



Incident Action Plan

Operational Period

to

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:		2. Operational Period:	
BLACK CANYON		Date/Time From: 08/19/2024 0700 MON	Date/Time To: 08/19/2024 2000 MON
3. Objective(s):			
<p>Ensure all personnel assigned to the fire are rested, identifying and mitigating hazards, and pacing themselves while performing their duties.</p> <p>Verify and make certain the Black Canyon Fire is 100% contained and controlled by 8/20/2024 through detailed mop up practices.</p> <p>Confirm all fire suppression repair work is identified, documented and implemented, where possible, by 8/20/2024.</p> <p>All personnel will make sure their areas of operations, and sleeping areas, are cleaned up prior to their demobilization from the incident.</p> <p>Identified personnel are prepared and equipped to support initial attack response to new fires within a 7 mile radius of the Black Canyon Fire.</p>			
4. Operational Period Command Emphasis:			
<p>The work you are doing is still critical to ensure no one has to worry about the fire. Pace yourself, make certain your job here is done, and then worry about the next assignment.</p>			
General Situational Awareness:			
<p>Hazards are still present with the terrain, fire weakened fuels, and the work you are doing. Take your time, focus on your task.</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 type="checkbox"/> ICS 207	Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 208		
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220		
<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			
7. Prepared by: MELISA GRIFFITH	Position/Title: RESL	Signature: <i>Melissa Griffith</i>	
8. Approved by Incident Commander:	Name: DAVID HAMILTON	Signature: <i>David Hamilton</i>	
ICS 202	IAP Page	Date/Time: 08/19/2024 1700	

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		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	
GISS		Deputy	
		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: _____ Position/Title: _____ Signature: <i>Melisa A. Griffith</i>			
ICS 203	IAP Page _____	Date/Time: _____	

Forecast for Black Canyon...DNRC County Assist Team

National Weather Service Great Falls MT

458 PM MDT Sun Aug 18, 2024

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

DISCUSSION

An unsettled southwesterly flow aloft will result in opportunities for showers and thunderstorms Monday afternoon and evening. Lightning, gusty winds, and hail will all be a concern with thunderstorms that form. Another opportunity for showers and thunderstorms will be around Tuesday.

MONDAY

Sky/weather.....Mostly sunny (40-50 percent). Chance of showers and thunderstorms in the afternoon.

CWR.....20 percent.

LAL.....3.

Max temperature.....82-87.

Min humidity.....17-21 percent.

Wind (20 ft).....

Slope/valley.....South winds 5 to 10 mph. Gusty and erratic winds expected near thunderstorms in the afternoon.

Ridgetop.....Southwest around 10 mph.

Haines Index.....5 or moderate potential for large plume dominated fire growth.

MONDAY NIGHT

Sky/weather.....Mostly cloudy (60-70 percent) then becoming mostly clear (15-25 percent). Chance of showers and thunderstorms in the evening.

CWR.....10 percent.

LAL.....3.

Min temperature.....54-59.

Max humidity.....67-72 percent.

Wind (20 ft).....

Slope/valley.....South winds 5 to 10 mph. Gusty and erratic winds expected near thunderstorms in the evening.

Ridgetop.....Southwest around 15 mph.

Division/Group Assignment List (ICS 204 WF) Controlled Unclassified Information//Basic

