|  | N 42 19        | .070 x W 122 49.900                   | ļ           |  |          |  |   | Casa/  | Conses    |
| U.C. Davis Medical Center                                |                | 5 Stockton Blvd.<br>amento, Ca. 95817 | 3790 ER     | ER (916) 734-<br>790 Burn (916) 734-<br>3636 |          | r. 6Hr   | Level 1                                 |  |           |
|  | .1             | .292 x W 121 27.326                   | Tx/         | Rx 155.340                                   |          |  |   | Mary (Mary)  |           |
| 6. Special Medical Emergence                             | y Proced       | ures                                  | Upda        | ate and discuss                              | with a   | ssigned res  | ources dai                              | ly   |           |
| Fireline EMT / Medic's<br>Division / Branch Location     |                |                                       |             |  |          |  |   |  |           |
| Air Hoist site location site:<br>Lat / Long / Elevation: |                |                                       |             |  | •        |  |   | <del></del>  |           |
| Helispot:<br>Lat / Long / Elevation:                     |                |                                       |             |  |          |  |   |  |           |
| ☐ Check box if aviation ass                              | sets are uti   | lized for rescue. If a                | ssets are ı | used, coordinate                             | with A   | ir Operations  | ).                                      |  |           |
| 7. Remote Aid Stations                                   | <b>.</b>       |                                       |             |  | * 1 V    |  |   |  |           |
|  | Point of       | Contact:                              |             |  |          |  |   |  |           |
|  | Equipme        | nt Available on site                  | :           |  |          |  | *************************************** |  |           |
|  | Ambulan        | ce ETA:                               | Air         |  | G        | Fround   |   |  |           |
| . Prepared by (Medical Unit I                            | Leader):       | Patrick Young                         |             |  | C:       | And the same of th | 2-7-2                                   |  |           |
| . Approved by (Safety Office                             | er):           |                                       |             |  | Signat   |  |   | <del>)</del>   |           |
| CS 206   |                | Frank Pingiczer                       |             |  | Signat   | //   |   | <u> </u>   |           |
|  |                |                                       |             | Date/Time:                                   |          | <b>0</b> 9/15/20   | J2 <b>9</b> /                           | 1400   | )         |

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CONTROLLED UNCLASSIFIED INFORMATION//BASIC

Monkey T1 (110.9), Ship T4 (136.5), Gordon T12 Lake T2(123.0), Baldy T3(131.8), Slater T11 Bolan T31(California) (186.2) T6 - 156.7 For Medical Emergencies EMERGENCY USE ONLY Signature: /s Chuck Schuler 9/15 1200 09/16/20 (114.8)(127.3)Notes 0090 2020 T1 - 110.9 T6 - 156.7 Date To: Time To: NIMS IAP | Date/Time: 9/15/20 Tx Tone 168,6000 166.7250 164.7000 168.0500 168.2500 167.1125 168.2375 164.1750 164.9625 166.6000 164.6000 156.0750 168.6250 166.7750 09/15/20 3. Operational Period: Tx Freq 1800 09/14/2020 Date From: T6 - 156.7 1930 Time From: Rx Tone 168.2375 168.6000 166.7250 167.1125 155.3100 172.3750 171.3875 156.0750 172.2750 168.0500 166.7750 168.2500 166.6000 164.6000 168.6250 Rx Freq Date: 6. Prepared by (Communications Unit Leader): Name: Chuck Schuler - COML(t) Time: ROGUE SISKIYOU ECC SIX RIVERS NF ECC 2. Date/Time Prepared **4/G TACTICAL** S.C SHERIFF Air to Ground EMERGENCY Unassigned **Assigned To** COMMAND Unassigned Unassigned Unassigned DIV T/W/Z DIVA/F MEDICAL DIVG ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC **AIRGUARD** CALCORD ORG RPT SCSO RP A/G TAC A/G CMD NIFC T5 ROG FN NIFC T1 NIFC T3 NIFC T6 NIFC T7 SRF FN R5 T5 R5 T6 Name Incident Channels Slater A/G COMMAND SIX RIVERS FN SIS CNTY RPT 5. Special Instructions COMMAND COMMAND **AIRGUARD** TACTICAL TACTICAL TACTICAL TACTICAL TACTICAL TACTICAL TACTICAL 4. Communications TACTICAL MEDICAL 1. Incident Name: Function # 5 10 11 15 16 13 14 38 13 20 12 ന 4 S 9 ∞ 6 17

# Slater Fire – South Zone Incident Training Program

A TNSP is assigned to this incident and will be performing majority of duties "virtually".

