

SEWA Team 1



Incident Action Plan


Road 11

WA-WFS-101

Operation Period: 18:00 – 06:00

July 12, 2020



Incident Objectives	1. Incident Name Road 11	2. Date Prepared 7/12/2020	3. Time Prepared 14:45									
4. Operational Period (Date and Time) 7/12-13/20 1800-0600												
5. General Control Objectives for the Incident (include Alternatives) <ul style="list-style-type: none"> • Provide for firefighter and public safety at all times. This includes the application of the "10 and 18", LCES, and the Risk Management Process. • Fight fire aggressively to limit acreage burned while providing for firefighter and public safety. • Maximize opportunity for cost saving without jeopardizing public or firefighter safety. • Maintain best management practices to limit the spread and exposure of the COVID-19 virus within the crew, on the line, in camp, and to the surrounding community. • Act professionally and in a manner that fosters good relationships with the public, private landowners, timber industry representatives, elected officials and other stakeholders. • Follow agency policies at all times and respect the policies of the host agency. 												
6. Weather Forecast for Operational Period See attached weather forecast.												
7. General Safety Message <ul style="list-style-type: none"> • Provide for firefighter and public safety at all times. • Monitor compliance of 10 and 18 by all incident personnel. • Adhere to 2:1 work/rest ratio for all fire line personnel. • Aviation safety is high priority. Assess the risk against the benefit of the mission. • Ensure all assigned personnel understand emergency medical reporting & transport procedures including locations of nearest emergency responders & facilities. 												
8. Attachments (check if attached) <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Organization List (ICS 203)</td> <td><input checked="" type="checkbox"/> Assignment List (ICS 204)</td> <td><input type="checkbox"/> Air Operations (ICS 220)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Weather</td> <td><input type="checkbox"/> Communication Plan (ICS 205)</td> <td><input type="checkbox"/> HR Message</td> </tr> <tr> <td><input checked="" type="checkbox"/> Safety Message</td> <td><input checked="" type="checkbox"/> Medical Plan (ICS 206)</td> <td><input checked="" type="checkbox"/> Incident Maps</td> </tr> </table>				<input checked="" type="checkbox"/> Organization List (ICS 203)	<input checked="" type="checkbox"/> Assignment List (ICS 204)	<input type="checkbox"/> Air Operations (ICS 220)	<input checked="" type="checkbox"/> Weather	<input type="checkbox"/> Communication Plan (ICS 205)	<input type="checkbox"/> HR Message	<input checked="" type="checkbox"/> Safety Message	<input checked="" type="checkbox"/> Medical Plan (ICS 206)	<input checked="" type="checkbox"/> Incident Maps
<input checked="" type="checkbox"/> Organization List (ICS 203)	<input checked="" type="checkbox"/> Assignment List (ICS 204)	<input type="checkbox"/> Air Operations (ICS 220)										
<input checked="" type="checkbox"/> Weather	<input type="checkbox"/> Communication Plan (ICS 205)	<input type="checkbox"/> HR Message										
<input checked="" type="checkbox"/> Safety Message	<input checked="" type="checkbox"/> Medical Plan (ICS 206)	<input checked="" type="checkbox"/> Incident Maps										
ICS-202	9. Prepared by (PSC) David Winter		10. Approved by (IC) 									

