

PALMER GULCH FIRE

Tuesday November 1, 2022

0800-1900

Hell Canyon Ranger District

Black Hills National Forest

FIRE NUMBERS

Incident # BKF-220841

Federal: P2 P34T (0203)

SDS: 2260341

SAFETY SPOTLIGHT:

Dehydration

Symptoms of dehydration

- dizziness or light-headedness.
- headache.
- tiredness.
- dry mouth, lips and eyes.
- passing small amounts of urine infrequently (less than three or four times a day)

(We have plenty of water and powerade – drink now or move it later!)

Incident Objectives		1. Incident Name	2. Date Prepared	3. Time Prepared
		Palmer Gulch	10/31/2022	2300
4. Operational Period (Date and Time)				
11/01/2022		0800		
5. General Control Objectives for the Incident (include Alternatives)				
<p>1. Implement strategies and tactics that commit responders only to operations where and when they can be successful and under conditions where important values at risk are protected with the lowest possible risk.</p> <p>2. Manage risk to firefighters by ensuring hazards are identified, assessed, and where possible, mitigated.</p> <p>3. Minimize the risk to the public through road and area closures as needed.</p> <p>4. Minimize fire spread into the Black Elk Wilderness, where terrain is steep, inaccessible, there are numerous snags, and it will be more difficult to contain.</p> <p>5. Keep the fire south of Palmer Creek Road and Highway 244 and east of Highway 87 to protect structures, private property, and the Mt. Rushmore Resort at Palmer Gulch.</p> <p>6. Provide timely information to the public, adjoining agencies, cooperators, and stakeholders.</p>				
6. Weather Forecast for Operational Period (See Spot Forecast for updated weather)				
SKY/WEATHER: Mostly Sunny		LAL: 1		
MAX TEMPERATURE: 64		HAINES INDEX: 4		
MIN HUMIDITY: 21%		MIXING HEIGHT: 3600'-4100'		
WIND (20 FT): SW 10-15 Gusts 28		TRANSPORT WINDS: SW 20 Increasing 35 in the afternoon		
CWR: 0%		SMOKE DISPERSAL: Very Good		
7. General Fire Behavior Forecast				
Flame Lengths:		General Information:		
Rate of Spread:				
Probability of Ignition:				
Spot Distance:				
7. General Safety Message				
<p>In the event of a medical emergency (Yellow or Red,) contact Great Plains on Command radio channel (CZ Bear.) Notify fireline supervision and utilize the medical plan (8 line) in the IAP. Give the information needed but not the individuals name or agency over the radio. Request any division resources that are medically trained to respond to the needed location to begin treatment prior to EMS arrival. Any green medicals contact the EMS personnel on scene.</p>				
		8. Prepared by (PSC)		10. Approved by (IC)
ICS-202	Brian Rafferty			

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 203	IAP Page ____	Date/Time: _____	

PALMER GULCH

Finance QR CODE

susan_beams@firenet.gov



BKF # 220841

P2 P34T

SDS 2260341

PALMER GULCH QR CHECK-IN CODE

BKF # 220841

P2 P34T

SDS 2260341



PALMER GULCH DEMOB QR CODE

BKF # 220841

P2 P34T

SDS 2260341



Safety Message

Incident: **Palmer Gulch Fire**

Date: **October 1st, 2022**

A Safety Briefing needs to be conducted for Every Firefighter

Risk vs Benefit

What Gain - What Potential Consequence?

HAZARDS AND RISKS IDENTIFIED

Are there others?

Complacency

Complacency usually shows up on fires about now. Fatigue and attitude contribute to complacency.
Don't get caught with your guard down!

Avoid dehydration, although it cold everyone must stay hydrated!

Drive defensively to the fire area. Yield to other motorists and think ahead. - Slow down!

