

COVINGTON DRIVE FIRE

Fire # 251902



Incident Action Plan

March 7, 2025 – March 8, 2025

24hr Operational Period


0730 – 0730



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Covington Drive	2. Operational Period: Date From: 3/7/25 Date To: 3/8/25 Time From: 0730 Time To: 0730																
3. Objective(s): <ul style="list-style-type: none"> • Ensure all management actions are prioritized, emphasizing firefighter and public safety through the implementation of sound LCES practices. • Provide for community protection and point protection of values at risk. • Use strategies and tactics commensurate with resource values at risk and minimize impacts to private lands. • Keep public and stakeholders informed on fire information. • Foster and maintain good relationships with communities and interested State and Local Government Officials. 																	
4. Operational Period Command Emphasis: <ul style="list-style-type: none"> • Keep fire south and west of Red Road. • Keep fire North of Santee Cooper Right of Way and north of Carolina Forest Communities. • Keep fire south, southeast of constructed dozer line that is located north of Santee Cooper Right of Way. • Utilize aviation assets commensurate to incident strategy and tactics. 																	
General Situational Awareness See Spot Weather Forecast																	
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at:																	
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 203</td> <td style="width: 33%;"><input type="checkbox"/> ICS 207</td> <td style="width: 34%;"><u>Other Attachments:</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> PIO Message</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Map/Chart</td> <td><input checked="" type="checkbox"/> Medical Plan</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input checked="" type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input checked="" type="checkbox"/> ICS 214</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 206</td> <td></td> <td><input checked="" type="checkbox"/> ICS 220</td> </tr> </table>			<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> PIO Message	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input checked="" type="checkbox"/> Medical Plan	<input checked="" type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	<input checked="" type="checkbox"/> ICS 214	<input checked="" type="checkbox"/> ICS 206		<input checked="" type="checkbox"/> ICS 220
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>															
<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> PIO Message															
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<input checked="" type="checkbox"/> ICS 206		<input checked="" type="checkbox"/> ICS 220															
7. Prepared by: Name: Drake Carroll Position/Title: PSC3 Signature:																	
8. Approved by Incident Commander: Name: <u>Kyle Smith</u> Signature:																	
ICS 202	IAP Page _____	Date/Time: 3/6/25 1830															

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Covington Drive		2. Operational Period: Date From: 3/7/25 Time From: 0730		Date To: 3/8/25 Time To: 0730	
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs	Kyle Smith	Chief	Ron Holt		Mike Ney
		Deputy			
Deputy	Doug Mills	Staging Area			
Safety Officer	Brad Bramlett(t)	Branch			
Public Info. Officer	Russell Hubright; Annetta Pritchard	Branch Director			
Liaison Officer	Shawn Feldner; Chris Revels	Deputy			
4. Agency/Organization Representatives:		Division/Group	Division A		John Bryan
Agency/Organization	Name	Division/Group	Division D		Ben Kendall
SC Forestry Commission	Darryl Jones	Division/Group	Division Y		James Brunson
Horry County	Barry Spivey; Randy Webster	Division/Group	Division Blackthorn		Brandon Craig
Horry County Fire Rescue	Chief Joey Tanner	Division/Group	Night Ops		Jeff Riggan
	Deputy Chief Mike Norket	Branch			
State Fire	Jonathan Jones	Branch Director			
		Deputy			
5. Planning Section:		Division/Group			
Chief	Drake Carroll	Division/Group			
Deputy		Division/Group			
Resources Unit		Division/Group			
Situation Unit	Brian Davis	Division/Group			
Documentation Unit		Branch			
Demobilization Unit		Branch Director			
Technical Specialists	Toby Freeman	Deputy			
GIS Specialist	James Douglas	Division/Group			
		Division/Group			
Status Check-in		Division/Group			
6. Logistics Section:		Division/Group			
Chief	David Owen	Division/Group			
Deputy		Air Operations Branch			
Support Branch		Air Ops Branch Dir.	James Price		
Director					
Supply Unit					
Facilities Unit	AJ Rabon	8. Finance/Administration Section:			
Ground Support Unit		Chief	Susan Gensel		
Service Branch		Deputy			
Director		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Food Unit		Cost Unit			
9. Prepared by: Name: Drake Carroll		Position/Title: PSC 3		Signature: 	
ICS 203	IAP Page _____	Date/Time: 3/6/25 1925			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Covington Drive Fire	2. Operational Period: Date From: 3-7-2025 Date To: 3-8-2025 Time From: 0730 Time To: 0730	3. Branch: Division: Delta Group: Staging Area: Covington		
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: <u>Ron Holt</u> Branch Director: _____ Division/Group Supervisor: <u>Ben Kendall</u>				
5. Resources Assigned:				
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
DOZ3	Chapman	1	N-2-3 radio / cell-803-348-5830	Covington Staging 0730
DOZ3	Brown	1	S-4-4 radio / cell-803-445-6938	Covington Staging 0730
Firetrack (Pee Dee)	Cloninger / Milner	2	S-9-3 radio / G-3-3 radio	Covington Staging 0730
6. Work Assignments: Clean out existing breaks Mop-up with fire dept.-100' Patrol line for hotspots				
7. Special Instructions: Cloninger LWD 3/8 (cell - 803-381-1853 / Miner LWD 3/8 (cell - 803-447-4115) / Chapman LWD 3/8 / Brown LWD 3/10 Kendall LWD 3/9 (803-968-4812) * Drive slowly with lights on; use situational awareness when working around snags and equipment.				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
SCFC TAC 6 /	_____			
_____ /	_____			
_____ /	_____			
_____ /	_____			
9. Prepared by: Name: <u>Drake Carroll</u> Position/Title: <u>PSC3</u> Signature:				
ICS 204	IAP Page _____	Date/Time: <u>3/6/25 1500</u>		

