

INCIDENT ACTION PLAN ROOSTER COMB

WA-WFS-219
N883

Tuesday



OPERATIONAL PERIOD

8/31/2021 0600
to
8/31/2021 1800



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Rooster Comb	2. Operational Period:	Date From: 8/31/2021	Date To: 8/31/2021
		Time From: 0600	Time To: 1800

3. Objective(s):

- Management Objectives**
- Provide for emergency personnel and public safety at all times.
 - Ensure COVID-19 precautions and best practices are met at all times.
 - Protect property, improvements, and infrastructure.
 - Ensure coordinated, timely and accurate release of public information.
 - Foster and maintain relationships with all cooperators and stakeholders.
 - Protect economic, natural, cultural and heritage resources.
 - Maintain fiscal accountability and keep costs commensurate with values at risk.

- Control Objectives**
- Provide for structure Protection near the fire line.
 - Keep the fire South of Circle Street
 - Keep the fire East of Pitcher Canyon Rd
 - Keep the fire North/West of Methow Rd

General Situational Awareness:

Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history and drought stressed trees.

In the COVID-19 environment, high density populations or large groups are particularly at risk. To help protect yourself, your family and to ensure all employees return home safely, make sure to practice social distancing.

Enhanced hygiene (especially handwashing), PPE & monitoring practices help limit the infection rate of first responders.

5. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan

<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 215A	<input type="checkbox"/> ICS 205 A	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Facility Maps	<input type="checkbox"/> Travel Map	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Demob Plan	<input type="checkbox"/> County Health Message
<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input checked="" type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

7. Prepared By: David Winter **Position/Title:** PSC **Signature:** _____

8. Approved by Incident Commander: Chris Hutsell **Signature:** _____

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Rooster Comb		2. Operational Period: Date From: 8/31/2021		Date To: 8/31/2021	
		Time From: 0600		Time To: 1800	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Chris Hutsell, Tom Hayes (t)		Operations	Tom Hatley	
Deputy			Deputy Operations		
Safety Officer			Night Ops		
Information Officer	Kaye McKeller		Staging Area		
Liaison Officer			Branch	I	
4. Agency/Organization Representatives:			Division/Group	A	Anthony Browning
Agency/Organization	Name		Division/Group	Z	Steve Westlake
Chelan Co FD#1	Brian Brett		Division/Group		
			Division/Group		
			Division/Group		
			Branch	II	
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Branch	III	
			Division/Group		
			Division/Group		
			Division/Group		
			Division/Group		
			Branch	IV	
			Division/Group		
5. Planning Section:			Division/Group		
Chief	David Winter		Division/Group		
Deputy			Division/Group		
Resource Unit			Division/Group		
Situation Unit			Branch	V	
Documentation Unit			Division/Group		
Demobilization Unit			Division/Group		
GISS			Division/Group		
FBAN			Division/Group		
IMET			Division/Group		
Training Tech Spec			Air Operations Branch		Director:
			Air Support Group Supervisor		
			Air Tactical Group Supervisor		
			Helibase Manager		
6. Logistics Section			8. Finance/Administration Section:		
Chief	Devin McCosh		Chief	Esther Hernandez	
Supply Unit			Time Unit	John McNutt	
Facilities Unit			Procurement Unit		
Ground Support Unit			Comp/Claims Unit		
Communications Unit			Cost Unit		
Medical Unit					
Prepared By: Name: David Winter			Position/Title: PSC		Signature: _____
ICS 203			Date/Time: 8/30/2021 2300 hours		<small>NIMS IAP</small>



Fire Weather Forecast



FORECAST NO: 20210831

NAME OF FIRE: Rooster Comb

PREDITION FOR: 08-31-2021

SIGNED:

TIME/DATE ISSUED: 08/3/2021 1400

WEATHER DISCUSSION:

Breezes will continue blowing through out the area on Tuesday, with lower temperatures and higher humidity levels. Expect smoldering conditions within the burn area.

WEATHER FORECAST FOR TODAY:

Sky/weather.....Sunny.
CWR.....0 percent.
LAL.....1.
Max temperature.....72.
Min humidity.....29 percent.
Wind (20 ft).....Northwest winds 7 to 12 mph with gusts to around 19 mph.
Mixing height.....6500 ft AGL by afternoon.
Transport winds.....Northwest around 14 mph.
Haines Index.....4 or low potential for large plume dominated fire growth.

