

INCIDENT ACTION PLAN AIRPORT INCIDENT

CA-RRU-154602

* CORRECTED *



OPERATIONAL PERIOD

12/6/2020 0700

to

12/7/2020 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">AIRPORT</p>	2. Operational Period:	Date From: 12/6/2020 Time From: 0700	Date To: 12/7/2020 Time To: 0700
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3. Objective(s):

- Management Objectives**
- Provide for emergency personnel and public safety at all times.
 - Ensure COVID-19 precautions and best practices are met 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.

- Control Objectives**
- Keep the fire North of Prado Dam
 - Keep the fire South of Big Spring Ct.
 - Keep the fire East of Hwy 71
 - Keep the fire West of Rincon St.

General Situational Awareness:

Tree torching is creating embercasting across the line. Strong winds and low RH will aid spot fires becoming established.

In the COVID-19 environment, high density populations or large groups are particularly at risk. To help protect yourself, your family and to ensure all employees return home safely, make sure to practice social distancing.

Enhanced hygiene (especially handwashing), PPE & monitoring practices help limit the infection rate of first responders.

5. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan

<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 215A	<input type="checkbox"/> ICS 205 A	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Facility Maps	<input 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"/> County Health Message
<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

7. Prepared By: A.Johansson Position/Title: PSC Signature: _____

8. Approved by Incident Commander: J. Veik Signature: _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: AIRPORT		2. Operational Period: Date From: 12/6/2020		Date To: 12/7/2020	
		Time From: 0700		Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	J. Veik - J. Burrows (T)		Operations	J. McGough - Robert Peterson (T)	
Deputy			Deputy Operations		
Safety Officer	S. Wilson		Night Ops		
Information Officer			Staging Area		
Liaison Officer			Branch	I	
4. Agency/Organization Representatives:			Division/Group	A/B	D. Lord, N. Cooke (T)
Agency/Organization	Name		Division/Group	X/Y	C. Cisneros, Ault (T) Ching (T)
CORONA FIRE	B. Young		Division/Group	Z	C. Hunter, M. Khazaal (T)
CHP	TBD		Division/Group		
CORONA PD	TBD		Division/Group		
			Branch	II	
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Branch	III	
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Branch	IV	
			Division/Group		
5. Planning Section:			Division/Group		
Chief	A. Johansson		Division/Group		
Deputy			Division/Group		
Resource Unit			Division/Group		
Situation Unit	J. Day		Branch	V	
Documentation Unit	C. Adams		Division/Group		
Demobilization Unit			Division/Group		
GISS			Division/Group		
FBAN			Division/Group		
IMET			Division/Group		
Training Tech Spec			Air Operations Branch		Director: M. Stanford
			Air Support Group Supervisor		
			Air Tactical Group Supervisor		
6. Logistics Section			Helibase Manager D. Horenburg		
Chief	S. Hunt				
Supply Unit			8. Finance/Administration Section:		
Facilities Unit			Chief	TBD	
Ground Support Unit			Time Unit		
Communications Unit			Procurement Unit		
Medical Unit			Comp/Claims Unit		
			Cost Unit		
Prepared By: Name: A. Johansson			Position/Title: PSC		
ICS 203			Date/Time: 12/5/2020 2300 hours		
			Signature: _____		

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: AIRPORT	2. Operational Period: Date From: 12/06/20 Date To: 12/07/20 Time From: 0700 Time To: 0700	3. Branch Division I A/B Page 1 of 1 Alpha/Bravo
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4. Operations Personnel:	
Operations Section Chief: J. McGough - Robert Peterson (T)	Night Ops:
Branch Director:	Branch Safety:
Division/Group Supervisor: D. Lord, N. Cooke (T)	Air Attack:

5. Resources Assigned:		** Resources Below in Bold are 12 Hour **					
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STC XRI STRIKE TEAM - 6074C			WILSON, BRANDON	18 +/-	E-2	0700-0700	
OES OES - 6848C			SCOTT, TIMOTHY L		E-26	0700-0700	
STG RRU 9314G			LORD, DAVID W	33 +/-		0700-0700	
STG SLU 9344G (CCC)				33 +/-	C-7	0700-0700	
W/T PVT E30					E30	0700-0700	
W/T PVT E31					E30	0700-0700	
DOZ PVT E-32 - RESTAD					E-32	0700-0700	
DOZ PVT E-33 - JMBS 04RC01151					E-33	0700-0700	
FKU 9437L						0700-0700	
FALM PVT O-21 - LTC FORESTRY,					O-21	0700-0700	
FEMT OSBOURNE			OSBOURNE, THOMAS L		O-20	0700-0700	
<i>LOS PINOS 1 & 2 From X/Y</i>							
<i>DOZ PVT 34 From X/Y</i>							