To receive documented credit for your assignment,

scan the QR Code below to access and complete the Trainee Registration Form. Once registered you will receive additional instructions via text. For training related questions, call Brad Smith (TNSP) at 209-770-4809 or email

bradley\_smith@firenet.gov



Slater Fire - South Zone - Trainee Registration Form





# California Interagency Incident **Management Team 10** WATER USAGE LOG

| VCY ID / VEI<br>UEST #  |         | I.e Strike                     |      | OC, Acme Wa     | ter Tenders                                       |
|-------------------------|---------|--------------------------------|------|-----------------|---|
| ATER SOURCE<br>LOCATION | Hydrant | Open<br>source<br>i.e.<br>pond | Tank | Gallons<br>Used | Property Owner /<br>Contact Number if<br>known ** |
|                         |         |                                |      |                 |   |
|                         |         |                                |      |                 |   |
|                         |         |                                |      | }               |   |
|                         |         |                                |      |                 |   |
|                         |         |                                |      |                 |   |
|                         | -       |                                |      |                 |   |
|                         |         | *                              |      |                 |   |
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|                         |         |                                |      |                 |   |
|                         |         |                                |      |                 |   |
|                         |         |                                |      |                 |   |

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

| Date & Time order was Placed:                          | Order #<br>(DIVS+#) | Location & Time for Delivery (DIV, LZ, DP, Lat Long) | Mode Of<br>Delivery              |
|--|---------------------|--|----------------------------------|
|  |                     |  | (Driver/Helo/DIVS to pick<br>up) |
|  |                     | Lat:   |                                  |
|  |                     | Long:  |                                  |
| Order received in Communications by (Name):            |                     |  | Time:                            |
| Order shipped to line by (Name): (Send this sheet to t | he line with the or | der)   | Time:                            |