ORGANIZATION ASSIGNMENT LIST					
1. Incident Name		Road 11		9. OPERATIONS SECTION	
2. Date	7/12/2020	3. Time	16:45	Chief	Rich Elliott 509.201.6280
4. Operational Period	7/12-13/2020		1800-0600	Deputy	
5. INCIDENT COMMANDER & STAFF				a. Division A	
Incident Commander	Bob Gear 509.528.1650		Division Supervisor	Antony Browning 541.980.7415	
Deputy			Deputy		
Safety Officer	Ryan Cloud 509.528.6169		Division/Group		
Information Officer	Dana Leavitt 360.688.6480		Division/Group		
	Ben Shearer 509.492.1461		b. Division B		
			Division Supervisor	Brandon Burton 509.760.0101	
			Deputy		
6. AGENCY REPRESENTATIVE				Division/Group	
Agency	Name		Division/Group		
WA State FM	Esther Hernandez 360.239.3687		c. Division M		
			Division Supervisor	Mike Emerick 509.531.7193	
			Deputy		
			Division/Group		
			Division/Group		
			d. Division Z		
7. PLANNING SECTION				Division Supervisor	
Chief	David Winter 509.301.2631				
Deputy	Fred Knowles 509.386.3406				
Resource Unit	Bill Box 509.540.1686				
Plans Trainee	Josh Clark 502.295.8895				
Documentation Unit			e. Night Division		
Demobilization Unit			Division Supervisor	Eric Kiehn 206.650.6869	
Human Resources					
Technical Specialist (Name/Specialty)					
GIS Specialist	Rachael Mickey 509.774.7170				
8. LOGISTICS SECTION				10. FINANCE SECTION	
Chief	Don Rasmussen 509.969.3526		Chief	Robert Thompson 509.531.4842	
Deputy	Michael Hendricks 509.948.0441		Deputy		
LSC3 (T)	Kevin Sell 509.521.0670		Time Unit	Sue Ranger	
Facilities Unit			Procurement Unit		
Ground Support Unit			Cost Unit		
Communications Unit	Missy Parker		11. CONTACTS / OTHER INFORMATION		
Medical Unit			CWICC 509.884.3473 fax 509.884.3549		
Security Unit			Prepared by (Resource Unit Leader)		
Food Unit			Fred Knowles		

WEATHER	1. Incident Name Road 11	2. Date Prepared 7/12/2020	3. Time Prepared 0:15
<p>.SUNDAY...</p> <p>Sky/weather.....Sunny. CWR.....0 percent. LAL.....1. Max temperature....Around 71. Min humidity.....24 percent. Wind (20 ft).....Morning: West winds 10 to 15 mph Afternoon: West winds 15 to 20 mph with gusts to 30 mph Mixing height.....600 ft AGL in the morning increasing to 5600 ft AGL in the afternoon. Transport winds....West around 21 mph. Haines Index.....3 or very low potential for large plume dominated fire growth.</p> <p>.SUNDAY NIGHT...</p> <p>Sky/weather.....Mostly clear. CWR.....0 percent. LAL.....1. Min temperature....Around 47. Max humidity.....58 percent. Wind (20 ft).....Northwest winds 7 to 12 mph. Mixing height.....600 ft AGL in the evening decreasing to Near the surface overnight. Transport winds....Northwest around 14 mph. Haines Index.....3 or very low potential for large plume dominated fire growth.</p>			
9. Prepared by (Name and Position)			

DIVISION ASSIGNMENT LIST		1. Branch	2. Division / Group			
3. Incident Name Road 11		4. Operational Period Date: 7/12-13/20 Time: 1800-0600				
5. Operations Personnel						
Operations Chief	<i>Rich Elliott 509.201.6280</i>		Branch Director			
Safety Officer	<i>Ryan Cloud 509.528.6169</i>		Division/Group Supervisor	<i>Eric Kiehn 206.650.6869</i>		
6. Resources Assigned this Period						
RO #	Strike Team/Task Force/Resource	Leader	# People	Contact (phone, radio freq, etc.)	EMT	Remarks
	North Puget ST				<input type="checkbox"/>	
					<input type="checkbox"/>	
	South Puget ST				<input type="checkbox"/>	
					<input type="checkbox"/>	
	Grant County ST EOS 2200				<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
			0		<input type="checkbox"/>	
7. Work Assignments						
<p>Task: Patrol fire perimeter. Purpose: Monitor the condition of the fire perimeter and make a public presence. End State: Ensure the fire remains in the current footprint.</p>						
8. Special Instructions						
9. Communication Summary						
Function	Name	Mode	Frequency			
COMMAND		N	RX: 159.2250 Tone 156.7 TX: 151.4750 Tone 156.7			
TACTICAL		N	RX: 151.3850 Tone 192.8 TX: 151.3850 Tone 192.8			
A/G 40	AIR to GRND	N	RX: 167.4500 TX: 167.4500			
See Communication Plan ICS205 for Details						
Prepared by (RESL) Fred Knowles		Approved by (PSC) David Winter		Date: 7/12/2020	Time: 1425	

