# WEST REGION IMO

4/22 - 4/23 2021

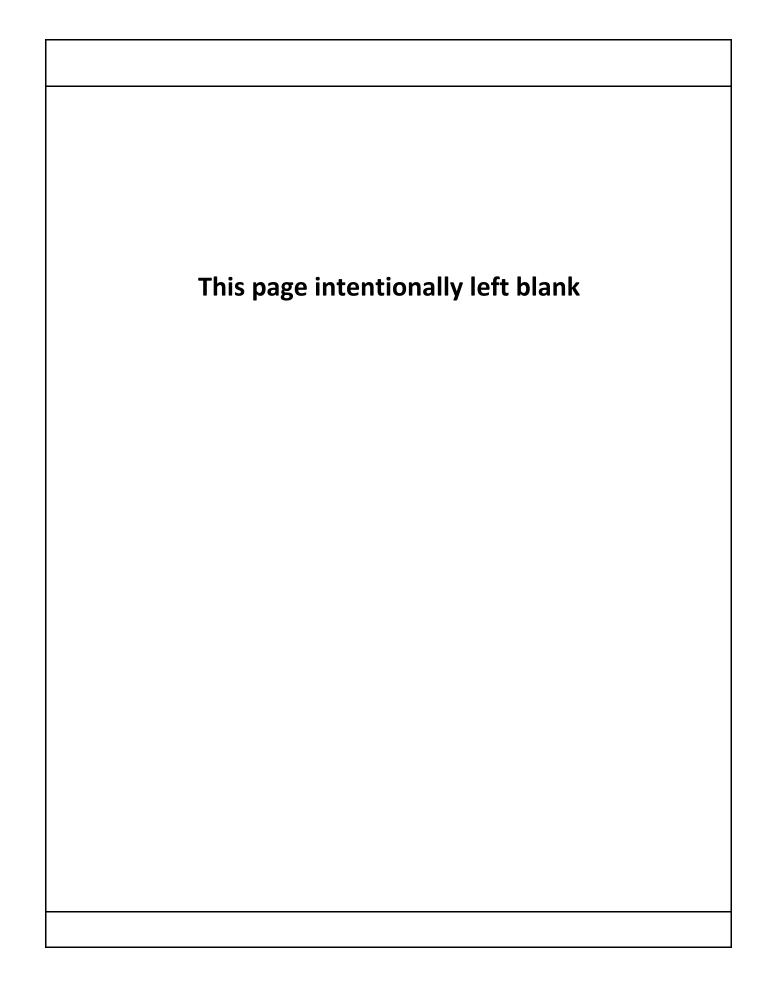
# 0800-2000 Operational Period



WA-WFS-126 224-IYB



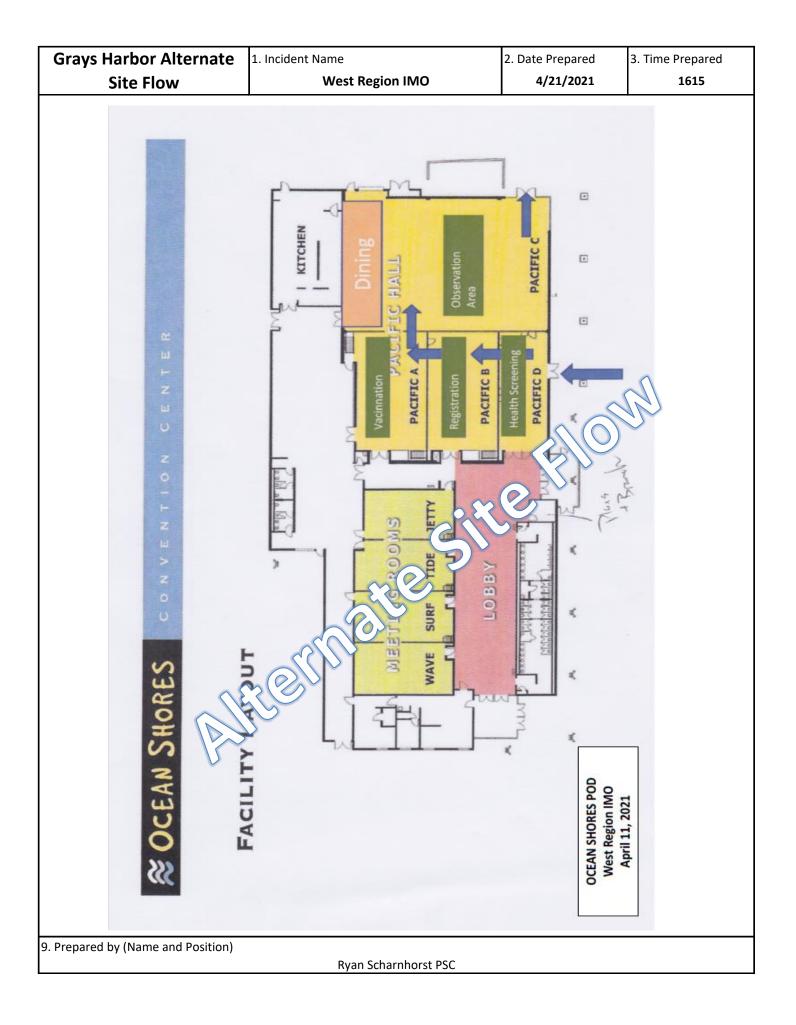




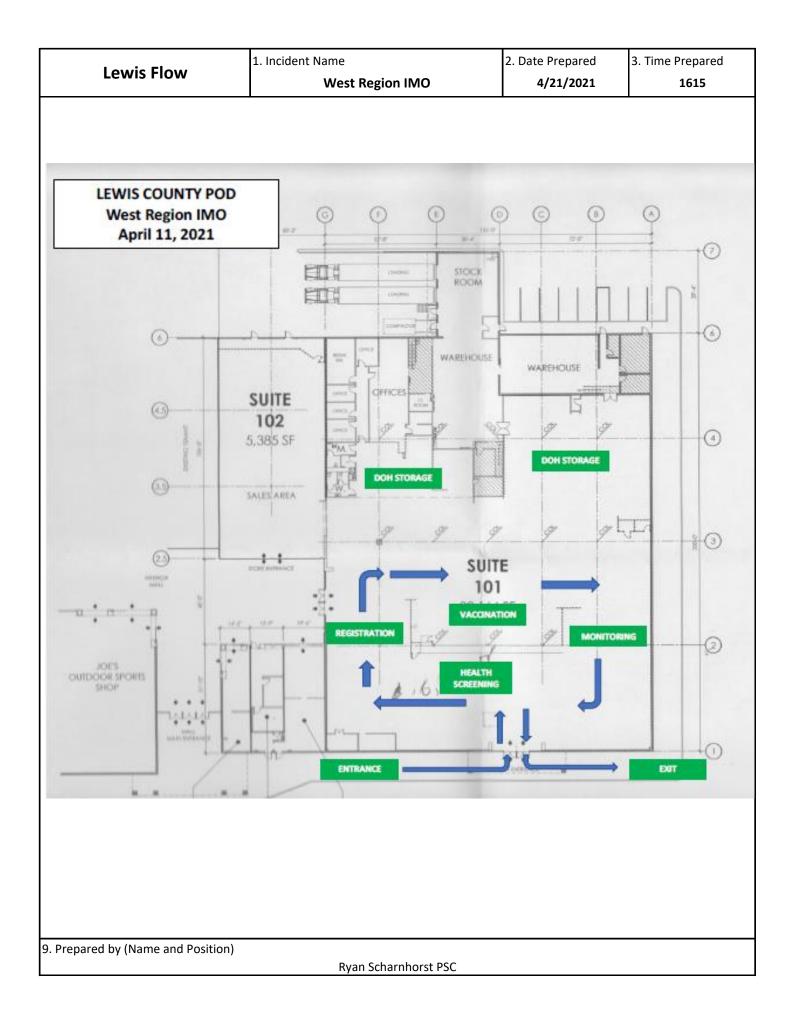
Incident Obje	ctivos	1. Incident Name	2. Date Prepared	3. Time Prepared
incluent Objec	LIVES	West Region IMO	4/21/2021	1615
4. Operational Period (	Date and Tin	ne)		
4/22 - 4/23 20		0800-2000		
5. General Control Obje	ectives for th	e Incident (include Alternatives	3)	
clinic attendees, an 2. Develop 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 vaccine i implemented by the C ery of vaccomentation intain cost LHJs for th hance inte	t mass vaccination clinics fo	r West Region residen want eligibility schedul unting procedures in a se of accurate public in y relationships by deve	ts in accordance es ccordance with formation eloping and
6. Operational Period C	ommand En	nphasis		
have requested the f relationships are ess improve processes.	team's assi ential to ou Always sup	increasing vaccination avail stance. Maintain good comr ur success. Continue to look port the assigned resources nnel are encouraged to take	nunications with our pa for opportunities to co within the region to th	artners in the region, llaborate and e best of our ability.
-Daily COVID screenir -Wash hands frequen -Maintain social dista	d to the IMG ng htly ncing of at I cial PPE for a	assigned task (cloth mask, dispo		eriod. This included:
8. Attachments (check i	f attached)			
<ul> <li>✓ Organization List (ICS</li> <li>✓ Weather</li> <li>✓ Safety Message</li> </ul>	203)	Assignment List (ICS 204)     Communication Plan (ICS 20     Medical Plan (ICS 206)		•
	9. Prepared	l by (PSC)	10. Approved by (IC)	
ICS-202		Ryan Scharnhorst	Leonard Jo	hnson, ICT3

