

INCIDENT ACTION PLAN

PINE INCIDENT

CA-LAC-144343

Saturday



OPERATIONAL PERIOD

5/15/2021 0700

to

5/16/2021 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">PINE</p>	2. Operational Period:	Date From: 5/15/2021 Time From: 0700	Date To: 5/16/2021 Time To: 0700
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3. Objective(s):

Management Objectives

- Provide for emergency personnel and public safety at all times.
- Protect property, improvements, and infrastructure.
- Ensure repopulation takes place in a quick, efficient, and effective manner.
- 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 East of Jesus Canyon Road
- Keep the fire South of Highway 138
- Keep the fire West of Oasis Road
- Keep the fire North of Panorama Motorway

General Situational Awareness:

Rocky and rugged terrain, critically dry and receptive fuel beds, active area for fire history and drought stressed trees.

5. Site Safety Plan Required? Yes No

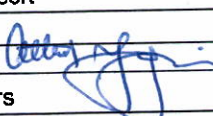
Approved Site Safety Plan(s) Located at:

6. Incident Action Plan

<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 215A	<input type="checkbox"/> Phone List	<input type="checkbox"/> Fire Suppression Repair Plan
<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Incident Map	<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"/>
<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> Fire Behavior	<input checked="" type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

7. Prepared By: A. Yanagisawa	Position/Title: PSC	Signature:
8. Approved by Incident Commander:	T. Stukey	Signature:

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From:		5/15/2021	Date To:	5/16/2021
PINE		Time From:		0700	Time To:	0700
3. Incident Commander(s) and Command Staff:				7. Operation Section:		
IC/UC's	Tom Stukey		Operations			
Deputy			Deputy Operations			
Safety Officer	John Hamer		Night Ops			
Information Officer			Staging Area			
Liaison Officer	CSR Mackey		Branch			
4. Agency/Organization Representatives:			Division/Group	A/Z	Chad Hunter / Rick Garcia(t)	
Agency/Organization	Name		Division/Group			
			Division/Group			
			Division/Group			
			Division/Group			
			Branch			
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5. Planning Section:			Division/Group			
Chief			Division/Group			
Deputy			Division/Group			
Resource Unit			Division/Group			
Situation Unit			Branch			
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	
					Helibase Manager	
6. Logistics Section						
Chief/Facilities Unit	Patrick O'Neill					
Supply Unit			8. Finance/Administration Section:			
Base Camp Manager	Daniel Sheng		Chief		Jack Franklin	
Ground Support Unit			Time Unit			
Communications Unit			Procurement Unit		David Haas	
Medical Unit			Comp/Claims Unit			
ORDM	Juan Cueva		Cost Unit		Tammy Hasert	
Food Unit	Dan Sanchez					
Prepared By: Name:		Position/Title:		Date/Time:		Signature:
A. Yanagisawa		PSC		5/14/2021 2300 hours		
ICS 203			<small>NIMS IAP</small>			

.DISCUSSION...

High pressure over the region will maintain warm and dry conditions with gusty south to southwest winds through Saturday. Winds are expected to be strongest early this evening, and again Saturday afternoon and evening - potentially a little stronger on Saturday. Afternoon humidities are expected to rise slightly by Saturday, but will remain in the lower to mid teens. Overnight recoveries should also rise slightly as the marine layer deepens, but are likely to remain near 40 percent.

More significant changes are expected for Sunday, as an approaching low pressure system brings a cooling and moistening trend. Highs will lower into the upper 60s, with afternoon humidities also rising significantly. Gusty onshore flow will continue.

.SATURDAY...

Sky/weather.....Sunny.

Max temperature.....78-81.

Min humidity.....12-16 percent.

Eye level winds.....South 3-5 mph becoming south to southwest 8-12 mph with gusts to 15 mph in the afternoon.

Wind (20 ft).....

Slope/valley.....South 6-8 mph becoming south to southwest 15-25 mph with gusts to 28 mph in the afternoon.

Ridgetop.....South 8-10 mph becoming south to southwest 20-25 mph with gusts to 32 mph in the afternoon.

.SATURDAY NIGHT...

Sky/weather.....Clear.

Min temperature.....48-52.

Max humidity.....50-60 percent.

Eye level winds.....South to southwest 7-10 mph with gusts to 12 mph decreasing to 5-7 mph overnight.

Wind (20 ft).....

Slope/valley.....South to southwest 15-20 mph with gusts to 25 mph decreasing to 10-15 mph overnight.

Ridgetop.....South to southwest 20-25 mph with gusts to 30 mph decreasing to 12-20 mph overnight.