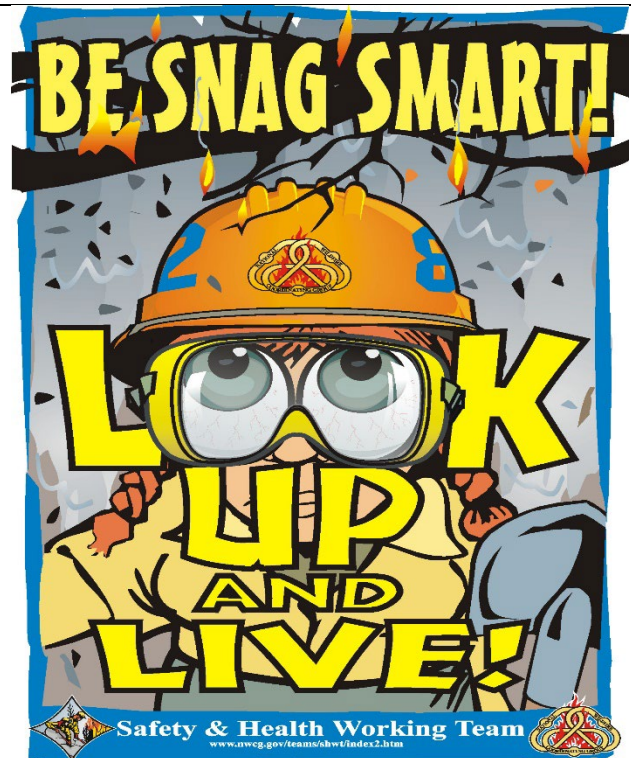
Steep and Slippery Terrain – Watch where you step!

Shifts without significant fire activity can lead to complacency. There is still the potential for active fire behavior.

Maintain situational awareness at all times.

Safety Quote for today:

“Practicing safety prevents paperwork and meetings.”



ASSIGNMENT LIST			1. Branch		1. Division Alpha		
3. Incident Name Palmer Gulch			4. Operational Period Date: 11/01/2022 Time: 0800-1900				
5. Operations Personnel							
Operations Chief		Mike Reed		Division Supervisor		Jake Wolff	
6. Resources Assigned this Period							
Strike Team/Task Force/Resource Designator		Leader		Number Persons	Trans. Needed	Drop Off PT./Time	Pick Up PT./Time
C-2 MENDOCINO IHC1		CECCON		19		0800	1900
E-32 BKF 662 ENG6		KOHL		5		0800	1900
E-12 BKF 634 ENG6		LEWIS		6		0800	1900
E-7 NBF 651 ENG6		GREENE		3		0800	1900
E-30 SDS 669 ENG6		SCOTT				0800	1900
E-33 BKF 664 ENG6		MORFORD		3		0800	1900
E-26 ANF 317 ENG3				5		0800	1900
E-1 DOTY TENDER WT3		SCHLABACH		3		0800	1900
E-17 RAPID VLY TEND WT3		BORMANN		1		0800	1900
E-29 SDS DOZER DOZ						0800	1900
E-29.1 BRADY ROTHSCHADL HEQO		ROTHSCHADL		1		0800	1900
0-31 JEFF WEIDOW HEQB		WEIDOW		1		0800	1900
7. Task Purpose End State Construct indirect and direct handline Keep fire from impacting values at risk Fire line in correct location with the right dimensions to contain fire							
8. Special Instructions Continue to secure lines from Palmer Gulch Road to division break Keep fire east of containment lines Flames and smoke are not a threat to escape the fireline Commo: <u>Command / CZ Bear</u> <u>Tactical / VFire 21</u> <u>Air Ops / AG 25</u>							
Prepared by (PSC) /s/ C. Porsch			Approved by (PSC) /s/ Brian Rafferty			10/31/2022	Time 2200

