

INCIDENT ACTION PLAN

Buckley Draw

Monday, August 19th, 2025

0600-2200

UT-UWF-200686

P4 S82N (0419)



Check In



Finance – Submit
CTRs/Shift tickets

Spot Forecast for Buckley Draw...USFS
National Weather Service Salt Lake City UT
655 PM MDT Mon Aug 18 2025

Forecast is based on forecast start time of 0600 MDT on August 19.

.DISCUSSION...Building high pressure will bring dry and increasingly warm conditions to the fire through midweek with generally light and terrain driven winds. Relative humidity values will start to increase Wednesday as monsoonal moisture starts moving into Utah, with chances of afternoon and evening showers beginning Thursday.

.TUESDAY...

Sky/weather.....Sunny (0-10 percent cloud cover).
CWR.....0 percent.
Chance of pcpn.....0 percent.
Chance of lightning.0 percent.
Max temperature.....88-92.
Min humidity.....8-12 percent.
Wind (20 ft).....Upslope/upvalley winds 3-7 mph.
Mixing height.....10200 ft AGL.
Climatology.....70-80th Percentile.
Transport winds.....Southwest winds 5-10 mph.

.TUESDAY NIGHT...

Sky/weather.....Mostly clear (5-15 percent cloud cover).
CWR.....0 percent.
Chance of pcpn.....0 percent.
Chance of lightning.0 percent.
Min temperature.....68-72.
Max humidity.....20-24 percent.
Wind (20 ft).....Downslope/downvalley winds 3-7 mph.
Mixing height.....400 ft AGL.
Transport winds.....Southwest winds 5-10 mph.

.WEDNESDAY...

Sky/weather.....Mostly sunny (10-20 percent cloud cover).
CWR.....0 percent.
Chance of pcpn.....0 percent.
Chance of lightning.4 percent.
Max temperature.....90-94.
Min humidity.....12-16 percent.
Wind (20 ft).....Upslope/upvalley winds 3-7 mph.
Mixing height.....1000 ft AGL increasing to 12100 ft AGL in the afternoon.
Climatology.....80-90th Percentile.
Transport winds.....East winds 5-10 mph.

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Buckley Draw	2. Operational Period: Date From: 08/19/2025 Date To: 08/19/2025 Time From: 0600 Time To: 2200			
3. Objective(s): Firefighter and public safety are priority over all incident objectives and incident requirements. All strategies and tactics will align with the associated risk to firefighter/public safety, structure and infrastructure. Minimize impacts to the local community, their residences, and the Rock Creek campground. Maintain valued relationships with partners and local communities throughout the incident.				
4. Operational Period Command Emphasis: Monitor the North and South ridgeline utilizing air resources as needed to limit further spread. Utilize advantageous areas to tie in slop overs to natural holding features to prevent further spread into Slate Canyon.				
General Situational Awareness Steep rocky terrain, potential for roll out, rattle snakes, wasp nests, and heat related injuries.				
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%; vertical-align: top;"><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</td><td style="width: 33%; vertical-align: top;"><input type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input type="checkbox"/> Map/Chart <input type="checkbox"/> Weather Forecast/Tides/Currents</td><td style="width: 33%; vertical-align: top;">Other Attachments: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td></tr></table>		<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 type="checkbox"/> Map/Chart <input type="checkbox"/> Weather Forecast/Tides/Currents	Other Attachments: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<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 type="checkbox"/> Map/Chart <input type="checkbox"/> Weather Forecast/Tides/Currents	Other Attachments: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
8. Approved by Incident Commander: Name: <u>Troy Morgan</u> Signature: <u>Tm</u>				
ICS 202	IAP Page _____	Date/Time: <u>8/18/25</u> <u>2100</u>		

