

CANYON INCIDENT

CA-ORC-17-105068

INCIDENT ACTION PLAN



OPERATIONAL PERIOD

9/27/2017 0700

to

9/28/2017 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">CANYON</p>	2. Operational Period: Date From: 9/27/2017 Date To: 9/28/2017 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, environment, and infrastructure. - Ensure coordinated, timely, and accurate release of public information. - Foster and maintain relationships with all cooperators and stakeholders. - Protect economic, natural, cultural and heritage resources. - Maintain fiscal accountability and keep costs commensurate with values at risk. <u>Control Objectives</u> <ul style="list-style-type: none"> - Keep the fire East of Highway 241 - Keep the fire South of Highway 91 - Keep the fire West of Green River Rd and Foothill Pkwy - Keep the fire North of Santiago Canyon Rd, Blackstar Canyon Rd and Main Divide Truck Trail 																						
General Situational Awareness: <p>Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history and rolling debris.</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 checked="" type="checkbox"/> ICS 215A</td> <td><input type="checkbox"/> Phone List</td> <td><input type="checkbox"/> Fire Suppression Repair Plan</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 220</td> <td><input checked="" 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"/> Incident Map</td> <td><input checked="" 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 checked="" type="checkbox"/> Fire Behavior</td> <td><input checked="" type="checkbox"/> Finance Message</td> <td><input checked="" type="checkbox"/> ICS 214</td> </tr> </table>			<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 215A	<input type="checkbox"/> Phone List	<input type="checkbox"/> Fire Suppression Repair Plan	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input checked="" type="checkbox"/> Training Message	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Incident Map	<input checked="" 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 checked="" type="checkbox"/> Fire Behavior	<input checked="" type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214
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7. Prepared By: Chris Post	Position/Title: PSC	Signature:																				
8. Approved by Incident Commander:	Jim Ferguson	Signature:																				
ICS 202																						

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From: 9/27/2017 Date To: 9/28/2017	
CANYON		Time From: 0700 Time To: 0700	
3. Incident Commander(s) and Command Staff:		7. Operation Section:	
IC/UC's	J. Adams / T. Ohara / B. Nunez /	Chief	S. Lanza
	M. Samuels / B. Estes	Deputy	T. Ernst / M. Blankenheim
Deputy	J. Veik / J. Ferguson (T)	Night Ops	M. Webb
Safety Officer	J. Buchmeier / J. Janssen	Staging Area	Park
Information Officer	J. Cox / S. Conciadli / L. Kurtz	Branch	I
Liaison Officer	D. Carreiro / J. Abel / G. McKeown	Division/Group	B
Law Enforcement Liaison	J. Davis / E. Lee / S. White	Division/Group	F
4. Agency/Organization Representatives:		Division/Group	M
Agency/Organization	Name	Division/Group	
CHP	C. Bullen / C. Johnson	Division/Group	
Edison	T. Whitman	Branch	II
CAL Trans	R. McConnell	Division/Group	O
CCC		Division/Group	T
CDCR	H. Morua	Division/Group	X
CAL OES	D. Stone / P. Mercado		
		Branch	Carona
			Unstaffed
5. Planning Section:			
Chief	C. Post / A. Mitchell (T)		
Deputy	M. Mills		
Resource Unit	G. Garcia / D. Scheurich / J. Irving		
Situation Unit	S Sherwood / T. Gikas		
Documentation Unit	T. Shevenell		
Demobilization Unit	T. Shevenell		
GISS	T. Knecht		
FBAN	S. Volmer		
IMET	S. Volmer		
Training Tech Spec	S. Vargas		
Suppression Repair	G. Bratcher	Air Operations Branch	
6. Logistics Section		Air Operations Branch Director	S. Packwood
Chief	D. Martin / E. Moore / S. Dohman (T)	Air Support Grp Sup	T. Swanson
Supply Unit	P. Lee	Helibase Manager	S. Corn
Facilities Unit	B. Luiz	8. Finance/Administration Section:	
Ground Support Unit	J. Worden	Chief	J. Ruane / H. Keene / S. Hogan
Hired Equipment Tech	J. Luckenbach	Time Unit	V. Navarro / A. Corpuz / S. Chavez
Communications Unit	J. Brooks	Procurement Unit	J. Andrade / M Lamonica
Medical Unit	M. Lathrup	Comp/Claims Unit	J. Tapia
Motel Tech Spec	M. Aldrich / K. Angres	Cost Unit	G. Belk
Prepared By: Name: Mike Mills		Position/Title: PSC	Signature: <i>Mike Mills</i>
ICS 203		Date/Time: 9/26/2017 2300 hours	

Canyon Fire

National Weather Service San Diego

2017-09-26 6:02 PM PDT

Spot Forecast for Canyon Fire...Orange County Fire Authority

National Weather Service SAN DIEGO CA

602 PM PDT Tue Sep 26 2017

Forecast is based on request time of 1900 PDT on September 27.

IF CONDITIONS BECOME UNREPRESENTATIVE...CONTACT THE NATIONAL WEATHER SERVICE.

.DISCUSSION...

Winds will be lighter through Thursday with modest relative humidity recovery. Daily wind shifts area still expected with the most notable being the arrival of a westerly sea breeze each day between 11 AM and 1 PM. Some weak northeast winds are possible during the overnight periods, especially near the ridgetops. Max relative humidity through Thursday will be near 45%, with afternoon minimums near 20%.

.WEDNESDAY...

Sky/weather.....Mostly sunny.

Max temperature.....Around 82.

Min humidity.....20 percent.

Eye Level Winds.....Light and variable early, becoming southwest at 4 to 8 mph with gusts to 15 mph after 12 PM.

Wind (20 FT).....

Slopes.....Light and variable early, becoming southwest at 5 to 10 mph with gusts to 18 mph after 12 PM.

Ridgetop.....Northeast at 5 to 10 mph with gusts to 20 mph in the morning, transitioning to southwest at 5 to 10 mph with gusts to 20 mph after 1 PM.

Mixing Height.....500 to 1500 ft AGL, becoming 6500 to 7500 ft AGL in the afternoon.

Mixing Winds.....Northeast at 10 mph becoming west at 10 mph in the late afternoon.

.WEDNESDAY NIGHT...

