

SAURATOWN MOUNTAIN FIRE

FY24 R2 Severity
NC-NCS-230048
STOKES COUNTY
District 10

Fiori Time Code: G/T/F 1445

FY24 NCFS INCIDENT SUPPORT
NC-NCS-230041
Financial Code: PN QRN9



November 23-26, 2023

Thursday-Sunday


Operational Period Day 0700-1900 hrs.

Operational Period Night 1900-0700 hrs.



IAP's



INCIDENT OBJECTIVES	1. INCIDENT NAME Sauratown Mountain Fire	2. DATE PREPARED 11/22/23	3. TIME PREPARED 1800									
4. OPERATIONAL PERIOD (DATE/TIME) November 23-26, 2023 Day 0700-1900 / Night 1900-0700												
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES) <ol style="list-style-type: none"> 1. Provide for safety of our firefighters, assigned resources and the public. Emphasize risk assessments, hazard mitigation, information dissemination and adequate work rest ratios through morning briefings and operational assignments. 2. Assist North Carolina Forest Service Region 2 and 3 in planning, resource tracking, and financial tracking of the 2023 R3 Fall IA Support, FY 24 R2 Severity and FY 24 NCFS Incident Support resources. 3. Manage fires in cost effective manner. Maintain accurate cost estimates of the incident and provide daily updates through morning reports and afternoon situation reports. 4. All incident personnel will be treated with dignity and respect. We exhibit care, concern, and consideration for others. This incident has zero tolerance for harassment, alcohol or drug use. 5. Assist in planning an organized demob for all excess resources with complete documentation prepared prior to check out. 												
6. WEATHER FORECAST FOR OPERATIONAL PERIOD Weather will be updated daily at briefing.												
7. GENERAL SAFETY MESSAGE HYDRATION/HEAT STRESS- drink often and drink a lot, before you get thirsty. 4:1 water to sports drinks.												
8. ATTACHMENTS (√ IF ATTACHED) <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> ORGANIZATION LIST (ICS 203)</td> <td><input checked="" type="checkbox"/> MEDICAL PLAN (ICS 206)</td> <td><input checked="" type="checkbox"/> SAFETY MESSAGE</td> </tr> <tr> <td><input checked="" type="checkbox"/> ASSIGNMENT LIST (ICS 204)</td> <td><input checked="" type="checkbox"/> INCIDENT MAP</td> <td><input checked="" type="checkbox"/> PHONE LIST</td> </tr> <tr> <td><input checked="" type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)</td> <td><input type="checkbox"/> TRAVEL MAP</td> <td><input type="checkbox"/></td> </tr> </table>				<input checked="" type="checkbox"/> ORGANIZATION LIST (ICS 203)	<input checked="" type="checkbox"/> MEDICAL PLAN (ICS 206)	<input checked="" type="checkbox"/> SAFETY MESSAGE	<input checked="" type="checkbox"/> ASSIGNMENT LIST (ICS 204)	<input checked="" type="checkbox"/> INCIDENT MAP	<input checked="" type="checkbox"/> PHONE LIST	<input checked="" type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input type="checkbox"/> TRAVEL MAP	<input type="checkbox"/>
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<input checked="" type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input type="checkbox"/> TRAVEL MAP	<input type="checkbox"/>										
9. PREPARED BY (RESOURCE UNIT LEADER) Austin Harriett	10. APPROVED BY (INCIDENT COMMANDER) Walter Escobar 											

