

INCIDENT ACTION PLAN

WHITE - CA-KRN-031252

RANCHO - CA-KRN-031290

Saturday




OPERATIONAL PERIOD

7/20/2024 0700

to

7/21/2024 0700

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: WHITE-CA-KRN-031252		2. Operational Period: Date From: 7/20/2024 Time From: 0700		Date To: 7/21/2024 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	C.Trindade,B.Gunn,R.Reynolds		Operations	M.Wink	
Deputy	D.Wood		Deputy Operations	J.Felix	
Safety Officer	D.Lange,B.Niven,J.Winnen		Night Ops	M.Bontrager	
Information Officer	A.Vansciver		Staging Area		
Liaison Officer	M.Pimentel,E.Smith,K.Curtice		Branch	1	C. Costa 12 HR
4. Agency/Organization Representatives:			Division/Group	RANCHO FSR	D.Ziebron, (T) R.Wimmer (T) 12 HR
Agency/Organization	Name		Division/Group		
CAL FIRE AA	A.Turner		Division/Group		
Kern Co. Fire AA	A.Duncan		Division/Group		
Kern Co. L.O.	A.Kennison		Division/Group		
Kern Co. S.O.	M. Deleon		Branch	7	L. Thomas, R. Pack (T)
CDCR	J. Varela		Division/Group	WHITE FSR	D. Ahmadi 12 HR
CAL OES	D.Smithson		Division/Group	B	Roberts (T)
City of Tehachapi Deputy of Public Works	T. Napier		Division/Group	F	H. Pitt (T)
Kern County Human Services	M. Nisser		Division/Group		
Kern County OES	G. Armstrong		Division/Group		
Southern California Edison	K. Gordon		Branch	11	E. Shalhoob
Tejon Indian Tribe	O. Escibedo		Division/Group	M	R. Burgard (T)
Tejon Ranch	J. Ryan		Division/Group	Y/Z	T. Wilson (T)
Stallion Springs Police Chief	G. Crowell		Division/Group		
			Division/Group		
			Division/Group		
			Branch		
			Division/Group		
5. Planning Section:			Division/Group		
Chief	C.Reneau		Division/Group		
Deputy	R.Villarino		Division/Group		
Resource Unit	M. Thau		Division/Group		
Situation Unit	J.Gaddie, R.Broomfield,N.Shew		Branch		
Documentation Unit			Division/Group		
Demobilization Unit	J.Weber		Division/Group		
GISS	N.Meyer		Division/Group		
FBAN	T.Chavez		Division/Group		
IMET	J.White		Division/Group		
Training Tech Spec	S.Galvez		Air Operations Branch		Director: M.Hill
			Air Support Group Supervisor		C.Cortright
			Air Tactical Group Supervisor		
6. Logistics Section			Helibase Manager		B.Mitchell (T)
Chief	J.Morris,A.Gettman		Helicopter Coordinato		S.Martin
Supply Unit	J.Tompkins		8. Finance/Administration Section:		
Facilities Unit	O.Martinez,K.Pope		Chief	J.Franklin,S.Thompson,A.Vasquez	
Ground Support Unit	S.Langston		Time Unit	A.DaSilva	
Communications Unit	T.Webb		Procurement Unit	T.Myers, J.Waddle	
Medical Unit	R.Wicklas,D.Fimon		Comp/Claims Unit	M.Gibaldi	
			Cost Unit	D.Lopez	
Prepared By: Name: C.Reneau			Position/Title: PSC		Signature: 
ICS 203			Date/Time: 7/19/2024 2300 hours		NIMS IAP

FNUS76 KHNX 192212
FWSHNX

Spot Forecast for WHITE...CAL FIRE
National Weather Service Hanford CA
312 PM PDT Fri Jul 19 2024

Forecast is based on forecast start time of 0700 PDT on July 20.
If conditions become unrepresentative...contact the National Weather
Service.

.DISCUSSION...

Breezy winds are expected for the fire area with gusts peaking in the
afternoon and evening until 2100 PDT tomorrow, with gusts up to 22 mph.
Gusts up to 20 mph pick up again on Sunday at 1400 PDT. Minimum relative
humidities are expected to be in the high teens to the lower 20s with
temperatures expected in the high 80's and into the 90's.

