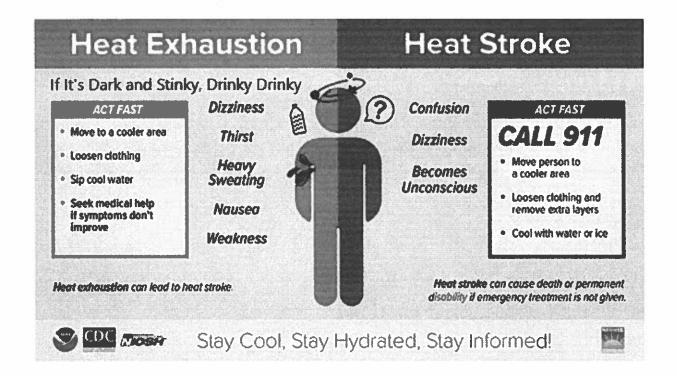
# Quail Springs Fire

Incident Action Plan

July 22-24, 2024

R3DU (AZ-ASD-373) Quail Springs (PD 1522)

Dave Carr IC4/James Padden(IC4-T)





QR CODE FOR QUAIL SPRINGS FTP SITE

## **INCIDENT OBJECTIVES (ICS 202)**

1. Incident Name:	2. Operational	Period:	DAY			を とき できる 日本			
QUAIL SPRINGS	Date/Time	From:		Dat	e/Time To:				
	07/22/202	4 0600	MON	07/22	2/2024 2200	MON			
incident.  • Keep cost commensurate with values	<ul> <li>Assure that the safety of all firefighters, aviation, support personnel and public is the highest priority for the duration of the notident.</li> <li>Keep cost commensurate with values at risk, concentrating aerial resources on values at risk.</li> <li>Keep fire as small as practical considering fire behavior and resources available.</li> </ul>								
•									
General Situational Awareness:			·		<del></del>				
Review SPOT weather.									
After Heavy Rain consult IC before departure. Shelter in Place may be needed.									
	X								
Approved Site Safety Plan(s) Located at:									
6. Incident Action Plan (the items	checked below are incl		Incident Action Plan) achments:	:					
ICS 203	Tides/Currents								
7 Bronwed by:	Position/Title:		le:	on other contracts					
7. Prepared by:	Position/Title:	CN /T'		ignature:					
8. Approved by Incident Commander:	Name: JAMES PADD	EN (T)		ignature:	OT 10 1 10 10 1 1 1 1				
ICS 202	IAP Page		D	ate/Time:	07/21/2024 2200				

**FINAL** 

## **ORGANIZATION ASSIGNMENT LIST (ICS 203)**

1. Incident Name:	2,	Operational Period:	DAY			
QUAIL SPRINGS	3	Date/Time From: 07/22/2024 0600	MON		Date/Time To: 7/22/2024 2200	MON
3. Incident Comman	der(s) and Command Staff:		77	•		
	UC DAVE CARR 970-964 JAMES PADDEN 435		1			
4. Agency/Organizat	ion Representative(s):					
Agency/Organizatio	n Name					
BLM AGEN ADMINSTRAT	CY LORRAINE CHRISTIA	AN 435-899-1050	8			
BLM REASOUR ADVIS	CE JUSTIN REEVE 435-0	690-0125				
6. Logistics Section						
СН	EF SHAYNE HUNT 435-0	680-0800	_			
O Sinone (Admir)	retion Coeffeet		20			
8. Finance/Administ	IEF CONNIE MURDOCK	/35_500_5252	6590			
22						
	22					
						9
9. Prepared By: N	ame:	Position/	Title:		Signature:	
ICS 203	AP Page	Date/Time	<del>9</del> :			