ORGANIZATION ASSIGNMENT LIST		9. Operations Section	
1. Incident Name Sauratown Mountain Fire		OSC3	Keith Money (12/2)
		OPS	
		a. Branch I - Day	
2. Date 11/22/23	3. Time 1700	Branch Director	
4. Operational Period: November 23-26, 2023 Day 0700-1900 Night 1900-0700		Division/Group	A (Youth Camp) Jeb Schumacher (11/26) Adam Greene(t) (12/3)
		Division/Group	B (Structure Protection) Michael Huffman(12/2)
		Division/Group	Charlie (YMCA Camp) Jason Wickizer (11/26) Brett Walker(t) (11/25)
5. Command and General Staff		Division/Group	Contingency Robert Hinds (11/25)
Incident Commanders	Walter Escobar (11/25) Jonathan Ambrose(t) (11/30)	Division/Group	
Deputy IC		Division/Group	
Safety Officers	Donald Meadows (12/3) Chad Brandon(t) (11/27)	b. Branch II - Night	
Information Officer	James Holt (12/3)	Branch Director	
THSP Liaison Officer	Samuel Griffith (12/3)	Division/Group	Structure Protection Jason Odom(t) (11/24)
6. Agency Representatives		Division/Group	
Agency	Name	Division/Group	
NCFS	Kevin Harvell	Division/Group	
WADNR	Todd Welker	c. Branch III	
WADNR	Russ Lane	Branch Director	
ODF	Blake Ellis	Division/Group	
Stoke EM Director	Brandon Gentry	Division/Group	
Sauratown Fire Chief	Wayne Barneycastle	Division/Group	
Stokes Fire Marshall	Scott Aaron	Division/Group	
7. Planning Section		Division/Group	
Chief	Brian Yeich (12/3)	Division/Group	
Deputy		Division/Group	
Resources Unit	Austin Harriett (11/26)	d. Branch IV	
Situation Unit	Chris Sharpton (12/3)	Branch Director	
Demobilization Unit	Lisa Hartrick (11/25)	Division/Group	
GIS	Dakota Paris (12/3)	Division/Group	
THSP	Carla Hunt (12/4)	Division/Group	
		Division/Group	
		Division/Group	
		e. Other Groups	
8. Logistics Section		UAS Group	
Chief	Jamie Logan (11/26)	f. Air Operations Branch	
	Travis Shidal (11/27)	THSP / Air OPS	
	Wayne Pugh(t) (11/26)	UAS Pilot	
Supply Unit	Patrick Raynor (11/24)	Air Support Supervisor	
Facilities Unit	Carla Ross (12/3)	Helicopter Coordinator	
Ground Support Unit	Frankie Britt (11/26)	Air Tanker Coordinator	
Communications Unit	Jimmy Meadows Jr. (11/26)	Helibase Managers	
Communication Tech			
Radio Operator		10. Finance Section	
Equipment Manager		Chief	Bridgit Gallagher(t) (11/26)
Ordering Manager	James Moeller (12/3)	Deputy	
Food Unit	Clyde Leggins (11/26)	Time Unit	
Medical Unit	Stewart Niemyer (11/26)	Time Unit	
Receiving & Dist		Cost Unit	SueAnn Safriet (12/3)
Security Unit		Equipment Time Recorder	Susan Fay (12/3)
Mechanics		Personel Time Recorder	Pam Alston (12/4)
		Prepared by (Resource Unit Leader) Austin Harriett	



Sauratown Mountain Weather Forecast



FORECAST NO: 04
PREDICTION FOR: Thursday 0600 – Monday 0600
SHIFT DATES: November 23-26, 2023
FORECAST ISSUED: 1700 November 22, 2023

NAME OF FIRE: Sauratown Mountain
UNIT: NCFS
SIGNED: Incident Meteorologist
 Terry Lebo

Discussion

High pressure moving overhead and weak ridging aloft will lead to clear skies and light winds on Thursday. A dry cold front will move across the area Friday with high pressure building in from the north Saturday. Cloudy and cool on Saturday but with no rain. High pressure moves overhead early Sunday then off the coast late in the day as a cold front and weak low move across the Deep South.

THURSDAY:

WEATHER: Few morning clouds then sunny.

MAX TEMP: Valleys: 54-59°F **MIN RH:** Valleys: 30-40%
 Ridgetops: 49-54°F **Ridgetops:** 35-45%

CHC WTG RAIN (0.10"): 0% **LAL:** 1

WINDS (20FT): **Valley:** Light and variable becoming upslope 3-6 mph 1000-1100.
Ridgetops: From the west-southwest 5-10 mph.

MIXING HEIGHT: 2400 ft at 1400 **TRANSPORT WIND:** West 9 mph.
INVERSION BREAK (Temp/Time): 45°F/0900-1000

THURSDAY NIGHT:

WEATHER: Clear in the evening with gradually increasing cirrus overnight.

MIN TEMP: Valleys: 30-38°F **MAX RH:** Valleys: 80-100%
 Ridgetops: 37-43°F **Ridgetops:** 70-80%

CHC WTG RAIN (0.10"): 0% **LAL:** 1

WINDS (20FT): **Valleys:** Light and variable becoming downslope 3-5 mph around 2200.
Ridgetops: From the west-northwest 5-8 mph.

