

Battle Creek 2 Fire IAP

9/19-21/2020

0419 P4NK7J



QR Maps/ IAP's

Spot Forecast for Battle Creek 2
National Weather Service Salt Lake City UT
1014 PM MDT Fri Sep 18 2020

.DISCUSSION...An upper level trough over the PACNW this evening will move across the Northern Rockies Saturday. The associated cold front is expected to reach the fire ground about 0900-1000 Saturday morning with a shift of winds to the northwest, but not likely stronger than 10 mph. However, within an hour or two of the frontal passage winds could gust over 10 mph but only briefly. Winds will shift back to west southwest through the afternoon but a secondary boundary should move through about 1700-1800 shifting the winds back to northwest and increasing to 10-15 mph for 1-3 hrs. Winds will become downslope by about 2100-2200.

.SATURDAY...

Sky/weather.....Cloudy (85-95 percent cloud cover) then becoming mostly sunny 10-20 percent cloud cover) after 1400. Haze through the day. A chance of rain showers in the morning and early afternoon.

Chance of pcpn.....40 percent.

CWR.....5 percent.

LAL.....1.

Max temperature.....73-75.

Min humidity.....28-30%.

Wind (20 ft).....Southeast winds 2-5 mph becoming northwest about 0900-1000 and increasing to 6-10 mph by 1200. Winds will shift back to southwest or west at 4-7 mph through about 2300 then shift back to northwest at 10-15 mph for 1-3 hrs.

Haines Index.....3 ..very low.

.SATURDAY NIGHT...

Sky/weather.....Mostly clear (10-20 percent cloud cover). Haze in the evening.

Chance of pcpn.....0 percent.

CWR.....0 percent.

LAL.....1.

Min temperature.....46-48.

Max humidity.....64-66%.

Wind (20 ft).....Northwest becoming north or northeast 3-6 mph in the late evening and overnight.

Haines Index.....3 ..very low.

.SUNDAY...

Sky/weather.....Sunny (0-10 percent cloud cover).

Chance of pcpn.....0 percent.

CWR.....0 percent.

LAL.....1.

Max temperature.....77-79.

Min humidity.....19-21%.

Wind (20 ft).....Northeast winds 2-4 mph becoming south 1-3 mph late in the morning, then becoming southwest 4-8 mph in the afternoon.

Haines Index.....4 ..low.

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Battle Creek 2 Fire	2. Operational Period: Date From: 9/19-21/20 Date To: 9/19-21/20 Time From: 0600 Time To: 2200											
3. Objective(s): 1. Provide for firefighter and public safety. 2. All operational strategies and tactics should consider associated risk utilizing the best options with the highest probability for success. 3. Utilizing appropriate tactics and suppression methods keep the fire within the established boundaries: north of Battle Creek drainage; east of fire break road; south of Grove Creek drainage. 4. Keep public informed of current and expected fire situation. 5. Continue to follow COVID-19 mitigation practices outlined by the CDC and governing agencies.												
4. Operational Period Command Emphasis: 1. Reinforce containment lines, continue mop up activities, and complete any line rehab needed.												
General Situational Awareness 1. Be cautious of what is above and below you when working in steep, rocky terrain.												
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 style="width: 100%; border: none;"><tr><td><input checked="" type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td><td rowspan="5" style="vertical-align: top;"><u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</td></tr><tr><td><input checked="" type="checkbox"/> ICS 204</td><td><input checked="" type="checkbox"/> ICS 208</td></tr><tr><td><input checked="" type="checkbox"/> ICS 205</td><td><input checked="" type="checkbox"/> Map/Chart</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td></tr><tr><td><input checked="" type="checkbox"/> ICS 206</td><td></td></tr></table>		<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<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	
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<input checked="" type="checkbox"/> ICS 206												
7. Prepared by: Name: Sarah Flinders _____ Position/Title: PSC3 _____ Signature:												
8. Approved by Incident Commander: Name: Karl Delange _____ Signature: _____												
ICS 202	IAP Page _____ Date/Time: 9/18/20 1900											

