WEST REGION IMO

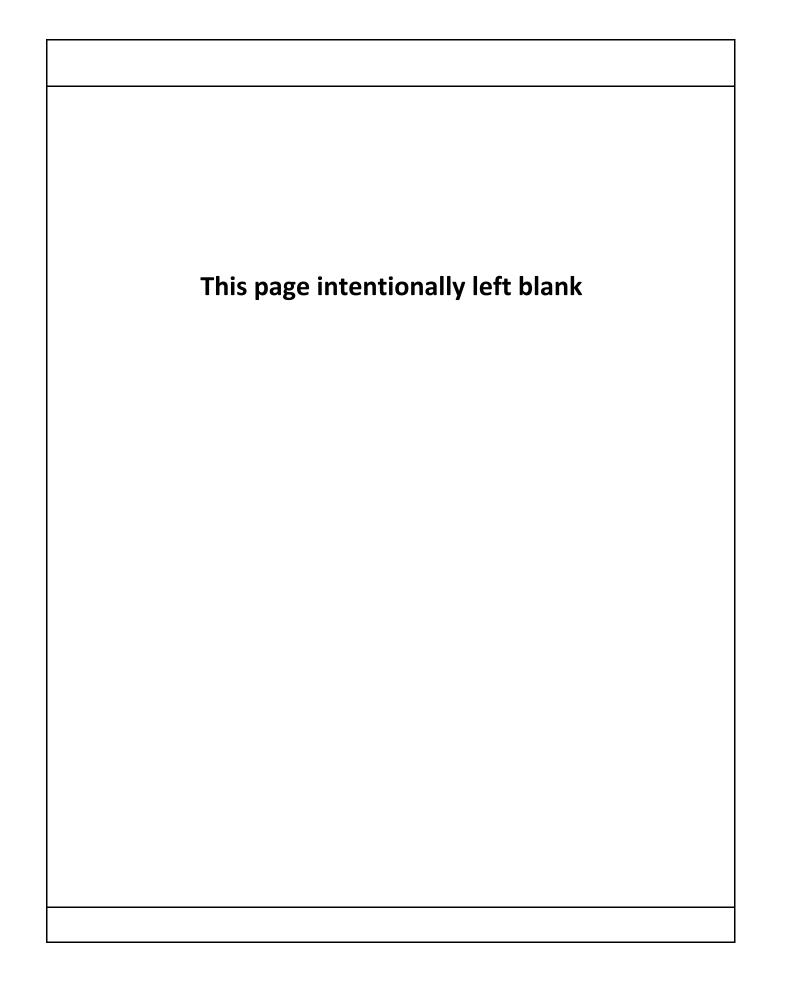
Friday, April 16, 2021

0800-2000 Operational Period

WA-WFS-126



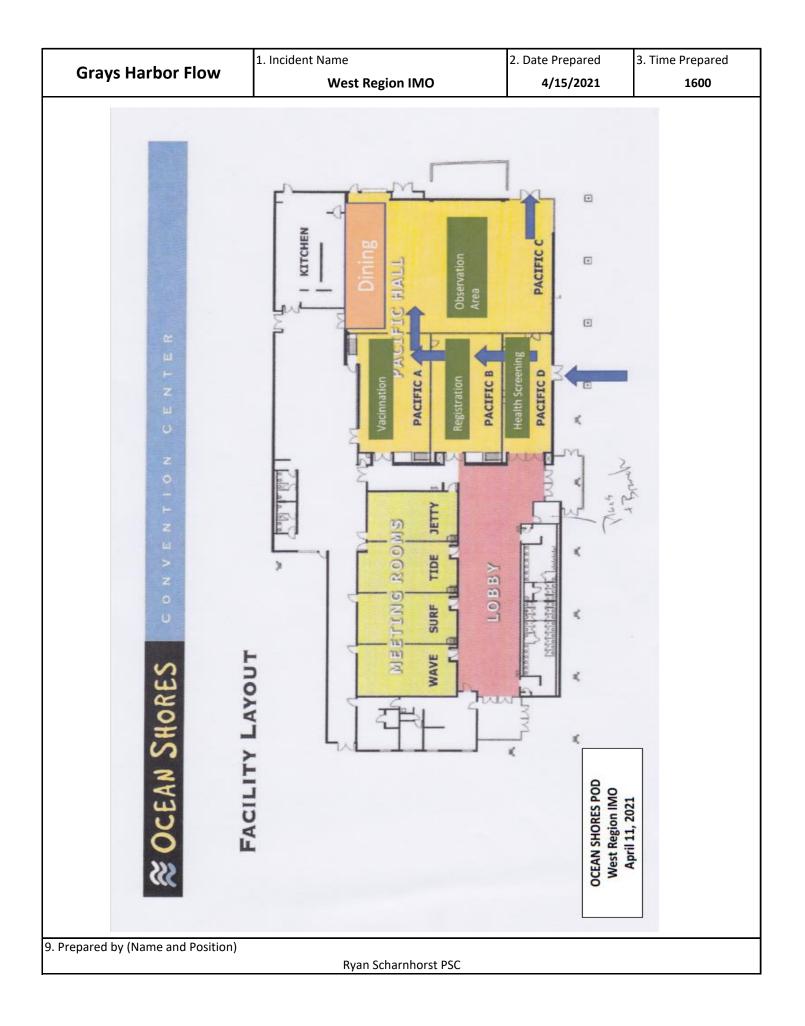




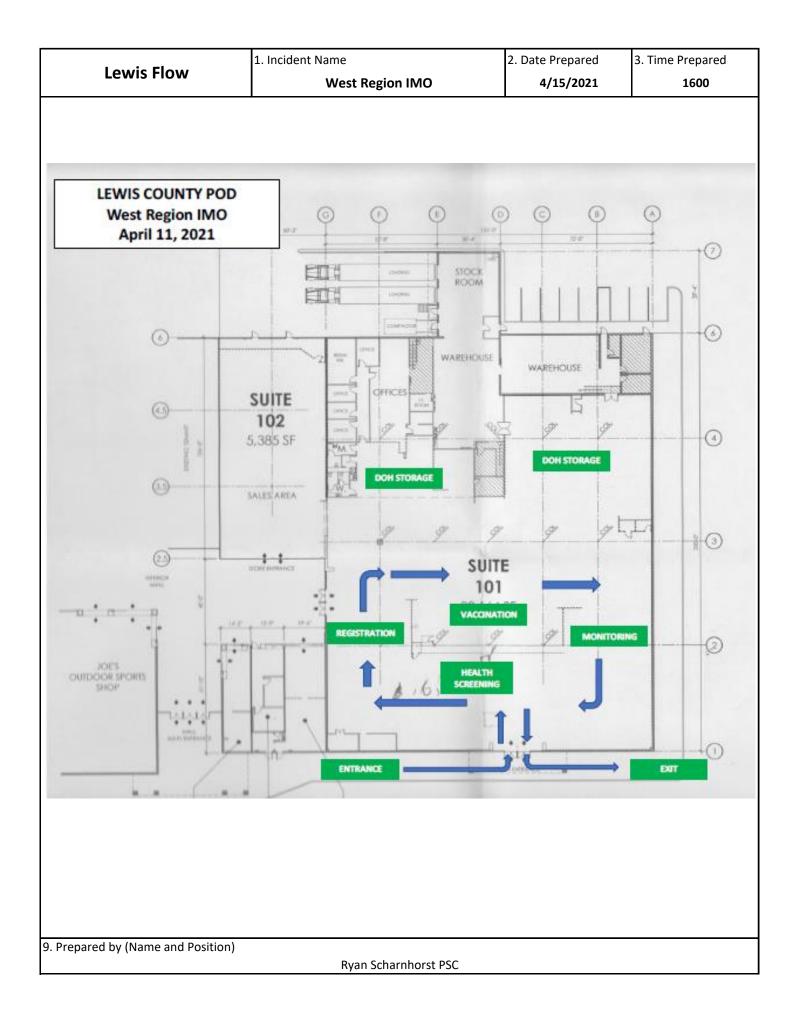
		1. Incident Name		2. Date Prepared	3. Time Prepared			
Incident Obje	ctives	West Region	IMO	4/15/2021	1600			
4. Operational Period (I	Date and Tin	ne)			•			
4	/16/2021	0800-2	2000					
5. General Control Obje	ectives for th	e Incident (include A	[ternatives]					
clinic attendees, an 2. Develop plans to with needs identifi 3. Coordinate deliv 4. Coordinate docu 5. Establish and ma relevant guidelines 6. Coordinate with 7. Maintain and en	d avaccine implemen ed by the C eryof vacci mentation intain cost LHJs for th hance inte	recipients t mass vaccination ounties nes in accordance of vaccines deliver containment and e timely, coordinat ragency and interd	clinics fo with relev red cost accou ted releas isciplinary	afety personnel, heal r West Region resider vant eligibility schedul unting procedures in a e of accurate public ir y relationships by dev created with dignity a	nts in accordnace les accordance with nformation eloping and			
6. Operational Period C	ommand En	nphasis						
requested the team's relationships are esso processes. Always su	Remain focused on the goals of increasing vaccination availability and equity within the counties that have requested the team's assistance. Maintain good communications with our partners in the region, relationships are essential to our success. Continue to look for opportunities to collaborate and improve processes. Always support the assigned resources within the region to the best of our ability. Manage your fatigue. All personnel are encouraged to take breaks when needed and get plenty of rest at night.							
7. General Safety Messa	age							
	d to the IMC ng htly ncing of at le cial PPE for a	east 6 feet assigned task (cloth r		ns at every operational p sable mask, N95)	eriod. This included:			
