

INCIDENT ACTION PLAN

SITES INCIDENT

CA-LNU-012277

Tuesday



OPERATIONAL PERIOD



6/18/2024 0700
to
6/19/2024 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: SITES	2. Operational Period: Date From: 6/18/2024 Date To: 6/19/2024 Time From: 0700 Time To: 0700
-----------------------------------	--

3. Objective(s):

Management Objectives

- Provide for emergency personnel and public safety at all times.
- Ensure COVID-19 precautions and best practices are met 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.

Control Objectives

- Keep the fire North of Big Canyon
- Keep the fire South of Sites Ladoga Rd
- Keep the fire East of Leesville Rd
- Keep the fire West of Long Canyon

General Situational Awareness:

Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history and drought stressed trees.

5. Site Safety Plan Required? Yes ☐ No ☒

Approved Site Safety Plan(s) Located at:

6. Incident Action Plan

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> ICS 203 | <input checked="" type="checkbox"/> ICS 215A | <input type="checkbox"/> ICS 205 A | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> ICS 204 | <input checked="" type="checkbox"/> ICS 220 | <input type="checkbox"/> Training Message | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> ICS 205 | <input type="checkbox"/> Facility Maps | <input checked="" type="checkbox"/> Travel Map | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> ICS 206 | <input checked="" type="checkbox"/> Weather Forecast | <input checked="" type="checkbox"/> Demob Plan | <input checked="" type="checkbox"/> County Health Message |
| <input checked="" type="checkbox"/> ICS 208 | <input checked="" type="checkbox"/> Fire Behavior | <input checked="" type="checkbox"/> Finance Message | <input checked="" type="checkbox"/> ICS 214 |

7. Prepared By:

Position/Title: PSC

Signature: _____

8. Approved by Incident Commander:

Signature: _____

ICS 202

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From: 6/18/2024		Date To: 6/19/2024	
SITES		Time From: 0700		Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's		Operations			
Deputy		Deputy Operations			
Safety Officer		Night Ops			
Information Officer		Staging Area			
Liaison Officer		Branch		V	
4. Agency/Organization Representatives:		Division/Group		A	
Agency/Organization	Name	Division/Group		D	
LNU Line Officer	Justin Benguerel	Division/Group		J	
		Division/Group			
		Division/Group			
		Branch		X	
		Division/Group		M	
		Division/Group		R	
		Division/Group		Z	
		Division/Group			
		Division/Group			
		Branch		III	
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch		IV	
5. Planning Section:			Division/Group		
Chief		Division/Group			
Deputy		Division/Group			
Resource Unit		Division/Group			
Situation Unit		Branch		V	
Documentation Unit		Division/Group			
Demobilization Unit		Division/Group			
GISS		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					
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:		Position/Title: PSC		Signature: _____	
ICS 203		Date/Time: 6/17/2024 2300 hours		NIMS IAP	

Weather Forecast	Latitude: 39.3165	Longitude: -122.4693	<input type="button" value="Update"/>	NWS Fire Weather
1. Incident Name: SITES	2. Operational Period:	Date From: 6/18/24 Time From: 0700	Date To: 6/19/24 Time To: 0700	Last Update 6/17/2024 17:45:21

NWS Office = STO, Zone = CAZ216
 Fire Weather Planning Forecast for Interior Northern California National Weather Service Sacramento CA 154 PM PDT Mon Jun 17 2024
 ...Red Flag Warning in Effect through Tuesday morning for Gusty North wind and Low Humidity in the Delta, Valley and adjacent foothills below 2000 feet...
 .DISCUSSION... Gusty northerly wind expected today into Tuesday morning, strongest today and on the west side of the Valley and coastal range. Combination of gusty wind and low relative humidity will bring critical fire weather conditions to the Valley, Delta and adjacent foothills through Tuesday morning. Cooler conditions continue through Wednesday then warmer temperatures return late week.

CAZ216-182100-
 Central Sacramento Valley in Glenn, Colusa, Yuba, Northern Sutter, and Butte County Below 1000 Ft-
 154 PM PDT Mon Jun 17 2024

...RED FLAG WARNING IN EFFECT UNTIL 8 AM PDT TUESDAY...

.TONIGHT...

- * Sky/Weather.....Mostly clear.
- * Min Temperature.....57-62.
- * 24 HR Trend.....Little change.
- * Max Humidity.....35-45 percent.
- * 24 HR Trend.....100 percent down.
- * 20-Foot Winds.....Northwest winds 9 to 15 mph with local gusts up to 30 mph.
- * LAL.....1.
- * CWR.....0 percent.

.TUESDAY...

- * Sky/Weather.....Sunny.
- * Max Temperature.....88-93.
- * 24 HR Trend.....6 degrees warmer.
- * Min Humidity.....11-16 percent.
- * 24 HR Trend.....Little change.
- * 20-Foot Winds.....Northwest winds 7 to 13 mph with local gusts up to 25 mph.
- * LAL.....1.
- * CWR.....0 percent.

.TUESDAY NIGHT...