1. Incident Name:			3.			
BLACK CANYON			Branch:	Division/Group: DIV C / Z		
2. Operational Period:						
Date/Time From: 08/19/2024 0700	MON	Date/Time To: 08/19/2024 2000	MON			
4. Operations Personnel						
OPERATIONS CHIEF	WILLIE WEGNER		DIVISION/GROUP SUPERVISOR	KURT HANSEN (8/19)		
BRANCH DIRECTOR			SAFETY OFFICER	RYAN RETTINGHOUSE (8/19)		
5. Resources Assigned this Period						
Strike Team / Task Force / Resource Designator	LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time	
O-9 TFLD (T)	08/19	JOE REDISKE	1			
C-6 CR2I - GRAYBACK 2A	08/19	ADAM BABBIT	20			
C-13 CR2I - GRAYBACK 2B	08/19	MATT DOUGHERTY	20			
E-48 EXC2 - DS JR TRUCKING INC - 3UO268	08/19	RICK BEEMAN	2			
E-37 AMB2	08/19	DAN MAGONE	2	DP 10 - DP 20/		
6. Control Operations/Work Assignments:						
Task: Hold and improve constructed fireline, continue mop up efforts. Cold trail and backhaul excess equipment.						
Purpose: Secure fire perimeter.						
End State: Fire contained.						
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
TACTICAL	CORAL	154.2650 N		154.2650 N	162.2	A
COMMAND	M/A RPTR	153.8300 N		159.34500 N	141.3	A
AIR TO GROUND	A/G PRIMARY	151.4000 N		151.4000 N	103.5	A
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)		Date	Time
MELISA GRIFFITH			MELISA GRIFFITH		08/18/2024	2000

Division/Group Assignment List (ICS 204 WF)
Controlled Unclassified Information//Basic

1. Incident Name:				3.		
BLACK CANYON				Branch:	Division/Group: DIV T	
2. Operational Period:						
Date/Time From: 08/19/2024 0700 MON		Date/Time To: 08/19/2024 2000 MON				
4. Operations Personnel						
OPERATIONS CHIEF		WILLIE WEGNER		DIVISION/GROUP SUPERVISOR		AMY HELENA (8/19)
BRANCH DIRECTOR				SAFETY OFFICER		VERN BURDICK (8/19)
5. Resources Assigned this Period						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
C-2 CRW2 - PACIFIC OASIS		08/19	KEVIN IMES	20		
C-15 ROCKY MOUNTAIN - GREEN – T2IA		08/19	MANI GOMEZ	20		
6. Control Operations/Work Assignments:						
Task: Hold and improve fireline. Cold trail and backhaul excess equipment.						
Purpose: Secure fire perimeter.						
End State: Fire contained..						
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
TACTICAL	DNRCTAC1	1551.4600 N		151.4600 N	146.2	A
COMMAND	M/A RPTR	153.8300 N		159.34500N	141.3	A
AIR TO GROUND	A / G PRIMARY	151.4000 N		154.4000 N	103.5	A
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)		Date	Time
MELISA GRIFFITH, RESL			MELISA GRIFFITH		08/18/2024	2000

INCIDENT RADIO COMMUNICATIONS PLAN		Incident Name BLACK CANYON FIRE		Date/Time Prepared 8/14/2024 1400		Operational Period Date/Time 8/15/2024 0600 – 8/23/2024 2359			
Ch #	Function	Channel Name	Assignment	RX Freq N or W	RX Tone	TX Freq N or W	Tx Tone	Mode	Remarks
1	Command	M/A RPTR	Command	153.8300 N		159.34500N	141.3	A	To ICP
2	Command	RUBY DIRECT	Unassigned	153.8300 N		153.8300 N	192.8	A	
3	Tactical	MAROON	DIV C	154.2800 N		154.2800 N	114.8	A	
4	Tactical	YELLOW	A/G	151.2200 N		151.2200 N	127.3	A	
5	Tactical	ORANGE	A/G PRIMARY	151.4000 N		151.4000 N	103.5	A	
6	Tactical	DNRACTAC1	DIV T	151.4600 N		151.4600 N	146.2	A	
7	Tactical	RED	IA	154.0700 N		154.0700 N	123.0	A	
8	Tactical	CORAL	DIV Z	154.2650 N		154.2650 N	162.2	A	
9	Tactical	SCARLET	IA	154.2950 N		154.2950 N	167.9	A	
10	Tactical	TAN	A/G MED	155.3400 N		155.3400 N	156.7	A	
11	Tactical	SILVER	Unassigned	155.7900 N		155.7900 N	110.9	A	
12									
13	Repeater	MONUMENT	All Resources	171.5000 N		164.0000 N	103.5	A	Forest Repeater
14	Tactical	LOG DIR	LOGISTIC	151.3700 N		151.3700 N	151.4	A	
15									
16									
Prepared By (Communications Unit)		Thomas Robbins COML		Incident Location		Cascade MT			

The convention calls for frequency lists to show four digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. All channels are shown as if programmed in a control station, mobile or portable radio. Repeater and base stations must be programmed with the Rx and Tx reversed.

