

INCIDENT ACTION PLAN

FAY INCIDENT

CA-KRN-032853

CA-SQF-000996

Wednesday



OPERATIONAL PERIOD

7/16/2025 0700

to

7/17/2025 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Fay	2. Operational Period: Date From: 7/16/2025 Date To: 7/17/2025 Time From: 0700 Time To: 0700																				
3. Objective(s):																					
<u>Management Objectives</u> <ul style="list-style-type: none">- Provide for emergency personnel and public safety at all times.- Protect property, improvements, and infrastructure.- Ensure coordinated, timely and accurate release of public information.- Maintain fiscal accountability and keep costs commensurate with values at risk.																					
<u>Control Objectives</u> <ul style="list-style-type: none">- Keep the fire North of Glacier Gulch Road.- Keep the fire South of Bartolas Creek.- Keep the fire East of Fay Ranch Road.- Keep the fire West of Bartolas Road.																					
General Situational Awareness: <p>Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history and drought stressed trees.</p>																					
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																					
Approved Site Safety Plan(s) Located at:																					
6. Incident Action Plan <table style="width: 100%; border: none;"><tr><td><input checked="" type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 215A</td><td><input type="checkbox"/> ICS 205 A</td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> ICS 204</td><td><input checked="" type="checkbox"/> ICS 220</td><td><input type="checkbox"/> Training Message</td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> ICS 205</td><td><input checked="" type="checkbox"/> Perimeter Map</td><td><input type="checkbox"/> Travel Map</td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> ICS 206</td><td><input checked="" type="checkbox"/> Weather Forecast</td><td><input type="checkbox"/> Demob Plan</td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> ICS 208</td><td><input type="checkbox"/> Fire Behavior</td><td><input type="checkbox"/> Finance Message</td><td><input checked="" type="checkbox"/> ICS 214</td></tr></table>		<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 215A	<input type="checkbox"/> ICS 205 A	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Perimeter Map	<input type="checkbox"/> Travel Map	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Demob Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214
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<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214																		
7. Prepared By: J. Schillinger	Position/Title: PSC	Signature: _____																			
8. Approved by Incident Commander:		Signature: _____																			
ICS 202		NIMS IAP																			

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From:		7/16/2025	Date To:	7/17/2025
Fay		Time From:		0700	Time To:	0700
3. Incident Commander(s) and Command Staff:			7. Operation Section:			
IC/UC's	J. Gagnon / J. Erwin	Operations				
Deputy		Deputy Operations				
Safety Officer		Night Ops				
Information Officer		Staging Area				
Liaison Officer		Branch				
4. Agency/Organization Representatives:		Division/Group	A	TBD		
Agency/Organization	Name	Division/Group	D	TBD		
CALFIRE	C. Bogan	Division/Group	L	TBD		
		Division/Group	O	TBD		
		Division/Group	Q	TBD		
		Division/Group	Z	TBD		
		Branch				
		Division/Group				
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5. Planning Section:		Division/Group				
Chief	J Schillinger	Division/Group				
Deputy	B. Corey	Division/Group				
Resource Unit	N. LaCount	Division/Group				
Situation Unit		Division/Group				
Documentation Unit		Division/Group				
Demobilization Unit		Division/Group				
GISS		Division/Group				
FBAN		Division/Group				
IMET		Division/Group				
Training Tech Spec		Air Operations Branch		Director:		
		Air Support Group Supervisor				
		Air Tactical Group Supervisor				
6. Logistics Section		Helibase Manager				
Chief	M. Crist					
Supply Unit		8. Finance/Administration Section:				
Facilities Unit		Chief				
Ground Support Unit		Time Unit				
Communications Unit		Procurement Unit				
Medical Unit		Comp/Claims Unit				
		Cost Unit				
Prepared By: Name:		N. LaCount		Position/Title:		PSC
ICS 203				Signature:		_____
		Date/Time:		7/15/2025 2300 hours		

