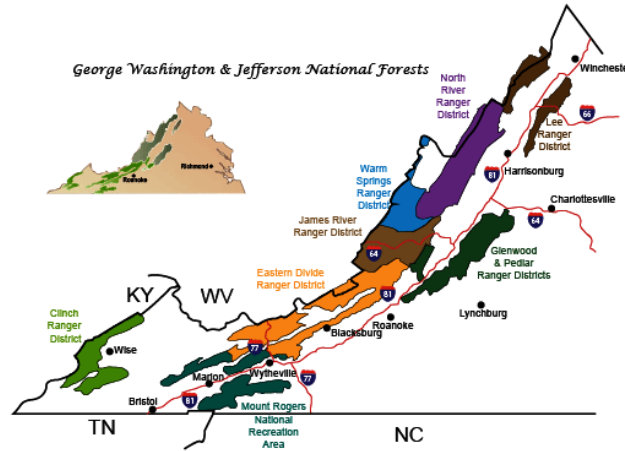


# SKEGG FIRE

VA-VAF-240127

P8 SB2W (0808)



**NOV 5TH 2024**  
**0600-2030**

LINK TREE SITE FOR DIGITAL RESOURCES



SEND ALL CTRS & SHIFT TICKETS:

[2024.skegg.finance@firenet.gov](mailto:2024.skegg.finance@firenet.gov)



# INCIDENT OBJECTIVES (ICS 202)

|   |   |
|---|---|
| <b>1. Incident Name:</b>  | <b>2. Operational Period:</b> Date From: _____ Date To: _____<br>Time From: _____ Time To: _____  |
| <b>3. Objective(s):</b>   |   |
| <p><b>Management Objectives:</b><br/>         Firefighter and public safety will be the highest priority throughout all phases of the incident. Manage the risk to firefighters and the public by using a strategic risk-based approach to decision making.</p> <p>Treat all personnel with dignity and respect by providing a harassment free, zero-tolerance work environment.</p> <p>Protect and mitigate impacts to critical infrastructure across jurisdictional boundaries.</p> <p>Minimize fire impacts to state, county, tribal and private lands.</p> <p>Coordinate fire operations as appropriate with Resource Advisors to minimize impacts to natural and cultural resources.</p> <p>Provide accurate and timely information. Maintain and enhance relationships with federal, state, local and tribal partners, and the public.</p> <p>Manage cost effectively and relative to the values at risk. Ensure financial and documentation packages are prepared in accordance with agency requirements and agreements.</p> <p><b>Incident Objectives:</b><br/>         Confine fire to National Forest System lands to the extent practical.</p> <p>Confine Skegg Fire within identified direct and indirect containment lines.</p> <p>Continue to patrol direct lines ensuring they are meeting needs to confine the fire, improving lines as needed.</p> <p>Using existing strategies for the Skegg fire, limit fire growth outside of proposed containment lines. Monitor fire growth inside of containment lines and take appropriate action as needed.</p> <p>Implement suppression repair across the incident on non-primary containment features as weather/fire behavior allows.</p> |   |
| <b>4. Operational Period Command Emphasis:</b>  |   |
| <p>Patrol and secure primary containment lines in preparation of the forecasted dry and windy conditions.</p> <p>Identify secondary containment lines as time and conditions allow.</p>   |   |
| <b>General Situational Awareness</b>  |   |
| Refer to the Safety Message   |   |
| <b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |
| <b>Approved Site Safety Plan(s) Located at:</b>   |   |
| <b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):   |   |
| <input type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 207<br><input type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 208<br><input type="checkbox"/> ICS 205 <input type="checkbox"/> Map/Chart<br><input type="checkbox"/> ICS 205A <input type="checkbox"/> Weather Forecast/Tides/Currents<br><input type="checkbox"/> ICS 206   | <b>Other Attachments:</b><br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |
| <b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____   |   |
| <b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____  |   |
| <b>ICS 202</b>  | <b>IAP Page</b> _____ <b>Date/Time:</b> _____   |

