

INCIDENT ACTION PLAN

RIDGE INCIDENT

CALNU013725

Tuesday



OPERATIONAL PERIOD




7/23/2024 0700
to
7/24/2024 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <div style="text-align: center;">RIDGE</div>	2. Operational Period: Date From: 7/23/2024 Date To: 7/24/2024 Time From: 0700 Time To: 0700																				
3. Objective(s): <div style="border: 1px solid black; padding: 5px;"> Management Objectives <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. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Control Objectives <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. </div>																					
General Situational Awareness: Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history.																					
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 checked="" 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 checked="" 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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<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input type="checkbox"/>																		
7. Prepared By: M. Selzer	Position/Title: PSC	Signature:																			
8. Approved by Incident Commander: ICS 202	P. Duncan	Signature:																			

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: <div style="text-align: center;">RIDGE</div>		2. Operational Period: Date From: 7/23/2024 Time From: 0700		Date To: 7/24/2024 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 J. Petersen		Night Ops			
Information Officer					
Liaison Officer		Branch		I	
				S. Jerry	
4. Agency/Organization Representatives:		Division/Group		A	
Agency/Organization Name		Division/Group		B	
LNU Duty Chief J. Benguerel		Division/Group			
North Bay IMT J. Irving		Division/Group			
BLM J. Rodriguez		Division/Group			
PG&E J. Lee		Branch		II	
		Division/Group		H	
		Division/Group		Z/M	
		Division/Group		Supp Repair	
		Division/Group			
		Division/Group			
		Branch			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
5. Planning Section:		Division/Group			
Chief M. Selzer		Division/Group			
Deputy		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: N. Matteoli	
		Air Support Group Supervisor			
		Air Tactical Group Supervisor			
6. Logistics Section		Helibase Manager			
Chief J. Lau / K. Harms					
Supply Unit		8. Finance/Administration Section:			
Facilities Unit		Chief T. Rossi			
Ground Support Unit		Time Unit			
Communications Unit J. Petersen		Procurement Unit			
Medical Unit		Comp/Claims Unit			
		Cost Unit			
Prepared By: Name: M. Selzer		Position/Title: PSC		Signature: 	
ICS 203		Date/Time: 7/22/2024 2300 hours			

Weather Forecast		Latitude: 39.0443	Longitude: -122.4681	Update	NWS Fire Weather
1. Incident Name: RIDGE	2. Operational Period:	Date From: 7/23/24	Date To: 7/24/24	Last Update 7/22/2024 16:42:50	
		Time From: 0700	Time To: 0700		

.DISCUSSION...Southwesterly winds tonight at 7 - 9 mph veering to more of a westerly bearing and easing to 5 - 6 mph before turning northerly by Tuesday early morning hours, before sunrise. Recovery RH values in the 27% - 35% range into Tuesday morning. At sunrise, northerly winds 3 - 5 mph veer to the east southeast by noon before building up to 10 mph out of the south. Gusty southwesterly winds build in the early evening on Tuesday with sustained winds at 13 - 15 mph, with gusts at 20 - 24 mph. RH values will be at their lowest as southerly winds build, around 17% RH around 1600 PDT. Gusts will last into late Tuesday night, turning a bit more westerly around midnight and easing to a sustained 5 - 8 mph overnight into Wednesday early morning with RH recoveries at 23% - 29% RH. High temps on Tuesday will reach 101 with 98 degrees as the high on Wednesday. Lowest RH on Wednesday is around 20%.

.TUESDAY...

Sky/weather.....Sunny then becoming partly cloudy. Haze through the day. Areas of smoke in the afternoon.

CWR.....0 percent.

LAL.....1.

Max temperature....Around 101.

Min humidity.....17 percent.

Wind (20 ft).....Northeast winds 5 to 6 mph...shifting to the southeast 7 to 12 mph in the afternoon.

Mixing height.....0-900 ft AGL increasing to 3900-5400 ft AGL late in the morning, then decreasing to 3100 ft AGL late in the afternoon.

Transport winds....South around 9 mph.

