

INCIDENT ACTION PLAN MARTINEZ 3

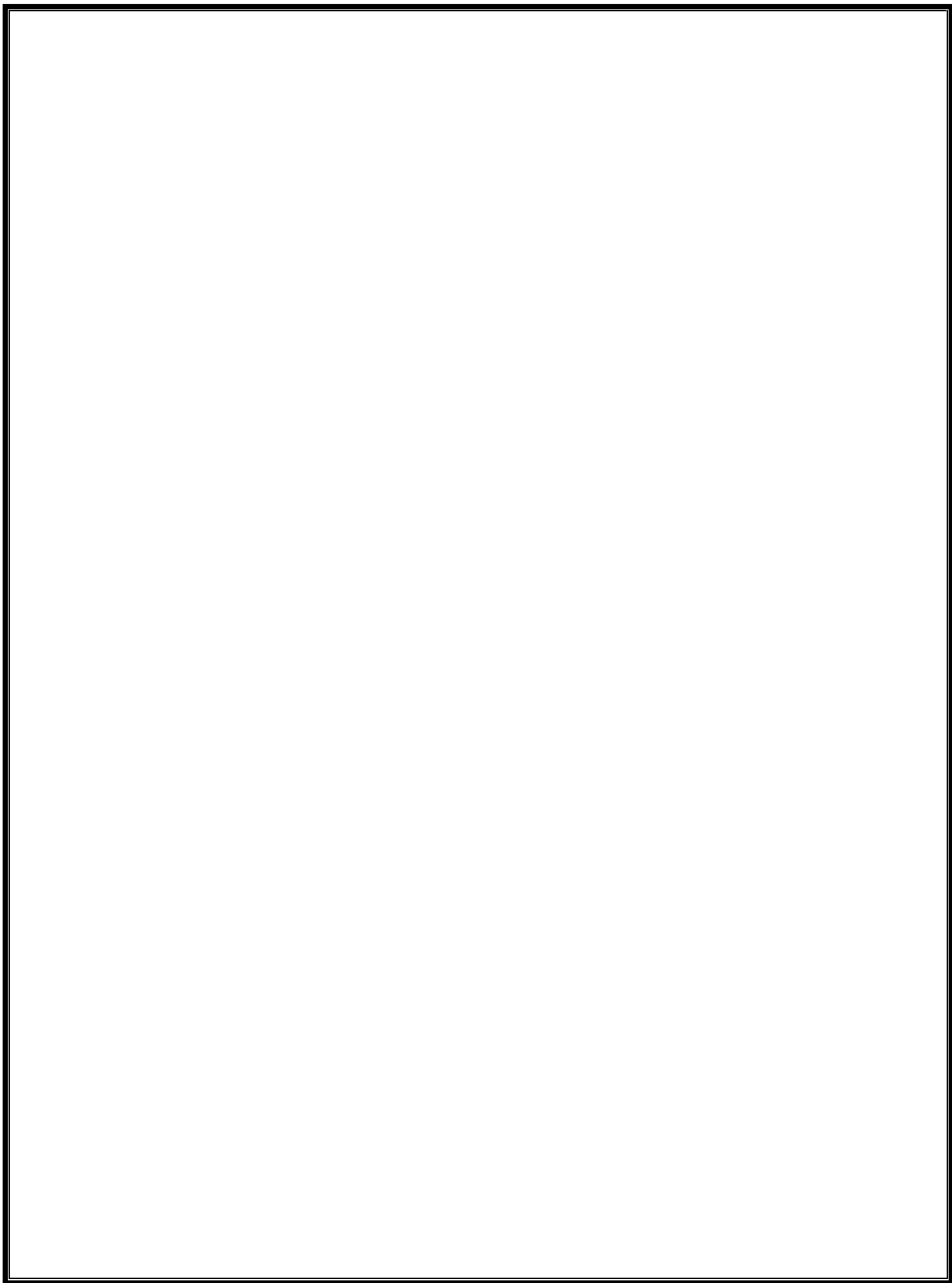


2019.Martinez3.Finance@firenet.gov

OPERATIONAL PERIOD
0600 – 2030 HRS.
OCTOBER 27 2019
CA~SCA ~ 016066 / MWQ8
LAT: N 33° 32' 48.9" ~ LONG: W 116° 07' 48.5"

“Working Together Towards a Common Goal”





ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 203	IAP Page ____	Date/Time: _____	

Forecast:

Spot Forecast for Martinez 3...BIA
National Weather Service SAN DIEGO CA
151 PM PDT Sat Oct 26 2019

Forecast is based on forecast start time of 1500 PDT on October 28.
If conditions become unrepresentative...contact the National Weather Service.