SAFETY MESSAGE

Incident name: Black Canyon Fire **Date:** 8-19-2024 **Day Shift**

Major Hazards: Snags, Footing, Complacency,

Changed or Changing Conditions: Travel, Demob

Mitigations: Look Up, Look Down, Look Around. Always apply LCES on and off the fire line. Drive defensively. Always apply your Situational Awareness.

Drive carefully back to your home base or your next assignment.

Thank you for doing a great job and being safe.

**“Routine?? - Just another Day??”
Every Day is Different - Every Fire is Different**

Incident Safety Officer: Tim Crosmer

MEDICAL PLAN (ICS 206)

1. Incident Name: Black Canyon Fire MT-LG47-005121	2. Operational Period:	Date From: 8/19/2024 Time From: 0700	Date To: 8/19/2024 Time To: 2000
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
Benefis	1101 26 th St S, Great Falls, MT 59404	406-455-5000	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mountain View Medical Center	16 W Main White Sulphur Springs, MT 59645	406-547-3321	<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
Vitalogy EMS	On Fire Line & Camp	Radio Command Repeat	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
Mercy Flight	1101 26 th st s, Great Falls	800=972-4000	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
Gallatin Co.	Bozeman, MT	406-585-1475	<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input 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			
Benefis	1101 26 th St S, Great Falls, MT 59404	406-455-5000			<input checked="" type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mountain View Medical Center	16 W Main White Sulphur Springs, MT 59645	406-547-3321		64 min	<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes No	<input type="checkbox"/> Yes No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes No	<input type="checkbox"/> Yes No
					<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes No	<input type="checkbox"/> Yes No

6. Special Medical Emergency Procedures:
 Notify division supervisor.
 Notify field and camp medic.
 Use Monument repeater, freq, 171.5000 N
 Follow IWI protocols
 Most if not all evacs will be done by air due to remoteness of location and available resources.
 Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader):	Name: Tim Crosmer	Signature:
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Incident within Incident Emergency Procedures for Operational Resources

At no time during the incident/fatality or evacuation process will the name of the victim(s), tail number, engine number, or crew name be transmitted.

1. Report all injuries to direct supervisor or up in the chain of command
2. The closest operationally qualified resource will become IC of the Incident Within an Incident (IWI-IC)

The IWI-IC will:

- a. Notify nearest EMT(s) and request medical assistance
- b. Contact Communications Unit/ICP: It is the responsibility of **ANY RESOURCE** to initiate "Emergency Traffic" on the Command frequency in the event of a serious accident. "Emergency Traffic" should continue to be broadcast until answered by the Communications Unit/ICP
- c. Ensure an IWI-Incident Commander or an on-scene Point of Contact (POC) is established.
- d. Complete a rapid patient assessment using the ICS-206 WF (located in IAP) or the IRPG (page 118-119) to provide further information to Communications or ICP and initial notification to include:
 - i. Your name (not patient) Name and claim the incident (IC)
 - ii. Location- GPS coordinates, Nearest Drop Point, Road Intersection or work area
 - iii. Urgency:
 - **Green:** **Minor, non-life threatening.**
 - **Yellow:** **Potentially life-threatening needs transport.**
 - **Red:** **Life threatening**
 - iv. Medical Care- Provided by who?
 - v. Transport plan
 - vi. Additional resource or equipment needs (Logistics)
 - vii. Contingency plans
 - viii. Document, Document, Document (Scribe)
- e. Continue to oversee medical emergency response
- f. Confirm transportation plan
- g. Transfer command to higher level qualification resource as needed. If transfer of command occurs, announce clearly to and all resources over the radio on the "Command and IWI tactical frequency.