.TUESDAY NIGHT...

Sky/weather.....Mostly clear. Patchy smoke in the evening. Haze through the night.

CWR.....1 percent.

LAL.....1.

Min temperature....Around 80.

Max humidity.....28-33 percent.

Wind (20 ft).....Southwest winds 12 to 18 mph...shifting to the west 5 to 8 mph after midnight.

Mixing height.....3100 ft AGL decreasing to 0-100 ft AGL early in the evening.

Transport winds....West around 14 mph.

.WEDNESDAY...

Sky/weather.....Sunny.

CWR.....1 percent.

LAL.....1.

Max temperature....Around 99.

Min humidity.....18-23 percent.

Wind (20 ft).....Southwest winds 7 to 14 mph.

Mixing height.....0 ft AGL increasing to 5400-7200 ft AGL.

Transport winds....Southwest around 11 mph.

PREPARED BY:	Date/Time: 7/22/24
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MEDICAL PLAN (ICS 206)

1. Incident Name: <div style="text-align: center; font-weight: bold;">RIDGE</div>		2. Operational Period: Date From: 7/23/24 Date To: 7/24/24 Time From: 0700 Time To: 0700					
3. Medical Aid Stations:							
Name	Location	Contact Number/Freq	Level of Service				
North Shore Fire Department	Wilbur Sprngs FFS-HWY 16 @ HWY 20		<input checked="" type="checkbox"/> ALS				
4. Transportation (indicate air or ground):							
Ambulance Service	Air or Ground	Location	Level of Service				
American Medical Response		Williams, Colusa County	<input checked="" type="checkbox"/> ALS				
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 <u>Line Emergency Protocol</u> Crew Supervisor will contact Division Supervisor with patient complaint/condition and location. • Division or Group Supervisor Contacts: 1. Closest EMS resource 2. Communications Unit • Communications Unit Contacts: 1. Ground or Air ambulance as requested. 2. Operations 3. Safety 4. 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. <u>Camp Emergency</u> Contact Medical Unit with patient complaint/condition and location. Medical staff will respond and contact: 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims				<u>Injury Reporting Procedures</u> 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				Date/Time: _____			

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: RIDGE	2. Operational Period:	Date From: 7/23/24 Time From: 0700	Date To: 7/24/24 Time To: 0700
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Drive appropriately & follow traffic regulations. Drive cautiously on loose gravel & blind curves.

When working on steep uneven terrain, ensure good footing. Be mindful of rolling materials.

Ensure that crews are trained on radios especially the Priority feature so that radio traffic isn't missed.

Proper nutrition is key to lasting hydration. Eat good, drink water & add electrolytes as necessary.

Ensure understanding & practice the Line Emergency Protocol prior to needing. Emergencies aren't on the schedule.

Leadership is key to safety. Be the example of accomplishing work while incorporating safe techniques.

Complacency can be a killer and each day is a new opportunity to build successful habits!

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5. Prepared By: J. Petersen

Position/Title: SOFR


ICS 208

Date/Time: 7/22/2024 / 2030

Signature: 

ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name:		2. Operational Period:				3. Branch		Division
RIDGE		Date From: 07/23/24		Date To: 07/24/24		I		A
		Time From: 0700		Time To: 0700		Page 1 of 1		Alpha
4. Operations Personnel:								
Operations Section Chief: T. Close				Night Ops:				
Branch Director: S. Jerry				Branch Safety: David Lindsay				
Division/Group Supervisor: T. Lee (T)				Air Attack:				
5. Resources Assigned:								
** Resources Below in Bold are 12 Hour **								
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location	
STC SHU 9243C			GYVES, DUSTY M	16 +/-	E-70	0700-0700	DP 1	
STC TCU 9440C			HEWLETT, STEVEN	18 +/-	E-5	0700-0700	DP 1	
STC XSJ 4180C			ARGANBRIGHT, SCOTT	18 +/-	E-78	0700-0700	DP 1	
STG AEU 9271G				33 +/-		0700-0700	DP 1	
CRW1 - ISHI 1 - DOC				16 +/-	C-20	0700-0700	DP 1	
CRW1 - ISHI 3 - DOC				16 +/-	C-21	0700-0700	DP 1	
CRW1 TAM CREW 2				16 +/-		0700-0700	DP 1	
DOZ PVT E-31						0700-0700	DP 1	
DOZ PVT E-33						0700-0700	DP 1	
DOZ PVT E-34						0700-0700	DP 1	
DOZ PVT E-42						0700-0700	DP 1	
W/T PVT E-43						0700-0700	DP 1	
W/T PVT E-48						0700-0700	DP 1	
W/T PVT E-54						0700-0700	DP 1	
W/T PVT E-55						0700-0700	DP 1	
W/T PVT E-61						0700-0700	DP 1	
W/T PVT E-62						0700-0700	DP 1	
6. Work Assignments:								
Continue to improve line.								
Mop up 200 ft. in from control lines.								
7. Special Instructions:								
*****LNU COMMAND TONE 14 ALL DIVISION SUPPORT FREQUENCY*****								
8. Communications								
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
CDF C1	1	COMMAND	151.3550	(T8) 103.5	159.3000	OST	A	TONE 12
CDF T13	2	TACTICAL	159.2925	(T16) 192.8	159.2925	(T16) 192.8	A	
CDFA/G15	14	A/G	159.2775	(T16) 192.8	159.2775	(T16) 192.8	A	
CALCORD	15	TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
AIRGUARD	16	A/G	168.6250	0.0	168.6250	(T1) 110.9	A	
9. Prepared by: Name:								
M. Selzer			RESL					
Signature: 								
ICS 204		Date/Time: 7/22/2024 2200				Personnel Count: 133		

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

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INFORMATION//BASIC

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INFORMATION//BASIC

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ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name:	2. Operational Period:	3. Branch Division
RIDGE	Date From: 07/23/24 Date To: 07/24/24 Time From: 0700 Time To: 0700	II Supp Repair
4. Operations Personnel:		Page 1 of 1

Operations Section Chief: T. Close	Night Ops:
Branch Director: R. West (T)	Branch Safety:
Division/Group Supervisor: B. Gorrindo (T)	Air Attack:

5. Resources Assigned:	** Resources Below in Bold are 12 Hour **						
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
EXC						0700-1900	ICP
EXC						0700-1900	ICP
GRD						0700-1900	ICP
GRD						0700-1900	ICP
GRD						0700-1900	ICP
DOZ PVT E-35						0700-1900	ICP
DOZ PVT E-37						0700-1900	ICP
DOZ PVT E-137						0700-1900	ICP
DOZ PVT E-138						0700-1900	ICP
DOZ PVT E-139						0700-1900	ICP
W/T PVT E-46						0700-1900	ICP
W/T PVT E-47						0700-1900	ICP
W/T PVT E-60						0700-1900	ICP
W/T PVT E-117						0700-1900	ICP
HEQB KENYON			KENYON, JAMESON P	1	O-25	0700-1900	ICP

6. Work Assignments:
 Identify suppression repair needs.
 Coordinate road repairs and watering.
 Implement fire suppression repair plan.

7. Special Instructions:
 *****LNU COMMAND TONE 14 ALL DIVISION SUPPORT FREQUENCY*****

8. Communications								
Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
CDF C1	1	COMMAND	151.3550	(T8) 103.5	159.3000	OST	A	TONE 12
CDF T16	3	TACTICAL	151.3475	(T16) 192.8	151.3475	(T16) 192.8	A	
CDFA/G15	14	A/G	159.2775	(T16) 192.8	159.2775	(T16) 192.8	A	
CALCORD	15	TACTICAL	156.0750	(T6) 156.7	156.0750	(T6) 156.7	A	
AIRGUARD	16	A/G	168.6250	0.0	168.6250	(T1) 110.9	A	