INCIDENT RADIO COMMUNICATIONS PLAN		Incident Name		Date/Time Prepared		Operational Period Date/Time				
		PINE		5/14/21 1430		5/15/21 0700 - 5/16/21 0700				
Utilization of any frequency other than those listed on this form are prohibited, subject to fines by the FCC and demobilization from the incident.										
Zn 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 Dev	Pwr	Mode A, D or M	Remarks
Zn2 Ch8	ADMIN	LAC BLUE11	IC/LA	470.5875	CSQ	473.5875	Tone 14 151.4	W H	A	
Zn4 Ch1	COMMAND	LAC V-1	OPERATIONS	152.1500	Tone 14 151.4	158.6100	Tone 14 151.4	N H	A	
Zn4 Ch8	TACTICAL	LAC V-8D	DIV A/Z	154.0700	Tone 14 151.4	154.0700	Tone 14 151.4	N H	A	
Zn4 Ch13	Air-to-Ground	LAC V-13D	ALL PERSONNEL	159.0900	Tone 14 151.4	159.0900	Tone 14 151.4	N H	A	
Zn4 Ch16	EMERGENCY	AIR GUARD	ALL PERSONNEL	168.6250	CSQ	168.6250	Tone 1 110.9	N L	A	EMERGENCY ONLY
Prepared By (Communications Unit Leader)				Incident Location		County: LAC State: CA		Latitude: " N Longitude: W		
Grant Grunbaum				Llano						

The convention calls for frequency lists to show four digits after the decimal place (five digits for 700 MHz frequencies). The letter "U", "N", or "W" in the deviation (Dev) column reflects whether the frequency is ultranarrow (6.25 kHz), narrow (12.5 kHz) or wide band (25 kHz). Mode refers to either "A" indicating Analog, "D" indicating Digital (e.g. Project 25) or "M" indicating Mixed Mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeaters (and depending on use, base stations) must be programmed with the Rx and Tx reversed.

MEDICAL PLAN (ICS 206)

1. Incident Name: Pine Incident	2. Operational Period: Date From: 05/15/21 Time From: 0700	Date To: 05/16/21 Time To: 0700					
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency					
Sq 4124	SBCoFD FS13 10433 Mountain Ave. Pinion, CA.						
		Paramedics on Site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
4. Transportation (indicate air or ground):							
	Location	Contact Number(s)/Frequency					
AMR (Ground) LACoFD (AIR) ALS	SBCoFD FS13 10433 Mountain Ave. Pinion, CA. Contact Command and Control	Gusman (818) 731-3814 (323) 881-6183					
		<input type="checkbox"/> ALS <input checked="" 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			
Palmdale Regional MC (LCH)	38600 Medical Center Dr. Palmdale, CA. N34.34.95'/W118 08.73'	(661) 382-5200	15	45	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
San Antonio Community Hospital (SAC)	999 San Bernardino Rd. Upland, CA. N34.06.15'/W117 38.18'	(909) 985-2811	15	45	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Antelope Valley Hospital (AVH)	1600 West Avenue J Lancaster, CA. N34.41.28'/W118 09.52'	(661) 723-7181	15	50	<input checked="" type="checkbox"/> Yes Level: 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grossman Burn Center	7325 Medical Center Dr. West Hills CA. 91307 N34 12.10/W118 37.47'	(818) 678-4000	10	25	<input type="checkbox"/> Yes Level: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
LAC + USC Medical Center	1200 North State Street Los Angeles, 90033 N34 03.345 / W 118 12.48	(323) 226-2622	15	45	<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Medical Emergency Procedures: In the event of a medical emergency follow the 8-Step <u>Medical Incident Report</u> , pages 118-119 of the IRPG.					EMERGENCY REPORTING WORKSHEET		
<ol style="list-style-type: none"> 1. Contact Communications <ol style="list-style-type: none"> a. "Stand-by for Emergency Traffic" 2. Incident Status: <ol style="list-style-type: none"> a. Severity of Emergency (Red/Yellow /Green) b. Nature of injury/illness/MOI c. Transport request (Air, ground) d. Patient Location (Lat/Long, WGS84) e. Incident name (Geographic name + medical) f. Incident Commander g. Patient Care (provider name) 3. Initial patient assessment - Refer to Page 106 4. Develop transport plan <ol style="list-style-type: none"> a. Air/Ground, Need for hoist, drop point, Helispot 5. Determine need for additional resources 6. Confirm Communications <ol style="list-style-type: none"> a. A/G EMS Frequencies 7. Contingency Plan 8. Additional Information <ol style="list-style-type: none"> a. Updates/changes, etc. <p>In Camp Emergency: Contact Medical Unit at ICP</p>					<p>SEVERITY RED (Immediate) YELLOW (Delayed) GREEN (Minor)</p> <p>NATURE OF EMERGENCY _____</p> <p>LOCATION OF PATIENT _____</p> <p>TRANSPORTATION REQUESTED BY: AIR__ GROUND__</p> <p>POINT OF PICKUP _____</p> <p>WGS84 LAT _____ LONG _____</p> <p>PATIENT UNIT ID _____</p> <p style="text-align: center;">REMINDER: DO NOT GIVE PT NAME OVER RADIO</p> <p>IS AN EMT WITH PATIENT: YES ___ NO ___</p> <p>AGE _____ SEX: MALE _____ FEMALE _____</p> <p>ALL EMERGENCIES---Secure the area and identify witnesses for later investigation. Keep an accurate log of events.</p> <p>NOTE: IWI NOTIFICATIONS</p> <ol style="list-style-type: none"> 1. Incident Commander 2. Operations 3. Safety Officer 4. Medical Unit Leader 		
7. Prepared by (Medical Unit Leader): Name: <u>A. Linton MEDL(t)</u> Signature: _____							
8. Approved by (Safety Officer): Name: <u>J. Hamer</u> Signature: _____							
ICS 206	IAP Page _____	Date/Time: <u>05/15/2021</u>					