1. Incident Name	West Region IMO	9. OPERATIONS SECTION
2. Date 4/21/2021	3. Time 12:07:00	
4. Operational Period	4/22 - 4/23 2021 0800-20	
5. INCIDENT COMMA		a. West Branch
Incident Commander	Leonard Johnson 360-581-9	
	Norma Brock 360-490-9090	Grays Harbor County
Safety Officer		Pacific County
Information Officer		b. East Branch
		Branch Director Andrew Shaffran 360- 507-6343
		Lewis County
		Thurston County
6. AGENCY REPRESEN		C.
Agency	Name	Branch Director
WSP Fire Marshal	Bill Slosson	Division A
WA DOH/WANG	Darius Bazemore	Division B
Grays Harbor Co. IC	Hannah Cleverly	d.
Lewis Co. IC	JP Anderson	Branch Director
Pacific Co. IC	Katie Lindstrom	Division A
Thurston Co. IC	Mark Moffett	Division B
7. PLANNING SECTIO		
Chief	Ryan Scharnhorst 509-432-	16
Deputy		
Resource Unit	Brian Dodge 360-790-5279	
Situation Unit		
Documentation Unit		10. FINANCE SECTION
Demobilization Unit		Chief Sue Ranger 509-930-6062
Human Resources		Deputy
Planning Operations	Sami Schinnell 928-607-267	Time Unit Lisa Egtvedt 360-333-5769
		Procurement Unit
		Cost Unit
		11. CONTACTS / OTHER INFORMATION
8. LOGISTICS SECTION	N	CWICC 509.884.3473 fax 509.884.3549
Chief	Cindy Preston 509-607-972	
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	ASSIG	NMENT L	IST	1. Brar	nch	West Grays Harb		vision /	Group		,	Vaccination
3. Incid	dent Name					4. Operati	onal Period	-					
	W	/est R	egion IM	C		Da	ate: <b>4/22 -</b>	4/23 20	21	Tir	ne:	Day	
5. Ope	rations Persor	nnel											
Opera	ations Chief		Ken Fos	s 253-318 <sup>.</sup>	-2678	Branch Dir	rector		Pau	ıl Kimb	all 50	9-863-5	5133 (LWD 4/24)
Safet	y Officer			0		Division/G	roup Supervis	or					
6. Reso	ources Assigne	d this	Period						<u> </u>				
RO #	Strike Tea Force/Re			Leader	r	# People	Contact (phon	e, radio fre	eq, etc.)	ЕМТ		F	Remarks
	WAARNG Tee	eam 8									1		
	Team 8 CO		1LT H	agarty		1	509-9	951-1881					
	Team 8 NCO		SSG D	avid Rosei	nder	1	509-2	281-0460		$\checkmark$	1		
	WAARNG Tea	am 8				12				$\overline{\checkmark}$			
	Team 8 DOH		Katie	Scott		1							
						_							
	-												
	-												
						15							
7. Wor	k Assignment	s											
_	st the LHJ wit		s vaccinati	on distrib	ution. Ch	eckin with	n the QR code	e at the s	tart of	shift a	as wel	l as co	mplete the
8. Spe	cial Instruction	าร											
Whe	n traveling a	round	or workin <sub>ễ</sub>	g within th	ne traffic l	anes / vao	ccination area	a, wear y	our hig	h visit	bility	vest.	
9. Com	munication Su	immary	/										
	unction	r	lame	Mode				Freque					
	OMMAND			N			RX						
Т.	ACTICAL						Rک	K: Tone		е			
	AIR						Co!+	RX: TX:			بمادين		
							See site spee	cific POD co	ommunio	cations	pian		
Prenar	ed by (RESL)			Approved	by (PSC)			Date			Time		
						Scharnho	rst		/21/20	21		•	1615
-				-				-			•		



	DIVISION	ASSIG		IST	1. Brar	nch	East Lewis	2. Divi	sion / Gro	oup	Vaccination
3. Incid	dent Name					4. Operati	onal Period				
	v	Vest R	egion IM	D		Da	ate: 4/22 -	4/23 202	1	Time	: Day
5. Ope	rations Perso	nnel									
Opera	ations Chief		Ken Fos	s 253-318	8-2678	Branch Dir	rector		An	drew S	Shaffran 360- 507-6343
Safet	y Officer			0		Division/G	roup Superviso	or			
6. Res	ources Assigne	ed this	Period						<u> </u>		
RO #	Strike Tea Force/Re			Leade	er	# People	Contact (phone	e, radio freo	q, etc.) E	мт	Remarks
	WAARNG Tee	eam 9							[		
	Team 9 CO		LT Hu	ang Roth		1	253-2	39-7408	[		
	Team 9 NCO		SSG C	az		1	910-6	35-1274	]		
	WAARNG Tea	am 9				20			[	√	
	Team 9 DOH	LOFR	Eric F	armer		1	360-8	78-7628			
										5	
	1										
	<u> </u>										
						23					
7. Woi	rk Assignment	:S									
Assis	st the LHJ wit	th mas	s vaccinati	on distrik	oution. Ch	eckin with	the QR code	at the st	art of sh	ift as v	well as complete the
8. Spe	cial Instruction	ns									
Whe	en traveling a	round	or workinį	g within t	he traffic l	anes / vao	ccination area	i, wear yo	our high v	visibili	ty vest.
9. Com	munication Su	ummar	y								
	unction		Name	Mode				Frequer			
	OMMAND			N			RX				
T.	ACTICAL						RX	: Tone T			
	AIR						Soc elterer	RX: TX:		000-1-1	~
				+			See site spec	ITIC PUD COI	municati	ions pla	in
				$\vdash$							
Prenar	ed by (RESL)			Approve	d by (PSC)			Date:		Ті	me:
						Scharnho	rst		21/2021		1615
L											



	DIVISION	ASSIGN	MENT L	IST	1. Br	ranch	West Pacific	2. Division	/ Group	Vaccination
3. Incic	lent Name					4. Operati	onal Period	•		
	v	Vest Reg	ion IMC	כ		Da	ate: <b>4/22 -</b>	4/23 2021	L Tir	me: <b>Day</b>
5. Ope	rations Perso	onnel								
Opera	tions Chief		Ken Fos	s 253-3	318-2678	Branch Dir	rector			0
-	/ Officer			0		Division/G	roup Superviso	or		
6. Resc	ources Assign		riod				_			
RO #		am/Task esource		Lea	der	# People	Contact (phon etc		<sup>I,</sup> EMT	Remarks
						0				
7. Wor	k Assignmen	ts								
						Checkin with to each giv		at the sta	rt of shi	ft as well as complete the
8. Spec	ial Instructio	ns								
Whe	n traveling a	around or	working	king within the traffic lanes / vaccination area, wear your high visibility vest.						risibility vest.
	munication S	-								
	unction	Nar	me	Mode				Frequency		
	MMAND			N				Tone TX:		
- 1/	ACTICAL AIR						RX: RX	Tone TX: K: TX: Tc		
	,						See site specifi			ns plan
Prepare	ed by (RESL)			Appro	ved by (PSC	)		Date:		Time:
					Rya	n Scharnhors	t	4/21/2	2021	1615

