

Porphyry Fire IAP

September 25-28, 2020

ID-PAF-000495

P4NH7C



INCIDENT OBJECTIVES (ICS 202)

| | | |
|---|---|---|
| 1. Incident Name: | 2. Operational Period: | |
| PORPHYRY | Date/Time From: 09/25/2020 0600 FRI | Date/Time To: 09/28/2020 2200 MON |
| 3. Objective(s): | | |
| <p>Provide for the protection of firefighter and public safety by implementing a course of action that achieves incident objectives with the least firefighter exposure necessary, mitigates any public safety issues, and is based on sound risk management principles.</p> <p>Protect private property and infrastructure by preventing the spread of fire onto private lands.</p> <p>Maintain positive relationships with partners, forest users and outfitters by providing timely and accurate information to all interested parties.</p> <p>Protect any threatened FS infrastructure from fire as necessary, see Risk Decision Framework for identified FS infrastructure values.</p> | | |
| 4. Operational Period Command Emphasis: | | |
| <p>Continue protection of the identified values at risk.</p> <p>Continue share fire information with the public, hunters, and recreationist to the best of your ability or direct questions/concerns up to your supervisor.</p> <p>Enforce area closures as necessary.</p> | | |
| General Situational Awareness: | | |
| <p>Monitor L.C.E.S through out each shift adjust your strategies and tactics to meet the need.</p> <p>Take time to gather situational awareness and utilize the risk management process to help determine course of actions.</p> <p>Be prepared for an increase in fire behavior. Have a plan in place if an increase in fire behavior should occur.</p> <p>If you see something say something.</p> | | |
| 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): | | |
| <input checked="" type="checkbox"/> ICS 202 <input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A <input checked="" type="checkbox"/> ICS 206 | <input type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> ICS 220 <input type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents | Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| 7. Prepared by: ALEXIS MARTIN | Position/Title: PSC3 | Signature: |
| 8. Approved by Incident Commander: | | Signature: |
| ICS 202 IAP Page | | Date/Time: 09/24/2020 1800 |

ORGANIZATION ASSIGNMENT LIST (ICS 203)

| | | | |
|--|--|---|--|
| 1. Incident Name: | | 2. Operational Period: | |
| PORPHYRY | | Date/Time From: 09/25/2020 0600 | FRI Date/Time To: 09/28/2020 2200 MON |
| 3. Incident Commander(s) and Command Staff: | | DEPUTY OPS SECTION CHIEF | |
| IC/UC | JARROD SAYER (LWD 9/28) NICK BOHNSTEDT (LWD 10/3) (T) | STAGING AREA | |
| DEPUTY | | | |
| SAFETY OFFICER | | DIVISION/GROUP | |
| INFORMATION OFFICER | | DIVISION/GROUP | |
| LIAISON OFFICER | | DIVISION/GROUP | |
| 4. Agency/Organization Representative(s): | | 7b. Air Operations Branch: | |
| Agency/Organization | Name | AIR OPS BRANCH DIRECTOR | |
| KRASSEL RD, PAYETTE NF | JENNI BLAKE | AIR ATTACK SUPERVISOR | |
| 5. Planning Section: | | AIR SUPPORT SUPERVISOR | |
| CHIEF | ALEXIS MARTIN (LWD 9/28) | HELICOPTER COORDINATOR | |
| DEPUTY | | AIR TANKER COORDINATOR | |
| RESOURCES UNIT | | 8. Finance/Administration Section: | |
| SITUATION UNIT | | CHIEF | |
| DOCUMENTATION UNIT | | DEPUTY | |
| DEMOBILIZATION UNIT | | TIME UNIT | |
| FIRE BEHAVIOR ANALYST | | PROCUREMENT UNIT | |
| HUMAN RESOURCE SPECIALIST | | COMPENSATION UNIT | |
| TRAINING SPECIALIST | | COST UNIT | |
| GIS SPECIALIST | MIKE TARI (LWD 9/28) | PERSONNELL TIME RECORDER | JENNY TURNER (LWD 9/30) (T) |
| TECHNOLOGY SUPPORT SPECIALIST | | | |
| INCIDENT METEOROLOGIST | | | |
| 6. Logistics Section: | | | |
| CHIEF | DOUG WILLIAMS (LWD 10/3) STEVEN BECKER (LWD 10/7) (T) | | |
| DEPUTY | | | |
| SUPPLY UNIT | | | |
| FACILITIES UNIT | | | |
| GROUND SUPPORT UNIT | | | |
| COMMUNICATIONS UNIT | | | |
| MEDICAL UNIT | | | |
| SECURITY UNIT | JESSE LUTZ, SEC2 (LWD 10/1) | | |
| FOOD UNIT | | | |
| 7. Operations Section: | | | |
| DAY OPS SECTION CHIEF | | | |
| NIGHT OPS SECTION CHIEF | | | |
| PLANNING OPS | | | |
| OPS SECTION CHIEF | | | |
| 9. Prepared By: | | Position/Title: | Signature: |
| ICS 203 | Name: ALEXIS MARTIN | PSC3 | |
| | IAP Page | Date/Time: 09/24/2020 1000 | |