WEATHER FORECAST FOR TONIGHT:

Sky/weather.....Mostly clear.
CWR.....0 percent.
LAL.....1.
Min temperature.....50.
Max humidity.....59 percent.
Wind (20 ft).....West winds 4 to 10 mph.
Mixing height.....Lowering to near surface overnight.
Transport winds.....Northwest around 9 mph.
Haines Index.....3 or very low potential for large plume dominated fire growth.

OUTLOOK FOR TOMMOROW:

Sky/weather.....Sunny.
CWR.....0 percent.
LAL.....1.
Max temperature.....Around 75.
Min humidity.....23 percent.
Wind (20 ft).....Northwest winds 3 to 5 mph.
Mixing height.....9000 ft AGL by afternoon.
Transport winds.....Northwest around 6 mph.
Haines Index.....2 or very low potential for large plume dominated fire growth.

EXTENDED FORECAST:

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center;">Rooster Comb</p>	2. Operational Period: Date From: 08/31/21 Date To: 08/31/21 Time From: 0600 Time To: 1800	3. Branch Division <p style="text-align: center;">I A</p>
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4. Operations Personnel:		Page 1 of 1 Alpha
Operations Section Chief: Tom Hatley	Night Ops:	
Branch Director:	Branch Safety:	
Division/Group Supervisor: Anthony Browning	Air Attack:	

5. Resources Assigned:		** Resources Below in Bold are 12 Hour **						
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location	
TFLD			Turner	1		1200	Back in Camp	
Ahtanum			Haringa	20				
West Coast Reforestation				20		1300	Back in Camp	
ENG5 E4504			Rupert	3				
SE Strike Team			DeRoosie	16	O-2101	1100	Back in Camp	
ENG5 E1254			Warden		E-2102	1100	Back in Camp	
ENG5 E3951			Renwick		E-2103	1100	Back in Camp	
ENG3 E1134			Katy		E-2104	1100	Back in Camp	
ENG5 E1354			Pettersen		E-2105	1100	Back in Camp	
ENG6 BR116			Oleary		E-2106	1100	Back in Camp	
WTT2 T3021			Nilsson		E-2107	1100	Back in Camp	

6. Work Assignments:
 Secure the fire edge by cold trailing and handline.
 Assess the need for Dozerline.
 Scout the road for engine access to the upper A/Z division break.

7. Special Instructions:
 Ensure fire edge adjacent to Methow Rd is secure and mopped up 75'.

8. Communications							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
Birch		Command	171.5000	146.2	166.3000	118.8	
Silver		TAC	154.3850	107.2	154.3850	107.2	
DNR A/G		A/G	159.2700	103.5	159.2700	103.5	

9. Prepared by: Name: RESL Signature: _____
 Date/Time: 8/30/2021 2200 Personnel Count: 60

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center;">Rooster Comb</p>	2. Operational Period: Date From: 08/31/21 Date To: 08/31/21 Time From: 0600 Time To: 1800	3. Branch Division <p style="text-align: center;">I A</p> <p style="text-align: center;">Page 2 of 2 Alpha</p>
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4. Operations Personnel:		
Operations Section Chief: Tom Hatley	Night Ops:	
Branch Director:	Branch Safety:	
Division/Group Supervisor: Anthony Browning	Air Attack:	

5. Resources Assigned:	** Resources Below in Bold are 12 Hour **					
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours Reporting Location
Mid Columbia ST			Svilar	16	O-2117	1200 Back in camp
ENG6 Grant 12			Bise		E-2118	1200 Back in camp
ENG6 Grant 5			Oord		E-2119	1200 Back in camp
ENG4 Moses Lake			Garrison		E-2120	1200 Back in camp
ENG6 Grant 4			Wurzer		E-2121	1200 Back in camp
ENG6 Pierce 13			Sandstrum		E-2122	1200 Back in camp
WST2 Grant 5			Hochstatter		E-2123	1200 Back in camp

6. Work Assignments:
 Secure the fire edge by cold trailing and handline.
 Assess the need for Dozerline.
 Scout the road for engine access to the upper A/Z division break.

