

WEDNESDAY

OPERATIONAL PERIOD

**NOVEMBER 15, 2023
TO
NOVEMBER 16, 2023**

0700-0700

CHARGE CODES

USFS: PR QQ5C (1522)

USFWS: FFF2500000QQ5CO 23x

NPS: PFFSQQ5CC24001 21x



Public Information
Website



Fire FTP
Website

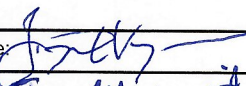

**MILILANI MAUKA
INCIDENT ACTION PLAN**

HI-OFR-001480

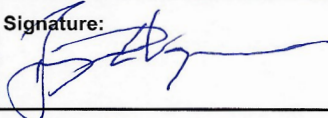


<u>Notes</u>

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:		2. Operational Period:	
MILILANI MAUKA		Date/Time From: 11/15/2023 0700 WED	Date/Time To: 11/16/2023 0700 THU
3. Objective(s):			
<u>Management Objectives</u>			
<ul style="list-style-type: none"> • Provide for the safety of responders and the public for the duration of the incident. • Provide timely and accurate information to stakeholders and the public for the duration of the incident. • Operate in a fiscally responsible manner for the duration of the incident. 			
<u>Control Objectives</u>			
<ul style="list-style-type: none"> • Keep fire South of Waikakalaua Stream • Minimize fire spread South of Kipapa Stream • Keep fire East of the Mililani Mauka Community • Minimize additional fire spread 			
4. Operational Period Command Emphasis:			
General Situational Awareness:			
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Approved Site Safety Plan(s) Located			
6. Incident Action Plan (the items checked below are included in this Incident Action Plan):			
<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> ICS 207	Other Attachments:	
<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> ICS 214	_____
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input checked="" type="checkbox"/> FINANCE MESSAGE	_____
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input checked="" type="checkbox"/> DEMOB MESSAGE	_____
<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/> ICS 206			
7. Prepared by: BRYAN VERGNE	Position/Title: PSC	Signature: 	
8. Approved by Incident Commander:	Name: TOM MERRITT	Signature: 	
ICS 202		Date/Time: 11/14 @ 1625	

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period:	
MILILANI MAUKA		Date/Time From: 11/15/2023 0700	Date/Time To: 11/16/2023 0700
		WED	THU
3. Incident Commander(s) and Command Staff:		ORDERING MANAGER	RUBEN ALVIDREZ
IC/UC	TOM MERRITT	7. Operations Section:	
SAFETY OFFICER		DAY OPS SECTION CHIEF	
INFORMATION OFFICER	SUSAN HEISEY	NIGHT OPS SECTION CHIEF	
LIAISON OFFICER		PLANNING OPS	
4. Agency/Organization Representative(s):		OPS SECTION CHIEF	
Agency/Organization	Name	DEPUTY OPS SECTION CHIEF	
US ARMY	BRYSON KAMAKURA	STAGING AREA	
DOFAW-HAWAII	JASON MISAKI		
NATIONAL GUARD	BYRON CADIZ	DIVISION/GROUP	A / D / G / J
HONOLULU FIRE DEPARTMENT	SHELDON HAO	DIVISION/GROUP	
		DIVISION/GROUP	
		7b. Air Operations Branch:	
USFWS AGENCY ADMINISTRATOR	KRISTINA CHYN JOSHUA REAM	HELIBASE MANAGER	MICHAEL HANSEN
USFWS AREP	ERIC M JOHNSON	8. Finance/Administration Section:	
USFWS INBA	VERONIKA KLUKAS	CHIEF	HEATHER FITZPATRICK
5. Planning Section:		DEPUTY	
CHIEF	BRYAN VERGNE	TIME UNIT	
DEPUTY		PROCUREMENT UNIT	LYNNE HANZAWA
RESOURCES UNIT	CHARLIE HARDY (T)	COMPENSATION UNIT	
SITUATION UNIT		COST UNIT	
DOCUMENTATION UNIT			
DEMOBILIZATION UNIT			
FIRE BEHAVIOR ANALYST			
HUMAN RESOURCE SPECIALIST			
TRAINING SPECIALIST			
GIS SPECIALIST	SARAH MACDONALD		
TECHNOLOGY SUPPORT SPECIALIST			
INCIDENT METEOROLOGIST			
STATUS / CHECK-IN	HEATHER FITZPATRICK		
6. Logistics Section:			
CHIEF	DAVID WOLFE		
SUPPLY UNIT			
FACILITIES UNIT			
GROUND SUPPORT UNIT			
COMMUNICATIONS UNIT			
MEDICAL UNIT			
FOOD UNIT			
9. Prepared By:	Name: BRYAN VERGNE	Position/Title: PSC	Signature: 
ICS 203		Date/Time: 11/14/2023 1623	