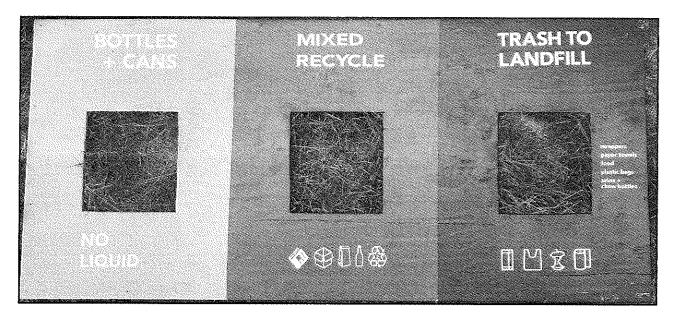
| 10, 100'x1½" Rolls Hose; 10, 100'x1" Rolls Hos    | e: 10. 1%" Gated W  | 1,000 Foot Hose Lay includes the following: Amount |  |                                       |  |  |  |  |  |  |  |  |  |
|---|---|--|--|---------------------------------------|--|--|--|--|--|--|--|--|--|
|   | 10, 100'x1½" Rolls Hose; 10, 100'x1" Rolls Hose; 10, 1½" Gated Wyes; 10, 1½" to 1" reducers, 10, 1" nozzles |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |   |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   | 20, 100'x1½" Rolls Hose; 20, 100'x1" Rolls Hose; 20, 1½" Gated Wyes; 20, 1½" to 1" reducers, 20, 1" nozzles |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 20, 100 X1% Rolls Hose; 20, 100 X1" Rolls Hos     | e; 20, 1½" Gated W  | yes; 2   | 20, 1½" to 1" reducers, 20, 1" nozzles | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |  |  |  |  |
| 3 3,000 Foot Hose Lay includes the following: A   | Amount  |  |  |                                       |  |  |  |  |  |  |  |  |  |
| 30, 100'x11/2" Rolls Hose; 30, 100'x1" Rolls Hose | e; 30, 1½" Gated W  | yes; 3   | 30, 1½" to 1" reducers, 30, 1" nozzies |                                       |  |  |  |  |  |  |  |  |  |
|   |   | <del></del>  |  |                                       |  |  |  |  |  |  |  |  |  |
| # Item  | l Amount  | T #  | 144                                    | T                                     |  |  |  |  |  |  |  |  |  |
| 4 Hose (50') garden, ¾"                           | Amount  | #  | Item                                   | Amount                                |  |  |  |  |  |  |  |  |  |
| 5 Hose (100'), 1"                                 |   |  | Gas Unleaded (Gallons)                 |                                       |  |  |  |  |  |  |  |  |  |
| 6 Hose (100'), 1½"                                |   | <del></del>  | Fuel, Diesel (Gallons)                 |                                       |  |  |  |  |  |  |  |  |  |
|   |   | 32   | Oil 2 Cycle (Pints)                    |                                       |  |  |  |  |  |  |  |  |  |
| 7 Nozzle, Garden, ¾"                              |   | 33   | Bar Oil (Qts)                          |                                       |  |  |  |  |  |  |  |  |  |
| 8 Nozzle, Forester, 1"                            |   | 34   | Drip Torch (ea)                        |                                       |  |  |  |  |  |  |  |  |  |
| 9 Nozzle, KK Type, 1"                             |   | 35   | Drip Torch Mix 3.5:1.5 (gallon)        |                                       |  |  |  |  |  |  |  |  |  |
| 10 Nozzle, K KType, 1½"                           |   |  | Fuses (Boxes or Cases?)                |                                       |  |  |  |  |  |  |  |  |  |
| 11 Wye, Gated, ¾"                                 |   | 37   | Flare Gun Rounds (12/BX)               |                                       |  |  |  |  |  |  |  |  |  |
| 12 Wye, Gated, 1"                                 |   | 38   | Cartridge #6 purple (box)              |                                       |  |  |  |  |  |  |  |  |  |
| 13 Wye, Gated, 1½"                                |   | 39   | Batteries "AA" PK G (24/PK G/BX        |                                       |  |  |  |  |  |  |  |  |  |
| 14 Inline-Tee, 1x1x¾"                             |   | 40   | Ribbon, Flagging (Specify Color        |                                       |  |  |  |  |  |  |  |  |  |
| 15 Inline-Tee, 1x1x1"                             |   | 41   | Water, Cubies                          |                                       |  |  |  |  |  |  |  |  |  |
| 16 Inline-Tee, (1½" x 1")                         | ,   | 42   | Water, Bottled, Cases                  |                                       |  |  |  |  |  |  |  |  |  |
| 17 Reducer, 1"x ¾"                                |   | 43   | Gatorade, Cases                        |                                       |  |  |  |  |  |  |  |  |  |
| 18 Reducer, 1½"x 1"                               |   | 44   | M RE (12/BX)                           |                                       |  |  |  |  |  |  |  |  |  |
| 19 increaser, ¾" x 1"                             |   | 45   | Heavy Mill Plastic                     |                                       |  |  |  |  |  |  |  |  |  |
| 20 Increaser, 1"x 1½"                             |   | 46   | Washcloth, waterless, cleansing        |                                       |  |  |  |  |  |  |  |  |  |
| 21 Foam 5 gal                                     |   | 47   | Wrap, Structure 54"x 300'              |                                       |  |  |  |  |  |  |  |  |  |
| 22 Foam 4 oz (For Backpack Pump)                  |   |  | Sprinkler Kit                          |                                       |  |  |  |  |  |  |  |  |  |
| 23 Backpack Pump                                  |   | 49   | Mark 3 Pump                            |                                       |  |  |  |  |  |  |  |  |  |
| 24 Pumpkin (Gallons?)                             |   | 50   | Mark 3 Pump Kit - w/10 gal mixed fuel  |                                       |  |  |  |  |  |  |  |  |  |
| 25 Porta-Tank (Gallons?)                          |   | 51   | Chainsaw Kit                           |                                       |  |  |  |  |  |  |  |  |  |
| 26 Shovel   |   | 52   | Mop-Up Kit, 3-Wand                     |                                       |  |  |  |  |  |  |  |  |  |
| 27 Pulaski  |   | 53   | Pump Kit, Lightweight, 2 Cycle         |                                       |  |  |  |  |  |  |  |  |  |
| 28 Combi Tool                                     |   | 54   | Gas, Raw and 2 qts 2-cycle oil, ea     |                                       |  |  |  |  |  |  |  |  |  |
| 29 McCloud  |   | 55   | Lightweight Pump Kit-Cache w/5gal fuel |                                       |  |  |  |  |  |  |  |  |  |
|   |   |  |  |                                       |  |  |  |  |  |  |  |  |  |
|   |   |  |  |                                       |  |  |  |  |  |  |  |  |  |
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|   |   |  |  |                                       |  |  |  |  |  |  |  |  |  |