- * Sky/Weather.....Mostly clear.
- * Min Temperature.....56-61.
- * Max Humidity.....41-56 percent.
- * 20-Foot Winds.....Southeast winds 4 to 9 mph.
- * LAL.....1.
- * CWR.....0 percent.

.JUNETEENTH...

- * Sky/Weather.....Mostly sunny.
- * Max Temperature.....88-93.
- * Min Humidity.....13-25 percent.
- * 20-Foot Winds.....Southeast winds up to 8 mph.
- * LAL.....1.
- * CWR.....0 percent.

PREPARED BY:	Date/Time: 6/17/24
--------------	--------------------

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: SITES	2. Operational Period:	Date From: 6/18/24 Time From: 0700	Date To: 6/19/24 Time To: 0700
----------------------------	------------------------	---------------------------------------	-----------------------------------

**S
A
F
E
T
Y

S
A
F
E
T
Y

S
A
F
E
T
Y

S
A
F
E
T
Y**

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!

HEADS UP!!! Lookout for SNAGS when working around areas with burned trees. Evaluate all wind damaged trees with large limbs before working under around them.

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

**I
T
'
S

U
P

T
O

Y
O
U
!
!
!
!
!
!
!
!
!
!**

5. Prepared By:

ICS 208

Position/Title: SOFR

Date/Time: 6/17/2024 / 2030

Signature: _____

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

[illegible]

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

[illegible]

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

NIMS IAP

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC


[illegible]

**CONTROLLED UNCLASSIFIED
INFORMATION//BASIC**

NIMS IAP

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

CONTROLLED UNCLASSIFIED
INFORMATION/BASIC

1. Incident Name: SITES Incident Channels		2. Date/Time Prepared Date: 06/17/2024 Time: 1930		3. Operational Period: Date From: 06/18/24 Time From: 0700 Date To: Time To: 0700					
4. Communications									
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Mode	Notes
1	COMMAND	C1 T12	ALL DIVS	151.3550	103.5 (T8)	159.3000	127.3 (T12)	A	WALKER RIDGE (T12)
2									
3									
4	TACTICAL	CDF T16	DIV A / DIV Z	151.3475	192.8 (T16)	151.3475	192.8 (T16)	A	
5	TACTICAL	CDF T17	DIV M / DIV R	151.3925	192.8 (T16)	151.3925	192.8 (T16)	A	
6	TACTICAL	CDF T18	DIV D	159.3825	192.8 (T16)	159.3825	192.8 (T16)	A	
7	TACTICAL	CDF T19	DIV J	151.2425	192.8 (T16)	151.2425	192.8 (T16)	A	
8									
9									
10									
11									
12									
13									
14	TACTICAL	CDF AG14	ALL DIVS	151.3325	192.8 (T16)	151.3325	192.8 (T16)	A	
15	TACTICAL	CALCORD	ALL DIVS	156.0750	156.7 (T6)	156.0750	156.7 (T6)	A	
16	AIRGUARD	AIRGUARD	ALL DIVS	168.6250	0.0	168.6250	110.9 (T1)	A	
17									
18									
19									
20	AIRGUARD	AIRGUARD	ALL DIVS	168.6250	0.0	168.6250	110.9 (T1)	A	
5. Special Instructions									
6. Prepared by (Communications Unit Leader): Name: MARSHALL BRIGGS NBIMT			Signature: 						
ICS 205 - CONTROLLED UNCLASSIFIED INFORMATION/BASIC			Date/Time: 06/17/24 1930						

MEDICAL PLAN (ICS 206)

1. Incident Name: <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">SITES</div>		2. Operational Period: Date From: 6/18/24 Date To: 6/19/24 Time From: 0700 Time To: 0700					
3. Medical Aid Stations:							
Name	Location	Contact Number/Freq	Level of Service				
4. Transportation (indicate air or ground):							
Ambulance Service	Air or Ground	Location	Level of Service				
AMR	Ground	Williams	530-458-0200 (CCSO) <input checked="" type="checkbox"/> ALS				
AMR	Ground	Colusa	530-458-0200 (CCSO) <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			
Glenn Medical Center	1133 W Sycamore St, Willows, CA 95988, Lat/Long: 39.5213602, -122.2084362	5309341818	00:08	00:46		<input type="checkbox"/>	<input type="checkbox"/>
Adventist Health And Rideout	726 4th Street, Marysville, CA 95901, Lat/Long: 39.138174, -121.5942279	(530) 749-4300	00:20	01:19	Level 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Enloe Medical Center	1531 Esplanade, Chico, CA 95926, Lat/Long: 39.7425867, -121.849727	(530) 332-7300	00:18	01:25	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	00:32	01:41	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"> 1. Closest EMS resource 2. Communications Unit • Communications Unit Contacts: <ol style="list-style-type: none"> 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. Camp Emergency Contact Medical Unit with patient complaint/condition and location. Medical staff will respond and contact: <ol style="list-style-type: none"> 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. 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 _____ <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:			

[illegible]

NIMS IAP

[illegible]