	DIVISION	ASSIG	NMENT LI	ST	1. Brar	nch	East Thurston	2. Divi	sion / Grou	)	Vaccination
3. Incic	lent Name					4. Operatio	onal Period				
	V	Vest Re	gion IMC			Da	te: <b>4/22 - 4</b> /	/23 202	<b>21</b> T	ime:	Day
5. Ope	rations Perso	nnel									
Opera	ations Chief		Ken Foss	253-31	8-2678	Branch Dir	ector				0
	/ Officer			0		Division/G	roup Supervisor				
6. Reso	ources Assign		eriod							-	
RO #	Strike Te Force/R	am/Task esource		Lead	ler	# People	Contact (phone etc.		req, EM1	•	Remarks
		SPSC	CC Site								
0-3041	EMTP		Storjar	n Kennis	on	1	206-930	-9989	<ul> <li>✓</li> </ul>		
0-3042	EMTB		Scott V	Vatkins		1	253-906	-9320	Image: A start of the start		
						2					
7. Wor	k Assignment	ts									
	t the LHJ wi COVID scre						-	t the st	art of shift	as we	ell as complete the
8. Spec	cial Instructio	ns									
Whe	n traveling a	around c	or working	within	the traffic l	anes / vac	cination area, v	wear yo	our high vi	sibility	vest.
	munication S	ummary									
	unction	N	ame	Mode				Freque			
	MMAND			N				Tone T			
'	ACTICAL AIR	ļ					RX: RX:	Tone T	X: Tone Tone:		
<u> </u>	,						See site specific			s plan	
<u> </u>							- F				
								•			
Prepare	ed by (RESL)		T	Approve	ed by (PSC)			Date:		Time	
					Ryan	Scharnhor	st	4/	21/2021		1615

	1. Incident Name	2. Date Prepared	3. Time Prepared
WEATHER	West Region IMO	4/21/2021	1615

#### **Grays Harbor Co.**

#### Thursday

A slight chance of rain or drizzle between 8am and 11am. Patchy fog before 8am. Otherwise, partly sunny, with a high near 54. West wind 7 to 9 mph. Chance of precipitation is 20%.

#### Thursday Night

Increasing clouds, with a low around 47. West southwest wind 3 to 7 mph.

### Lewis Co.

#### Thursday

Patchy fog before 8am. Otherwise, partly sunny, with a high near 61. West southwest wind 5 to 7 mph.

#### Thursday Night

Mostly cloudy, with a low around 42. West southwest wind 3 to 7 mph.

#### Pacific Co.

#### Thursday

Partly sunny, with a high near 58. West wind 6 to 8 mph.

#### **Thursday Night**

Mostly cloudy, with a low around 43. West southwest wind 5 to 7 mph.

### Thurston Co.

#### Thursday

Patchy fog before 8am. Otherwise, partly sunny, with a high near 61. South southwest wind 6 to 8 mph.

#### Thursday Night

Mostly cloudy, with a low around 44. South southwest wind 3 to 7 mph.

Ryan Scharnhorst PSC

SAFETY MESSAGE	1. Incident Name	2. Date Prepared	3. Time Prepared
SAFETTIVIESSAGE	West Region IMO	4/21/2021	1615

Vaccination Area:

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

## Venue:

Be familiar with the Incident Within 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. Watch out for oil and fluid spills that create slip hazards.