FNUS55 KBOI 262103

FWFBOI

Fire Weather Planning Forecast for SW Idaho and SE Oregon

National Weather Service Boise ID

303 PM MDT Sat Sep 26 2020

...HIGH ELEVATIONS SHOWERS AND LIGHT SNOW POSSIBLE TONIGHT...

...RIDGE WITH DRY AND WARMER CONDITIONS RETURNS EARLY NEXT WEEK...

.DISCUSSION...

A few areas of gusty wind will continue into the evening hours, with winds weakening tonight. A weak disturbance will brush the northern fire zones tonight, resulting in periods of shower activity. Snowfall levels will fall to 6500-7000 ft overnight, with generally light snowfall accumulation anticipated. Approaching high pressure will influence the area by late Sunday with drier conditions. As the ridge progresses eastward early next week, expect warming temperatures with continued dry conditions.

IDZ401-402-271615-

Western Payette National Forest-Eastern Payette National Forest-

303 PM MDT Sat Sep 26 2020

.TONIGHT...

Sky/weather.....Mostly cloudy. Numerous rain and snow showers, mainly after midnight. Chance of precipitation 60 percent. Snow accumulation up to 1 inch.

Min temperature.....32 to 42.

24 hr trend.....On average, 5 degrees cooler.

Max humidity.....78 to 97 percent.

24 hr trend.....On average, unchanged.

20-foot winds.....

Valleys/lwr slopes...West 8 to 11 mph with gusts to 18 mph in the evening, becoming light downslope less than 8 mph after midnight.

Ridges/upr slopes....West 8 to 12 mph. Gusts to 18 mph.

Haines Index.....2 very low.

LAL.....1.

CWR /0.10 inch/.....20 percent.

Smoke Dispersal:

Mixing Height.....400-900 ft AGL.

Transport Winds....North 5 to 10 mph.

.SUNDAY...

Sky/weather.....Partly sunny with scattered rain and snow showers in the morning, then sunny in the afternoon. Chance of precipitation 30 percent.

Max temperature.....47 to 62.

24 hr trend.....On average, 2 degrees warmer.

Min humidity.....30 to 45 percent.

24 hr trend.....On average, 13 percent drier.

20-foot winds.....

Valleys/lwr slopes...Light upslope winds less than 8 mph.

Ridges/upr slopes....North around 8 mph in the morning, becoming light in the afternoon.

Haines Index.....3 very low.

LAL.....1.

CWR /0.10 inch/.....0 percent.

Smoke Dispersal:

Mixing Height.....4500-5500 ft AGL.

Transport Winds....North 5 to 10 mph.

.SUNDAY NIGHT...

Sky/weather.....Clear.

Min temperature.....32 to 42.

24 hr trend.....On average, unchanged.

Max humidity.....55 to 80 percent.

24 hr trend.....On average, 19 percent drier.

20-foot winds.....

Valleys/lwr slopes...North around 8 mph in the evening, becoming light downslope less than 8 mph after midnight.

Ridges/upr slopes....North around 8 mph in the evening, becoming light after midnight.

Haines Index.....4 low.

LAL.....1.

CWR /0.10 inch/.....0 percent.

Smoke Dispersal:

Mixing Height.....300-400 ft AGL.

Transport Winds....East 5 to 10 mph.

.MONDAY...

Sky/weather.....Sunny.

Max temperature.....59 to 72.

24 hr trend.....On average, 11 degrees warmer.