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Battle Creek 2 Fire		2. Operational Period: Date From: 9/19-21/20 Date To: 9/19-21/20 Time From: 0600 Time To: 2200		
3. Incident Commander(s) and Command Staff:		7. Operations Section:		
IC/UCs	Karl Delange	Chief		
	Kevin Frank (t)	Deputy		
Deputy		Staging Area		
Safety Officer		Branch		
Public Info. Officer		Branch Director		
Liaison Officer		Deputy		
4. Agency/Organization Representatives:		Division/Group	DIV C/W	
Agency/Organization	Name	Division/Group		
State of Utah	Brian Trick	Division/Group		
Forest Service	Bekee Hotze	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		
GISS		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: Sarah Flinders		Position/Title: PSC3		Signature:
ICS 203	IAP Page _____	Date/Time: 9/18/20 1900		

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Battle Creek 2 Fire	2. Operational Period: Date From: 9/19-21/20 Date To: 9/19-21/20 Time From: 0600 Time To: 2200	3. Branch: Division: DIV C/W Group: Staging Area:		
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: <u>Karl Delange, Kevin Frank (t)</u> Branch Director: _____ Division/Group Supervisor: _____				
5. Resources Assigned:				
<u>Resource Identifier</u>	<u>Leader</u>	<u># of Persons</u>	<u>Contact (e.g., phone, pager, radio frequency, etc.)</u>	<u>Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information</u>
BLM Smokejumpers	Ravago	5		
T4 ENG 3411	Barker	4		
T6 ENG 632	Beck	3		
Moki Helitack	Johnson	9		
T2IA Weber Basin	Davis	20		
6. Work Assignments: Improve completed control lines. Secure control lines and continue mop-up. Utilize rotors for water support, crew shuttles, and backhaul as necessary.				
7. Special Instructions: 7BS, Moki Helitack, Weber Basin, Engine 632 are available for IA from the incident. Follow fire rehab standards: Bring all flagging, equipment, and garbage off the hill; pull all berms back into the fire line; pull back brush where possible across fire line.				
8. Communications (radio and/or phone contact numbers needed for this assignment): <u>Name/Function</u> <u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u> TAC 1 / _____ _____ / _____ _____ / _____ _____ / _____				
9. Prepared by: Name: <u>Sarah Flinders</u> Position/Title: <u>PSC3</u> Signature:				
ICS 204	IAP Page _____	Date/Time: <u>9/18/20 1900</u>		


INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: Battle Creek 2	2. Date/Time Prepared: Date: 9/18/20 Time: 1900	3. Operational Period: Date From: 9/19-21/20 Date To: 9/19-21/20 Time From: 0600 Time To: 2200
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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
		TAC 1	TAC	DIVC/W	168.050	162.2	168.050	162.2		
		COMMAND	Lake Mountain	COMMAND	172.375		164.875	131.8		
		A/G	A/G	A/G	170.075 0		170.075 0			
		A/A	A/A	A/A	120.300 0		120.300 0			
		VMed	VMed	VMed	155.340 0		155.340 0			

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: Sarah Flinders Date/Time: 9/18/20 1900 Signature: 

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Battle Creek 2	2. Operational Period: Date From: 9/19-21/20 Date To: 9/19-21/20 Time From: 0600 Time To: 2200	
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan: Safety is our First Priority Firefighter safety comes first on every fire, every time. ERC's are approaching critical levels. Expect rapid fire growth. Watch footing on steep, rocky terrain. And be aware of ash pits and stump holes during mop-up tactics. Lightning/Thunderstorm Safety (IRPG Pg#21)- -Immediately move to shelter or a safe location. -Do not group together. -Move to low lying areas. -Do not handle metal hand tools or flammable materials. -Make yourself as small as possible. -Do not lie on the ground. -Do not resume work in exposed areas until 30 after storm has passed. Snakes- This area has abundant rattlesnakes COVID-19 It's kinda simple.... Keep separated as much as possible. Maintain distance in group settings. (Briefings, meals, etc.) Most importantly, respect and courtesy toward each other is best practice. Good hygiene and dispersed camping will be helpful. -Dining in home units. -Dispersed camping when possible. -No self service ice. Ask Logistics. -Assigned port-a-johns and wash stations (look for crew assignments on door).		
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located At:		
5. Prepared by: Name: <u>Brandon Everett (t)</u> Position/Title: <u>Safety</u> Signature: _____		
ICS 208	IAP Page _____	Date/Time: <u>9/18/20 1900</u>