8. Attachments (check i	f attached)							
 ☑ Organization List (ICS 2 ☑ Weather ☑ Safety Message 	203)	 ☑ Assignment List (: □ Communication P ☑ Medical Plan (ICS) 	an (ICS 205	□ Air Operatio □ HR Message ☑ Incident Ma	2			
	9. Prepared	by (PSC)		10. Approved by (IC)				
ICS-202		Ryan Scharnhorst		Leonard Jo	hnson, ICT3			

ORGANIZATION	ASSIGNMENT LIST	
1. Incident Name	West Region IMO	9. OPERATIONS SECTION
2. Date 4/15/2021	3. Time 12:07:00	M Chief Ken Foss 253-318-2678
4. Operational Period	4/16/2021 0800-200	Deputy Chief Tom Hatley 509-370-9803
5. INCIDENT COMMA	NDER & STAFF	a. Grays Harbor Branch
Incident Commander	Leonard Johnson 360-581-96	2 Branch Director Paul Kimball 509-863-5133
Liason Officer	Norma Brock 360-490-9090	Division Vaccination
Safety Officer	Mark Hill 206-949-0940	Division B
Information Officer		b. Lewis Branch
		Branch Director Andrew Shaffran 360- 507-6343
		Division A
		Division B
6. AGENCY REPRESEN	ITATIVE	c. Pacific Branch
Agency	Name	Branch Director Paul Kimball 509-863-5133
WSP Fire Marshal	Bill Slosson	Division A
WA DOH/WANG	Darius Bazemore	Division B
Grays Harbor Co. IC	Hannah Cleverly	d. Thurston Branch
Lewis Co. IC	JP Anderson	Branch Director Andrew Shaffran 360- 507-6343
Pacific Co. IC	Katie Lindstrom	Division A
Thurston Co. IC	Mark Moffett	Division B
7. PLANNING SECTIO	N	
Chief	Ryan Scharnhorst 509-432-1	.6
Deputy		
Resource Unit	Brian Dodge 360-870-6700	
Situation Unit		
Documentation Unit		10. FINANCE SECTION
Demobilization Unit		Chief Audrey Mainwaring 206-949-0137
Human Resources		Deputy
Planning Operations	KC Whitehouse 360-490-333	Time Unit Lisa Egtvedt
		Procurement Unit
		Cost Unit
		11. CONTACTS / OTHER INFORMATION
8. LOGISTICS SECTION	N	CWICC 509.884.3473 fax 509.884.3549
Chief	Cindy Preston 509-607-9724	
Deputy	Chris Patti 360-791-5052	
Supply Unit	Steve Huang 360-770-9806	
Facilities Unit		
Ground Support Unit		
Communications Unit		
RADO		
Medical Unit		Prepared by (Resource Unit Leader)
Food Unit	1	Ryan Scharnhorst