7. Special Instructions:
 Ensure fire edge adjacent to Methow Rd is secure and mopped up 75'.

8. Communications							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
Birch		Command	171.5000	146.2	166.3000	118.8	
Silver		TAC	154.3850	107.2	154.3850	107.2	
DNR A/G		A/G	159.2700	103.5	159.2700	103.5	

9. Prepared by: Name:	RESL	Signature: _____
ICS 204	Date/Time: 8/30/2021 2200	Personnel Count: 16

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center;">Rooster Comb</p>	2. Operational Period: Date From: 08/31/21 Date To: 08/31/21 Time From: 0600 Time To: 1800	3. Branch Division <p style="text-align: center;">I Z</p>
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4. Operations Personnel: Page 1 of 1 Zulu

Operations Section Chief: Tom Hatley	Night Ops:
Branch Director:	Branch Safety:
Division/Group Supervisor: Steve Westlake	Air Attack:

5. Resources Assigned:		** Resources Below in Bold are 12 Hour **						
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location	
Northwest ST							1000 Back in Camp	

6. Work Assignments:
Secure the fire edge by cold trailing and handline.
Assess the necessity for Dozer line.

7. Special Instructions:

8. Communications							
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
Birch		Command	171.5000	146.2	166.3000	118.8	
Blue		DIV Z Tac	154.1600	107.2	154.1600	107.2	
DNR A/G		A/G	592700.0000	103.5	159.2700	103.5	

9. Prepared by: Name: RESL Signature: _____

ICS 204 Date/Time: 8/30/2021 2200 Personnel Count: 0

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Rooster Comb	2. Operational Period:	Date From: 8/31/21 Time From: 0600	Date To: 8/31/21 Time To: 1800
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Steep winding roads are throughout the incident. Slow down when driving on loose gravel and blind curves. Drive defensively with headlights on and use hands free devices.

Working on steep, uneven terrain. Be mindful of rolling materials.

Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.

Maintain situational awareness. Look up, Look down, Look around

Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.

Remain mindful of what is going on around you! LCES!

HEADS UP!!! Lookout for SNAGS when working around areas with burned trees. Evaluate all wind damaged trees with large limbs before working under around them.

Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures, persistent drought, and elevated fire danger rating values.

Avoid abandoned mine shafts.

Review medical plan for medical emergencies.

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5. Prepared By: ICS 208	Position/Title: SOFR Date/Time: 8/30/2021 / 2030	Signature: _____
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LCES Analysis of Tactical Actions	Incident Name				Date Prepared	Time Prepared	Operational Period	
	Rooster Comb				08/30/2021	1344	08/31	
Tactical Hazards	Divisions / Groups				LCES Mitigation			
	A	Z						
Indirect Fireline		X			Insure that communications between lookouts and line resources are maintained. Escape routes are identified and reevaluated continuously.			
Downhill Fireline	X	X			Follow Downhill Checklist standards. Insure lookout(s) can see entire area. Identify escape routes and safety zones before work begins.			
Underslung Fireline	X	X			Cup trench line. Post lookouts and patrols along underslung line.			
Mid-Slope Fireline	X	X			Insure that lookouts can see entire mid slope line area including upslope of control line.			
Frontal Assault					Identify thresholds for disengagement and withdrawal. Insure that LCES is in place before engaging. Look for possible alternative tactic.			
No Anchor Points					Establish safe, effective anchor point before engaging.			
Extreme Conditions (Spotting, Wind)	X	X			Ensure LCES in place and evaluated constantly. Insure entire division is monitored and communication with adjacent divs maintained. Identify trigger points for disengagement.			
Steep Terrain	X	X			Do not work below dozers. Do not work crews above or below each other. Post lookouts for rolling material. Watch footing in loose soil and rock.			
Air Operations / Multiple Aircraft					Utilize air attack for air to air and air to ground communications. Insure all personnel stay clear of bucket and retardant drop zones.			
Snags		X			Identify, communicate, and mitigate snags, prior to crews working in area. Use only qualified fallers. Avoid or fall hazard trees.			
Hazardous Materials					Stay downwind of any suspected hazardous materials. Notify supervisor and warn others in area. Keep your distance, use rule of "thumb".			
Unburned Area / Reburn Potential		X			Watch for increase in burn activity. Isolate or eliminate unburned fuels. Monitor weather for change in RH and/or wind conditions.			
1+ Hour Transportation					Follow 2 to 1 work rest guidelines. Drive defensively. Slow down, rotate drivers, front seat passengers stay awake. Stop and rest if driver is drowsy.			
Communications	X	X			Do not engage unless effective communications exist.			
Biological - Bees					Bees. Ensure those with known allergic reaction carry EPI pens on line. Notify DIV and medical of bee sting for evaluation. Be proactive with transport.			
Span-of-control					Maintain ICS standards for span of control. Ensure everyone receives a briefing. Retain control at all times.			
Road Conditions	X	X			Reduce speed, increase following distance, turn on headlights, watch for blind corners, use spotter.			
Public Traffic		X			Drive defensively with headlights on. Obey local traffic laws. Always watch out for and yield to public traffic.			
Structure Protection					Review Wildland/Urban Interface Watchouts pg.11 IRPG. Insure that LCES is in place before engaging.			
Command Transition					Check comm, medical, and air operations plan in IAP. Get to know new ground, LCES plan, incident hazards, other personnel, share what you know, help each other be successful as soon as possible.			
Heavy Equipment / Dozer					Dozers need dozer boss and communication. Notify division resources when in division. Do not work near or below dozers.			
ICS-215A	Prepared by (Safety Officer)							