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

|  |                             |   |                               |                                     |              |
|--|-----------------------------|---|-------------------------------|-------------------------------------|--------------|
| <b>1. Incident Name:</b> Skegg                     |                             | <b>2. Operational Period:</b> Date From: 11/5/2024<br>Time From: 0600 |                               | Date To: 11/5/2024<br>Time To: 2030 |              |
| <b>3. Incident Commander(s) and Command Staff:</b> |                             |   | <b>7. Operations Section:</b> |                                     |              |
| IC   | Ryan Stone 775-813-4239     |   |                               |                                     |              |
| Deputy IC  |                             |   |                               |                                     |              |
| Public Info. Officer                               |                             |   |                               |                                     |              |
| Liaison Officer                                    |                             |   |                               |                                     |              |
| Safety Officer                                     |                             | DIVS  | Matt Clemins *                |                                     | 575-973-0297 |
|  |                             |   |                               |                                     |              |
|  |                             | TFLD  | Davis Foster *                |                                     | 530-334-0262 |
|  |                             |   |                               |                                     |              |
| <b>4. Agency/Organization Representatives:</b>     |                             |   | TFLD                          | Mark Abrahamson                     | 303-519-0174 |
| AA Beth Christianson                               | 540-553-4216                |   |                               |                                     |              |
| Dist. Duty Officer Ted Piehl                       | 801-362-5017                |   |                               |                                     |              |
| VA Dispatch  | 434-423-2007                |   |                               |                                     |              |
| FFMO Colton Moor                                   | 276-706-7729                |   |                               |                                     |              |
|  |                             |   |                               |                                     |              |
|  |                             |   |                               |                                     |              |
| <b>5. Planning Section:</b>                        |                             |   | SOFR                          |                                     |              |
| PSC3   | Charlie Rucker 540-613-7791 |   |                               |                                     |              |
| GISS(v)  | Travis Clapp 361-500-5918   |   |                               |                                     |              |
|  |                             |   |                               |                                     |              |
|  |                             |   |                               |                                     |              |
| <b>6. Logistics Section:</b>                       |                             |   | <b>7. Finance Section:</b>    |                                     |              |
| LSC3   |                             | FCS   | Anna Bryant                   |                                     | 540-988-3975 |
| GSUL   |                             |   |                               |                                     |              |
| SPUL   |                             |   |                               |                                     |              |
| FACL   |                             |   |                               |                                     |              |
| GSUL   |                             |   |                               |                                     |              |
| COML   |                             |   |                               |                                     |              |
| ORDM   |                             |   |                               |                                     |              |
| MEDL   |                             |   |                               |                                     |              |
| RADO   |                             |   |                               |                                     |              |
| <b>Support Branch</b>                              |                             | <b>Air Operations Branch</b>  |                               |                                     |              |
|  |                             |   |                               |                                     |              |
| <b>9. Prepared by: Name:</b>                       |                             | Position/Title: PSC3  |                               | Signature:                          |              |
| <b>ICS 203</b>                                     | <b>IAP Page</b> _____       | Date/Time:  |                               |                                     |              |

Spot Forecast for Skegg...USFS

National Weather Service Charleston WV

459 AM EST Tue Nov 5 2024

.DISCUSSION...

Mild and dry weather can be expected through today. Unseasonably warm temperatures challenge record highs this afternoon. Strong southerly wind will promote gusty conditions into tonight. The next system to bring rain into the area will arrive by late tonight and then should exit by the end of the work week.

.TODAY...

Sky/weather.....Sunny (5-15 percent).

CWR.....0 percent.

Chance of pcpn.....0 percent.

LAL.....1.

Max temperature.....Around 75.

Min humidity.....58 percent.

Wind (20 ft).....South winds 10 to 12 mph with gusts to around 23 mph.

Mixing height.....4200 ft AGL.

Transport winds.....South 14 to 22 mph.

LVORI.....3.

ADI.....11 early in the morning increasing to 82 in the afternoon.

Haines Index.....3 to 5 or very low to moderate potential for large plume dominated fire growth.

TIME (EST) 6AM 7AM 8AM 9AM 10A 11A 12P 1PM 2PM 3PM 4PM 5PM

Sky (%).....15 5 4 3 3 5 8 11 10 8 7 5

Weather cov.....

Weather type.....

Tstm cov.....

