

INCIDENT ACTION PLAN

SADDLE MOUNTAIN FIRE

Tuesday, July 7, 2020

1800-0600 Operational Period

WA-MCR-2020-000291

CSE-221

PR-M8YW-1502



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: NIGHT SHIFT	
SADDLE MOUNTAIN	Date/Time From: 07/07/2020 1800 TUE	Date/Time To: 07/08/2020 0600 WED
3. Objective(s):		
<p>Provide for the safety of firefighters and the public through applying appropriate risk mitigation in all actions while fighting fire aggressively. This includes the application of the 10 and 18, LCES and risk management process at all times.</p> <p>Engage and take suppression actions to limit burned acreage growth within established lines.</p> <p>Maintain best management practices to limit the spread and exposure of the COVID-19 virus within the crew, on the line, in camp or to the surrounding community.</p> <p>Act in a positive and professional manner to foster good relationships with the public, landowners, stakeholders, and agencies represented. Providing timely communications and accurate information as it becomes available.</p> <p>Maximize opportunities for cost savings without jeopardizing public or firefighter safety.</p> <p>Maintain awareness of impact on the landscape, including areas of eco-systems or habitat, minimize and report damage in areas that may be effected and implement tactics accordingly.</p>		
4. Operational Period Command Emphasis:		
<p>Tonight will focus on patrol and monitoring the perimeter of the fire. Address areas of concern that reduce the threat of fire growth or escape. Maintain good communications between forces. Use your risk assessment process before engaging in any situation. Be safe and take care of each other.</p>		
General Situational Awareness:		
<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. 		
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 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 type="checkbox"/> ICS 208 <input type="checkbox"/> ICS 220 <input checked="" type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
7. Prepared by: FRED KNOWLES	Position/Title: RESL	Signature:
8. Approved by Incident Commander:		Signature:
ICS 202	IAP Page	Date/Time: 07/07/2020 0000

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: NIGHT SHIFT	
SADDLE MOUNTAIN		Date/Time From: 07/07/2020 1800 TUE	Date/Time To: 07/08/2020 0600 WED
3. Incident Commander(s) and Command Staff:		AIR TANKER COORDINATOR	
IC/UC	JOHNSON, LEONARD 360-581-9672	8. Finance/Administration Section:	
SAFETY OFFICER	HARRIS, MICHAEL 509-572-0064	CHIEF	GAYLORD, LAURETTE 509-925-0931
SAFETY OFFICER	FOSS, KEN 253-318-2678 (T)	DEPUTY	
INFORMATION OFFICER	SHEARER, BEN 509-492-1461	TIME UNIT	BRADLEY, SLITA 719-406-2772
4. Agency/Organization Representative(s):		TIME UNIT	WICKWIRE, ROCHELLE 509-579-9935
Agency/Organization	Name	PROCUREMENT UNIT	
USFW	JANAK, JOHN	COMPENSATION UNIT	
USFW	WHITFIELD, SHERI 435-817-2750	COST UNIT	
BLM	DIMKE, JEFF		
5. Planning Section:			
CHIEF	SCHARNHORST, RYAN 509-432-1016		
DEPUTY	WINTER, DAVID 509-301-2631		
RESOURCES UNIT	KNOWLES, FRED		
SITUATION UNIT			
6. Logistics Section:			
CHIEF	PRESTON, CINDY 509-607-9724		
CHIEF	SELL, KEVIN 509-521-0670 (T)		
DEPUTY	AMBROSE, JOSH 360-310-0401		
GROUND SUPPORT UNIT	WILLIAMS, KEN 509-521-9681		
COMMUNICATIONS UNIT	ALEXANDER, KEVIN 360-640-5506		
MEDICAL UNIT			
7. Operations Section:			
DAY OPS SECTION CHIEF	HATLEY, TOM 509-953-8933		
NIGHT OPS SECTION CHIEF			
PLANNING OPS			
OPS SECTION CHIEF			
DEPUTY OPS SECTION CHIEF			
STAGING AREA			
DIVISION/GROUP			
DIVISION/GROUP			
DIVISION/GROUP			
7b. Air Operations Branch:			
AIR OPS BRANCH DIRECTOR			
AIR ATTACK SUPERVISOR			
AIR SUPPORT SUPERVISOR			
HELICOPTER COORDINATOR			
9. Prepared By:	Name: KNOWLES, FRED	Position/Title: RESL	Signature:
ICS 203	IAP Page	Date/Time: 07/07/2020 1350	