.DISCUSSION...

Cooler under mostly clear skies, with low daytime humidity and poor overnight recovery. Winds will be mostly southeast in the early afternoons and northerly in the evenings.

.SUNDAY...

Max Temperatures Around 91
Min Humidity 10 percent
Eye Level Winds Southeast winds around 4 mph
Wind (20 foot)
 Slope Southeast winds around 3 mph
 Ridgetop Northwest 15 mph
CWR 0%
LAL 1
Mixing Height 0-1500 ft AGL. . . becoming 1000-2000 ft AGL late
 In the afternoon.
Transport Winds Southeast 5 mph

.MONDAY...

Max Temperature.....Around 77.
Min Humidity.....5 percent.
Eye Level Winds.....Southeast winds around 2 mph.
Wind (20 ft).....
 Slope.....Southeast winds 3 to 4 mph.
 Ridgetop.....Northwest 15 mph.
CWR.....0 percent.
LAL.....
Mixing Height.....3500-5000 ft AGL.
Transport Winds.....Light winds.

.MONDAY NIGHT...

Sky/weather.....Clear.
Min Temperature.....Around 51.
Max Humidity.....20 percent.
Eye Level Winds.....Light winds.
Wind (20 ft).....
 Slope.....North winds around 4 mph.
 Ridgetop.....Northwest 20 mph.
CWR.....0 percent.
LAL.....1.
Mixing Height.....500-2000 ft AGL...becoming 0 ft AGL early in
 the evening.
Transport Winds.....Northwest 5 mph.

ASSIGNMENT LIST (ICS 204)

1. Incident Name: _____		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____		3. Branch: _____ Division: _____ Group: _____ Staging Area: _____	
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: _____				3. Branch: _____ Division: _____ Group: _____ Staging Area: _____	
5. Resources Assigned:			# of Persons	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader	Contact (e.g., phone, pager, radio frequency, etc.)			
6. Work Assignments:					
7. Special Instructions:					
8. Communications (radio and/or phone contact numbers needed for this assignment): Name/Function _____ Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____ _____ _____ _____					
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 204	IAP Page _____	Date/Time: _____			

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5. Resources Assigned:			Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader	# of Persons		Contact (e.g., phone, pager, radio frequency, etc.)
6. Work Assignments:				
7. Special Instructions:				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Name/Function _____		Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____		
_____		_____		
_____		_____		
_____		_____		
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 204	IAP Page _____	Date/Time: _____		

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Resource Identifier	Leader	# of Persons		Contact (e.g., phone, pager, radio frequency, etc.)
6. Work Assignments:				
7. Special Instructions:				
8. Communications (radio and/or phone contact numbers needed for this assignment): Name/Function _____ Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____ _____ _____ _____				
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5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader				
6. Work Assignments:					
7. Special Instructions:					
8. Communications (radio and/or phone contact numbers needed for this assignment): Name/Function _____ Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____ _____ _____ _____					
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 204	IAP Page _____	Date/Time: _____			

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:
<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): Name: _____ Signature: _____

8. Approved by (Safety Officer): Name: _____ Signature: _____
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ICS 206	IAP Page _____	Date/Time: _____
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INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name:	2. Incident Number:
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3. Date/Time Prepared: Date: _____ Time: _____	4. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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5. Incident Area	6. Hazards/Risks	7. Mitigations

8. Prepared by (Safety Officer): Name: _____	Signature: _____
Prepared by (Operations Section Chief): Name: _____	Signature: _____

ICS 215A	Date/Time: _____
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SERIOUS ACCIDENT AND INCIDENT WITHIN THE INCIDENT PLAN

This plan is designed to identify the initial actions that should be taken by the first arriving personnel on a serious accident. This person may be a single resource, engine boss, or crew boss. Accidents or incidents within an incident happen rapidly and require good, calm initial decisions to handle the problem while still focusing on the main fire. The following checklist provides some key thoughts and actions.

The first arriving person to any accident should notify the Division Supervisor of the incident and what will be needed including:

- ❑ Accident scene safety assessment for incoming personnel.
- ❑ The number of injured and an estimate of the severity of the injuries.
- ❑ Special equipment needs such as extrication, low/high angle rescue, and fire protection or suppression.
- ❑ Remain aware of surroundings and delegate personnel to monitor the main fire.
- ❑ Assist the injured as necessary without endangering yourself or your personnel. Do not move trauma victims unless their safety is threatened.
- ❑ Use the PINK pages of the Incident Response Pocket Guide (IRPG) for patient assessment and other medical procedures.