CWR.....0 0 0 0 0 0 0 0 0 0 0 0

Chc of pcpn (%).0 0 0 0 0 0 0 0 0 0 0 0

LAL.....1 1 1 1 1 1 1 1 1 1 1 1

Temp.....58 58 61 64 66 69 72 74 74 74 74 71  
 RH.....84 87 81 76 76 70 65 58 58 58 59 67  
 20 FT wind dir..S S S S S S S S S S S S  
 20 FT wind spd..10 12 12 12 12 12 12 12 12 10 10 10  
 20 FT wind gust.18 19 20 22 23 23 21 19 18 18 18 18  
 Mix hgt (kft)...0.4 0.4 0.6 1.6 2.4 2.9 3.4 3.9 4.2 4.1 3.8 1.0  
 Transp wind dir.S S S S S S S S S S S S  
 Transp wind spd.14 14 14 14 14 15 17 18 21 22 22 20  
 LVORI.....4 4 4 3 3 3 1 1 1 1 1 3  
 ADI.....11 15 15 24 29 35 44 50 59 82 79 22  
 Haines index....3 3 3 3 3 3 4 4 4 4 4 5

**.TONIGHT...**

Sky/weather.....Mostly clear (5-15 percent). Slight chance of showers early in the morning.  
 CWR.....5 percent.  
 Chance of pcpn.....20 percent.  
 LAL.....1.  
 Min temperature.....Around 60.  
 Max humidity.....94 percent.  
 Wind (20 ft).....South winds 9 to 10 mph with gusts to around 19 mph.  
 Mixing height.....300 ft AGL.  
 Transport winds.....South 12 to 16 mph.  
 LVORI.....4.  
 ADI.....10 to 14.  
 Haines Index.....3 to 5 or very low to moderate potential for large plume dominated fire growth.

TIME (EST) 6PM 7PM 8PM 9PM 10P 11P MID 1AM 2AM 3AM 4AM 5AM

Sky (%).....4 3 3 4 4 7 9 12 10 8 6 13  
 Weather cov..... SCH  
 Weather type.... RW

Tstm cov.....  
 CWR.....0 0 0 0 0 0 0 0 0 0 0 10  
 Chc of pcpn (%).0 0 0 0 0 0 0 0 0 0 10 20  
 LAL.....1 1 1 1 1 1 1 1 1 1 1 1  
 Temp.....68 64 63 62 61 61 61 60 60 61 61 60  
 RH.....74 79 82 84 88 87 90 92 90 89 89 90  
 20 FT wind dir..S S S S S S S S S S S S  
 20 FT wind spd..10 10 10 10 10 10 10 10 10 10 10 9  
 20 FT wind gust.18 18 18 19 19 19 19 19 19 19 18 18  
 Mix hgt (kft)...0.5 0.4 0.4 0.3 0.4 0.4 0.4 0.4 0.3 0.4 0.4 0.4  
 Transp wind dir.S S S S S S S S S S S S  
 Transp wind spd.16 13 12 13 13 13 13 13 13 13 13 13  
 LVORI.....3 4 4 4 5 5 5 5 5 5 5 5  
 ADI.....14 11 10 11 11 11 11 11 11 11 11 11  
 Haines index....5 4 4 4 4 4 4 4 4 3 3 3

**.WEDNESDAY...**

Sky/weather.....Mostly sunny (40-50 percent) then becoming mostly cloudy (70-80 percent).  
 Chance of showers.

CWR.....16 percent increasing to 25 percent early in the morning.

Chance of pcpn.....40 percent.

LAL.....1.

Max temperature.....Around 75.

Min humidity.....64 percent.

Wind (20 ft).....South winds 5 to 9 mph with gusts to around 16 mph in the morning and early afternoon becoming light.

Mixing height.....4000 ft AGL.

Transport winds.....Southwest 7 to 15 mph decreasing to 2 to 3 mph late in the afternoon.

LVORI.....4.

ADI.....5 to 41.

Haines Index.....3 to 4 or very low to low potential for large plume dominated fire growth.

TIME (EST) 6AM 7AM 8AM 9AM 10A 11A 12P 1PM 2PM 3PM 4PM 5PM

Sky (%).....21 43 46 50 53 60 66 73 74 76 78 77

Weather cov.....CHC CHC CHC CHC CHC CHC CHC CHC CHC CHC CHC CHC CHC

Weather type....RW RW RW RW RW RW RW RW RW RW RW RW RW

Tstm cov.....

