

French Fire

Corrected Copy

Incident Action Plan

Thursday, August. 19, 2021

CA-CND-002796

Link to check In IAPs and Maps

<https://linktr.ee/cacnd002796>



FNUS76 KHNX 190417
FWSHNX

Spot Forecast for French...US Forest Service
National Weather Service Hanford CA
917 PM PDT Wed Aug 18 2021

Forecast is based on forecast start time of 2100 PDT on August 18.
If conditions become unrepresentative...contact the National Weather
Service.

.DISCUSSION...

Moderate northwesterly breezes will continue into Thursday, before
becoming more light and terrain driven by Friday. Dry conditions
with seasonal temperatures will continue through the weekend.

.THURSDAY...

Sky/weather.....Sunny. Haze through the day. Areas of smoke in
the afternoon.
Max temperature.....76-80.
Min humidity.....21-26 percent.
Eye level winds.....West 2-5 mph in the morning becoming northwest
4-9 mph with gusts to around 14 mph after 1000 PDT.
Surrounding ridge...Northwest 3-6 mph in the early morning shifting
to west 4-11 mph by afternoon.
Mixing height.....Rising to around 7500 ft AGL.
Transport winds.....West around 6 mph.

.THURSDAY NIGHT...

Sky/weather.....Mostly clear. Areas of smoke.
Min temperature.....58-62.
Max humidity.....44-49 percent.
Eye level winds.....Northwest 4-8 mph with gusts to around 14
mph in the evening becoming downslope 2-5 mph
after 1900 PDT.
Surrounding ridge...West 3-9 mph in the early evening shifting to
the northeast 3-6 mph.
Mixing height.....Lowering below 500 ft AGL.
Transport winds.....North around 3 mph.

.FRIDAY...

Sky/weather.....Sunny. Haze and areas of smoke.
Max temperature.....80-84.
Min humidity.....18-23 percent.
Eye level winds.....Downslope 1-4 mph in the morning becoming upslope
3-7 mph after 1000 PDT.
Surrounding ridge...East 3-9 mph in the morning shifting to south 5-10 mph
in the afternoon.
Mixing height.....Rising to around 10000 ft AGL.
Transport winds.....Southeast around 6 mph.

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Forecaster...BAGNALL
Requested by...US Forest Service
Type of request...WILDFIRE
.TAG 2117654.0/HNX
.DELDT 08/18/21
.FormatterVersion 1.0.26
.EMAIL cacccc@firenet.gov

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: French	2. Operational Period:	Date From: 8/19/2021 Time From: 0700	Date To: 8/20/2021 Time To: 0700															
3. Objective(s): Provide for firefighter and public safety utilizing the full range of fire management strategies and tactics to mitigate risk Protect private property, natural resources, and high values at risk																		
4. Operational Period Command Emphasis: Keep fire south of Old State Road Keep fire east of Rancheria Road Keep fire west of Highway 155 Keep fire north of Keysville while providing for structure protection where appropriate																		
General Situational Awareness Be aware of current extreme drought and potential extreme fire behavior, including long range spotting																		
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at: _____																		
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table><tr><td><input checked="" type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td><td>Other Attachments:</td></tr><tr><td><input checked="" type="checkbox"/> ICS 204</td><td><input checked="" type="checkbox"/> ICS 208</td><td><input type="checkbox"/> _____</td></tr><tr><td><input checked="" type="checkbox"/> ICS 205</td><td><input checked="" type="checkbox"/> Map/Chart</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td><td><input type="checkbox"/> _____</td></tr><tr><td><input checked="" type="checkbox"/> ICS 206</td><td></td><td><input type="checkbox"/> _____</td></tr></table>				<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	Other Attachments:	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 206		<input type="checkbox"/> _____
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<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____																
<input checked="" type="checkbox"/> ICS 206		<input type="checkbox"/> _____																
7. Prepared by:	Name: _____	Position/Title: _____	Signature: _____															
8. Approved by Incident Commander:	Name: _____	Signature: _____																
ICS 202	IAP Page	Date/Time: Date																

