

# INCIDENT ACTION PLAN

# ROZA CREEK

WA-SES-000298  
PN QAN0

Saturday



## OPERATIONAL PERIOD

7/1/2023 0600

to

7/2/2023 0600



# INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> Roza Creek	<b>2. Operational Period:</b>	Date From: 7/1/2023	Date To: 7/2/2023
		Time From: 0600	Time To: 0600

**3. Objective(s):**

**Management Objectives**

- Provide for emergency personnel and public safety at all times.
- Protect property, improvements, and infrastructure.
- Ensure coordinated, timely and accurate release of public information.
- Protect economic, natural, cultural and heritage resources.
- Foster and maintain relationships with all cooperators and stakeholders.

**Control Objectives**

- Patrol and monitor the fire, mopping up and securing the perimeter lines where necessary.
- Implement suppression repair. adhering to agency standards outlined in the Turnback Standards Document.

**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 checked="" 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

<b>7. Prepared By:</b> Winter, David	Position/Title: PSC	Signature:
<b>8. Approved by Incident Commander:</b>	Jackson, Bruce	Signature:

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

<b>1. Incident Name:</b> Roza Creek		<b>2. Operational Period: Date From:</b> 7/1/2023 Time From: 0600		<b>Date To:</b> 7/2/2023 <b>Time To:</b> 0600	
<b>3. Incident Commander(s) and Command Staff:</b>			<b>7. Operation Section:</b>		
IC/UC's	Jackson, Bruce	Operations	Elliott, Rich		
Deputy		Deputy Operations			
Safety Officer	Foss, Ken	Night Ops			
Information Officer	Shearer, Ben	Staging Area			
Liaison Officer		<b>Branch</b>			
<b>4. Agency/Organization Representatives:</b>		Division/Group	A	Burton, Brandon	
Agency/Organization	Name	Division/Group	M	Emmerick, Mike	
BLM	Bryan, Curtis	Division/Group			
WDFW	Hughes, Melinda	Division/Group			
DNR	Leach, Larry	Division/Group			
		<b>Branch</b>	<b>II</b>		
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		<b>Branch</b>	<b>III</b>		
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		<b>Branch</b>	<b>IV</b>		
		Division/Group			
<b>5. Planning Section:</b>		Division/Group			
Chief	Winter, David	Division/Group			
Deputy	Norton, Jennifer	Division/Group			
Resource Unit		Division/Group			
Situation Unit	Beaton, Rose	<b>Branch</b>	<b>V</b>		
Documentation Unit		Division/Group			
Demobilization Unit		Division/Group			
GISS		Division/Group			
FBAN		Division/Group			
IMET		Division/Group			
Training Tech Spec		<b>Air Operations Branch</b>		<b>Director:</b>	
		Air Support Group Supervisor			
		Air Tactical Group Supervisor			
<b>6. Logistics Section</b>		Helibase Manager			
Chief	Dennis, Cindy				
Deputy Unit	Kern, Pat	<b>8. Finance/Administration Section:</b>			
Facilities Unit	Sell, Kevin	Chief	Thompson, Bob		
Ground Support Unit	Williams, Ken	Time Unit	SuperAwesome, Slita		
Communications Unit		Time Unit	Christensen, Jeanne		
Medical Unit		Comp/Claims Unit			
		Cost Unit			
<b>Prepared By: Name:</b> Winter, David		<b>Position/Title:</b> PSC		<b>Signature:</b> 	
<b>ICS 203</b>		<b>Date/Time:</b> 6/30/2023 2300 hours		<b>NIMS IAP</b>	

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# HEALTH AND SAFETY MESSAGE

**SAFETY** starts with **YOU**  
**PREDICTABLE** is **PREVENTABLE**

INCIDENT: Roza Creek

DATE: July 1, 2023

TIME: Day/Night

## Major Hazards and Risks:

- **DRIVING:** Wear seatbelts. Drive slowly/ defensively at all times and maintain safe vehicle separation distances. Use spotters at all times when backing or in tight areas.
- **SLIPS, TRIPS AND FALLS:** Watch for debris, obstacles in work area. Watch for loose soil or rocks. Be extra careful around white ash pits.
- **COMPLACENCY/ FATIGUE:** Stay alert, maintain your situational awareness and *rest as needed*. Keep your guard up and maintain your situational awareness at all times.
- **HEAT RELATED STRESS:** Take breaks, keep a pulse on crew members. Hydrate with water.

