

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: DAY	
FROG	Date/Time From: 05/23/2014 0600 FRI	Date/Time To: 05/23/2014 1800 FRI
3. Objective(s):		
<p>Management Objectives:</p> <ol style="list-style-type: none"> 1. Our highest priority is to provide for public and firefighter safety as outlined in the Incident Response Pocket Guide (IRPG). 2. Use the safest and most cost effective suppression methods to achieve perimeter control. 3. Protect private property and structure. 		
4. Operational Period Command Emphasis:		
<p>Keep the fire:</p> <ol style="list-style-type: none"> 1. North of Road 96 (Mosquito Ridge). 2. East of Deadwood Ridge/Deadwood Ridge Road. 3. South of Foresthill Ridge Road. 		
General Situational Awareness:		
For specific safety information, read the Safety Message. For specific medical information, refer to the ICS 206.		
5. Site Safety Plan Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Approved Site Safety Plan(s) Located at: ICP AT PLANS		
6. Incident Action Plan (the items checked below are included in this Incident Action Plan):		
<input checked="" type="checkbox"/> ICS 202 <input checked="" type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A <input checked="" type="checkbox"/> ICS 206	<input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> ICS 220 <input type="checkbox"/> Map/Chart <input type="checkbox"/> Weather Forecast/Tides/Currents	Other Attachments: <input checked="" type="checkbox"/> ICS 214 UNIT LOG <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
7. Prepared <u>BRIAN BRICKEY</u> Position/Title <u>PLANNING SECTION CHIEF</u> Signature: _____		
8. Approved by Incident Commander: Name: <u>SAMUEL NUNEZ</u> Signature: _____		
ICS 202	IAP Page _____	Date/Time: <u>05/22/2014 2100</u>

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: DAY	
FROG		Date/Time From: 05/23/2014 0600	Date/Time To: 05/23/2014 1800
		FRI	FRI
3. Incident Commander(s) and Command Staff:		8. Finance/Administration Section:	
IC/UC	NUNEZ, SAMUEL	CHIEF	RUTHERFORD, RUDY
SAFETY OFFICER	JARVIS, JON	TIME UNIT	GRIFFIN, GRETCHEN
INFO OFFICER	MARTINEZ, MATT	PROCUREMENT UNIT	HARRIS, HELEN
4. Agency/Organization Representative(s):		COMPENSATION UNIT	MASON, MELINDA
Agency/Organization	Name	COST UNIT	FREEMAN, FELICITY
USFS	HUTCHINSON, HIRAM		
CDF	KOPELLI, KERRY (t)		
5. Planning Section:			
CHIEF	BRICKEY, BRIAN		
RESOURCES UNIT	SMITH, STAN CAPRIOLI, CORINE (t)		
SITUATION UNIT	HAFFENFELD, HORTON MANDARIN, MELODY (t)		
DEMOBILIZATION UNIT	VANPELT, VICTORIA		
FIRE BEHAVIOR ANALYST	TIMMEL, TINA (t)		
TRAINING SPECIALIST	DICKSON, DRAKE		
GIS SPECIALIST	FLEISHER, FINIGAN		
COMPUTER SPECIALIST	COHN, COLIN		
INCIDENT METEOROLOGIST	SIMONDS, SAMANTHA		
6. Logistics Section:			
CHIEF	JOHNSON, JACKIE		
COMMUNICATIONS UNIT	GARNER, GRANT		
MEDICAL UNIT	EMERSON, ERIN		
SECURITY UNIT	NADEAU, NOREEN KERRINGTON, KERMIT (t)		
FOOD UNIT	KELLOGG, KEVIN		
SUPPLY UNIT	HICKTON, HELEN FREEMAN, FRED (t)		
FACILITIES UNIT	MURDOCH, MICK MADSEN, MELISSA (t)		
GROUND SUPPORT UNIT	VANCE, VICTOR		
7. Operations Section:			
DAY OPS SECTION CHIEF	CRANSTON, CHRIS		
PLANNING OPS	LARKIN, LARRY (t)		
DIVISION/GROUP	CAPE HORN	KNAPP, KIM	
DIVISION/GROUP	DOME MTN	GERWE, GERI	
DIVISION/GROUP	LANGER LAKE	ALLEN, LANCE FREEHOUSE, FARLEY	
Branch	AIR OPERATIONS		
AIR OPERATIONS BRANCH DIR	BONWELL, JAY		
AIR TACTICAL GROUP SUPERVISOR	DUNLAP, CHRIS		
AIR SUPPORT GROUP	BASCH, BARNEY		
9. Prepared By: Name: STAN SMITH		Position/Titl RESL	Signature: _____
ICS 203	IAP Page _____	Date/Time 05/22/2014 2100	