CWR.....10 20 20 20 30 30 30 30 30 30 30 30

Chc of pcpn (%).30 40 40 40 40 40 40 40 40 40 40 40

LAL.....1 1 1 1 1 1 1 1 1 1 1 1

Temp.....60 60 60 63 68 72 74 75 75 75 74 71

RH.....90 92 94 88 81 73 67 64 64 65 68 74

20 FT wind dir..S S S S S S SW SW SW SW SW SW

20 FT wind spd..9 8 6 6 6 6 6 5 5 3 2 2

20 FT wind gust.16 12 10 10 10 10 10 8 7 6 6 5

Mix hgt (kft)...0.4 0.4 0.7 1.7 2.4 2.8 3.5 4.0 3.8 3.3 2.5 1.7

Transp wind dir.S S S S S S SW SW SW SW SW SW

Transp wind spd.12 10 9 7 7 9 13 15 13 8 3 2

LVORI.....5 6 6 4 4 3 3 1 1 3 3 3

ADI.....9 8 10 15 15 21 33 41 34 20 10 5

Haines index....4 4 4 4 3 3 3 3 3 3 3 3



## ASSIGNMENT LIST (ICS 204)

|  |            |   |  |  |  |
|--|------------|---|--|--|--|
| <b>1. Incident Name:</b><br>Skegg Fire   |            | <b>2. Operational Period:</b><br>11/05/2024 0600 to 11/05/2024 2030 | <b>3. Branch:</b><br><br><b>Division:</b><br><br><b>Group:</b><br><br><b>Staging Area:</b> |  |  |
| <b>4. Operations Personnel:</b> <u>Name</u><br><br><b>Operations Section Chief:</b> _____<br><br><b>Branch Coordinator:</b> _____<br><br><b>Division/Group Supervisor:</b> _____   |            |   |  |  |  |
| <b>5. Resources Assigned:</b>  |            |   |  |  |  |
| <b>Resource Identifier</b>   | <b>LWD</b> | <b>Leader</b>   | <b># of Persons</b>  | <b>Contact (e.g., phone, pager, radio frequency, etc.)</b> | <b>Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information</b> |
| CRW1 STANISLAUS IHC  | 11/12      | Schulz  | 23   | 619-672-7360   | Wise Work Center   |
| TFLD   | 11/10      | Abrahamson  | 1  | 303-519-0174   | Wise Work Center   |
| CR21 Patrick (18 Alpha)  | 11/12      | Payat   | 20   | 541-640-1275   | Wise Work Center   |
| ENG6 NM 3606   | 11/5       | Marquez   | 6  | 575-574-2643   | Wise Work Center   |
| DIVS   | 11/10      | Clemins*  | 1  | 575-973-0297   | Wise Work Center   |
| TFLD   | 11/9       | Foster*   | 1  | 530-334-0262   | Wise Work Center   |
| ENG6 AZ-41 Taylor  | 11/9       | Brewer*   | 3  | 928-358-8078   | Wise Work Center   |
| ENG6 RX Fire   | 11/9       | Martin*   | 3  | 847-456-7713   | Wise Work Center   |
|  |            |   |  |  |  |
|  |            |   |  |  |  |
|  |            |   |  |  |  |
|  |            |   |  |  |  |
|  |            |   |  |  |  |
|  |            |   |  |  |  |
|  |            |   |  |  |  |
|  |            |   |  |  |  |
|  |            |   |  |  |  |
|  |            |   |  |  |  |
| <b>6. Work Assignments:</b><br>Check and secure all fireline's<br>Mop up to the extent necessary to secure the fire with predicted weather forecast.   |            |   |  |  |  |
| <b>7. Special Instructions:</b><br>Back haul any trash from the work site.<br>Submit any supply order to overhead in a timely manner.<br>Review medical plan prior to engaging the fire.<br>* IA Resource (TF)   |            |   |  |  |  |
| <b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment):<br>Name/Function _____ Primary Contact: indicate cell, or radio (frequency/system/channel) _____<br>/ Tactical <b>TAC 2 CH.12</b> _____ / Cmd <b>Pine Mtn CH.2</b> _____<br><br>/ Air-to-Ground – <b>06 CH. 14</b> _____<br>/ Air-to-Ground – <b>15 CH. 15</b> _____<br>/ Medical Coordination _____ |            |   |  |  |  |
| <b>9. Prepared by:</b> Name: Charlie Rucker  |            |   | Position/Title: PSC3     Signature: _____  |  |  |
| ICS 204  |            |   | Date/Time: <u>11/04/2024</u>   |  |  |