Weather Forecast	Latitude:		Longitude:			
1. Incident Name: Fay	2. Operational Period:	Date From: 7/16/25 Time From: 0700	Date To: 7/17/25 Time To: 0700			
<p>Sky/weather.....Sunny (0-5 percent). Max temperature.....94-98. Min humidity.....17-21 percent. Eye level winds....West winds up to 6 mph increasing to southwest 8 to 13 mph in the afternoon. Surrounding ridge...West winds up to 20 mph in the afternoon, wind gusts up to 30 mph. Mixing height.....9500-10000 ft AGL. Transport winds....West around 12 mph. Wind (20 ft).....West winds 5 to 10 mph increasing to southwest 14 to 22 mph in the afternoon, wind gusts up to 30 mph.</p> <p>.WEDNESDAY NIGHT...</p> <p>Sky/weather.....Clear (0-10 percent). Min temperature.....62-66. Max humidity.....45-50 percent. Eye level winds....West winds 7 to 13 mph shifting to the northwest up to 5 mph overnight. Surrounding ridge...West winds 10 to 15 mph shifting to the northwest up to 5 mph overnight. Mixing height.....2000-2500 ft AGL. Transport winds....Northwest around 10 mph. Wind (20 ft).....West winds 12 to 21 mph shifting to the northwest 6 to 9 mph overnight.</p>						
PREPARED BY:		Date/Time: 7/15/25				

**CONTROLLED UNCLASSIFIED
INFORMATION//BASIC**

1. Incident Name:			2. Operational Period:				3. Branch		Division	
Fay			Date From: 07/16/25		Date To: 07/17/25		A			
			Time From: 0700		Time To: 0700					
4. Operations Personnel:							Page 1 of 1		Alpha	
Operations Section Chief:						Night Ops:				
Branch Director:						Branch Safety:				
Division/Group Supervisor:		TBD				Air Attack:				
5. Resources Assigned:										
Resource Identifier		ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location		
ENG3 ST TBD								ICP		
ENG3 ST TBD								ICP		
WTT2 TBD								ICP		
WTT2 TBD								ICP		
6. Work Assignments:										
Construct and improve line.										
7. Special Instructions:										
8. Communications										
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes		
SQF 4	1	COMMAND	170.5500		166.0000	MPL				
NIFC T1	2	TACTICAL	168.0500	0.0	168.0500	0.0	A			
A/G COMMAND	14	A/G CMD	167.8125		167.8125					
CALCORD	15	TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A			
AIR GUARD	16	EMERGENCY	168.6250		168.6250	T-1, 110.9				
9. Prepared by: Name: N. LaCount RESL										
Signature: _____										
ICS 204		Date/Time: 7/15/2025 2200			Personnel Count: 0					

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

NIMS IAP

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INFORMATION//BASIC

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INFORMATION//BASIC

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**CONTROLLED UNCLASSIFIED
INFORMATION//BASIC**

NIMS IAP

**CONTROLLED UNCLASSIFIED
INFORMATION//BASIC**

1. Incident Name:			2. Operational Period:				3. Branch		Division	
Fay			Date From: 07/16/25		Date To: 07/17/25		Z			
			Time From: 0700		Time To: 0700					
4. Operations Personnel:							Page 1 of 1		Zulu	
Operations Section Chief:						Night Ops:				
Branch Director:						Branch Safety:				
Division/Group Supervisor:		TBD				Air Attack:				
5. Resources Assigned:										
Resource Identifier		ALS	LWD	Leader		Personnel	Request #	Hours	Reporting Location	
ENG3 ST TBD									ICP	
ENG3 ST TBD									ICP	
WTT2 TBD									ICP	
WTT2 TBD									ICP	
6. Work Assignments:										
Construct and improve line.										
7. Special Instructions:										
8. Communications										
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes		
SQF 4	1	COMMAND	170.5500		166.0000	MPL				
NIFC T1	2	TACTICAL	168.0500	0.0	168.0500	0.0	A			
A/G COMMAND	14	A/G CMD	167.8125		167.8125					
CALCORD	15	TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A			
AIR GUARD	16	EMERGENCY	168.6250		168.6250	T-1, 110.9				
9. Prepared by: Name:		N. LaCount				RESL				
Signature: _____										
ICS 204		Date/Time: 7/15/2025 2200				Personnel Count: 0				