Division/Group Assignment List (ICS 204 WF)

1. Incident Name:			3.				
FROG			Branch:		Division/Group: CAPE HORN		
2. Operational Period: DAY							
Date/Time From: 05/23/2014 0600 FRI		Date/Time To: 05/23/2014 1800 FRI					
4. Operations Personnel							
OPERATIONS CHIEF		CRANSTON, CHRIS		DIVISION/GROUP SUPERVISOR		KNAPP, KIM	
SAFETY OFFICER		JARVIS, JON		AIR ATTACK SUPERVISOR		BASCH, BARNEY	
5. Resources Assigned this Period							
Strike Team / Task Force / Resource Designator		LWD	Leader		Number Persons	Drop Off PT./Time	Pick Up PT./Time
HCS1 S/T 974H C-2		06/30	COPE, TONY		41	DP 21/0700	ICP/1800
ENG3 LP 41 E-16		07/03	CHRISTENSEN, CHRISTINE		5	DP 21/0700	ICP/1800
WTT2 WATER TENDER 3 E-8		07/01	JOHNSON, JEFF		2	DP 21/0700	ICP/1800
SOF2 O-56.7		06/27	JOYNER, PATRICK		1	DP 21/0700	ICP/1800
6. Control Operations/Work Assignments:							
Monitor Granite Creek drainage. Use helicopter buckets to keep hotspots cool.							
7. Special Instructions:							
Avoid sensitive areas marked with white/orange flagging. Watch for open mine shafts.							
8. Division/Group Communication Summary							
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode	
COMMAND	8	153.8600 N	131.7	155.8800 N	131.8	D	
TACTICAL	3	151.3200 N	131.8	151.3200 N	131.8	D	
LOGISTICS	16	155.2800 N	155.2	155.2800 N	155.2	D	
AIR TO GROUND	12	168.0125 N		168.0125 N		D	
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)		Date	Time	
STAN SMITH			BRIAN BRINKLEY		05/22/2014	2100	

Division/Group Assignment List (ICS 204 WF)

1. Incident Name:			3.			
FROG			Branch:		Division/Group: DOME	
2. Operational Period: DAY						
Date/Time From: 05/23/2014 0600 FRI		Date/Time To: 05/23/2014 1800 FRI				
4. Operations Personnel						
AIR ATTACK SUPERVISOR		BASCH, BARNEY		DIVISION/GROUP SUPERVISOR		GERWE, GERI
SAFETY OFFICER		JARVIS, JON		OPERATIONS CHIEF		CRANSTON, CHRIS
5. Resources Assigned this Period						
Strike Team / Task Force / Resource Designator		LWD	Leader	Number Persons	Drop Off PT./Time	Pick Up PT./Time
ES3 S/T SALINAS 2176C E-1		07/02	MCCOUN, STANLEY	26	FOREST SUBDIVISION/0700	JUNIPER SUBDIVISION/1800
ES3 S/T STF 450 E-2		07/02	BETHEL, DENNIS	26	FOREST SUBDIVISION/0700	JUNIPER SUBDIVISION/1800
ES3 S/T ANF129 E-3		07/01	GARCIA, HERMAN	26	FOREST SUBDIVISION/0700	JUNIPER SUBDIVISION/1800
WTT2 WATER TENDER 5 E-7		07/02	PELL, PAUL	2	FOREST SUBDIVISION/0700	JUNIPER SUBDIVISION/1800
TFLD O-31		07/01	BRAD, BRANDT	1	FOREST SUBDIVISION/0700	JUNIPER SUBDIVISION/1800
SOFR O-9		06/25	VARGAS, OSCAR (T)	1	FOREST SUBDIVISION/0700	JUNIPER SUBDIVISION/1800
6. Control Operations/Work Assignments:						
CONTINUE TO REASSESS STRUCTURES LOCATED WITHIN THE FIRE PERIMETER TO ENSURE THE AREA IS SECURE.						
7. Special Instructions:						
MAINTAIN PROMPT COMMUNICATION WITH YOUR CREWS, ADJOINING RESOURCES AND SUPERVISOR.						
8. Division/Group Communication Summary						
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode
COMMAND	8	153.8600 N	131.7	155.8800 N	131.8	D
TACTICAL	2	151.5000 N	131.8	151.5000 N	131.8	D
LOGISTICS	16	155.2800 N	155.2	155.2800 N	155.2	D
AIR TO GROUND	12	168.0125 N		168.0125 N		D
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)		Date	Time
STAN SMITH			BRIAN BRICKLEY		05/22/2014	2100