.SATURDAY...

Sky/weather.....Sunny.
Max temperature.....87-91.
Min humidity.....17-21 percent.
Eye level winds.....South winds up to 8 mph with gusts up to 12
mph in the afternoon.
Surrounding ridge...South winds 8 to 15 mph with gusts up to 22 mph
in the afternoon.
Mixing height.....Rising to around 8500 ft AGL.
Transport winds.....South around 12 mph.
Wind (20 ft).....South winds 8 to 15 mph with gusts up to 22 mph
in the afternoon.


.SATURDAY NIGHT...

Sky/weather.....Clear.
Min temperature.....68-72.
Max humidity.....35-39 percent.
Eye level winds.....West winds up to 8 mph with gusts up to 11
mph until 2100.
Surrounding ridge...Northwest winds 7 to 14 mph with gusts up to 22
mph until 2100.
Mixing height.....Lowering below 500 ft AGL.
Transport winds.....Northwest around 13 mph.
Wind (20 ft).....Northwest winds 7 to 14 mph with gusts up to 22
mph until 2100.

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Forecaster...WILSON
Requested by...Morgan Diefenbach
Type of request...WILDFIRE
.TAG 2418465.0/HNX
.DELDT 07/19/24
.FormatterVersion 2.0.0
.EMAIL morgan.diefenbach@fire.ca.gov

FIRE BEHAVIOR FORECAST

FORECAST NUMBER: 5	TYPE OF FIRE: WILDFIRE
FIRE NAME: WHITE AND RANCHO	OPERATIONAL PERIOD: 24 HOUR 7/20/2024
DATE ISSUED: 7/19/2024	TIME ISSUED: 1900
UNIT: KERN COUNTY / CAL FIRE	SIGNED: 
	Typed/printed: Morgan Diefenbach – FBAN (T)

INPUTS

WEATHER SUMMARY:

Hot and dry with breezy conditions over the fire area, particularly in the afternoon and evening.

Max. Temperature: 87-91 **Min. Humidity:** 17-21%

20' Wind: South 8-15 mph with gusts to 22 mph in the afternoon, becoming northwest 7-14 mph in the evening with gusts to 22 mph continuing until 2100.

See spot weather forecast in IAP for detailed weather information.

OUTPUTS

FIRE BEHAVIOR

GENERAL:

Fuels remaining in the fire footprint consist mostly of live brush and trees that were not consumed due to relatively high moisture content. ERC is currently at the 92nd percentile but still below the seasonal record highs set last week. Elevated temperatures and low relative humidity will continue to provide the potential for rapid fire growth in the cured annual grasses and litter if fire becomes established outside the containment lines, or in the event of a new ignition.

Probability of ignition will reach 88-100% by midafternoon depending on aspect and fuel shading.

SPECIFIC:

RANCHO FIRE

BRANCH I: No movement is anticipated.

WHITE FIRE

BRANCH VII: Heavy fuels in the remainder of the green island will continue to smolder and burn out. Short runs in the brush are possible where the fine fuel understory has not been fully consumed.

BRANCH XI: No movement outside existing perimeter is anticipated. Heavy fuels interior will continue to hold heat and produce isolated smoke.

AIR OPERATIONS:

No smoke impacts to air operations expected. Mixing height 8500' AGL. Good visibility.

Sunset: 8:05 P.M.

Sunrise: 5:54 A.M.

SAFETY

- Frequent dust devils are an indicator of instability and may precede an increase in fire activity.
- Fuels outside the line continue to be very receptive. Be prepared to react to rollout or new starts!