FINAL

WEATHER FORECAST

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
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3. Spot Weather Forecast

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5. Prepared by: Name: _____		
Weather Forecast		Date/Time: _____

Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name:			3.			
MILILANI MAUKA			Branch:		Division/Group	
2. Operational Period:			A / D / G / J			
Date/Time From: 11/15/2023 0700 WED		Date/Time To: 11/16/2023 0700 THU				
4. Operations Personnel						
OPERATIONS CHIEF				BRANCH DIRECTOR		
DIVISION/GROUP SUPERVISOR						
5. Resources Assigned this Period						
Strike Team / Task Force / Resource Designator		LWD	Leader		Number Persons	Drop Off PT./Time
SMOD - MODULE - REDDING SMKJ O-15		11/19	TRAVIS HARNOS		10	KOA RIDGE RANCH/ 661-361-4926/
WFM2 - MODULE - SIX RIVERS O-12		11/17	TRISTAN KIEHL		10	LYCHEE FARM/ 559-356-7638/
6. Control Operations/Work Assignments:						
<p>Maintain patrol status within the burn area. Scout and construct fire line. Inform IC of any emergent fire growth that may affect life or property. Improve and patrol Kipapa Trail.</p>						
7. Special Instructions:						
<p>For emergency, refer to ICS-206 Medical Plan. Contact Operations Supervisor with: type of emergency, location and assistance needed.</p>						
8. Division/Group Communication Summary						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
AIR TO GROUND	1	154.980		154.980		
TACTICAL	2	168.6625		168.6625		
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)		Date	Time
CHARLIE HARDY, RESL(T)			BRYAN VERGNE, PSC		11/14/23	1625

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name: MILILANI MAUKA		2. Operational Period: Date From: 11/15/23 Date To: 11/16/23 Time From: 0700 Time To: 0700		3. Sunrise: Sunset: 0643 1750		
4. Remarks (safety notes, hazards, air operations special equipment, etc.): Communications plan disseminated to all agencies. Heavy aircraft use Helemano dip site. Light aircraft use tank dip site. Use CAUTION around powerlines east of tank dip site.		5. Ready Alert Aircraft: Medicac: New Incident:				
		8. Frequencies:		AM FM		
		Air/Air Fixed-Wing		N/A	N/A	
		Air/Air Rotary-Wing – Flight Following		123.1		
		Air/Ground			154.980	
		Command		123.1	Other Fixed-Wing Aircraft:	
		Deck Coordinator		123.1		
		Take-Off & Landing Coordinator		N/A		
		Air Guard				
		Air Operations Branch Director		Phone Number:		
		Air Support Group Supervisor				
		Air Tactical Group Supervisor				
		Helicopter Coordinator				
		Helibase Manager		253-625-3063		
10. Helicopters (use additional sheets as necessary):						
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks
545PH	Type 3	Bell/500	Paradise	1000		Bucket/Cargo/Recon
11. Prepared by: Name: Tom Merritt Position/Title: IC Signature: <i>Tom Merritt</i>						
ICS 220 Date/Time:						


INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

Controlled Unclassified Information//Basic

1. Incident Name:		2. Date/Time Prepared:		3. Operational Period:	
MILILANI MAUKA		Date: 11/14/2023	Time: 1125	Date/Time From: 11/15/2023 0700	Date/Time To: 11/16/2023 0700
				WED	THU

4. Basic Radio Channel Use:										
Zone Group	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode (A, D, or M)	Remarks
	1	AIR TO GROUND		GROUND CREW SUPS	154.980		154.980			For contracted air resources for water drops.
	2	TACTICAL	R5 PROJECT	DIVISION A	168.6625		168.6625			

5. Special Instructions: In the event of an emergency, provide medical care and communicate emergency to Supervisors and up the chain of command.