Page 1 of 1

# Division/Group Assignment List (ICS 204 WF)

1. Incident Name:			Unclassified info	3.				
QUAIL SPRINGS				Branch:	Branch: Division/Group:			p:
2. Operational Period:	DAY							
Date/Time From: 07/22/2024 0600	MON	Date/Time To: 07/22/2024 2200	) MON			į	QUA	IL SPRINGS
			Operations Personn	el				
	HARRING OF LIST SECURIORS			NUMBER OF STREET	WATER STATE		at Million Parses Deget Service	
5.		Resou	rces Assigned this	Period				
Strike Team / Tas					Number	_		T
Resource Desi	gnator	LWD	Leader		Persons		Off PT./Time	Pick Up PT./Time
CR2IA PATRICK 3B	· · · · · · · · · · · · · · · · · · ·	07/28	BEARD, BEN		20			
ENG3 AZASD ENGINE 2333		07/26	O'FARRELL, SHAN		4		SPIKE/0600	QUAIL SPIKE/2200
ENG6 AZASD E1602		07/25	JOSEY, MARSHALI	_	3	QUAIL S	SPIKE/0600	QUAIL SPIKE/2200
ENG6 WEST VALLEY 671		07/22	RIDER, MATTHEW		3	QUAIL S	SPIKE/0600	QUAIL SPIKE/2200
ENG6 LAYTON BR54		07/23	HALL, CYLE		3	QUAIL S	SPIKE/0600	QUAIL SPIKE/2200
EMPF		07/24	4 GOINS, NATHAN			QUAIL S	SPIKE/0600	QUAIL SPIKE/2200
7. Special Instructions: EMPF Goins has a UTV Rehabilitate any vehicand shrubs. Available for Initial Att	/ available for mo	edical assistal	nce.	track roa	ds) by	coveri	ng with rock	ks, branches, lim
8.		Division	/Group Communica	tion Summa	arv			
Function	Channel	RX Frequency	CONT. CORP. CARROLL SECTION SECTION	CONTROL OF CONTROL	X Freque	ncy N/W	TX Tone/N/	AC Mode
COMMAND	2 BLK RCK	173.8250			166.3		131.8	A
TACTICAL	10 TAC 2	166.9625			166.9	625		A
9. Prepared By (Resource U	nit Leader)	Appro	ved By (Planning Se	ection Chief	)	D	ate	Time

# INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205) Controlled Unclassified Information//Basic

							Siebo	244	OTTO STATE OF THE PARTY OF THE		
1. Incident Name:	Name:		2.0	2. Date/Time Prepared:		s. Ope	3. Operational Period:	DAT			1251
QUAIL SPRINGS	PRING	S	Date: Time:	e: 07/21/2024 e: 0859		ă 6	Date/Time From: 07/22/2024 0600	MOM	Dz.	Date/Time To: 07/22/2024 2200 MON	
4. Basic Radio Channel Use:	adio Char	nnel Use:									
		•	Channel			?		ì	1		
Zone	ర్ #	Function	Name/Trunked Radio	Assignment	RX Freq	Tone/NAC	TX Freq	Tone/NAC	Mode (A,D, or M)	Remarks	
•			System Talkgroup				2				1
	1 SCRUB	COMMAND	AZ SCRUB		173.8250		166.3375	136.5	¥		1
	2 BLK RCK	COMMAND	AZ BLACK ROCK	COMMAND	173.8250		166.3375	131.8	A		1
	3 HUDSO	COMMAND	AZ HUDSON		173.8250		166.3375	123.0	٧		
	4 LOGAN	COMMAND	AZ LOGAN		173.8250		166.3375	167.9	٧		
	5 MOCC	5 MOCC COMMAND	AZ MOCCASIN		173.8250	5	166.3375	156.7	٧		
	6 BIG RDG	COMMAND	AZ BIG RIDGE		173.8250		166.3375	146.2	٧		
i !	7 UT HL	7 UT HL COMMAND	BLM UTAH HILL		172.7500		164.6250	167.9	٧		
	8 W TEN	8 W TEM COMMAND	WEST TEMPLE		172.5750		163.0375	123,0	¥		
20	9 TAC 1	9 TAC 1 TACTICAL	TAC 1	200	166.5000		166.5000		∢		
	10 TAC	10 TAC 2 TACTICAL	TAC 2	QUAIL SPRINGS TAC	166.9625		166.9625		A		
	11 TAC	11 TAC 6 TACTICAL	TAC 6		169.0750		169.0750		٧		
	12 TAC	12 TAC 9 TACTICAL	TAC 9		168.2750		168.2750		٧		
	13 A/G 19	AIR TO GROUND	A/G 19	A/G PRI	168.1250		168.1250		A		
	14 A/G 24	AIR TO GROUND	A/G 24		168.6375		168.6375		∢		T
	15 SOA 1	15 SOA COMMAND	SOA REPEATER 1		168.7750		164.9125	131.8	A		
	16 AIRGUA	AIR GUARD	AIR GUARD		168.6250		168.6250	110.9	A	EMERGENCY USE ONLY	Т
5. Special Instructions:	Instructio	ins:				:					T
6. Prepared By	d By	(Communicat	(Communications Unit Leader)	Name: MARCUS BI	IS BRINKERHOFF		Ϊ́Ο	Signature:			$\overline{}$
											-