Sky/weather.....Mostly clear.

Min temperature.....Around 65.

Max humidity.....45 percent.

Eye Level Winds.....Southwest at 3 to 5 mph prior to 8 PM, becoming light and variable after 8 PM.

Wind (20 FT).....

Slopes.....Southwest at 4 to 8 mph prior to 8 PM, becoming light and variable after 8 PM.

Ridgetop.....Southwest at 5 to 10 mph with gust to 18 mph before 10 PM, becoming light and variable between 10 PM and 2 AM, then northeast at 4 to 8 mph with gusts to 15 mph after 2 AM.

Mixing Height.....2500 to 3000 ft AGL, becoming 500 to 1500 ft AGL overnight.

Mixing Winds.....West at 5 mph, becoming light and variable in the evening, then northeast at 5 mph after 3 AM.

.THURSDAY...

Sky/weather.....Mostly sunny.

Max temperature.....Around 87.

Min humidity.....25 percent.

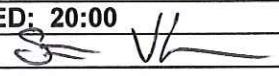
Eye Level Winds.....Light and variable, becoming southwest at 4 to 8

mph with gusts to 15 mph after 11 AM.
Wind (20 FT).....
Slopes.....Light and variable, becoming southwest at 5 to 10
 mph with gusts to 18 mph after 11 AM.
Ridgetop.....Northeast at 4 to 8 mph with gusts to 15 mph, becoming
 southwest at 5 to 10 with gusts to 20 mph after 1 PM.
Mixing Height.....500 to 1500 ft AGL, becoming 6500 to 7500 ft AGL
 in the afternoon.
Mixing Winds.....Northeast at 10 mph.

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Forecaster...BRETT ALBRIGHT
Requested by...Shane Sherwood
Type of request...WILDFIRE
.TAG 1716242.1/SGX
.EMAIL shanesherwood@ocfa.org, brett.albright@noaa.gov

FIRE BEHAVIOR FORECAST

FORECAST NUMBER: 1	TYPE OF FIRE: WILDLAND
FIRE NAME: CANYON	OPERATIONAL PERIOD: September 27 07:00-07:00
DATE ISSUED: September 26, 2017	TIME ISSUED: 20:00
UNIT: Orange County	SIGNED: 
Typed/printed: FBAN Stephen Volmer	

INPUTS

WEATHER SUMMARY: Winds will continue to change throughout the shift. Northeast winds 10-15mph will occur during the early morning hours, then shift to the Southwest 5-10mph beginning at 13:00. Ridge top winds will shift again around 02:00 back to the Northeast 8-15mph.

Daytime high temperature 82 degrees, decreasing to 65 degrees in the evening. Minimum relative humidity will be 20% during the day, and increase to 45% overnight with moderate recovery expected.

OUTPUTS

FIRE BEHAVIOR

GENERAL: Fuels have continued to dry out to critical levels over the last week, making ignition and fire spread easy when in alignment with wind, slope, and topography. Rapid rates of spread will be possible when all areas are in alignment. All brush components have been drought stressed over the past 5 years, leaving an abundance of dead material in each stand.

SPECIFIC:

GRASS: Rate of Spread....55 ft/min Flame Length....5 ft Spotting....1/4 mi Probability of Ignition 70%

GRASS SHRUB: Rate of Spread....40 ft/min Flame Length....7 ft Spotting....1/3 mi Probability of Ignition 70%

BRUSH: Rate of Spread....85 ft/min Flame Length....18 ft Spotting....1/2mi Probability of Ignition 70%

Fuels East and South of DIV B and DIV F have not burned in over 40 years, and are extremely volatile.

Fuels West and South of DIV O and DIV M have burned multiple times over the past 10 years and have been converted to a grass model.

Sunset 9/27... 18:42 Sunrise 9/28... 06:43

AIR OPERATIONS: Mixing begin at 10mph from the Northeast with a height of 1500' AGL, and switch to a West wind of 10 mph with a height of 7500' AGL in the late afternoon/winds. Winds will become turbulent during the directional shift over the ridgetops.

SAFETY

Steep drainages will aid in the spread and ignition of fire due to rolling material. Have lookouts posted.

Be alert for wind shifts throughout the day.



SAFETY MESSAGE CANYON INCIDENT



1. Incident Name: Canyon

2. Operational Period: Date From: 09/27/17
Time From: 07:00

Date To: 09/28/17
Time To: 07:00

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

BRIEF ALL YOUR PERSONNEL ON THE CURRENT DAYS IAP BEFORE ENGAGING IN YOUR DIVISIONAL ASSIGNMENT.

- Stay aware of what is happening around you and adapt your exit strategy accordingly.
- History of increased night activity and wind shifts in fire area.
- ESTABLISH: LOOKOUTS, COMMUNICATIONS, ESCAPE ROUTES AND SAFETY ZONES.
- Be aware of complacency. Many of us were in this same place last year. While that can help some of the operations, it might hinder our planning. Have a contingency plan.
- Review WILDLAND URBAN INTERFACE FIREFIGHTING pgs. 12-16 of your IRPG.
- No PPE allowed in the eating areas. Wash hands regularly and always before entering the eating areas.
- If personnel get fatigued, but it's not a medical emergency, use line medics for evaluation and rehab in a shaded area on the fire line.
- Drive with head lights on and slow down.
- Units working on Hwy 91 must use code three lights while parked. Be aware of traffic passing in the open lane.