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

1. Incident Name: WHITE Incident Channels		2. Date/Time Prepared Date: 07/19/2024 Time: 1930		3. Operational Period: Date From: 07/20/24 Time From: 0700		Date To: 07/21/24 Time To: 0700			
4. Communications									
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
1	COMMAND	CDF C11	ALL DIVS	151.1675	(T8) 103.5	159.3975	(T9) 100.9	A	
2	DISPATCH	KRN 2	ALL DIVS	155.8800	(T7) 167.9	158.9400	(T3) 131.8	A	PRIORITY TRAFFIC / NEW IA
3	TACTICAL	CDF T34	DIV B	159.2475	(T17) 67.0	159.2475	(T17) 67.0	A	
4	TACTICAL	CDF T35	DIV F	151.4675	(T17) 67.0	151.4675	(T17) 67.0	A	
5	TACTICAL	CDF T37	NOT ASSIGNED	151.1525	(T17) 67.0	151.1525	(T17) 67.0	A	NOT ASSIGNED
6	TACTICAL	CDF T38	DIV M	159.3375	(T17) 67.0	159.3375	(T17) 67.0	A	
7	TACTICAL	VTAC 11	RANCHO FSR	151.1375	(T6) 156.7	151.1375	(T6) 156.7	A	
8	TACTICAL	VTAC 12	WHITE FSR	154.4525	(T6) 156.7	154.4525	(T6) 156.7	A	
9	TACTICAL	VTAC 13	DIV Y/Z	158.7375	(T6) 156.7	158.7375	(T6) 156.7	A	
10									
11									
12									
13	A/G CMD	CDFA/G11	ALL DIVS	159.3900	(T16) 192.8	159.3900	(T16) 192.8	A	
14	A/G TAC	CDF A/G6	ALL DIVS	159.2850	(T16) 192.8	159.2850	(T16) 192.8	A	
15	TACTICAL	CALCORD	ALL DIVS	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
16	EMERGENCY	AIRGUARD	ALL DIVS	168.6250	0.0	168.6250	(T1) 110.9	A	
17									
18									
19									
20	EMERGENCY	AIRGUARD	ALL DIVS	168.6250	0.0	168.6250	(T1) 110.9	A	
5. Special Instructions								White Communications 916-883-0933	
6. Prepared by (Communications Unit Leader): Name:								Signature: <u>Tom Webb</u>	
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC								Date/Time: 07/19/24 1930	

DocuSigned by:

Tom Webb

07/19/24 1930

NIMS IAP

MEDICAL PLAN (ICS 206)

1. Incident Name: WHITE-CA-KRN-031252	2. Operational Period: Date From: 7/20/24 Date To: 7/21/24 Time From: 0700 Time To: 0700
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3. Medical Aid Stations:			
Name	Location	Contact Number/Freq	Level of Service
MERT	ICP		<input checked="" type="checkbox"/> ALS

4. Transportation (indicate air or ground):				
Ambulance Service	Air or Ground	Location	Contact Number/Freq	Level of Service
Hall Ambulance	Ground	170th x Rosemond Blvd	CDF C11	<input checked="" type="checkbox"/> ALS
Mercy Air	AIR	Bakersfield, CA	Kern ECC (661) 861-2521	<input checked="" type="checkbox"/> ALS
Kern H-408	AIR	DAY/NIGHT HOIST	Kern ECC (661) 861-2521	<input checked="" type="checkbox"/> BLS