6. Prepared By (Communications Unit Leader)	Name: DAVID WOLFE, LSC
Signature: 	Date/Time: 11/14/23 1620

ICS 205

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period:	Date From: 11/15/23	Date To: 11/16/23
MILILANI MAUKA		Time From: 0700	Time To: 0700

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- Transfer of Command -

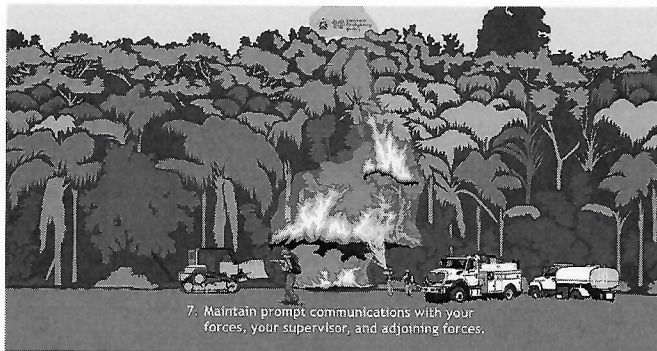
Risks to fireline personnel increase significantly during transfer of command periods regardless of the size or complexity of the incident. There is a high potential for fatalities, serious injuries, or incidents during transfer of command. Be proactive in mitigating the risks by proper implementation of LCES – Lookouts, Communications, Escape Routes, and Safety Zones.

Factors for increased risks to fireline personnel during transition periods include:

- No or poor briefing of incoming personnel.
- Lack of fire weather and behavior information, both forecast and observed.
- Communications: face-to-face briefings may not be possible and radio frequencies may be overextended and/or changing due to the increased demands on the system.
- Initial attack resources may not have checked in and the Incident Commander (IC) may not be aware of the number, type, and location of all resources.
- Location of safety zones and escape routes may not be known and communicated to all resources.
- Not all resources know who is in command.

Mitigation actions to take:

- Lookouts: post and maintain your own lookouts.
- Communications: maintain existing communications with your own and adjacent resources, as well as your original supervisor, while you are developing communications with incoming adjacent resources and your new supervisor.
- Escape routes and safety zones: identify escape routes and ensure incoming resources are aware of their locations; be aware that your original escape routes and safety zones may no longer be accessible due to changing fire behavior or your increased distance from them.
- Plan for transitions to occur at the morning briefing.
- Utilize the Incident Response Pocket Guide (IRPG), PMS 461, Briefing Checklist (inside back cover).



Be well and have a good shift.

5. Prepared By: Tom Merritt	Position/Title IC	Signature: <i>Tom Merritt</i>
ICS 208	Date/Time: 11/14/2023 1623	

FINANCE MESSAGE

Finance Email: 2023.mililani.finance@firenet.gov

Finance Phone: 503-348-3031

This incident requires electronic files. Please email your time to the Finance email address daily. Scanned PDF documents are preferred. If taking a photo of your time, please convert it to a PDF. Include your resource order number on your CTR.