ASSIGNMENT LIST			1. Branch		1. Division ZULU		
3. Incident Name Palmer Gulch			4. Operational Period Date: 11/01/2022 Time: 0800-1900				
5. Operations Personnel							
Operations Chief		Mike Reed		Division Supervisor		O'CONNER	
6. Resources Assigned this Period							
Strike Team/Task Force/Resource Designator		Leader		Number Persons	Trans. Needed	Drop Off PT./Time	Pick Up PT./Time
O-1 STANDING ROCK SMOD		HODGKISS		10		0800	1900
E-13 BKF 635 ENG6		JOHNSON		4		0800	1900
E-23 BKF 682 ENG6		ROGERS		4		0800	1900
E-16 RAPID CITY ENG6		VALLONE		5		0800	1900
E-8 MILLER ENG6		McCRANE		2		0800	1900
E-28 SDS 621 ENG6		WEISE		2		0800	1900
E-25 CENTENNIAL ENG6		TURNER		3		0800	1900
E-27 BADLANDERS ENG6				3		0800	1900
E-19 JOHNSON SIDING WT1		LENA		2		0800	1900
E-3 BATTLE CREEK WT2		DIXON		2		0800	1900
7. Task Purpose End State							
Construct indirect and direct handline Keep fire from impacting values at risk Fire line in correct location with the right dimensions to contain fire							
8. Special Instructions							
Continue to secure lines from Palmer Gulch Road to division break Keep fire east of containment lines Flames and smoke are not a threat to escape the fireline							
Commo: <u>Command / CZ Bear</u> <u>Tactical / VFire 22</u> <u>Air Ops / AG 25</u>							
Prepared by (PSC)		Approved by (PSC)			10/31/2022	Time 2200	
/s/ C. Porsch		/s/ Brian Rafferty					

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name: Palmer Gulch		2. Operational Period: Date From: 11/1/2022 Date To: 11/1/2022 Time From: 0900 Time To: 1800				3. Sunrise: 00730 Sunset: 1745	
4. Remarks (safety notes, hazards, air operations special equipment, etc.): Be alert for general aviation, Helicopter Tour Operators (122.85) see and avoid.			5. Ready Alert Aircraft: Medivac: Black Hills LifeFlight/or SD NG Order Through GPC New Incident: N356AA			6. Temporary Flight Restriction Number: Altitude: 2/2997 Center Point: 435310N1033313W	
			8. Frequencies:		AM	FM	9. Fixed-Wing (category/kind/type, make/model, N#, base): Air Tactical Group Supervisor Aircraft: Available from RAP "AA-4EE Bob Leighty-
			Air/Air Fixed-Wing		119.375		
7. Personnel:		Name:	Phone Number:	Air/Air Rotary-Wing – Flight Following	119.375	KCUT 122.8	
Air Operations Branch Director	Corey Lewis	605-673-1589	Air/Ground		A/G 25 Rx/TX 168.7500	Flight Follow Forest Net 169.175 tx/rx tone 103.5 tx/rx	
Air Support Group Supervisor		XXX-XXX-XXXX	Command	CZ Bear	Rx 170.55 Tx: 165.0125 (136.5)	Other Fixed-Wing Aircraft: SEATs T839 and T861 available from RAP	
Air Tactical Group Supervisor	Bob Leighty	XXX-XXX-XXXX	Deck Coordinator				
Helicopter Coordinator		XXX-XXX-XXXX	Take-Off & Landing Coordinator				
Helibase Manager	CUSTER HELIBASE	605-673-4892	Air Guard				
10. Helicopters (use additional sheets as necessary):							
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks	
N356AA	TYPE 1	UH 60A+	Custer	0900	1800	BUCKET BLACKHAWK RESTRICTED (Herman 605-517- 1890)	

1. Incident Name: Palmer Gulch		2. Operational Period: Date From: 11/1/2022 Time From: 0900		Date To: 11/1/2022 Time To: 1800		3. Sunrise: 0730 Sunset: 1745	
11. Prepared by: Name: Corey Lewis		Position/Title: ASGS				Signature: _____	
ICS 220, Page 2			Date/Time: 10/31/2022 2:00 PM				

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: 	2. Date/Time Prepared: Date: Time:	3. Operational Period: Date From: Date To: Time From: Time To:
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4. Basic Radio Channel Use:										
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks

5. Special Instructions:

6. Prepared by (Communications Unit Leader) Name: _____	Signature: _____
ICS 205	IAP Page _____
Date/Time: _____	

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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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
			<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):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