5. Hospitals:								
Hospital Name	Address,		Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long	Helipad		Air	Ground			
Adventist Health Tehachapi Valley	1100 Magellan, Tehachapi, CA 93561, Lat/Long: 35.1474419, -118.4504364		(661) 823-3000	00:00	10 min		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kern Medical Center	1700 Mount Vernon Avenue, Bakersfield, CA 93306, Lat/Long: 35.3829347, -118.9705331		(661) 326-2000	00:14	45 min	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Antelope Valley Hospital	1600 West Avenue J, Lancaster, CA 93534, Lat/Long: 34.6884937, -118.1585302		(661) 949-5000	00:14	45 min	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bakersfield Memorial Hospital	420 34Th St, Bakersfield, CA 93301, Lat/Long: 35.3909088, -119.0060445		(661) 327-1792	00:15	50 min		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<p>Emergency Frequency: 15 [1] CALCORD 156.075 156.075</p> <p>Line Emergency Protocol Crew Supervisor will contact Division Supervisor with patient complaint/condition and location. *** Start a 20 minute timer***</p> <ul style="list-style-type: none"> • Division or Group Supervisor Contacts: <ol style="list-style-type: none"> 1. Closest EMS resource 2. Communications Unit • Communications Unit Contacts: <ol style="list-style-type: none"> 1. Ground or Air ambulance as requested. 2. Operations 3. Safety 4. Medical Unit Leader • Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel. • Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need, <p>Camp Emergency Contact Communications Unit at (916-883-0933) with patient complaint/condition and location. Medical staff will respond to the location and the following will be notified:</p> <ol style="list-style-type: none"> 1. Medical 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims 	<p>Injury Reporting Procedures</p> <p>The following information should be relayed to the Communications Unit:</p> <p>Nature of Emergency: _____</p> <p>Chief Complaint: _____</p> <p>Location of Patient: _____</p> <p>Patient Age: _____</p> <p>Patient Unit ID: _____</p> <p>Point of Contact ID: _____</p> <p>Resource Needs: _____</p> <p>Transportation Requested by: Air _____ Ground _____</p> <p>Point of Pick-Up: _____</p> <p style="margin-left: 40px;">Lat: _____</p> <p style="margin-left: 40px;">Long: _____</p> <p>Is an EMT or Paramedic with Patient: Yes _____ No _____</p> <p style="text-align: center;">*****Start a 20-minute timer*****</p> <p style="text-align: center;">All Emergencies: Secure the area and identify witnesses for later investigation. Keep accurate log of events.</p>
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Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): R.Wicklas,D.Fimon	Signature: <i>Raice Wicklas</i>
8. Approved by (Safety Officer): D.Lange,B.Niven,J.Winnen	Signature: <i>Brad Niven</i>
ICS 206 NIMS IAP	Date/Time: 07/19/24 19:00



CAL FIRE INCIDENT MANAGEMENT TEAM 1



1. INCIDENT NAME:		2. DATE PREPARED:		3. TIME PREPARED:	
White		7/19/2024		16:00	
4. PREPARED BY:		5. LEADER NAME:		6. OPERATIONAL PERIOD:	
Jesse Winnen SOF(T)		Brad Niven SOF1		7/20/2024 TO 7/21/2024	

SAFETY MESSAGE

NEVER FORGET ABOUT SAFETY

EVERYONE GETS A BRIEFING

- **Weather:** Temperatures are rising, and the humidity is reducing. Stay Hydrated with water and electrolytes and ensure work rest cycles
- **Communications:** Ensure your radios are properly cloned to today's frequencies, ensure good communications with supervisor and adjoining forces, use human repeaters where radio needed
- **Firing Operations:** Ensure everyone is briefed, knows the plan, knows their assignments, wear PPE
- **L.C.E.S:** Post lookouts, ensure Communications and everyone is aware of the Escape Routes and Safety Zones
- **Aircraft:** Ensure good communications and the line is clear when dropping water, retardant, and firing devices

Situational Awareness

- Grass crop is more robust than normal which can create a greater challenge to suppression success
- Dead Fuel moistures are below average for this time of year, expect increased fire behavior at times
- Flag and make known any hazards: fire weakened trees, road conditions, and powerlines

Valley Fever

- Valley Fever is caused by a fungus that is naturally within the soil and can be inhaled without knowing it when disturbed
- Symptom onset can be delayed for 1-3 weeks after exposure, usually symptoms are respiratory, and flu like in nature
- Try and reduce the creation of dust and dust clouds and working within dust clouds as much as possible
- Read the Valley Fever Safety Message and facts within the IAP
- Notify supervisor if any illness occurs



Valley Fever

Prevention and Education

The following information is being provided by the CAL FIRE Safety Program. Share this information with the physician for any employees being treated for symptoms which could indicate Valley Fever.

Valley Fever in Firefighters

Coccidiomycosis, or “cocci” for short, is a naturally occurring fungus that when inhaled with dust particles can result in a clinical condition called Valley Fever. The fungal spores exist in several geographic locations in the United States, including much of California. Wildland firefighters in California, including several CAL FIRE employees, have experienced an increase in clinical illness from this infection leading to several hospitalizations and prolonged illness from this disease. The most common presentation of infection is a respiratory illness often resulting in diagnosis of ‘pneumonia’ based on clinical symptoms including cough, fever, night sweats severe fatigue, chest pain and joint pain typically occurring 1 to 3 weeks after exposure.