Fire Weather Forecast



FORECAST NO: 20-03

NAME OF FIRE: Saddle Mountain

PREDICTION FOR: 07/07/2020 - Nights

SIGNED: *David Winter*

TIME/DATE ISSUED: 07/07/2020

WEATHER DISCUSSION:

A cool low pressure system has brought cooler temperatures today compared to yesterday to the fire. A drying and warming trend will continue peaking on Saturday as temperatures reach near 90. Still windy conditions are expected for the rest of today and tonight and again as early as Saturday with the next cold front passage knocking temps from near 90 Saturday back down into the 70s Sunday.

WEATHER FORECAST FOR TODAY:

Sky/weather.....Mostly sunny.
LAL.....1.
Max temperature.....76.
Min humidity.....29 percent.
Wind (20 ft).....West winds 17 to 20 mph with gusts to around 32 mph.
Mixing height.....7000 ft AGL.
Transport winds.....West around 25 mph.
Haines Index.....2 or very low potential for large plume dominated fire growth.

WEATHER FORECAST FOR TONIGHT:

Sky/weather.....Clear.
LAL.....1.
Min temperature.....Around 55.
Max humidity.....65 percent.
Wind (20 ft).....West winds 10 to 20 mph. Gusts up to 40 mph in the evening decreasing to 25 mph overnight.
Mixing height.....Lowering to near surface late overnight.
Transport winds.....West around 16 mph.
Haines Index.....3 or very low potential for large plume dominated fire growth.

OUTLOOK FOR TOMMOROW:

Sky/weather.....Sunny.
LAL.....1.
Max temperature.....79.
Min humidity.....25 percent.
Wind (20 ft).....Southwest winds 7 to 11 mph.
Mixing height.....Near the surface in the morning increasing to 6000 ft AGL in the afternoon.
Transport winds.....Southwest 7 mph.
Haines Index.....3 or very low potential for large plume dominated fire growth.

EXTENDED FORECAST:

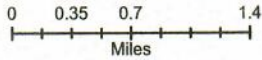
Division/Group Assignment List (ICS 204 WF)
Controlled Unclassified Information//Basic

1. Incident Name:			3.			
SADDLE MOUNTAIN			Branch:		Division/Group: ALPHA	
2. Operational Period: NIGHT SHIFT						
Date/Time From: 07/07/2020 1800 TUE		Date/Time To: 07/08/2020 0600 WED				
4. Operations Personnel						
OPERATIONS CHIEF				BRANCH DIRECTOR		
DIVISION/GROUP SUPERVISOR				AIR ATTACK SUPERVISOR		
5. Resources Assigned this Period						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
BAKER RIVER IHC		07/19	RANTA, KURT	21		
USFWS E-561		07/19	WILSON, GEOFFREY	4		
USFWS E-842		07/19	BAKER, TRENT	4		
6. Control Operations/Work Assignments:						
Patrol status to maintain parameter with in the current boundaries.						
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
COMMAND	14	164.7750	110.9	166.2750	110.9	A
TACTICAL	1	151.3100	118.8	151.3100	118.8	A
AIR TO GROUND	7	156.0225	118.8	156.0225	118.8	A
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)		Date	Time
F. KNOWLES						