	DIVISION AS	SIGNM	ENT LIST	1. Brar	nch	Grays Harbo	2. Divi	sion / C	Group		Vaccination	1
3. Incid	dent Name				4. Operation	onal Period						
	Wes	t Regio	n IMO		Da	te: 4/16/20 2	21		Tin	ne:	Day	
5. Ope	rations Personne							-				
Opera	ations Chief	к	en Foss 253-318-2	678	Branch Dir	ector			Paul	l Kimb	all 509-863-5133	
Safet	y Officer	N	1ark Hill 206-949-0	940	Division/G	roup Supervisor						
6. Res	ources Assigned t	his Perio	d		•							
RO #	Strike Team/ Force/Resou		Leader		# People	Contact (phone, r	adio freo	q, etc.)	ΕΜΤ		Remarks	
	WAANG CO		Lt. Hagarty		1	509-951	-1881					
	WAANG NCO		SSgt. David Rosen	der	1	509-281	-0460					
	WAANG Team 8				12				\checkmark			
					14							
7. Woi	k Assignments											
Assis	Assist the LHJ with mass vaccination distribution. Checkin with the QR code at the start of shift as well as complete the											
8. Spe	cial Instructions											
Whe	n traveling arou	nd or w	orking within the	traffic l	anes / vac	cination area, v	vear yo	ur higł	n visib	oility v	vest.	
	munication Sumr	nary										
	unction	Name	Mode				Frequer					
	OMMAND		N				Tone TX					
	ACTICAL						Tone T		9			
	AIR		<u> </u>			RX See site specific	E TX:		ations	nlan		
						see site specific	- FUD (0)	mmumic	สมบทร	hiqij		
Prepare	ed by (RESL)		Approved k	y (PSC)			Date:			Time		
	, , - ,				n Scharnhoi	rst		/15/202			1600	



	DIVISION AS	SIGNME	NT LIST	1. Brai	nch	Lewis	2. Divis	sion / G	Group		Vaccinat	ion
3. Incio	lent Name				4. Operati	onal Period						
		t Regior	n IMO		Da	ate: 4/16/20 2	21		Tin	ne:	Day	
	rations Personne	1										
Opera	ations Chief	Ке	en Foss 253-318-2	678	Branch Dir	rector		A	Andrev	v Shaj	ffran 360- 507-63	43
	y Officer		ark Hill 206-949-0	940	Division/G	iroup Supervisor						
6. Reso	ources Assigned t		1		T	T				1		
RO #	Strike Team/ Force/Resou		Leader		# People	Contact (phone, ra	adio freq	, etc.)	EMT		Remarks	
	WAANG Team 9	CO	Lt. Huang Roth		1	253-239	-7408					
	WAANG Team 9				20				V			
					21							
7. Wor	k Assignments											
Assis	st the LHJ with n	nass vacc	ination distribut	tion. Ch	eckin with	the QR code at	the sta	irt of s	hift a	s wel	ll as complete th	le
8. Spe	cial Instructions											
Whe	n traveling arou	nd or wo	orking within the	e traffic	anes / vac	ccination area, w	/ear yo	ur higł	n visib	oility v	vest.	
9. Com	munication Sum	nary										
-	unction	Name	Mode				Frequen	су				
CC	MMAND		N				Tone TX					
Т.	ACTICAL						Tone TX		ġ			
┝───	AIR						TX:		ations	nlan		
						See site specific	run col	munic	สมบทิร	higu		
Prepare	ed by (RESL)		Approved b	oy (PSC)			Date:			Time	:	
				Ryaı	n Scharnho	rst	4/	15/202	21		1600	



	DIVISION AS	SIGNMI	INT LIST	1. Bra	nch	Pacific	2. Divi	sion / Group		Vaccination
3. Incid	ent Name				4. Operati	onal Period				
	Wes	st Regio	n IMO		Da	ate: 4/16/ 2	2021	Ti	me:	Day
5. Ope	rations Personne	el .								
Opera	tions Chief	К	en Foss 253-31	8-2678	Branch Dir	rector		Ραι	ıl Kim	ball 509-863-5133
	Officer		1ark Hill 206-94	9-0940	Division/G	iroup Supervise	or			
6. Resc	urces Assigned t		b						-	
RO #	Strike Team/ Force/Reso		Lead	er	# People	Contact (phor et		^{freq,} EMT		Remarks
					0					
7. Wor	k Assignments									
	t the LHJ with r laily COVID scre						at the	start of shi	ft as	well as complete
8. Spec	ial Instructions									
Whe	n traveling arou	ind or wo	orking within	the traffic	lanes / vac	cination area	, wear	your high v	visibil	ity vest.
9. Com	munication Sum	mary								
	unction	Name	Mode				Frequ			
	MMAND		N					TX: Tone		
17	ACTICAL AIR					кл: R)		TX: Tone Tone:		
						See site specif			ns pla	n
						500 0.00 00000				
Prepare	d by (RESL)		Approve	ed by (PSC)			Date:		Tim	e:
				Ryan	Scharnhors	t	4/	15/2021		1600