**GROUP / ZONE 10 – CLINCH**

|        | <b>LABEL</b>  | <b>RX<br/>FREQUENCY</b> | <b>MODE</b> | <b>RX CG</b> | <b>RX NAC</b> | <b>TX<br/>FREQUENCY</b> | <b>MODE</b> | <b>TX CG</b> | <b>TX NAC</b> | <b>TLK<br/>GRP</b> | <b>BW</b> |
|--------|---------------|-------------------------|-------------|--------------|---------------|-------------------------|-------------|--------------|---------------|--------------------|-----------|
| Ch. 1  | CLINCH DIRECT | 171.5750                | D           |              | \$F7E         | 171.5750                | D           |              | \$3E8         | 1                  | N         |
| Ch. 2  | WHITE TOP     | 169.9500                | D           |              | \$F7E         | 166.2000                | D           |              | \$40B         | 1                  | N         |
| Ch. 3  | HIGH KNOB     | 171.5750                | D           |              | \$F7E         | 164.9375                | D           |              | \$3E8         | 1                  | N         |
| Ch. 4  | PINE MTN      | 171.5750                | D           |              | \$F7E         | 164.9375                | D           |              | \$430         | 1                  | N         |
| Ch. 5  | CLONE         | INACTIVE                |             |              |               | INACTIVE                |             |              |               |                    | N         |
| Ch. 6  | CLONE         | INACTIVE                |             |              |               | INACTIVE                |             |              |               |                    | N         |
| Ch. 7  | CLONE         | INACTIVE                |             |              |               | INACTIVE                |             |              |               |                    | N         |
| Ch. 8  | PORT RPTR     | 171.5250                | D           |              | \$F7E         | 164.1375                | D           |              | \$5EA         | 1                  | N         |
| Ch. 9  | SE COMPACT    | 159.2850                | A           | 000.0        |               | 159.2850                | A           | 000.0        |               |                    | N         |
| Ch. 10 | R8            | 166.5625                | A           | 000.0        |               | 166.5625                | A           | 000.0        |               |                    | N         |
| Ch. 11 | TAC 1         | 169.1875                | A           | 000.0        |               | 169.1875                | A           | 000.0        |               |                    | N         |
| Ch. 12 | TAC 2         | 169.1250                | A           | 000.0        |               | 169.1250                | A           | 000.0        |               |                    | N         |
| Ch. 13 | TAC 3         | 168.7250                | A           | 000.0        |               | 168.7250                | A           | 000.0        |               |                    | N         |
| Ch. 14 | AIR / GND 06  | 166.8000                | A           | 000.0        |               | 166.8000                | A           | 000.0        |               |                    | N         |
| Ch. 15 | AIR / GND 15  | 167.5250                | A           | 000.0        |               | 167.5250                | A           | 000.0        |               |                    | N         |
| Ch. 16 | AIR GUARD     | 168.6250                | A           | 110.9        |               | 168.6250                | A           | 110.9        |               |                    | N         |

## MEDICAL PLAN (ICS 206)

|                          |  |                                  |
|--------------------------|--|----------------------------------|
| <b>1. Incident Name:</b> | <b>2. Operational Period:</b> Date From: _____<br>Time From: _____ | Date To: _____<br>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 |
|   | 1379 Gateway Indstrail Park, Jenkins KY |                             | <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<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|               |  |                             |             |        | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|               |  |                             |             |        | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|               |  |                             |             |        | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|               |  |                             |             |        | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

|   |
|---|
| <b>6. Special Medical Emergency Procedures:</b><br><br><br><br><br><br><br><br><br><br><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: _____ |
|--|