Controlled Unclassified Information//Basic

Date/Time: 07/21/2024 0859

IAP Page

ICS 205

# **ACTIVITY LOG (ICS 214)**

1. Incident Name:			2. Operational Period: Date From: Date To:		
				Time Fror	m: Time To:
3. Name:		4. IC	S Position:		5. Home Agency (and Unit):
6. Resources Assig	gned:				
Nan			ICS Position		Home Agency (and Unit)
ā					
7 Activity I co					
7. Activity Log:  Date/Time	Notable Activities				
Date/ Fifte	14010016 MOUNTINGS				
_					
,	<del> </del>				
8. Prepared by: Na	ame:		Position/Title:		Signature:
ICS 214, Page 1			Date/Time:		

## **MEDICAL PLAN (ICS 206 WF)**

Quail Springs/Guich Fires					Date/Time: 07/22/2024 0600 to 07/25/2024 2200					
1. Ambulance/Medical Ser	vices									
<u>Name</u>		-	Location			Prione		Advanced Life Support (ALS) Yes No		
Gold Cross Ambulance	Will		T/AZ State Line on River Rd, St George UT			Order via CMD		X		
2. Air Ambulance Services	s (COORDIN	IATE with AIR	AMBULANCES	on \	VMED 28	)				
<u>Name</u>		Loc	cation		_	Phon	10	Туре	of Airc	raft & Capability
Life Flight		St. Ge	eorge UT			Order Via	Command	1	ALS, Hel	lo/fixed Wing
Utah DPS		St. Ge	eorge, UT			Order Via	Command	В	ILS, Sho	ort Haul/Hoist
Mercy Air Mesquite, NV						Order Via	Command		AL	S, Helo
Classic Air Med Page, AZ						Order Via Command			AL	.S,Helo
3. Hospitals					A EST					
Name & Level		Degrees Decimal Minutes		avel ir	Time Gnd	<u>Phone</u>	Helipad Yes No		<u>Address</u>	
St. George Regional Medical Center	Lat:	37° 5.9	935		1.5 hr	435-251-1002	x		1380 E. Medical Cente St. George, UT 84	
(Level 2 Trauma, Cath Lab) University Medical Center	Long:	113° 33			1.5111		ļļ			
(Level 1 Trauma		36° 09.	45 m	nin		702-383-3969	<b>x</b>	1800 W. Charleston B Łas Vegas, NV 891		
Burn Center) University Hospital	Long:	155° 09 40° 46.		-			ļ	Las vegas, NV 891		25, NY 03 102
(Level 1 Trauma Burn Center)	Long:	111° 50	2.5 1	hrs		801-300-0927 X		Sa		Medical Dr. City, UT 84132
	Lat:									
	Long:					X				
4. Division / Crew	Pre-plan.	Update and	d discuss wi	ith a	assigne	ed resources	daily.			
Fireline EMTs & LocationAdv. Life Support?		SPRINGS FIRE oins EMPF w/ U1	rv							
Air Hoist site: Lat: Long: Heli-spot: Elevation: Lat: Long:	QUAIL SPRINGS FIRE H-10 H-20				<u>,                                      </u>		* :			
Med LZ:										
5. Remote Aid Stat										
	Point of	Contact:				it, MEDL - ICP-Di:				
	Capabili	esponders & ity: ent Available o	on Site:		Jordan Pake, MEDL(T)- ICP-Dixie Center (435)236-7895  Jordan Pake EMT W/ BLS+ Kit _ Base Camp Dixie Center					Center
6. Prepared By (Medical Ur	nit Leader)	7.	Date/Time		8. Re	viewed By (Safet	y Officer)		9	. Date/Time
Jeff Hunt, MEDL Jordan Pake, MEDL (T)		AND REAL PROPERTY AND PERSONS ASSESSED.	/20/24 - 1000	1		terson, SOFR	, , ,	4 100	07/20/24	217