Fire Order of the Day: *Give clear instructions and be sure they are understood.*

- **Task** = What is to be done
- **Purpose** = Why it is to be done
- **End State** = How it should look when done

**NEED MORE INFO????.....Check your IRPG, Page ix (white pages)**

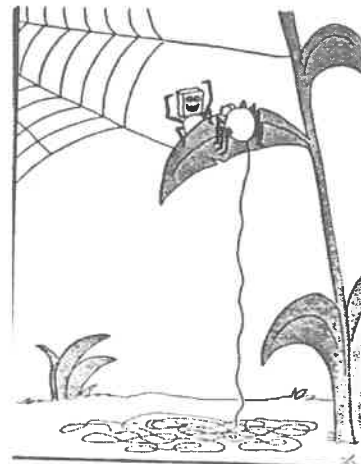
## OPERATIONAL LEADERSHIP

- **TAKE CHARGE** of assigned resources
- **MOTIVATE** with a “CAN DO SAFELY” attitude
- **DEMONSTRATE INITIATIVE** .....take action
- **COMMUNICATE**.....give specific instruction
- **SUPERVISE**.....be accountable for your actions



“Hey, I’m not crazy. ... Sure, I let him drive once in a while, but he’s never, never off this leash for even a second.”

**Our Safety Record is EXCELLENT**  
ZERO INJURIES and ZERO ACCIDENTS.  
OUR GOAL FOR TODAY IS AGAIN 0 + 0.  
LET’S WORK TOGETHER TO MAKE IT HAPPEN!



“Hey, Bob... did I scare you or what?”

**Remember you are not done till you are home.**  
**Please take time today before you head out to review this with all your people.**

**THANKS FROM YOUR SAFETY!**

Ken Foss

Don’t forget.....

**BE ALERT**....Situation Awareness

**KEEP CALM**.....Leadership

**THINK CLEARLY**....Risk Management

**ACT DECISIVELY**....Confidence!



# Fire Weather Forecast



**FORECAST NO:** 0701

**NAME OF FIRE:** Roza Creek

**PREDICTION FOR:** Day Shift

**SIGNED:**

**TIME/DATE ISSUED:** 16:24 6/30/2023

## WEATHER DISCUSSION:

A weather system passing to the north of the forecast area will induce breezy to windy northwest winds on Saturday, though the burn location will remain dry with no precipitation. Afternoon RHs will be critically low on Saturday, and overnight RH recovery is forecast to be moderate with critically low RH again Sunday afternoon.

## WEATHER FORECAST FOR TODAY:

Sky/weather.....Sunny (0-10 percent).  
LAL.....1.  
Max temperature.....89-92.  
Min humidity.....14-19 percent.  
Wind (20 ft).....Downslope and down valley around 5 mph early morning becoming northwest 10 to 20 mph with gusts to 30 mph by late morning and afternoon.  
Ridgetop wind.....Northwest 15 to 25 mph with gusts to 35 mph.  
Mixing height.....Increasing to around 6000-6500 ft AGL by late morning.  
Transport winds.....Northwest 15 to 20 mph.  
Haines Index.....5 or moderate potential for large plume dominated fire growth.

## WEATHER FORECAST FOR TONIGHT:

Sky/weather.....Mostly clear (0-10 percent).  
LAL.....1.  
Min temperature.....53-56.  
Max humidity.....53-58 percent.  
Wind (20 ft).....Northwest winds 10 to 20 mph with gusts to around 25 mph in the evening, decreasing overnight and becoming downslope and down valley around 5 mph.  
Ridgetop wind.....Northwest 10 to 15 mph with gusts to 20 mph.  
Mixing height.....Around 1000-1500 ft AGL in the evening, decreasing to around 200-300 ft AGL overnight.  
Transport winds.....Northwest 15 to 20 mph.  
Haines Index.....4 or low potential for large plume dominated fire growth.