**Saddle Mountain
WA-MCR-00291
IAP Map**

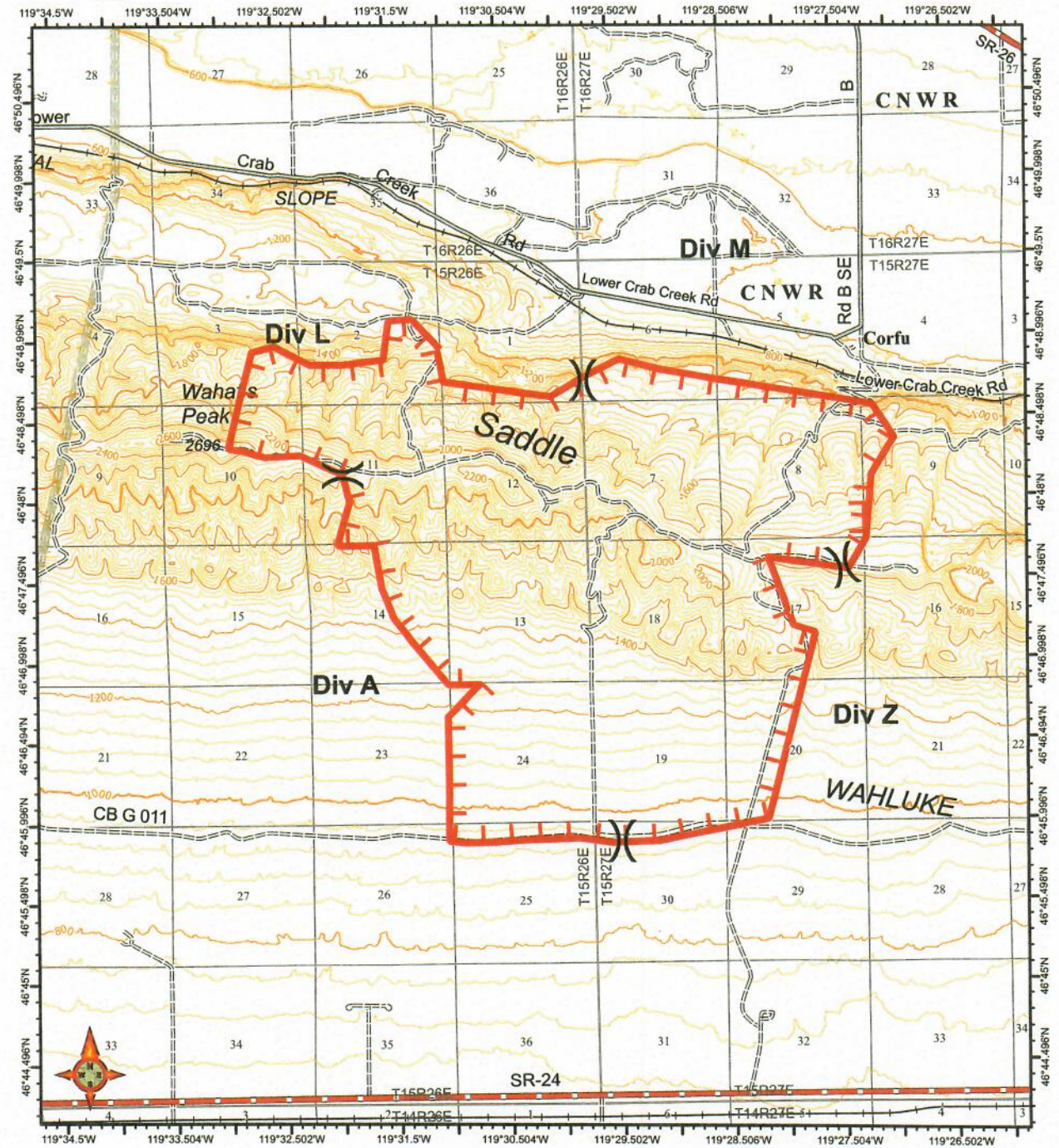
07/07/2020 Night Shift

Approx: 9,800ac



David Winter
07 07 20
1744 Hours

Datum: North American 1983 HARN



INCIDENT RADIO COMMUNICATIONS PLAN		1. Incident Name Saddle Mountain	2. Date/ Time Prepared 7/7/2020 2:00	3. Operational Period Date/Time 7/7/2020 7:00
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4. Basic Radio Channel Utilization							
Channel	Function	Frequency		Tone	Mode	Assignment	Remarks
		RX:	TX:				
1	TAC 1	RX:	151.3100	118.8	N	DIV A TAC	TACTICAL CHANNEL
		TX:	151.3100	118.8			
2	TAC 2	RX:	151.3400	118.8	N	DIV L TAC	TACTICAL CHANNEL
		TX:	151.3400	118.8			
3	TAC 3	RX:	151.3850	118.8	N	DIV M TAC	TACTICAL CHANNEL
		TX:	151.3850	118.8			
4	TAC 4	RX:	151.3325	118.8	N	DIV Z TAC	TACTICAL CHANNEL
		TX:	151.3325	118.8			
5	CMD 5	RX:	159.4275	118.8	N	EAST SIDE OF FIRE	WAHATIS PEAK
		TX:	151.2725	118.8			
6	CMD 6	RX:	159.3300	118.8	N	WEST SIDE OF FIRE/ICP	SADDLE MOUNTAIN
		TX:	151.1675	118.8			
7	DNR A/G 3	RX:	156.0225	118.8	N	ALL INCIDENT	AIR TO GROUND
		TX:	156.0225	118.8			
8	BLANK	RX:	0.0000	0.0	N	BLANK	BLANK
		TX:	0.0000	0.0			
9	BLANK	RX:	0.0000	0.0	N	BLANK	BLANK
		TX:	0.0000	0.0			
10	BLANK	RX:	0.0000	0.0	N	BLANK	BLANK
		TX:	0.0000	0.0			
11	BLANK	RX:	0.0000	0.0	N	BLANK	BLANK
		TX:	0.0000	0.0			
12	ICP	RX:	151.2125	118.8	N	ICP CHANNEL	TACTICAL CHANNEL
		TX:	151.2125	118.8			
13	REDNET	RX:	153.8300	0.0	N	INTEROP	TACTICAL CHANNEL
		TX:	153.8300	0.0			
14	WAHATIS	RX:	164.7750	110.9	N	EAST SIDE OF FIRE	BACKUP REPEATER
		TX:	166.2750	110.9			
15	ST PRIEST	RX:	159.4200	D723	N	WEST SIDE OF FIRE/ICP	BACKUP REPEATER
		TX:	151.2950	D723			
16	AIRGUARD	RX:	168.6250	110.9	N	ALL INCIDENT	EMERGENCY COMMS WITH AIRCRAFT
		TX:	168.6250	110.9			

5. Prepared by (Communications Unit)
Chris Pugh (COMT)

SAFETY MESSAGE	1. Incident Name Saddle Mountain	2. Date Prepared 7/7/2020	3. Time Prepared 1500