Min humidity.....23 to 30 percent.

24 hr trend.....On average, 11 percent drier.

20-foot winds.....

Valleys/lwr slopes...Light upslope winds less than 8 mph.

Ridges/upr slopes....Light winds less than 8 mph.

Haines Index.....3 very low.

LAL.....1.

CWR /0.10 inch/.....0 percent.

Smoke Dispersion:

Mixing Height.....3000-4000 ft AGL.

Transport Winds....North up to 5 mph.

DIVISION/GROUP ASSIGNMENT LIST (ICS 204 WF)

| | | | | | | | |
|--|---------|---------------------------|--------------------------------------|-------------------|-------------------|------------------|--|
| 1. Incident Name | | | 3. | | | | |
| | | | Branch | Division | | | |
| 2. Operational Period | | | | | | | |
| Date/Time From: | | Date/Time To: | | | | | |
| 4. Operations Personnel | | | | | | | |
| Operations Chief | | Division/Group Supervisor | | | | | |
| Branch Director | | Air Attack Supervisor | | | | | |
| 5. Resources Assigned this Period | | | | | | | |
| Strike Team/Task Force/ Resource Designator | EMT | LWD | Leader | Number Persons | Drop Off PT./Time | Pick Up PT./Time | |
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| 6. Control Operations/Work Assignments:* | | | | | | | |
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| 7. Special Instructions: | | | | | | | |
| | | | | | | | |
| 8. Division/Group Communication Summary | | | | | | | |
| Function | Channel | RX Frequency N/W | RX Tone/NAC | TX Frequency N/W | TX Tone/NAC | Mode | |
| Command | | | | | | | |
| Tactical Div/Group | | | | | | | |
| Logistics | | | | | | | |
| Air to Ground | | | | | | | |
| 9. Prepared by (Resource Unit Leader) | | | Approved by (Planning Section Chief) | | Date | Time | |
| | | | | | | | |

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

Controlled Unclassified Information//Basic

| | | | |
|--------------------------|--------------------------------|--|--------------------------------------|
| 1. Incident Name: | 2. Date/Time Prepared: | 3. Operational Period: | |
| PORPHYRY | Date: 09/24/2020 Time: 1000 | Date/Time From: 09/25/2020 0600 FRI | Date/Time To: 09/28/2020 2200 MON |

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 |
|------------|------|---------------|---|------------|-----------|-------------|-----------|-------------|------------------|---------|
| 1 | 8 | LOGISTICS | TAC2 | | 167.42500 | | 167.42500 | | | |
| 1 | 2 | COMMAND | | | 169.9000 | 131.8 | 164.7875 | 131.8 | | |
| 1 | 7 | TACTICAL | TAC1 | | 166.9875 | | 166.98756 | | | |
| 1 | 6 | AIR TO GROUND | AG46 | | 167.7000 | | 167.7000 | | | |

5. Special Instructions:

| | | |
|--|---------------------|----------------------------|
| 6. Prepared By (Communications Unit Leader) | Name: ALEXIS MARTIN | Signature: |
| ICS 205 | IAP Page | Date/Time: 09/24/2020 1000 |

MEDICAL PLAN (ICS 206 WF)

