

INCIDENT ACTION PLAN

COYOTE INCIDENT

CA-BEU-003441



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

OPERATIONAL PERIOD

7/16/2020 0700

to

7/17/2020 0700

Fire and COVID-19 Briefing Checklist

Self-Awareness / Screening

- Immediately separate yourself from others.
- Notify supervisor if you or others experience:
 - Cough, more than expected
 - Shortness of breath or difficulty breathing
 - New loss of taste or smell
 - Fever
 - Chills
 - Sore throat
 - Muscle pain
- Review and follow crew and division plans to isolate, triage, and transport symptomatic personnel.

Hygiene on the Fireline

- Properly wash or sanitize your hands often, especially before and after eating or entering a public place, and after coughing or sneezing.
- Avoid handshakes and communal use items.
- Maintain a supply of hand sanitizer and hand wipes. Inform supervisor of needed resupply.
- Disinfect high touch surfaces often:
 - Radios, phones, doors, pumps, fuel cans, etc.

Social Distancing and Protective Equipment

- Initiate, practice, and remind others of social distancing.
- Conduct briefings and conversations outdoors and at least 6 feet apart.
- Utilize face coverings as a tool when practical.
- Clean or replace dirty face coverings, equipment, and PPE.

Communications

- Face coverings and social distancing complicate communications. Ensure effective sender/receiver messaging.

Protect yourself, your crew, and your camp!

Find more information: <https://www.nwccg.gov/coronavirus>.

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: COYOTE		2. Operational Period: Date From: 7/16/2020 Time From: 0700		Date To: 7/17/2020 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Jason Luckenbach, Rodney Dover		Operations		
Deputy			Deputy Operations		
Safety Officer			Night Ops		
Information Officer			Staging Area		
Liaison Officer			Branch	I	
4. Agency/Organization Representatives:			Division/Group	A	
Agency/Organization	Name		Division/Group	D	Jake Reed
			Division/Group	P	Nathan Arellano
			Division/Group	W	Mike Morgensteru
			Division/Group		
			Branch	II	
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Branch	III	
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Branch	IV	
			Division/Group		
5. Planning Section:			Division/Group		
Chief	Jonathan Pangburn		Division/Group		
Deputy			Division/Group		
Resource Unit			Division/Group		
Situation Unit			Branch	V	
Documentation Unit			Division/Group		
Demobilization Unit			Division/Group		
GISS			Division/Group		
FBAN			Division/Group		
IMET			Division/Group		
Training Tech Spec			Air Operations Branch		Director:
			Air Support Group Supervisor		
			Air Tactical Group Supervisor		
6. Logistics Section			Helibase Manager		
Chief	Marlee Francis				
Supply Unit			8. Finance/Administration Section:		
Facilities Unit			Chief		
Ground Support Unit	Michael Darcy		Time Unit		
Communications Unit			Procurement Unit		
Medical Unit			Comp/Claims Unit		
			Cost Unit		
Prepared By: Name: Jonathan Pangburn		Position/Title: PSC		Signature: <i>Jonathan Pangburn</i>	
ICS 203		Date/Time: 7/15/2020 2200		NIMS IAP	

FIRE BEHAVIOR FORECAST

FORECAST NUMBER: 1	TYPE OF FIRE: Wildland Fire
FIRE NAME: Coyote	OPERATIONAL PERIOD: 24hr 7/16 (0700-0700)
DATE ISSUED: 7/15/2020	TIME ISSUED: 2000
UNIT: BEU	SIGNED: Jonathan Pangburn, FBAN <i>Jonathan Pangburn</i>

INPUTS

WEATHER SUMMARY

****Warm and Dry, Light Winds****
See Weather Forecast in IAP.

OUTPUTS

GENERAL:

Dead fuel moisture near to below average. Rapid growth and spotting when slope and wind are in alignment. Brush highly receptive to burning. Local chamise has reached critical fuel moisture level at 59% on 6/20/20.

In the absence of weather conditions outside the forecast or extreme fire behavior conditions expect:

	Max. Flame Length	Max. Rate of Spread	Spotting	Probability of Ignition
Grass	< 6' (1.5 m)	65 ch/hr (1.2 km/hr)	< 1/3 mile (.5 km)	90%
Grass/Shrub Mix	< 7' (2 m)	40 ch/hr (0.7 km/hr)	< 1/3 mile (.5 km)	90%
Shrub	< 20' (6 m)	90 ch/hr (1.7 km/hr)	< 1/3 mile (.5 km)	90%
Timber Understory	< 10' (3 m)	45 ch/hr (0.8 km/hr)	< 1/3 mile (.5 km)	90%

****minimum safety zone size for brush fuels is 1 acre (0.1 Ha) for a Strike Team of Engines.**

SPECIFIC:

Expect continued fire activity east and southeast toward Panoche Pass and Payne Creek Road.