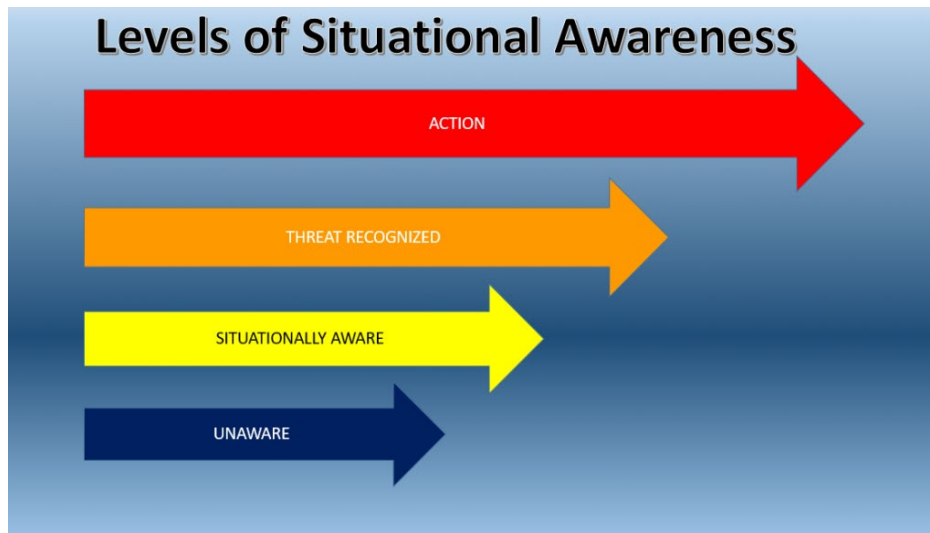
|         |                |                  |
|---------|----------------|------------------|
| ICS 206 | IAP Page _____ | Date/Time: _____ |
|---------|----------------|------------------|

# Safety Message

November 5<sup>th</sup> 2024  
Day Shift: 0600-2030

## Situational Awareness

**Situational Awareness** is the ability to identify, process, and comprehend the critical elements of information about what is happening to you with regards to the mission. More simply, it's knowing what is going on around you.



Increased technology doesn't increase situational awareness.

LOOK **U**p  
LOOK **D**own  
Look **A**round

Safety Officers:

# Finance Message

Finance Email: [2024.skegg.finance@firenet.gov](mailto:2024.skegg.finance@firenet.gov)

SUBJECT: Include Key Word **TIME** for Agency Overhead and Crews

SUBJECT: Include Key Word **EQUIPMENT** for Contract Equipment, Crews and Cooperators

SUBJECT: Include Key Word **COST** for Buying Team, Aircraft

SUBJECT: Include Key Word **COMP** for Comp/Claims

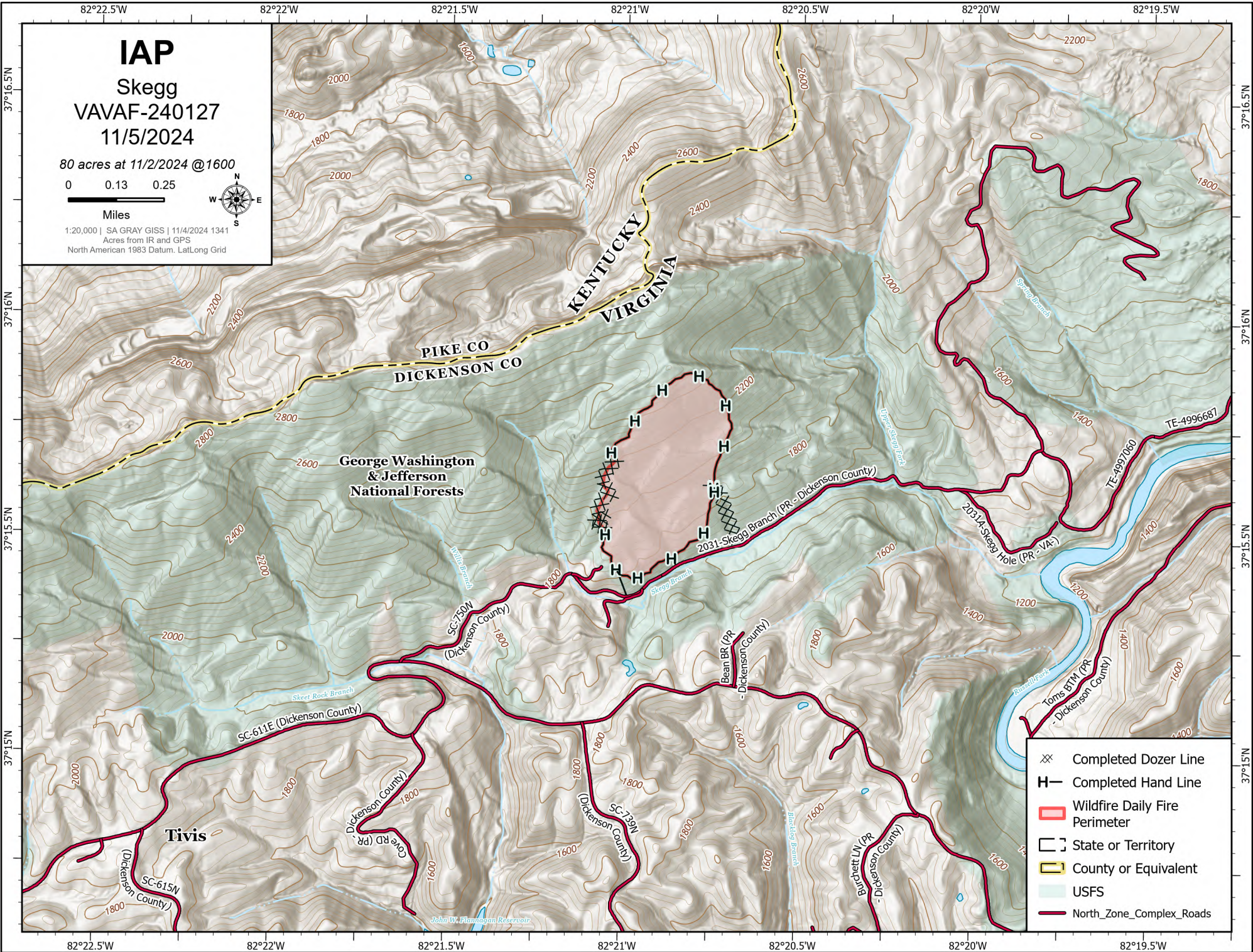
Finance Contact Number – Anna Bryant 540-988-3975