| 1. Incident/Project Name | | 2. Operational Period | | | | | | |
|--|---|---|-----------------------------|--|-------------------------------------|-------------------------------------|--|---|
| Porphyry | | Date/Time 09/25/2020-09/28/2020, 0600-2200 | | | | | | |
| 3. Ambulance Services | | | | | | | | |
| Name | Complete Address | Phone & EMS Frequency | Advanced Life Support (ALS) | | | | | |
| McCall Fire and EMS | 201 Deinhard Lane, McCall, ID 83638 | 911 | Yes | No | | | | |
| | | | X | | | | | |
| 4. Air Ambulance Services | | | | | | | | |
| Name | Phone | Type of Aircraft & Capability | | | | | | |
| Air St Luke's Medical Transport | 208-381-8900 | Bell 429 | | | | | | |
| Two Bear Air | 406-755-4297 | Bell 429 | | | | | | |
| 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 |
| | St Lukes McCall Medical Center 1000 Hwy 55 McCall ID 83638 | Lat: 44 54.797 Long: 116 06.252 VHF: | | | 208-634-2221 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Level 3 Trauma Center and Rapid COVID Testing |
| Cascade Medical Center 402 lake Cascade Parkway, Cascade ID 83611 | Lat: 44 31.105 Long: 116 2.973 VHF: | | | 208-382-4242 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Rapid COVID Testing | |
| St. Alphonsus 1055 N Curtis Road Boise, ID 83706 | Lat: 43 36.81 Long: 116 15.69 VHF: | | | 208-367-2121 | x | <input type="checkbox"/> | Level 2 Trauma Center | |
| University of Utah Medical Center 50 N. Medical Dr., Salt Lake City UT | Lat: 40 46.34 Long: 111 50.24 VHF: | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Level 1 Trauma Center with Burn Center | |
| 6. Division Branch Group | | Area Location Capability | | | | | | |
| All Divisions | | EMS Responders & Capability: | | 9 EMT Basic | | | | |
| | | Equipment Available on Scene: | | | | | | |
| | | Medical Emergency Channel: | | Command: Payette East Tone 3 (Elk Summit Repeater) | | | | |
| | | ETA for Ambulance to Scene: | | | | | | |
| | | Air: | | 30 minutes | | | | |
| | | Ground: | | 4 hours. | | | | |
| | | Approved Helispot: | | Pueblo Summit. | ICP | | | |
| | | Lat: | | 45 13.392 | 45 12.750 | | | |
| Long: | | -115 19.313 | -115 32.307 | | | | | |

MEDICAL PLAN (ICS 206 WF)

| | | |
|--------------|---|--|
| | EMS Responders & Capability: | |
| | Equipment Available on Scene: | |
| | Medical Emergency Channel: | |
| | ETA for Ambulance to Scene: | |
| | Air: | |
| | Ground: | |
| | Approved Helispot: | |
| | Lat: | |
| Long: | | |

| 7. Name & Location | Remote Camp Location(s) | | |
|---|---|---|----------------------|
| Snowslide Camp | Point of Contact: | Ashleigh D'Antonio | |
| | EMS Responders & Capability: | 5 EMT Basic. | |
| | Equipment Available on Scene: | Trauma kit w/SKED. | |
| | Medical Emergency Channel: | Command: Payette East Tone 3 (Elk Summit Repeater). | |
| | ETA for Ambulance to Scene: | | |
| | Air: | | |
| | Ground: | | |
| | Approved Helispot: | | |
| | Lat: | | |
| Long: | | | |
| Click here to enter text. | Point of Contact: | | |
| | EMS Responders & Capability: | | |
| | Equipment Available on Scene: | | |
| | Medical Emergency Channel: | | |
| | ETA for Ambulance to Scene: | | |
| | Air: | | |
| | Ground: | | |
| | Approved Helispot: | | |
| | Lat: | | |
| Long: | | | |
| 8. Prepared By (Medical Unit Leader) | 9. Date/Time | 10. Reviewed By (Safety Officer) | 11. Date/Time |
| Alexis Martin PSC3 | 09/24/2020 1000 | Nick Bohnstedt ICT3 (t) | 069/24/202 01400 |

MEDICAL PLAN (ICS 206 WF)