Logistics Information

Mealtimes

Breakfast & Lunch Pick-Up: 0600-0800

Dinner: 1930-2100

Inspections

Available at Ground Support: 0800-2000

Line Supply Replacement Orders

Available at Logistics Trailer: 0700 - 2200

Shower Unit Schedule - Will Not Be Open Tuesday

0500-1200 Open

1200-1600 Closed for cleaning

1600-2200 Open

**Please do not wear your shower sandals to the shower.
(tracks dirt and rocks into the shower unit)*

Black Canyon Demob Process

As your Demob day approaches:

- Pay attention to the IAP Demob Schedule.
- Alert DMOB if there are issues. We can only fix things we know about.
- **Contact FINANCE 24 hours prior** to give them a heads-up you are departing.
- Turn in any outstanding CTRs/Shift Tickets. Make sure they're SIGNED.
- Confirm no missing financial documentation
- **Email: catteamfinance@gmail.com.**

On your Day of Demob

STEP 1:

Pick-up your demob checkout form at the Check-in/Demob table at ICP. You will need to go to Supply, Ground Support, and Finance. Your checkout form will be signed by them.

STEP 2:

Go to SUPPLY to return issued gear and left over supplies.

Go to GROUND SUPPORT get an inspection.

STEP 3:

Go to FINANCE to finalize your paperwork.

Ensure you receive your signed OF-288 or OF-286 BEFORE starting travel.

STEP 4:

Return the completed signed checkout form to the Check-in/Demob representative at ICP. They will verify check-out completion. Be prepared to talk about your departure date and time, your anticipated arrival date and time, and where you will be staying if travel includes overnight stops away from fire camp.

08/19/2024 Demob Schedule

MORNING (LWD 8/18/2024)

<u>RO#</u>	<u>TIME</u>	<u>NAME</u>
E-23	0730	ENG6 - PARK COUNTY RFD - E-469
E-52	0740	ENG5 - MTCES E7135
E-53	0750	ENG6 - MTCES E7145
E-4	0800	WTS2 - BRENTESON RANCH - 062694

















END OF SHIFT (LWD 8/19/2024)

<u>RO#</u>	<u>TIME</u>	<u>NAME</u>
E-37	1700	AMB2 - VITALOGY EMS LLC - C12473
C-2	1900	CRW2 - T2C191 PACIFIC OASIS
E-48	2000	EXC2 - DS JR TRUCKING INC - 3UO268
C-15	1920	CR21 - ROCKY MOUNTAIN FIRE EXU CREW #1
C-6	1930	CR21 - GRAYBACK FORESTRY 2A
C-13	1940	CR21 - GRAYBACK FORESTRY, 2B