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN							CONTROLLED UNCLASSIFIED INFORMATION//BASIC		
1. Incident Name: Fay Incident Channels			2. Date/Time Prepared		3. Operational Period:				
			Date:	07/15/2025	Date From:	07/16/25	Date To:	07/17/25	
			Time:	1930	Time From:	0700	Time To:	0700	
4. Communications									
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
1	COMMAND	SQF 4	ALL DIVS	170.5500		166.0000	MPL		
2	TACTICAL	NIFC T1	A/Z	168.0500	0.0	168.0500	0.0	A	
3	TACTICAL	NIFC T2	D	168.2000	0.0	168.2000	0.0	A	
4	TACTICAL	NIFC T5	L/Q	166.7750	0.0	166.7750	0.0	A	
5	TACTICAL	NIFC T3	O	168.6000	0.0	168.6000	0.0	A	
6									
7									
8									
9									
10									
11									
12									
13									
14	A/G CMD	A/G COMMAND	ALL DIVS	167.8125		167.8125			
15	TACTICAL	CALCORD	ALL DIVS	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
16	EMERGENCY	AIR GUARD	ALL DIVS	168.6250		168.6250	T-1, 110.9		
17									
18									
19									
20									
5. Special Instructions									
This is a test									
6. Prepared by (Communications Unit Leader): Name:						Signature:_____			
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC				NIMS IAP	Date/Time: 07/15/2025		1930		

[illegible]

MEDICAL PLAN (ICS 206)

1. Incident Name: <div style="text-align: center; font-weight: bold;">Fay</div>		2. Operational Period: Date From: <u>7/16/25</u> Date To: <u>7/17/25</u> Time From: <u>0700</u> Time To: <u>0700</u>					
3. Medical Aid Stations:							
Name	Location	Contact Number/Freq	Paramedics				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number	Level of Service				
Hall Ambulance	Bakersfield	911	ALS				
Liberty Air 8	Ridgecrest	911	ALS				
Mercy Air 15	Bakersfield	911	ALS				
5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad		Air	Ground			
Kern Medical	1700 Mount Vernon, Bakersfield		20	60	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bakersfield Memorial	420 34th St, Bakersfield		20	60		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kern Valley Hospital	6412 Laurel Ave. Lake Isabella		5	20		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
6. Special Medical Emergency Procedures							
Line Emergency Crew Supervisor will contact Division Supervisor with patient complaint/condition and location. - Division Group Supervisor Contacts: 1. Closest EMS resource 2. Communications Unit - Communications Unit Contacts: 1. Ground or Air ambulance as requested. 2. Operations 3. Safety 4. Medical Unit - Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel. 1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency. - Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need. Camp Emergency Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient. - Medical Unit contacts 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims				Injury Reporting Procedures Nature of Injury: _____ Location of Patient: _____ Point of Contact: _____ Transportation Requested by: Air _____ Ground _____ Point of Pick-Up: _____ Lat: _____ Long: _____ Patient Unit ID: _____ Is an EMT with Patient: Yes _____ No _____ Age: _____ Sex: Male _____ Female _____ All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.			
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader):				Signature: _____			
8. Approved by (Safety Officer):				Signature: _____			
ICS 206		NIMS IAP		Date/Time:			

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: <div style="text-align: center;">Fay</div>	2. Operational Period:	Date From: 7/16/25 Time From: 0700	Date To: 7/17/25 Time To: 0700
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Working on steep, uneven terrain. Be mindful of rolling materials.

Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.

Maintain situational awareness. Look up, Look down, Look around

Be prepared for very hot and humid weather!

Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.

Remain mindful of what is going on around you! LCES!

Be alert to Rattlesnakes in the area!

Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures, and elevated fire danger rating values.

4. Site Safety Plan Required? ☐ No

Approved Site Safety Plan(s) Located At:

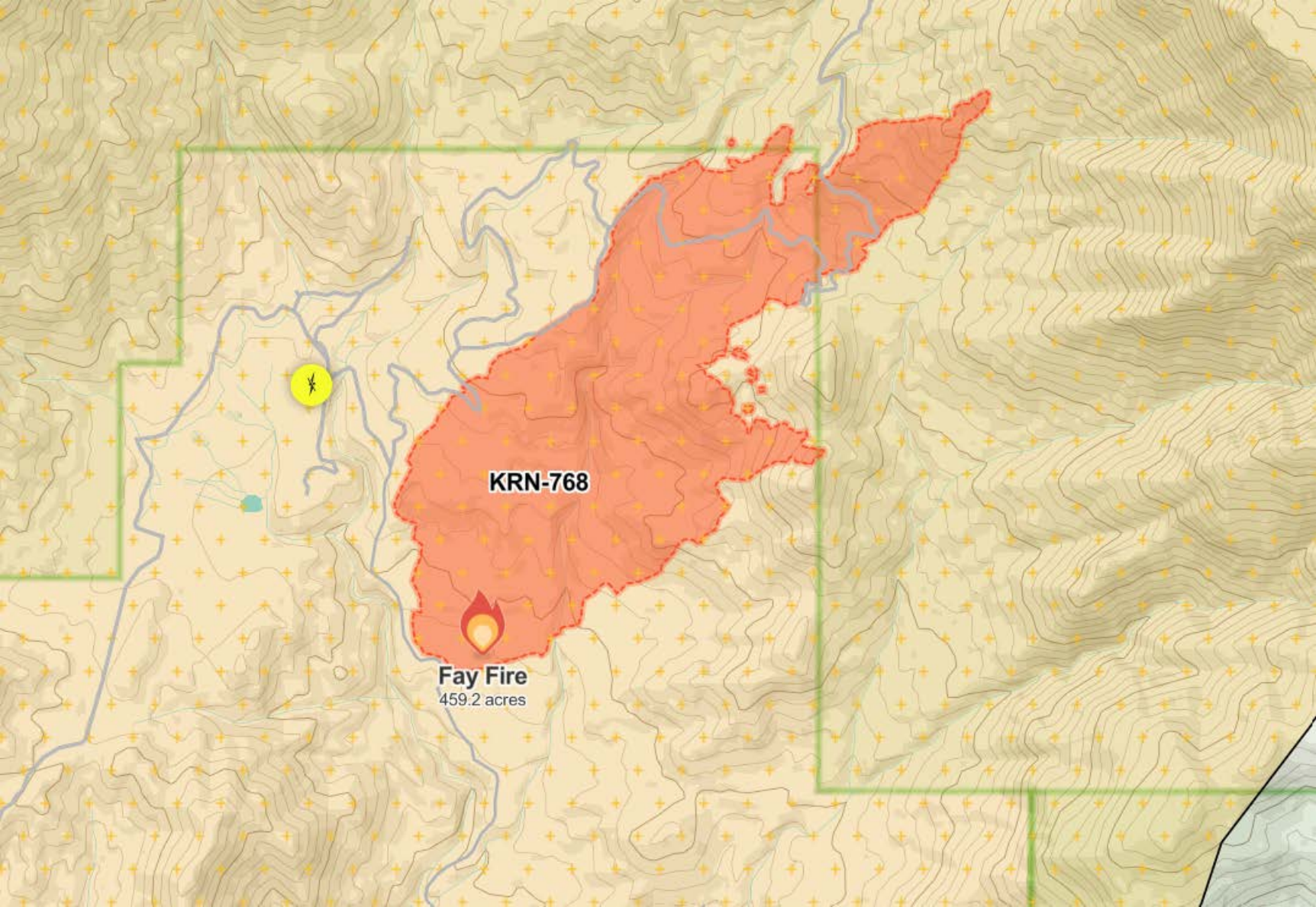
5. Prepared By:

Position/Title: SOFR

ICS 208

Date/Time: 7/15/2025 / 2030

Signature: _____



KRN-768

Fay Fire
459.2 acres

UNIT LOG (ICS 214)

1. Incident Name:

Fay

2. Operational Period:

Date From:

7/16/25

Date To:

7/17/25

Time From:

0700

Time To:

0700

3. Unit Name/Designators

4. Unit Leader (Name and ICS Position)

5. Personnel Assigned/Designators

NAME	ICS POSITION	HOME BASE

6. Activity Log (Continue on Reverse)

TIME	MAJOR EVENTS

7. Prepared By:

Date/Time:

NIMS IAP

UNIT LOG CONT. (ICS 214)

1. Incident Name:

Fay

2. Operational Period: Date From: 7/16/25 Date To: 7/17/25

Time From: 0700 Time To: 0700

6. Activity Log

TIME

MAJOR EVENTS

7. Prepared By:

Date/Time:

NIMS IAP