

* CORRECTED *

BEAVER

INCIDENT

CA-BEU-002837

INCIDENT ACTION PLAN

<https://app.box.com/v/beu>



OPERATIONAL PERIOD

6/15/2018 0700

to

6/16/2018 0700

Spot Forecast for Beaver...CAL FIRE 426 PM PDT Thu Jun 14 2018
National Weather Service San Francisco Bay Area

.DISCUSSION...Daytime temperatures will continue to trend cooler and humidity values will continue to trend higher into the weekend. Winds will increase out of the west/southwest Friday and Saturday afternoons, occasionally gusty at times.

.FRIDAY...

Sky/weather.....Sunny.
Max temperature.....79-84.
Min humidity.....20-25 percent.
Eye level winds.....Southwest winds 3-6 shifting to the west at 7-12 mph with gusts up to 20 mph in the afternoon
Wind (20 ft).....Southwest winds 5-9 mph shifting to the west at 10-15 mph with gusts to 23 mph in the afternoon
CWR.....0 percent.
LAL.....1.
Mixing height.....800 ft AGL increasing to 2800 ft AGL after noon
Transport winds.....South ~5 mph, southwest ~10 mph after noon
Marine layer.....None.

.FRIDAY NIGHT...

Sky/weather.....Clear.
Min temperature.....43-48.
Max humidity.....75-80 percent.
Eye level winds.....West winds around 6 to 10 mph shifting to the southwest around 3 mph after midnight.
Wind (20 ft).....West winds around 8 to 12 mph with gusts to ~16 mph shifting to southwest ~5 mph after midnight
CWR.....0 percent.
LAL.....1.
Mixing height.....2500 ft AGL decreasing to 700 ft AGL after midnight.
Transport winds.....Southwest around 10 mph...becoming light and variable after midnight.
Marine layer.....None.

.SATURDAY...

Sky/weather.....Sunny.
Max temperature.....72-77.
Min humidity.....30-35 percent.
Eye level winds.....Southwest winds 3 to 6 mph...increasing to 9 to 14 mph in the afternoon.
Wind (20 ft).....Southwest winds 4 to 8 mph...increasing to 12 to 16 mph in the afternoon.
CWR.....0 percent.
LAL.....1.
Mixing height.....500 ft AGL increasing to ~5000 ft afternoon.
Transport winds.....Light and variable becoming southwest 5 to 10 mph in the afternoon.
Marine layer.....None.

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: <p style="text-align: center;">BEAVER</p>	2. Operational Period:	Date From: 6/15/18 Time From: 0700	Date To: 6/16/18 Time To: 0700
S A F E T Y S A F E T Y S A F E T Y S A F E T Y	<p>Watch for rock strikes and spot fires.</p> <p>Steep winding roads are throughout the incident. Slow down when driving on loose gravel and blind curves. Drive defensively with headlights on and use hands free devices.</p> <p>Working on steep, uneven terrain. Be mindful of rolling materials and potential for slips, sprains, strains, and breaks.</p> <p>Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.</p> <p>Maintain situational awareness. Look up, Look down, Look around</p> <p>Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.</p> <p>Remain mindful of what is going on around you! LCES!</p> <p>Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures, persistent drought, and elevated fire danger rating values.</p> <p>In country not seen in daylight. Be cautious, especially with steep drop offs.</p> <p>Wear all PPE.</p>	I T S U P T O Y O U ! ! ! ! ! ! ! ! ! ! !	
5. Prepared By: ICS 208	Position/Title: SOFR Date/Time: 6/14/2018 / 2030	Signature: _____	

MEDICAL PLAN (ICS 206)

1. Incident Name: <p style="text-align: center; margin-top: 5px;">BEAVER</p>		2. Operational Period: Date From: 6/15/18 Date To: 6/16/18 Time From: 0700 Time To: 0700					
3. Medical Aid Stations:							
Name	Location	Contact Number/Freq	Paramedics				
Engines	Line	See ICS-205	<input type="checkbox"/> No				
Fireline EMTs	Line	See ICS-205	<input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number	Level of Service				
AMR	King City	911	ALS				
5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long		Air	Ground			
Salinas Valley Medical Center	450 E. Romie Ln, Salinas	831-757-4333	30	70	EDAT	<input type="checkbox"/> No	<input type="checkbox"/> No
Natividad Medical Center	1441 Constitution Blvd, Salinas	831-647-7611	30	70	Level 2	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Santa Clara Valley Medical Center	751 S. Bascom Ave, San Jose	408-885-5000	60	120	Level 2	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
Community Regional Medical Center	2823 Fresno St, Fresno	559-459-6000	75	150	Level 1	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
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		Date/Time: _____					