PLEASE ENSURE THE BELOW DOCUMENTS ARE EMAILED TO: [2024.skegg.finance@firenet.gov](mailto:2024.skegg.finance@firenet.gov)

| Overhead, Crews & Cooperator Resources  | Contract Resources   |
|---|--|
| <ul style="list-style-type: none"><li>• <b>Check-In:</b> Crew Manifest, Cooperative Agreement (if applies), AD Hire Letter, Resource Order</li><li>• <b>Daily:</b> Crew Time Report (CTR), Shift Tickets</li><li>• <b>Demob:</b> Signed OF288, Final Equipment Use Invoice (Cooperator)</li></ul> | <ul style="list-style-type: none"><li>• <b>Check-In:</b> Resource Order, Finance Copy Contract/Agreement, Certifications (<i>if required</i>), Pre-Inspection</li><li>• <b>Daily:</b> Shift Tickets, receipts (fuel issues, claims, hotels, etc.)</li><li>• <b>Demob:</b> Contractor Evaluations, Final Shift Tickets and receipt(s) for Additions/ Deductions, Post-Inspection, Final Signed Invoices</li></ul> |

## REMINDER

- ★ *All emergency responders are expected to record actual time worked each day; there are no guaranteed shift lengths to maximize time charged under policy.*
- ★ WHEN CLAIMING **HAZARD PAY** YOU MUST INCLUDE THE SUPPRESSION ACTION BEING PERFORMED. THIS INCLUDES OPERATIONS WHICH DIRECTLY SUPPORT CONTROL OF FIRE (E.G., ACTIVITIES TO EXTINGUISH THE FIRE, FIREFIGHTING, GROUND SCOUTING, SPOT FIRE PATROLLING, SEARCH AND RESCUE OPERATIONS, AND BACKFIRING). – PER PMS902 – YELLOW BOOK
- ★ PLEASE SHOW YOUR LUNCH BREAK – IF **NO BREAK SHOWN IT \*MUST\* BE JUSTIFIED** IN COMMENTS









# 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<br><i>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented.</i><br><input type="checkbox"/> YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.<br><i>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.</i><br><input type="checkbox"/> GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport<br><i>Ex: Sprains, strains, minor heat-related illness.</i> |   |
| Nature of Injury or Illness & Mechanism of Injury |   | <i>Brief Summary of Injury or Illness<br/>(Ex: Unconscious, Struck by Falling Tree)</i> |
| Transport Request                                 |   | <i>Air Ambulance / Short Haul/Hoist<br/>Ground Ambulance / Other</i>                    |
| Patient Location                                  |   | <i>Descriptive Location &amp; Lat. / Long. (WGS84)</i>                                  |
| Incident Name                                     |   | <i>Geographic Name + "Medical"<br/>(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<br/>(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. TRANSPORT PLAN:

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

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

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

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

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

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

8. ADDITIONAL INFORMATION: *Updates/Changes, etc.*

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