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

1. Incident/Project Name				2. Operational Period			
Battle Creek 2				Date/Time 9/19-21//20 0600-2200			
3. Ambulance Services							
Name	Complete Address	Phone & EMS Frequency	Advanced Life Support (ALS) Yes No				
91	Pleasant Grove Fire Dept	911	<input checked="" type="checkbox"/>		<input type="checkbox"/>		
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>		<input type="checkbox"/>		
4. Air Ambulance Services							
Name	Phone	Type of Aircraft & Capability					
Intermountain Life Flight	801-321-3330	Hoist capable/ ALS					
AirMED	801-581-2500	ALS					
5. Hospitals							
Name Complete Address	GPS Datum – WGS 84 Coordinate Standard Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long	Travel Time Air	Gnd	Phone	Helipad Yes	No	Level of Care Facility
Utah Valley Regional Medical Center	Lat: Click or tap here to enter text.	X	X	801-357-7850	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trama Level 3
	Long: Click or tap here to enter text.						
	VHF: Click or tap here to enter text.						
University of Utah Medical Center	Lat: Click or tap here to enter text.	X	X	801-581-2121	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trama Level 1/ Burn Center
	Long: Click or tap here to enter text.						
	VHF: Click or tap here to enter text.						
Intermountain Medical Center	Lat: Click or tap here to enter text.	X	X	801-507-7000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trama Level 1
	Long: Click or tap here to enter text.						
	VHF: Click or tap here to enter text.						
Click or tap here to enter text.	Lat: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
	Long: Click or tap here to enter text.						
	VHF: Click or tap here to enter text.						
6. Division Branch Group		Area Location Capability					
Click or tap here to enter text.		EMS Responders & Capability:		Click or tap here to enter text.			
		Equipment Available on Scene:		Click or tap here to enter text.			
		Medical Emergency Channel:		Click or tap here to enter text.			
		ETA for Ambulance to Scene:		Click or tap here to enter text.			
		Air:		Click or tap here to enter text.			
		Ground:		Click or tap here to enter text.			
		Approved Helispot:		Click or tap here to enter text.			
		Lat:		Click or tap here to enter text.			
Click or tap here to enter text.		Long:		Click or tap here to enter text.			
		EMS Responders & Capability:		Click or tap here to enter text.			
		Equipment Available on Scene:		Click or tap here to enter text.			
		Medical Emergency Channel:		Click or tap here to enter text.			
		ETA for Ambulance to Scene:		Click or tap here to enter text.			
		Air:		Click or tap here to enter text.			
		Ground:		Click or tap here to enter text.			
		Approved Helispot:		Click or tap here to enter text.			
Lat:		Click or tap here to enter text.					
Long:		Click or tap here to enter text.					

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

7. Name & Location	Remote Camp Location(s)		
Click or tap here to enter text.	Point of Contact:	Click or tap here to enter text.	
	EMS Responders & Capability:	Click or tap here to enter text.	
	Equipment Available on Scene:	Click or tap here to enter text.	
	Medical Emergency Channel:	Click or tap here to enter text.	
	ETA for Ambulance to Scene:	Click or tap here to enter text.	
	Air:	Click or tap here to enter text.	
	Ground:	Click or tap here to enter text.	
	Approved Helispot:	Click or tap here to enter text.	
	Lat:	Click or tap here to enter text.	
	Long:	Click or tap here to enter text.	
Click or tap here to enter text.	Point of Contact:	Click or tap here to enter text.	
	EMS Responders & Capability:	Click or tap here to enter text.	
	Equipment Available on Scene:	Click or tap here to enter text.	
	Medical Emergency Channel:	Click or tap here to enter text.	
	ETA for Ambulance to Scene:	Click or tap here to enter text.	
	Air:	Click or tap here to enter text.	
	Ground:	Click or tap here to enter text.	
	Approved Helispot:	Click or tap here to enter text.	
	Lat:	Click or tap here to enter text.	
	Long:	Click or tap here to enter text.	
8. Prepared By (Medical Unit Leader)	9. Date/Time	10. Reviewed By (Safety Officer)	11. Date/Time
Brad Wilkes	9/18/20 1900	Brad Wilkes	9/18/20 1900

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"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <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>
Transport 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. 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: 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 ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

ACTIVITY LOG (ICS 214)

1. Incident Name: Battle Creek 2 Fire	2. Operational Period: Date From: 9/19-21/20 Date To: 9/19-21/20 Time From: 0600 Time To: 2200
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3. Name:	4. ICS Position:	5. Home Agency (and Unit):
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6. Resources Assigned:		
Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