The Division Supervisor will assume command of the accident/incident scene upon arrival. The following checklist outlines the general duties and tasks that should be completed on most accidents/incidents.

- ❑ Delegate division oversight to another Division Supervisor or other qualified personnel.
- ❑ Request to move the incident to the assigned Safety/Medical channel. Communications will notify the Medical Unit Leader who will initiate the medical plan for injuries.
- ❑ Order resources appropriate for the accident/incident (Crew EMT's, Line EMT's or Line Paramedics).
- ❑ Notify Operations Section Chief and Safety Officer on all accidents/incidents.
- ❑ Begin to document the accident/incident accurately and completely. Use an ICS 201 if the accident/incident is large or complex.
- ❑ Protect the scene for Investigators.

Prepared by: Fuhrman PSC
Print Name Position Signature

Approved by: _____ Date: _____
Signature

Incident: Martinez 3

Date:
10/27/2019

Operational Period:
Day 0600-2030



SAFETY MESSAGE

SAFETY IS OUR FIRST PRIORITY

Fire fighter safety comes first on every fire, every time



LCES FIREFIGHTERS CODE OF CONDUCT INCIDENT RESPONSE POCKET GUIDE REST/WORK GUIDELINES

SAFETY THOUGHT

DRIVING, SMOKE, PUMPS, PPE, HAZMAT, WEATHER MEDICAL RESPONSE PROCEDURE

Slow down and direct traffic as needed in
Divisions A and Z.



MAJOR HAZARDS AND RISKS

- Mechanized Equipment
- Footing
- Ash Pits/Cavity/Caverns

- Mop-up operations
- Driving
- Signing

- Communications
- Hazmat/Contamination
- PPE/Respirator

- A major concern on this staying out of the smoke, up, up and away. Use common sense and expect the unexpected. Driving hazards are easily mitigated if you think before turning the key.
- Chipped vegetation, is it a hazmat or not? Rebar on the road could do severe damage to your vehicle. Flag those danger points
- PPE? Is there a threat of a re-burn or entrapment? AGAIN, all of us need to use common sense.
- Hazmat fuel containment base. Be careful not to spill fuel at the pumps until the order is filled.
- Keep on the alert for the changes in the weather as we study our weather forecasts.
- “Incident-within-Incident”: First on-scene EMT or PARAMEDIC declare a medical incident response. Notify immediate supervisor, establish ICS, and follow the 8-line found in the IRPG pink pages 118-119.

Safety Officer

Dave Provencio SOF2

INCIDENT RADIO COMMUNICATIONS PLAN			Incident Name MARTINEZ 3		Date/Time Prepared 10/26/19		Operational Period Date/Time 0600-0600 10/27-29/19		
CONTROLLED UNCLASSIFIED INFORMATION/BASIC					* USE HUMAN REPEATERS WHEN NECESSARY *				
Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	Tx Tone/NAC	Mode	Remarks
1	COMMAND	RVC C10	ALL DIVISIONS	154.7550 N	167.9	158.8350 N	OST	A	RVC C10
2	COMMAND	BDF FN	ALL DIVISIONS	171.4750 N	0.0	168.1500 N	OST	A	BDF FN RPT
3	ADMIN	BDF AD	ALL DIVISIONS	172.2250 N	0.0	164.1370 N	OST	A	BDF ADMIN RPTR.
4	TACTICAL	R5 TAC 4	DIVISION Z	166.5500 N	0.0	166.5500 N	0.0	A	REGION 5 TAC 4
5	TACTICAL	R5 TAC 5	DIVISION A	167.1120 N	0.0	167.1120 N	0.0	A	REGION 5 TAC 5
6	TACTICAL	NIFC T1	ALL DIVISIONS	168.0500 N	0.0	168.0500 N	0.0	A	NIFC TAC 1
7	MEDICAL	CALCORD	ALL DIVISIONS	156.0750 N	156.7	156.0750 N	156.7	A	CALIF. COORDINATION
8									
9									
10									
11									
12									
13									
16/20	AIR GUARD	AIRGUARD	ALL DIVISIONS	168.6250 N	0.0	168.6250 N	110.9	A	AIR EMERGENCIES ONLY
5. Prepared by (Communications Unit) Rick Smith COML					Incident Location County State Latitude N Longitude W				