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Buckley Draw		2. Operational Period: Date From: 08/19/2025 Date To: 08/19/2025 Time From: 0600 Time To: 2200		
3. Incident Commander(s) and Command Staff:		7. Operations Section:		
IC/UCs	Troy Morgan	Chief	Mike Doherty	August Foreman (t)
	Garrett Nielsen (t)	Deputy		
Deputy		Staging Area		
Safety Officer	Dave Marsella	Branch		
Public Info. Officer	Sierra Hellstrom	Branch Director		
Liaison Officer	Chris Blinzinger	Deputy		
4. Agency/Organization Representatives:		Division/Group	Tyler Swartzlender	
Agency/Organization	Name	Division/Group	Riley McBride	Spencer Proffit (t)
USFS	Ken Verboncoeur	Division/Group	Peter Noble	
USFS	Brian Trick (t)	Division/Group		
		Division/Group		
		Branch		
		Branch Director		
		Deputy		
5. Planning Section:		Division/Group		
Chief	Sierra Sampson	Division/Group		
Deputy	Garrett Pitsenbarger (t)	Division/Group		
Resources Unit		Division/Group		
Situation Unit		Division/Group		
Documentation Unit		Branch		
Demobilization Unit		Branch Director		
Technical Specialists		Deputy		
GISS	Bethany Nickison	Division/Group		
		Division/Group		
		Division/Group		
6. Logistics Section:		Division/Group		
Chief	Murl Rawlins	Division/Group		
Deputy	PJ Abraham	Air Operations Branch		
Support Branch		Air Ops Branch Dir.	Eric Panebaker	
Director				
Supply Unit				
Facilities Unit		8. Finance/Administration Section:		
Ground Support Unit		Chief	Robin Fitzgerald	
Service Branch		Deputy		
Director		Time Unit		
Communications Unit	Llyod Evans	Procurement Unit		
Medical Unit		Comp/Claims Unit		
Food Unit		Cost Unit		
9. Prepared by: Name: Garrett Pitsenbarger Position/Title: PSC3 (t) Signature: _____				
ICS 203		IAP Page _____		Date/Time: 08/18/2025 1830

Controlled Unclassified Information//Basic

1. Incident Name			3.			
Buckley Draw			Branch	Division Alpha		
2. Operational Period Day						
Date/Time From: 08/19/2025 0600		Date/Time To: 08/19/2025 2200				
4. Operations Personnel						
Operations Chief				Division/Group Supervisor		Tyler Swartzlender
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
TFLD East Oregon Taskforce				Johnson	2	
ENG3 E-3342				Quintero	4	
ENG4 E-7478				Green	5	
ENG4 E-423				Swartzlender	8	
ENG6 E-5628				WHarton	7	
ENG6 E-1603				Seimer	4	
SMOD C-6201				Rambo	7	
SMOD NOD IA Mod				Murphy	7	
6. Control Operations/Work Assignments:						
Continue securing the line from division A/Z break to Toad head point. Assist division Z as needed.						
7. Special Instructions:						
Emphasize awareness with environmental factors such as bees, snakes, and heat.						
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	Ch 4 Tac 1	168.050		168.050		
Logistics						
Air to Ground						
9. Prepared by (Resource Unit Leader)			Approved by (Planning Section Chief)		Date	Time

DIVISION/GROUP ASSIGNMENT LIST (ICS 204 WF)

Controlled Unclassified Information//Basic

1. Incident Name				3.			
Buckley Draw				Branch	Division Mike		
2. Operational Period Day							
Date/Time From: 08/19/2025 0600		Date/Time To: 08/19/2025 2200					
4. Operations Personnel							
Operations Chief				Division/Group Supervisor		Riley McBride / Spencer Proffit (t)	
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	
CRW1 Sawtooth IHC				21			
CRW1 Cherokee IHC			Brandon Corbitt	22			
6. Control Operations/Work Assignments: Establish direct control line from Buckley peak working towards Slate creek.							
7. Special Instructions: Locate and establish spike camp for crews and identify logistical needs by XXXX							
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	Ch 5 Tac 2	168.200		168.200			
Logistics							
Air to Ground							
9. Prepared by (Resource Unit Leader)			Approved by (Planning Section Chief)		Date	Time	

Controlled Unclassified Information//Basic

1. Incident Name						3.									
Buckley Draw						Branch	Division Zulu								
													2. Operational Period		
Day															
Date/Time From:				Date/Time To:											
08/19/2025 0600				08/19/2025 2200											
4. Operations Personnel															
Operations Chief								Division/Group Supervisor				Peter Noble / Richard Bugg (t)			
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		
CRW1 Lone Peak IHC						Berninger			23						
T2IA Grayback									20						
T2IA Centennial															
ENG3 E-381						Stoutsenberger			6						
ENG6 Provo Brush 24									4						
6. Control Operations/Work Assignments:															
Continue establishing control from the A/Z up to Div M. Monitor ridgeline to the south utilizing air resources as needed to limit spread.															
7. Special Instructions:															
Scout Slate creek for potential contingency line. Emphasize awareness with environmental factors such bees, snakes, and heat.															
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		Ch. 6 Tac 3		168.600				168.600							
Logistics															
Air to Ground															
9. Prepared by (Resource Unit Leader)						Approved by (Planning Section Chief)				Date		Time			