ALS       BLS         ALS       B	Medical Pl	an 1.	Incident Name	2		2. Operation	nal	Date I	From/To:	4/22 -	4/23 20	21
Name         Location         Contact Number(s)/Frequency         Paramedies on Site           Medical Monitoring         Vaccination Site	(ICS 206)		West Re	West Region IMO Period:					From/To:	0800-	2000	
Name     Location     Number(s)/Frequency     Site?       Medical Monitoring     Vaccination Site	3. Medical Aid S	tations:		•								
Number(s)/Frequency       Ster         Medical Monitoring       Vaccination Site	Name			1	ocation			(	Contact		Param	edics on
A. Transportation (indicate air or ground):       Contact       Ievel of Service         Name       Location       Number(i)/Frequency       Ievel of Service         Call 911       Call 911       A.K.S       BLS         Mobiful Name       Latitude/Longitude       Number(g)/Frequency       Travel Time       Trama         Harborview       325 9th Avs, Seattle, WA       206.744.3001							N	umbe	r(s)/Frequen	ncy	S	ite?
A. Transportation (indicate air or ground):       Contact       Level of Service         Name       Location       Number(s)/Frequency       Level of Service         Call 911       A.K.S       BLS         Providence 914       S.Phopitals:       Contact         Tervet 7000       Tervet 71000       Tervet 71000         Previdence 514       J.K.D. No       No         Prevedence 914       S.Chouphynja, WA<	Medical Monitorin	g	Vaccination	i Site							🗌 Yes	✓ No
A. Transportation (indicate air or ground):       Contact       Level of Service         Name       Location       Number(s)/Frequency       Level of Service         Call 911       A.K.S       BLS         Call 912       A.K.S       BLS         Call 913       Stattade/Longitude       Number(s)/Frequency       Arc Group         Medical Cark       Yes       Yes       Yes       Yes         Providence 5t. 413 Lilly Rd NE, Olympia, WA       260-744.3000											🗌 Yes	🗌 No
Name       Location       Contact Number(s)/Frequency       Level of Service         Call 911       ALS       BLS         Call 914       Schots       Contact         Travel Time       Travel Time       Contact         Providence S       914 S Schouber Rd.       Go-736-2803											🗌 Yes	No
Name         Location         Number(s)/Frequency         Level of Service           Call 911         ALS         BLS           Hospital         Mame           Address         Contact         Travel Time           Medical Chtr         47.6532*N, 122.3241*W         206.744.3000         Yes           Providence         143.131 M BL NE, Olympia, WA         360-749.2000         Yes         Yes           Providence         143.314 M BLS         No         No         No           Providence         143.314 M BLS         Sebetand and the No.0ympia.WA	4. Transportatio	on (indic	ate air or grou	nd):								
Call 911       Call 911       ALS       BLS         Image: Call 911       Image: Call 911       ALS         Image: Call 911       Image: Call 911       ALS         Image: Call 911       Image: Call 911       Image: Call 911         Image: Call 911       Image: Call 911       Image: Call 911       Image: Call 911         Image: Call 911       Image: Call 911       Image: Call 911       Image: Call 911         Image: Call 914       State       Call 911       Image: Call 911       Image: Call 911         Image: Call 914       Aldress       Contact       Image: Call 911       Image: Call 911         Image: Call 914       State       Call 911       Image: Call 911       Image: Call 914         Image: Call 914       Image: Call 914       Image: Call 914       Image: Call 914       Image: Call	Name	2		L	ocation		N			Level of Service		
ALS       BLS         ALS       B	Call 911									icy.	🗌 ALS	BLS
ALS       BLS         ALS       BLS         ALS       BLS         ALS       BLS         ALS       BLS         BLS       ALS         BLS       BLS         BLS       B											ALS	BLS
ALS       BLS         ALS       BLS         Hospitals:       ALS         Hospital Name       Latitude/Longitude       Number(s)/Frequency         Air Ground       Center         Medical Cnt       74.6039° N, 122.3241° W       206.744.3000         Providence St.       413 Lilly Rd NE, Olympia, WA       260.744.4074 ER         Peter Hospital       40.67.2123° N, 122.3241° W       206.744.4074 ER         Peter Hospital       40.67.2123° N, 122.376° W       360-491-9480         Providence       914 5 Scheuber Rd.       360-491-9480       Level: 1         Summit Pac.       914 5 Scheuber Rd.       360-736-2803       Level: 4       No         Summit Pac.       600 E. Main St.       360-346-2222       Level: 4       No       No         Med., Elma       600 E. Main St.       360-346-2222       Level: 4       No       No       No         Med., Elma       GO0 E. Main St.       360-346-2222       Level: 4       No       No       No         Med., Elma       GO0 E. Main St.       360-346-2222       Level: 4       No       No       No         Med., Elma       GO0 E. Main St.       360-346-2222       Level: 4       No       No       No         Se												BLS
ALS       BLS         S. Hospitals:       Address       Contact       Travel Time       Trama       Burn       Helipad         Harborview       325 9th Ave, Seattle, WA       206.744.300       Yes												BLS