IAP

Black Canyon
 MTLG47-005121
 8/19/2024 Day

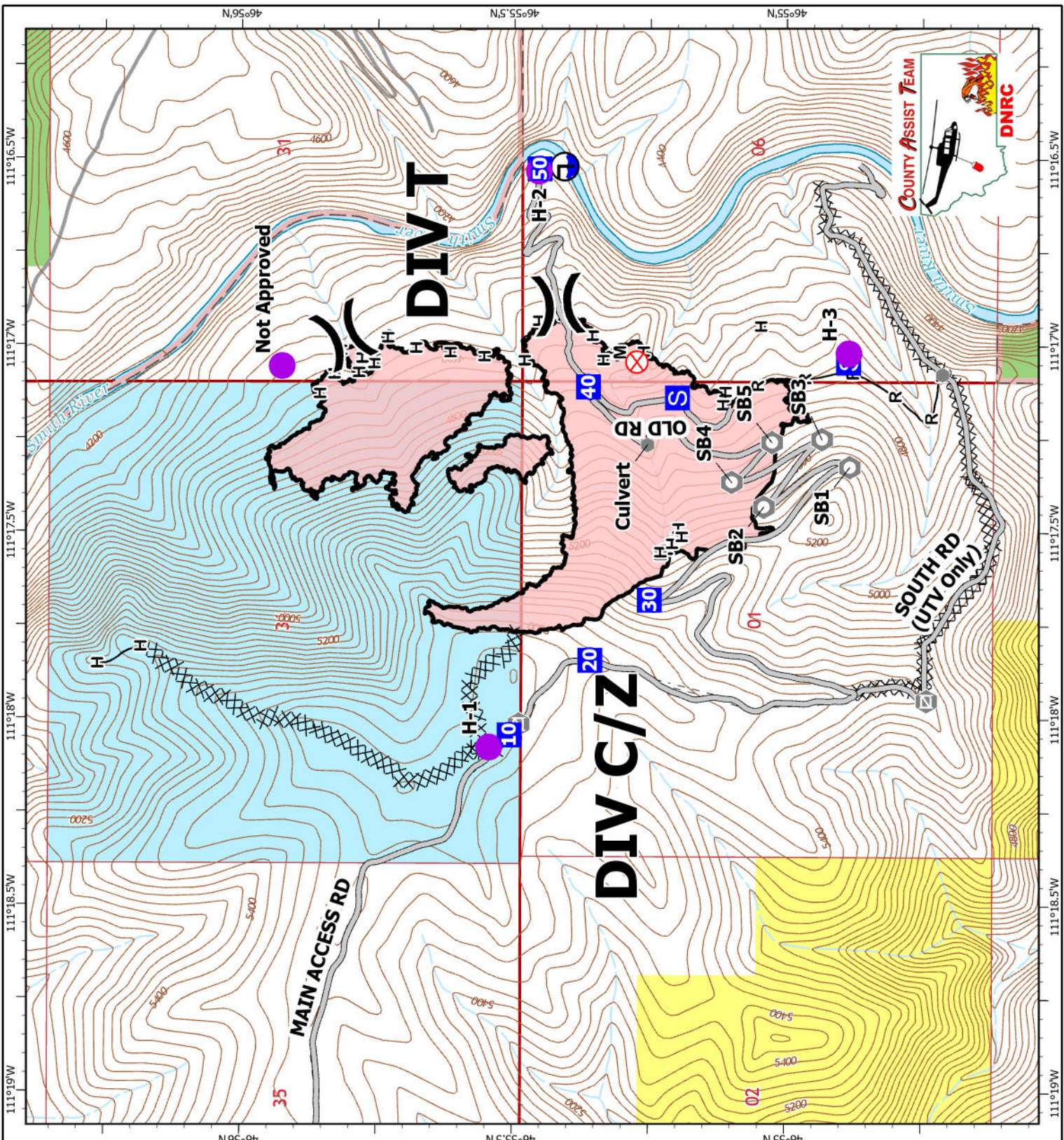
233 acres at 8/15/2024 2000

-  Helispot
-  Division Break
-  Drop Point
-  Staging Area
-  Fire Origin
-  Other
-  Landmark
-  Gate
-  Draft Site
-  Completed Dozer Line
-  Completed Hand Line
-  Completed Mixed Construction Line
-  Completed Road as Line
-  Access Route
-  Contained
-  Wildfire Daily Fire Perimeter



Miles

1:18,000 | mkaikinowski | 8/18/2024, 2041
 Mixed Methods
 North American 1983 Datum, LatLong Grid