Areas considered dormant may flare with afternoon winds. Watch for winds to pick up in the afternoon and channel through canyons and drainages.

Expect rapid rates of spread in grass fuels wherever torching and ember cast is seen.

Areas of tactical advantage (water features), normally utilized as barriers to fire spread, may be compromised with afternoon winds via spotting.

New starts will see rapid growth and establishment.

AIR OPERATIONS:

Anticipate mostly clear skies under mixing height.

Mixing height: 4,000 ft. AGL, Transport winds: S 5-10 mph, Sunrise 0558, Sunset 2021.

SAFETY

Short intense fire runs are possible. Make sure you know where your safety zone is at and the time it takes to get there.

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: COYOTE	2. Operational Period:	Date From: 7/16/20 Time From: 0700	Date To: 7/17/20 Time To: 0700
------------------------------------	-------------------------------	---------------------------------------	-----------------------------------

S
A
F
E
T
Y

S
A
F
E
T
Y

S
A
F
E
T
Y

Steep winding roads are throughout the incident. Slow down when driving on loose gravel, dirt, and blind curves. Drive defensively with headlights on and use hands free devices.

Working on steep, uneven terrain. Be mindful of rolling materials.

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

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

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

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

HEADS UP!!! Lookout for SNAGS when working around areas with burned trees. Evaluate all wind damaged trees with large limbs before working under around them.

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

In country not seen in daylight. Be cautious, especially with steep drop offs.

Wear all PPE.

I
T
S

U
P

T
O

Y
O
U
!
!
!
!
!
!
!
!
!

5. Prepared By:	Jonathan Pangburn	Position/Title:	PSC	Signature: <u>Jonathan Pangburn</u>
ICS 208	Date/Time:	7/15/2020	2200	



SAFETY COMMUNICATION

2019 Novel Coronavirus (2019-nCoV) Outbreak

Subject: There is a concern for potential exposure of first responders to a new coronavirus “2019-nCoV” originating in Wuhan City, Hubei Province, China. Cases have been confirmed in California and can cause severe, potentially life-threatening illness. First responders may be exposed to infected patients and should be aware of how to prevent transmission of this infection, including utilizing proper personal protective equipment (PPE).

Discussion: Coronaviruses are common throughout the world and typically cause mild to moderate illness. The 2019 novel Coronavirus (2019-nCoV) is a member of this family that includes SARS-CoV and MERS-CoV. Symptoms of infection may include: fever, difficulty breathing, cough and other lower respiratory complications. Coronaviruses may lead to other progressive respiratory illness such as pneumonia, respiratory failure, and death. Available treatment is currently limited to supportive care.

Difference from Normal: Respiratory viruses are typically contagious, but do not cause severe disease. The 2019-nCoV has caused severe respiratory illness and death in some patients. At the time of this communication, the disease has only been found in those who have traveled to Wuhan City or been in close contact with an infected individual. Close contact is defined as within six feet of the infected individual while **NOT** wearing appropriate PPE (see below PPE requirements).

Concerns to Firefighters: First responders are often unaware of the underlying factors causing a patient’s symptoms. With this specific novel coronavirus, there is currently minimal information available about how the disease is transmitted. Federal and State health agencies are recommending precautions consistent with previous coronavirus outbreaks (SARS and MERS). When person-to-person spread occurred with MERS and SARS, transmission was thought to have been via respiratory droplets produced when an infected person coughs or sneezes. This method of transmission is how influenza and other respiratory pathogens are spread.

Patients who should be considered for suspected infection with 2019-nCoV include those with: fever and lower respiratory symptoms within 14 days of travel from Wuhan City, China, or who have fever or lower respiratory symptoms and were in close contact with a person with suspected or laboratory-confirmed case of 2019-nCoV

Protection Measures: All responders must use proper PPE. Minimize the number of responders in close contact with the patient. If a patient meets the criteria above, personnel should immediately don PPE to include a N95 (or equivalent) respirator, gown, eye protection, gloves, and place a mask on the patient. If there is concern of a possible exposure, you must notify your immediate supervisor and follow departmental exposure reporting process, including a Communicable Disease Exposure Report (IIPP-10a). Always take standard precautions, regardless of a patient’s presenting complaint.

Obtain your influenza vaccine to help protect yourself against seasonal influenza virus.

[Click here](#) for additional information and latest updates on the 2019 Novel Coronavirus from the Centers for Disease Control and Prevention.