| Medical Incident Report | | | | | |
|---|--------------------------|---|--|--|--------------------------------|
| FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH. | | | | | |
| Use itemsonethroughninetocommunicatesituationtocommunications/dispatch. | | | | | |
| 1. CONTACT COMMUNICATIONS/DISPATCH <i>Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)</i> | | | | | |
| 2. INCIDENT STATUS: <i>Provide incident summary and command structure.</i> | | | | | |
| Nature of Injury/Illness | | | <i>Describe the injury (Ex: Broken leg with bleeding)</i> | | |
| Incident Name | | | <i>Geographic Name + "Medical" (Ex: Trout Meadow Medical)</i> | | |
| Incident Commander | | | <i>Name of IC</i> | | |
| Patient Care | | | <i>Name of Care Provider (Ex: EMT Smith)</i> | | |
| 3. INITIAL PATIENT ASSESSMENT: <i>Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.</i> | | | | | |
| Number of Patients | Male / | Age: | Weight: | | |
| Conscious? <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC! | | | | | |
| Breathing? <input type="checkbox"/> YES <input type="checkbox"/> NO = MEDEVAC! | | | | | |
| Mechanism of Injury: <i>What caused the injury?</i> | | | | | |
| Lat/Long (Datum WGS84) Ex: N 40° 42.45' x W 123° 03.24' | | | | | |
| 4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY | | | | | |
| SEVERITY | | | TRANSPORT PRIORITY | | |
| <input type="checkbox"/> URGENT-RED Life threatening injury or illness. <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> | | | Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE. | | |
| <input type="checkbox"/> PRIORITY-YELLOW Serious Injury or illness. <i>Ex: Significant trauma, not able to walk, 2° – 3° burns not more than 1-2 palm sizes.</i> | | | Ambulance or consider air transport if at remote location. Evacuation may be DELAYED. | | |
| <input type="checkbox"/> ROUTINE-GREEN Not a life threatening injury or illness. <i>Ex: Sprains, strains, minor heat-related illness.</i> | | | Non-Emergency. Evacuation considered Routine of Convenience. | | |
| 5. TRANSPORT PLAN: | | | | | |
| Air Transport: (Agency Aircraft Preferred) | | | | | |
| <input type="checkbox"/> Helispot | | <input type="checkbox"/> Short-haul/Hoist | | <input type="checkbox"/> Life Flight | <input type="checkbox"/> Other |
| Ground Transport: | | | | | |
| <input type="checkbox"/> Self-Extract | | <input type="checkbox"/> Carry-Out | | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Other |
| 6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS: | | | | | |
| <input type="checkbox"/> Paramedic/EMT(s) | | <input type="checkbox"/> Crew(s) | | <input type="checkbox"/> SKED/Backboard/C-Collar | |
| <input type="checkbox"/> Burn Sheet(s) | | <input type="checkbox"/> Oxygen | | <input type="checkbox"/> Trauma Bag | |
| <input type="checkbox"/> Medication(s) | | <input type="checkbox"/> IV/Fluid(s) | | <input type="checkbox"/> Cardiac Monitor/AED | |
| <input type="checkbox"/> Other (i.e. splints, rope rescue, wheeled litter) | | | | | |
| 7. COMMUNICATIONS: | | | | | |
| Function | Channel Name/Number | Receive (Rx) | Tone/NAC * | Transmit (Tx) | Tone/NAC * |
| <i>Ex: Command</i> | <i>Forest Rpt, Ch. 2</i> | <i>168.3250</i> | <i>110.9</i> | <i>171.4325</i> | <i>110.9</i> |
| COMMAND | | | | | |
| AIR-TO-GRND | | | | | |
| TACTICAL | | | | | |
| *(NAC for digital radio system) | | | | | |
| 8. EVACUATION LOCATION: | | | | | |
| Lat/Long (Datum WGS84) EX: N 40 42.45' x W 123 03.24' | | | | | |
| Patient's ETA to Evacuation Location: | | | | | |
| Helispot/Extraction Size and Hazards: | | | | | |
| 9. CONTINGENCY: | | | | | |
| Considerations: <i>If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead...</i> | | | | REMEMBER: Confirm ETA's of resources ordered Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act Decisively. | |

Porphyry Fire-COVID-19 SCREENING TOOL 2020

Date:

Incident Resource Order Number (A, C, E, O):

How many Personnel are with your module?

Today or in the past 24 hours, have you or anyone on your crew had any of the following symptoms?

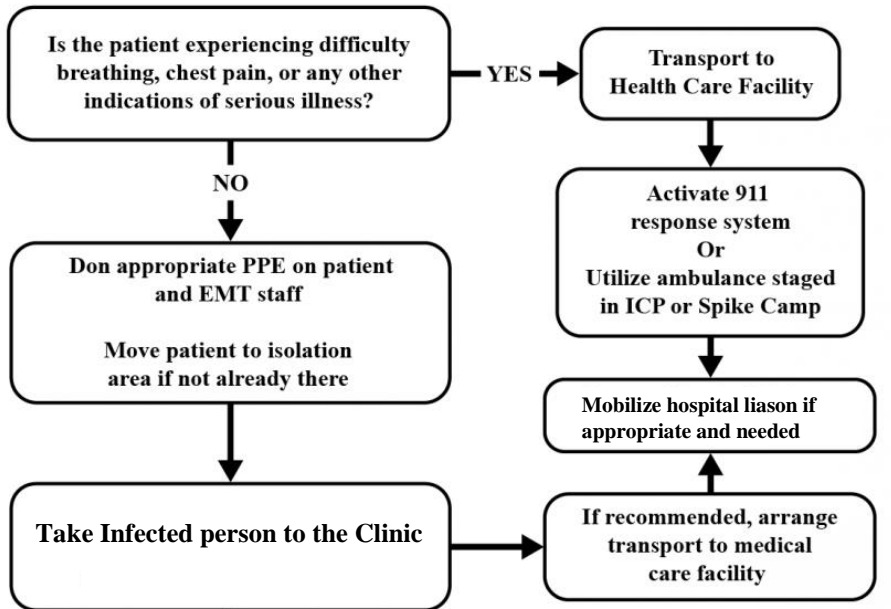
Cough more than expected?