Division/Group Assignment List (ICS 204 WF)

1. Incident Name:			3.				
FROG			Branch:		Division/Group:		
2. Operational Period: DAY					LANGER LAKE		
Date/Time From: 05/23/2014 0600 FRI		Date/Time To: 05/23/2014 1800 FRI					
4. Operations Personnel							
OPERATIONS CHIEF		CRANSTON, CHRIS		DIVISION/GROUP SUPERVISOR		ALLEN, LANCE	
SAFETY OFFICER		JARVIS, JON		AIR ATTACK SUPERVISOR		BASCH, BARNEY	
5. Resources Assigned this Period							
Strike Team / Task Force / Resource Designator		LWD	Leader		Number Persons	Drop Off PT./Time	Pick Up PT./Time
HC1 TAHOE HOTSHOTS C-300		06/30	COWELL, RANDALL		21	LANGER DRIVE/0700	LANGER DRIVE/1800
HC2 SEQUOIA C-3		06/30	PRIETO, HIPSTER		21	LANGER DRIVE/0700	LANGER DRIVE/1800
HC1 RIO BRAVO IHC C-6		06/26	REED, ANDY		20	LANGER DRIVE/0700	LANGER DRIVE/1800
STCR O-51		06/01	DELL, MARILEE		1	LANGER DRIVE/0700	LANGER DRIVE/1800
FOBS O-149		07/01	MCBATH, SHAWN		1	LANGER DRIVE/0700	LANGER DRIVE/1800
6. Control Operations/Work Assignments:							
Continue to brush Deadwood Rd, north to Forrest Hill Rd. Initiate line construction from the Forrest Hill Rd. to Langer Lake.							
7. Special Instructions:							
Use only designated water sources marked by blue flagging. Avoid traveling through noxious weeds identified with red flagging.							
8. Division/Group Communication Summary							
Function	Channel	RX Frequency N/W	RX Tone/NAC	TX Frequency N/W	TX Tone/NAC	Mode	
COMMAND	8	153.8600 N	131.7	155.8800 N	131.8	D	
TACTICAL	1	151.1500 N	131.8	151.1500 N	131.8	D	
LOGISTICS	16	155.2800 N	155.2	155.2800 N	155.2	D	
AIR TO GROUND	12	168.0125 N		168.0125 N		D	
9. Prepared By (Resource Unit Leader)			Approved By (Planning Section Chief)		Date	Time	
STAN SMITH			BRIAN BRICKLEY		05/22/2014	2100	

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	2. Date/Time Prepared:	3. Operational Period: DAY		
FROG	Date: 05/22/2014 Time: 2100	Date/Time From: 05/23/2014 0600	FRI	Date/Time To: 05/23/2014 1800

4. Basic Radio Channel Use:

Zone Group	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode (A,D, or M)	Remarks
A	1	TACTICAL	TAC	DIV LANGER LAKE	151.1500 N	131.8	151.1500 N	131.8	D	
A	2	TACTICAL	TAC	DIV DOME MTN	151.5000 N	131.8	151.5000 N	131.8	D	
A	3	TACTICAL	TAC	DIV CAPE HORN	151.3200 N	131.8	151.3200 N	131.8	D	
A	8	COMMAND	CMD	LINE TO ICP	153.8600 N	131.7	155.8800 N	131.8	D	LOCATED NORTH OF BAKER CRK
A	12	AIR TO GROUND	A/G 1	ALL DIVISIONS	168.0125 N		168.0125 N		D	BUCKET DROPS
A	16	MEDEVAC	MEDEVAC	EMERGENCY EVAC ONLY	155.2800 N	155.2	155.2800 N	155.2	D	COMMMO W/LIFE FLIGHT HELOS

5. Special Instructions:

LAST DATE RADIOS WERE CLONED LAST SHIFT. ADDITIONAL CLONING WILL BE NEEDED AS SOON AS ANOTHER REPEATER IS INSTALLED.