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Covington Drive Fire		2. Operational Period: Date From: 3-7-2025 Date To: 3-8-2025 Time From: 0730 Time To: 0730		3. Branch: _____ Division: Blackthorn Group: _____ Staging Area: Blackthorn
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: <u>Ron Holt</u> _____ Branch Director: _____ Division/Group Supervisor: <u>Craig</u> _____			Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader			
Firetrack	Williams		K-2-6 radio / cell - 803-409-8528	Blackthorn Staging 0730
6. Work Assignments: Work with HCBT to mop-up-100' Clean out breaks and improve lines				
7. Special Instructions: Williams LWD 3/9 / Craig (local resource) radio - BR 2 / cell - 843-382-7423 * Use situational awareness when working around snags and equipment; Also don't become complacent as this division cools down.				
8. Communications (radio and/or phone contact numbers needed for this assignment): Name/Function _____ Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____ SCFC TAC 2 / _____ _____ / _____ _____ / _____ _____ / _____				
9. Prepared by: Name: <u>Drake Carroll</u> Position/Title: <u>PSC3</u> Signature:				
ICS 204	IAP Page _____	Date/Time: <u>3/6/25 1535</u>		

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Covington Drive Fire		2. Operational Period: Date From: 3-6-2025 Date To: 3-7-2025 Time From: 0730 Time To: 0730		3. Branch: Division: Night Ops. Group: Staging Area: Covington											
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: <u>Ron Holt</u> Branch Director: _____ Division/Group Supervisor: <u>Jeff Riggins</u>				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information											
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information											
Resource Identifier	Leader														
Doz 3	DeLoach	1	H-2-4 radio / cell - 803-626-2171	Covington Staging 1930											
Doz 3	Strock	1	O-3-7 radio / cell - 803-738-5155	Covington Staging 1930											
6. Work Assignments: Patrol and monitor lines															
7. Special Instructions: Riggins LWD 3/8 (cell 803-230-0143) Contact Ops. Chief if additional resources are needed. Drive very slowly due to smoke and use extra precaution working around snags															
8. Communications (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; border-bottom: 1px solid black;">Name/Function</td> <td style="width: 65%; border-bottom: 1px solid black;">Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Cov Command /</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> /</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> /</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> /</td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>						Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	Cov Command /		/		/		/	
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Cov Command /															
/															
/															
/															
9. Prepared by: Name: <u>Brian Davis</u> Position/Title: <u>RESL</u> Signature:															
ICS 204	IAP Page _____	Date/Time: _____													