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

1. Incident Name: Rooster Comb Incident Channels		2. Date/Time Prepared Date: 08/30/2021 Time: 1930		3. Operational Period: Date From: 08/31/21 Time From: 0600		Date To: 08/31/21 Time To: 1800		
4. Communications								
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
1	COMMAND	Birch		171.5000	146.2	166.3000	118.8	
2	TAC	Silver	Div A	154.3850	107.2	154.3850	107.2	Simplex
3	TAC	Blue	Div Z	154.1600	107.2	154.1600	107.2	Simplex
4	A/G	DNR A/G		159.2700	103.5	159.2700	103.5	Simplex
5	TAC	Black	Additional Tac	154.3400	151.4	154.3400	151.4	Simplex
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
5. Special Instructions								
6. Prepared by (Communications Unit Leader): Name:								Signature: _____
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC								NIMS IAP Date/Time: 08/30/21 1930

State Mobilization Resources Crew Time Reports

CTR Showing Muster, Travel & Check-in Only

CTR Showing Muster, Travel, Check-in & Initial Assmt

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>Rock Candy Mountain Fire</i>		(4) FIRE NAME <i>Rock Candy Mountain Fire</i>		(5) FIRE NUMBER		
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE <i>7/2/14</i>		(10) DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
<i>M</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>13:00</i>	<i>15:00</i>		
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓		
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓		
<i>T</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>15:00</i>	<i>19:30</i>		
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓		
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓		
<i>C</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>19:30</i>	<i>20:00</i>		
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓		
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓		
(11) REMARKS						
<i>Muster & Travel to Rock Candy Mountain Fire</i>						
<i>C Check-in</i>						
(12) OFFICER-IN-CHARGE (Signature)			(13) TITLE (Officer-in-Charge)			
(14) NAME (Person Posting to Emergency Time Report)					(15) DATE	

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>Rock Candy Mountain Fire</i>		(4) FIRE NAME <i>Rock Candy Mountain Fire</i>		(5) FIRE NUMBER		
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE <i>7/2/14</i>		(10) DATE <i>7/3/14</i>	
			Military Time		Military Time	
			ON	OFF	ON	OFF
<i>M/T</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>13:00</i>	<i>19:30</i>		
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓		
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓		
<i>C</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>19:30</i>	<i>20:00</i>		
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓		
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓		
<i>B</i>	<i>Steve Jones</i>	<i>ENGB</i>			<i>06:00</i>	<i>06:30</i>
	<i>Robert Smith</i>	<i>FF1</i>			↓	↓
	<i>Jon Blackwell</i>	<i>FF1</i>			↓	↓
<i>1</i>	<i>Steve Jones</i>	<i>ENGB</i>			<i>06:30</i>	<i>18:30</i>
	<i>Robert Smith</i>	<i>FF1</i>			↓	↓
	<i>Jon Blackwell</i>	<i>FF1</i>			↓	↓
(11) REMARKS						
<i>M/T Travel to Rock Candy Mountain Fire</i>						
<i>C Check-in</i>						
<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	

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	
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.						
1. AGREEMENT NUMBER			2. CONTRACTOR (name) Thurston # 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 SPECIAL 13.5 Dir 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	