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (Project 25)

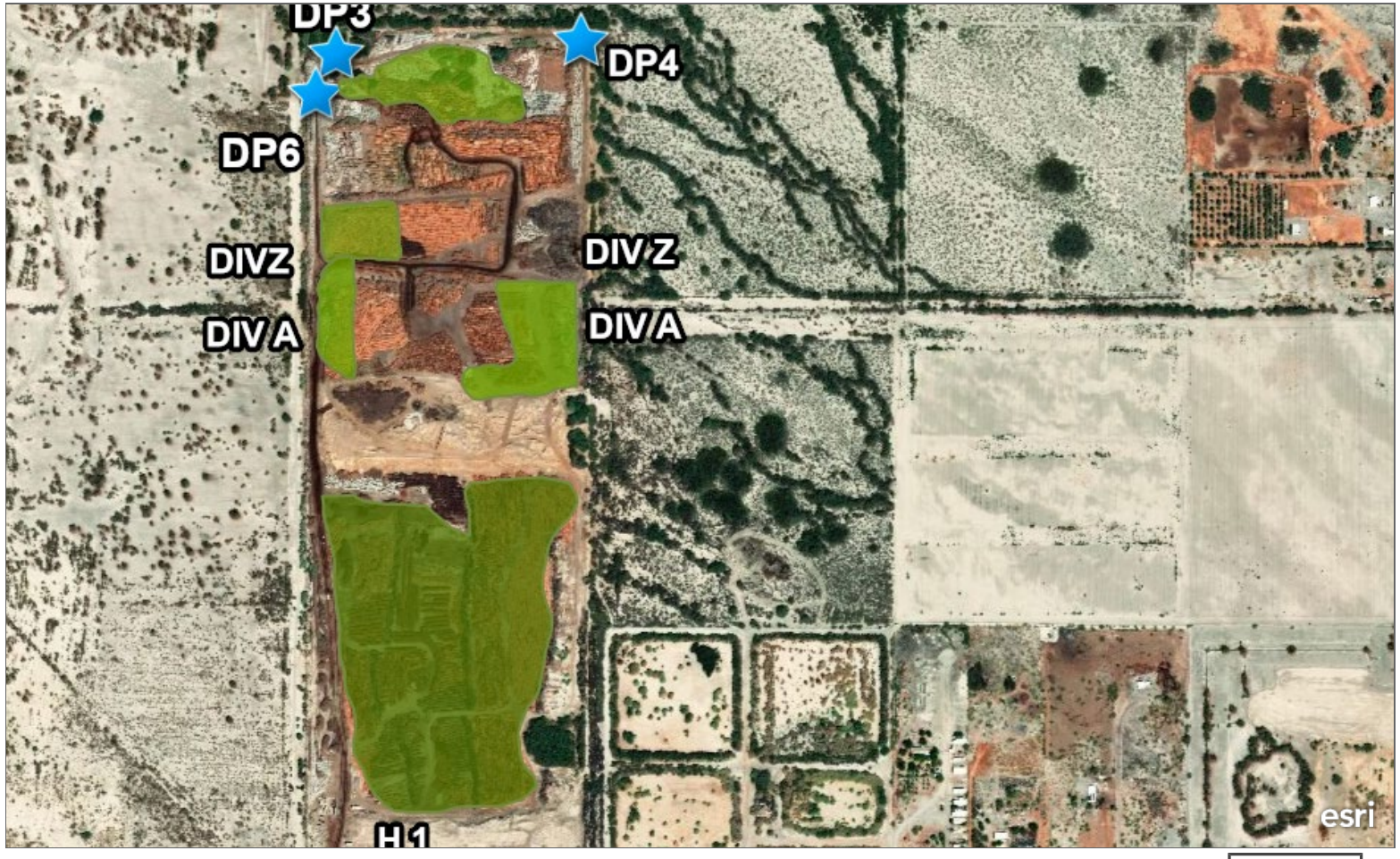
Martinez 3 Fire Information:

Please refer all public and media questions to the information shop:

Martinez Fire 3 info line number is (909) - 766- 2838.

Lost & Found will be located at the Information trailer, if you find any items that are misplaced please bring them by so we can get them back to the correct person. If you have any physical mail that is needing to be sent, please bring it to Information trailer so we can send it out for you.

Martinez Fire



600ft

USDA FSA, DigitalGlobe, CNES/Airbus DS