IF IT'S PREDICTABLE IT'S PREVENTABLE


4. Site Safety Plan Required? Yes No

5. Prepared by: Name: Buchmeier SOFT / Janssen SOF1(T)

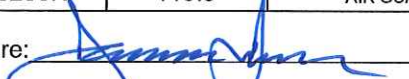
ICS 208

Date/Time September 26, 2017 / 1900

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name: Canyon		2. Incident Number: CA-ORC-17-105068	
3. Date/Time Prepared: Date: 09/26/2017 Time: 1230 hours		4. Operational Period: Date From: 09/27/2017 Date To: 09/28/2017 Time From: 0700 hours Time To: 0700 hours	
5. Incident Area	6. Hazards/Risks	7. Mitigations	
ALL	Routes of Travel; Entering and Exiting Incident Base, Speed Limit at Incident Base	<ul style="list-style-type: none"> Drive with extreme caution, lights on, drive slowly and expect opposing traffic. Follow one way traffic plan 	
DIV-M	Hazardous Materials	<ul style="list-style-type: none"> KEEP OUT! Isolate & Deny Entry. No suppression activity. 	
ALL	Aircraft-Tankers and Helicopter-Retardant, Water Drops and Turbulence	<ul style="list-style-type: none"> Post lookouts and make escape routes and safety zones known. LCES; Watch overhead for debris and wind changes. 	
ALL	Unburned Area	<ul style="list-style-type: none"> LCES; Utilize worst case scenario when working in or around pockets of unburned fuels. 	
ALL	Line Construction	<ul style="list-style-type: none"> Conduct thorough briefing for all personnel (inside rear cover IRPG). Ensure LCES in place prior to engagement (IRPG p. 7). Establish adequate Safety Zones (IRPG p.8). Use Downhill Line Checklist (IRPG p.9). Follow "Look Up, Look Down, Look Around" procedures (IRPG p.4). Utilize Risk Management Process (IRPG p.1). 	
ALL	Steep Terrain	<ul style="list-style-type: none"> Watch footing, maintain downhill tool placement. Be aware of loose material becoming dislodged. 	
ALL	Hydration	<ul style="list-style-type: none"> Drinking water before, during and after shifts. Up to 1.5 gal. per shift. Be alert for signs of heat stress in yourself and others. 	
ALL	Fatigue – Physical and Mental	<ul style="list-style-type: none"> Continually monitor your crew for fatigue and illness. Rehab your crew; take breaks, out of the smoke if possible. Know the signs and symptoms. Look out for one another. 	
ALL	Mop-up	<ul style="list-style-type: none"> Conduct thorough briefing for all personnel (inside rear cover IRPG). Use all required PPE, including eye protection. Maintain proper spacing and overhead clearance. Be alert for stump holes and root cavities. Minimize exposure to smoke, and rotate personnel into clean air as practical. Evaluate unburned islands/Increase situational awareness. 	
ALL	Safety Zones	<ul style="list-style-type: none"> Follow Safety Zone guidelines are followed (IRPG pg. 7) Carefully evaluate burned areas before designation as Safety Zones due to spotty burning in numerous areas. When safety zones are distant from work site, set Decision Points to allow personnel to reach them in a timely manner. 	
8. Prepared by (Safety Officer): Name: Joe Buchmeier / Josh Janssen			
ICS-215A			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: CANYON		2. Operational Period: Date From: 09/27/17 Date To: 09/28/17 Time From: 0700 Time To: 0700			3. Branch: I Div/Group: B Bravo		
4. Operations Personnel: Operations Section Chief: S. Lanza Night Ops: M. Webb Branch Director: Pat Russel Branch Safety: Steve Hurdle/Scott Wiedsohler 12 hr Division/Group Supervisor:							
5. Resources Assigned:		** Resources Below in Bold are 12 Hour **			Reporting Location, Special Equipment, Remarks, Notes, and Information Time Location		
Resource Identifier	Leader	Personnel	Request #				
STA XRI 6050A	Bakas, Dave	20	E-30	0700-0700	Palisades Dr		
STA XRI 6003A	Gray, Jodie L	20	E-34	0700-0700	Palisades Dr		
STA XLE 1283A	Capelle, Vincent	20	E-39	0700-0700	Palisades Dr		
STC RRU 9310C	Owens, Barry L	19	E-12	0700-0700	Palisades Dr		
STC							
CRW ORC Santiago Crew	Lamb, John	21	C-1	0700-0700			
CRW Norco 2	Law, Alexander	16	C-4	0700-0700			
STG							
STG							
6. Work Assignments: Construct and hold line utilizing direct tactics Improve fireline							
7. Special Instructions:							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C3 T4	1	Command	151.3400N	103.5	159.3450N	136.5	Tone 4 -Sierra Peak
CDF T27	7	Tactical	159.3075N	192.8	159.3075N	192.8	
CALCORD	15	Coordination	156.0750N	156.7	156.0750N	156.7	MEDICAL COORDINATION
CDF T20	14	Air to Ground	159.3750N	192.8	159.3750N	192.8	AIR TO GROUND
GUARD	16	Emergency	168.6250N		168.6250N	110.9	AIR GUARD
9. Prepared by: Name: Jim Irving Pos/Title: RESL ICS 204 Date/Time: 9/26/2017 2300 hours Signature: 							

ASSIGNMENT LIST (ICS 204)


1. Incident Name: CANYON	2. Operational Period: Date From: 09/27/17 Date To: 09/28/17 Time From: 0700 Time To: 0700	3. Branch: I Div/Group: F Foxtrot
4. Operations Personnel: Operations Section Chief: S. Lanza Night Ops: M. Webb Branch Director: Pat Russel Branch Safety: Steve Hurdle/Scott Wiedsohler 12 hr Division/Group Supervisor: Justin Scriblem / Michael Klusyk (T)		

5. Resources Assigned:	** Resources Below in Bold are 12 Hour **			Reporting Location, Special Equipment, Remarks, Notes, and Information
Resource Identifier	Leader	Personnel	Request #	Time Location
STC MMU 9421C	Leonard, Stephen	20	E-74	0700-0700 DP-3
STC OES 6828C	Harker, Daniel Edward	20	E-78	0700-0700 DP-3
STC OES OES - 2870C	Oatis, Ronnie	20	E-80	0700-0700 DP-3
STG LAC 1181G	Riley, Brian J	33	C-8	0700-0700 DP-3
STG				0700-0700 DP-3
STG				0700-0700 DP-3
W/T OES WT 11	Dawson, Patrick	2	E-100	0700-0700 DP-3

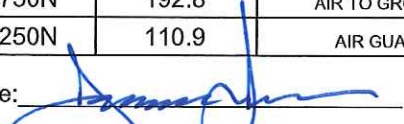
6. Work Assignments: Construct and hold line utilizing direct tactics Improve fireline