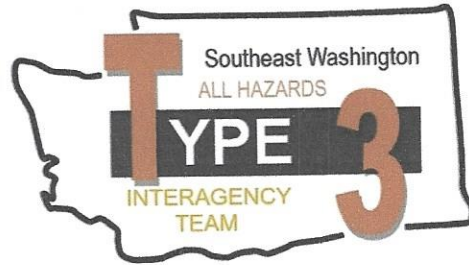
FINANCE

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:

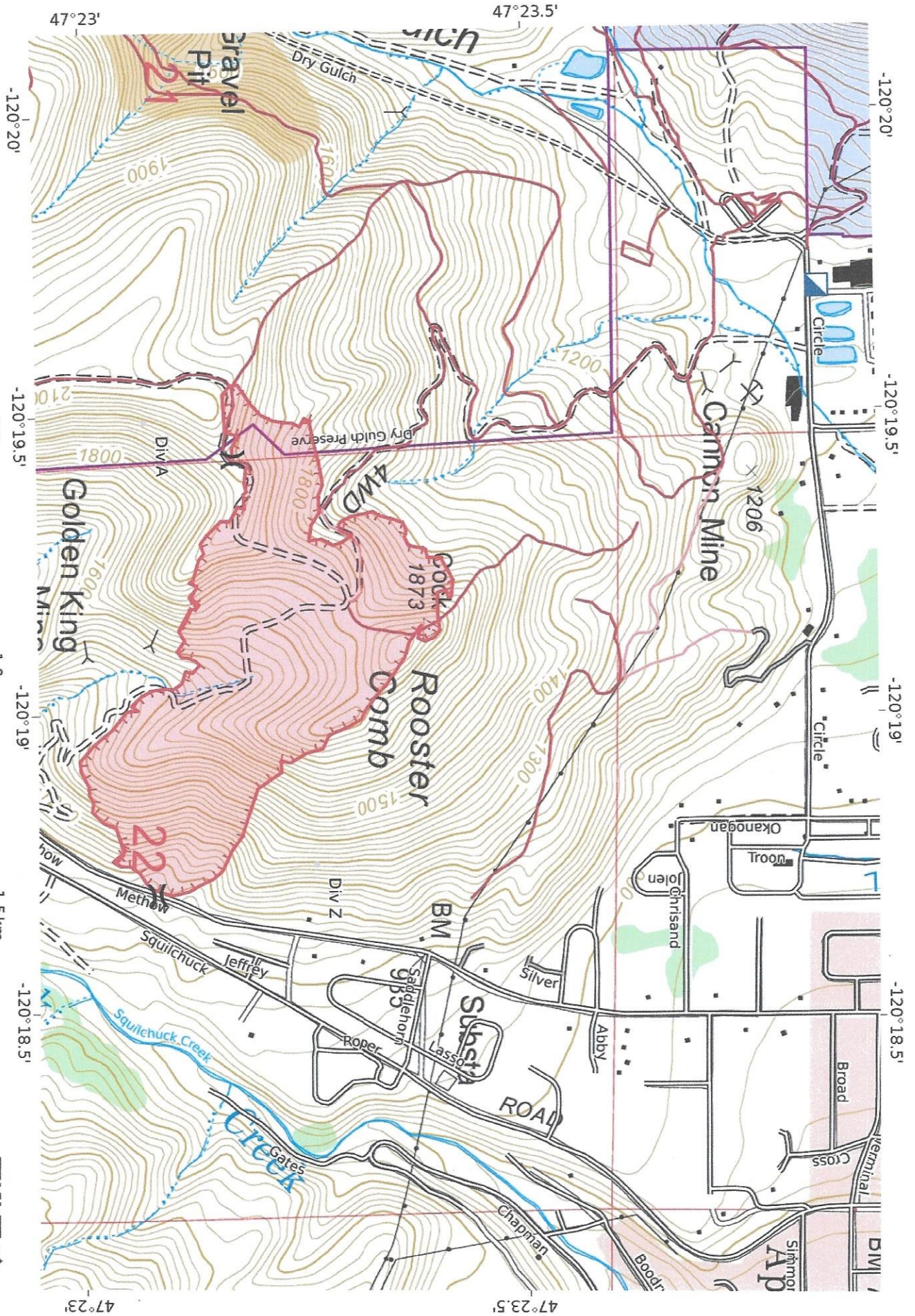
- 🚒 Work in an environment characterized by safe work practices.
- 🚒 Work in a fair and harassment free environment.
- 🚒 Say "No" to unwelcome advances or requests for favors.
- 🚒 File complaints or grievances through appropriate avenues.