INCIDENT RADIO COMMUNICATIONS PLAN		1. Incident Name		2. Date/ Time Prepared		3. Operational Period Date/Time	
WEN - DOUG CO Type 3 (ZONE 7)		7/12/2020		1030		ALL SHIFTS	
4. Basic Radio Channel Utilization							
Chan	Function	Frequency	Tone	Mode	Name	Remarks	
1	TACTICAL	RX: 151.4150	103.5	N	DNR COM	Alpha/Zulu	
		TX: 151.4150	103.5				
2	COMMAND	RX: 159.2250	156.7	N	CHELAN	DNR REPEATER	
		TX: 151.4750	156.7				
3		RX:					
4		RX:					
5		RX:					
6	TACTICAL	RX: 151.3850	192.8	N	TAC 6	Bravo & Night	
		TX: 151.3850	192.8				
7		RX:					
8	REPEATER	RX: 155.6850	107.2	N	CO FIRE 2	RIVERCOM - CHELAN CO FIRE	
		TX: 153.9500	D051				
9	TACTICAL	RX: 153.8300		N	WA REDNT		
		TX: 153.8300					
10	TACTICAL	RX: 154.3400	107.2	N	BLACK	Mike	
		TX: 154.3400	107.2				
11	REPEATER	RX: 159.0675	110.9	N	TAC GOAT		
		TX: 153.8000	100.0				
12		RX:					
13		RX:					
14	TACTICAL	RX: 167.4500		N	A/G 40	WA 03 PRIMARY A/G	
		TX: 167.4500					
15	TACTICAL	RX: 159.2700	103.5	N	DNR A/G 1	DNR AIR TO GROUND PRIMARY	
		TX: 159.2700	103.5				
16		RX:					
16		TX:					

5. Prepared by (Communications Unit)

MISSY PARKER, STS/COML DNR SE REGION

HEALTH AND SAFETY MESSAGE

SAFETY starts with **YOU**

We are **ALL** accountable for **SAFE** behaviors

INCIDENT: Road 11 WA-WFS-101

DATE: July 12-13, 2020

TIME: Day and Night

Major Hazards and Risks: Uneven terrain, driving, insects.

Fire Order of the Day – Retain control at all times

Narrative: Maintain situational awareness and avoid compliancy as we move forward towards transition. Keep informed of the weather and maintain multiple escape routes.

A good season is when everyone is around for Christmas dinner!

If you don't learn something from each fire you go on, it's time to find another job!

The amount of O/T you got has nothing to do, with how good you do your job!

Driving – Let's use our best skilled, experience, trained and knowledgeable DRIVERS. Lots of blind curves, narrow roads. Stay alert. Wear your seatbelt, use your headlights, and Drive Defensively.

Insects: Bees, wasps, hornets and spiders are all here! (Incident within an Incident protocols)

Those who cannot remember the past (or learn from it) are condemned to repeat it.” *George Santayana 1905*

Watch Out Situation of the Day



18.TAKING A NAP NEAR THE FIRELINE

ISSUE: Driving

DESCRIPTION: Driving will be a critical responsibility for every incident. We will need to focus on the specific hazards with each assignment.

RISK: Statistically, driving has been one of the leading causes for serious injuries and death. The variety of road conditions, vehicles and the hazardous conditions makes driving an important issue to mitigate.

Our LCES, will be to assure that every driver/operator receives a copy of our of team's policy on driving. (See attachment)

Camp Map



*** Lunch, dinner, ice, water, dumpsters.**

Potable Water for Cubies

STATE MOBE RESOURCES Crew Time Reports

CREW TIME REPORT						
(1) CREW NAME <i>Central Region Strike Team # 2</i>				(2) CREW NUMBER <i>2705</i>		
(3) OFFICE RESPONSIBLE FOR FIRE <i>State Mobs</i>			(4) FIRE NAME <i>Canyon Creek</i>		(5) FIRE NUMBER <i>WA-WFS-805</i>	
RE-MARKS NO	NAME OF EMPLOYEE	CLASSIFICATION	DATE (9)		DATE (10)	
			Military Time ON	Military Time OFF	Military Time ON	Military Time OFF
<i>B RP</i>	<i>Steve Jones</i>	<i>ENG/B</i>	<i>0600</i>	<i>0630</i>		
	<i>Robert Smith</i>	<i>FF2</i>	↓	↓		
	<i>Jim Blackwell</i>	<i>FF2</i>	↓	↓		
<i>1</i>	<i>Steve Jones</i>	<i>ENG/B</i>	<i>0630</i>	<i>2000</i>		
	<i>Robert Smith</i>	<i>FF2</i>	↓	↓		
	<i>Jim Blackwell</i>	<i>FF2</i>	↓	↓		
(11) REMARKS						
<i>B Briefing / RP Rig Prep</i>						
<i>1) Assigned to Division B - Structure Protection</i>						
<i>1/2 Hr. Compensable Lunch</i>						
(12) OFFICER IN CHARGE (Signature)				(13) TITLE (Officer-in-Charge)		
(14) NAME (Person Posting to Emergency Time Report)					(15) DATE	