Narrative

Suppression Repair is conducted under the authority of sections 4675 and 4676 of the Public Resources Code. Suppression Rehabilitation is the necessary and reasonable repairs made and actions taken to minimize the effects of fire suppression activities on state and private property, soil, watercourses, cultural resources, wildlife and fish habitat. The following specifications shall be used in the repair of suppression activity associated with the Beaver Incident:

Control Lines:

1. Where excessive berms were formed, back blade or pull berms onto control line surface.
2. Back blade or pull organic debris onto and scatter evenly over control line surface at designated sensitive areas.
3. Construct waterbars on slopes greater than 20% slope.
 - a. Waterbars shall be constructed at 35° - 45° angle to the control line.
 - b. Waterbars shall be constructed to a depth of 6 inches below grade and 6 inches above grade.
 - c. Discharge shall be free of obstruction and where possible, shall discharge into rock, vegetation or other material that will disperse the water and reduce its energy.
 - d. Space waterbars every 75-100 feet on slopes 25 percent or less, 50 feet on slopes 26-50 percent and 30 feet on slopes greater than 50 percent.
4. On out sloped roads, remove lower berm, formed during suppression activity, to allow water to flow off the surface evenly.
5. At access points to dozer lines, scatter brush and other organic material available from suppression activity to hide the entrance and discourage use of the line.

Watercourse Crossings and Waterways:

1. Remove dirt and other debris deposited in the watercourse to allow free flow of water and reduce the movement of material downstream.
2. Re-slope watercourse to original channel shape and location.
3. Notify fire suppression repair specialist of any damage to water diversion devices, such as culverts.

Access Roads:

1. Re-slope all constructed access roads to as natural as shape as existed before their use on the incident.
2. Breach berms according to the spacing standards for waterbars on dozer line.

Areas of Special Concern:

1. Archaeological Site:
 - a. Archaeological sites shall be evaluated for impact and need for State Archaeologist involvement. Sites shall be treated per Archaeological Certified staff or State Archaeologist.

General Cleanup:

1. Collect any and all forms of trash such as plastic water bottles, cardboard, plastic flagging, foodstuffs, wrappers, blown hose and plastic bags **and PACK IT OUT or ARRANGE FOR MATERIAL TO BE FLOWN OUT.**