INVERSION SETUP: 1800

Extended Outlook

FRIDAY: Morning clouds with afternoon clearing. Highs 51-58F. Lows 32-40F. Min RH: 40-50%. Max RH: 80-100%. Winds from the northeast 5-10 mph increasing to 8-12 mph with gusts 15 mph Friday night.

SATURDAY: Partly cloudy becoming mostly cloudy in the afternoon. Highs 40-50F. Lows 28-36F. Min RH: 35-50%. Max RH: 65-85%. Winds from the northeast 7-10 mph.

SUNDAY: Partly to mostly cloudy. Highs 43-53F. Lows 33-40F. Min RH: 45-55%. Max RH: 75-95%. Winds from the east-northeast 5-8 mph becoming southeast in the afternoon.

HEALTH AND SAFETY MESSAGE

SAFETY starts with **YOU**

We are **ALL** accountable for **SAFE** behaviors

INCIDENT: Sauratown Mountain Fire	DATE/SHIFT: November 23-26, 2023
Major Hazards and Risks: Snags, Chainsaw Operations, Driving & Traffic and Steep Terrain/Rolling Debris	
<p>Chainsaw Operations: While operating chainsaws always wear your PPE's including hardhat, gloves, safety glasses, ear plugs, chainsaw chaps and Leather boots. Always stay a safe distance away and have road guards to monitor traffic when chainsaw operations are ongoing.</p> <p>Communications: Make sure that you are giving or receiving clear instructions. If you are unsure of what you are supposed to do, ask. It is likely that if you are unsure of the plan, someone else is also. Use the Briefing Checklist located on the inside of the back cover of your IRPG when giving and receiving a briefing to ensure that nothing is missed. Allow time for Q&A following a briefing to encourage questions.</p> <p>Driving & Traffic: Distracted driving is any non-driving activity that a person engages in while operating a motor vehicle...aka "multi-tasking behind the wheel." Police reports have shown that, on average, 8 people are fatally injured in distracted driving crashes every day.</p> <p>Snags: Maintain situational awareness and point out snags to others. Be aware of dead snags within past fire area. DO NOT cut hemlock snags (tops will break). Do not park vehicles under snags or trees with widow makers. Use flagging tape to keep others out of the area. LOOK UP, DOWN, AND AROUND!</p> <p style="text-align: center;"><i>"Baseball is like driving, it's the one that gets home safely that counts"</i></p> <p style="text-align: right;"><i>Tommy Lasorda</i></p>	
<p style="text-align: center;"><u>3 Types of Driving Distractions</u></p> <ol style="list-style-type: none">1. Visual – taking your eyes off the road. This can be attributed to switching radio channels, making calls, reading texts, entering destinations into a gps, etc.2. Manual – Taking your hands off the wheel. There are many reasons that we do this risky action such as adjusting the A/C, changing the radio, sending texts, etc.3. Cognitive – Taking your mind off of the task of driving. Mental fatigue, conversations with others and your attitude can lead to this type of distraction. <p>Make driving your #1 priority every time you're behind the wheel. Everybody has someone waiting for them to come home safe!!!</p>	<p style="text-align: center;"><u>Risk Management</u></p> <ul style="list-style-type: none">• Keep risks commensurate with the benefit.• Utilize the Risk Management Process found on page 1 of the IRPG.• Recognize that no injury is worth the ground you are working.• Everyone is entitled to a round trip ticket. Success to this IMT is measured as all assigned resources making it home safely at the end of assignment.



Steven W. Troxler
Commissioner

**North Carolina Department of Agriculture
and Consumer Services**
N.C. Forest Service



Gregory M. Hicks
Assistant Commissioner

**R2 Fall IA Support
Sauratown Mountain Fire
Emergency Medical Procedure**

- Begin patient care and establish an IWI IC
- Call by phone 911 or central communication by county radio if on scene with local NCFS county personnel.
- After arranging patient care and transport begin the 8-line process.
- Call in the 8-line medical documentation to the Sauratown Safety Officer on Command or by phone.
- Safety will make notification to R2 operations and R3 Severity IMT Safety via email. If code red or black make additional notification to R3 Severity IMT Safety by phone.
- Incident safety will make necessary notification to IMT members and document.