It should be noted that Valley Fever and COVID-19 share many of the same symptoms and lab tests are needed to confirm a diagnosis. Firefighters who experience symptoms of Valley Fever, especially if they test negative for COVID-19, should contact their Health Care Provider and supervisor. Firefighters should tell their Health Care Provider about their symptoms and if they worked outdoors in an area where Valley Fever is common, especially if they were digging in the soil or were in dusty areas.

Share this with Your Healthcare Provider

Due to the cumulative exposure firefighters may experience during training and fire response activities, they can be at an increased risk for Valley Fever. Wildland firefighting activities including, but not limited to, using heavy equipment, digging fire lines, mopping up, and working around helicopters in bare soil can generate dust in the air making the fungus spores airborne.

Health Care Providers are encouraged to consider diagnosis of Coccidiomycosis for personnel who have had exposure risk.

Help keep our firefighters safe by asking all patients about their work. Have a high suspicion for Valley Fever among firefighters, especially those who have worked in areas known to have high rates of Valley Fever.



Note to Treating Physician: Please strongly consider repeat blood tests if initial test is negative and Valley Fever symptoms persist. If questions arise, CAL FIRE’s Medical Consultant is available for a telephone consultation with the CAL FIRE employee and their healthcare provider.

CAL FIRE Medical Consultant can be reached at (916) 995-0678.



Valley Fever

Prevention and Education

Information for Employees and Supervisors

Valley Fever is not spread from person to person; you get Valley Fever by breathing in dust from soil that contains the fungus. The fungus in the soil is too small to see and when the soil is disturbed the fungus can get into the air and be breathed in by personnel. Use of respiratory protection, such as an N95 mask, is recommended when feasible to reduce exposure to dust.

What can increase your risk for Valley Fever?

Anyone, even healthy, young people, can develop Valley Fever. However, outdoor workers who disturb the soil in areas of California where Valley Fever is common are more likely to breathe in the fungus from dust in the air and become infected. Due to the common activities performed during fire suppression operations, firefighters are at risk of inhaling the Valley Fever fungus from dust in the air. Examples of firefighting activities that may cause exposure to the Valley Fever fungus include:

- Using heavy equipment that creates dust
- Digging of fire lines; especially using McLeod or similar tool and generating dust in air
- Mopping up
- Working frequently in a dust cloud
- Traveling in a vehicle with open windows going to or from a fire
- Operating helicopters around bare soil

What are the signs and symptoms of Valley Fever?

Approximately 6 in 10 people do not develop symptoms of Valley Fever and their bodies fight off the infection naturally. For those who do get sick, they usually have respiratory symptoms or pneumonia because the fungus tends to infect the lungs. Common symptoms that may develop include:

- Fatigue
- Cough
- Difficulty Breathing
- Fever
- Night Sweats
- Chest Pain
- Weight Loss
- Rash
- Muscle or Joint Pain

How do I know if I have Valley Fever?

Symptoms alone are not sufficient to diagnose Valley Fever. The only sure way is to seek medical care. A licensed Health Care Provider will determine if you need to have a blood sample test to look for *Coccidioides* antibodies or antigens.

There should be a low threshold for obtaining a chest X-ray in personnel complaining of respiratory symptoms. Serologic are most often used to diagnose the Valley Fever fungus¹ but may need to be repeated if initial testing is negative other methods including culture and microscopy may need to be performed if symptomatic individuals cannot be otherwise diagnosed.