6. Prepared By (Communications Unit Leader): Name: GRANT GARNER Signature: _____

ICS 205	IAP Page _____	Date/Time: 05/22/2014 2100
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Medical Plan (ICS 206 WF)

1. Incident/Project Name:		2. Operational Period: DAY					
FROG		Date/Time From: 05/23/2014 0600 FRI		Date/Time To: 05/23/2014 1800 FRI			
3. Ambulance Services							
Name	Complete Address	Phone & EMS Frequency		Advanced Life Support (ALS)			
				Yes	No		
BRENT HILL AMBULANCE	1223 HILL RD. GRANITE , MT	(123) 123-1234 158.0900		X			
MEADOWS VALLEY	200 HWY 95 NEW MEADOWS, MT	(123) 123-1234			X		
4. Air Ambulance Services							
Name	Phone	Type of Aircraft	Capability				
LIFEFLIGHT	(123) 123-1234	ROTOR/FIXED WING	SHORT HAUL				
5. Hospitals							
Name Complete Address	GPS Datum - WGS 84 Coordinate Standard Degrees Decimal Minutes DD° MM.MMM' N - Lat DD° MM.MMM' W - Long	Travel Time		Phone	Helipad		Level of Care Facility
		Air	Ground		Yes	No	
CASCADE MEDICAL CLINIC 420 LAKE CASCADE CASCADE, MT	Lat: 44 31.097 N	29 MIN	50 MIN	(123) 123-1234	X		ER, MINOR TRAUMA
	Long: 116 2.963 W						
	VHF: 156.0700						
ST. LUKES 1000 STATE ST. NEW MEADOWS, MT	Lat: 44 54.540 N	1 HR	4 HRS	(123) 123-1234	X		ALS/BURN CENTER
	Long: 116 6.615 W						
	VHF: 156.0700						
6. Area Location Capability							
Branch Division/Group							
8. Prepared By (Medical Unit Leader)			9. Date/Time		10. Reviewed By (Safety Officer)		11. Date/Time
ERIN EMERSON			05/22/2014 2100		JON JARVIS		05/22/2014 2100

Medical Plan (ICS 206 WF)

1. Incident/Project Name:		2. Operational Period: DAY	
FROG		Date/Time From: 05/23/2014 0600 FRI	Date/Time To: 05/23/2014 1800 FRI
6. Area Location Capability			
Branch Division/Group			
CAPE HORN	EMS Responders & Capability:		
	Equipment Available on Scene:	02	
	Medical Emergency Channel:	23	
	ETA for Ambulance to Scene:		
	Air:	1 HR	
	Ground:	4 HR	
	Approved Helispot:		
	Lat:		
	Long:		
DOME MTN	EMS Responders & Capability:		
	Equipment Available on Scene:		
	Medical Emergency Channel:	16	
	ETA for Ambulance to Scene:		
	Air:		
	Ground:		
	Approved Helispot:		
	Lat:		
	Long:		
LANGER LAKE	EMS Responders & Capability:		
	Equipment Available on Scene:	ALS, INTERMED KIT, AED	
	Medical Emergency Channel:	16	
	ETA for Ambulance to Scene:		
	Air:		
	Ground:		
	Approved Helispot:		
	Lat:		
	Long:		
7. Remote Camp Location(s)			
Name & Location			
8. Prepared By (Medical Unit Leader)	9. Date/Time	10. Reviewed By (Safety Officer)	11. Date/Time
ERIN EMERSON	05/22/2014 2100	JON JARVIS	05/22/2014 2100

Medical Plan (ICS 206 WF)

1. Incident/Project Name:		2. Operational Period: DAY		
FROG		Date/Time From: 05/23/2014 0600 FRI	Date/Time To: 05/23/2014 1800 FRI	
7. Remote Camp Location(s)				
Name & Location				
FOREST SUBDIVISION FOREST HILL RD AND LIGHTHOUSE LANE	Point Of Contact:	H. HILTON		
	EMS Responders & Capability	ALS		
	Equipment Available on Scene:	BACKBOARD; ALS EQUIP		
	Medical Emergency Channel:	16		
	ETA for Ambulance To Scene:			
	Air:	1 HR		
	Ground:	3 HR		
	Approved Helispot:			
	Lat:			
	Long:			
8. Prepared By (Medical Unit Leader)		9. Date/Time	10. Reviewed By (Safety Officer)	11. Date/Time
ERIN EMERSON		05/22/2014 2100	JON JARVIS	05/22/2014 2100

MEDICAL PLAN (ICS 206)

12. Medical Incident Procedures

FOR ALL MEDICAL EMERGENCIES: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Medical Incident Report

Use items one through nine to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS/DISPATCH