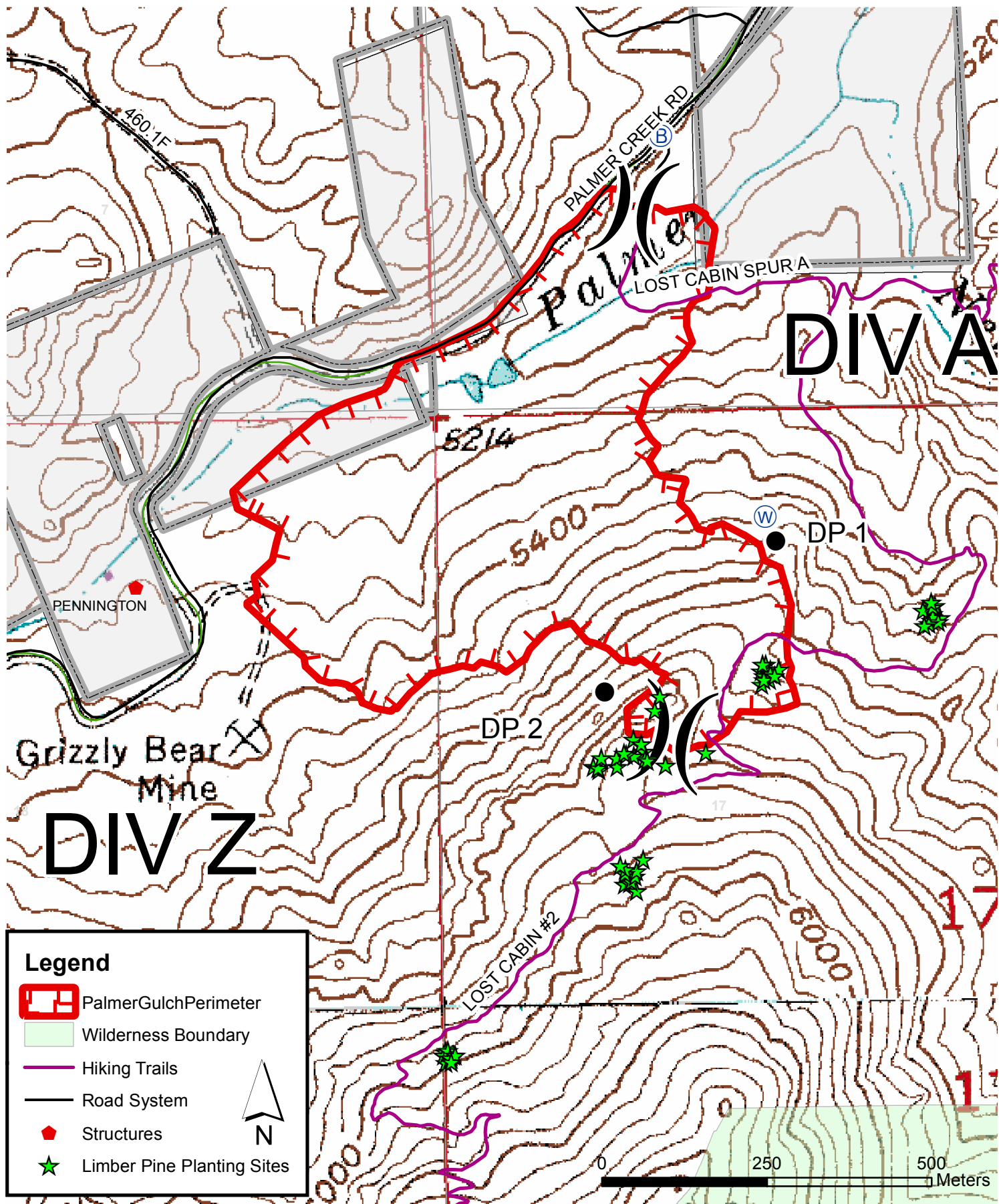
6. Special Medical Emergency Procedures: <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____