¹ Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/fungal/diseases/coccidioidomycosis/health-professionals.html>



Rancho/White INCIDENT CAL FIRE IMT 1



Supply Message

Strike Team Leaders or
Designee's only in the Supply
line

Please have a 213 filled out
will all of your resource/ strike
teams needs, With divisions
signature

CAL FIRE 101 filled out for all
items left on the line, with
divisions signature

All Firing device orders must
have operations signature to
get resupplied

Thank you



WHITE INCIDENT CAL FIRE IMT 1



FINANCE MESSAGE

- Finance is located in the 800 wing of the Tehachapi High School
- Start or update your FC-33 with the Time Unit (Room 809)
- Hired Equipment vendors please submit a copy of your agreement to the Time Unit. (Room 809)
- Shift tickets need be completed by the line supervisor and turned in at the end of each shift. (Room 809)
- Report all injuries to the COMP/CLAIMS Unit.
- Report any vehicle accidents or equipment damage to COMP/CLAIMS, including rental vehicles.
- To report any property damage and suppression repair needs or water use to COMP/CLAIMS Unit.
- Local Government resources -OES Representative located at ICP.
- Federal resources stop by finance to turn in your crew time reports



24HR LINE RESOURCE - 2 OPERATOR

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

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

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

Agreement Number: **MMU-0000015953**
Equipment Make: **1999 PETERBILT 379**
Equipment Model / Type: **TRANSPORT 18 WHEEL**
License Number: **12345A1**

COMPLETE VIN#

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

Equipment Use (Circle): **Hours** Assignment: **OFF SHIFT**

Vendor Rating: **POOR*** Avg. **Good** Exc. **N/A**

Met Performance Expectations: **VENDOR RATING MUST BE DONE**

Equipment in Safe Working Condition: **VENDOR RATING MUST BE DONE**

Operator Skill Level: **VENDOR RATING MUST BE DONE**

Operates Safely: **VENDOR RATING MUST BE DONE**

Operator's Cooperation Level: **VENDOR RATING MUST BE DONE**

Overall Performance: **VENDOR RATING MUST BE DONE**

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

Govt. Rep. Name and Position - PRINT: **Print Your Name**
Govt. Rep. Signature: **Your Signature**
Contractor Signature: **Your Signature**
Date: **9/6/20** Time: **0700**
CAL FIRE 297 (Rev 3-2011)

12HR LINE RESOURCE - 1 OPERATOR

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

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

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

Agreement Number: **MMU-0000015955**
Equipment Make: **2004 CAT**
Equipment Model / Type: **D6N / TYPE II E**
License Number: **COMPLETE VIN#**

COMPLETE VIN#

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

Equipment Use (Circle): **Hours** Assignment: **OFF SHIFT**

Vendor Rating: **POOR*** Avg. **Good** Exc. **N/A**

Met Performance Expectations: **VENDOR RATING MUST BE DONE**

Equipment in Safe Working Condition: **VENDOR RATING MUST BE DONE**

Operator Skill Level: **VENDOR RATING MUST BE DONE**

Operates Safely: **VENDOR RATING MUST BE DONE**

Operator's Cooperation Level: **VENDOR RATING MUST BE DONE**

Overall Performance: **VENDOR RATING MUST BE DONE**

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

Govt. Rep. Name and Position - PRINT: **Print Your Name**
Govt. Rep. Signature: **Your Signature**
Contractor Signature: **Your Signature**
Date: **9/7/20** Time: **1900**
CAL FIRE 297 (Rev 3-2011)

24HR / 12HR TRANSITION SHIFT TICKET

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

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

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

Agreement Number: **MMU-0000015953**
Equipment Make: **1999 PETERBILT 379**
Equipment Model / Type: **TRANSPORT 18 WHEEL**
License Number: **12345A1**

COMPLETE VIN#

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

Equipment Use (Circle): **Hours** Assignment: **OFF SHIFT**

Vendor Rating: **POOR*** Avg. **Good** Exc. **N/A**

Met Performance Expectations: **VENDOR RATING MUST BE DONE**

Equipment in Safe Working Condition: **VENDOR RATING MUST BE DONE**

Operator Skill Level: **VENDOR RATING MUST BE DONE**

Operates Safely: **VENDOR RATING MUST BE DONE**

Operator's Cooperation Level: **VENDOR RATING MUST BE DONE**

Overall Performance: **VENDOR RATING MUST BE DONE**

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

Govt. Rep. Name and Position - PRINT: **Print Your Name**
Govt. Rep. Signature: **Your Signature**
Contractor Signature: **Your Signature**
Date: **9/6/20** Time: **1900**
CAL FIRE 297 (Rev 3-2011)