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: French Fire		2. Operational Period:		Date From: 8/19/2021	Date To: 8/20/2021
				Time From: 0700	Time To: HHMM
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs	Tucker/Medrano/Gagnon		Chief		
			Deputy		
Deputy			Staging Area		
Safety Officer			Branch		
Public Info. Officer			Branch Director		
Liaison Officer			Deputy		
4. Agency/Organization Representatives:			Division/Group	A	James Roofner, TFLD
Agency/Organization	Name		Division/Group	M	Unstaffed
Sequoia NF	Teresa Benson		Division/Group	Y/ Highlands Structure	STL 6606C
BLM	Gabe Garcia		Division/Group	Dutch Structure	STL 1615C <i>Robledo</i>
Kern County Fire			Division/Group		
Kern County Sheriff			Branch		
CalFire	Daniel Shy		Branch Director		
			Deputy		
5. Planning Section:			Division/Group		
Chief	Steve Anderson		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: Steve Anderson			Position/Title: PSC		Signature: _____
ICS 203	IAP Page	Date/Time: Date			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: French Fire		2. Operational Period: Date From: 8/19/2021 Date To: 8/20/2021 Time From: 0700 Time To: 0700		3. Branch: Division: A Group: Staging Area:	
4. Operations Personnel:		<u>Name</u>	<u>Contact Number(s)</u>		
Operations Section Chief:			XXX-XXX-XXXX		
Branch Director:			XXX-XXX-XXXX		
Division/Group Supervisor:		TFLD James Roofner	XXX-XXX-XXXX		
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				
DOZ-12 ANF					FS Sta 47 0700
Crane Valley					
LAC 12 Crew	Smith				
ST C (enroute)					
6. Work Assignments: Scout and construct direct line where containment objectives can be met safely					
7. Special Instructions: Briefing 0700 FS Sta 47 7158 Lake Isabella BLVD					
8. Communications (radio and/or phone contact numbers needed for this assignment):					
Name	/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
R5 Tac 4	/	Rx 166.5500 Tx 166.5500			
Air to Grnd	/	Rx 170.0750 Tx 170.0750			
Command SQF 1	/				
CMD Repeat SQF 2	/				
9. Prepared by: Name: Steve Anderson Position/Title: PSC Signature: _____					
ICS 204	IAP Page	Date/Time: Date			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: French Fire		2. Operational Period: Date From: 8/19/2021 Date To: 8/20/2021 Time From: 0700 Time To: HHMM		3. Branch: Division: Y Highland Group: Staging Area:	
4. Operations Personnel:		<u>Name</u>	<u>Contact Number(s)</u>		
Operations Section Chief:			XXX-XXX-XXXX		
Branch Director:			XXX-XXX-XXXX		
Division/Group Supervisor: TBD			XXX-XXX-XXXX		
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				
ST6606C					
ST1173G					
6. Work Assignments: Scout and construct direct line where containment objectives can be met safely					
7. Special Instructions: Briefing 0700 FS Sta 47 7158 Lake Isabella BLVD					
8. Communications (radio and/or phone contact numbers needed for this assignment):					
Name	/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
R5 Tac 4	/	Rx 166.5500 Tx 166.5500			
Air to Grnd	/	Rx 170.0750 Tx 170.0750			
Command SQF 3	/				
CMD Repeat SQF 4	/				
9. Prepared by: Name: Steve Anderson Position/Title: PSC Signature: _____					
ICS 204	IAP Page	Date/Time: Date			

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: French Fire		2. Date/Time Prepared: Date: 8/19/2021 Time: 0200		3. Operational Period: Date From: 8/19/2021 Time From: 0700		Date To: 8/20/2021 Time To: 0700					
4. Basic Radio Channel Use:											
Zone Grp.	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 (A, D, or M)	Remarks	
		DIVS A/Y Highlands Structure	NIFC Tac 4		166.55 00		166.55 00				
		DIVS M	NIFC Tac 2		168.20 0		168.20 0				
		Structure Dutch	NIFC Tac 5		167.11 25		167.11 25				
		Air to Grnd			170.07 50		170.07 50				
		Air tactics			167.98 75		167.98 75				
		Victor			126.67 50		126.67 50				
		Command	SQF CH 1		169.90 00		169.90 00				
		Command Repeat	SQF Ch 2		169.90 00		165.70 00	114.8 (T11)		Breckenridge repeater	
5. Special Instructions:											
6. Prepared by (Communications Unit Leader):				Name:		Date/Time:		Date		Signature:	
ICS 205				IAP Page							

