

WILLIAM FIRE

IAP

9/7/2020



Spot Forecast for William Fire
National Weather Service Salt Lake City UT
421 PM MDT Sun Sep 6 2020

...RED FLAG WARNING IN EFFECT UNTIL 9 PM MDT MONDAY...

.DISCUSSION...Dry northwesterly flow will persist through tonight. Winds should decouple by early evening as downvalley/downslope flow takes hold. A cold front is expected to push through the area midday on Labor Day resulting in an increase in north to northwest winds, which will become gusty as the afternoon wears on. These winds will result in critical fire weather conditions at the site. Winds through the canyon will likely remain channeled and more northerly Monday afternoon, while the upper ridgelines become northwest and quite gusty through the afternoon hours.

.REST OF TODAY...

Sky/weather.....Sunny (0-5 percent cloud cover) and hazy.
Chance of pcpn.....0 percent.
CWR.....0 percent.
LAL.....1.
Max temperature....95-97.
Min humidity.....8-10%.
Wind (20 ft).....North 8-12 mph.
Haines Index.....6 ..high.

.TONIGHT...

Sky/weather.....Clear (0-5 percent cloud cover).
Chance of pcpn.....0 percent.
CWR.....0 percent.
LAL.....1.
Min temperature....62-64.
Max humidity.....24-26%.
Wind (20 ft).....North 8-12 mph becoming south 5-10 mph after 2000.
Haines Index.....5 ..moderate.

.LABOR DAY...

Sky/weather.....Sunny (0-5 percent cloud cover).
Chance of pcpn.....0 percent.
CWR.....0 percent.
LAL.....1.
Max temperature....Around 90.
Min humidity.....8-10%.
Wind (20 ft).....South 4-8 mph becoming north 5-10 after 1100, then increasing to 10-15 mph with gusts to 25 mph after 1500. Ridgeline winds becoming northwest 20-30 mph with gusts in excess of 40 mph after 1200.
Haines Index.....6 ..high.

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: William Fire	2. Operational Period: Date From: 9/7/20 Date To: 9/7/20 Time From: 0600 Time To: 2200															
3. Objective(s): 1. Protection of human life is the single overriding objective to implementing any management actions. Ensuring personnel and public safety is our primary responsibility. 2. Consider management strategies that apply best management practices to reduce the number of firefighters that contract COVID-19 through work related activities. 3. Consider management strategies that shorten the duration of the incident. 4. Plan for wildland fire suppression actions that reduce the impacts to the public sector, including COVID-19 exposures. 5. All operational strategies and tactics should consider associated risk utilizing the best options with the highest probability for success. 6. Utilizing appropriate tactics and suppression methods keep the fire within the established boundaries. 7. Minimize any damage to public and private property. 8. Continue to follow COVID-19 mitigation practices outlined by the CDC and governing agencies.																
4. Operational Period Command Emphasis: Firefighter and public safety is the number one priority.																
General Situational Awareness																
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 style="width: 33%;"><input checked="" type="checkbox"/> ICS 203</td> <td style="width: 33%;"><input type="checkbox"/> ICS 207</td> <td style="width: 34%;">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: <u>Sarah Flinders</u> Position/Title: <u>PSC3</u> Signature: _____																
8. Approved by Incident Commander: Name: <u>Ryan LaFontaine</u> Signature: _____																
ICS 202	IAP Page _____	Date/Time: <u>9/6/20 1900</u>														

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: William Fire		2. Operational Period: Date From: 9/7/20 Date To: 9/7/20 Time From: 0600 Time To: 2200		
3. Incident Commander(s) and Command Staff:		7. Operations Section:		
IC/UCs	Ryan LaFontaine	Chief	Riley Bergseng	David Inskeep (t)
	Troy Morgan (t)	Deputy		
Deputy		Staging Area		
Safety Officer		Branch		
Public Info. Officer	Jennifer Hansen, Suzie Tenhagen(t)	Branch Director		
Liaison Officer		Deputy		
4. Agency/Organization Representatives:		Division/Group	DIV A	Randy Danielson
Agency/Organization	Name	Division/Group		
State of Utah	Brian Trick	Division/Group		
Forest Service	Luke Decker	Division/Group		
		Division/Group		
		Branch		
		Branch Director		
		Deputy		
5. Planning Section:		Division/Group	DIV O	Kadell Deason
Chief	Sarah Flinders	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	DIV Z	Brian Moran
		Division/Group		
		Division/Group		
6. Logistics Section:		Division/Group		
Chief	Murl Rawlins/PJ Abraham	Division/Group		
Deputy		Air Operations Branch		
Support Branch		Air Ops Branch Dir.	Chris Edwards	
Director				
Supply Unit				
Facilities Unit		8. Finance/Administration Section:		
Ground Support Unit		Chief	Ben Huntsman/ Wes Ashton (t)	
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: 9/6/20 1900		

ASSIGNMENT LIST (ICS 204)

1. Incident Name: William Fire	2. Operational Period: Date From: 9/7/20 Date To: 9/7/20 Time From: 0600 Time To: 2200	3. Branch: Division: DIV O Group: Staging Area:
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: <u>Riley Bergseng, David Inskeep (t)</u> Branch Director: _____ Division/Group Supervisor: <u>Kadell Deason</u>		

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			

6. Work Assignments:
 Scout for possible control/contingency lines.
 Look for possible medicav sites.
 Continue structure protection.

