

# **Crystal Lake Fire**

**04/15/2023**

**0700 - 2000**

**Fire # 11(23)-1-062**

**PAPAS-000309**

**PN P6SW (1503)**

**ICP**

**521 Trailblazer Drive  
Nanticoke, Pa. 18634**

## INCIDENT OBJECTIVES (ICS 202)


<b>1. Incident Name:</b>		<b>2. Operational Period:</b> DAY	
CRYSTAL LAKE 6.0		Date/Time From: 04/15/2023 0700 SAT	Date/Time To: 04/15/2023 2000 SAT
<b>3. Objective(s):</b>			
<ul style="list-style-type: none"> <li>• Provide for:               <ol style="list-style-type: none"> <li>1. Safety and protection of firefighters, air crews, and first responders</li> <li>2. Protection of life and property</li> <li>3. Protection of natural and cultural resources</li> </ol> </li>   <li>• Contain the fire to:               <ol style="list-style-type: none"> <li>1. East of Route 437</li> <li>2. North of Tunnel Road with connection to the pipeline</li> <li>3. West of the Turnpike</li> <li>4. South of Johnson Street to the west side of Crystal Lake</li> <li>5. South of Geneceda Creek on the east side of Crystal Lake</li> </ol> </li>   <li>• Minimize damaging impacts from fire to human improvements (including but not limited to structures, road infrastructure, oil &amp; gas infrastructure, and electrical infrastructure).</li> <li>• Use best wildfire suppression tactics to minimize damage to soils, water quality, air quality, wildlife and fisheries habitat, cultural resources, and natural resource.</li> <li>• Fire suppression costs to be commensurate with values protected.</li> <li>• Communicate timely information to the media with consideration for the needs of local residents and communities.</li> <li>• Adhere to All Bureau of Forestry Legal Authority, Policies, and Management Directives.</li> <li>• No tolerance for use of alcohol or controlled substances.</li> </ul>			
<b>4. Operational Period Command Emphasis:</b>			
<ul style="list-style-type: none"> <li>• Utilize tactics that have a high probability of success and minimize cumulative risk to both ground and aerial resources.</li> <li>• All firing operations must be approved by Operations Section Chief.</li> <li>• Ensure for firefighter safety, especially in steep and rugged terrain, combined with seasonal dry conditions and receptive fuel beds with an active fire history.               <ul style="list-style-type: none"> <li>• Wear PPE, charge radios, ensure equipment is operational at the end of every shift.</li> <li>• Report any deficiencies to your supervisor.</li> </ul> </li> </ul>			
<b>General Situational Awareness:</b>			
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>Approved Site Safety Plan(s) Located</b>			
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):			
<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 207	Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 208		
<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 220		
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart		
<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents		
<input checked="" type="checkbox"/> ICS 206			
<b>7. Prepared by:</b> MATT REED	<b>Position/Title:</b> PSC3(T)	<b>Signature:</b>	
<b>8. Approved by Incident Commander:</b>		<b>Signature:</b>	
<b>ICS 202</b>	<b>IAP Page</b>	<b>Date/Time:</b> 04/14/2023 2200	