MEDICAL PLAN (ICS 206)

1. Incident Name: French Fire		2. Operational Period:		Date From: 8/19/2021 Time From: 0700	Date To: 8/20/2021 Time To: 0700		
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				
Liberty Ambulance	11345 Kernville Rd, Kernville	760 376-2271	<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
Liberty Ambulance	Lake Isabella	760 376-2271	<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
Hall Ambulance	Bakersfield	661 322-8741	<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
Hall Air Ambulance	Bakersfield	661 322-8741	<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			
Kern Valley Stand By ED	6412 Larel Av, Mtn Mesa 35-38-04N, 118-24-21W NAD 83	760 379-2681	10	30	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Kern medical Level 2 Trauma	1700 Mt. Vernon, Bakersfield 35-23-03N, 118-58-09 W NAD 83	661-323-3598			<input checked="" type="checkbox"/> Yes Level: 2	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
San Joaquin Community Grossman Burn Ctr	2615 Chester, Bakersfield 35-23-01 N, 119-01-08 W NAD 83	661 324-9013			<input type="checkbox"/> Yes Level: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Community Med Ctr level 1 trauma	2833 Fresno St Fresno 36-44-35N, 119-47-06 W	559 459-7427			<input checked="" type="checkbox"/> Yes Level: 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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:							
Kern County Helicopter 407 assigned & has hoist capability							
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							

MEDICAL PLAN (ICS 206 WF)

POST A COPY IN COMMUNICATIONS TO BE
USED FOR MEDICAL EMERGENCIES

Communication Checklist - Appendix B

Medical Incident Report					
FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.					
FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.					
Use the following items to communicate situation to communications / dispatch.					
1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report) Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."					
2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure. Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."					
Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE Ex: Unconscious, difficulty breathing, bleeding severely, 2 ^o - 3 ^o burns more than 4 palm sizes, heat stroke, disoriented. <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. Ex: Significant trauma, unable to walk, 2 ^o - 3 ^o burns not more than 1-3 palm sizes. <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness.				
Nature of Injury or Illness & Mechanism of Injury			Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)		
Transport Request			Air Ambulance / Short Haul/Hoist Ground Ambulance / Other		
Patient Location			Descriptive Location & Lat. / Long. (WGS84)		
Incident Name			Geographic Name + "Medical" (Ex: Trout Meadow Medical)		
On-Scene Incident Commander			Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)		
Patient Care			Name of Care Provider (Ex: EMT Smith)		
3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)					
Patient Assessment: See IRPG page 106					
Treatment:					
4. TRANSPORT PLAN:					
Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:					
Helispot / Extraction Site Size and Hazards:					
5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:					
Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication					
6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable					
Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					
7. CONTINGENCY: primary options fail, what actions can be implemented in conjunction with primary evacuation method? Think ahead.					
8. ADDITIONAL INFORMATION: Updates/Changes, etc.					
REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.					