- Shortness of breath or difficulty breathing?
- Fever greater than 100 degrees? Chills?
- Muscle pain outside your normal fire firefighting?
- Sore Throat?
- New loss of taste or smell?
- Fatigue, outside your normal for firefighting?
- Headache, outside your normal for firefighting?
- Congestion or runny nose, outside your normal for firefighting?
- Nausea or vomiting?
- Diarrhea?
- No symptoms

In the past 14 days, have you or any of your Crew/Module/Group had contact with a person known to be infected with the coronavirus (COVID-19)?

An individual is identified with a possible COVID-19 infection based on the screening tool.

Cough more than expected? Shortness of breath or difficulty breathing? Fever? Chills? Muscle pain outside your normal for firefighting? Sore throat? New loss of taste or smell? Temperature greater than 100.4?



Following COVID-19 Test Results options are:

- Return to work**
- Isolate**
- Demobilization off Incident**

Porphyry Fire Covid Response Procedures

How to respond:

- Notify immediate supervisor including OPS, if necessary, contact designated first responder.
- Contact the Covid Liaison Jess Asmussen (208)-739-1561
- Refer to the ICS 206 and supporting documentation for guidelines and medical contact information.
- Infected individual's crew will provide transportation to the med unit and clinic.
- Crew with infected individual will stay isolated on fire till test results come back.
- After test results come back, direction will be given to either continue isolation or continue working.

AIR OPERATIONS SUMMARY (ICS 220)

| 1. Incident Name: | | 2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____ | | | | 3. Sunrise: _____ Sunset: _____ | |
|--|--------------------|---|--|-----------|-------|--|---|
| 4. Remarks (safety notes, hazards, air operations special equipment, etc.): | | | 5. Ready Alert Aircraft: Medivac: New Incident: | | | 6. Temporary Flight Restriction Number: Altitude: Center Point: | |
| | | | 8. Frequencies: | | AM | FM | 9. Fixed-Wing (category/kind/type, make/model, N#, base): Air Tactical Group Supervisor Aircraft: |
| | | | Air/Air Fixed-Wing | | | | |
| 7. Personnel: | Name: | Phone Number: | Air/Air Rotary-Wing – Flight Following | | | | |
| Air Operations Branch Director | | | Air/Ground | | | | |
| Air Support Group Supervisor | | | Command | | | Other Fixed-Wing Aircraft: | |
| Air Tactical Group Supervisor | | | Deck Coordinator | | | | |
| Helicopter Coordinator | | | Take-Off & Landing Coordinator | | | | |
| Helibase Manager | | | Air Guard | | | | |
| 10. Helicopters (use additional sheets as necessary): | | | | | | | |
| FAA N# | Category/Kind/Type | Make/Model | Base | Available | Start | Remarks | |
| | | | | | | | |
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| 11. Prepared by: Name: _____ Position/Title: _____ Signature: _____ | | | | | | | |
| ICS 220, Page 1 | | | Date/Time: _____ | | | | |

AIR OPERATIONS SUMMARY (ICS 220)

| | | |
|--------------------------|---|---|
| 1. Incident Name: | 2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____ | 3. Sunrise: _____ Sunset: _____ |
|--------------------------|---|---|

12. Task/Mission/Assignment (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue, etc.):

| Category/Kind/Type and Function | Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft | Mission Start | Fly From | Fly To |
|---------------------------------|--|---------------|----------|--------|
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11. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 220, Page 2 Date/Time: _____