D10 D10opsrm@ncagr.gov 336 956 2111

R2 R2opsrm@ncagr.gov 919-542-1515

Donald Meadows SOFC Donald.Meadows@ncagr.gov 252-229-9347

Chad Brandon SOFC (t) Chad.Brandon@ncagr.gov 252 904 5614

Greg Riggs SOFC Greg.Riggs@ncagr.gov 252 229 0162

DIVISION ASSIGNMENT LIST				1. BRANCH		2. Division/Group Charlie (YMCA Camp)	
3. Incident Name Sauratown Mountain Fire				4. Operational Period Date: 11/23-26/23 Time: 0700-1900			
5. Operations Personnel							
Operations Chief		Keith Money (12/2)		Division/Group Supervisor		Jason Wickizer(11/26) Release at 0630 on 11/27 Brett Walker(t) (11/25) Release at 0800 on 11/26	
Branch Director				Division Structural			
6. Resources Assigned This Period							
Strike Team/Task Force/ Resource Designator	Leader	Last Shift	Resource #	Number Persons	EMT	Phone #	Special Instructions
DIVS	Thomas "Jason" Hoerner	11/25	O-13	1		509-859-6779	Release at 0630 on 11/26
DIVS	Joshua Mohler	11/25	O-15	1		360-515-1523	Release at 0800 on 11/26
HEQB(t)	Sean Weber	11/25	O-4	1		970-576-4176	Release at 1000 on 11/28
DOZ 10x1	Jerry Tysinger	12/3	E-8	1		336-978-1765	
SMOD Olympia MOD	Mike Burri	11/28	O-3	10		509-899-5136	Release at 0630 on 11/27
SMOD Thunder Mountain UT	Janik Sundberg	11/25	O-19	12		385-277-2126	Release at 1030 on 11/25
UTV							
7. Control Operations							
<ul style="list-style-type: none"> Mop-up fire perimeter 50ft inside control line where possible. Identify rehab needs. Document any damage to infrastructure and structures. Gather data and enter in field maps. 							
8. Special Instructions							
<ul style="list-style-type: none"> Ensure CTR's , shift tickets, unit logs and all other paperwork is turned in daily. Identify training opportunities for task books. Complete performance evaluations for all assigned personnel. Police any trash and back haul excess fire equipment. 							
9. Division/Group Communication Summary							
Function	Frequency	System	Channel	Function	Frequency	System	Channel
Command	800 MHz	NCFS	Events Ch. Bravo 2	Logistics		NCFS	
Tactical Div/Group	TX: 158.7375 Tone: 156.7 Rx: 158.7375 Tone:	NCFS	INC Ch. VTAC 13	Air to Ground	TX: 171.5750 Tone: 131.8 Rx: 171.5750 Tone 131.8	NCFS	Grp. 14 INC Ch. 8
Prepared By (Resource Unit Leader)		Approved By (Planning Sect. Ch.)			Date		Time
Austin Harriett		Austin Harriett			11/22/23		1900

Rehab instructions:

- Pick up all wildfire response trash along Fireline and roadsides.
- Handlines and dozer lines will be rehabbed by installing water bars/turn outs at properly spaced intervals.
- Assess houses, structures, driveways, culverts, light poles and tower infrastructure for any damage or rehab needs.
- Identify any streams or springs that have been impacted and mark location in field maps.

INCIDENT RADIO COMMUNICATIONS PLAN		1. Incident Name Sauratown Mountain Fire		2. Date/ Time Prepared 11/22/23 14:45		3. Operational Period Date/Time Day/Night - Nov 23-26, 2023																																																																																																																																																																	
4. Basic Radio Channel Utilization Mode: W=Wideband, N=Narrowband, D=Digital, M=Mixed, T=Trunked																																																																																																																																																																							
Radio Type	Channel	Function	Frequency	Tone	Mode	Assignment	Remarks																																																																																																																																																																
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5. Prepared by (Communications Unit)
Jimmy Meadows COML

Finance Information for Districts and Resources

Submit CTRs and Shift Tickets **DAILY**

Paper copies can be left at the district office to be picked up by a team member or emailed to:

ncfs.imt.finance@ncagr.gov

- Include the **Fire Name** and **District** you are assigned to in the remarks section of all CTRs and STs.
- Include dollar amount of fuel purchased in **Box 14 Remarks** on the shift ticket.
- Please show travel time on your documents and include **TRAVEL** in remarks. You only have travel on your first and last day.
- Legibly complete your CTRs and Equipment Shift Tickets using the examples below.
- Make sure you use your legal name (not a nickname) on ALL documentation.
- Only one day per CTR/Equipment Shift Ticket.
- **Make sure your incident supervisor signs your tickets before submitting them to finance.**