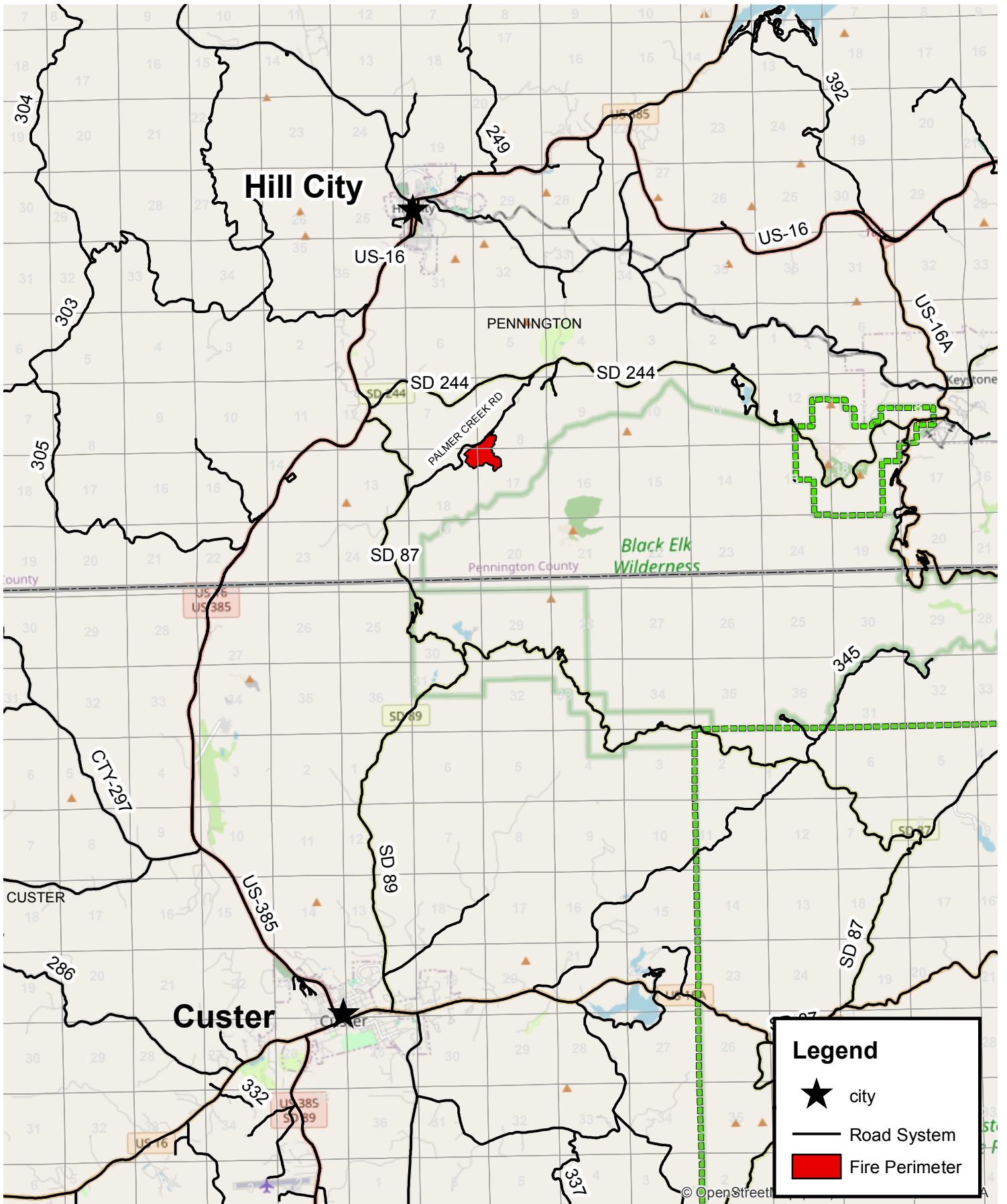
8. Approved by (Safety Officer): Name: _____ Signature:
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ICS 206	IAP Page _____	Date/Time: _____
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Palmer Gulch Fire IAP
November 1, 2022



Palmer Gulch Fire Travel Map
October 31, 2022
Fire Size 92 Acres



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 <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i> <input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. <i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i> <input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport <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 & 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.