S. Hospitals:       Address       Contact       Travel Time       Trama       Burn       Helipad         Harborview       325 9th Ave, Seattle, WA       206.744.3000       [] Yes       [] Yes <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>BLS</td></t<>												BLS
Hospital Name       Address       Contact       Travel Time       Trama       Burn       Helipad         Harborview       325 9th Ave, Seattle, WA       206.744.3000       Image: Seattle, WA       206.744.000       Image: Seattle, WA       206.744.001       Image: Seattle, WA       206.746.01       Image: Seattle, WA       206.746.021       Image: Seattle, WA       206.746.021       Image: Seattle, WA       206.736.2203       Image: Seattle, WA       206.746.2222       Image: Seattle, WA											ALS	BLS
Hospital Name       Address       Contact       Travel Time       Trama       Burn       Helipad         Harborview       325 9th Ave, Seattle, WA       206.744.3000       Image: Seattle, WA       206.744.000       Image: Seattle, WA       206.744.001       Image: Seattle, WA       206.746.01       Image: Seattle, WA       206.746.021       Image: Seattle, WA       206.746.021       Image: Seattle, WA       206.736.2203       Image: Seattle, WA       206.746.2222       Image: Seattle, WA	5. Hospitals:										<u> </u>	
Latitude/Longitude       Number(s)/Frequency       Air Ground       Center       Center       Center         Marborview       325 9th Ave, Seattle, WA       206.744.300       U       Yes       Yes       Yes         Medical Cntr       47.6039° N, 122.3241° W       206.744.4074 ER       U       Yes       Yes       Yes       Yes         Peter Hospital       47.0522° N, 122.3476° W       360-491-9480       U       Yes       No       No       No       No       No       No       No       No	-		Address		Con	tact	Trave	l Time	Trama	Βι	ırn	Helipad
Medical Cntr       47.6039° N, 122.3241° W       206.744.4074 ER       Level: 1       No       No         Providence St.       413 Lilly R NE, Olympia, WA       360-491-9480       Pes       Yes       Yes       Yes         Peter Hospital       47.0522° N, 122.8476° W       360-736-2803       Level: 3       Vo       No       No         Providence 914       5 Scheuber Rd.       360-736-2803       Level: 4       No       No       No         Summit Pac.       600 E. Main St.       360-346-2222       Pes       Yes       Yes       Yes       Yes         Med., Elma       600 E. Main St.       360-346-2222       Pes       Yes       Yes       Yes       Yes         Med., Elma       600 E. Main St.       360-346-2222       Pes       No       No       No         Summit Pac.       600 E. Main St.       360-346-2222       Pes       Yes       Yes       Yes         Med., Elma       OO E. Main St.       360-346-2222       Pes       No       No       No         Summit Pac.       No       No       No       No       No       No       No         Eavel:       No       No       No       No       No       No       No	-	La	titude/Longitud	е	Number(s)	/Frequency	Air G	round			nter	-
Providence St.       413 Lilly Rd NE, Olympia, WA       360-491-9480       Image: Ves intervention of the content												
Peter Hospital       47.0522° N, 122.8476° W       360-491-9480       Level: 3       No       No       No         Providence       914 \$ Scheuber Rd.       360-736-2803       Pys       Yes       Yes       Yes         Summit Pac.       600 E. Main St.       360-346-2222       Level: 4       No       No       No       No         Med., Elma       600 E. Main St.       360-346-2222       Pys       Yes       Yes       Yes       Yes         Med., Elma       9       9       Yes       No					206.744	.4074 ER						
Providence       914 \$ Scheuber Rd.       360-736-2803       Pres       Yes       Yes       Yes         Centralia       46.7123° N, 122.9856° W       360-736-2803       Pres       Pres       Yes       Yes       No       No       No         Summit Pac.       600 E. Main St.       360-346-2222       Pres       Yes						1-9480						
Centralia       46.7123° N, 122.9856° W       360-736-2803       Level: 4       No       No         Summit Pac.       600 E. Main St.       360-346-2222       Level: 4       No       No         Med., Elma       600 E. Main St.       360-346-2222       Level: 4       No       No       No         Image: Second	Providence	914 S Sc	heuber Rd.	v	260 726 2802				_	+ =	-	
Summit Pac. Med., Elma       600 E. Main St.       360-346-2222	Centralia	46.7123	° N, 122.9856° V	v	360-73	6-2803						
Med., Elma       Image: Cevel: 4       No       No       No         Image: Cevel: 4	Summit Pac.					360-346-2222						
	Med., Elma	000 L. I	Main St.		500 54	0 2222						_
6. Special Medical Emergency Procedures:         Each county has a medical plan per site. Follow the site plan for your location, or call 911 immediately.         Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.												
6. Special Medical Emergency Procedures: Each county has a medical plan per site. Follow the site plan for your location, or call 911 immediately.									Yes			
Each county has a medical plan per site. Follow the site plan for your location, or call 911 immediately.		L							Level:		No	No
immediately.	6. Special Medic	cal Emer	mergency Procedures:									
				er site.	Follow the	site plan foi	ryour	locati	on, or call S	911		
7. Prepared by (Medical Unit Leader): Name: Mark Hill SOFR Signature:				1			1		te with Air O	peratic	ons.	
Approved by (Safety Officer):     Name:     Signature:			-	Name	<u>.</u>		Signat	ure.				