Finance documents required upon check in are:

Required Documents

Overhead, Agency Crews	
Check-in: Resource Order, Manifest, Cooperative Agreement, Casual Hire Form w/ECI# (as applicable)	
Daily: CTRs, Shift Tickets	
Demob: Signed OF-288; Signed OF-286	

Incident Information (to be added to your Shift Ticket or CTR)

Incident Number: HI-OFR-001480

Financial codes:

DOI – QQ5C

USDA – PRQQ5C (1522)

DEMOB MESSAGE

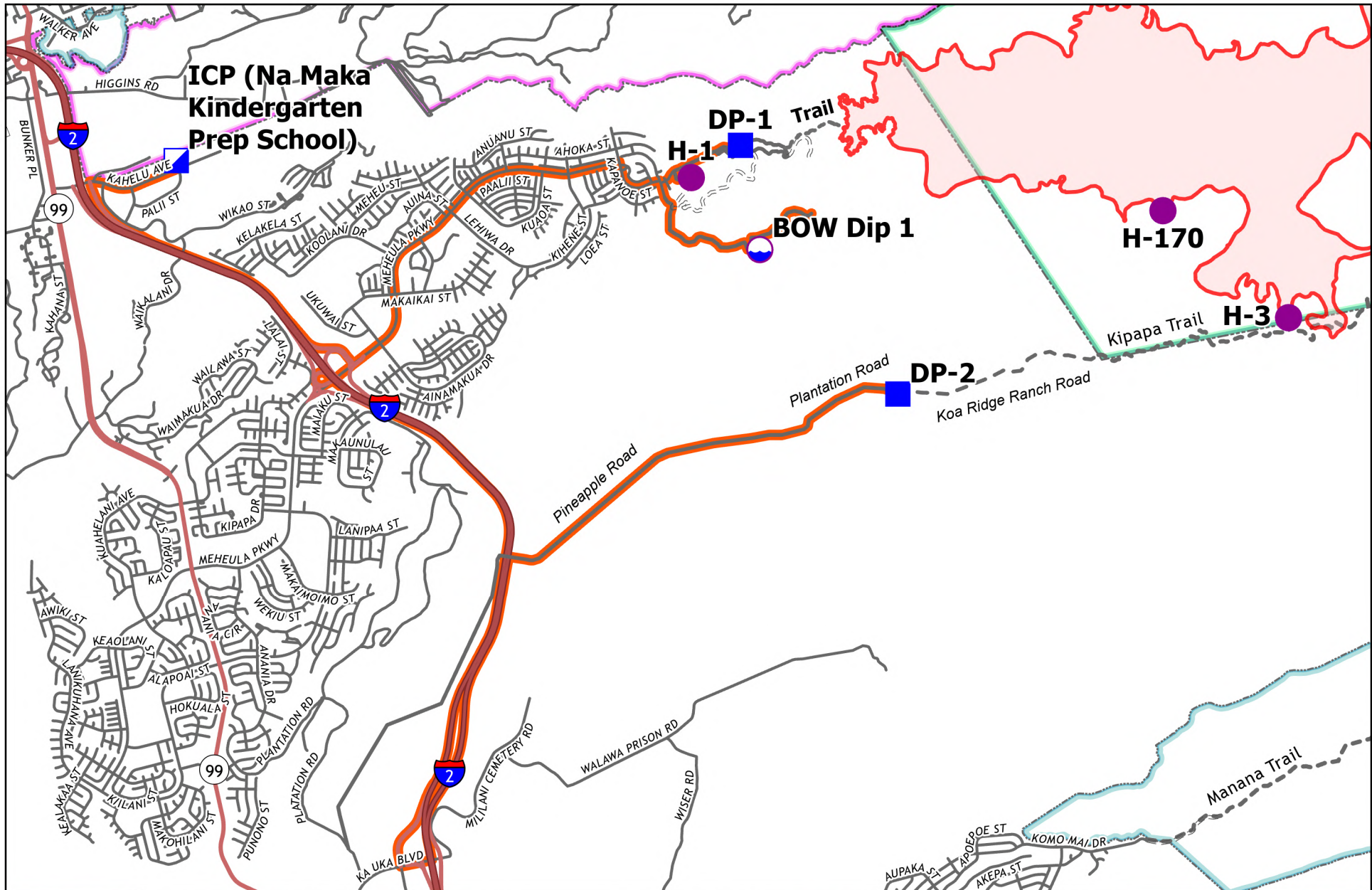
Demob Phone: Ruben Alvidrez 530-685-5255

IMPORTANT: Contact Demob at least three days before your demob date to make flight arrangements.