## OUTLOOK FOR TOMMOROW:

Sky/weather.....Sunny (0-10 percent).  
LAL.....1.  
Max temperature.....88-91.  
Min humidity.....14-19 percent.  
Wind (20 ft).....Downslope and down valley around 5 mph early morning becoming north-northwest around 10 mph by late morning.  
Ridgetop wind.....West-northwest around 10 mph.  
Mixing height.....Increasing to around 6500-7000 ft AGL by late morning.  
Transport winds.....Northwest around 10 mph.  
Haines Index.....3 or very low potential for large plume dominated fire growth.

## EXTENDED FORECAST:

MONDAY...Clear. Lows 54 to 59. Highs 82 to 90. North winds 8 to 14 mph.  
INDEPENDENCE DAY...Clear. Lows 57 to 63. Highs 84 to 92. North winds 4 to 10 mph.  
WEDNESDAY...Clear. Lows 59 to 64. Highs 87 to 95. Northeast winds 4 to 9 mph.  
THURSDAY...Clear. Lows 60 to 65. Highs 89 to 97. North winds 4 to 9 mph.  
FRIDAY...Mostly clear. Lows 61 to 66. Highs 90 to 98. North winds 5 to 11 mph.





**ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN**

**CONTROLLED UNCLASSIFIED INFORMATION//BASIC**

1. Incident Name: **Roza Creek Incident Channels**

2. Date/Time Prepared: **06/30/2023 1930**

3. Operational Period: **07/01/23 0600** to **07/02/23 0600**

Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
1	COMMAND	YAK RIV SOA	ALL DIVS	167.7750	107.2	163.0750	107.2		
2	COMMAND	SELAH	COMMAND	169.6750	100.0	164.0875	131.8		
3	TACTICAL	DNR TAC1	DIV A	151.3100	103.5	151.3100	103.5		
4	TACTICAL	DNR TAC 2	DIV M	151.3400	103.5	151.3400	103.5		
5	TACTICAL	VTAC 11	DIV S	151.1375		151.1375	156.7		
6									
7									
8									
9									
10									
11									
12									
13									
14	TACTICAL	A/G PRI		166.6125		166.6125			
15	TACTICAL	A/G SEC		167.9500		167.9500			
16	TACTICAL	DNR A/G 2	ALL DIVS	151.2875	103.5	151.2875	103.5		
17									
18									
19									
20									

**5. Special Instructions**

This is a test

6. Prepared by (Communications Unit Leader): Name: \_\_\_\_\_ Signature: \_\_\_\_\_

ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC

Date/Time: **06/30/2023 1930**



# NW Team 11 Expectations

## Reporting Your Time – Equipment

- ✓ Turn in the pink and blue copies of your Shift Tickets daily!
- ✓ DIVS or above signature is required on all tickets.
- ✓ Include the names of your entire crew.
- ✓ Always notify Plans and Finance if you have a personnel swap.

DOZER EXAMPLE
















EMERGENCY EQUIPMENT SHIFT TICKET					E-10
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.					
1. AGREEMENT NUMBER <b>AG-04HI-B-16-7321</b>		2. CONTRACTOR (name) <b>Fire Ready Services, Inc.</b>			
3. INCIDENT OR PROJECT NAME <b>Flaming Arrow</b>		4. INCIDENT NUMBER <b>WA-00A-000072</b>	5. OPERATOR (name) <b>John Steel</b>		
6. EQUIPMENT MAKE <b>John Deere</b>	7. EQUIPMENT MODEL <b>650KXLT</b>	8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER <b>237642</b>	10. LICENSE NUMBER <b>Trans port B60176H</b>	11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)			
12. DATE MO./DAY/YR <b>8-24-17</b>	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) START    STOP    WORK    SPECIAL <b>0600 1900 13 DIV "W"</b>	14. REMARKS (released, down time and cause, problems, etc.) <b>Transport retained by Incident Transport driver: Ted Olsen 125631 - 125703 = 72 miles</b>			