7. Special Instructions:
 Follow posted speed limits in Santaquin City.

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 2 /	_____
A/G /	_____
A/A /	_____
_____ /	_____

9. Prepared by: Name: Sarah Flinders Position/Title: PSC3 Signature: _____

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: William Canyon	2. Date/Time Prepared: Date: 9/6/20 Time: 1900	3. Operational Period: Date From: 9/7/20 Date To: 9/7/20 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	TAC 1	DIVA	166.500 0		166.500 0				
		TAC	TAC 2	DIVOIZ	166.962 5		166.962 5				
		COMMAND	Lake Mountain	COMMAND	172.375 0		164.875 0	131.8			
		A/G Primary	A/G 69	A/G Command	169.200 0		169.200 0				
		A/G 74	A/G 74	A/G Tactical	154.310 0		154.310 0				
		A/A Primary	A/A	A/A Primary	127.475 0		127.475 0				
		A/A Secondary	A/A	A/A Secondary	126.750 0		126.750 0				

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: Sarah Flinders	Signature: _____
ICS 205	IAP Page _____
Date/Time: 9/6/20 1900	

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

1. Incident/Project Name		2. Operational Period						
William Fire		Date/Time 9/7/20 0600-2200						
3. Ambulance Services								
Name	Complete Address	Phone & EMS Frequency	Advanced Life Support (ALS)					
			Yes	No				
911	Santaquin City Ambulance	911	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
911	Payson City Ambulance	911	<input checked="" 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
	Lat:	Click or tap here to enter text.	X	X		Yes	No	
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.						
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.						
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.				
		Long:		Click or tap here to enter text.				
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		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)

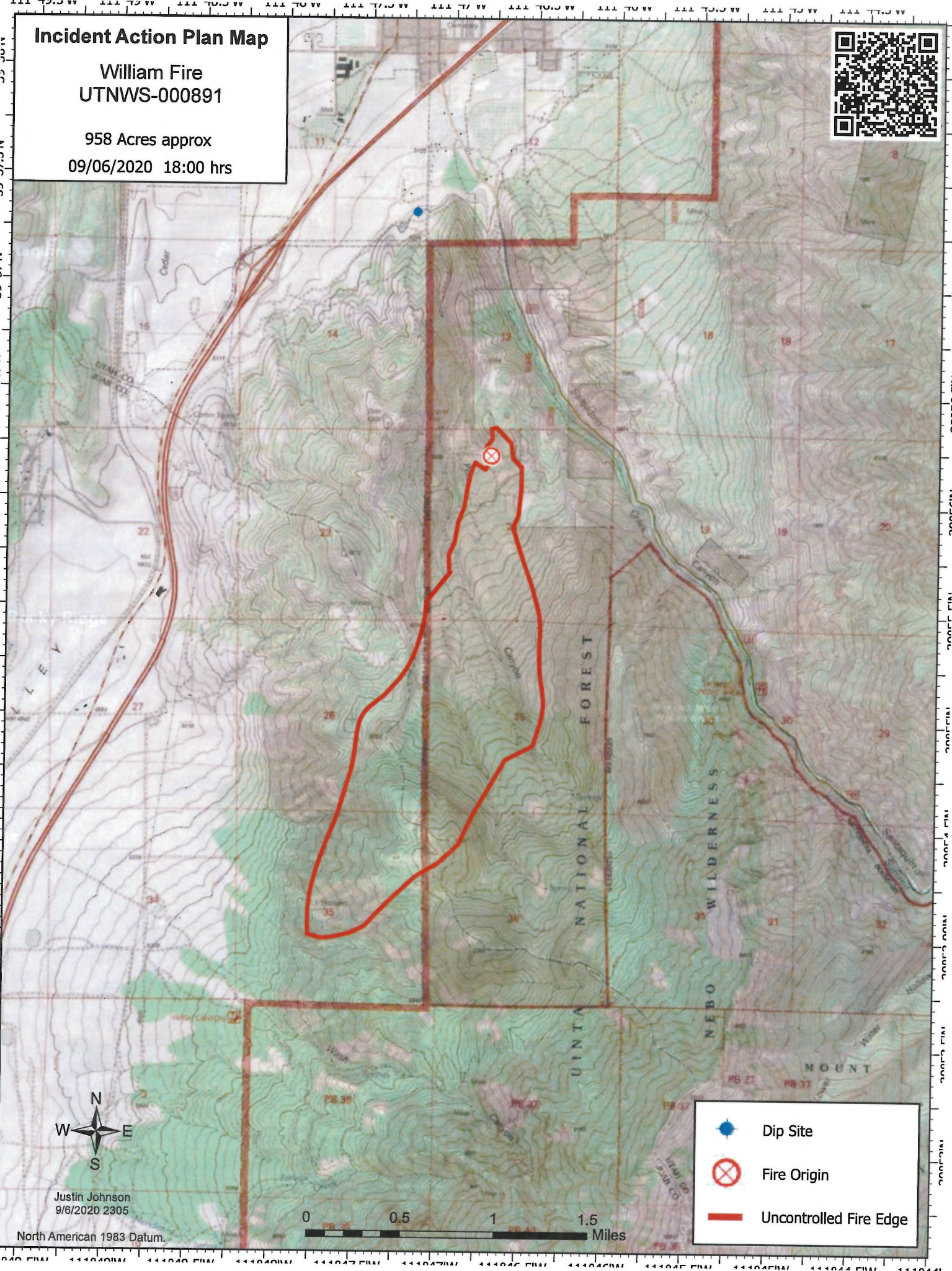
Controlled Unclassified Information//Basic

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.	
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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	
Click or tap here to enter text.	9/7/20 1900	Click or tap here to enter text.	9/6/20 1900	

Incident Action Plan Map

William Fire
UTNWS-000891

958 Acres approx
09/06/2020 18:00 hrs



	Dip Site
	Fire Origin
	Uncontrolled Fire Edge

Justin Johnson
9/6/2020 2305

North American 1983 Datum.

