

*\*CORRECTED\**

**BEAVER**

**INCIDENT**

**CA-BEU-002837**

**INCIDENT ACTION PLAN**

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



**OPERATIONAL PERIOD**

**6/16/2018 0700**

**to**

**6/17/2018 0700**

## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> <p style="text-align: center;"><b>BEAVER</b></p>	<b>2. Operational Period:</b> Date From: 6/16/2018    Date To: 6/17/2018 Time From: 0700            Time To: 0700
<b>3. Objective(s):</b> <u>Management Objectives</u> -Provide for emergency personnel and public safety at all times. -Protect property, improvements, 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> -Keep the fire North of Coalinga-Hernandez Road. -Keep the fire West of Sweetwater Recreation Area Road to Hernandez Repeater site. -Keep the fire South of Jeep Trail/San Benito River. -Keep the fire East of the Eastern Fire.	
<b>General Situational Awareness:</b> Steep and rugged terrain, critically dry and receptive fuel beds, no recorded fire history with drought-stressed brush. Equipment rock strikes are starting spot fires. Post lookouts.	
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Approved Site Safety Plan(s) Located at:</b>	
<b>6. Incident Action Plan</b>	
<input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 205 <input checked="" type="checkbox"/> ICS 206 <input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 215A <input checked="" type="checkbox"/> ICS 220 <input checked="" type="checkbox"/> Incident Map <input checked="" type="checkbox"/> Weather Forecast <input checked="" type="checkbox"/> Fire Behavior
<input type="checkbox"/> Phone List <input type="checkbox"/> Training Message <input checked="" type="checkbox"/> Travel Map <input checked="" type="checkbox"/> Demob Plan <input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> Fire Suppression Repair Plan <input checked="" type="checkbox"/> Archaeology Message <input checked="" type="checkbox"/> Example Shift Ticket <input checked="" type="checkbox"/> Firing Operations Checklist <input checked="" type="checkbox"/> ICS 214
<b>7. Prepared By:</b> Jonathan Pangburn <b>8. Approved by Incident Commander:</b> ICS 202	Position/Title: PSC Chris Jauregui Signature: <u>Jonathan M. Pangburn</u> Signature: _____

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)

<b>1. Incident Name:</b> <p style="text-align: center;"><b>BEAVER</b></p>	<b>2. Operational Period:</b>	<b>Date From:</b> 6/16/18 <b>Time From:</b> 0700	<b>Date To:</b> 6/17/18 <b>Time To:</b> 0700
<b>S A F E T Y  S A F E T Y  S A F E T Y</b>	<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>		<b>I T S  U P  T O  Y O U ! ! ! ! ! ! ! ! ! ! !</b>
<b>5. Prepared By:</b> ICS 208	<b>Position/Title:</b> SOFR <b>Date/Time:</b> 6/15/2018 / 2030		<b>Signature:</b> _____

## ASSIGNMENT LIST (ICS 204)

<b>1. Incident Name:</b> <p style="text-align: center;"><b>BEAVER</b></p>		<b>2. Operational Period:</b> Date From: 06/16/18      Date To: 06/17/18 Time From: 0700      Time To: 0700			<b>3.</b>  Branch:  Div/Group: <span style="float: right;"><b>R</b></span>  <span style="float: right;"><b>Romeo</b></span>		
<b>4. Operations Personnel:</b> Operations Section Chief: Branch Director: Division/Group Supervisor: <b>Colin Smith</b>							
<b>5. Resources Assigned:</b>		<b>** Resources Below in Bold are 12 Hour **</b>			Reporting Location, Special Equipment, Remarks, Notes, and Information Time      Location		
Resource Identifier	Leader	Personnel	Request #				
✓ STC BEU 9460C	Jess Thompson		E-47	0700-0700	DP-6		
✓ CRW GABILAN 3			C-6	0700-1900	DP-6		
✓ CRW GABILAN 5			C-5	0700-1900	DP-6		
✓ WT PVT E-40	Jardine	1	E-40	0700-1900	DP-6		
✓ WT PVT E-41	A/G	1	E-41	0700-1900	DP-6		
✓ WT PVT E-42	Boneso Harnes	1	E-42	0700-1900	DP-6		
✓ WT PVT E-43	Haynes Water Wagon	1	E-43	0700-1900	DP-6		
✓ WT PVT E-65	Bill Parsonage	1	E-65	0700-1900	DP-6		
✓ WT PVT E-66	Tom Hubbard	1	E-66	0700-1900	DP-6		
✓ WT PVT E-67	Paul Arch	1	E-67	0700-1900	DP-6		
✓ EQPM Maldonado	Brennan Maldonado	1	O-38	0700-1900	DP-6		
<b>6. Work Assignments:</b> Mop up 100%. Grid through the black. Grid through 500 feet of green. Backhaul trash. Suppression repair. Pull hose top of DIV R, to the bowl.							
<b>7. Special Instructions:</b>  							
<b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C1	1	COMMAND	151.3550	103.5 (T8)	159.3000	146.2 (T5)	Tone 5
CDF T4	3	TACTICAL	151.1900	192.8 (T16)	151.1900	192.8 (T16)	DIV A/D / R
CALCORD	14	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	
CDF T45 <b>A/G 3</b>	15	AIR TO GROUND	159.2700	192.8 (T16)	159.2700	192.8 (T16)	
GUARD	16	EMERGENCY	168.6250		168.6250	110.9 (T1)	
<b>9. Prepared by: Name:</b> Jonathan Pangburn      Pos/Title: PSC ICS 204      Date/Time: 6/15/2018      2300 hours      Signature: <i>Jonathan M. Pangburn</i>							

### MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> <b>BEAVER</b>		<b>2. Operational Period:</b> Date From: 6/16/18 Date To: 6/17/18 Time From: 0700 Time To: 0700					
<b>3. Medical Aid Stations:</b>							
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			
<b>4. Transportation (indicate air or ground):</b>							
Ambulance Service		Location	Contact Number	Level of Service			
AMR		King City	911	ALS			
<b>5. Hospitals:</b>							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad		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
<b>6. Special Medical Emergency Procedures</b>							
<b>Line Emergency</b> 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 IVM and only for duration of the emergency. - Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need.				<b>Injury Reporting Procedures</b> 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.							
<b>7. Prepared by (Medical Unit Leader):</b>				Signature: _____			
<b>8. Approved by (Safety Officer):</b>				Signature: _____			
ICS 206		Date/Time: _____					

EMERGENCY SHIFT TICKET and EVALUATION FORM						Contractor Name	
The responsible Government Officer will complete this form each shift						WATER HAULERS	
Incident or Project Name <b>SOBERANES</b>		Incident Number <b>CABEU 003422</b>		Request Number <b>E-64</b>		Operator #1 <b>SEAN RODGERS</b>	Operator #2 <b>WAYNE RODGERS</b>
Agreement Number <b>LNU-22223333</b>						Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Equipment Make <b>PETERBILT</b>		Equipment Model / Type <b>4000 GALLON</b>				Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Serial Number <b>11343N</b>		Licence Number <b>6S256483</b>				Equipment Status Inspected <input checked="" type="checkbox"/> Under Agreement Released by Government <input type="checkbox"/> Withdrawn by Contractor <input type="checkbox"/>	
Equipment Use (Circle) Hours / Days / Miles						Remarks/Comments **  <b>2 OPERATORS</b>	
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 <b>STEVE HAMPTON, DIV B</b>	
		Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Signature <b>STEVE HAMPTON</b>
Met Performance Expectations		MUST BE FILLED OUT				Contractor Signature <b>WAYNE RODGERS</b>	
Equipment in Safe Working Condition						Date <b>07/18/12</b>	
Operator Skill Level						Time <b>0800</b>	
Operates Safely						CALFIRE 297 (Rev 3-2011)	
Operator's Cooperation Level							
Overall Performance							

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

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 <b>WILD</b>		Incident Number <b>CABEU003244</b>		Request Number <b>E-61</b>		Operator #1 <b>JASON FERGUSON</b>	Operator #2
Agreement Number <b>Obtain from vendor's agreement</b>						Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Equipment Make <b>CAT</b>		Equipment Model / Type <b>DOZER D6N</b>				Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government	
Serial Number <b>3BG0236</b>		Licence Number				Equipment Status Inspected <input checked="" type="checkbox"/> Under Agreement Released by Government <input type="checkbox"/> Withdrawn by Contractor <input type="checkbox"/>	
Equipment Use (Circle) Hours / Days / Miles						Remarks/Comments **  <b>1 OPERATOR</b>	
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 <b>STEVE HAMPTON</b>	
		Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Signature <b>STEVE HAMPTON</b>
Met Performance Expectations		MUST BE FILLED OUT				Contractor Signature <b>JASON FERGUSON</b>	
Equipment in Safe Working Condition						Date <b>07/17/12</b>	
Operator Skill Level						Time <b>2000</b>	
Operates Safely						CALFIRE 297 (Rev 3-2011)	
Operator's Cooperation Level							
Overall Performance							

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

Pink - Finance      Blue - Home Unit HE Coordinator      Yellow - Vendor      White - Govt Representative

## **Archaeological and Historical Sites Fireline Guidance for the Beaver Incident**

**Do not compromise safety for the protection and preservation of archaeological and historical sites. When feasible and prudent:**