8. Approved by (Safety Officer):

	1. Incident Name	2. Date Prepared	3. Time Prepared
FINANCE MESSAGE	West Region IMO	4/21/2021	1615

#### **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 gemob, the end of each month or upon request. You may request a draft at any time.

Chehalis walk-	Cares Cares EMTP		5,780 10480 11521 11521 1157	WA-W	9025 FS-12
a vene	6.00P	Vite Di	21	No-W	10-120
	IO/06	01 01	21	942 974 974	1.1.1
	IO/06	01	27	25	1.00
ith, Joe	EMTP	0030			200
		0650	0730		
		0730	1200		
		1230	1600		
		1500	1700		
				_	
		-		-	-
		-		-	-
		-	-	-	-
				-	-
		-		-	-
	-			-	-
	-			-	-
	-	-			
1 - Travel to C	hehalis fr	om Gig H	arbor		
					_
1.0.00		Contraction of			
		_	10,103,004	the Durget	_
			_	28-0478	
	2 - support w 3 - Return Com	2 - support work at vac 3 - Return travel to / Compensable Per diem B-L-D &	2 - support work at vaccination o 3 - Return travel to Gig Harbo Compensable lunch Per diem BIL-D & Lodging	Perdiem 8-L-0 & Lodging	2 - support work at vaccination clinic 3 - Return travel to Gig Harbor Compensatile lunch Per dem 84-0 & Lodging In 199 pre-stuge