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

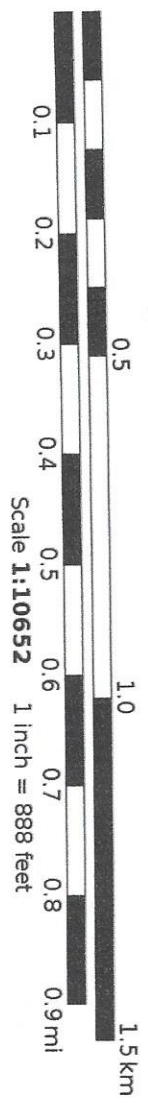
- 🚒 Illegal drug use
- 🚒 Alcohol use
- 🚒 Unsafe work practices and activities
- 🚒 Discrimination
- 🚒 Sexual harassment
- 🚒 Fighting, threatening, and abusive behaviors
- 🚒 Using social media and electronic communication devices for personal business while engaged in fire assignment duties.
- 🚒 Other 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!



Rooster Comb
 WGS84
 USNG Zone 10TGT
 CALTOPO



UNIT LOG (ICS 214)

1. Incident Name: <div style="text-align: center; padding: 2px;">Rooster Comb</div>	2. Operational Period: Date From: 8/31/21 Date To: 8/31/21 Time From: 0600 Time To: 1800
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3. Unit Name/Designators	4. Unit Leader (Name and ICS Position)
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5. Personnel Assigned/Designators

NAME	ICS POSITION	HOME BASE

6. Activity Log (Continue on Reverse)

TIME	MAJOR EVENTS

7. Prepared By:	Date/Time:
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Medical Plan (ICS 206)	1. Incident Name	2. Operational Period:	Date From/To:			
			Time From/To:			
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			
Ballard Ambulance	1028 N Wenatchee, Wenatchee, WA	911/509.663.6513	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
Lifeline Ambulance - Station1	501 N Wenatchee, Wenatchee, WA	911/509.663.8091	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
Lifeline Ambulance - Station2	230 Grant Rd, East Wenatchee, WA	911/509.663.8091	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
Airlift Northwest (Air)	Seattle, WA	800.426.2430	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
Lifeflight Network (Air)	Several locations in Eastern WA	800.232.0911	<input 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			
5. Hospitals:						
Hospital Name	Address Latitude/Longitude	Contact Number(s)/Frequency	Travel Time Air Ground	Trama Center	Burn Center	Helipad
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Confluence Health Hospital	1201 S Miller St, Wenatchee, WA N47 24.42 W120 19.26	509.662.1511		<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 Health Center	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
Lake Chelan Comm Hosp	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
Cascade Med Cntr	817 Commercial St, Leavenworth, WA	509.548.5815		<input checked="" type="checkbox"/> Yes Level: 5	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <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 "8-line" procedure in the 2019 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:		Signature:	
8. Approved by (Safety Officer):			Name:		Signature:	

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following items to communicate situation to communications/dispatch.

- 1. CONTACT COMMUNICATIONS / DISPATCH** (Verify correct frequency prior to starting report)
Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."
- 2. INCIDENT STATUS:** Provide incident summary (including number of patients) and command structure.
Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	<input type="checkbox"/> RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE Ex: Unconscious, difficulty breathing, bleeding severely, 2° - 3° burns more than 4 palm sizes, heat stroke, disoriented. <input type="checkbox"/> YELLOW / PRIORITY 2 Serious injury or illness. Evacuation may be DELAYED if necessary. Ex: Significant trauma, unable to walk, 2° - 3° burns not more than 1-3 palm sizes. <input type="checkbox"/> GREEN / PRIORITY 3 Minor injury or illness. Non-Emergency transport Ex: Sprains, strains, minor heat-related illness.	
Nature of Injury or Illness & Mechanism of Injury		Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)
Transport Request		Air Ambulance / Short Haul/Hoist Ground Ambulance / Other
Patient Location		Descriptive Location & Lat. / Long. (WGS84)
Incident Name		Geographic Name + "Medical" (Ex: Trout Meadow Medical)
On-Scene Incident Commander		Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)
Patient Care		Name of Care Provider (Ex: EMT Smith)

3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:

Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.

8. ADDITIONAL INFORMATION: Updates/Changes, etc.

REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.