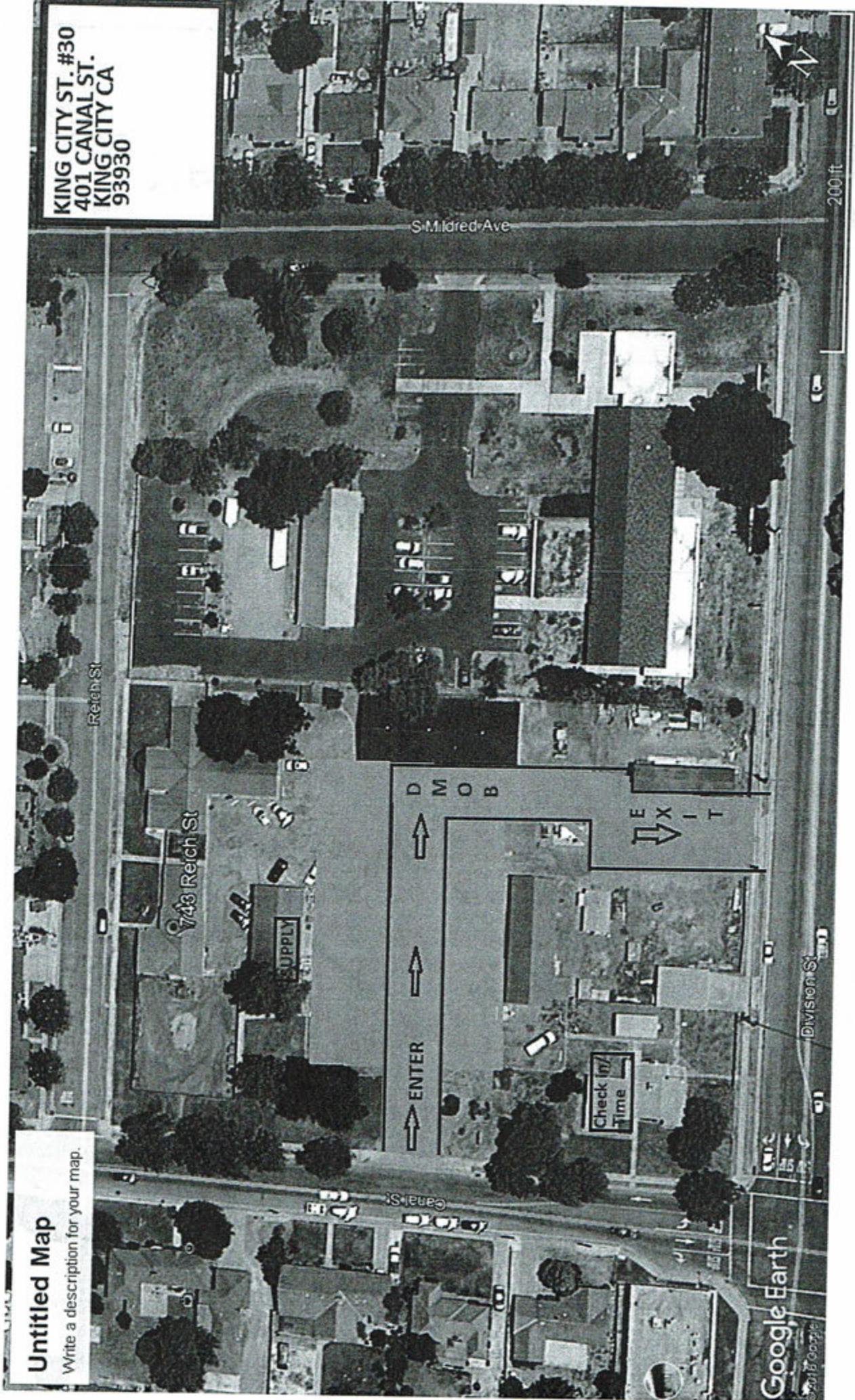
1. Be on the lookout for prehistoric and historic sites. Prehistoric archaeological sites include temporary camps containing scatters of obsidian and/or chert flakes that often look like broken glass. More permanent village sites containing circular depressions (house pits), artifact scatters, and dark brown-black soils (midden). These typically occur on flats near sources of water, along ridgetops and saddles, and other such places suitable for camping. Historic sites include old wooden buildings, structures and corrals, rock foundations, wells, and debris scatters. These kinds of resources can be found in the same kinds of environmental settings as prehistoric camp sites.
2. No archaeological or historical sites have yet been flagged. If you observe artifacts, features, or sites, attempt to avoid dozing or driving through and/or parking on these sites, if feasible, especially with heavy equipment.
3. If you can't avoid sites, minimize disturbance as much as feasible, only clearing the surface to as minimal a depth and width as necessary.
4. Leave all artifacts in place. Some artifacts may have been intentionally placed for religious or ceremonial reasons.
5. When a site is discovered, flag it for visibility and report its location to the Division Supervisor. If feasible, note locations of discovered resources on a map. Better yet, take a GPS reading. Leave information with the Plans Section so that the sites can be relocated and protected during both the suppression and fire suppression repair phases of the Incident.
6. If you encounter a burial or other human remains, cease work in that area immediately and contact the CAL FIRE Archaeologist. State law requires that CAL FIRE then contact the County Coroner, who will then determine if the remains are part of a crime scene. If the Coroner determines that the remains are Native American, State law requires the Coroner to contact the Native American Heritage Commission in Sacramento.



# Untitled Map

Write a description for your map.

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



Reich St

743 Reich St

SUPPLY

DMOB

ENTER

EXIT

Check In/Time

Canal St

S Mildred Ave

Division St

200 ft

Google Earth

# UNIT LOG (ICS 214)

**1. Incident Name:** **BEAVER**      **2. Operational Period:**    Date From: 6/16/18    Date To: 6/17/18  
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:**