261-101

STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCQ Handbook No. 2)

Please Note:

Camp set up is not eligible for reimbursement and should not be recorded on the CTR.

Line personnel only - Lunch breaks are considered on-duty time and should be recorded in the Remarks Section as "1/2 Hr Compensable Lunch".

Excessive muster and travel time will be deducted from your recorded hours unless a reasonable justification is provided to and approved by the assigned Mobilization Representative.

Time required for vehicle/equipment servicing or maintenance is not compensable.

If the apparatus is out of service and the crew is reassigned to other units, it must be documented on the CTR. If it is not documented, the hours for those personnel will not be compensable.

STATE MOBE RESOURCES

Emergency Equipment Shift Ticket

EMERGENCY EQUIPMENT SHIFT TICKET				Resource Order # 2105	
1. AGREEMENT NUMBER			2. CONTRACTOR (name) Tharston # 25		
3. INCIDENT OR PROJECT NAME Canyon Creek		4. INCIDENT NUMBER WA-WFS-805		5. OPERATOR (name) Steve Jones	
6. EQUIPMENT MAKE Ford		7. EQUIPMENT MODEL F450		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER B-251		10. LICENSE NUMBER 34545C		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR 7/2/14	START 06:30	STOP 20:00	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) WORK 13.5 SPECIAL Div B		
14. REMARKS (released, down time and cause, problems, etc.) Type 6 Engine					
15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor					
16. INVOICE POSTED BY (Recorder's initials)					
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Steve Jones			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED

FINANCE

NSN 7540-01-119-5628
50297-102

OPTIONAL FORM 297 (Rev. 7-90)
USDA/USDI

Indicate type of engine or tender.
 On the initial travel day, keep track of both the hours worked and miles driven. (Travel time is calculated as miles from home unit to incident divided by 45 mph.)
 DO NOT include muster, check-in, briefing, demobe or rehab time on the equipment.

Code of Conduct Incident Personnel



Each individual on this incident is responsible for:

- ☞ Being *ready and able* to perform their assigned duties effectively.
- ☞ Conducting themselves in a manner that treats people with dignity, equality, courtesy, and respect.
- ☞ Abiding by agency ethics and conduct regulations.
- ☞ Reporting any harassment or other inappropriate behavior.

Each individual of this incident has the right to:

- ☞ Work in an environment characterized by safe work practices.
- ☞ Work in a fair and harassment free environment.
- ☞ Say "No" to unwelcome advances or requests for favors.
- ☞ File complaints or grievances through appropriate avenues.

There is zero tolerance for inappropriate behavior while assigned to the incident, including:





- ☞ Illegal drug use
- ☞ Alcohol use
- ☞ Unsafe work practices and activities
- ☞ Discrimination
- ☞ Sexual harassment
- ☞ Fighting, threatening, and abusive behaviors
- ☞ Using social media and electronic communication devices for personal business while engaged in fire assignment duties.
- ☞ Other violations of Fire Service, Washington DNR, and Federal agency standards of conduct.