6. Work Assignments:
Establish and improve direct fire line. Mop up 300' in from control line.
Backhaul trash.

7. Special Instructions:
Leave all hoselays in place.
No Firing unless authorized by Operations Section.

8. Communications							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C3	1	COMMAND	151.3400	103.5 (T8)	159.3450		
CDF T26	2	TACTICAL	159.2925	192.8 (T16)	159.2925	192.8 (T16)	
CDF T20	14	AIR TO GROUND	159.3750	192.8 (T16)	159.3750	192.8 (T16)	
CALCORD	15	MEDICAL	156.0750N	T6 - 156.7	156.0750N	T6 - 156.7	
AIRGUARD V3	16	AIRGUARD	168.6250N		168.6250N	T1 - 110.9	

9. Prepared by: Name: _____ **RESL** **Signature:** _____

ICS 204 **Date/Time:** 12/5/2020 2200 **Personnel Count:** 84

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center; font-size: 1.2em;">AIRPORT</p>	2. Operational Period: Date From: 12/06/20 Date To: 12/07/20 Time From: 0700 Time To: 0700	3. Branch Division <p style="text-align: center; font-size: 1.5em;">I X/Y</p>
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4. Operations Personnel:		Page 1 of 1 X-ray/Yankee
Operations Section Chief: J. McGough - Robert Peterson (T)	Night Ops:	
Branch Director:	Branch Safety:	
Division/Group Supervisor: C. Cisneros, Ault (T) Ching (T)	Air Attack:	

5. Resources Assigned:		** Resources Below in Bold are 12 Hour **					
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
COR BR-3				4	E-53	0700-0700	
ENG3 ENGINE - 3152R				3	E-15	0700-0700	
ENG3 ENGINE - 3157R				3	E-12	0700-0700	
ENG3 ENGINE - 3166				3	E-13	0700-0700	
ENG3 ENGINE - 3173				4	E-	0700-0700	
LOS PINOS C1			C. TATE	16	C-10	0700-0700	
LOS PINOS C2			A. ROSARIO	16	C-11	0700-0700	
W/T PVT E-18 - 27				1	E-18	0700-0700	
DOZ PVT E-34 - WEAVER DOZERS				1	E-34	0700-0700	
DOZ PVT E-35 - ARIAS EQUIP				1	E-35	0700-0700	
HEQB THOMAS			THOMAS	1	O-27	0700-0700	
<i>Doz PVT 32 From A/B</i>							
<i>Doz PVT 33 From A/B</i>							

6. Work Assignments:
Establish and improve direct fire line. Mop up 300' in from control line.
Backhaul trash.

7. Special Instructions:
Leave all hoselays in place.
No Firing unless authorized by Operations Section.

8. Communications							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C3	1	COMMAND	151.3400	103.5 (T8)	159.3450		
CDF T28	3	TACTICAL	151.1825	192.8 (T16)	151.1825	192.8 (T16)	
CDF T20	14	AIR TO GROUND	159.3750	192.8 (T16)	159.3750	192.8 (T16)	
CALCORD	15	MEDICAL	156.0750N	T6 - 156.7	156.0750N	T6 - 156.7	
AIRGUARD V3	16	AIRGUARD	168.6250N		168.6250N	T1 - 110.9	