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

1. Incident Name: COYOTE Incident Channels		2. Date/Time Prepared Date: 07/15/2020 Time: 2230		3. Operational Period: Date From: 07/16/20 Time From: 0700		Date To: 07/17/20 Time To: 0700		
4. Communications								
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
1	COMMAND	CDF C4	ALL DIVS	151.4000	103.5 (T8)	159.3750	151.3	TONE 6
2	TACTICAL	CDF T12	DIV A / P / W	151.4600	192.8 (T16)	151.4600	192.8 (T16)	DIV A / P / W
3	TACTICAL	CDF T28	DIV D	151.1825	192.8 (T16)	151.1825	192.8 (T16)	DIV D
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14	AIR TO GROUND	CDF T15	ALL DIVS	159.2700	192.8 (T16)	159.2700	192.8 (T16)	
15	MEDICAL	CALCORD	ALL DIVS	156.0750N	T6 - 156.7	156.0750N	T6 - 156.7	
16	AIRGUARD	AIRGUARD V3	ALL DIVS	168.6250N		168.6250N	T1 - 110.9	
17								
18								
19								
20								
5. Special Instructions								
6. Prepared by (PSC): Name: Jonathan Pangburn				Signature: <u>Jonathan Pangburn</u>				
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC				NIMS/IAP		Date/Time: 07/15/20 2230		

MEDICAL PLAN (ICS 206)

1. Incident Name: <p style="text-align: center; margin-top: 5px;">COYOTE</p>		2. Operational Period: Date From: <u>7/16/20</u> Date To: <u>7/17/20</u> Time From: <u>0700</u> Time To: <u>0700</u>					
3. Medical Aid Stations:							
Name	Location	Contact Number/Freq	Paramedics				
Engines	Division	Tactical	<input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number	Level of Service				
AMR		911	ALS				
5. Hospitals:							
Hospital Name	Address, Lat & Long Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Air		Ground				
Natividad Medical Center	1441 Constitution Blvd., Salinas, CA 93906, Lat/Long: 36.6966688, -121.6330887	(831) 647-7611	00:14	01:11	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Regional Medical Center	225 North Jackson Ave., San Jose, CA 95116-1691, Lat/Long: 37.3622057, -121.8489667	(408) 259-5000	00:28	01:28	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Santa Clara Valley Medical Center	751 S. Bascom Ave., San Jose, CA 95128, Lat/Long: 37.3128569, -121.9332672	(408) 885-5000	00:28	01:30	Level 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Regional Medical Center	2823 Fresno St., Fresno, CA 93721, Lat/Long: 36.7428949, -119.7843968	(559) 459-6000	00:30	01:46	Level 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
6. Special Medical Emergency Procedures							
Line Emergency Crew Supervisor will contact Division Supervisor with patient complaint/condition and location. - Division Group Supervisor Contacts: 1. Closest EMS resource 2. Communications Unit - Communications Unit Contacts: 1. Ground or Air ambulance as requested. 2. Operations 3. Safety 4. Medical Unit - Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel. 1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency. - Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need. Camp Emergency Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient. - Medical Unit contacts 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims				Injury Reporting Procedures Nature of Injury: _____ Location of Patient: _____ Point of Contact: _____ Transportation Requested by: Air ___ Ground ___ Point of Pick-Up: _____ Lat: _____ Long: _____ Patient Unit ID: _____ Is an EMT with Patient: Yes ___ No ___ Age: _____ Sex: Male ___ Female ___ All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.			
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (PSC): <p style="text-align: center; margin-top: 5px;">Jonathan Pangburn</p>				Signature: <u>Jonathan Pangburn</u>			
8. Approved by (IC): <p style="text-align: center; margin-top: 5px;">Jason Luckenbach, Rodney Dover</p>				Signature: <u>Jason Luckenbach</u>			
ICS 206		Date/Time: <u>7/15/20</u> <u>2200</u>		NIMS IAP			

FIRING OPERATION CHECKLIST

Location: _____

Date: _____ Time: _____

Firing Supervisor _____

1. Personnel Briefing

- Objectives
- Conditions (fire environment)
- Resource assignments identified
 - Firing personnel
 - Holding forces
 - Lookouts
- Ignition plan/sequence
- Communication Plan
- Contingency Plan
- Safety issues

2. Go / No-Go

- All personnel briefed
- Weather forecast reviewed
- Resources in place
- Lookouts posted as needed
- Anchor and termination firing points identified
- Communications systems in place
- Fire behavior forecast reviewed
- Escape routes and safety zones established and made known
- Adjoining forces/Air Attack notified