24HR IN CAMP RESOURCE

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

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

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

Agreement Number: **MMU-0000015950**
Equipment Make: **TENT**
Equipment Model / Type: **20 X 30**
License Number: **4 X 600 SOFT**

COMPLETE VIN#

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

Equipment Use (Circle): **Hours** Assignment: **ICP**

Vendor Rating: **POOR*** Avg. **Good** Exc. **N/A**

Met Performance Expectations: **VENDOR RATING MUST BE DONE**

Equipment in Safe Working Condition: **VENDOR RATING MUST BE DONE**

Operator Skill Level: **VENDOR RATING MUST BE DONE**

Operates Safely: **VENDOR RATING MUST BE DONE**

Operator's Cooperation Level: **VENDOR RATING MUST BE DONE**

Overall Performance: **VENDOR RATING MUST BE DONE**

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

Govt. Rep. Name and Position - PRINT: **Print Your Name**
Govt. Rep. Signature: **Your Signature**
Contractor Signature: **Your Signature**
Date: **9/2/20** Time: **1900**
CAL FIRE 297 (Rev 3-2011)



Public Information

RANCHO FIRE Incident Media Line: (661) 330-0133

CURRENT INCIDENT STATUS	
Incident Start Date: 7/13/24	Incident Start Time: 2:29 p.m.
Cause: Lightning/Natural	Acres:
Containment:	Total Personnel:

MEDIA

California State Penal Code Section 409.5(d) allows the news media to enter scenes of disaster, riot, or civil disturbance. Correctly identified news media members should not be restricted from entering locations specified within the code. However, this does not include crime scenes or private property and does not imply that the news media may interfere with incident operations while in the areas of concern. More information can be found by following the QR code.



CAL FIRE SOCIAL MEDIA POLICY

You will adhere to the CAL FIRE social media policy, Section 0691 when assigned to a CAL FIRE incident. You can find further information about the CAL FIRE social media policy following the QR code.



PHOTOGRAPHS AND VIDEOS OF THE INCIDENT

The Public Information Office would like copies of the video and pictures you safely took while not in an emergency, fire suppression activity, or overhead assignment. Upload your video and images to the Public Information Dropbox; they will be reviewed and possibly uploaded to our many Kern County and CAL FIRE social media sites. Remember, we don't want photographs or videos that depict unsafe, unprofessional, or embarrassing circumstances, which are a severe breach of ethics.



LOST AND FOUND

The Information Section will manage lost and found items for the incident at the PIO Office.

Incident Base Camp Mailing Address

ATTN: PIO Rancho Fire - Recipient Name and O-number
Tehachapi High School
801 Dennison Rd, Tehachapi, CA 93561



Public Information

WHITE FIRE

Incident Media Line: (661) 330-0133

CURRENT INCIDENT STATUS	
Incident Start Date: 7/13/24	Incident Start Time: 11:09 a.m.
Cause: Lightning/Natural	Acres:
Containment:	Total Personnel:

MEDIA

California State Penal Code Section 409.5(d) allows the news media to enter scenes of disaster, riot, or civil disturbance. Correctly identified news media members should not be restricted from entering locations specified within the code. However, this does not include crime scenes or private property and does not imply that the news media may interfere with incident operations while in the areas of concern. More information can be found by following the QR code.



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LOST AND FOUND

The Information Section will manage lost and found items for the incident at the PIO Office.

Incident Base Camp Mailing Address

ATTN: PIO White Fire - Recipient Name and O-number
Tehachapi High School
801 Dennison Rd, Tehachapi, CA 93561

TRAINING SPECIALIST MESSAGE

White INCIDENT CAL FIRE IMT 1



We can help you with all your training documentation...but it is up to you to make the best of your trainee assignment!