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b>		<b>2. Operational Period:</b> DAY	
CRYSTAL LAKE 6.0		Date/Time From: 04/15/2023 0700	Date/Time To: 04/15/2023 2000 SAT
<b>3. Incident Commander(s) and Command Staff:</b>		DAY OPS SECTION CHIEF	GREG BURKHUSE
IC/UC	BRIAN PLUME JEREMY HAMILTON (T)	NIGHT OPS SECTION CHIEF	
DEPUTY	TERRY SMITH	PLANNING OPS	TODD BREININGER
SAFETY OFFICER	RAY MILLER	OPS SECTION CHIEF	
INFORMATION OFFICER	LARRY BICKEL DANIEL DICAMILLO	DEPUTY OPS SECTION CHIEF	
LIAISON OFFICER	JOHN HECKER (T)	STAGING AREA	
<b>4. Agency/Organization Representative(s):</b>		DIVISION/GROUP	ALPHA CHAD VOORHEES
Agency/Organization	Name	DIVISION/GROUP	BRAVO TRAVIS PUGH
		DIVISION/GROUP	CHARLIE CHRIS BEAVER
AGENCY ADMINISTRATOR	NICK LYLO	DIVISION/GROUP	ZULU PETE ZOSCHG
DISTRICT 11	JIM JOPLING	DIVISION/GROUP	SUPPRESSION REPAIR LEVI GELNETT
PGC	RYAN GILDEA ; RICHARD BRIGGS	DIVISION/GROUP	NIGHT SHIFT LEVI GELNETT
<b>5. Planning Section:</b>		<b>7b. Air Operations Branch:</b>	
CHIEF	JAMES STITELER DAVID LYNCH (T)	AIR OPS BRANCH DIRECTOR	
DEPUTY	MATT REED (T)	AIR ATTACK SUPERVISOR	
SITUATION UNIT		AIR SUPPORT SUPERVISOR	
DOCUMENTATION UNIT		HELICOPTER COORDINATOR	
DEMOBILIZATION UNIT		AIR TANKER COORDINATOR	
FIRE BEHAVIOR ANALYST		<b>8. Finance/Administration Section:</b>	
HUMAN RESOURCE SPECIALIST		CHIEF	ROBERT WITMER WILLIAM DEVORE (T)
TRAINING SPECIALIST		DEPUTY	
GIS SPECIALIST		TIME UNIT	ELLIE ELLIOT (T)
TECHNOLOGY SUPPORT SPECIALIST		PROCUREMENT UNIT	
INCIDENT METEOROLOGIST		COMPENSATION UNIT	
STATUS/CHECK-IN	BOBBIE FLETCHER	COST UNIT	WENDY NEUMANN (T)
<b>6. Logistics Section:</b>			
CHIEF	MICHAEL ROCHE		
DEPUTY	CHARLES CHOPLICK		
SUPPLY UNIT	RICHARD TEMPLE		
FACILITIES UNIT			
GROUND SUPPORT UNIT			
COMMUNICATIONS UNIT	JESSE GEIMAN		
MEDICAL UNIT			
SECURITY UNIT			
FOOD UNIT			
<b>7. Operations Section:</b>			
<b>9. Prepared By:</b>		<b>Position/Title:</b> PSC3(T)	<b>Signature:</b>
ICS 203	Name: MATT REED IAP Page	Date/Time: 04/14/2023 2200	




**Division/Group Assignment List (ICS 204 WF)**  
**Controlled Unclassified Information//Basic**

<b>1. Incident Name:</b>			<b>3.</b>				
CRYSTAL LAKE 6.0			<b>Branch:</b>		<b>Division/Group</b>		
<b>2. Operational Period: DAY</b>							
Date/Time From: 04/15/2023 0700 SAT		Date/Time To: 04/15/2023 2000 SAT		<b>ALPHA</b>			
<b>4. Operations Personnel</b>							
<b>OPERATIONS CHIEF</b>		GREG BURKHUSE		<b>DIVISION/GROUP SUPERVISOR</b>		VOORHEES, CHAD	
<b>5. Resources Assigned this Period</b>							
Strike Team / Task Force / Resource Designator		LWD	Leader		Number Persons	Drop Off PT./Time	Pick Up PT./Time
UTV - 575 - PGC							
<b>6. Control Operations/Work Assignments:</b>							
Continue to patrol line; look for hot spots and areas to rehab.							
<b>7. Special Instructions:</b>							
Do not fill bucket loads from Crystal Lake or Jimmy Kane Pond (American Water) Do not use Firelce HVO-F within 500 Feet of Crystal Lake or Jimmy Kane Pond (American Water) From 2200 to 0700 each night use #0437 to enter the water company access gate. Need pump for fill site.							
<b>8. Division/Group Communication Summary</b>							
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode	
TACTICAL		151.4000N		151.4000N		A	
AIR TO GROUND		167.1250N		167.1250N		A	
AIR GUARD		168.6250N		168.6250N		A	
COMMAND		151.2950N		159.3450N		A	
<b>9. Prepared By (Resource Unit Leader)</b>			<b>Approved By (Planning Section Chief)</b>			<b>Date</b>	<b>Time</b>
MATT REED PSC3(T)			JAMES STITELER PSC3 			04/14/2023	2200


## Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic

<b>1. Incident Name:</b>			<b>3.</b>			
CRYSTAL LAKE 6.0			<b>Branch:</b>		<b>Division/Group</b>  <b>BRAVO</b>	
<b>2. Operational Period:</b> <b>DAY</b>						
Date/Time From: 04/15/2023 0700      SAT		Date/Time To: 04/15/2023 2000      SAT				
<b>4. Operations Personnel</b>						
<b>OPERATIONS CHIEF</b>		GREG BURKHOUSE		<b>DIVISION/GROUP SUPERVISOR</b>		PUGH, TRAVIS
<b>5. Resources Assigned this Period</b>						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
TFLD - SMITH, DAN				1		
ENG6 - E601 - DCNR			STIMAKER	2		
ENG6 - 562 - PGC						
ENG7 - FD10 - DCNR				2		
ENG6 - 93-1 - NITTANY			SHAFFER	5		
UTV - 502 - DCNR				1		
UTV - FD11 - DCNR				2		
<b>6. Control Operations/Work Assignments:</b>						
Patrol line, mop-up as needed. Burn out unburned patches of fuel if threatening line. Scout for secondary control lines.						
<b>7. Special Instructions:</b>						
Do not fill bucket loads from Crystal Lake or Jimmy Kane Pond (American Water) Do not use FireIce HVO-F within 500 Feet of Crystal Lake or Jimmy Kane Pond (American Water) From 2200 to 0700 each night use #0437 to enter the water company access gate.						
<b>8. Division/Group Communication Summary</b>						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
TACTICAL		151.3325N		151.3325N		A
AIR TO GROUND		167.1250N		167.1250N		A
AIR GUARD		168.6250N		168.6250N		A
COMMAND		151.2950N		159.3450N		A
<b>9. Prepared By (Resource Unit Leader)</b>			<b>Approved By (Planning Section Chief)</b>		<b>Date</b>	<b>Time</b>
MATT REED PSC3(T)			JAMES STITELER PSC3 		04/14/2023	2200




**Division/Group Assignment List (ICS 204 WF)**  
**Controlled Unclassified Information//Basic**

<b>1. Incident Name:</b>				<b>3.</b>		
CRYSTAL LAKE 6.0				<b>Branch:</b>	<b>Division/Group</b>	
<b>2. Operational Period: DAY</b>						
Date/Time From: 04/15/2023 0700 SAT		Date/Time To: 04/15/2023 2000 SAT		<b>CHARLIE</b>		
<b>4. Operations Personnel</b>						
<b>OPERATIONS CHIEF</b>		GERG BURKHOUSE		<b>DIVISION/GROUP SUPERVISOR</b>		BEAVER, CHRISTOPHER
<b>5. Resources Assigned this Period</b>						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
ENG6 - E6163 - DCNR			KOENIG	3		
ENG6 - E5121 - DCNR			SANDS	3		
ENG6 - 662 - PGC				2		
UTV - 573 - PGC				2		
<b>6. Control Operations/Work Assignments:</b>						
Mop-up as needed along the division. Secure the edge along the PA Turnpike. While watching for spotting across the turnpike.						
<b>7. Special Instructions:</b>						
Do not fill bucket loads from Crystal Lake or Jimmy Kane Pond (American Water) Do not use Firelce HVO-F within 500 Feet of Crystal Lake or Jimmy Kane Pond (American Water) From 2200 to 0700 each night use #0437 to enter the water company access gate.						
<b>8. Division/Group Communication Summary</b>						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
TACTICAL		151.2725N		151.2725N		A
AIR TO GROUND		167.1250N		167.1250N		A
AIR GUARD		168.6250N		168.6250N		A
COMMAND		151.2950N		159.3450N		A
<b>9. Prepared By (Resource Unit Leader)</b>			<b>Approved By (Planning Section Chief)</b>		<b>Date</b>	<b>Time</b>
MATT REED PSC3(T)			JAMES STITELER PSC3 		04/14/2023	2200