2023 R-3 Fall IA Support, NC-NCS-230037 Examples

CREW TIME REPORT					
(1) CREW NAME			(2) CREW NUMBER		
NCFS			(4) FIRE NAME		(3) FIRE NUMBER
			2023 R-3 FALL IA Support		NC-NCS-230037
(6)	(7)	(8)	(9)	(10)	(11)
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE	DATE	
			11/10/2023		
			Military Time		
			ON	OFF	ON
T	Chester VonWiggins	DIVS	0700	1130	
			1200	1900	
(12) REMARKS					
T = Travel					
Fire Name					
District you are working in					
(13) OFFICER-IN-CHARGE (Signature)					
Bridgit Gallagher			Digitally signed by Bridgit Gallagher Date: 2023.11.11 14:40:12 -0500		(14) TITLE (Officer-in-Charge)
					FSCC(T)
(14) NAME (Person Facing to Emergency Time Report)					(15) DATE

EMERGENCY EQUIPMENT SHIFT TICKET				E-25	
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)			
3. INCIDENT OR PROJECT NAME		4. INCIDENT NUMBER		5. OPERATOR (name)	
2023 R-3 Fall IA Support		NC-NCS-230037		VonWiggins, Chester	
6. EQUIPMENT MAKE		7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY	
Ford		F-150		<input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER		10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY	
last 5 of VIN #		PP-1234		<input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE		13. EQUIPMENT USE			
MO/DAY/YR		START	STOP	HOURS/DAYS/MILES(circle one)	etc.)
				WORK	SPECIAL
11/10/23		0800	1200	4	T
11/10/23		1200	1230	.50	
11/10/23		2000	2030	.50	
14. REMARKS (released, down time and cause, problems, etc.)					
T=Travel Rate=\$32.00 Fire Name District you are working in					
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			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED
Chester VonWiggins			Bridgit Gallagher		11/11/23
NSN 7540-01-119-5628/50297-102					
OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI					

CREW TIME REPORT					
(1) CREW NAME			(2) CREW NUMBER		
NCFS			(4) FIRE NAME		(3) FIRE NUMBER
			2024 NCFS Large Inc Supp		NC-NCS-230041
(6)	(7)	(8)	(9)	(10)	(11)
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE	DATE	
			11/10/2023		
			Military Time		
			ON	OFF	ON
T	Chester VonWiggins	DIVS	0700	1130	
			1200	1900	
(12) REMARKS					
T = Travel					
Fire Name					
District you are working in					
(13) OFFICER-IN-CHARGE (Signature)					
Bridgit Gallagher			Digitally signed by Bridgit Gallagher Date: 2023.11.11 14:40:12 -0500		(14) TITLE (Officer-in-Charge)
					FSCC(T)
(14) NAME (Person Facing to Emergency Time Report)					(15) DATE

EMERGENCY EQUIPMENT SHIFT TICKET				E-25	
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)			
3. INCIDENT OR PROJECT NAME		4. INCIDENT NUMBER		5. OPERATOR (name)	
2024 NCFS Large Incident Support		NC-NCS-230041		VonWiggins, Chester	
6. EQUIPMENT MAKE		7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY	
Ford		F-150		<input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER		10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY	
last 5 of VIN #		PP-1234		<input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE		13. EQUIPMENT USE			
MO/DAY/YR		START	STOP	HOURS/DAYS/MILES(circle one)	etc.)
				WORK	SPECIAL
11/10/23		0800	1200	4	T
11/10/23		1200	1230	.50	
11/10/23		2000	2030	.50	
14. REMARKS (released, down time and cause, problems, etc.)					
T=Travel Rate=\$32.00 Fire Name District you are working in					
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			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED
Chester VonWiggins			Bridgit Gallagher		11/11/23
NSN 7540-01-119-5628/50297-102					
OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI					

(All Out-of-State Resources only) Please record 2024 NCFS Large Fire Incident Support

(All State Resources) Please Record NC-NCS-230041 in NCFS Region 3 or NC-NCS-230048 fire number in NCFS Region 2 as Examples

