

INCIDENT ACTION PLAN

RIDGE INCIDENT

CALNU013725

Sunday



OPERATIONAL PERIOD

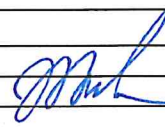
7/21/2024 0700
to
7/22/2024 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <div style="text-align: center; padding: 5px;">RIDGE</div>	2. Operational Period: <table style="width: 100%; border: none;"><tr><td style="width: 33%;">Date From:</td><td style="width: 33%;">7/21/2024</td><td style="width: 33%;">Date To:</td><td style="width: 33%;">7/22/2024</td></tr><tr><td>Time From:</td><td>0700</td><td>Time To:</td><td>0700</td></tr></table>	Date From:	7/21/2024	Date To:	7/22/2024	Time From:	0700	Time To:	0700												
Date From:	7/21/2024	Date To:	7/22/2024																		
Time From:	0700	Time To:	0700																		
3. Objective(s):																					
<u>Management Objectives</u> <ul style="list-style-type: none">- Provide for emergency personnel and public safety at all times.- Protect property, improvements, and infrastructure.- Ensure coordinated, timely and accurate release of public information.- Foster and maintain relationships with all cooperators and stakeholders.- Protect economic, natural, cultural and heritage resources.- Maintain fiscal accountability and keep costs commensurate with values at risk.																					
<u>Control Objectives</u> <ul style="list-style-type: none">- Keep the fire North of Hwy 20.- Keep the fire South of Brim Road.- Keep the fire East of Watertrough Road.- Keep the fire West of Bear Valley Road.																					
General Situational Awareness: <p>Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history.</p>																					
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 <table style="width: 100%; border: none;"><tr><td><input checked="" type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 215A</td><td><input type="checkbox"/> ICS 205 A</td><td><input checked="" type="checkbox"/> Incident Map</td></tr><tr><td><input checked="" type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 220</td><td><input type="checkbox"/> Training Message</td><td><input checked="" type="checkbox"/> ICS 214</td></tr><tr><td><input checked="" type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Facility Maps</td><td><input type="checkbox"/> Travel Map</td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> ICS 206</td><td><input checked="" type="checkbox"/> Weather Forecast</td><td><input type="checkbox"/> Demob Plan</td><td><input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> ICS 208</td><td><input type="checkbox"/> Fire Behavior</td><td><input type="checkbox"/> Finance Message</td><td><input type="checkbox"/></td></tr></table>		<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 215A	<input type="checkbox"/> ICS 205 A	<input checked="" type="checkbox"/> Incident Map	<input checked="" type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input checked="" type="checkbox"/> ICS 214	<input checked="" type="checkbox"/> ICS 205	<input type="checkbox"/> Facility Maps	<input type="checkbox"/> Travel Map	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Demob Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input type="checkbox"/>
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7. Prepared By: J. Davidson	Position/Title: PSC	Signature:																			
8. Approved by Incident Commander:	P. Duncan	Signature: _____																			
ICS 202																					

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: RIDGE		2. Operational Period: Date From: 7/21/2024 Time From: 0700		Date To: 7/22/2024 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's P. Duncan			Operations T. Close		
Deputy			Deputy Operations		
Safety Officer			Night Ops		
Information Officer J. Clay			Staging Area		
Liaison Officer			Branch I S. Jerry / R. Isham (T)		
4. Agency/Organization Representatives:			Division/Group A T. Lee		
Agency/Organization	Name	Division/Group	B		
LNU Duty Chief	J. Benguerel	Division/Group			
North Bay IMT	J. Irving	Division/Group			
		Division/Group			
		Branch II L. Stacher / R. West (T)			
		Division/Group	H		
		Division/Group	M		
		Division/Group	Z		
		Division/Group	STAGING		
		Division/Group			
		Branch			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
5. Planning Section:			Division/Group		
Chief	J. Davidson	Division/Group			
Deputy	M. Selzer	Division/Group			
Resource Unit		Division/Group			
Situation Unit		Branch			
Documentation Unit		Division/Group			
Demobilization Unit		Division/Group			
GISS	S. Hurley	Division/Group			
FBAN		Division/Group			
IMET		Division/Group			
Training Tech Spec		Air Operations Branch	Director:		
		Air Support Group Supervisor			
		Air Tactical Group Supervisor			
6. Logistics Section			Helibase Manager		
Chief	B. Wilson				
Supply Unit		8. Finance/Administration Section:			
Facilities Unit		Chief			
Ground Support Unit		Time Unit			
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
		Cost Unit			
Prepared By: Name: J. Davidson		Position/Title: PSC		Signature: 	
ICS 203		Date/Time: 7/20/2024 2300 hours		NIMS IAP	