7. Special Instructions:

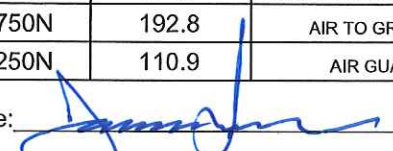
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CDF C3 T4	1	Command	151.3400N	103.5	159.3450N	136.5	Tone 4 -Sierra Peak
CDF T13	5	Tactical	151.3775N	192.8	151.3775N	192.8	
CALCORD	15	Coordination	156.0750N	156.7	156.0750N	156.7	MEDICAL COORDINATION
CDF T20	14	Air to Ground	159.3750N	192.8	159.3750N	192.8	AIR TO GROUND
GUARD	16	Emergency	168.6250N		168.6250N	110.9	AIR GUARD

9. Prepared by: Name: Jim Irving ICS 204	Pos/Title: RESL Date/Time: 9/26/2017 2300 hours	Signature: 
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ASSIGNMENT LIST (ICS 204)

1. Incident Name: CANYON		2. Operational Period: Date From: 09/27/17 Date To: 09/28/17 Time From: 0700 Time To: 0700				3. Branch: I Div/Group: M Mike	
4. Operations Personnel: Operations Section Chief: S. Lanza Night Ops: M. Webb Branch Director: Pat Russel Branch Safety: Steve Division/Group Supervisor: Steve Qusno / Adam Estabrook (T) Hurdle/Scott Wiedsohler 12 hr							
5. Resources Assigned:		** Resources Below in Bold are 12 Hour **				Reporting Location, Special Equipment, Remarks, Notes, and Information Time Location	
Resource Identifier	Leader	Personnel	Request #				
STC LPF 1653 C	Valencia, Dave	20	E-58	0700-1900	DP-5		
STG				0700-0700	DP-5		
CRW Horseshoe IHC	Hallam, Dustin	16	C-19	0700-1900	DP-5		
CRW LAGUNA IHC	Huston, James	19	C-10	0700-1900	DP-5		
CRW CREW 7 Rio Bravo IHC	Rocha, James	20	C-17	0700-1900	DP-5		
CRW Bear Divide Hotshots IHC	Bennick, Douglas	16	C-11	0700-1900	DP-5		
CRW EL CARISO IHC	Kott, Charles	16	C-18	0700-1900	DP-5		
STL KRN 9360L	Grisedale, Michael	6	E-102	0700-0700	DP-5		
DOZ PVT E-103	Holtz, Richard	2	E-103	0700-0700	DP-5		
DOZ PVT E-104	Goodwin, Russ	2	E-104	0700-0700	DP-5		
DOZ PVT E-29	Van Gaale, Jon	2	E-29	0700-0700	DP-5		
W/T PVT E-90	Perrault, Charlie	1	E-90	0700-0700	DP-5		
W/T OTO 133	Dekins, Kurt	2	E-99	0700-0700	DP-5		
HEQB	Newell, David	1		0700-0700	DP-5		
6. Work Assignments: Construct and hold line utilizing direct tactics Improve fireline							
7. Special Instructions:							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
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GUARD	16	Emergency	168.6250N		168.6250N	110.9	AIR GUARD
9. Prepared by: Name: Jim Irving Pos/Title: RESL							
ICS 204		Date/Time: 9/26/2017		2300 hours		Signature: 	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: CANYON		2. Operational Period: Date From: 09/27/17 Date To: 09/28/17 Time From: 0700 Time To: 0700			3. Branch: II Div/Group: O Oscar		
4. Operations Personnel: Operations Section Chief: S. Lanza Night Ops: M. Webb Branch Director: George Casario Branch Safety: Mike Camba Division/Group Supervisor: Hans Bolowich / Alberto Lara (T)							
5. Resources Assigned:		** Resources Below in Bold are 12 Hour **			Reporting Location, Special Equipment, Remarks, Notes, and Information Time Location		
Resource Identifier	Leader	Personnel	Request #				
STC CNF 6631C	Gray, Timothy	21	E-43	0700-1900	DP-2		
STC				0700-0700	DP-2		
STG LAC 1180G	Khazaal, Mohammed G	33	C-7	0700-0700	DP-2		
STG RRU 9312G	Black, Neil R	33	C-6	0700-0700	DP-2		
STG				0700-0700	DP-2		
DOZ RRU 3141	White, John	2	E-98	0700-0700	DP-2		
DOZ BDU 3540	Sutton, Carl	2	E-94	0700-0700	DP-2		
DOZ ORC 2		1		0700-0700	DP-2		
W/T BDF 12	Hernandez, Steven	1	E-94	0700-1900	DP-2		
W/T VJS 25	Vanzzini, Octavio	2	E-98	0700-0700	DP-2		
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CDF C3 T4	1	Command	151.3400N	103.5	159.3450N	136.5	Tone 4 -Sierra Peak
NIFC T5	8	Tactical	166.7250N		166.7250N		
CALCORD	15	Coordination	156.0750N	156.7	156.0750N	156.7	MEDICAL COORDINATION
CDF T20	14	Air to Ground	159.3750N	192.8	159.3750N	192.8	AIR TO GROUND
GUARD	16	Emergency	168.6250N		168.6250N	110.9	AIR GUARD
9. Prepared by: Name: Jim Irving Pos/Title: RESL							
ICS 204			Date/Time: 9/26/2017 2300 hours		Signature: 		

ASSIGNMENT LIST (ICS 204)

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4. Operations Personnel: Operations Section Chief: S. Lanza Night Ops: M. Webb Branch Director: George Casario Branch Safety: Mike Camba Division/Group Supervisor: Bill Lockhart		

5. Resources Assigned:	** Resources Below in Bold are 12 Hour **			Reporting Location, Special Equipment, Remarks, Notes, and Information Time Location
Resource Identifier	Leader	Personnel	Request #	
STC BDU 9350 C	Thogmartin, Travis	20	E-24	0700-0700 DP-1
STC				0700-0700 DP-1
ENG 308	Thompson, Dave	3	E-17	0700-0700 DP-1
STG				0700-0700 DP-1
W/T ORC 7	Smigel, Jason	2	E-10	0700-0700 DP-1

6. Work Assignments:
 Construct and hold line utilizing direct tactics
 Improve fireline

7. Special Instructions:

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C3 T4	1	Command	151.3400N	103.5	159.3450N	136.5	Tone 4 -Sierra Peak
NIFC T6	9	Tactical	166.7750N		166.7750N		
CALCORD	15	Coordination	156.0750N	156.7	156.0750N	156.7	MEDICAL COORDINATION
CDF T20	14	Air to Ground	159.3750N	192.8	159.3750N	192.8	AIR TO GROUND
GUARD	16	Emergency	168.6250N		168.6250N	110.9	AIR GUARD