# INCIDENT RECYCLING IS HERE



#### WHAT GOES IN THE BINS





 EMPTY PLASTIC WATER BOTTLES



- EMPTY PAPER LUNCH BAGS
- ALUMINUM CANS
- GLASS BOTTLES
- PLASTIC BOTTLES
- WHITE PAPER (IAP)



- FOOD
- CATERING BOXES
- UTENSILS
- PLASTIC BAGS
- PAPER TOWELS

#### **HOW TO RECYCLE WITH US**

- 1. Pick up a blue recycle bag at the refer or use a clear bag
- 2. Fill it with plastic water bottles/ cans and paper lunch bags
- 3. Drop off your recycle bags and trash bags near the recycle center (lower dumpster by camping area)

### THANK YOU FOR EVERYTHING YOU DO!

| UNIT LOG (ICS 214)                                  |          |      |   |   |   |   |             |                 |  |
|---|----------|------|---|---|---|---|-------------|-----------------|--|
| Incident Name:     Slater     Unit Name/Designators |          |      | 2. Oper                                 | ational Period:                                   | Date From:                              | 9/11/20<br>0600                           | Date To:    | 9/11/20<br>1800 |  |
|   |          |      | 4. Unit Leader (Name and ICS Position)  |   |   |   |             |                 |  |
| 5. Personnel Assigned/Designators                   |          |      |   |   |   |   |             |                 |  |
| NAME  | 141      |      | ICS I                                   | POSITION  |   | HOME E                                    | BASE        |                 |  |
|   |          |      |   | ····  |   |   |             |                 |  |
| And the selection delice.                           |          | ļ    | *************************************** |   |   |   |             |                 |  |
|   |          |      |   |   |   | 7.00                                      |             |                 |  |
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|   |          |      |   | <del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del> |   |   |             |                 |  |
| 6. Activity Log (Continue on Reverse)               | I.       |      | <del>-,</del>                           |   | L                                       |   |             | 7-7-11-12-2     |  |
| TIME  |          |      |   | MAJOR EV  | ENTS                                    |   |             |                 |  |
|   |          |      |   | WASCITES  | LITTO                                   |   |             |                 |  |
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|   |          |      |   |   |   |   | 77 - 4-4-4- | ·····           |  |
|   |          |      | *************************************** |   |   |   |             |                 |  |
|   |          |      |   |   | **************************************  | V W W. I.                                 |             |                 |  |
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|   |          |      |   |   |   | -51-92                                    |             |                 |  |
|   |          |      |   |   |   | 1/2.                                      |             |                 |  |
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|   |          |      |   |   | · · · · · · · · · · · · · · · · · · ·   |   |             |                 |  |
| 7. Prepared By:                                     | L. 3-4-7 |      |   | Date/Time:  |   |   |             |                 |  |