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

ICS 204

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

NIMS IAP

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

NIMS IAP

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CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

[illegible]

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: RIDGE			2. Date/Time Prepared Date: 07/20/2024 Time: 1930			3. Operational Period: Date From: 07/21/24 Time From: 0700			Date To: 07/22/24 Time To: 0700		
4. Communications Incident Channels											
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes		
1	COMMAND	CDF C1	ALL DIVS	151.3550	(T8) 103.5	159.3000	OST	A	TONE 12		
2	TACTICAL	CDF T13	DIV A / B	159.2925	(T16) 192.8	159.2925	(T16) 192.8	A			
3	TACTICAL	CDF T16	DIV Z	151.3475	(T16) 192.8	151.3475	(T16) 192.8	A			
4	TACTICAL	CDF T13	DIV A / B	159.2925	(T16) 192.8	159.2925	(T16) 192.8	A			
5	TACTICAL	CDF T14	DIV H	159.3075	(T16) 192.8	159.3075	(T16) 192.8	A			
6	TACTICAL	CDF T15	DIV M	151.1825	(T16) 192.8	151.1825	(T16) 192.8	A			
7	TACTICAL	CDF T16	STAGING	151.3475	(T16) 192.8	151.3475	(T16) 192.8	A			
8	SUPPORT	LNU CMD	ALL DIVS	151.1525	(T4) 136.5	159.3375	(T14) 151.4	A	INCIDENT WIDE SUPPORT CHANNEL		
9											
10											
11											
12											
13											
14	A/G	CDFA/G15	ALL DIVS	159.2775	(T16) 192.8	159.2775	(T16) 192.8	A			
15	TACTICAL	CALCORD	ALL DIVS	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A			
16	A/G	AIRGUARD	ALL DIVS	168.6250	0.0	168.6250	(T1) 110.9	A			
17											
18											
19											
20											
5. Special Instructions											
This is a test											
6. Prepared by (Communications Unit Leader): Name:						Signature: 					
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC						NIMS IAP		Date/Time: 07/20/24		1930	

MEDICAL PLAN (ICS 206)

1. Incident Name: <div style="text-align: center; font-weight: bold;">RIDGE</div>		2. Operational Period: Date From: 7/21/24 Date To: 7/22/24 Time From: 0700 Time To: 0700					
3. Medical Aid Stations:							
Name	Location	Contact Number/Freq	Level of Service				
AMR	Wilbur Springs Fire Station						
	Highway 16 @ Highway 20						
4. Transportation (indicate air or ground):							
Ambulance Service	Air or Ground	Location	Contact Number/Freq				
5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad		Air	Ground			
Adventist Health Clearlake	15630 18Th Ave - Hwy 53, Clearlake, CA 95422, Lat/Long: 38.9353458, -122.6200816	(707) 994-6486	00:04	00:33	EDAT	<input type="checkbox"/>	<input type="checkbox"/>
Sutter Lakeside Hospital	5176 Hill Road East, Lakeport, CA 95453, Lat/Long: 39.1047076, -122.9069825	(707) 263-5000	00:10	00:55	Level 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Enloe Medical Center	1531 Esplanade, Chico, CA 95926 39.7426 -121.8497	(530) 332-7300	00:25	01:31	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
University of California, Davis Medical Center	2315 Stockton Blvd., Room 4206, Sacramento, CA 95817, Lat/Long: 38.5549492, -121.4546344	(916) 734-2011	00:27	01:42	Level 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
6. Special Medical Emergency Procedures							
Emergency Frequency: 15 CALCORD 156.075 156.075 Line Emergency Protocol Crew Supervisor will contact Division Supervisor with patient complaint/condition and location. <ul style="list-style-type: none"> Division or Group Supervisor Contacts: <ol style="list-style-type: none"> Closest EMS resource Communications Unit Communications Unit Contacts: <ol style="list-style-type: none"> Ground or Air ambulance as requested. Operations Safety Medical Unit Leader Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel. Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need. Camp Emergency Contact Medical Unit with patient complaint/condition and location. Medical staff will respond and contact: <ol style="list-style-type: none"> Communications Safety Logistics Operations Crew Supervisor Comp/Claims 				Injury Reporting Procedures The following information should be relayed to the Communications Unit: Nature of Emergency: _____ Chief Complaint: _____ Location of Patient: _____ Patient Age: _____ Patient Unit ID: _____ Point of Contact ID: _____ Resource Needs: _____ Transportation Requested by: Air _____ Ground _____ Point of Pick-Up: _____ Lat: _____ Long: _____ Is an EMT or Paramedic with Patient: Yes _____ No _____ ****START 20 MINUTE TIMER**** <div style="text-align: center;"> All Emergencies: Secure the area and identify witnesses for later investigation. Keep accurate log of events. </div>			
<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):				Signature:			
8. Approved by (Safety Officer):				Signature: _____			
ICS 206		NIMS IAP		Date/Time: _____			

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: RIDGE	2. Operational Period:	Date From: 7/21/24 Time From: 0700	Date To: 7/22/24 Time To: 0700
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Steep winding roads are throughout the incident. Slow down when driving on loose gravel and blind curves. Drive defensively with headlights on and use hands free devices.