	DIVISION A	SSIGNM	ENT LIST	1. Brai	nch	Thurston	2. Divis	sion / (Group		Vaccination
3. Incid	ent Name				4. Operati	onal Period					
	We	est Regio	n IMO		Da	ate: 4/16/20	21		Tir	ne:	Day
5. Oper	rations Personr	nel			1						
Opera	tions Chief	ĸ	en Foss 253-318-2	678	Branch Dii	rector		,	Andrev	w Shaj	ffran 360- 507-6343
Safety	Officer	٨	1ark Hill 206-949-0	0940	Division/G	iroup Supervisor					
6. Reso	urces Assigned		d			_				-	
RO #	Strike Tean Force/Res		Leader		# People	Contact (phone, r	adio frec	q, etc.)	EMT		Remarks
					0						
7. Wor	k Assignments										
			cination distribu r your PPE appro				t the sta	art of	shift a	as we	ll as complete the
8. Spec	ial Instructions	5									
Whe	n traveling arc	ound or w	orking within the	e traffic l	lanes / vac	cination area, v	vear yo	ur hig	th visil	bility	vest.
9. Comi	nunication Sun	nmarv									
	unction	Name	Mode				Frequen	су			
	MMAND		N				Tone TX				
T/	ACTICAL						Tone T		e		
	AIR					RX:		Tone:		ب ما م	
<u> </u>						See site specific	POD cor	nmuni	cations	pian	
Prepare	d by (RESL)		Approved	oy (PSC)			Date:			Time	:
Ĺ	· · ·				Scharnhor	rst	4/:	15/202	21		1600

Grays Harbor Co.

Friday

Sunny, with a high near 70. Light east northeast wind becoming east 5 to 9 mph in the morning. **Friday Night**

Clear, with a low around 51. East wind 7 to 9 mph.

Lewis Co.

Friday

Sunny, with a high near 78. Calm wind becoming north northwest around 6 mph in the afternoon. **Friday Night**

Clear, with a low around 44. Northeast wind around 6 mph becoming calm in the evening.

Pacific Co.

Friday

Sunny, with a high near 77. East northeast wind 6 to 8 mph.

Friday Night

Clear, with a low around 44. East northeast wind 7 to 9 mph.

Thurston Co.

Friday

Sunny, with a high near 76. Light and variable wind becoming north northeast 5 to 10 mph in the afternoon.

Friday Night

Clear, with a low around 44. North northeast wind 5 to 10 mph becoming light and variable after midnight.

9. Prepared by (Name and Position)

Ryan Scharnhorst PSC

	1. Incident Name	2. Date Prepared	3. Time Prepared
SAFETY MESSAGE	West Region IMO	4/15/2021	1600

Vaccination Area:

Avoid accidental needle sticks by following established safety procedures, and using proper equipment including your PPE.

Venue:

Be familiar with the Incident With in an Incident plan, IWI, and be aware of your surroundings.

Parking Lot:

Assume drivers are distracted and if assigned to traffic control please wear a High Visibility vest.



Medical Pl	an 1. In	cident Name			2. Operation	nal	Date I	rom/To:	4/16/	2021	
(ICS 206)		West Reg	gion II	NO	Period:		Time	From/To:	0800-	2000	
3. Medical Aid S	stations:				-						
Name	2		L	ocation				Contact			medics on
						N	umbe	r(s)/Frequen	су		Site?
Medical Monitorin	g	Vaccination S	Site							□ Yes	⊠ No
										🗆 Yes	□ No
										□ Yes	□ No
4. Transportatio	on (indicate	air or groun	d):								
 Name	-		-	ocation			(Contact			of Service
				beation		N		r(s)/Frequen	су		
Call 911							(Call 911		□ ALS	□ BLS
										□ ALS	□ BLS
										□ ALS	D BLS
										🗆 ALS	D BLS
										🗆 ALS	⊠ BLS
										🗆 ALS	D BLS
5. Hospitals:						ļ				!	
Hospital Name		Address		Con	tact		l Time	Trama	Bu	ırn	Helipad
Harborview	Latitu	ide/Longitude e, Seattle, WA		Number(s)	/Frequency 4.3000	Air G	round	Center		nter	-
Medical Cntr		, 122.3241° W			4.3000 .4074 ER			☑ Yes Level: 1	⊠ Ye ⊡ No		⊠ Yes □ No
	1710000 11	122.02.11 11		2001711				□ Yes	□ Ye		□ Yes
								Level: 1			□ No
								□ Yes Level: 4	□ Ye □ No		□ Yes □ No
								□ Yes	□ Ye	es	□ Yes
								Level: 4 Yes	□ No		□ No □ Yes
								Level:			□ res □ No
								□ Yes	□ Ye	-	□ Yes
C. Crasial Madi								Level:	□ No	D I	□ No
6. Special Medio	cal Emergel	ncy Procedur	es:								
Fach count	v has a meo	lical plan per	site	Follow the s	site plan for	vour	ocatio	on, or call 9'	11		
immediate						,		, e. ea. e.			
Check b	ox if aviatior	assets are uti	lized fo	or rescue. If	assets are use	ed, coo	ordinat	e with Air O	peratio	ns.	
				Ryan Scharr		Signat					
7. Prepared by (M	edical Unit I	eauer).									
8 Annroved by (S	afety Office	r).	Name	:		Signat	ure:				

8. Approved by (Safety Officer):

	1. Incident Name	2. Date Prepared	3. Time Prepared
FINANCE MESSAGE	West Region IMO	4/15/2021	1600

Finance Message

Incident Numbers: WA-WFS-000126 DNR account code 224-IYB

CTRs & Shift tickets

- IMO members-due Monday, Wednesday & Friday for preceding days.
- Non-IMO members due daily
- If work 5+ continuous hours, please show lunch break to comply with L&I Rules. If you are compensated for lunch per your home jurisdiction/labor agreement, please indicate "Compensable lunch" in the remarks section of the CTR.
- If requesting per diem or lodging reimbursement from their home agency, please note that in the Remarks section.
- Send CTRs/shift tickets to supervisor, then approved CTRs/shift tickets to wrimo.fin@gmail.com

Pay schedule

WSP casual hire payments will be submitted every two weeks. Fire district career personnel and other agency employees will receive their OF-288 at <u>demob</u>, the end of each month or upon request. You may request a draft at any time.