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name: Covington Drive Fire	2. Operational Period: Date From: 3/6/25 Time From: 0700 Date To: 3/6/25 Time To: 1900	3. Sunrise: 0638 Sunset: 1815				
4. Remarks (safety notes, hazards, air operations special equipment, etc.): air operations special		5. Ready Alert Aircraft: Medivac: New Incident:				
7. Personnel: Air Operations Branch Director Air Support Group Supervisor Air Tactical Group Supervisor Helicopter Coordinator Helibase Manager		AM FM 122.925 122.925 151.205	6. Temporary Flight Restriction Number: Altitude: 5-8307 1500' MSL Center Point: 34 48 16N, -78 51 34 9. Fixed-Wing (category/kind/type, make/model, N#, base): Air Tactical Group Supervisor Aircraft: Airplane, single engine, Cessna 182 N2097X Dillon, SC Other Fixed-Wing Aircraft:			
10. Helicopters (use additional sheets as necessary):						
FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks
N08781	Helo	Chinook				
N26129	Helo	Blackhawk				
N26972	Helo	Blackhawk				
11. Prepared by: Name: <u>Russell Hubright</u> Position/Title: <u>AOBD</u> Signature: _____ Date/Time: <u>3/6/25 1700</u>						

1. Incident Name: Covington Drive Fire

2. Date/Time Prepared: March 6, 2025 11:00:00

3. Operational Period
 Date From: March 7, 2025 7:30
 Date To: March 7, 2025 7:30

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
		Command	INCIDENT Rptr	Covington Command	159.30750	203.5	151.18250	203.5	A	
		Air Ops Branch	SCFC TAC 1	Air Ops	151.20500	203.5	151.20500	203.5	A	
		Tactical	SCFC TAC 2	Blackthorne Command	151.22750	203.5	151.22750	203.5	A	
		Tactical	SCFC TAC 3	Division A	151.35500	203.5	151.35500	203.5	A	
		Tactical	SCFC TAC 4	Division Y	151.40000	203.5	151.40000	203.5	A	
		Tactical	SCFC TAC 6	Division D	151.48250	203.5	151.48250	203.5	A	
		Backup	Horry	Backup Covington Command	155.73000	D261	151.39250	D261	A	
		Backup	SCMA 02	Backup Air Ops	PAL 800	N/A	PAL 800	N/A	D	

5. Special Instructions:

Incident Location County: South Carolina State: SC Latitude: N Longitude: W

The convention calls for frequency lists to show five digits after the decimal place, followed by either an "N" or a "W", depending on whether the frequency is narrow or wide band. Mode refers to either "A" or "D" indicating analog or digital (e.g. Project 25) or "M" indicating mixed mode. Use Remarks for any clarifications, to show gateway channels or other information. All channels are shown as if programmed into a hand held, mobile or control station radio. A Repeater must be programmed with the RX and TX reversed. A Base Station is simplex typically.

6. Prepared by (Communications Unit Leader): Name/Phone #: Toby Freeman / 843-992-2368 Signature: _____
 ICS 205 IAP Page: _____ Date / Time: March 6, 2025 11:00:00

Communication List ICS205 A

Incident Name: Covington Drive Fire	Operational Period:	Date From: 3/3/25 Time From: 0700	Date To: 3/3/25 Time To: 1900
Incident Position	Name (Alphabetized)	PHONE	EMAIL
IC	Kyle Smith	803-629-7502	ksmith@scfc.gov
Deputy IC	Doug Mills	803-530-0063	dmills@scfc.gov
Safety Officer	Brad Bramlett	864-915-1924	bbramlett@scfc.gov
Liason	Chris Revels	803-360-8264	crevels@scfc.gov
Liason	Shawn Feldner	803-983-0407	sfeldner@scfc.gov
PIO	Russell Hubright	803-667-1052	rhubright@scfc.gov
PIO	Annetta Pritchard	803-664-2029	pritchard@scfc.gov
Plans Chief	Drake Carroll	843-601-9121	dcarroll@scfc.gov
SITL-GISS	James Douglas	803-360-6882	jdouglas@scfc.gov
RESL			-
			-
			-
Ops Chief	Mike Ney	843-669-8685	Mney@scfc.gov
Ops Chief	Ron Holt	843-992-6417	rholt@scfc.gov
DIVS	Jeff Riggin	803-230-0143	jriggin@scfc.gov
DIVS	james Brunson	843-307-5448	jbrunson@scfc.gov
DIVS	John Bryan	843-244-5177	jbryan@scfc.gov
DIVS	Ben Kendall	803-968-4812	bkendall@scfc.gov
DIVS	Chet Foyle	843-382-7451	cfoyle@scfc.gov
DIVS	Stephen Patterson	803-940-2628	spatterson@scfc.gov
LSC	David Owen	864-637-8519	dowen@scfc.gov
GSUL	Andy Johnson	803-360-6956	ajohnson@scfc.gov
FDUL	AJ Rabon	843-253-3533	arabon@scfc.gov
Finance	Susan Gensel	843-934-9681	sgensel@scfc.gov
Time Recorder	Lisa Hart	803-896-8890	lhart@scfc.gov
Line Staff			
Fire Track	Christopher Todd Smith	803-612-0164	csmith@scfc.gov
Fire Track	John Scott Cloninger	803-381-1853	john.cloninger@scfc.gov
Fire Track	Muckenfuss		-
Fire Track	Lane		-
Fire Track	Williams		-