9. Prepared by: Name:	Jim Irving	Pos/Title:	RESL	Signature:	
ICS 204	Date/Time: 9/26/2017		2300 hours		

ASSIGNMENT LIST (ICS 204)

1. Incident Name: CANYON		2. Operational Period: Date From: 09/27/17 Date To: 09/28/17 Time From: 0700 Time To: 0700			3. Branch: II Div/Group: X X-Ray		
4. Operations Personnel: Operations Section Chief: S. Lanza Night Ops: M. Webb Branch Director: George Casario Branch Safety: Mike Camba Division/Group Supervisor: Wilton Ashbu							
5. Resources Assigned:				** Resources Below in Bold are 12 Hour **			
Resource Identifier	Leader	Personnel	Request #	Reporting Time	Special Equipment Location	Remarks, Notes, and Information	
ENG 307	Lewin, Gregroy	3	E-19	0700-0700	DP-2		
ENG 345	Anderson, Brent	4	E-7	0700-0700	DP-2		
ENG 309	Mosman, Daniel	4	E-16	0700-0700	DP-2		
STG				0700-0700	DP-2		
W/T ORC 16	Smith, Ronald	2	E-5	0700-0700	DP-2		
6. Work Assignments: Construct and hold line utilizing direct tactics Improve fireline							
7. Special Instructions:							
8. Communications (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C3 T4	1	Command	151.3400N	103.5	159.3450N	136.5	Tone 4 -Sierra Peak
VFIRE 24	10	Tactical	154.2725N	156.7	154.2725N	156.7	
CALCORD	15	Coordination	156.0750N	156.7	156.0750N	156.7	MEDICAL COORDINATION
CDF T20	14	Air to Ground	159.3750N	192.8	159.3750N	192.8	AIR TO GROUND
GUARD	16	Emergency	168.6250N		168.6250N	110.9	AIR GUARD
9. Prepared by: Name: Jim Irving		Pos/Title: RESL		Signature:			
ICS 204	Date/Time: 9/26/2017		2300 hours				

MEDICAL PLAN ICS 206	1. INCIDENT NAME Canyon	2. DATE PREPARED 9-26-17	3. TIME PREPARED 1200	4. OPERATIONAL PERIOD 9/27/17 0700 – 9/28/17 0700
---------------------------------------	-----------------------------------	-----------------------------	--------------------------	---

5. INCIDENT MEDICAL AID STATIONS

MEDICAL AID STATIONS	LOCATION	PARAMEDICS	
		YES	NO
Medical Supplies	Base Camp		X
MERT w/treatment	Base Camp	X	

6. TRANSPORTATION

A. AMBULANCE SERVICES

NAME	LOCATION	PHONE	PARAMEDICS	
			YES	NO
Care Ambulance (ALS w/Fire)	Villa Park, OCFA / Anaheim FS 9	714-288-3896		X
Mercy Air 4	Fullerton Airport	800-675-9421	X	
OCFA Air Ship	Fullerton Airport	714-573-6522	X	

B. INCIDENT AMBULANCES

NAME	LOCATION	PARAMEDICS	
		YES	NO
Care RA 602	Base Camp	X	
Care RA 601	Featherly Park	X	

7. HOSPITALS

NAME Med Net Channel	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
UC Irvine Health Regional Level I Trauma	101 The City Drive South Orange, CA 92868	5	10	714-456-7890	X		X	
Orange County Global MC Level II Trauma / STEMI	1001 N Tustin Avenue, Santa Ana, CA 92705	8	20	714-953-3331	X		X	
Corona Regional MC	800 S Main St Corona, CA 92882	15	45	951-737-6241		X		X

8. MEDICAL EMERGENCY PROCEDURES

EMERGENCY FREQUENCY:

LINE EMERGENCY:
Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.

- Division/Group Supervisor contacts:
 - Closest EMS resource
 - Communications Unit
- Communications Unit contacts:
 - Ground or Air ambulance as requested
 - Operations
 - Safety
 - Medical Unit
- Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.
 - A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of need.
- Communications Unit will clear command channel for emergency traffic as needed and only for duration of need.

CAMP EMERGENCY:
Contact Medical Unit with patient complaint/condition and location. Medical Staff will respond to stabilize incident:

- Medical Unit contacts:
 - Communications
 - Safety
 - Logistics
 - Operations
 - Crew Supervisor
 - Comps/Claims

INJURY REPORTING PROCEDURES

NATURE OF INJURY _____
 LOCATION OF PATIENT _____
 POINT OF CONTACT _____
 TRANSPORTATION REQUESTED BY: AIR ___ GROUND ___
 POINT OF PICKUP _____
 LAT _____ LONG _____
 PATIENT UNIT ID _____
 IS AN EMT WITH PATIENT: YES ___ NO ___
 AGE _____
 SEX: MALE ___ FEMALE ___

ALL EMERGENCIES---Secure the area and identify witnesses for later investigation. Keep an accurate log of events.

ICS 206 (Rev 03/12) FR	9. PREPARED BY: (Medical Unit Leader) Matt Lathrop MEDL	10. REVIEWED BY: (Safety Officer) 
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ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

1. Incident Name: CANYON		2. Date/Time Prepared Date: 09/26/2017 Time: 1830		3. Operational Period: Date From: 09/27/17 Time From: 0700 Date To: 09/28/17 Time To: 0700					
4. Communications									
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes	
1	Command	CDF C3 T4	All Divisions	151.3400N	103.5	159.3450N	136.5	Tone 4 -Sierra Peak	
2									
3									
4									
5	Tactical	CDF T13	DIV F	151.3775N	192.8	151.3775N	192.8		
6	Tactical	CDF T26	DIV M	159.2925N	192.8	159.2925N	192.8		
7	Tactical	CDF T27	DIV B	159.3075N	192.8	159.3075N	192.8		
8	Tactical	NIFC T5	DIV O	166.7250N		166.7250N			
9	Tactical	NIFC T6	DIV T	166.7750N		166.7750N			
10	Tactical	VFIRE 24	DIV X	154.2725N	156.7	154.2725N	156.7		
11									
12									
13									
14	Air to Ground	CDF T20	All Divisions	159.3750N	192.8	159.3750N	192.8	AIR TO GROUND	
15	Coordination	CALCORD	All Divisions	156.0750N	156.7	156.0750N	156.7	MEDICAL COORDINATION	
16	Emergency	GUARD	All Divisions	168.6250N		168.6250N	110.9	AIR GUARD	
17									
18									
19									
20	Emergency	GUARD	All Divisions	168.6250N		168.6250N	110.9	AIR GUARD	
5. Special Instructions									
6. Prepared by (Communications Unit Leader): Name: John Brooks COML						Signature:			
ICS 205						Date/Time: 09/26/17 1830			