<p>FIREFIGHTER SAFETY IS FIRST PRIORITY!</p> <p>STAY HYDRATED. DRINK 2 WATER TO EVERY ONE SPORTS DRINK.</p> <p>WATCH FOR GUSTS, CHANGING WINDS AND DUST DEVILS.</p> <p>ALL ROADS TRAVELING TO AND FROM THE FIRE AREA ARE GRAVEL AND DIRT. WHEN DRIVING, KEEP YOUR LIGHTS ON AND KEEP A SAFE DISTANCE BETWEEN VEHICLES.</p> <p>USE CAUTION WHEN MEETING OTHER APPARATUS ON NARROW ROADS. YIELD TO UPHILL TRAFFIC.</p> <p>FOR DRAFTING OPERATIONS ON THE CANAL. OSHA AND WISHA REQUIRES PERSONAL FLOTATION DEVICES WHEN WORKING ON THE EDGE OF WATER. MITIGATE HAZARD AND MAINTAIN 3' WORKING EDGE.</p> <p>REPORT ALL INJURIES, NO MATTER HOW MINOR TO YOUR SUPERVISOR.</p> <p>Heavy Equipment – During Operations Ensure communications are established with operators. Use hand signals if other communications are unavailable. Maintain a 50'-100' exclusion area around equipment Use a spotter when backing. Avoid working below heavy equipment.</p> <p>Air Operations – During Operations Follow " Aviation Watch-Out Situations" on page 44, IRPG. Don't plan on air resources for medical transport or resupply. Refer to page 57, IRPG for directing bucket drops. Ensure positive communication with all air resources.</p> <p>Communications - Before Engaging Utilize Human Repeaters in Dead Spots.</p> <p>Wind Potential – Before Engaging Keep informed on fire weather conditions and forecasts. Know what your fire is doing at all times. Base all actions on current and expected behavior of the fire. Post lookouts when there is possible danger.</p> <p>Bluff Edges or Steep Drop Offs – Before Engaging Stay away from bluff edges and drop offs. Notify others of hazard location.</p> <p><u>SAFETY PHONE NUMBERS</u> INCIDENT SAFETY OFFICER MIKE HARRIS: 509-572-0064 SAFETY OFFICER TRAINEE KEN FOSS: 253-318-2678</p>			
<p>9. Prepared by (Name and Position) Mike Harris SOFR</p>			

COVID-19	1. Incident Name 0	2. Date Prepared	3. Time Prepared
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WILDLAND FIRE COVID-19 SCREENING TOOL

Today or in the past 24 hours, have you had any of the following symptoms⁴?