TRAINEES:

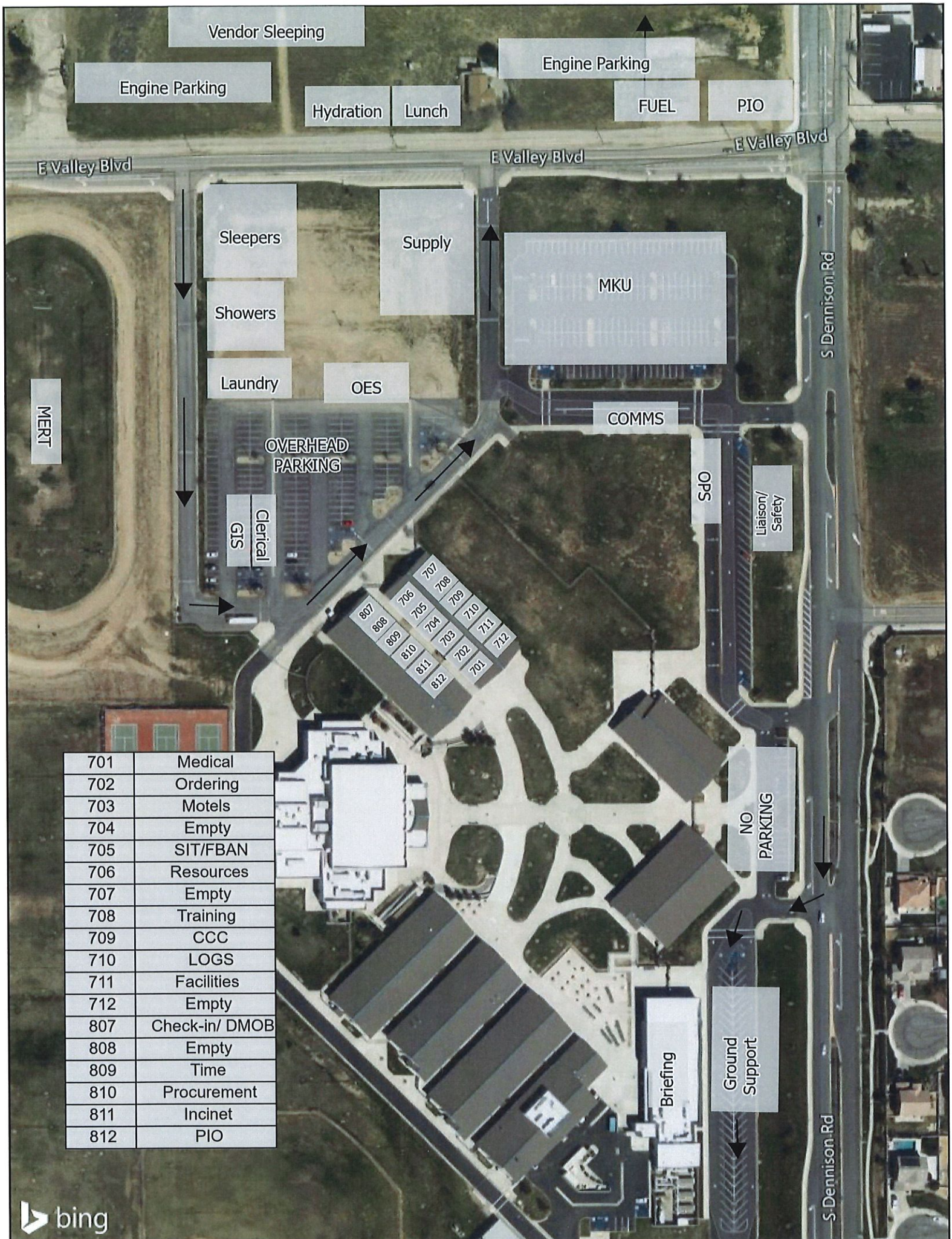
Please check in with the Training Shop to ensure that your hard work and efforts, which we greatly value, are not forgotten.

TRAINERS:

Please review the position task book with your trainee to determine which specific tasks need to be focused.

If you have any questions, don't hesitate to get in touch with the Training Specialists:

**Shane Galvez, TNSP
Room 708**



701	Medical
702	Ordering
703	Motels
704	Empty
705	SIT/FBAN
706	Resources
707	Empty
708	Training
709	CCC
710	LOGS
711	Facilities
712	Empty
807	Check-in/ DMOB
808	Empty
809	Time
810	Procurement
811	Incinet
812	PIO