AIR OPERATIONS SUMMARY (ICS 220 WF)

1. Incident Name / Number Buckley Draw / UT-UWF-200686		2. Date Prepared 8/18/2025		3. Time Prepared 2000		4. Prepared By Eric Panebaker	
5. Sunrise 0643		Sunset 2017		Pumpkin Time 2047		6. Shutdown 2030	
7. Operational Period - Date 8/19/2025		8. Operational Period - Time 0700-2100					

9. General Remarks, Safety Notes, Hazards, Air Operations Special Equipment, etc.		10. Helibase Information		11. Temp. Flight Restriction (TFR)	
Hazards: Power lines, Drone incursions, wildland urban interface. Air Attack: order as needed		Name: SPK		NOTAM: 5/9350	
		Latitude: 40 08.70'		Altitude: 14,000'	
		Longitude: 111 40.04'		Frequency: 119.2	
				Hours: 0800-2100	

13. Incident Frequencies	RX	Tone	TX	Tone	AM/FM/Digital	14. Position	Name	Phone
A/A (TFR)	110.5000		119.20000		AM	AOBD	Eric Panebaker	970-623-9100
A/A Rotor	127.200		127.200		AM	ASGS	Cole Wallace	530-551-1311
A/A Briefing/Handoff						HEBM		
A/G Primary	110.0200		170.0500		FM	HLCO		
A/G Secondary	108.1200		169.1500		FM			
A/G Tactical						UAO	Eric Panebaker	970-623-9100
DECK	103.100		163.100		FM			
TOLC								

12. Extraction/Medevac Information			
FAA#:	Medevac	Short-haul	Hoist
Phone:			
Location:			
Capabilities			
Request Incident Personnel Extraction/Medevac Through:			

15. Equipment/Supplies

16. HELICOPTERS						
FAA #	TYPE	Make/Model	Helibase	Start	Avail.	Remarks
N350MW	3	AS-350B3	SPK	0700	0800	IA - STEP
N90HX	2	Bell 412 EPX	HCR	0700	0800	IA - with 6 rappellers
N613CK	1	S-61	SPK	0700	0800	IA - Tank
N80BH	1	UH-60	SPK	0700	0800	Bucket
N33KT	1	UH-60	SPK	0700	0800	Bucket
N674TH	1	K-1200	SPK	0700	0800	Bucket
N603NC	1	UH-60	SPK	0700	0800	Bucket - Loan from Beulah
N34HX	3	AS-350B3	SPK	0700	1500	Tentative arrival 1500

17. AERIAL SUPERVISION: AIR ATTACK/HELICOPTER COORDINATOR						
FAA #	Call Sign	Make/Model	Base	Start	Avail.	Remarks

18. UNMANNED AIRCRAFT SYSTEMS (UAS)						
Identifier	Cat./Type	Make/Model	Location	Start	Avail.	Remarks

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: Buckley Draw			2. Date/Time Prepared: Date: 08/18/2025 Time: 1800			3. Operational Period: Date From: 08/19/25 Time From: 0700 Date To: 08/19/25 Time To: 2000				
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
	1	COMMAND	LAKE MTN	ALL	N	172.375	164.875	131.8	A	
	2	AIR TO GROUND	A/G PRI	ALL	N	170.050	170.050		A	
	3	AIR TO GROUND	A/G SEC	ALL	N	169.150	169.150		A	
	4	TACTICAL	TAC 1	DIV A	N	168.050	168.050		A	
	5	TACTICAL	TAC 2	DIV M	N	168.200	168.200		A	
	6	TACTICAL	TAC 3	DIV Z	N	168.600	168.600		A	
	7	MEDIVAC	VMED 28 - ST EMS	ALL	N	155.340	155.340	156.7	A	
	8	AIR EMERG	AIR GUARD	ALL	N	168.625	168.625	110.9	A	
5. Special Instructions:										
6. Prepared by (Communications Unit Leader) Name: LLOYD EVANS									Signature:	
ICS 205				IAP Page		Date/Time: 08/18/25 1800				