## Division/Group Assignment List (ICS 204 WF)

Controlled Unclassified Information//Basic


<b>1. Incident Name:</b>			<b>3.</b>			
CRYSTAL LAKE 6.0			<b>Branch:</b>		<b>Division/Group</b>	
<b>2. Operational Period: DAY</b>					<b>ZULU</b>	
Date/Time From: 04/15/2023 0700 SAT		Date/Time To: 04/15/2023 2000 SAT				
<b>4. Operations Personnel</b>						
<b>OPERATIONS CHIEF</b>		GREG BURKHUSE		<b>DIVISION/GROUP SUPERVISOR</b>		ZOSCHG, PETER
<b>5. Resources Assigned this Period</b>						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
HEQB - LIVELSBERGER, BEN						
HC - ENDLESS MOUNTAIN			MECHLING	5		
HC - CEDAR MOUNTAIN				6		
HC - TIADAGHTON			BARRETT	4		
UTV - 572 - PGC				2		
DOZER				1		
DOZER				1		
<b>6. Control Operations/Work Assignments:</b>						
Patrol line, mop-up as needed. Burn out unburned patches of fuel if threatening line. Scout for secondary control lines.						
<b>7. Special Instructions:</b>						
Do not fill bucket loads from Crystal Lake or Jimmy Kane Pond (American Water) Do not use FireIce HVO-F within 500 Feet of Crystal Lake or Jimmy Kane Pond (American Water) From 2200 to 0700 each night use #0437 to enter the water company access gate. All heavy equipment and dozers crossing over or into the center of the gas pipeline must first contact Williams Pipeline 570-706-0284 for an approved crossing						
<b>8. Division/Group Communication Summary</b>						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
TACTICAL		156.1725N		156.1725N		A
AIR TO GROUND		167.1250N		167.1250N		A
AIR GUARD		168.6250N		168.6250N		A
COMMAND		151.2950N		159.3450N		A
<b>9. Prepared By (Resource Unit Leader)</b>			<b>Approved By (Planning Section Chief)</b>		<b>Date</b>	<b>Time</b>
MATT REED PSC3(T)			JAMES STITELER PSC3 		04/14/2023	2200







**Division/Group Assignment List (ICS 204 WF)**  
**Controlled Unclassified Information//Basic**

<b>1. Incident Name:</b>		<b>3.</b>				
CRYSTAL LAKE 6.0		<b>Branch:</b>		<b>Division/Group</b>		
<b>2. Operational Period:</b> DAY						
Date/Time From: 04/15/2023 0700 SAT		Date/Time To: 04/15/2023 2000 SAT		_SUPPRESSION REPAIR		
<b>4. Operations Personnel</b>						
<b>OPERATIONS CHIEF</b>		GREG BURKHOUSE		<b>DIVISION/GROUP SUPERVISOR</b>		
				GELNETT, LEVI		
<b>5. Resources Assigned this Period</b>						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
HEQB(T) - ENGEL, JOE						
DOZER				1		
DOZER				1		
<b>6. Control Operations/Work Assignments:</b>						
Suppression rehab in Division A and B						
<b>7. Special Instructions:</b>						
<b>8. Division/Group Communication Summary</b>						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
COMMAND		151.2950N		159.3450N		A
AIR TO GROUND		167.1250N		167.1250N		A
AIR GUARD		168.6250N		168.6250N		A
<b>9. Prepared By (Resource Unit Leader)</b>			<b>Approved By (Planning Section Chief)</b>		<b>Date</b>	<b>Time</b>
MATT REED PSC3(T)			JAMES STITELER 		04/14/2023	2200

# INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

## Controlled Unclassified Information//Basic

<b>1. Incident Name:</b> CRYSTAL LAKE 6.0	<b>2. Date/Time Prepared:</b> Date: 04/14/2023 Time: 2200	<b>3. Operational Period:</b> DAY Date/Time From: 04/15/2023 0700 Date/Time To: 04/15/2023 2000
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**4. Basic Radio Channel Use:**

Zone Group	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode (A, D, or M)	Remarks
		COMMAND	TAC1RPTR	COMMAND	151.2950N		159.3450N		A	
		TACTICAL	TAC 01	DIV ALPHA	151.4000N		151.4000N		A	
		TACTICAL	TAC 02	DIV BRAVO	151.3325N		151.3325N		A	
		TACTICAL	TAC 06	DIV CHARLIE	151.2725N		151.2725N		A	
		TACTICAL	TAC 05	DIV ZULU	156.1725N		156.1725N		A	
		TACTICAL	TAC 04	CONTINGENCY	151.4600N		151.4600N		A	
		AIR TO GROUND	A/G 76	AIR TO GROUND	167.1250N		167.1250N		A	
		AIR GUARD	AIR GUARD	AIR GUARD	168.6250N		168.6250N		A	

**5. Special Instructions:**  
AIR GUARD to be used for emergency communications to air craft (ie. drone, power wires, ....)

<b>6. Prepared By</b> (Communications Unit Leader)	Name: JESSE GEIMAN COMIL
Signature:	Signature:
ICS 205	Date/Time: 04/14/2023 2200



## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> Pinchot FD 2023 Fire Season	<b>2. Operational Period:</b> Date From: 2/01/2023 Time From:	Date To: 12/31/2023 Time To:
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**3. Medical Aid Stations:**

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
Geisinger Conven Care	18 Diana Ln West Hazleton PA 18202	570-501-3760	<input type="checkbox"/> Yes <input type="checkbox"/> No
Med Express	677 Kidder St Wilkes Barre PA 18702	570-825-2046	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concentra Urgent Care	268 Highland Park Blvd Wilkes Barre PA	570-822-8831	<input type="checkbox"/> Yes <input type="checkbox"/> No
Careworks Urgent Care	3 Olive St Scranton PA 18508	570-207-4054	<input type="checkbox"/> Yes <input type="checkbox"/> No
Express Urgent Care	449 Scranton Carbondale HWY Scranton	570-344-6000	<input type="checkbox"/> Yes <input type="checkbox"/> No
Careworks Urgent Care	10 Treible Dr 3, Tunkhannock PA 18657	570-996-2790	<input type="checkbox"/> Yes <input type="checkbox"/> No

**4. Transportation (indicate air or ground):**

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
Greater Hazleton Ambulance	874 Old St Hazle Twp, PA 18202	570-709-4273	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
Trans-Med	14 Marion St, Luzerne PA	570-283-2444	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
Commonwealth Health	1000 Remington Ave, Scranton PA	570-207-5200	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
Tunkhannock Community	Tunkhannock, PA	570-836-5344	<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			
PAM Health Specialty	575 North River St Wilkes Barre PA 18702	570-208-3310	41.2583	-75.8672	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Geisinger Wyoming Valley	1000 E Mountain Blvd Wilkes Barre PA 18702	570-808-7300	41.2578	-75.8080	<input checked="" type="checkbox"/> Yes Level: I _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Commonwealth Health Regional	700 Quincy Ave Scranton, PA 18510	570-770-3000			<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Geisinger Community	1800 Mulberry St Scranton, PA 18510	570-703-8000	41.4002	-75.9631	<input checked="" type="checkbox"/> Yes Level: II _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lehigh Valley Hospital	1200 Cedar Crest Blvd Allentown, PA 18103	610-402-8000			<input checked="" type="checkbox"/> Yes Level: I _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**6. Special Medical Emergency Procedures:**