Station of	Cheha	alis walk-in			COMPANY.	0.3	025
0.000.000	ACRE OF MEL	NUMBER OF	high text	where largest	S, NO NUMBER	WA-W	FS-12
-			Caller.	P11 4	1921	142	
100	NWE IF DVRUPE		G/DH	V-1	1.00	10.0	1.00
1	Smith, Joe		EMTP	0630	0730	-	-
2		-		0730	1200		-
2		-	_	1230	1600		-
3			-	1500	1700		-
-			_				-
							-
-		-	-				-
-			_	-			-
		-	_				-
-			_	-			-
-			_				-
-			-				-
-				-		-	-
-			_	-			-
-			_	-			-
-			_	-			-
-			-	-			-
-				-			-
-			_	-		-	-
-				-			-
-			-	-		-	-
I PAUS							
	1.1	Travel to Chr	ehale h	om Gia H	whee		
		support wor					
		3 - Return to					
			ensable				
		Perdiem					
12.0 1 108.0	Colorado (Signature)			_	31,113,054	to Durget	
	e Saliq's Longer, Ter Se			_	_	28,078	
COLUMN AND							

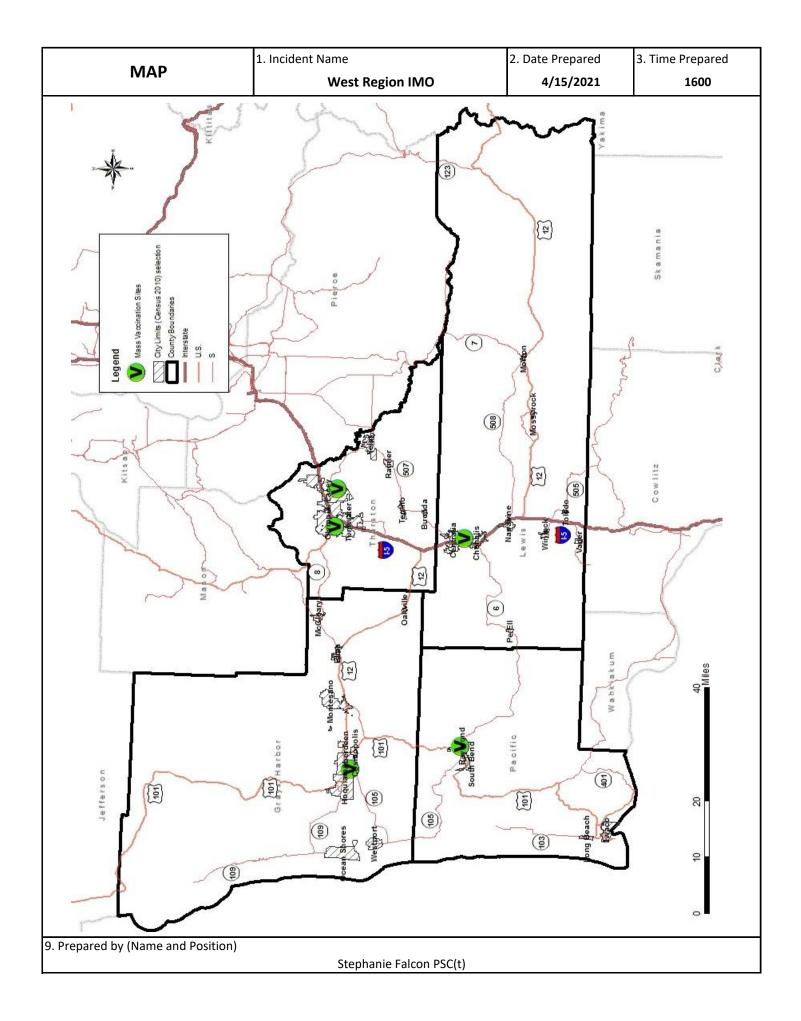
9. Prepared by (Name and Position)