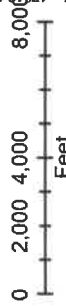
ENGINE EXAMPLE

EMERGENCY EQUIPMENT SHIFT TICKET					E-48
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.					
1. AGREEMENT NUMBER <b>AG-04HI-B-15-7323</b>		2. CONTRACTOR (name) <b>Interno Fighters</b>			
3. INCIDENT OR PROJECT NAME <b>Devils Gulch</b>		4. INCIDENT NUMBER <b>WA-SES-000135</b>	5. OPERATOR (name) <b>Matt Stick</b>		
6. EQUIPMENT MAKE <b>Dodge</b>	7. EQUIPMENT MODEL <b>3500</b>	8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER <b>170412</b>	10. LICENSE NUMBER <b>C49025F</b>	11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)			
12. DATE MO./DAY/YR <b>9-5-17</b>	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) START    STOP    WORK    SPECIAL <b>0600 2000 1 bay 1/2 Hr lunch taken</b>	14. REMARKS (released, down time and cause, problems, etc.) <b>Crew: Ida Pulaski Tim Burr</b>			
		15. EQUIPMENT STATUS <input checked="" 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) <b>Mop up Div "B"</b>			
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <b>Matt Stick</b>		18. GOVERNMENT OFFICER'S SIGNATURE <b>Division Supervisor</b>	19. DATE SIGNED <b>9-6-17</b>		

# ROZA CREEK WA-SSES-298 IAP Map

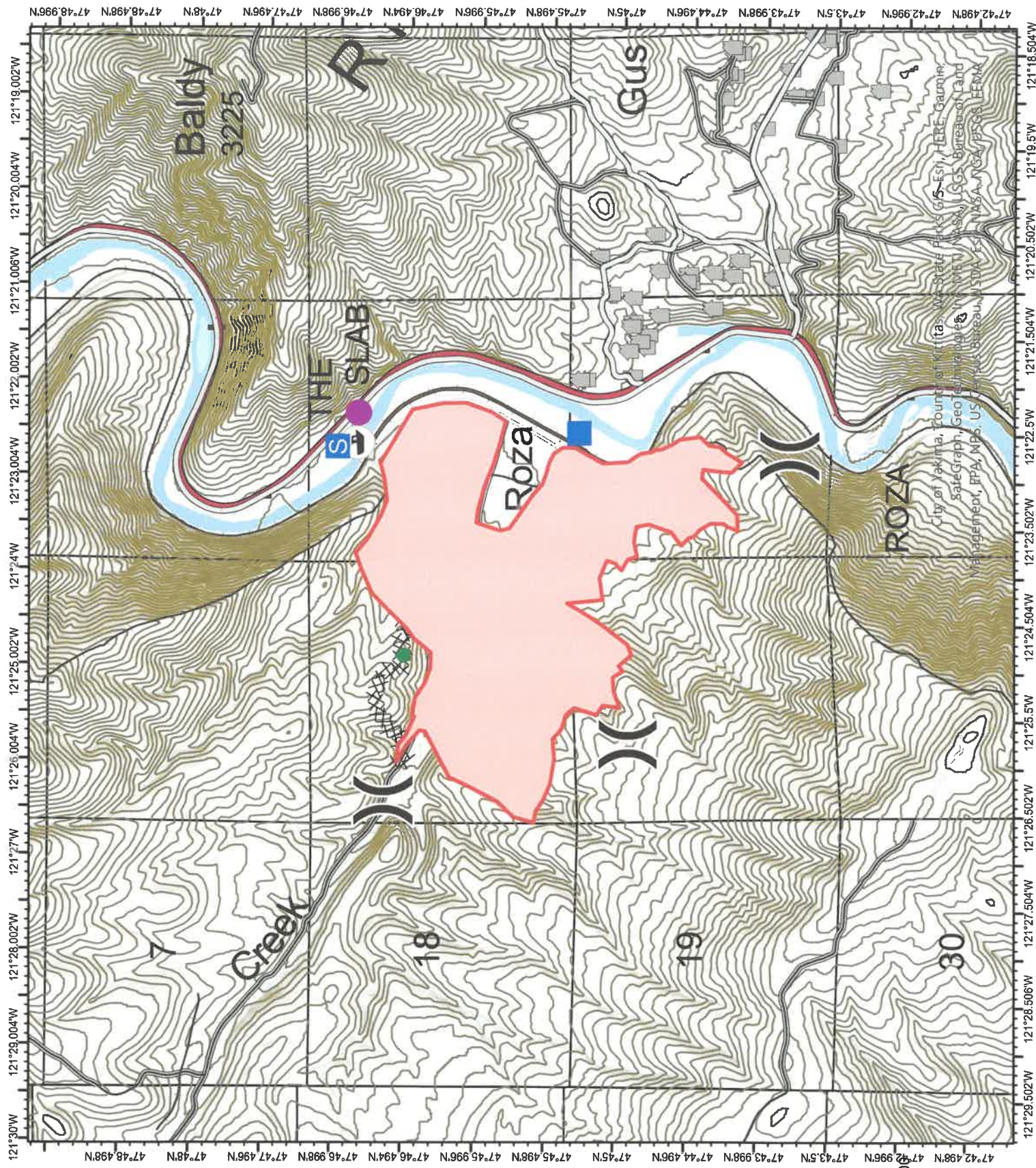
06/30/23 Day Shift  
Perimeter as of: 06/30/23 @ 1410  
Approx: 717 ac