9. Prepared by: Name:	M. Selzer	RESL
Signature:		
ICS 204	Date/Time: 7/22/2024 2200	Personnel Count: 1

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED INFORMATION//BASIC

1. Incident Name:

RIDGE

2. Date/Time Prepared

07/22/2024

3. Operational Period:

Date From: 07/23/24
Date To: 07/24/24
Time From: 0700
Time To: 0700

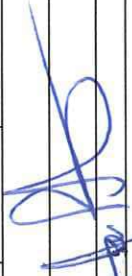
4. Communications

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 / M	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 T16	Supp Repair	151.3475	(T16) 192.8	151.3475	(T16) 192.8	A	
7	SUPPORT	LNU CMD	ALL DIVS	151.1525	(T4) 136.5	159.3375	(T14) 151.4	A	INCIDENT WIDE SUPPORT CHANNEL
8									
9									
10									
11									
12									
13									
14	A/G	CDF A/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: J. Petersen

Signature: 

Date/Time: 07/22/2024 1930

ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION//BASIC

BASE CAMP MAP

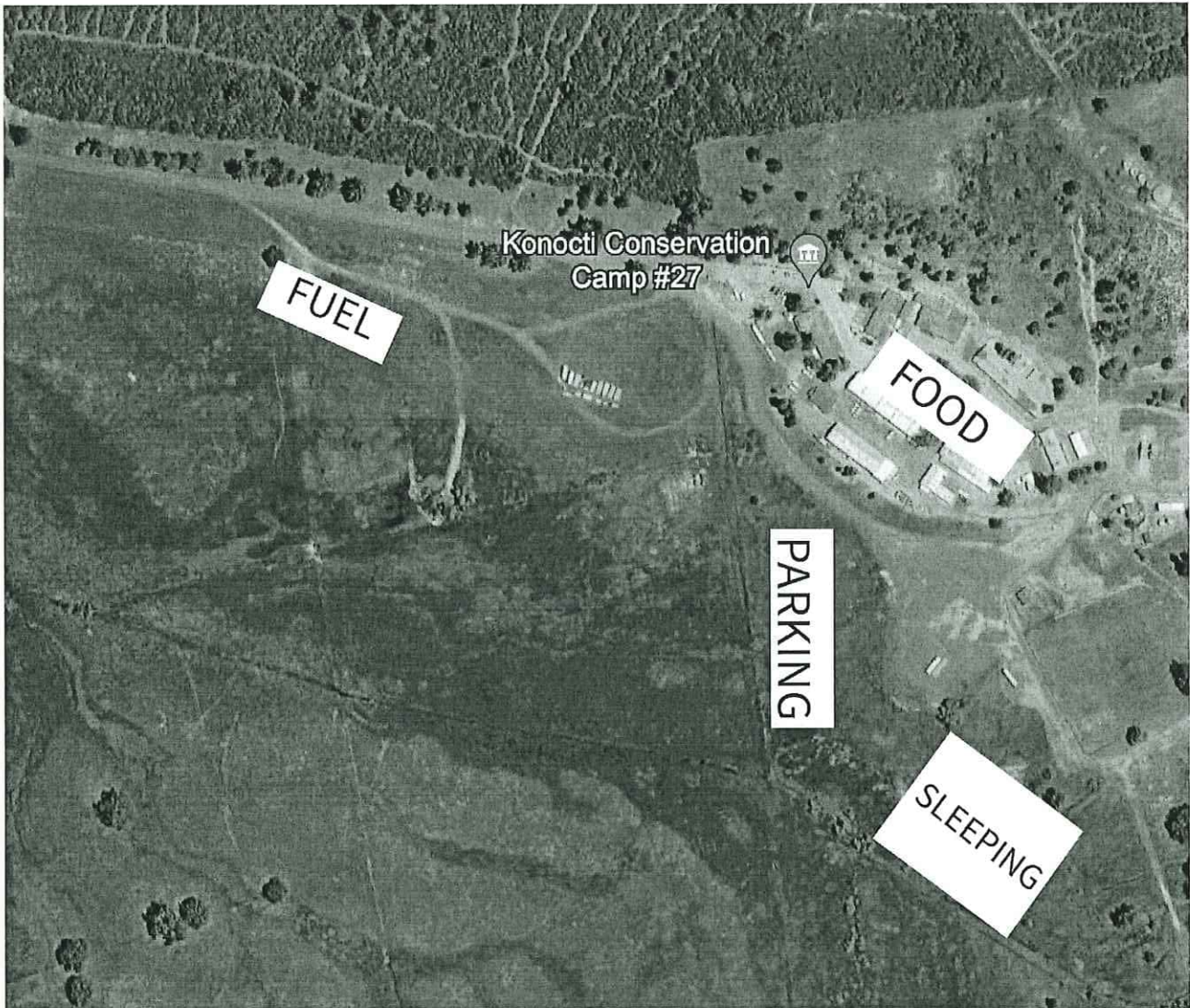
1. Incident Name:

RIDGE

2. Operational Period:

Date From: 7/23/24 Date To: 7/24/24

Time From: 0700 Time To: 0700



7. Prepared By:

Date/Time:

NIMS IAP

SHIFT TICKET EXAMPLE

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name DOZER DUDE						
Incident or Project Name THOMPSON		Incident Number CABTU012090		Request Number E# HERE							
Agreement Number FISCAL ID #					Operator #1 BOB SMITH						
Equipment Make CAT					Operator #2 TOM SMITH						
Equipment Model / Type D6XM					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Serial Number 12345678					Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Licence Number 1234567					Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement						
Equipment Use (Circle) Hours Days / Miles					Released by Government						
Date Mo / Day	Start	Stop	Work	Assignment							
7/3	0700	2400	17	DIV M							
7/4	0001	0700	7	DIV M							
					Remarks/Comments ** NO DAMAGE/ NO CLAIMS						
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber						
<table border="1"> <tr> <td>Poor*</td> <td>Avg.</td> <td>Good</td> <td>Exc.</td> <td>N/A</td> </tr> </table>					Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Signature <i>Mike Weber</i>	
Poor*	Avg.	Good	Exc.	N/A							
Met Performance Expectations					Contractor Signature <i>Bob Smith</i>						
Equipment in Safe Working Condition					Date 07/04/24						
Operator Skill Level					Time 0800						
Operates Safely					CALFIRE 297 (Rev 3-2011)						
Operator's Cooperation Level											
Overall Performance											
<p>* NOTE: Any rating of POOR requires an explanation in Comment Section.</p> <p>**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p>											
<p>Pink - Finance Blue - Home Unit HE Coordinator Yellow - Vendor White - Govt Representative</p>											

24 HOUR RESOURCE

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name RUNNER Co.						
Incident or Project Name THOMPSON		Incident Number CABTU012090		Request Number E # HERE							
Agreement Number FISCAL ID #					Operator #1 BOB SMITH						
Equipment Make FORD					Operator #2						
Equipment Model / Type STAKESIDE					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Serial Number 12345678					Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Licence Number 1234567					Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement						
Equipment Use (Circle) Hours Days / Miles					Released by Government						
Date Mo / Day	Start	Stop	Work	Assignment							
7/4	0700	1900	12	DIV M							
					Remarks/Comments ** NO DAMAGE/ NO CLAIMS						
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber						
<table border="1"> <tr> <td>Poor*</td> <td>Avg.</td> <td>Good</td> <td>Exc.</td> <td>N/A</td> </tr> </table>					Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Signature <i>Mike Weber</i>	
Poor*	Avg.	Good	Exc.	N/A							
Met Performance Expectations					Contractor Signature <i>Bob Smith</i>						
Equipment in Safe Working Condition					Date 07/04/24						
Operator Skill Level					Time 2000						
Operates Safely					CALFIRE 297 (Rev 3-2011)						
Operator's Cooperation Level											
Overall Performance											
<p>* NOTE: Any rating of POOR requires an explanation in Comment Section.</p> <p>**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p>											
<p>Pink - Finance Blue - Home Unit HE Coordinator Yellow - Vendor White - Govt Representative</p>											

12 HOUR RESOURCE

Turn shift tickets into Time Unit.

[illegible]

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