EXAMPLES

ENT OR PROJECT NAME 4. INCIDENT NUMBER 5. OPERATOR (name) Joe Smith O-3030 MENT MAKE 7. EQUIPMENT MODEL 8. OPERATOR (name) Joe Smith O-3030 MENT MAKE 7. EQUIPMENT MODEL 8. OPERATOR (name) D CONTRACTOR UNISHED BY B2345C 10. INCENSE NUMBER 10. INCENSE NUMBER 10. OPERATING SUPPLIES FURNISHED BY B2345C 13. EQUIPMENT USE 14. REMARKS (released, down time and case, problems, Y/YR 5TART STOP HOURS DAYSMILES(oncle one) 95362 95524 15. EQUIPMENT STATUS 15. EQUIPMENT STATUS 16. INVOICE POSTED BY (Recorder's initials) RACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 16. GOVERNMENT OFFICER'S 19. DATE SIGNED	NCIDENT OR PROJECT NAME 4. INCIDENT NUMBER Region Mass Vacc support W4-WFS-126 Joe Smith O-3030 QUIPMENT MAKE 1. INCIDENT NUMBER Joe Smith O-3030 QUIPMENT MAKE 2. FOULPMENT MODEL 8. OPERATOR FURNISHED BY rd Explorer 0. CONTRACTOR (we) GOVERNMENT 10. OPERATOR SUPPLIES FURNISHED BY B2345C 0. CONTRACTOR (we) GOVERNMENT (dry) DATE 13. EQUIPMENT USE 4. REMARKS (released, down time and cause, problems, DIDAY)YR 13. EQUIPMENT USE 4. REMARKS (released, down time and cause, problems, DIDAY)YR 15. EQUIPMENT USE 4. REMARKS (released, down time and cause, problems, DIDAY)YR 15. EQUIPMENT USE 4. REMARKS (released, down time and cause, problems, DIDAY)YR 0. START STOP NORK SPECIAL 0. SPECIAL	LAGREEMENT N		D Mac	e Veccinet	line	2. CONTRACTOR (name)
Joe Smith O-3030 MENT MAKE 7. EQUIPMENT MODEL 8. OPERATOR FURNISHED BY Explorer CONTRACTOR GOVERNMENT LNUMBER In. LICENSE NUMBER II. OPERATING SUPPLIES FURNISHED BY LNUMBER II. EQUIPMENT USE CONTRACTOR (vel) GOVERNMENT (dry) 13. EQUIPMENT USE II. OPERATING SUPPLIES FURNISHED BY GOVERNMENT (dry) START STOP MOURS IDAYS MILES(oncle one) GOVERNMENT (dry) 95362 95524 Travel II. SEQUIPMENT STATUS I II. SPECIAL II. SEQUIPMENT STATUS Inspected and under agreement I II. SEQUIPMENT STATUS II. INVOICE POSTED BY (Recorder's initials) IRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE II. GOVERNMENT OFFICER'S IP. DATE SIGNED	Region Mass Vacc support WA-WFS-126 Joe Smith O-3030 QUIPMENT MAKE 7. EQUIPMENT MODEL 8. OPERATOR FURNISHED BY ed Explorer CONTRACTOR FURNISHED BY ERIAL NUMBER 10. LICENSE NUMBER 11. OPERATING SUPPLIES FURNISHED BY B2345C CONTRACTOR (wet) GOVERNMENT (dr) DATE 13. EQUIPMENT USE HA. REMARKS (released, down time and case, problems, 0DAY)YR HOURS DAYSIMILES(condrom) BL.S Kit onsite E-4007 15/21 95362 95524 Travel 15. EQUIPMENT STATUS a. Inspectod and under agreement B. Released by Conversion c. Withdrawn by Contractor IS/21 95362 95524 Travel IS. EQUIPMENT STATUS a. Inspectod and under agreement b. Released by Government CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IK. GOVERNMENT OFFICER'S (IP. DATE SIGNED VIGNATURE IK. GOVERNMENT OFFICER'S (IP. DATE SIGNED VIGNATURE IF. GOVERNMENT OFFICER'S (IP. DATE SIGNED						Thurston Co FD 9
MENT MAKE 7. EQUIPMENT MODEL Explorer 7. EQUIPMENT MODEL Explorer 7. EQUIPMENT MODEL Explorer 7. EQUIPMENT MODEL CONTRACTOR CONTRACT	QUIPMENT MAKE 7. EQUIPMENT MODEL 8. OPERATOR FURNISHED BY cd Explorer 0 CONTRACTOR 0 GOVERNMENT ERIAL NUMBER 10. LICENSE NUMBER 10. LICENSE NUMBER 0 GOVERNMENT B2345C 10. LICENSE NUMBER 0 CONTRACTOR (wet) 0 GOVERNMENT (dry) ATE 13. EQUIPMENT USE 14. REMARKS (released, down time and cause, problems, or ODAY/YR HOURS DAYS MILES (sink own) HC.) BLS Kit onsite E-4007 15/21 95362 95524 Travel 15. EQUIPMENT STATUS a. Inspectod and under agreement 15/21 95362 95524 Travel 15. EQUIPMENT STATUS a. Inspectod and under agreement 16. INVOICE POSTED BY (Recorder's initials) 16. INVOICE POSTED BY (Recorder's initials) CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 18. GOVERNMENT OFFICER'S SIGNATURE 19. DATE SIGNED 7/200 19. GOVERNMENT SIGNATURE 18. GOVERNMENT OFFICER'S SIGNATURE 19. DATE SIGNED						
Explorer CONTRACTOR GOVERNMENT LNUMBER 10, LICENSE NUMBER 11, OPERATING SUPPLIES FURNISHED BY 10, LICENSE NUMBER 10, OPERATING SUPPLIES FURNISHED BY 13, EQUIPMENT USE CONTRACTOR (vel) GOVERNMENT (dry) START STOP HOURS DAYS MILES(circle one) GOVERNMENT (dry) 95362 95524 Travel HOURS DAYS MILES(circle one) 95362 95524 Travel Distribution (dry) 95363 95524 Travel Distribution (dry) 95364 11, OPERATIONENCENCENCENCENCENCENCENCENCENCENCENCENC	ed Explorer CONTRACTOR GOVERNMENT ERIAL NUMBER ID. LICENSE NUMBER ID. OFRATING SUPPLIES FURNISHED BY B2345C ID. CONTRACTOR (web) GOVERNMENT (day) DATE START STOP WORK SPECIAL IS/21 95362 95524 Travel IS/21 95362 95524 Travel IS/21 PS362 95524 Travel IS/21 PS362 PS524 Travel IS/21 PS362 PS524 Travel IS/21 PS526 PS524 PS526 IS/21 PS526						
LNUMBER ID, LICENSE NUMBER II. OPERATING SUPPLIES FURNISHED BY II. OPERATING SUPPLIES FURNISHED II. OPERATING SUPPLIES III. OPERATING SUPPLIES III. OPERATING SUPPLIES III. OPERATING SUPPLIES III. OPERATING III. OPERATING SUPPLIES III. OPERATING SUPPLIES III. OPERATING III. OPERATING SUPPLIES III. OPERATING III. OPERATING SUPPLIES III. OPERATING III. OPERATING IIII. OPERATING III. OPERATING IIII. OPERATING IIII. OPERATING IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	BERAL NUMBER IP, LICENSE NUMBER II. OPERATING SUPPLIES FURNISHED BY B2245C CONTRACTOR (wet) GOVERNMENT (dry) DATE DDAY/YR HOURS DAYSIMILES(condrom) GOVERNMENT (dry) START STOP WORK SPECIAL BLS Kit onsite E-4007 15/21 95362 95524 Travel IS. EQUIPMENT STATUS a. Inspectod and under agreement IS/21 95362 95524 Travel IS. EQUIPMENT STATUS IS/221 IS/222 IS/2222 IS/2222 IS/2222		TAKE			INT MODEL	
B2345C D CONTRACTOR (wet) D GOVERNMENT (dy) 13. EQUIPMENT USE 14. REMARKS (released, down time and case, problems, WORK 14. REMARKS (released, down time and case, problems, work) 95362 95524 Travel 95362 95524 Travel 15. EQUIPMENT STATUS a. Impected and under agreement b. Research by Contractor 16. INVOICE POSTED BY (Recorder's initials) RACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 18. GOVERNMENT OFFICER'S SIGNATURE 19. DATE SIGNED	B2345C CONTRACTOR (wet) GOVERNMENT (dr) DATE 13. EQUIPMENT USE 14. REMARKS (released, down time and cause, problems, orbitality) START STOP HOURS DAYS MILES (sink new) HOURS DAYS MILES (sink new) 15/21 95362 95524 Travel 15/20 Neglosad by Government D Covernment 16/20 1780/00000000000000000000000000000000000	Ford					