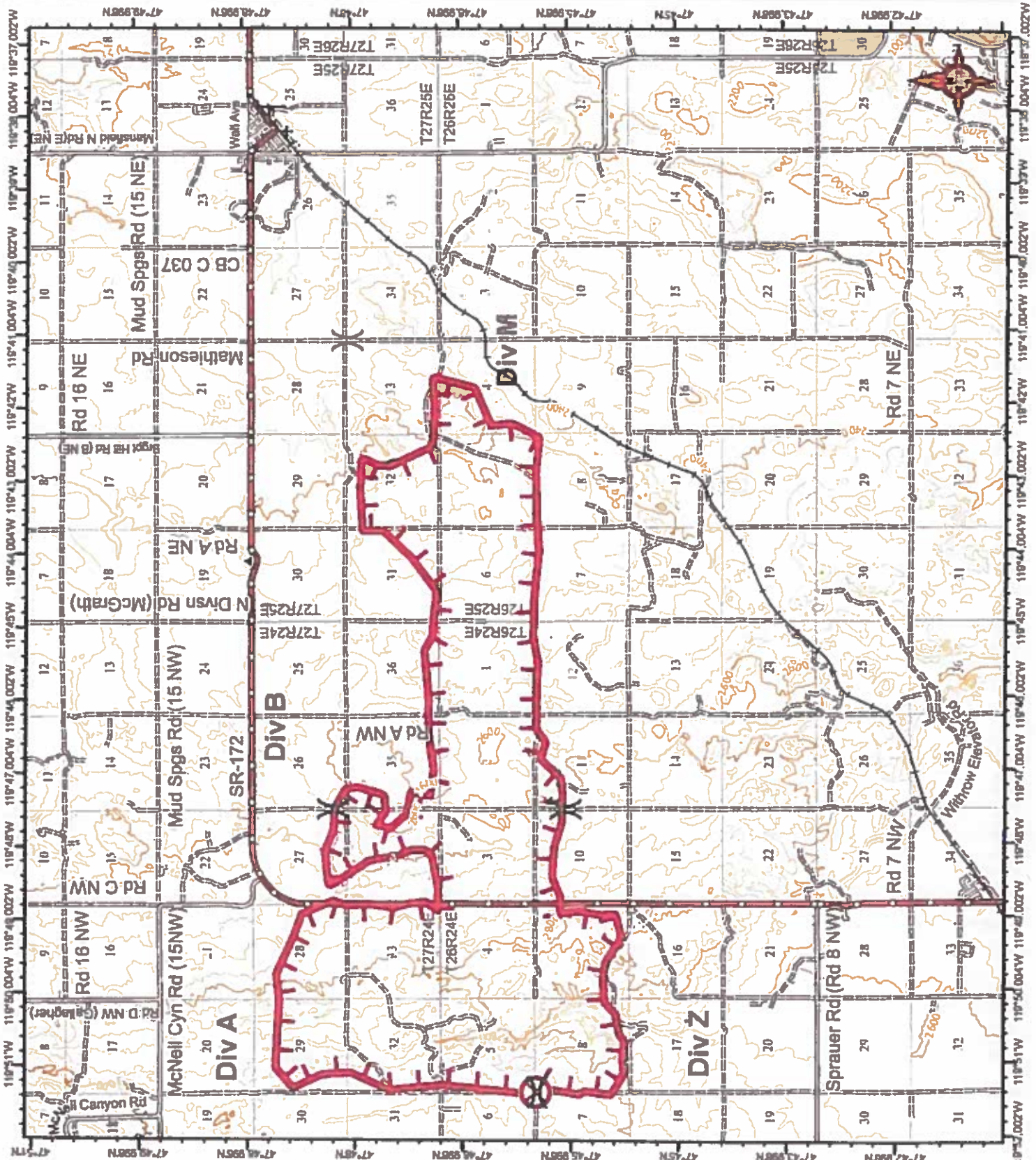
Failure to adhere to the Code of Conduct could result in dismissal from the incident, with notification to your home unit.

The public expects our best efforts; they see us as professionals in what we say and do. Let's continue to show them we are!

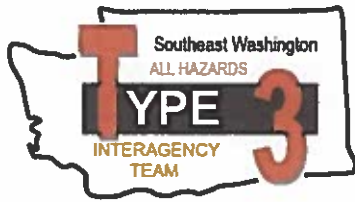
**Road 11
WA-WFS-314
IAP Map**

07/12/2020 Day Shift
Perimeter as of: 07/12/20 @ 0131
Approx: 2,000 ac

-  Highway
-  Primary Road
-  Light-Duty Road
-  Unimproved Road



David Winter
07 12 20
0135 Hours



Road 11 Fire

July 12, 2020
Fire Information Number – 509 761 4958

<u>PIO Ben Shearer</u>	<u>INFORMATION LINE</u>
Phone: 509 492-1461 Email: SEWAIMTPIO@gmail.com	<u>509-761-4958</u>
Facebook: Southeast Washington Interagency Incident Management Team	<u>FACEBOOK</u> <u>@sewaimt</u>

**We are requesting pictures of fire line activity.
Please identify people and agencies so they can get credit.**

**Before posting pictures to your own accounts:
When your taking pictures please make sure that the following things are in place:**

If you are near the fire line, ALL PPE must be worn. Gloves, hats, etc.