DOZ3	Bull		
DOZ3	Eaddy		
DOZ3	Speares		
DOZ3	Yonce		
DOZ3	Bluefort		
DOZ3	Seagars		
DOZ3	Chapman		
DOZ3	Campbell		
DOZ3	Welch		
DOZ3	Tumbleston		
DOZ3	Smith		
DOZ3	Caines		
DOZ3	Deloach		
DOZ3	Strock		

Cooperators List

Covington Fire 3/3/25				
AGENCY	CONTACT	TITLE	PHONE	EMAIL
AGENCY ADMINISTRATORS				
SCFC	Scott Philips	State Forester	803-667-1067	sphilips@scfc.gov
SCFC	Tom Patton	Deputy State Forester	803-667-1149	tpatton@scfc.gov
SCFC	Darryl Jones	Fire Chief	803-667-1039	djones@scfc.gov
Horry County	Barry Spivey	Agency Administrator		
Horry County	Randy Webster	Public Safety Administrator		
State Fire	Jonathan Jones			
HCFR				
	Joey Tanner	County Chief		
	Mike Norket	Assistant Chief	843-504-0465	
	Timmy Rainbolt	Wildfire Team	843-333-2627	
	Bryan Turner	Wildfire Team	843-504-8788	
Horry County Emer Mgmt				
	Sam Hodge	Director		
	Wanda	Brust	843-283-8998	
	Loren	Wallace	843-283-0525	
Add'l Horry County				
	Randy Plummer	Director Public Works	843-591-5267	
SC EMD				
	Gregg Haselden		803-542-4234	ghaselden@emd.sc.gov
	Jim Grant		803-800-2962	jgrant@emd.sc.gov
Utility Companies				
Santee Cooper	Wes Brunson	Lead Contact	843-826-6750	wes.brunson@santeecooper.com
Santee Cooper	Davis Martin	ROW Contact	803-225-0527	DMARTIN@santeecooper.com
Santee Cooper	Jody Hall	Transmission Line Contact	843-798-0770	JMHALL@santeecooper.com
Santee Cooper	Eddie Taylor	GIS Contact		HETAYLOR@santeecooper.com
Santee Cooper	Jason Cox	Substation Manager	843-283-6030	
Santee Cooper	EM Dispatch (24hr)		843-347-9194 ext:3045	
Dominion Energy	Brandon Ashley	DESC Electric	803-609-6160	brandon.ashley@dominionenergy.com
Dominion Energy	Cindy Ostrander	DESC Gas	803-530-4135	cynthia.ostrander@dominionenergy.com

HEALTH AND SAFETY MESSAGE

SAFETY starts with YOU

INCIDENT:	Covington Drive Fire	OPERATIONAL PERIOD:	3/07/25 @ 0730 - 3/08/25 @ 0730
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Fire Order / Watchout Situation of the Day:

Taking a nap near fireline

Fatigue & Stress

Accumulated (chronic) Fatigue is defined as fatigue from which normal rest does not produce recovery. Accumulated fatigue is often caused by extended periods of stress with inadequate recovery periods, which results in decreased productivity, compromised immune function, and reduced alertness. Fatigued workers perform poorly, behave carelessly, tolerate greater errors, and become inattentive. Chronic fatigue often results in increased stress, which may present itself through certain behavioral and physiological indicators, such as those described below:

Behavioral indicators:

- Decreased motivation and low morale.
- Increased irritability and depression.