#### EXAMPLES

INCIDENT OR PROJECT NAME     I. INCIDENT NUMBER     Joe Smith O-3030     Society of the second	LAGREEMENT N			e Vaccina	tion	2. CONTRACTOR (name) Thurston Co FD 9
K. EQUIPMENT MAKE     7. EQUIPMENT MODEL     R. OPERATOR FURNISHED BY       Ford     Explorer     CONTRACTOR     GOVERNMENT       9. SERIAL NUMBER     ID. LICENSE NUMBER     CONTRACTOR SUPPLIES FURNISHED BY     GOVERNMENT       12.DATE     ID. EQUIPMENT USE     CONTRACTOR (wet)     GOVERNMENT (dr       12.DATE     ID. EQUIPMENT USE     IA. REMARKS (released, down time and cause, problems       MODAY/YR     START     STOP     WORK       4/15/21     95362     95524     Travel       II. EQUIPMENT STATUS     I. Reported and under agreement     I. B. Released by Gevernment       II. B. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE     IS. EQUIPMENT OFFICER'S SIGNATURE     IP. DATE SIGNED       17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE     IS. GOVERNMENT OFFICER'S SIGNATURE     IP. DATE SIGNED	3. INCIDENT OR	PROJECT 1	NAME	4. INCIDEN	T NUMBER	5. OPERATOR (name)
B2345C     CONTRACTOR (wet)     GOVERNMENT (de GOVERNMENT (de I2.DATE       12.DATE MODAY/YR     13. EQUIPMENT USE     14. REMARKS (released, down time and cause, problems NORK     SPECIAL       4/15/21     95362     95524     Travel       4/15/21     95362     95524     Travel       I.     I.     EQUIPMENT STATUS I.     I.       I.     I.     I.     I.       I.     I.				7. EQUIPMI		8. OPERATOR FURNISHED BY
MOIDAY!YR           MOIDAY!YR         HOURS DAYS/MILES(indexent)         #C.)         BLS Kit onsite E-4007           4/15/21         95382         95524         Travel         IS. EQUIPMENT STATUS           a. Inspected and under agreement         B. Relased by Government         B. Relased by Government           c.         B. Relased by Government         C. Withdrawn by Contractor           17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE         IS. GOVERNMENT OFFICER'S SIGNATURE         I9. DATE SIGNED	9. SERIAL NUME	IER			E NUMBER	
START     STOP     NORS ON STARDAGENERMENT     PLOADS ON STARDAGENERMENT       4/15/21     95362     95524     Travel       4/15/21     95362     95524     Travel       15. EQUIPMENT STATUS     a. Impected and under agreement     b. Released by Government       c. Withdrawe by Contractor     c. Withdrawe by Contractor       17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE     18. GOVERNMENT OFFICER'S SIGNATURE       18. GOVERNMENT OFFICER'S     19. DATE SIGNED       NNN 256004-115/54280205/402     OPERIOD.1008.2070ee.7		13	. EQUIP			14. REMARKS (released, down time and cause, problems,
START     STOP     WORK     SPECIAL       4/15/21     95362     95524     Travel       III     III     III     III       IIII     IIII     IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	MO/DAY/YR					(k onc) ktc.) BLS Kit onsite E-4007
		START	STOP	WORK	SPECIAL	
	4/15/21	95362	95524		Travel	
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 18. GOVERNMENT OFFICER'S 19. DATE SIGNED SIGNATURE 0FTIONAL TOBM 297 Office.						<ul> <li>a. Inspected and under agreement</li> <li>b. Released by Government</li> </ul>
SIGNATURE OPTIONAL FORM 297 daws.						16. INVOICE POSTED BY (Recorder's initials)
	17. CONTRACTO	R'S OR AU	THORIZ	ED AGENT	S SIGNATURE	
	NSN 7540-01-119-562	890297-102				OPTIONAL FORM 297 days, 74 USDAVES

9. Prepared by (Name and Position)

Audrey Mainwaring FSC3

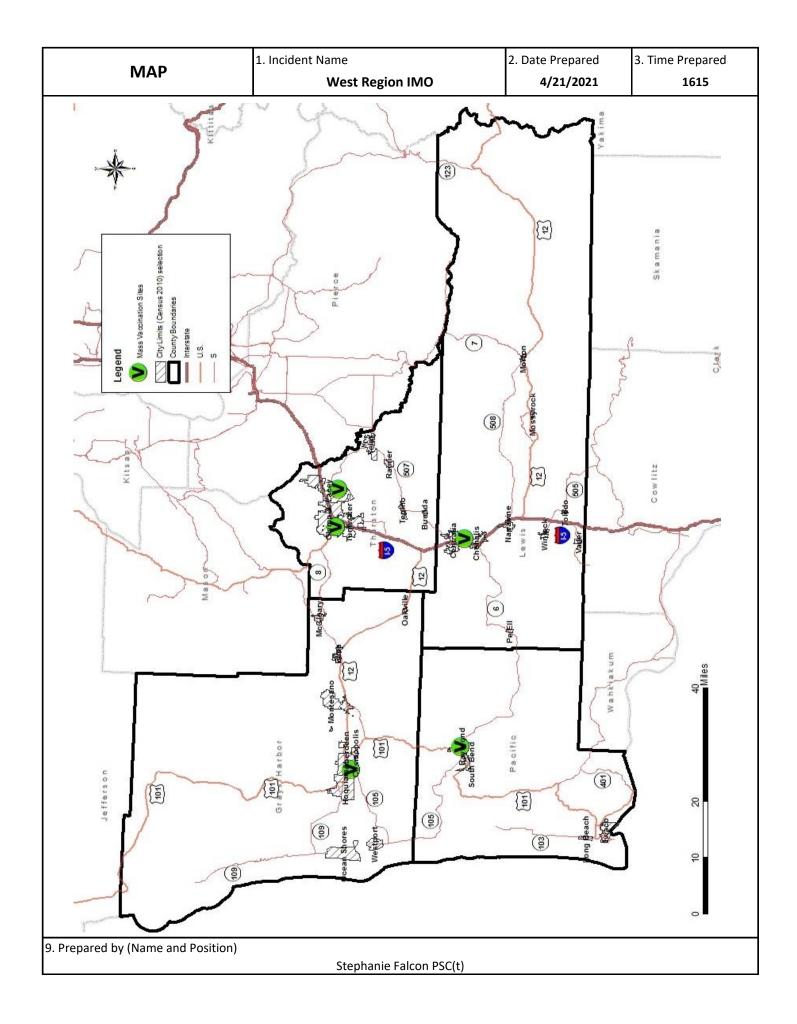
Etable Onden Errande	1. Incident Name	2. Date Prepared	3. Time Prepared	
Field Order Example	West Region IMO	4/21/2021	1615	
		2 2 4 3 \		
1. Incident Name (Optional): Cov	GENERAL MESSAGE (ICS id-19 Mass Vaccination Support	5213)		
2. To (Name and Position): Cindy				
3. From (Name and Position): Jo	hn Doe, West Branch			
4. Subject: Field Supply order - G	irays Harbor - Elma vaccination Site	5. Date: 4-16-2021	6. Time 1200	
7. Message:		•	-	
What you need - specific				
Amount you need -				
When you need it - May 19 by 08	300			
Where you need it - Grays Harbo	or Fairgrounds.			
Please give as much notice as po morning and take with you.	ssible - If possible at least the day before	by 1200 so you can pick u	p the next	
noning and take that you	(	$\sim$		
	$\sim$	$\langle \rangle$		
If you sign fine I don't care - type i	in name & title			
If you sign fine I don't care - type				
8. Approved by: Name: fill in	in name & title	Position/Title:		
If you sign fine I don't care - type i 8. Approved by: Name: <u>fill in</u> 9. Reply:		Position/Title:		
8. Approved by: Name: fill in		Position/Title:		
8. Approved by: Name: fill in		Position/Title:		
8. Approved by: Name: fill in		Position/Title:		
8. Approved by: Name: fill in		Position/Title:		
8. Approved by: Name: fill in		Position/Title:		
8. Approved by: Name: fill in		Position/Title:		
8. Approved by: Name: fill in		Position/Title:		
8. Approved by: Name: fill in		Position/Title:		
8. Approved by: Name: fill in		Position/Title:		
8. Approved by: Name: fill in		Position/Title:		
8. Approved by: Name: fill in	Fign to			
8. Approved by: Name: fill in	Fign to			