9. Prepared by: Name:	RESL
	Signature: _____
ICS 204	Date/Time: 12/5/2020 2200
	Personnel Count: 53

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED INFORMATION/BASIC

1. Incident Name: AIRPORT		2. Date/Time Prepared Date: 12/05/2020 Time: 1930		3. Operational Period: Date From: 12/06/20 Date To: 12/07/20 Time From: 0700 Time To: 0700				
4. Communications								
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
1	COMMAND	CDF C3	ALL DIVS	151.3400	103.5 (T8)	159.3450		
2	TACTICAL	CDF T26	DIV A/B	159.2925	192.8 (T16)	159.2925	192.8 (T16)	
3	TACTICAL	CDF T28	DIV XY	151.1825	192.8 (T16)	151.1825	192.8 (T16)	
4	TACTICAL	CDF T29	DIV Z	151.3475	192.8	151.3475	192.8	
5	TACTICAL	CDF T27	MULCH	159.3075	192.8 (T16)	159.3075	192.8 (T16)	
6								
7								
8								
9								
10								
11								
12								
13								
14	AIR TO GROUND	CDF T20	ALL DIVS	159.3750	192.8 (T16)	159.3750	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 (Communications Unit Leader): Name: _____ Signature: _____

MEDICAL PLAN (ICS 206)

1. Incident Name: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">AIRPORT</div>	2. Operational Period: Date From: <u>12/6/20</u> Date To: <u>12/7/20</u> Time From: <u>0700</u> Time To: <u>0700</u>
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3. Medical Aid Stations:			
Name	Location	Contact Number/Freq	Paramedics

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number	Level of Service
AMR - GROUND	TBD	Radio Perris ECC	ALS

5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long		Air	Ground			
Corona Regional	800 S. Main St. Corona	951-736-6320		10		<input type="checkbox"/>	<input type="checkbox"/>
Riverside Community	58.645000N 117-22.901667W	951-683-8671	12	20	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UCI	33-47.314167N 117-53.426333W	714-456-6480	10	17	Level 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input 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.

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): S. Wilson Signature: _____

ICS 206 Date/Time: _____

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: AIRPORT	2. Operational Period:	Date From: <u>12/6/20</u> Time From: <u>0700</u>	Date To: <u>12/7/20</u> Time To: <u>0700</u>
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HEADS UP!!! Lookout for SNAGS when working around areas with burned trees. Evaluate all wind damaged trees with large limbs before working under or around them.

Avoid complacency!!!! It is well documented that serious injuries have occurred on fires in the mop up phase.

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. Watch out for ash pits and stump holes.

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

Stay situationally aware! LCES!

Be aware of rotary wing aircraft dropping in all divisions.

COVID Please follow Covid 19 protocol. Social distance when you can. Wear your mask when appropriate. Frequent hand washing / sanitizing.

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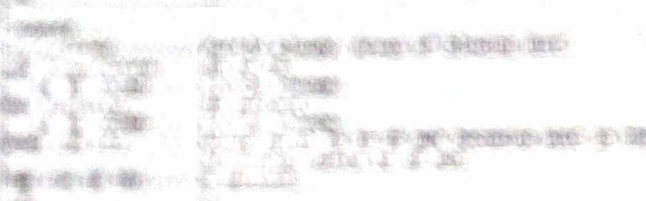
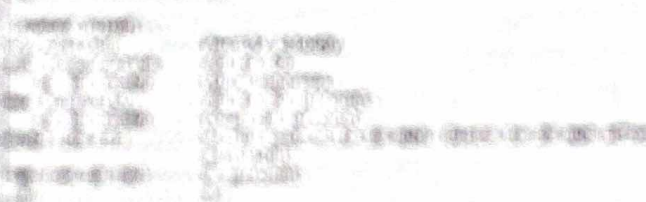
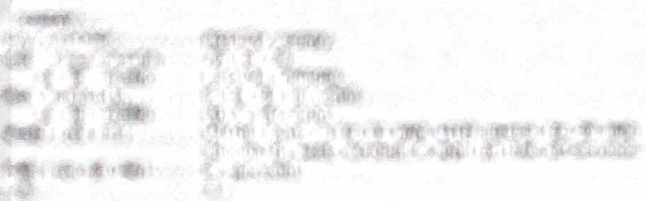
5. Prepared By: S. Wilson	Position/Title: SOFR	Signature: _____
ICS 208	Date/Time: 12/5/2020 / 2030	

Project Name	Project Number	Project Location	Project Status	Project Date
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The following information is provided for the project described in the attached documents. This information is for informational purposes only and does not constitute a contract. The project is subject to change without notice. The project is subject to the terms and conditions of the attached documents. The project is subject to the terms and conditions of the attached documents. The project is subject to the terms and conditions of the attached documents.

Project Name: [Project Name]

Project Number: [Project Number]



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Project Location: [Project Location]

Project Status: [Project Status]

Project Date: [Project Date]