SAFETY MESSAGE

We are **ALL** Accountable and Responsible for **SAFE** behaviors

INCIDENT: French Fire

Date: 08/19/2021

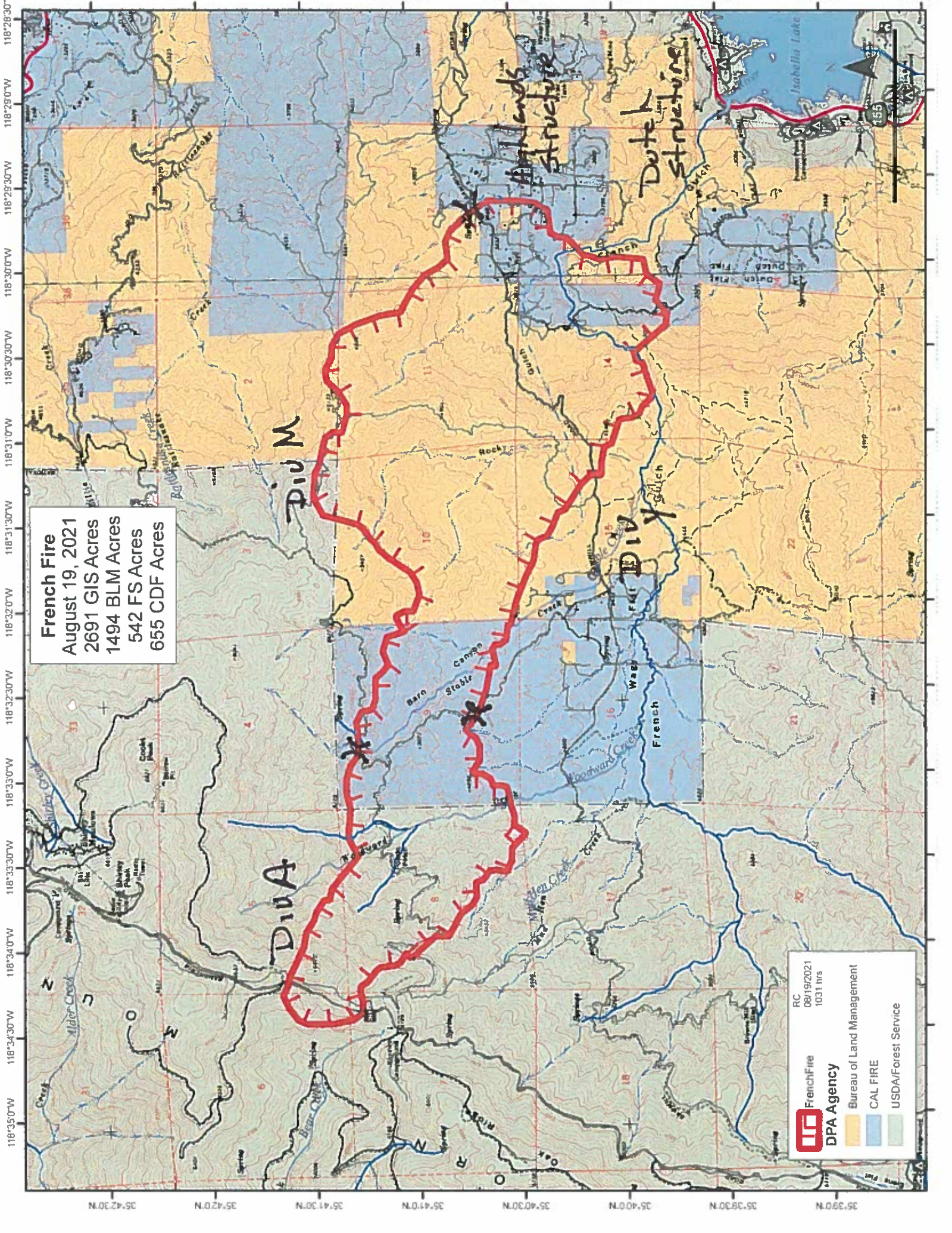
MAJOR HAZARDS

- **STEEP/RUGGED TERRAIN:** Watch footing, maintain Situational Awareness, Wear PPE.
- **FIRE BEHAVIOR POTENTIAL:** Fuel moistures are at critical lows-live and dead loads. Critical fire weather expected.

Fire Order of the Day –Maintain prompt communications with your crew,
Your supervisor and adjoining forces.

- Identify safety zones and escape routes, flag where necessary.
- HYDRATION-HYDRATION-HYDRATION- Drink Early Drink Often. Bring plenty of water with you to the line.
- Post lookouts when working in areas with underslung line.
- Ensure you have been adequately briefed and have established communications with your supervisor and adjacent forces. When in doubt, ask questions.
- Complacency- Just because things are going well now, doesn't mean they can't suddenly go horribly wrong.
- Understand and follow the communications plan including the ICS 206 Medical Emergency Procedures and incident within incident protocols.
- Tailgate Safety Briefings- Discuss Levels of Engagement, consider PACE

Incident Safety Officer:



French Fire
 August 19, 2021
 2691 GIS Acres
 1494 BLM Acres
 542 FS Acres
 655 CDF Acres

RC 08/19/2021
 1031 hrs

DPA Agency
 Bureau of Land Management
 CAL FIRE
 USDA/Forest Service