# MEDICAL PLAN (206 WF)

NOAL I LAIT (200 VII )	
DATF·	TIME:

### Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A ME	EDICAL EMERGE	ENCY: IDENTIFY ON SCE	ENE INCII	DENT CO	MMANDER B	/ NAMI	E AND POSITION AND ANNOUNCE
	USE THE FOLLO	OWING ITEMS TO COMM	AUNICATE	SITUAT	TION WITH CO	MMUN	ICATIONS/ DISPATCH
		i / DISPATCH (Verify correct and-by for Emergency Traffic.*	t frequency	prior to sta	rting report)		
Ex: "Communicat	tions, I have a Red prio	lent summary (including number o prity patient, unconscious, struck t mith is providing medical care."				to Forest	Road 1 at (Lat/Long.) This will be the Trout Mead
Severity of Emergo	ency / Transport	□ RED / PRIORITY 1 Life of Ex: Unconscious, difficulty br □ YELLOW / PRIORITY 2 S Ex: Significant trauma, unable □ GREEN / PRIORITY 3 MI Ex: Sprains, strains, minor heat-	reathing, blee Serious Inj e to walk, 2º Inor Injury	eding severe ury or illne – 3° burns n or illness	ly, 2° – 3° bums mo ess. Evacuation ot more than 1-3 pa	ore than 4 may be alm sizes.	4 palm sizes, heat stroke, disoriented.  DELAYED if necessary.
Nature of Inju	-					$\top$	
8 Mechanisr							Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)
	,,					+	Air Ambulance / Short Haul/Hoist
Transport	Request						Ground Ambulance / Other
Patient L	ocation					D	escriptive Location & Lat. / Long. (WGS84)
Incident	Name						Geographic Name + "Medical" (Ex: Trout Meadow Medical)
On-Scene Point	of Contact	÷				,	Name of on-scene POC of Incident within an Incident (Ex: TFLD Jones)
Patient	Care						Name of Care Provider (Ex: EMT Smith)
3. INITIAL PATI	ENT ASSESSMEI	NT: Complete this section for each	h patient as	Great E	Basin Team 6 I	Medica	Unit: VITAL SIGNS REPORT
		g 106 or use chart to the righ		Age:		Wei	ight:
		ii.	<u>.</u> .	Level o	f consciousne	ess:	
Treatment:				Alort a	nd oriented to:	. D.	erson Place Time Event
4. TRANSPORT	PLAN:			Aleitai	iu orienteu to.		erson Flace Time Event
Evacuation Location	on ( <i>if different</i> ) Patier	nt's ETA to Evacuation Locati	ion:	•			nulus Pain Stimulus Unresponsive
Halianak / Mukanakia	- Cita Ci-ad H			Breatn	ing: Not No	rmai	Difficult/Labored Rate:
Helispot / Extraction Site Size and Hazards:					Rate: Absent	Pre	sent:/minute
5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:				Blood pressure: SYS:/ DIA:			
		zation Devices, AED, Oxygen, Tra litter, HAZMAT, Extrication	auma Bag,	Oxygei	n Saturation W	ith Pul	ise Oximeter (SaO2):
			•	Blood	Glucose Level	:	
6. COMMUNICA	TIONS: Identify	State Air/Ground EMS F	requenci	es and H	ospital Conta	cts as	applicable
Function	Channel Name/Num	ber Receive (RX)	Tone	MAC *	Transmit (T	X)	Tone/NAC *
COMMAND							
AIR-TO-GRND							
TACTICAL		T			1		1

7. CONTINGENCY: Considerations: If primary options fall, 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.