**Welcome to the
Canyon Incident!**

TRAINEES

**PLEASE STOP BY THE
TRAINING SPECIALIST OFFICE TO
START THE DOCUMENTATION
PROCESS**

**IF IT IS NOT DOCUMENTED
IT DIDN'T HAPPEN!**



CAL FIRE INCIDENT MANAGEMENT TEAM 6



DEMOBILIZATION PLAN - SUMMARY

Canyon Incident
CA-ORC-105068

GENERAL INFORMATION

The Demobilization Plan is developed to facilitate the orderly removal and checkout of resources on the incident. By definition, surplus personnel are available for release if they have rested for a minimum of 8 hours, are cleaned up, outfitted and have a vehicle ready to depart to their next destination.

GENERAL GUIDELINES

- **NO RESOURCES WILL LEAVE THE INCIDENT UNTIL AUTHORIZED TO DO SO BY THE DEMOBILIZATION UNIT.**
- Efforts will be made to ensure that all released personnel arrive at their destination prior to 2200 hours. Resources not able to arrive at their destination by 2200 hours may need to arrange to rest overnight.
- All government and hired vehicles leaving the incident will have a safety inspection.
- All trainees are to keep their time up to date and report to the Training Specialist with their task books and evaluations prior to completion of the demobilization process.
- All incident personnel will receive and read the DMOB Safety Message before departing.

RESPONSIBILITIES

Unit Leaders will declare resources excess to their Section Chief. Section Chiefs will declare excess resources to the Plans Section Chief through the Resources Unit Leader. This should be done 36 hours in advance of anticipated release. Use the Declaration of Excess Resources Form or General Message Form (ICS-213) to list all excess resources. Include the Request #, ICS position, Name/ID, date and time of declared excess and time in which the resource will be eligible to leave. Send to the RESOURCE UNIT where the resource will be determined to be surplus to the incident. Only Surplus resources will report to the DEMOBILIZATION UNIT, receive a Demobilization Checkout Form (ICS 221), get the appropriate ICS 221 signatures and then return the completed ICS 221 to the DEMOB UNIT prior to final release or reassignment.

RELEASE PRIORITIES

1. Organized fire departments
2. OES engines
3. Hired personnel and equipment
4. Other agencies (USFS, BLM, etc.)
5. Out of region Cal Fire resources
6. Within Region Cal Fire resources
7. Unit CAL FIRE resources

TRAVEL INFORMATION

All resources will meet their agency specific requirements on hours of travel per day.

SHIFT TICKET EXAMPLE

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name											
Incident or Project Name CANYON			Incident Number CAORC 0105068		Request Number E or S # Here											
Agreement Number XXX - 000000 - 00					Operator #1 BOB SMITH											
Equipment Make FREIGHTLINER			Equipment Model / Type WATER TENDER 2500 + GAL			Operator #2 										
Serial Number 1XP3ESMP14239012			Licence Number 55555555			Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government										
Equipment Use (Circle) Hours Days / Miles					Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government											
Date Mo / Day	Start	Stop	Work	Assignment			Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement									
8/3	0700	1900	12	DIV Z			Remarks/Comments ** ONE OPERATOR NO DAMAGE/ NO CLAIMS									
8/4	1900	2400	5	OFF SHIFT												
8/4	0001	0700	7	OFFSHIFT												
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber											
<table border="1"> <tr> <th>Poor*</th> <th>Avg.</th> <th>Good</th> <th>Exc.</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Poor*	Avg.	Good	Exc.	N/A						Govt. Rep. Signature <i>Mike Weber</i>	
Poor*	Avg.	Good	Exc.	N/A												
Met Performance Expectations					Contractor Signature <i>Bob Smith</i>											
Equipment in Safe Working Condition					Date 08/04/15											
Operator Skill Level					Time 0800											
Operates Safely					Date 08/04/15											
Operator's Cooperation Level					Time 0800											
Overall Performance					Date 08/04/15											
<p>* NOTE: Any rating of POOR requires an explanation in Comment Section.</p> <p>**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p>					CALFIRE 297 (Rev 3-2011)											
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative										

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name											
The responsible Government Officer will complete this form each shift																
Incident or Project Name CANYON			Incident Number CAORC 0105068		Request Number E OR S # Here											
Agreement Number XXX - 000000 - 00					Operator #1 BOB SMITH											
Equipment Make PETERBUILT			Equipment Model / Type WATER TENDER 2500 + GAL			Operator #2 BILL SMITH										
Serial Number 1XP3ESMP14239012			Licence Number 9999999			Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government										
Equipment Use (Circle) Hours Days / Miles					Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government											
Date Mo / Day	Start	Stop	Work	Assignment			Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement									
8/3	0700	2400	17	DIV M			Remarks/Comments ** 2 OPERATORS NO DAMAGE/ NO CLAIMS									
8/4	0001	0700	7	DIV M												
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber											
<table border="1"> <tr> <th>Poor*</th> <th>Avg.</th> <th>Good</th> <th>Exc.</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Poor*	Avg.	Good	Exc.	N/A						Govt. Rep. Signature <i>Mike Weber</i>	
Poor*	Avg.	Good	Exc.	N/A												
Met Performance Expectations					Contractor Signature <i>Bob Smith</i>											
Equipment in Safe Working Condition					Date 08/04/15											
Operator Skill Level					Time 0800											
Operates Safely					Date 08/04/15											
Operator's Cooperation Level					Time 0800											
Overall Performance					Date 08/04/15											
<p>* NOTE: Any rating of POOR requires an explanation in Comment Section.</p> <p>**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p>					CALFIRE 297 (Rev 3-2011)											
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative										

Turn shift tickets into Finance.