9. Prepared by (Name and Position)

Cindy Preston LSC3

UNIT LOG		1. Incident Name West Region IMO	2. Date Prepared	3. Time Prepared	
4. Unit Name/Designators		5. Unit Leader (Name and Position)	6. Operational Period		
			4/22 - 4/23 2021	0800-2000	
7. Personnel Roster Assigned					
Name		ICS Position	Home Base		
		9 Activity Log			
Time		8. Activity Log Major Events			
Time	Major Events				
9. Prepared by (Name	and Position)				

	1. Incident Name	2. Date Prepared	3. Time Prepared			
DAILY SCHEDULE	West Region IMO	4/21/2021	1615			
0930	<b>Operational Briefin</b>	g				
1500	Planning Meeting					
1600	C&G Meeting					
1700	Tactics Meeting					
9. Prepared by (Name and Position)	Ryan Scharnhorst PSC3					



## MEDICAL PLAN (ICS 206 WF)

			Med	ical Incident	Report			
FOR							AND POSITION AND ANNOUNCE	1
Use it		5		10191 W	Sec. 165	Autority in the second second	nmunications/dispato	ch.
Ex: "Commun		for Priority Medic			eatening requ	uest designated frequ	uency be cleared for emergency traffic.)	
	STATUS: Provide incident su	mmary and com	nand structu	re.			Describe the injury	
Nature of	Injury/Illness						(Ex: Broken leg with bleeding)	
Incident Name					Geographic Name + "Medical" (Ex: Trout Meadow Medical)			
Inciden	Incident Commander				Name of IC			
F	Patient Care					Name of Care Provider (Ex: EMT Smith)		
		<u>.</u>	for each patie		brief, initial ass		litional patient info after completing this 9 Line	e Report.
Number of P	Conscious?	Female	MEDEVAC	Age:		Weight:		
	Breathing?  YES	STRUCTURES.	MEDEVAC	350				
	nanism of Injury:							
Lat/Lon	<i>caused the injury?</i> g (Datum WGS84) 12.45' x W 123 <sup>º</sup> 03.24'							
	DF EMERGENCY, TRANS		v					
4. SEVERITY	JF EMERGENCI, TRANS	SEVERITY	•			TRA	ISPORT PRIORITY	
	ED Life threatening injury ous, difficulty breathing, bleed		3° burns mo	re than 4 palm si	zes,	Ambulance or ME need is IMMEDI.	DEVAC helicopter. Evacuation ATE.	
D PRIORITY-Y	ELLOW Serious Injury of		re than 1-2 p	alm sizes.		Ambulance or consider air transport if at remote location. Evacuation may be <b>DELAYED.</b>		
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. TRANSPOR								
Air Transport:	(Agency Aircraft Preferred)							
Helispot		🗆 Short-hau	ul/Hoist			Life Flight	□ Other	
Ground Transp	ort: Click here to enter t	ext.	+			Ambulance	□ Other	
6. ADDITIONA	L RESOURCE/EQUIPMEN	T NEEDS:						
an an Anna an A	amedic/EMT(s)			Crew(s)		□ SKED/Backboard/C-Collar		
	n Sheet(s)			Oxygen		Trauma Bag		
	lication(s) er (i.e. splints, rope rescue, wh	eeled litter)		□ IV/Fluid(s)			ardiac Monitor/AED	
7. COMMUNIC								
Function	Channel Name/Number	Receive (I	enter e	Tone/NAC *	Т	ransmit (Tx)	Tone/NAC *	
Ex: Command	Forest Rpt, Ch. 2	168.325	0	110.9		171.4325	110.9	
					_			
AIR-TO-GRND TACTICAL					_			
			*(NA	C for digital radio	o system)			
	DN LOCATION: g (Datum WGS84)							
EX: N 40 4	12.45' x W 123 03.24'							
Patient's ETA	to Evacuation Location:	20						
Helispot/Extra	ction Size and Hazards:							
9. CONTINGE	NCY:							
<u>Considerations</u>	: If primary options fail, what conjunction with primary e				REMEMBER	Act according	s of resources ordered to your level of training s Calm - Think Clearly - Act Decisively	
						De Alert, Kee	o Calm. Think Clearly. Act Decisively.	