I3. EQUIPMENT USE I4. REMARKS (released, down time and cause, problems, START START STOP 95362 95524 95362 95524 I3. EQUIPMENT USE I5. EQUIPMENT STATUS 95362 95524 I3. EQUIPMENT START 15. EQUIPMENT STATUS 95362 95524 I3. EQUIPMENT STATUS 16. EQUIPMENT STATUS 95362 95524 I3. EQUIPMENT STATUS 17. EQUIPMENT STATUS 95362 95524 I3. EQUIPMENT STATUS 18. Recorder agreement 95362 16. INVOICE POSTED BY (Recorder's initialis) RACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 18. GOVERNMENT OFFICER'S 19. DATE SIGNED SIGNATURE 19. GOVERNMENT OFFICER'S 19. DATE SIGNED	DATE D. EQUIPMENT USE DAYSIMILES(endrone) D4. REMARKS (released, down time and cause, problems, DDAY/YR START STOP WORK SPECIAL D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D12 D4. REMARKS (released, down time and cause, problems, D4. REMARKS (relea	2. SERIAL NUMB	IER.			NUMBER	
YYR HOURS/DAYS/MILES(ack one) WORK BLS Kit onsite E-4007 95362 95524 Travel 95362 95524 Travel 1 15. EQUIPMENT STATUS D 15. EQUIPMENT STATUS D 0 15. EQUIPMENT STATUS D 16. INVOICE POSTED BY (Recorder's initials) RACTOR'S OR AUTHORIZED AGENT'S SIGNATURE SIGNATURE 18. GOVERNMENT OFFICER'S SIGNATURE 19. DATE SIGNED	ODAYYR START STOP HOURS DAYS/MILES(circle one) WORK SPECIAL I5(21 95362 95524 Travel I5. EQUIPMENT STATUS I5. EQUIPMENT STATUS I5. EQUIPMENT STATUS I5. EQUIPMENT STATUS I6. INVOICE POSTED BY (Recorder's initials) CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE I8. GOVERNMENT OFFICER'S I9. DATE SIGNED SIGNATURE OF DOMAL FORM 27 (Dev. 1/2						
START STOP WORK SPECIAL 95382 95524 Travel 95382 95524 Travel 15. EQUIPMENT STATUS a. Impected and under agreement. 16. INVOICE POSTED BY (Recorder's initials) RACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IK. GOVERNMENT OFFICER'S 19. DATE SIGNED 19. DATE SIGNED	START STOP WORK SPECIAL 15/21 95362 95524 Travel 15/21 95362 15. EQUIPMENT STATUS 16. INVOICE POSTED BY (Recorder's initials) 16. INVOICE POSTED BY (Recorder's initials) CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 18. GOVERNMENT OFFICER'S SIGNATURE 19. DATE SIGNED 7380-0119-05208097.302 OPTIONAL FORM 297 dev: 74 0PTIONAL FORM 297 dev: 74	12.DATE	13	EQUIPS			
95362 95524 Travel 95362 95524 Travel 15. EQUIPMENT STATUS a. Impected and under agreement b. Released by Government b. Released by Government c. Withdrawn by Contractor 16. INVOICE POSTED BY (Recorder's initials) RACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 18. GOVERNMENT OFFICER'S 19. DATE SIGNED SIGNATURE 0.1156/2590297-302 OPTICHAL FORM 29'0ev: 1/9		MODAT/TR			HOURS/D/	AYS/MILES(circle	(mc) BLS Kit onsite E-4007
I.S. EQUIPMENT STATUS I.S. EQUIPMENT STATUS I.S. EQUIPMENT STATUS I.S. EQUIPMENT STATUS I.S. Equipment	CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IIS. GOVERNMENT OFFICER'S III. DATE SIGNED SIGNATURE SIGNATUR		START	STOP	WORK	SPECIAL	
I.S. EQUIPMENT STATUS I.S. EQUIPMENT STATUS I.S. EQUIPMENT STATUS I.S. EQUIPMENT STATUS I.S. Released by Government C. Withdrawn by Contractor I.S. GOVERNMENT OFFICER'S I.S. GOVERNMEN	CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE III. GOVERNMENT OFFICER'S III. DATE SIGNATURE SIGNATURE SIGNATURE OF INCOME TO SIGNATURE OF INCOME TO SIGNATURE OF INCOME TO SIGNATURE SIGNATURE SIGNATURE OF INCOME TO SIGNATURE OF INCOME TO SIGNATURE OF INCOME TO SIGNATURE SIGNATU						
I.S. EQUIPMENT STATUS I.S. EQUIPMENT STATUS I.S. EQUIPMENT STATUS I.S. EQUIPMENT STATUS I.S. Equipment	CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IIS. GOVERNMENT OFFICER'S III. DATE SIGNED SIGNATURE SIGNATUR					- ·	
RACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IF: INVOICE POSTED BY (Recorder's initials) RACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IF: INVOICE POSTED BY (Recorder's initials) RACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IF: INVOICE POSTED BY (Recorder's initials) CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IF: INVOICE POSTED BY (Recorder's initials) CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IF: INVOICE POSTED BY (Recorder's initials) CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IF: INVOICE POSTED BY (Recorder's initials) IF: INVOICE POSTED BY (RECORDER'S	CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IS GOVERNMENT OFFICER'S IP. DATE SIGNED SIGNATURE OFFICER'S OF AUTHORIZED AGENT'S SIGNATURE OFFICER'S	4/15/21	95362	95524		Travel	
RACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IF: SIGNATURE IF: SIGNATURE IF: SIGNATURE IF: SIGNATURE SIGNATURE OPTICNAL FORM 20' Dev: 7-0 OPTICNAL FORM 20	CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IS GOVERNMENT OFFICER'S IP. DATE SIGNED SIGNATURE OFFICER'S OF AUTHORIZED AGENT'S SIGNATURE OFFICER'S		-	-	-		IS FOURDMENT STATUS
B. Released by Government Contractor C. Withdrawn by Contractor C. Withdrawn by Contractor C. Withdrawn by Contractor C. INVOICE POSTED BY (Recorder's initials) RACTOR'S OR AUTHORIZED AGENT'S SIGNATURE II8. GOVERNMENT OFFICER'S I9. DATE SIGNED SIGNATURE OPTIONAL FORM SY' day, 19	CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 18. GOVERNMENT OFFICER'S 19. DATE SIGNED SIGNATURE 19. DATE SIGNATURE 19. DATE SIGNATURE 04. LOGINAL FORM 20 Gev. 19						
Contractor Contracto	CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 18. GOVERNMENT OFFICER'S 19. DATE SIGNED SIGNATURE 00/100101 (0001000) (0001000000000000000000						
Image: Barrier Street	CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 18. GOVERNMENT OFFICER'S 19. DATE SIGNED SIGNATURE 00FD0NULF0ED 20 00FD0NULF0ED 20 00FD0NULF0ED 20 00ev. 74						
RACTOR'S OR AUTHORIZED AGENT'S SIGNATURE IS. GOVERNMENT OFFICER'S 19. DATE SIGNED SIGNATURE 0415432858297-382 0PTICHILL FORM 297 0649-24	CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 18. GOVERNMENT OFFICER'S 19. DATE SIGNED SIGNATURE 0040000000000000000000000000000000000						
SIGNATURE OPTIONAL FORD 20' days 74	SIGNATURE OPTIONAL FORM 297 days. 74						16. INVOICE POSTED BY (Recorder's initials)
SIGNATURE OPDONULTORN 20'069-19	SIGNATURE OPTIONAL FORM \$70 days 1-0						
				THORIZI	ED AGENT'S	S SIGNATURE	SIGNATURE
				THORIZI	ED AGENT'S	S SIGNATURE	SIGNATURE OPTIONAL FORM 297 (M
				THORIZI	ED AGENT'S	SSIGNATURE	OPTIONAL FORM 207 (Res. 7-0
				THORIZI	ED AGENT'S	SIGNATURE	OPTIONAL FORM 207 (Res. 7-0
				THORIZI	ED AGENT'S	SSIGNATURE	OPTIONAL FORM 207 (Res. 7-0
				THORIZI	ED AGENT'S	SIGNATURE	OPTIONAL FORM 207 (Res. 7-0
				THORIZI	ED AGENT'S	SSIGNATURE	OPTIONAL FORM 207 (Res. 7-0
				THORIZI	ED AGENT'S	SIGNATURE	OPTIONAL FORM 207 (Res. 7-0