Symptom
Cough more than expected?
Shortness of breath or difficulty breathing?
Fever?
Chills?
Muscle pain outside your normal for firefighting?
Sore throat?
New loss of taste or smell?
<i>* Take temperature with no-touch thermometer, if available *</i>

Instructions for Screening

Item	What to Do
If resource has a cough that is more than expected, shortness of breath or difficulty breathing, or any other symptoms listed.	DO NOT MOBILIZE
<p>At Entries:</p> <p>Consider adequate number of personnel needed for screening. Although medical personnel are ideal, screeners do not have to be medically trained.</p> <p>If resource has cough, shortness of breath or difficulty breathing, or any other listed symptoms including fever (over 100.4) at entry.</p>	<p>DO NOT ANNOUNCE</p> <p>Ask individual to step aside and follow the steps below.</p>

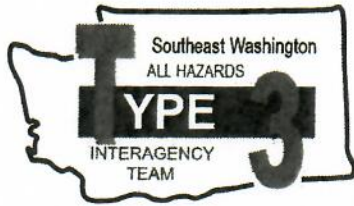
Steps to follow
Escort symptomatic individual to isolation area.
Isolation support personnel should begin documentation.
Have symptomatic individual contact Supervisor for further direction.
Notify public health officials.
Have individual transported as appropriate.
Protect and secure any collected Personal Identifiable Information (PII) or Personal Health Information (PHI).

⁴Symptoms of Coronavirus

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

9. Prepared by (Name and Position)

Medical Plan (ICS 206)	1. Incident Name Saddle Mountain	2. Operational Period:	Date From/To: 7/7/2020			
			Time From/To: 1800-0600			
3. Medical Aid Stations:						
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?			
			<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):						
Name	Location	Contact Number(s)/Frequency	Level of Service			
			<input 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 (Air)	Several locations in Eastern WA	800.422.2440	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS			
AS350 B3, N359TA (Air)	Wenatchee, WA	CWICC 509.884.3473	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS			
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
			<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS			
5. Hospitals:						
Hospital Name	Address Latitude/Longitude	Contact Number(s)/Frequency	Travel Time Air Ground	Trauma Center	Burn Center	Helipad
Samariton Healthcare	801 E. Wheeler Rd, Moses Lake, 47.128164 -119.265462	509.765.5606		<input checked="" type="checkbox"/> Yes Level: 3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Quincy Valley Medical 901 10th	901 10th Ave S., Quincy, Wa	509.787.3581		<input checked="" type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Columbia Basin Hospital	200 Nat Washington Way, Ephrata, Wa	509.754.4631		<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
Othello Comm Hospital	315 N 14th Ave, Othello, Wa	509.488.2636		<input checked="" type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kittitas Valley Hospital	603 S Chestnut, Ellensburg, Wa	509.962.9841		<input type="checkbox"/> Yes Level: 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Harborview Medical Cntr	325 9th Ave, Seattle, WA N47 36.1 W121 19.3	206.744.3000 206.744.4074 ER		<input checked="" type="checkbox"/> Yes Level: 1	<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, notify your supervisor and follow the MEDICAL INCIDENT REPORT procedure in the IAP. 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>Overhead Check temperatures and conduct self-screening every morning. Document on log sheet at ICP.</p> <p>Line Personnel Check temperatures and conduct self-screening every morning. Document screening by recording time completed in the REMARKS section of your Crew Time Record (CTR).</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: Ryan Scharnhorst	Signature:				
8. Approved by (Safety Officer):	Name: Ken Foss SOFR(t)	Signature:				



SaddleMTNFire2020

July 6, 2020

Fire Information Number – 509 761 4958

<u>PIO Ben Shearer</u>	<u>INFORMATION LINE</u>
Phone: 509 492-1461 Email: Shearerb@pasco-wa.gov	<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 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: <i>Provide incident summary and command structure.</i>					
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: <i>Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9 Line Report.</i>					
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, heat 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: <i>Click here to enter text.</i>					
<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.	