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: PINE	2. Operational Period: Date From: 05/15/21 Time From: 0700	Date To: 05/16/21 Time To: 0700
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3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

SPECIFIC HAZARDS AND RISKS:

- Downed Power Lines
- Roadway Safety
- Rattlesnakes
- Trip Hazards
- Communications
- Fatigue & Over Exertion
- COVID-19 Prevention & Proper PPE

NARRATIVE

- Don appropriate PPE in the operational area and within the ICP.
- Be sure all personnel have been briefed. Be sure to check communications on your Division prior to initiating work assignments. Be sure you can hear and be heard.
- Provide Look Outs for identified hazard areas within operational area.
- Maintain a high level of Situational Awareness and report hazards.
- Provide for appropriate work rest cycles during the operational period: maintain hydration and food intake.
- Contact your supervisor and incident safety officer of any injury or illness.
- Ask if you do not know – Ask questions in unfamiliar situations. The only dumb question is the one not asked.

COVID-19 PREVENTATIVE MEASURES

- Adhere to agency COVID-19 policies and procedures to minimize risk of spread.
- Assess crew members and yourself for signs and symptoms throughout the shift.

4. Site Safety Plan Required? Yes No
Approved Site Safety Plan(s) Located At: N/A

5. Prepared by: Name: John Hamer Position/Title: Safety Officer Signature: 

ICS 208	IAP Page _____	Date/Time: <u>5/14/21</u>
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LACOFD FINANCE MESSAGE



- **ALL LA COUNTY FIRE RESOURCES ASSIGNED TO THE PINE INCIDENT ARE TO COMPLETE A FORM 662**
- **INCIDENT # CA-LAC-144343**
- **BACKFILLED EMPLOYEES MUST SUBMIT A 662 ALSO**
- **THE 662 MUST BE COMPLETED AND SUBMITTED TO THE LACOFD FINANCE SECTION DURING DEMOB**



**INCIDENT ACTIVITY REPORT
FOR COST RECOVERY
TYPE OR PRINT LEGIBLY**

Incident Name: <small>(Sawtooth, Facility, Select Call Staffing Pattern)</small> CA-LAC-144343		Incident #: <small>(LAC06129805, ANR652006, BDU-607229)</small>		Request #: <small>(O-12, C-79, E-425)</small>		Incident Assignment: <small>(ST1190K, PSC1, ST1103A, DIV5)</small>		Unit Responded To: <small>(Address, Intersection, ICP, Staging, School/Park Name)</small>				
Employee Name: Last First Initial		Employee Title/Rank: <small>(BC, FFS, FF)</small>		Unit ID: <small>(WT73, E27, CC13-4)</small>		Committed to Incident: Date Time		Returned to Quarters: Date Time		Incident Time: Regular Hrs OT Hrs		Total Incident Hours:
Vehicle/Equip Type: <small>(CCV, Engine, PU, Sedan)</small>		County Vehicle #:		Unit ID: <small>(WT73, E27, CC13-4)</small>		Odometer Start:		Odometer End:		Vehicle/Equip Total Miles:		Vehicle/Equip Total Hours:
Describe Incident Activities/Additional Assignment Information: <small>(Structure Protection Group, Cut the East Flank, Sand Bagging, JMT1, Division B, Staging, Backfill, Water Drops)</small>												

Report Prepared By: _____ Signature: _____ Employee #: _____ Date: _____

Supervisory Approval By: _____ Signature: _____ Employee #: _____ Date: _____

Attach a copy of the signed/approved timecard, or IPFIRS Screen #17, for each reported employee that includes the incident time described above.
 Send package ASAP to: Cost Recovery Unit - Financial Management Division