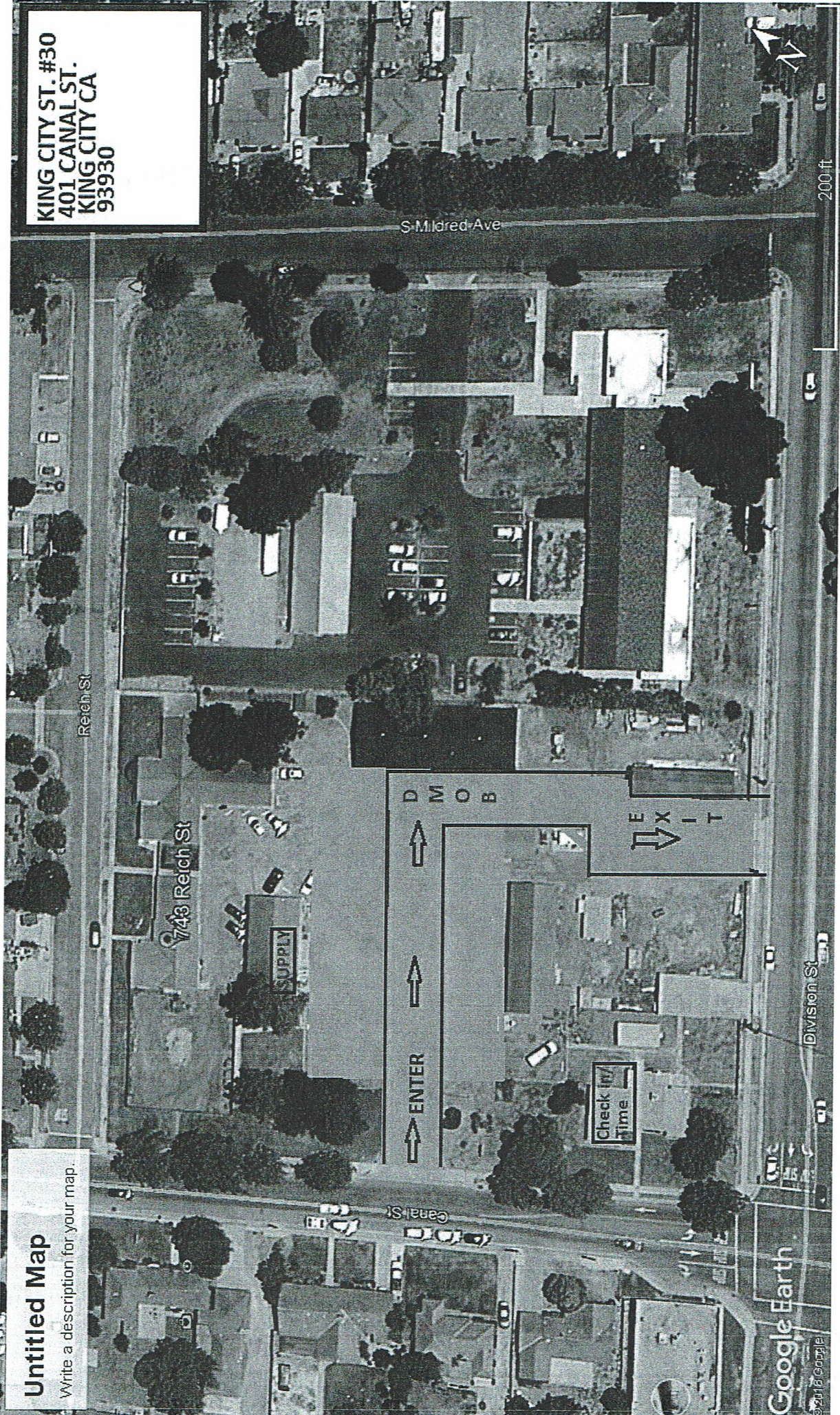
EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name	
The responsible Government Officer will complete this form each shift					WATER HAULERS	
Incident or Project Name SOBERANES		Incident Number CABEU 003422	Request Number E-64		Operator #1 SEAN RODGERS	Operator #2 WAYNE RODGERS
Agreement Number LNU-22223333					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Equipment Make PETERBILT		Equipment Model / Type 4000 GALLON			Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Serial Number 11343N		Licence Number 6S256483			Equipment Status Inspected <input type="checkbox"/> Released by Government <input checked="" type="checkbox"/> Under Agreement Withdrawn by Contractor <input type="checkbox"/>	
Equipment Use (Circle) Hours / Days / Miles					Remarks/Comments ** 2 OPERATORS	
Date Mo / Day	Start	Stop	Work	Assignment		
7/17	0701	2400	17	DIVISION B		
7/18	0001	0700	7	DIVISION B		
Vendor Rating					Govt. Rep. Name and Position - PRINT STEVE HAMPTON, DIV B	
		Poor*	Avg.	Good	Exc.	N/A
Met Performance Expectations		MUST BE FILLED OUT			Govt. Rep. Signature STEVE HAMPTON	
Equipment in Safe Working Condition					Contractor Signature WAYNE RODGERS	
Operator Skill Level					Date 07/18/12	
Operates Safely					Time 0800	
Operator's Cooperation Level					Overall Performance	
Overall Performance						
* NOTE: Any rating of POOR requires an explanation in Comment Section.					CALFIRE 297	
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.					(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					WE BUILD LINE	
Incident or Project Name WILD		Incident Number CABEU003244	Request Number E-61		Operator #1 JASON FERGUSON	Operator #2
Agreement Number Obtain from vendor's agreement					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Equipment Make CAT		Equipment Model / Type DOZER D6N			Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Serial Number 3BG0236		Licence Number			Equipment Status Inspected <input type="checkbox"/> Released by Government <input checked="" type="checkbox"/> Under Agreement Withdrawn by Contractor <input type="checkbox"/>	
Equipment Use (Circle) Hours / Days / Miles					Remarks/Comments ** 1 OPERATOR	
Date Mo / Day	Start	Stop	Work	Assignment		
7/17	0001	0700	7	OFF SHIFT		
7/17	0701	1900	12	DIVISION B		
7/17	1901	2400	5	OFF SHIFT		
Vendor Rating					Govt. Rep. Name and Position - PRINT STEVE HAMPTON	
		Poor*	Avg.	Good	Exc.	N/A
Met Performance Expectations		MUST BE FILLED OUT			Govt. Rep. Signature STEVE HAMPTON	
Equipment in Safe Working Condition					Contractor Signature JASON FERGUSON	
Operator Skill Level					Date 07/17/12	
Operates Safely					Time 2000	
Operator's Cooperation Level					Overall Performance	
Overall Performance						
* NOTE: Any rating of POOR requires an explanation in Comment Section.					CALFIRE 297	
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.					(Rev 3-2011)	
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative

Untitled Map

Write a description for your map.

KING CITY ST. #30
401 CANAL ST.
KING CITY CA
93930



S. Mildred Ave

Reich St

743 Reich St

SUPPLY

Canal St

EXIT

DMOB

ENTER

Check In/Time

Division St

200 ft

Google Earth

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