Physiological indicators:

- Confusion, poor problem-solving.
- Poor abstract thinking.
- Poor attention/decisions.
- Poor concentration/memory.
- Extreme emotional responses.
- Social/behavioral changes.

Recommendations for chronic fatigue/stress are:

- Take longer periods of rest/recovery.
- Ensure that workers are adequately rested before they begin work shifts.
- Provide periodic rest breaks to allow physical and mental recovery.
- Alternate between heavy and light tasks.
- Eat well-balanced meals regularly, with energy supplements during periods of high exertion.
- Maintain hydration.
- Ensure workers maintain good personal hygiene.
- Maintain high standards of physical fitness and work capacity.
- In extreme cases, personnel may need to be relieved of their duties.

National Interagency Wildland Fire and Aviation CISM: <https://gacc.nifc.gov/cism/>

Navy Seal Breathing Technique: <https://www.youtube.com/watch?v=pq5E0FWYDCI&t=2s>

Stress First Aid: <https://www.everyonegoeshome.com/stress-first-aid-sfa-firefighters-emergency-services-personnel/>

Brad Bramlett- SOFR(t) Safety Officer trainee

Cell: (864) 915-1924

Email: BBramlett@scfc.gov



Send Us Your Photos!

Spot Forecast for Covington Fire...SC Forestry Commission
National Weather Service Wilmington NC

.DISCUSSION...

High pressure will maintain dry weather Friday with much less wind expected. Dry and warmer weather is expected Saturday before rain chances return Sunday.

FRIDAY...

Sky/weather.....Mostly sunny (30-40 percent).
Max temperature.....Around 61.
Min humidity.....33 percent.
Wind (20 ft).....Light winds becoming south 5 to 7 mph in the afternoon.
Max mixing hgt.....3200 ft AGL.
Transport winds.....Northwest 6 to 8 mph shifting to the southwest 7 to 16 mph late in the morning.
Max vent rate.....Fair (48237 mph-ft).
Max LVORI.....4.
Max ADI.....60.
Chance of lightning.0 percent.










TIME (EST)	6 AM	8 AM	10 AM	NOON	2 PM	4 PM
Sky (%).....	19	8	16	29	43	56
Weather cov.....						
Weather type....	NONE	NONE	NONE	NONE	NONE	NONE
Tstm cov.....						
Chc of ltng (%)	0	0	0	0	0	0
Temp.....	35	39	51	57	59	59
RH.....	75	64	43	35	34	40
20 ft wind.....	NW 1	NW 1	NW 1	SW 3	S 6	S 7
20 ft wind gust	2	2	3	7	10	12
Mix hgt (ft)....	300	500	1700	3000	3200	2600
Transport wind..	N 8	NW 6	NW 7	SW 10	SW 14	S 16
Stability.....	A	A	B	B	B	B
LVORI.....	3	3	2	1	1	1
ADI.....	8	6	15	38	54	52
Vrate mph-ft/1K	3	3	12	31	44	41
Ventrate Cat....	POOR	POOR	POOR	POOR	FAIR	FAIR
Sfc pres (in)...	29.99	30.04	30.08	30.08	30.03	29.97