#### **MEDICAL PLAN (ICS 206 WF)**

#### Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY

| FOR A MED                    | ICAL EMERGENCY:   | IDENTIFY ON SCEN  | IE INCIDENT COMMAN<br>TE RESPONSE FROM | DER BY NAME AND I   | POSITION AND ANNOUNCE  |  |  |  |
|------------------------------|---|---|--|---|--|--|--|--|
| Us                           |   |   | unicate situation                      | <del></del>   | <del></del>  |  |  |  |
| Ex: "Comn                    | nunications, Div. Alpha. Stand                                  | i-by for Emergency Traffic."  | frequency prior to starting re         | •   |  |  |  |  |
| 2. INCIDENT                  | STATUS: Provide incident:                                       | summary (including number   | r of patients) and command stru        | cture.  |  |  |  |  |
| Ex: "Commi<br>Trout Meadow M | unications, I have a Red prior<br>ledical, IC is TFLD Jones. Ek | ity patient, unconscious, str<br>AT Smith is providing medic  | ruck by a falling tree. Requestir      | ng air ambulance to Forest Re   | oad 1 at (Lat./Long.) This will be the   |  |  |  |
| Severity of En               | nergency / Transport<br>Priority                                | □RED / PRIORITY 1 L Ex: Unconscious, diffi □YELLOW / PRIORITY Ex: Significant trauma, □GREEN / PRIORITY | ife or limb threatening inj            | ely, 2° 3° burns more than 4<br>is. Evacuation may be I<br>ot more than 1-3 palm sizes. | palm sizes, heat stroke, disoriented.<br>DELAYED if necessary.   |  |  |  |
|                              | Injury or Illness<br>&<br>nism of Injury                        |   |  |   | Brief Summary of Injury or Illness<br>(Ex: Unconscious, Struck by Falling Tree)  |  |  |  |
|                              | port Request  |   |  | Air A   | Air Ambulance / Short Haul/Hoist   |  |  |  |
| Patie                        | nt Location   |   |  |   | Ground Ambulance / Other  Descriptive Location & Lat. / Long.  |  |  |  |
| Incid                        | dent Name   |   |  |   | (WGS84) Geographic Name + "Medical" (Ex: Trout Meadow Medical)   |  |  |  |
| On-Scene In                  | cident Commander  |   |  | Name of o   | Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)  |  |  |  |
|                              | ient Care   |   |  | N   | Name of Care Provider<br>(Ex: EMT Smith)   |  |  |  |
| 3. INITIAL PAT               | FIENT ASSESSMENT: Co  | mplete this section for each p  | patient as applicable (start with the  |   |  |  |  |  |
|                              | on: (NO NAMES OR CRE  |   |  | Local C   | Sovernment   |  |  |  |
| Assessment:                  | Age:  | Weight:   | Chief Complaint:                       |   |  |  |  |  |
| (If Pertinent to I           | njury) Skin Signs:  | L   | evel of Consciousness:                 | B/P:  | HR: RR:  |  |  |  |
| Treatment:                   |   |   |  |   |  |  |  |  |
| 4. TRANSPORT                 |   |   |  | **************************************  |  |  |  |  |
| Evacuation Loc               | ation (if different): (Descri                                   | ptive Location (drop poi  | nt, intersection, etc.) or Lat.        | /Long.) Patient's ETA to  | Evacuation Location:   |  |  |  |
| Helispot / Extra             | ction Site Size and Hazar                                       | ds:   |  |   |  |  |  |  |
| 5. ADDITIONAL                | L RESOURCES / EQUIPM  | ENT NEEDS:  |  |   | And the second s |  |  |  |
| Example: Parame              | edic/EMT, Crews, Immobiliza                                     | ion Devices, AED, Oxygen,   | , Trauma Bag, IV/Fluid(s), Splin       | ts, Rope rescue, Wheeled litt   | er, HAZMAT, Extrication  |  |  |  |
| 6. COMMUNICA                 | ATIONS: Identify State  | Nir/Ground EMS Freque   | encies and Hospital Conta              | cts as applicable   |  |  |  |  |
| Function<br>COMMAND          | Channel Name/Number   | Receive (RX)  | Tone/NAC *                             | Transmit (TX)   | Tone/NAC *   |  |  |  |
| AIR-TO-GRND                  |   |   |  |   |  |  |  |  |
| TACTICAL                     |   |   |  |   |  |  |  |  |
| 7. CONTINGEN ahead.          | CY: <u>Considerations:</u> If pri                               | nary options fail, what ac  | tions can be implemented in o          | conjunction with primary e  | vacuation method? Be thinking  |  |  |  |

8. ADDITIONAL INFORMATION: Updates/Changes, etc.

REMEMBER: Confirm ETA's of resources ordered.

Act according to your level of training.

Be Alert. Keep Calm.

Think Clearly. Act Decisively.