Working on steep, uneven terrain. Be mindful of rolling materials.

Ensure radios are properly programmed for today's IAP and that crews are trained in communications procedures for the incident.

Maintain situational awareness. Look up, Look down, Look around

Stay hydrated!!! Time to think = time to drink. Document rest and hydration on 214.

Remain mindful of what is going on around you! LCES!

Avoid complacency!!!! Experiencing extreme fire behavior due to low live and dead fuel moistures and elevated fire danger rating values.

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5. Prepared By:

ICS 208

Position/Title: SOFR

Date/Time: 7/20/2024 / 2030

Signature: 

Weather Forecast	Latitude: 39.0443	Longitude: -122.4681	<input type="button" value="Update"/>	NWS Fire Weather
1. Incident Name: RIDGE	2. Operational Period:	Date From: 7/21/24 Time From: 0700	Date To: 7/22/24 Time To: 0700	Last Update 7/20/2024 18:24:53

Spot Forecast for RIDGE INC...CALFIRE
National Weather Service Eureka CA
1044 PM PDT Sat Jul 20 2024

If conditions become unrepresentative...contact the National Weather Service.

If you have questions or concerns regarding this forecast, please contact our office at (707) 443-6484

Please do not respond directly if you have received this in an email.

.DISCUSSION...Westerly winds tonight at 10 to 12 mph will continue to ease overnight into Sunday to just under 10 mph. RH recovery values climbing from present values of 45% to around 55% by Sunday morning day break. Westerly wind veer to a northwest bearing by Sunday morning at 5 mph and slightly pick up to around 7 mph by the afternoon, veering from the northeast. RH values reaching their lowest at 21% by the late afternoon on Sunday. Winds will be variable around 5 mph through to the early evening, increasing slightly just below 10 mph from the southwest into Sunday evening. Temperatures peak around 98 degrees on Sunday and a bit higher on Monday at 102.

.SUNDAY...

Sky/weather.....Sunny.
CWR.....0 percent.
LAL.....1.
Max temperature.....Around 100.
Min humidity.....21-26 percent.
Wind (20 ft).....Northwest winds 5 to 8 mph...shifting to the east in the afternoon.
Mixing height.....0-700 ft AGL increasing to 3500-4600 ft AGL.
Transport winds.....South around 6 mph.

.SUNDAY NIGHT...

Sky/weather.....Clear.
CWR.....0 percent.
LAL.....1.
Min temperature.....74-77.
Max humidity.....43-50 percent.
Wind (20 ft).....Southwest winds 6 to 9 mph...shifting to the northwest 5 to 7 mph after midnight.
Mixing height.....3500 ft AGL decreasing to 0 ft AGL early in the evening.
Transport winds.....West around 6 mph.

.MONDAY...

Sky/weather.....Sunny.
CWR.....0 percent.
LAL.....1.
Max temperature.....Around 102.
Min humidity.....17-22 percent.
Wind (20 ft).....North winds 5 to 7 mph...shifting to the southeast 6 to 9 mph in the afternoon.
Mixing height.....0-100 ft AGL increasing to 6600-7500 ft AGL.
Transport winds.....East around 6 mph.

PREPARED BY:	Date/Time: 7/20/24
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UNIT LOG CONT. (ICS 214)

1. Incident Name: <div style="text-align: center;">RIDGE</div>	2. Operational Period:	Date From:	7/21/24	Date To:	7/22/24
		Time From:	0700	Time To:	0700

6. Activity Log

[illegible]

7. Prepared By:	Date/Time:	NIMS IAP
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UNIT LOG (ICS 214)

1. Incident Name:	2. Operational Period:	Date From:	7/21/24	Date To:	7/22/24
RIDGE		Time From:	0700	Time To:	0700

3. Unit Name/Designators	4. Unit Leader (Name and ICS Position)

5. Personnel Assigned/Designators	
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[illegible]

6. Activity Log (Continue on Reverse)

[illegible]

7. Prepared By:	Date/Time:	NIMS IAP
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