3. Approval Prior To Firing

- Division Supervisor
- Branch Director
- Operations

4. Other Notifications

- Other: _____
- Other: _____

Attach Firing Operations Checklist to ICS-214

Rev: Ops Group February 8, 2011

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																																											
<table border="1"> <thead> <tr> <th colspan="5">Equipment Use</th> </tr> <tr> <th>Date</th> <th>Start</th> <th>Stop</th> <th>Work</th> <th>Assignment</th> </tr> </thead> <tbody> <tr> <td>7/17</td> <td>0701</td> <td>2400</td> <td>17</td> <td>DIVISION B</td> </tr> <tr> <td>7/18</td> <td>0001</td> <td>0700</td> <td>7</td> <td>DIVISION B</td> </tr> </tbody> </table>						Equipment Use					Date	Start	Stop	Work	Assignment	7/17	0701	2400	17	DIVISION B	7/18	0001	0700	7	DIVISION B	<input type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement <input type="checkbox"/> Released by Government <input type="checkbox"/> Withdrawn by Contractor																							
						Equipment Use																																											
						Date	Start	Stop	Work	Assignment																																							
						7/17	0701	2400	17	DIVISION B																																							
7/18	0001	0700	7	DIVISION B																																													
Remarks/Comments ** 2 OPERATORS																																																	
Vendor Rating						Govt. Rep. Name and Position - PRINT STEVE HAMPTON, DIV B																																											
<table border="1"> <thead> <tr> <th></th> <th>Poor*</th> <th>Avg.</th> <th>Good</th> <th>Exc.</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>Met Performance Expectations</td> <td></td> <td colspan="4">MUST BE FILLED OUT</td> </tr> <tr> <td>Equipment in Safe Working Condition</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operator Skill Level</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operates Safely</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operator's Cooperation Level</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Overall Performance</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Poor*	Avg.	Good	Exc.	N/A	Met Performance Expectations		MUST BE FILLED OUT				Equipment in Safe Working Condition						Operator Skill Level						Operates Safely						Operator's Cooperation Level						Overall Performance						Govt. Rep. Signature STEVE HAMPTON	
	Poor*	Avg.	Good	Exc.	N/A																																												
Met Performance Expectations		MUST BE FILLED OUT																																															
Equipment in Safe Working Condition																																																	
Operator Skill Level																																																	
Operates Safely																																																	
Operator's Cooperation Level																																																	
Overall Performance																																																	
						Contractor Signature WAYNE RODGERS																																											
						Date 07/18/12 Time 0800																																											
* NOTE: Any rating of POOR requires an explanation in Comment Section. **Final evaluation or for more documentation, use an ICS Form 230 or equivalent.						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						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																																											
<table border="1"> <thead> <tr> <th colspan="5">Equipment Use</th> </tr> <tr> <th>Date</th> <th>Start</th> <th>Stop</th> <th>Work</th> <th>Assignment</th> </tr> </thead> <tbody> <tr> <td>7/17</td> <td>0001</td> <td>0700</td> <td>7</td> <td>OFF SHIFT</td> </tr> <tr> <td>7/17</td> <td>0701</td> <td>1900</td> <td>12</td> <td>DIVISION B</td> </tr> <tr> <td>7/17</td> <td>1901</td> <td>2400</td> <td>5</td> <td>OFF SHIFT</td> </tr> </tbody> </table>						Equipment Use					Date	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	<input type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement <input type="checkbox"/> Released by Government <input type="checkbox"/> Withdrawn by Contractor																		
						Equipment Use																																											
						Date	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																																													
Remarks/Comments ** 1 OPERATOR																																																	
Vendor Rating						Govt. Rep. Name and Position - PRINT STEVE HAMPTON																																											
<table border="1"> <thead> <tr> <th></th> <th>Poor*</th> <th>Avg.</th> <th>Good</th> <th>Exc.</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>Met Performance Expectations</td> <td></td> <td colspan="4">MUST BE FILLED OUT</td> </tr> <tr> <td>Equipment in Safe Working Condition</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operator Skill Level</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operates Safely</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operator's Cooperation Level</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Overall Performance</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Poor*	Avg.	Good	Exc.	N/A	Met Performance Expectations		MUST BE FILLED OUT				Equipment in Safe Working Condition						Operator Skill Level						Operates Safely						Operator's Cooperation Level						Overall Performance						Govt. Rep. Signature STEVE HAMPTON	
	Poor*	Avg.	Good	Exc.	N/A																																												
Met Performance Expectations		MUST BE FILLED OUT																																															
Equipment in Safe Working Condition																																																	
Operator Skill Level																																																	
Operates Safely																																																	
Operator's Cooperation Level																																																	
Overall Performance																																																	
						Contractor Signature JASON FERGUSON																																											
						Date 07/17/12 Time 2000																																											
* NOTE: Any rating of POOR requires an explanation in Comment Section. **Final evaluation or for more documentation, use an ICS Form 230 or equivalent.						CALFIRE 297 (Rev 3-2011)																																											
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative																																											

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 Coyote 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.**

Archaeological and Historical Sites Fireline Guidance for the Coyote 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.

**THIS PAGE
INTENTIONALLY
LEFT BLANK**