*Resource is responsible for turning in all documentation to finance

**Any finance questions can be emailed to ncfs.imt.finance@ncagr.gov

Ordering, Check-in, Demob, and Finance Procedures

- **Resources that were ordered through the FY24 NCFS Incident Support:**
 - **Will check-in with the Sports IMT3 at the Justice Academy**
 - **Will demob with the Sports IMT3 at the Justice Academy**

- Districts will call Region 2 and ask for Severity Ordering to place all resource and supply orders.
 - Severity ORDM will generate Request Number and will submit through expanded/R2 to go up to CO

- Assigned resources will travel to the District that ordered them.

- Upon arrival, resources ordered through **R3 Fall IA Support & FY24 R2 Severity** will complete the following:
 - NC-211 NCFS Check-in Sheet and email, along with Resource Orders to ncfs.imt.plans@ncagr.gov
 - District Mechanics and/or FFEOs will perform an equipment inspection on all equipment on the OF-296 Inspection form and email a copy to frankie.britt@ncagr.gov
 - **Out-of-State resources will check-in at the Justice Academy.**

- All resources being released from a fire will need to be submitted to R2 Ops for reassignment/area of staging.
 - District Ops should update Severity Resources daily by emailing ncfs.imt.plans@ncagr.gov daily by 1000 hours.

- **LODGING**
 - District Office will arrange lodging as needed for resources.
 - District Office Manager will add information to lodging tracking spreadsheet daily.
 - Rooms will be paid for by Buying Team.
 - Resources will CHECK OUT from the hotel when they leave but are not responsible for invoices.

- **SUPPLIES**
 - Severity ORDM will generate S# for supplies and submit to Buying Team for fulfillment.
 - Supply orders will be filled by a local BUYM who is assigned to the Buying Team.
 - BUYM will deliver all documentation related to purchases to the Buying Team.

- Finance
 - Submit CTRs and Shift Tickets Daily
 - Prior to demob, resource will be sent a draft 286/288 for review and approval.
 - Once approved by resource, final 286/288 will be emailed for completion.
 - Finance will email resource completed packet.
 - See attached document for daily procedures.
 - Paid-out costs will be submitted daily to CO-Ops by IMT Finance

- Resources that are preparing to demob from the District or a large fire (including out-of-state resources) should notify Demob Unit Leader Lisa Hartrick and Finance 3 days prior to their scheduled demob date.
 - 1st working day is the day following travel to the incident/assigned district, regardless of distance traveled.
 - Unless an extension is granted through the proper channels, resources will have a 14-day assignment.
 - Resources will be required to RON on their last working day and travel home the next day, unless their home is within 2-hours driving time from assigned District Office.
 - The Demob Unit Leader will email the resource the ICS 221, Demobilization Check out form.
 - A District representative will sign off on Facilities, Ground Support, and Supply; indicating that they have checked out of hotels, had their equipment inspected, and returned any supplies issued by the District.
 - A District representative will indicate an ETD from the District and an ETA to their home unit.
 - **Out-of-State resources will travel to the Justice Academy to demob.**
 - The following documents will be emailed to ncfs.imt.plans@ncagr.gov
 - ICS 221, Demobilization Check out form
 - A copy of the evaluation for the resource
 - The following documents will be emailed to ncfs.imt.finance@ncagr.gov
 - All remaining CTRs and Equipment Shift Tickets
 - Completed Equipment inspection forms, OF-296
 - Finance will email the resource their final documentation package.