Brenda Rogers SOFR

	DG	1. Incident Name West Region IMO	2. Date Prepared	3. Time Prepared
4. Unit Name/Designat	tors	5. Unit Leader (Name and Position)	6. Operational Period 4/16/2021	0800-2000
		7. Personnel Roster Assign		
Name		ICS Position		e Base
Time	1	8. Activity Log	vente	
Time		Major Ev	vents	
9. Prepared by (Name	and Position)			



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 Ex: "Communications, Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening request designated frequency be cleared for emergency traffic.)									
2. INCIDENT STATUS: Provide incident summary and command structure. Describe the injury									
Nature of Injury/Illness						(Ex: Broken leg with bleeding)			
Incident Name						Geographic Name + "Medical" (Ex: Trout Meadow Medical)			
Incident Commander						Name of IC			
P	Patient Care					Name of Care Provider			
(Ex: EMT Smith)									
3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after complete the section for each patient.								er completing this 9 Line Report.	
Number of Pa	atients: Male / Conscious?	Temale Age: Image: Image:				Weight:			
	Breathing? VES	Contra ancho	MEDEVAC						
Mechanism of Injury:									
What caused the injury? Lat/Long (Datum WGS84)									
Ex: N 40° 42.45' x W 123° 03.24'									
4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY									
SEVERITY						TRANSPORT PRIORITY Ambulance or MEDEVAC helicopter. Evacuation			
□ URGENT-RED Life threatening injury or illness. Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented. Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE.									
PRIORITY-YELLOW Serious Injury or illness.						Ambulance or consider air transport if at remote location. Evacuation may be DELAYED.			
Ex: Significant trauma, not able to walk, 2° − 3° burns not more than 1-2 palm sizes. ROUTINE-GREEN						Non-Emergency. Evacuation considered			
Not a life threatening injury or illness.						Routine of Convenience.			
Ex: Sprains, strains, minor heat-related illness.									
5. TRANSPORT PLAN:									
Air Transport: (Agency Aircraft Preferred)									
Helispot		□ Short-haul/Hoist				Life Flight		□ Other	
Ground Transport: Click here to enter t		ext.				□ Ambulance		□ Other	
6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:									
□ Paramedic/EMT(s)		Crew(s)				SKED/Backboard/C-Collar			
□ Burn Sheet(s)		Oxygen				□ Trauma Bag			
	ication(s)		□ IV/Fluid(s)				Cardiac Monitor/AED		
Other (i.e. splints, rope rescue, wheeled litter)									
7. COMMUNIC	ATIONS								
Function	Channel Name/Number	Receive (I	Rx)	Tone/NAC *	Т	ransmit (Tx)	1	fone/NAC *	
Ex: Command	Forest Rpt, Ch. 2	168.325	0	110.9		171.4325		110.9	
COMMAND									
AIR-TO-GRND									
TACTICAL									
*(NAC for digital radio system) 8. EVACUATION LOCATION:									
Lat/Long (Datum WGS84) EX: N 40 42.45' x W 123 03.24'									
Patient's ETA to Evacuation Location:									
Helispot/Extraction Size and Hazards:									
9. CONTINGENCY:									
Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? REMEMBER: Confirm ETA's of resources ordered Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act according to your level of training Be Alert. Keep Calm. Think Clearly. Act accord								ning	