Make sure the activity you are capturing is what you want the public to see! You might want the picture of your crew eating lunch. Think twice before you post it on your account.

Please do not take pictures of people laying around the fire line. Beware of how the picture looks. Sometimes distances can be deceiving. You might be at a safe distance, but if it looks like the plane is dropping water right behind you, that is what the public will think.

Remember your COVID Face cover if you are not social distanced.

Please email pictures or you can text to my number 509. 492.1461

Refer the public to the PIO information line, and the SEWAIMT Facebook.

I will try to give divisions a call if media wants to come out. If Media shows up unescorted please ask them to call me, and please report it up the chain of command.

Medical Plan (ICS 206)	1. Incident Name Road 11 WA-WFS-101	2. Operational Period:	Date From/To: 7-12 Night Time From/To: 7-13 Day			
3. Medical Aid Stations:						
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?			
Ballard	Staged Touhey Rd and 9.5 NE	DNR Chelan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Douglas Co FD 5	ICP	DNR Chelan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Transportation (indicate air or ground):						
Name	Location	Contact Number(s)/Frequency	Level of Service			
Ballard Ambulance	1028 N Wenatchee, Wenatchee, WA	911/509.663.6513	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS			
Lifeline Ambulance - Station1	501 N Wenatchee, Wenatchee, WA	911/509.663.8091	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS			
Lifeline Ambulance - Station2	230 Grant Rd, East Wenatchee, WA	911/509.663.8091	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS			
Airlift Northwest (Air)	Seattle, WA	800.426.2430	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS			
LifeFlight	Several locations in Eastern WA	800.422.2440	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS			
Douglas FD #5	Mansfield	911/ DNR Chelan	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS			
5. Hospitals:						
Hospital Name	Address Latitude/Longitude	Contact Number(s)/Frequency	Travel Time Air Ground	Trauma Center	Burn Center	Helipad
Harborview	325 9th Ave, Seattle, WA	206.744.3000		<input checked="" type="checkbox"/> Yes Level: 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical Cntr	N47 36.1 W121 19.3	206.744.4074 ER		<input checked="" type="checkbox"/> Yes Level: 2,3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Confluence	1201 S Miller St, Wenatchee, WA	509.662.1511		<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Hospital	820 N Chelan Ave, Wenatchee, WA	509.663.8711		<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Confluence	503 E Highland Ave, Chelan, WA	509.682.3300		<input checked="" type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Center				<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lake Chelan				<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comm Hosp				<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:						
<p>Identify crew EMTs on the line for each Division prior to engaging. In case of urgent situation, 2014 IRPG. Notify operations of needs and location on command channel. Operations will notify CWICC and base camp. Minimize radio traffic and maintain situational awareness.</p> <p><input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.</p>						
7. Prepared by (Medical Unit Leader):		Name: R. Cloud	Signature:			
8. Approved by (Safety Officer):		Name: R. Cloud	Signature:			

This page is intentionally left blank.

This page is intentionally left blank.

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 items one through nine to communicate situation to communications/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: Provide incident summary and command structure.					
Nature of Injury/Illness			<i>Describe the injury</i> <i>(Ex: Broken leg with bleeding)</i>		
Incident Name			<i>Geographic Name + "Medical"</i> <i>(Ex: Trout Meadow Medical)</i>		
Incident Commander			<i>Name of IC</i>		
Patient Care			<i>Name of Care Provider</i> <i>(Ex: EMT Smith)</i>		
3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.					
Number of Patients:	Male / Female	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) <i>Ex: N 40° 42.45' x W 123° 03.24'</i>					
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, head 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: Click here to enter text.					
<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) <i>EX: N 40 42.45' x W 123 03.24'</i>					
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.	