SHIFT TICKET EXAMPLE

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name						
Incident or Project Name CANYON			Incident Number CAORC 0105068		Request Number E#						
Agreement Number XXX - 000000 - 00					Operator #1 BOB SMITH						
Equipment Make CAT					Operator #2 TOM SMITH						
Equipment Model / Type D6XM					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Serial Number 111111					Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Licence Number 111111					Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement						
Equipment Use (Circle) Hours Days / Miles					Released by Government <input type="checkbox"/>						
Date	Start	Stop	Work	Assignment	Withdrawn by Contractor <input type="checkbox"/>						
Mo / Day					Remarks/Comments **						
8/3	0700	2400	17	DIV M	TWO OPERATORS NO DAMAGE/ NO CLAIMS						
8/4	0001	0700	7	DIV M							
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber						
<table border="1"> <tr> <td>Poor*</td> <td>Avg.</td> <td>Good</td> <td>Exc.</td> <td>N/A</td> </tr> </table>					Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Signature <i>Mike Weber</i>	
Poor*	Avg.	Good	Exc.	N/A							
Met Performance Expectations					Contractor Signature <i>Bob Smith</i>						
Equipment in Safe Working Condition					Date 08/04/15						
Operator Skill Level					Time 0800						
Operates Safely					Date 08/04/15						
Operator's Cooperation Level					Time 0800						
Overall Performance					CALFIRE 297 (Rev 3-2011)						
<p>* NOTE: Any rating of POOR requires an explanation in Comment Section.</p> <p>**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p>											
Pink - Finance		Blue - Home Unit HE Coordinator			Yellow - Vendor						
					White - Govt Representative						

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name						
The responsible Government Officer will complete this form each shift											
Incident or Project Name CANYON			Incident Number CAORC 0105068		Request Number E # Here						
Agreement Number XXX - 000000 - 00					Operator #1 BOB SMITH						
Equipment Make TRANSPORT/ KENWORTH					Operator #2 TOM SMITH						
Equipment Model / Type COZAD TRAILER /26 WHEELS					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Serial Number 1XP3ESMP14239012					Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Licence Number 9999999					Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement						
Equipment Use (Circle) Hours Days / Miles					Released by Government <input type="checkbox"/>						
Date	Start	Stop	Work	Assignment	Withdrawn by Contractor <input type="checkbox"/>						
Mo / Day					Remarks/Comments **						
8/3	0700	2400	17	DIV M	2 OPERATORS NO DAMAGE/ NO CLAIMS						
8/4	0001	0700	7	DIV M							
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber						
<table border="1"> <tr> <td>Poor*</td> <td>Avg.</td> <td>Good</td> <td>Exc.</td> <td>N/A</td> </tr> </table>					Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Signature <i>Mike Weber</i>	
Poor*	Avg.	Good	Exc.	N/A							
Met Performance Expectations					Contractor Signature <i>Bob Smith</i>						
Equipment in Safe Working Condition					Date 08/04/15						
Operator Skill Level					Time 0800						
Operates Safely					Date 08/04/15						
Operator's Cooperation Level					Time 0800						
Overall Performance					CALFIRE 297 (Rev 3-2011)						
<p>* NOTE: Any rating of POOR requires an explanation in Comment Section.</p> <p>**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p>											
Pink - Finance		Blue - Home Unit HE Coordinator			Yellow - Vendor						
					White - Govt Representative						

Turn shift tickets into Finance.

eFC-33 INITIAL INPUT FORM

1 2 3 4 5 6 7

Overhead: complete one form per person.
All Others: complete one form per vehicle.

Request Number						
----------------	--	--	--	--	--	--

State / Agency	Incident Number	Incident Name	Incident Index Code	Incident PCA Code
CA				

Strike Team	Resource ID - Fire Assignment	Home Station / Office Location
S T	E-3499	PASO ROBLES

YOUR NORMAL DUTY SCHEDULE	24 Hr 8-8	24 Hr 7-7	Other	✓ One Box

Portal to Portal?	
	✓

YOUR AGENCY	CAL FIRE
-------------	----------

HOME UNIT	S L U

COMMIT	Date	Time
RELEASE		

YOUR CELL PHONE #	
-------------------	--

PERSONNEL	Schedule		Last Name	First Name	Rank or Classification	# of Regular Duty Scheduled Hours per Day										
	A	B				Other	Mon	Tue	Wed	Thu	Fri	Sat	Sun			
EMPLOYEE 1																
EMPLOYEE 2																
EMPLOYEE 3																
EMPLOYEE 4																
EMPLOYEE 5																
EMPLOYEE 6																
			✓ One Box	Johnson	Robert	FC										

VEHICLE	Schedule		If Other, explain	Radio ID	Kind of Vehicle	ID No/X No
	A	B				
VEHICLE 1						X
VEHICLE 2						X
			Chainsaw Quantity:	E-3499	FTH	0 2 X 1 2 3
			Portable Pump?			

Put a Dozer and it's Transport on a single form. All others, use one form per individual vehicle.

ADDITIONAL INFO



FC-33 DAILY UPDATE

DATE:		24 Hrs	12 Hrs		
REQ #	S/T #				
WORK LOCATION:					
RADIO IDS: ST LEADER:	DOZER BLADE HRS	PORTABLE PUMP HRS	# OF SAWS	HRS ON EACH SAW	NOTES
ENGINE/CREW:					
COMMENTS (ANY CHANGES?):					
CELL PHONE #:					

FC-33 DAILY UPDATE

DATE:		24 Hrs	12 Hrs		
REQ #	S/T #				
WORK LOCATION:					
RADIO IDS: ST LEADER:	DOZER BLADE HRS	PORTABLE PUMP HRS	# OF SAWS	HRS ON EACH SAW	NOTES
ENGINE/CREW:					
COMMENTS (ANY CHANGES?):					
CELL PHONE #:					

STATE OF CALIFORNIA
 DEPARTMENT OF FORESTRY AND FIRE PROTECTION
PROPERTY CERTIFICATION OF LOCATION OR DAMAGE
CERTIFICATE OF RESPONSIBILITY FOR INCIDENT OCCURRENCE
 CAL FIRE-101 page 1 of 2 (1/07)