For flight arrangements please contact Ruben Alvidrez at the number above. Be prepared to provide the following information for all crew members:

1. Full name on government issued identification.
2. Date of birth shown on government identification.
3. Jetport identification for final destination.
4. Date for requested flight (make sure your supervisor on the incident has approved you to depart on the date provided).
5. An email address for final flight itinerary to be sent to.

All personnel will depart from Daniel K. Inouye International Airport in Honolulu, HI. Requests for specific airlines and flights will be considered but cannot be guaranteed.

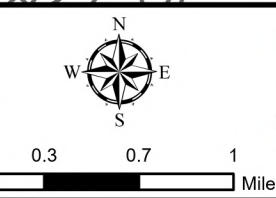


Transportation Map

Transportation Mililani Mauka Fire

HI-OFR-001480
Created: 11/13/2023 1336

- Dip Site
- Helispot
- Incident Command Post
- Drop Point
- Other
- Supplemental Roads
- Supplemental Trails
- Expressway
- Secondary Hwy
- Local Road
- Ramp
- Trail
- Incident Route



Transportation Map

ACTIVITY LOG (ICS 214)

1. Incident Name:	2. Operational Period: Date From:	Date To:
	Time From:	Time To:
3. Name:	4. ICS Position:	5. Home Agency (and Unit):
6. Resources Assigned:		
Name	ICS Position	Home Agency (and Unit)
7. Activity Log:		
Date/Time	Notable Activities	
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____		
ICS 214	Date/Time: _____	

MEDICAL PLAN (ICS 206)

1. Incident Name: MILILANI MAUKA		2. Operational Period: Date From: 11/15/23 Time From: 0700		Date To: 11/16/23 Time To: 0700			
3. EMS / Ambulance Services / Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Level of Service				
Fire Station 41	95-1990 Meheula Pkwy, Mililani, HI 96789	808-626-0729	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
John Mears	Jumper/Helibase Manager	530-949-0142	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS				
Tyler Buck	Six Rivers WFM	661-618-2330	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
C&C Ambulance (Ground)		911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
AMR Ambulance (Ground)		911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Queen's - West	91-2141 Fort Weaver Rd. Ewa Beach, HI 96706	808-691-3000			<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pali Momi Medical Center	98-1079 Moanalua Rd. Aiea, HI 96701	808-486-6000			<input checked="" type="checkbox"/> Yes Level: <u>3</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Queens - Punchbowl	1301 Punchbowl St. Honolulu, HI 96813	808-691-1000			<input checked="" type="checkbox"/> Yes Level: <u>1</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Straub	888 South King St. Honolulu, HI 96813	808-522-4000			<input type="checkbox"/> Yes Level: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wahiawa General	128 Lehua St. Wahiawa, HI 96786	808-621-8411			<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:							
On scene resource will assume Incident Within an Incident Commander (IWI IC) responsibilities.							
- IWI IC Contacts: Notify Mililani Mauka IC, call 911 if able otherwise pass information to Mililani Mauka IC.							
- IWI IC will serve as point of contact and run medical emergency.							
- Helibase will launch DOI helicopter if available to provide communication link between IWI IC and HFD medical ship.							
- Clear the tactical channel for emergency traffic as needed for duration of the need.							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by: Name:				Signature:			
8. Approved by (IC): Name: <u>Tom Merritt (IC)</u>				Signature: <u>Tom Merritt</u>			
ICS 206		Date/Time: <u>11/14/2023 1623</u>					

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report

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

FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following items to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report)

Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."

2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure.

Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>
Transport Request		<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>
Patient Location		<i>Descriptive Location & Lat. / Long. (WGS84)</i>
Incident Name		<i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>
Patient Care		<i>Name of Care Provider (Ex: EMT Smith)</i>

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:

Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.

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.