- EventPoint**
-  Staging Area
-  Boat Launch
-  DP
-  Helispot
-  Division Break
- Roads**
-  transall\_d\_5cnty\_090315c
-  highway\_dot
-  DNR Roads
-  structures
-  milepost\_markers
-  ferries\_rails\_trails
-  contours\_40ft
-  wbyhydro
-  plss\_township
-  plss\_sections



RSB  
11 22  
1700 Hours

Datum: North American 1983 HARN





<b>Medical Plan</b> (ICS 206)	<b>1. Incident Name</b> Roza Creek	<b>2. Operational Period:</b>	Date From/To:			
Time From/To:						
<b>3. Medical Aid Stations:</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Paramedics on Site?</b>			
ALS			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4. Transportation (indicate air or ground):</b>						
<b>Name</b>	<b>Location</b>	<b>Contact Number(s)/Frequency</b>	<b>Level of Service</b>			
Advanced Life Systems	2106 W Washington Ave #3, Yakima, WA	911/509.574.0625	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
American Medical Response	229 S 2nd Ave, Yakima, WA	911/509.453.6561	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
Airlift Northwest (Air)	Wenatchee, 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			
US Army AAA	On Training Center ground	5095773911	<input type="checkbox"/> ALS <input type="checkbox"/> BLS			
<b>5. Hospitals:</b>						
<b>Hospital Name</b>	<b>Address Latitude/Longitude</b>	<b>Contact Number(s)/Frequency</b>	<b>Travel Time Air Ground</b>	<b>Trauma Center</b>	<b>Burn Center</b>	<b>Helipad</b>
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
Legacy Emanuel Medical Cntr	2801 Gentenbein, Portland, OR N45 32.59 W122 40.16	503.413.2200 503.413.4121 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
Yakima Valley Memorial Hosp	2811 Tieton Dr, Yakima, WA N46 35.75 W120 32.07	509.575.8000		<input checked="" type="checkbox"/> Yes Level: 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input checked="" type="checkbox"/> Yes Level: 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes Level: ____	<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
<b>6. Special Medical Emergency Procedures:</b>						
<p>Identify crew EMTs on the line for each Division prior to engaging. In case of urgent situation, notify your supervisor and follow the <b>MEDICAL INCIDENT REPORT procedure on pages 118-119 in the 2018 IRPG</b>. Notify operations of needs and location on command channel. Operations will notify CWICC and base camp. Minimize radio traffic and maintain situational awareness.</p>						
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.						
<b>7. Prepared by (Medical Unit Leader):</b>	Name:	Signature:				
<b>8. Approved by (Safety Officer):</b>	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"/> <b>RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b> <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2<sup>o</sup> – 3<sup>o</sup> burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> <b>YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.</b> <i>Ex: Significant trauma, unable to walk, 2<sup>o</sup> – 3<sup>o</sup> burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> <b>GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport</b> <i>Ex: Sprains, strains, minor heat-related illness.</i>	
Nature of Injury or Illness & Mechanism of Injury		<i>Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)</i>
Evacuation Request		<i>Air Ambulance / Short Haul/Hoist Ground Ambulance / Other</i>
Patient Location		<i>Descriptive Location &amp; Lat. / Long. (WGS84)</i>
Incident Name		<i>Geographic Name + Medical (Ex: Trout Meadow Medical)</i>
On-Scene Incident Commander		<i>Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)</i>
Patient Care		<i>Name of Care Provider (Ex: EMT Smith)</i>

**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. EVACUATION 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 ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.**