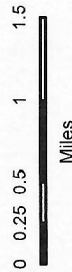
IAP

Covington Drive
 Blackthorn Drive
 SCSCS251902
 03/07/2025 Day

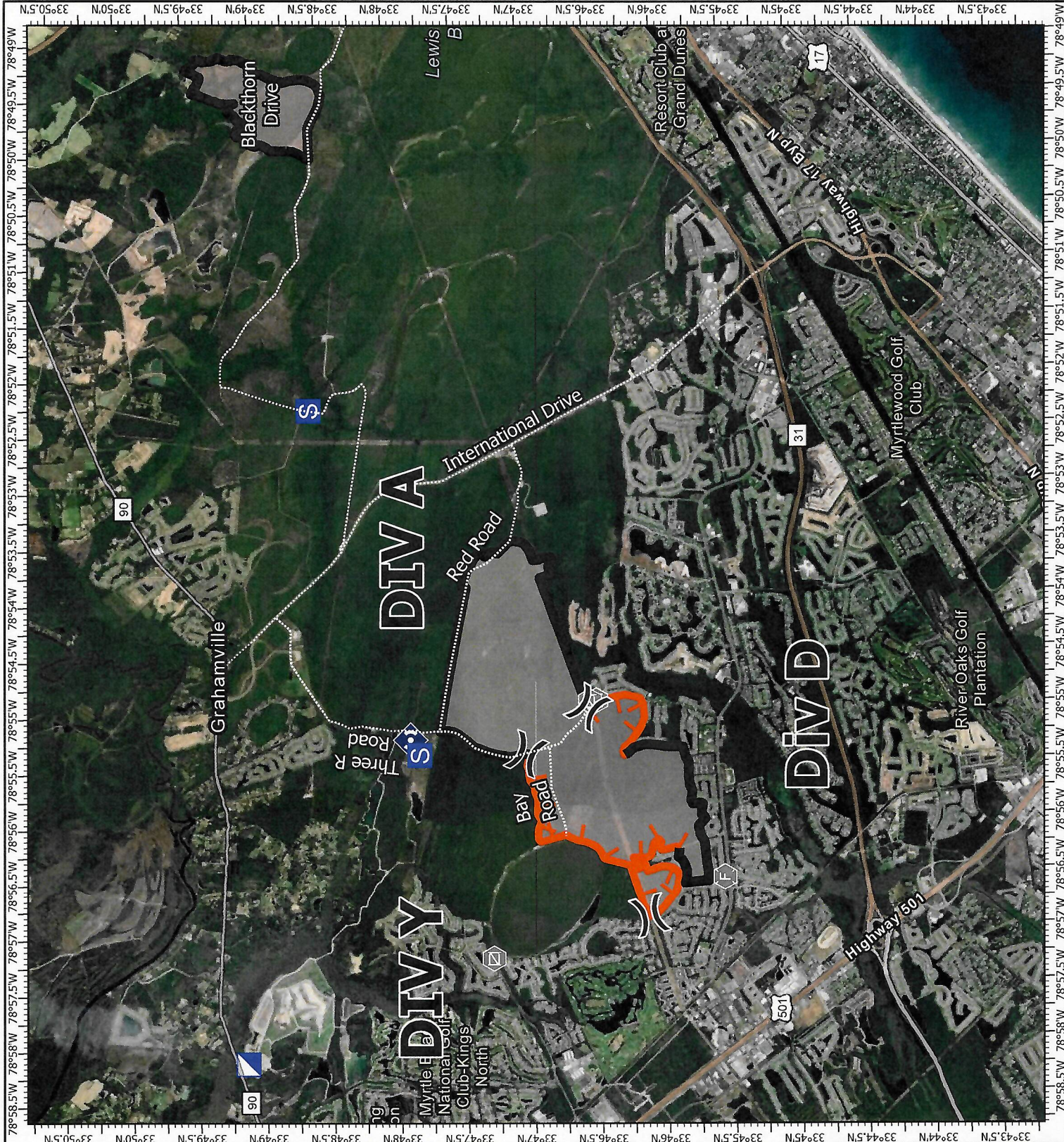
Covington Drive 2,059 acres at
 03/03/2025

Blackthorn Drive 346 acres at
 03/06/2025

-  Division Break
-  Incident Command Post
-  Staging Area
-  Repeater
-  Gate
-  Fire Station
-  Contained Fire Edge
-  Uncontained Fire Edge
-  Wildfire Perimeter
- Woods_Road



173,386 | Author Name | 3/6/2025 1552
 Acres from GPS and Scetch Acres From GPS and
 Scetch