Incident#:
Request #:

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

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

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

LOCATION OF ITEMS: _____

REMARKS: _____

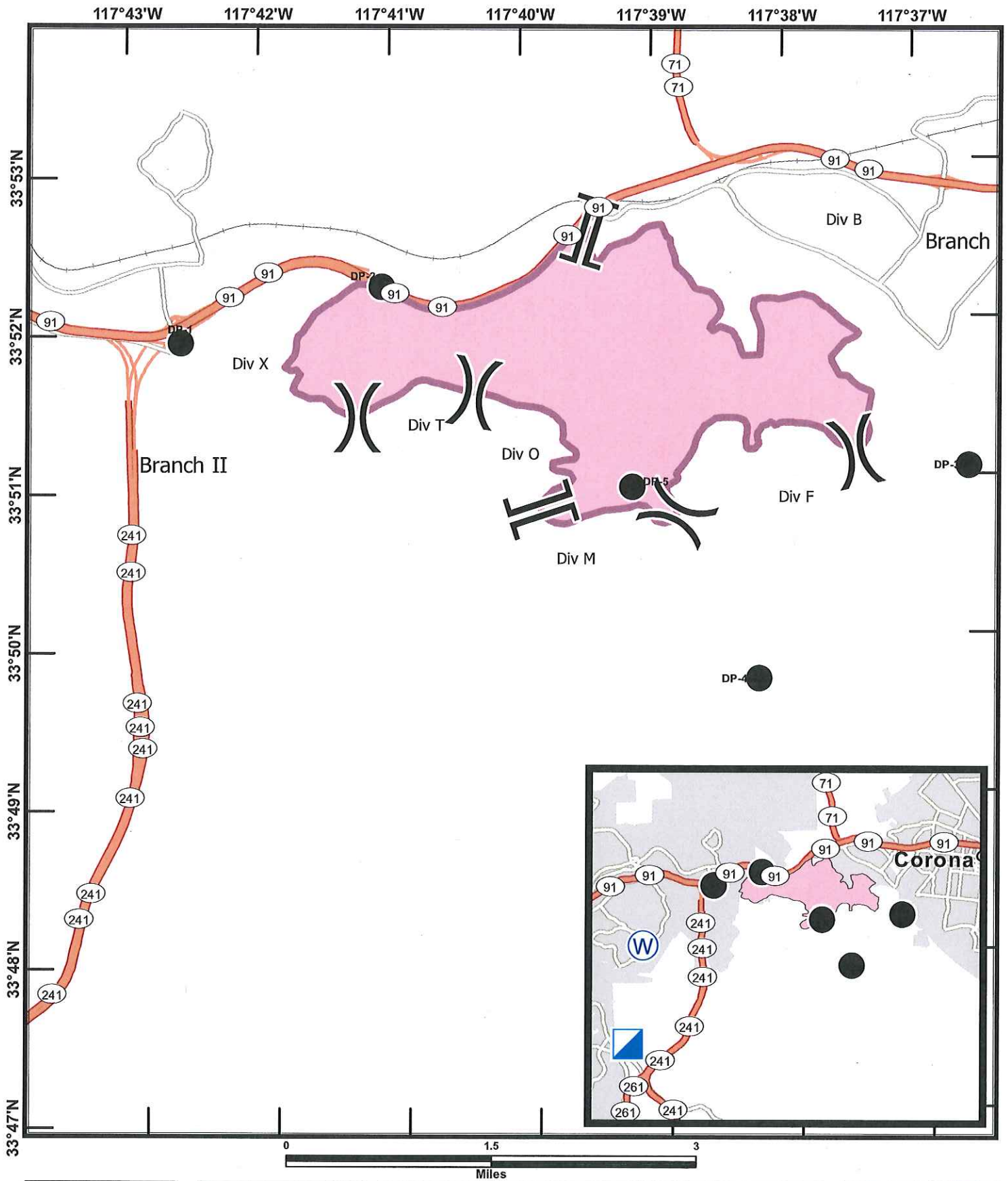
SIGNATURE OF PERSON CERTIFYING OCCURANCE AS DESCRIBED			
SIGNATURE:	PRINTED NAME:	TITLE:	DATE:
UNIT SUPERVISOR'S APPROVAL			
COMMENTS:			
SIGNATURE OF UNIT ADMINISTRATOR:		TITLE:	DATE:



- Legend of Facilities**
- 1 Park Office
 - 2 Train Station
 - 3 Boat House
 - 4 Water Chlorination Plant & Primary Elec. Transformer
 - 5 Residence House
 - 6 Maintenance Yard
 - 7 Possible Water Hydrant
 - 8 Main Connection to Municipal Water
 - 9 Phone Connection
 - 10 Restrooms
 - 11 OC Zoo
 - 12 Concessions
 - 13 Peacock Hill Stables & Country Trails
 - 14 Historic Buildings
 - 15 Lift Station


- | | | | |
|----|------------------------|----|----------------------|
| 1 | Overhead Parking | 13 | Engine Parking |
| 2 | ICP | 14 | Ground Support |
| 3 | Kitchen/Drinks/Lunches | 15 | COCK Sleeping |
| 4 | DO NOT PARK | 16 | COCK Sleeping |
| 5 | Showers/Laundry | 17 | COCK Laundry/Showers |
| 6 | Sleeper Units | 18 | COCK Parking |
| 7 | Supply Units | 19 | Engine Parking |
| 8 | Engine Parking | 20 | Engine Parking |
| 9 | CCS Sleeping | 21 | Engine Parking |
| 10 | CCS Sleeping | 22 | Gray Water Disposal |
| 11 | Engine Parking | 23 | Engine Parking |
| 12 | Engine Parking | 24 | Engine Parking |





JF

Travel Map
Canyon Incident
CA ORC 105068
September 27, 2017




UNIT LOG (ICS 214)

1. Incident Name: <p align="center">CANYON</p>	2. Operational Period: Date From: <u>9/27/17</u> Date To: <u>9/28/17</u> Time From: <u>0700</u> Time To: <u>0700</u>
--	--

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:
------------------------	-------------------