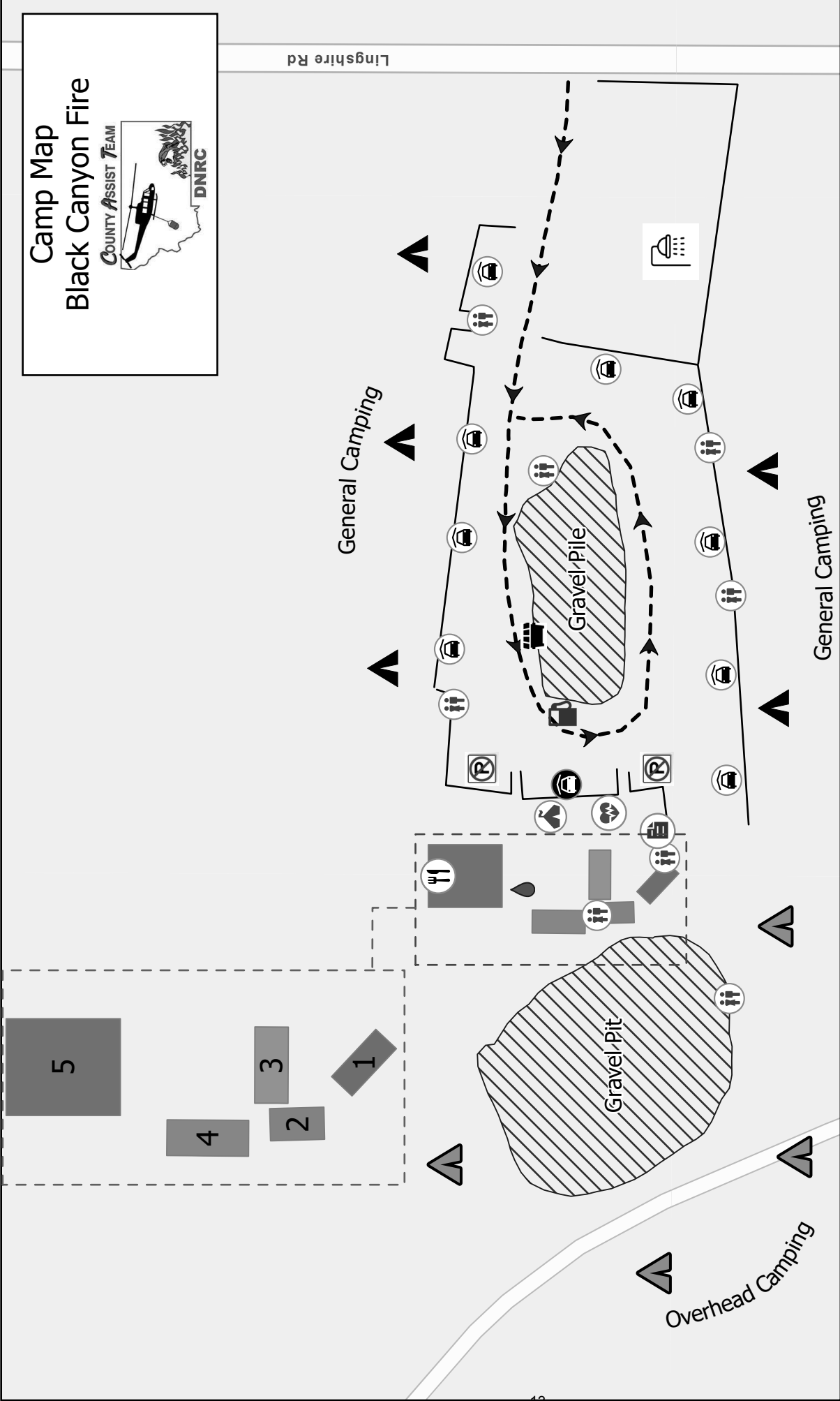


Camp Map

Black Canyon Fire

COUNTY ASSIST TEAM
DNRC

Lingshire Rd



- 1. Command Post
- 2. Plans
- 3. Finance
- 4. Logistics
- 5. Eating Area
- Bathroom
- Briefing Area
- Dumpster
- Food Truck
- Fuel Station
- General Camping
- General Parking
- Medical
- No Parking
- Overhead Camping
- Overhead Parking
- Showers
- Supply Cache
- Wash Station
- Boundary
- Access Road
- Gravel

ACTIVITY LOG (ICS 214)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____			
3. Name:		4. ICS Position:		5. Home Agency (and Unit):	
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: _____			

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		<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>
Evacuation Request		<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>
Patient Location		<i>Descriptive Location & Lat. / Long. (WGS84)</i>
Incident Name		<i>Geographic Name + Medical (Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>
Patient Care		<i>Name of Care Provider (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. 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.