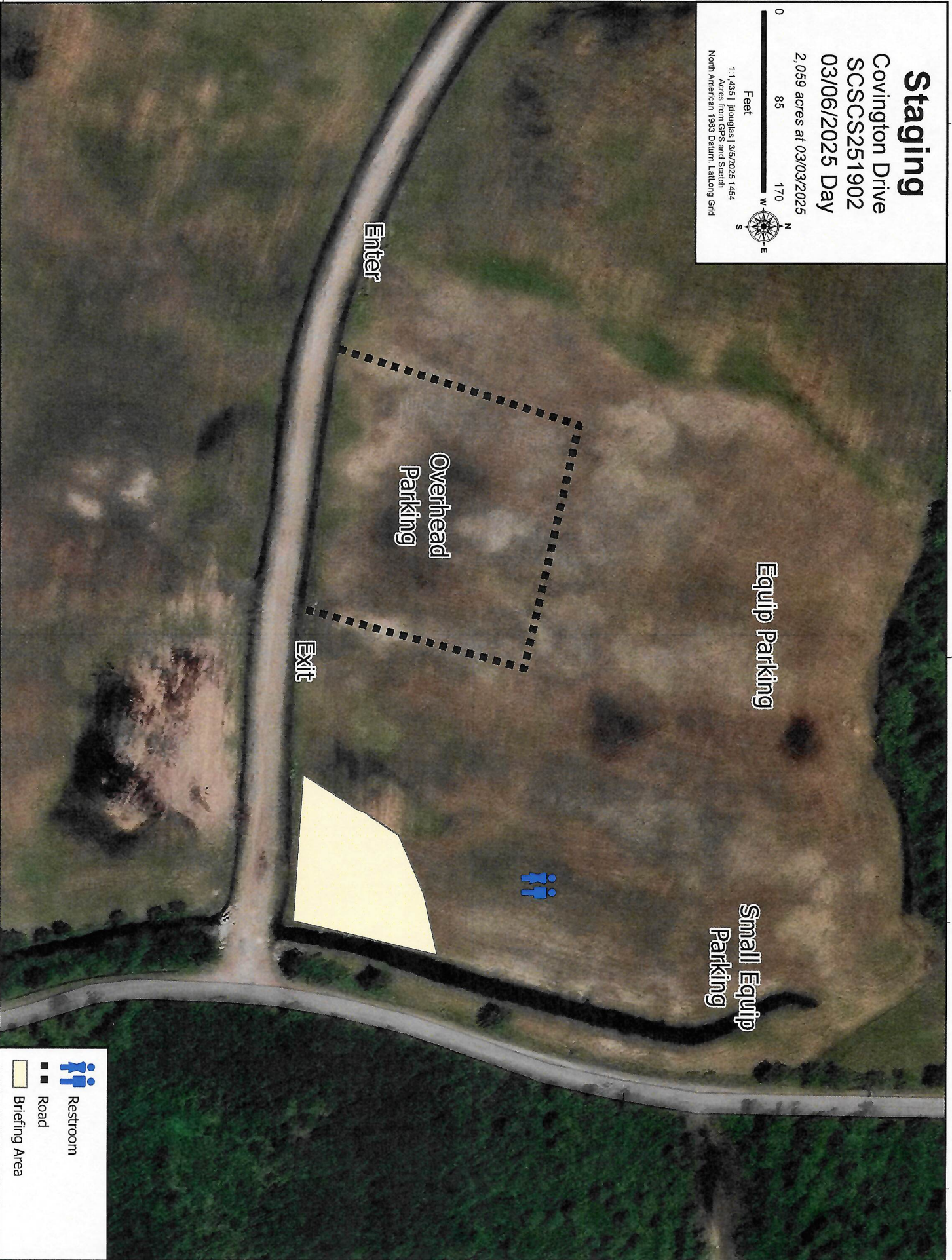


Staging

Covington Drive
SCSCS251902
03/06/2025 Day

2,059 acres at 03/03/2025

0 85 170
Feet
1:1,435 | Douglas 3/5/2025 1454
Acres from GPS and Scotti
North American 1983 Datum, Lat-Long Grid



- Restroom
- Road
- Briefing Area

CTRS & SHIFT TICKETS

FIRE NAME: COVINGTON DRIVE FIRE

FIRE NUMBER: 251902

EXAMPLE CTR:

CREW TIME REPORT		(2) CREW NUMBER	
(3) OFFICE RESPONSIBLE FOR FIRE	(4) FIRE NAME	(5) FIRE NUMBER	(6) DATE
SCFC	Covington Drive	251902	3-2-25
(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE	(10) DATE
T Debbie Kiser		3-2-25	3-3-25
		Military Time ON OFF	Military Time ON OFF
		0600 0700 0700 0800	0600 0800
		0700 1200 1200 1800	1200 1600
		1800 1800 1800 2000	1900 2000
(11) REMARKS			
T - Travel			
(12) OFFICER-IN-CHARGE (Signature)		(13) TITLE (Owner's Charge)	
(14) NAME (Person issuing the emergency time report)		(15) DATE	

EXAMPLE SHIFT TICKET:

Emergency Equipment Shift Ticket										
1. Agreement Number:	2. Contractor/Agency Name			3. Resource Order Number:			5. Financial Code:			
4. Incident Name	5. Incident Number:			6. License/ID Number			10. License/ID Number			
7. Equipment Make/Model:	8. Equipment Type	9. Serial/VIN Number	11. Decal #			12. Transport Retained? Yes No				
Dodge	F-250		769255G							
13. Is this a First Last Ticket? (Check if yes) [4. Miles Hours Blocks 18-20 Special Rates, indicate type and quantity (ex: 1 Day)]										
Mobilization Demobilization (Applies to blocks 18-18 below)										
15. Date	16. Start	17. Stop	18. Total	19. Quantity	20. Type	21. Note Travel/Other remarks				
04/23/25	164856	165130	277			Travel				
4/24/25	165130	165220	90							
4/25/25	165220	165313	93							
22. Date										
23. Operator Name (First & Last) 24. Start 25. Stop 26. Start 27. Stop 28. Total 29. Note Travel/Other remarks										
Cody Watts										
30. Remarks - Provide details of any equipment breakdown or operating issues. Include other information as necessary.										
31. Contractor/Agency Representative (Printed Name)										
32. Contractor/Agency Representative (Signature)										
33. Incident Supervisor (Printed Name & Resource Order number)										
34. Incident Supervisor (Signature)										

OPTIONAL FORM 297 (REV. 5/2024)
USDA/USDI

MEDICAL PLAN (ICS 206)

1. Incident Name: Covington Drive Fire		2. Operational Period: Date From: 3/6/25 Time From: 0730		Date To: 3/7/25 Time To: 0730			
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
Carolina Forest Comm. Chu	1381 Carolina Forest Blvd, Myrtle Beach	Horry County Tach 5	<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				
			<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				
HCFR	671 Carolina Forest Blvd, Myrtle Beach	Horry County Tach 7	<input checked="" type="checkbox"/> ALS <input checked="" 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			
Carolina Forest ER	2101 Oakheart Rd; Myrtle Beach 29579	(843) 903-1780	5	10	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grand Strand Medical Center	809 82nd Parkway; Myrtle Beach, 29572	(843) 692-1000	5	10	<input checked="" type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Augusta Burn Center	3675 J.Dewey Gray Cir; Augusta, GA 30909	(706) 863-9595	45	3.5	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
MUSC Burn Center	10 McClennan Banks Dr, Charleston SC	(843) 792-3780	20	1.5	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conway Hospital	300 Singleton Ridge Rd;	(843) 347-7111	n/a	15	<input checked="" type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:							
<p>Employee injuries need to be immediately reported to HCFR Safety Office. Patients who do not fall under a speciality triage guideline will be transported to the closest and most appropriate facility.</p>							
<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: Brad Bramlett Signature: _____							
ICS 206		IAP Page _____		Date/Time: 3/5/25 @ 1930			

MEDICAL PLAN (ICS 206 WF)

Controlled Unclassified Information//Basic

Medical Incident Report					
<p>FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.</p> <p>FOR A MEDICAL EMERGENCY: IDENTIFY ON-SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.</p>					
<p>Use the following items to communicate situation to communications/dispatch.</p>					
<p>1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report) <i>Ex: "Communications, Div. Alpha, Stand-by for Emergency Traffic."</i></p>					
<p>2. INCIDENT STATUS: Provide incident summary (including number of patients) and command structure. <i>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."</i></p>					
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, 2nd - 3rd 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, 2nd - 3rd 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>		
<p>3. INITIAL PATIENT ASSESSMENT: Complete this section for each patient as applicable (start with the most severe patient)</p>					
Patient Assessment: See IRPG PAGE 106					
Treatment:					
<p>4. EVACUATION PLAN:</p>					
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:					
<p>5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:</p>					
Example: Paramedic/EMT, crews, immobilization devices, AED, oxygen, trauma bag, IV/Fluid(s), splints, rope rescue, wheeled litter, HAZMAT, extrication					
<p>6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable</p>					
Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GROUND					
TACTICAL					
<p>7. CONTINGENCY: Considerations: If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.</p>					
<p>8. ADDITIONAL INFORMATION: Updates/Changes, etc.</p>					
<p>REMEMBER: Confirm ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.</p>					