For Life Threatening Medical Emergencies Contact 911. Contact supervisor.  
 Follow IRPG on page 105 in 2018 version of the IRPG.  
 Local medical resources (Volunteer Fire Departments, Ambulance Services) will handle Medivac Situations

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

**7. Prepared by (Medical Unit Leader):** Name: Ulozas Signature: \_\_\_\_\_

**8. Approved by (Safety Officer):** Name: \_\_\_\_\_ Signature: \_\_\_\_\_



# SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b> Crystal Lake 6.0	<b>2. Operational Period:</b>	Date From: 4/14/2023 Time From: 0700	Date To: 4/15/2023 Time To: 0700
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**3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:**

**Safety is Our Firest Priority**  
***Firefighter safety comes first on every fire, Every Time***

**SAFETY THOUGHT**

There is zero tolerance for any form of harassment including racial discrimination and sexual harassment. Respect one another. We are all committed to the safety and well-being of each other on and off the fireline.

**MAJOR HAZARDS AND RISKS**

Increasing Temperatures	Hazardous Trees	Complacency
Increased Fire Behavior	Driving	Fatigue
Helicopter Drops	Wildlife on Roadways	Steep Terrain

**CAMP SAFETY HAZARDS/CONCERNS**

Trips, Falls and Twisted Ankles from Uneven Footing and Loose Rocks.  
Lifting and Hauling – Get Help, Lift with Legs, Not Back  
Horseplay – No Sports Activities (Football, Frisbees, etc.)  
Traffic – Go Slow Watch for Pedestrian Traffic.  
Backing – Use a Spotter  
Use Chock Blocks, Especially If Parked on Incline or Decline  
Hot Conditions – Provide Shade Areas for Crews in Camp

**4. Site Safety Plan Required?** Yes  No

**Approved Site Safety Plan(s) Located At:**

<b>5. Prepared by:</b> Name: Ray Miller	Position/Title: SOF1	Signature: _____
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ICS 208	IAP Page	Date/Time: 4/14/2023 12:00 AM
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Please send your Crystal Lake Fire time documents to:

[Crystallakefirefinance@gmail.com](mailto:Crystallakefirefinance@gmail.com)



If you want to help us out you can label your files as follows:

**For Crew Time Reports:**

CTR\_RO#\_YYMMDD

If more than one day:

CTR\_RO#\_YYMMDD-MMDD

**For Shift Tickets:**

ST\_RO#\_YYMMDD

If more than one day

ST\_RO#\_YYMMDD-MMDD





# MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

## 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"/> <b>RED / PRIORITY 1</b> Life or limb threatening injury or illness. Evacuation need is <b>IMMEDIATE</b> <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> <b>YELLOW / PRIORITY 2</b> Serious Injury or illness. Evacuation may be <b>DELAYED</b> if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> <b>GREEN / PRIORITY 3</b> Minor Injury or illness. <b>Non-Emergency transport</b> <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		Brief Summary of Injury or Illness <i>(Ex: Unconscious, Struck by Falling Tree)</i>
Evacuation Request		Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location		Descriptive Location & Lat. / Long. (WGS84)
Incident Name		Geographic Name + Medical <i>(Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		Name of on-scene IC of Incident within an Incident <i>(Ex: TFLD Jones)</i>
Patient Care		Name of Care Provider <i>(Ex: EMT Smith)</i>

**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. EVACUATION 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: Considerations:** If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead..

**8. ADDITIONAL INFORMATION:** Updates/Changes, etc.

**REMEMBER:** Confirm ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.