Ex: "Communications: Div. Alpha. Stand-by for Priority Medical Incident Report." (If life threatening, request designated frequency be cleared for emergency)

2. INCIDENT STATUS: Provide incident summary and command structure.

Nature of Injury/Illness		Describe the injury (Ex: Broken leg with bleeding)
Incident Name		Geographic Name + "Medical" (Ex: Trout Meadow Medical)
Incident Commander		Name of IC
Patient Care		Name of Care Provider (Ex: EMT Smith)

3. INITIAL PATIENT ASSESSMENT:

Complete this section for each patient. This is only a brief, initial assessment. Provide additional patient info after completing this 9

Number of Patients:	Male / Female	Age:	Weight:
Conscious?	<input type="checkbox"/> YES	<input type="checkbox"/> NO = MEDEVAC!	
Breathing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO = MEDEVAC!	
Mechanism of Injury: What caused the injury?			
Lat/Long (Datum WG884) Ex: N 40° 42.45' x W 123° 03.24'			

4. SEVERITY OF EMERGENCY, TRANSPORT PRIORITY

SEVERITY	TRANSPORT PRIORITY
<input type="checkbox"/> URGENT-RED Life threatening injury or Ex: Unconscious, difficulty breathing, bleeding severely, 2 - 3 degree burns more than 4 palm sizes, heat stroke,	Ambulance or MEDEVAC helicopter. Evacuation need is IMMEDIATE.
<input type="checkbox"/> PRIORITY-YELLOW Serious Injury or illness. Ex: Significant trauma, not able to walk, 2 - 3 degree burns not more than 1-2 palm sizes.	Ambulance or consider air transport if at remote location. Evacuation may be DELAYED.
<input type="checkbox"/> ROUTINE-GREEN Not a life threatening injury or illness. Ex: Sprains, strains, minor heat-related illness.	Non-Emergency. Evacuation considered Routine of Convenience.

5. TRANSPORT PLAN:

Air (Agency Aircraft Preferred)	
<input type="checkbox"/> Helispot	<input type="checkbox"/> Short-haul/Hoist
<input type="checkbox"/> Life Flight	<input type="checkbox"/> Other
Ground Transport:	
<input type="checkbox"/> Self-Extract	<input type="checkbox"/> Carry-Out
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Other

6. ADDITIONAL RESOURCE/EQUIPMENT NEEDS:

<input type="checkbox"/> Paramedic/EMT(s)	<input type="checkbox"/> Crew(s)	<input type="checkbox"/> SKED/Backboard/C-Collar
<input type="checkbox"/> Burn Sheet(s)	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Trauma Bag
<input type="checkbox"/> Medication(s)	<input type="checkbox"/> IV/Fluid(s)	<input type="checkbox"/> Cardiac Monitor/AED
<input type="checkbox"/> Other (i.e. splints, rope rescue, wheeled)		

7. COMMUNICATIONS:

Function	Channel Name/Number	Receive (Rx)	Tone/NAC *	Transmit (Tx)	Tone/NAC *
Ex: Command	Forest Rpt, Ch. 2	168.3250	110.9	171.4325	110.9
COMMAND					
AIR-TO-GRND					
TACTICAL					

*(NAC for digital radio)

8. EVACUATION LOCATION:

Lat/Long (Datum WG884) EX: N 40 42.45' x W 123 03.24'	
Patient's ETA to Evacuation Location:	
Helispot/Extraction Size and Hazards:	

9. CONTINGENCY:

Considerations If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be

REMEMBER:

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

AIR OPERATIONS SUMMARY (ICS 220)

1. Incident Name:	2. Operational Period:		3. Sunrise:	Sunset:
FROG	Date/Time From: 05/23/2014 0600 FRI	Date/Time To: 05/23/2014 1800 FRI	0734	1941

10. Helicopters (use additional sheets as necessary):

FAA N#	Category/Kind/Type	Make/Model	Base	Available	Start	Remarks
5HX	ASTAR		NEW MEADOWS		0900	

12. (category/kind/type and function includes: air tactical, reconnaissance, personnel transport, search and rescue,

Category/Kind/Type and Function	Name of Personnel or Cargo (if applicable) or Instructions for Tactical Aircraft	Mission Start	Fly From	Fly To
AIR TACTICAL AA-4WA	TANKED/BUCKET WATER DROPS	0900	HELIBASE	W FIRE AREA

11. Prepared Name: BARNEY BASCH Position/Title AIR SUPPORT GROUP Signature: _____