IAP MAP

Sauratown Mountain
 NC-NCS-230049
 11/23/2023 Day Shift

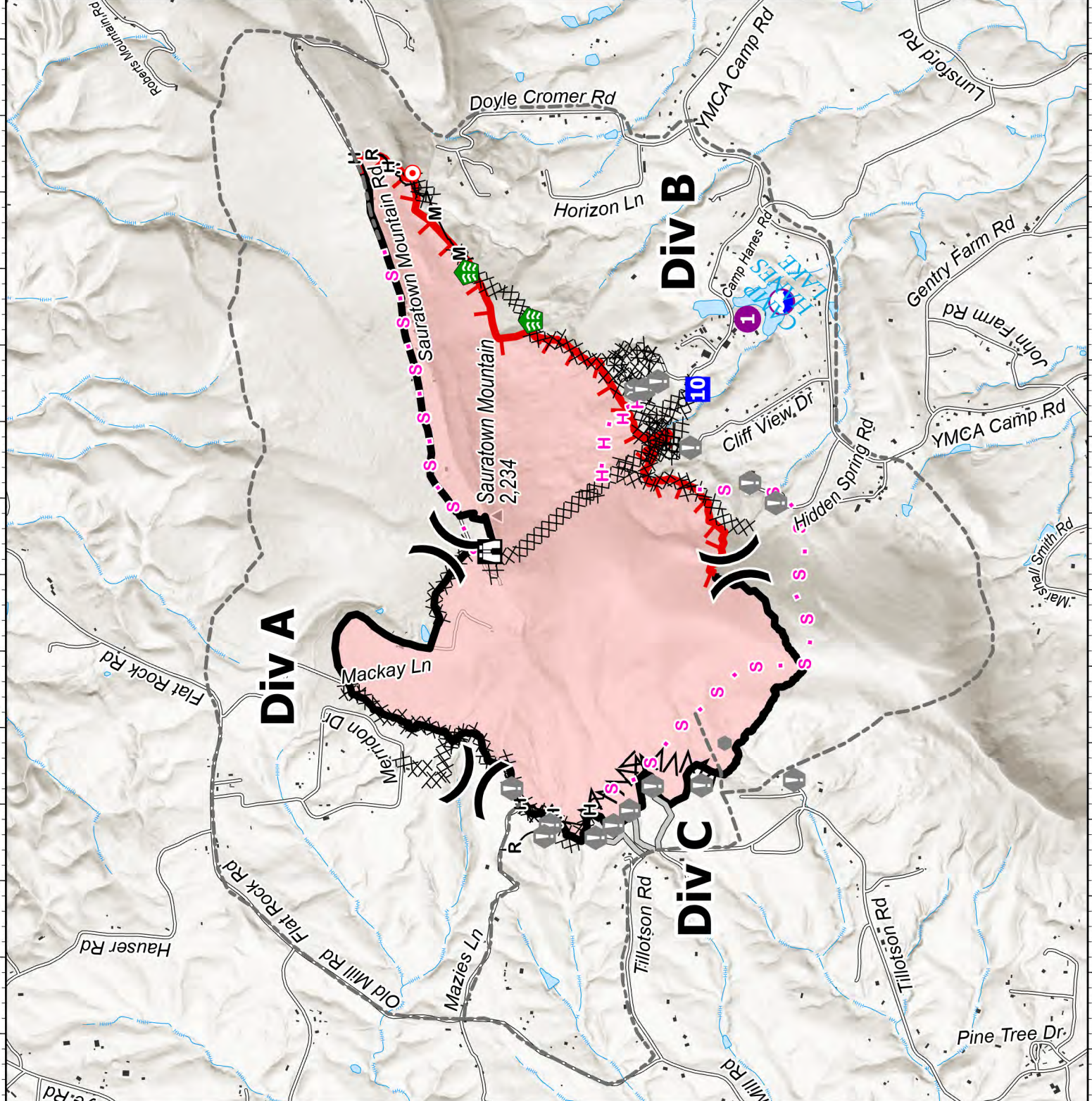
833 acres at 11/22/2023 15:00 hrs



- Wildfire Daily Fire Perimeter
- Contained
- Uncontained
- Dip Site
- Hellsport
- Division Break
- Drop Point
- Lookout
- Hot Spot - Spot Fire
- Value at Risk
- Other
- Bridge
- Stream Crossing
- Completed Dozer Line
- Completed Fuel Break
- Completed Hand Line
- Completed Mixed Construction Line
- Completed Road as Line
- Planned Hand Line
- Planned Plow Line
- Planned Secondary Line
- Access or Improved Road
- Contingency
- Stream/River
- Stream/River Intermittent
- Lake / Pond



NCFS IMT
 11/22/2023 16:11
 IR & GPS
 North American 1983 Datum.



IAP and PDF Fire Maps

**Current NC Wildfire
Situation Report**



IAP's



**Sauratown Mountain
Fire Map's**



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.

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time 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
			<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: <u>Stewart Niemyer</u>	
8. Approved by (Safety Officer): Name: _____	Signature: <u>Gregory Riggs</u>	
ICS 206	IAP Page _____	Date/Time: _____