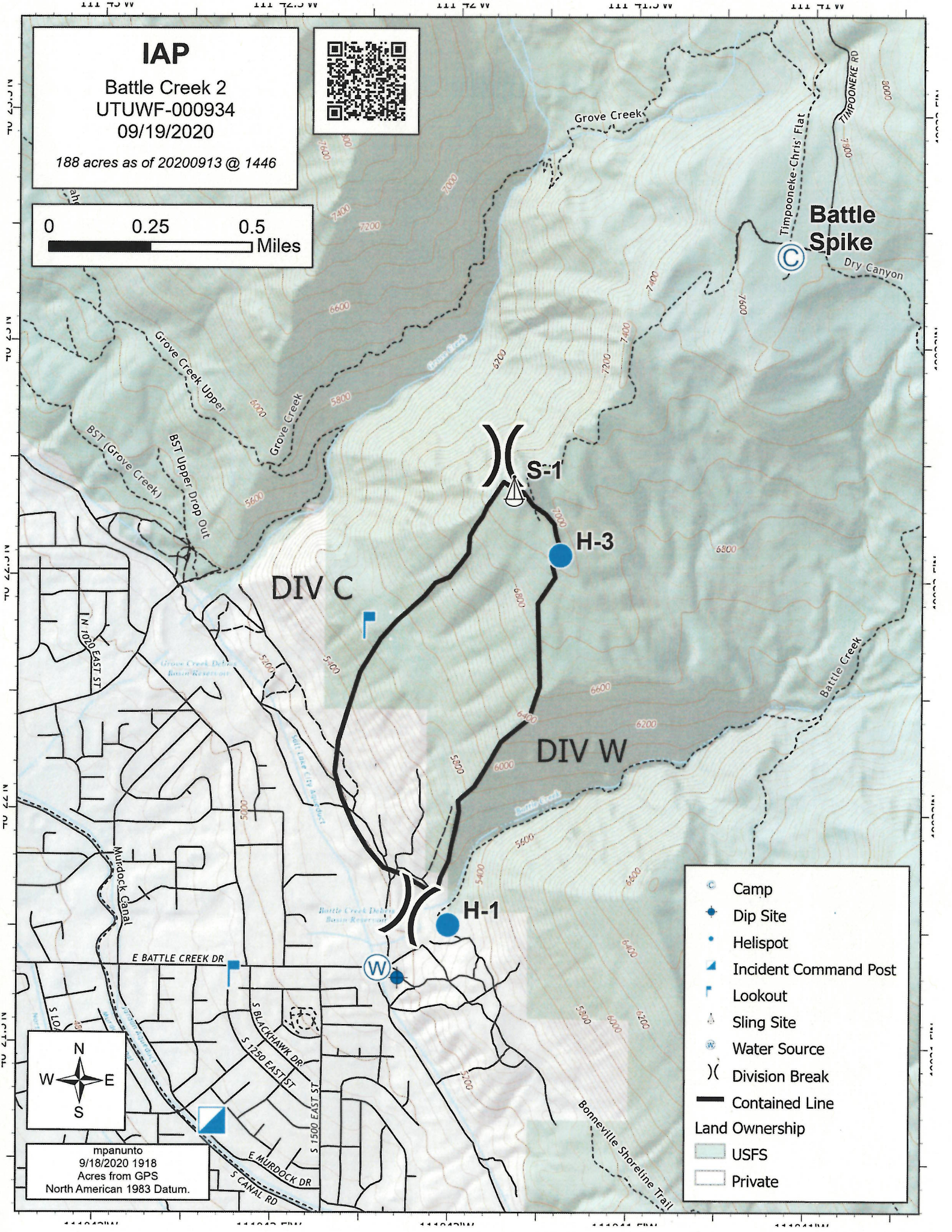
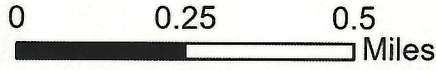
8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 Date/Time: _____

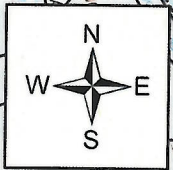
IAP

Battle Creek 2
UTUWF-000934
09/19/2020

188 acres as of 20200913 @ 1446



- Camp
- Dip Site
- Helispot
- Incident Command Post
- Lookout
- Sling Site
- Water Source
- Division Break
- Contained Line
- Land Ownership**
- USFS
- Private



mpanunto
9/18/2020 1918
Acres from GPS
North American 1983 Datum.