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Buckley Draw Fire

2. Operational Period: Date From: 8/19/2025
Time From: 0600

Date To: 8/20/2025
Time To: 0600

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

Northern Utah Interagency T3 Incident Management Team transitioned yesterday at 06:00. During a "transition phase" some confusion may exist over areas of responsibility; locations of different resources such as crews, engines, or line overhead; or appropriate radio frequencies for tactical operations. Consider the following to help reduce the risks associated with a transition:

- Make sure that incoming and outgoing resources receive a comprehensive briefing
- Know who you are working for and understand your operational assignment
- Medical Incident Reports and medical response will be coordinated through Northern Utah Interagency Fire Center.
- Ensure that LCES is in place and that escape routes and safety zones are identified and communicated to incoming resources

The following is the Medical Incident Reporting protocol:

- *Green/Priority 3 Injury or Illnesses* which do not require transport do not require the completion of a full Medical Incident Report, declaration of a "medical emergency". These incidents should be reported to Safety Officer or MEDL as soon as convenient.
- *Green/Priority 3 Injury or Illnesses* which require transport off the line should be reported to the ICP, may utilize a completed MIR, but do not require the declaration of a "medical emergency". At the very least, notification should include the transportation destination and a description of the illness or injury.
- *Yellow/Priority 2 Serious Injury and Illness* requires the completion of the MIR and will be declared as a "medical emergency" to initiate a response from Northern Utah Interagency Fire Center. Radio communication should be on the Command frequency and will take priority over other incident radio traffic. Evacuation may be delayed for a *Yellow/Priority 2 Serious Injury or Illness*.
- *Red/Priority 1 Life or limb threatening injury or illness* requires the completion of the MIR and will be declared as a "medical emergency" to initiate a response from Northern Utah Interagency Fire Center. Radio communication should be on the Command frequency and will take priority over other incident radio traffic. Evacuation is immediate and takes priority over most other incident operations.
- Fatality should be treated like a *Red/Priority 1 Life or limb threatening injury or illness*. The MIR should be completed and declared as a "medical emergency" to initiate a response from Northern Utah Interagency Fire Center. Deceased individuals and their equipment should not be moved, except to accomplish rescue work or to protect the health and safety of others. The area should be secured and entry to the area should be limited to authorized personnel only. Local authorities should assume command of the IWI as soon as is practical and it is safe to do so. The PSC will complete the *Wildland Fire Fatality and Entrapment Initial Report* when required by the nature of the emergency. <https://www.nwcg.gov/sites/default/files/publications/PMS%20405-1.pdf>

4. Site Safety Plan Required? Yes ☐ No ☒

Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: Dave Marsella _____ Position/Title: SOF3 _____ Signature: _____

ICS 208

IAP Page _____

Date/Time: 08/19/2025 _____

ACTIVITY LOG (ICS 214)

[illegible]

ACTIVITY LOG (ICS 214)

[illegible]

MEDICAL PLAN (ICS 206)

1. Incident Name:

Buckley Draw Fire

2. Operational Period:

Date From: 8/19/2025

Date To: 8/20/2025

Time From: 07:00

Time To: 07:00

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
ICP Medical	ICP/MEDL (in place after Noon)	970-316-0000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grant County Ambulance	To be determined (in place after 13:00)	435-260-1258	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
Provo Fire	Provo City	911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
Springville Fire	Springville	911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
Life Flight (Helicopter)	ALS Lift/Hoist Capable, Provo	801-321-1234	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
Air Med (Helicopter)	ALS/Burn Center, Utah County	877-247-6331	<input checked="" type="checkbox"/> ALS <input 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			
University of Utah	50 N. Medical Drive Salt Lake City, UT	(801) 581-2121	15	60	<input checked="" type="checkbox"/> Yes Level: <u>1</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Utah Valley Medical Center	1034 N. 500 W. Provo, UT	(801) 357-7850	5	15	<input checked="" type="checkbox"/> Yes Level: <u>2</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Spanish Fork Hospital	765 East Market Place Drive	(385)-344-5000	8	20	<input checked="" type="checkbox"/> Yes Level: <u>4</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:

Please see Safety message for IWI.

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

7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____

8. Approved by (Safety Officer): Name: Dave Marsella Signature: _____

ICS 206

 IAP Page 1

 Date/Time: 8/19/2025

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

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG PAGE 108

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.