Anderson Mobilization Center

08/06/2015 to 08/07/2015

0800-0800

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Anderson Mobilization Center	2. Operational Period: Date From: 08/06/2015 Date To: 08/07/2015 Time From: 0800 Time To: 0800

3. Objectives:

Management Objectives:

- Provide a safe and secure environment for equipment and personnel.
- Provide an efficient and cost effective mobilization center.
- Ensure fiscal accountability.

Control Objectives:

- Ensure accurate accountability of resources and operational readiness.
- Provide adequate logistical support.
- Provide timely intelligence to all personnel.
- Ensure contract accountability.

4. Operational Period Command Emphasis:

The safety, security, and mission readiness of all equipment and personnel at the Anderson Mobilization Center is paramount. All other considerations are secondary.

5. Site Safety Plan Required? Yes ☐ No ■
Approved Site Safety Plan(s) Located at:

6. Incident Action Plan (the items checked below are included in this Incident Action Plan)**:**

■ ICS 203	■ ICS-206	Other Attachments:
■ Weather	■ Phone List	☐ _____
■ Safety	■ Information Message	☐ _____
■ ICS 215A	■ Map	☐ _____
■ ICS 204s	■ ICS-214	☐ _____

7. Prepared by: Rob Daugherty Position/Title: PSC Signature: _____

8. Approved by Incident Commander: Robert Michael Signature: _____

ICS 202	IAP Page: 1	Date/Time: 08/05/2015 1800

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Anderson Mobilization Center	2. Operational Period: Date From: 08/06/2015 Date To:08/07/2015 Time From: 0800 Time To: 0800

3. Incident Commander(s) and Command Staff:	
IC/UCs	Robert Michael/ Steve Reeder (T)
Deputy	Mark Kendall /Barry Biermann (T)
Safety Officer	Curtis Brown/ Dave Sargenti (T)
Public Info. Officer	Mike Smith
Liaison Officer	Dennis Carreiro
Law Liaison Officer	John Davis

4. Agency/Organization Representatives:	
CDCR	Dan Billeci
State OES	Ken Hood
CCC	Paul Hancock

5. Planning Section:	
Chief	Rob Daugherty
Deputy	
Resources Unit	Josh Black/ Jim Mobley (T)
Situation Unit	Dave Shy
Documentation Unit	
Demobilization Unit	Steve DeBenedet
GIS Technical Specialist	Chris Ingram

6. Logistics Section:	
Chief	Pete Gallegos
Deputy	Geoff Pemberton
Supply Unit	Tim Stewart/ Amber Henderson
Facilities Unit	Carmel Mitchell
Ground Support Unit	Steve Langston
Hired Equipment	Andy Whitlock
Communications Unit	Kyle Johnson
Medical Unit	
Food Unit	David Jones/ Mario Rivera
Motel Unit	Randy Diaz

7. Operations Section:		
Chief		
Deputy		
Staging Area		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch		
Branch Director		
Deputy		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Air Operations Branch		
Air Ops Branch Dir.		

8. Finance/Administration Section:	
Chief	Roger Raines
Deputy	
Time Unit	Patrick Aguada
Procurement Unit	James Lopez
Comp/Claims Unit	Laura Germany
Cost Unit	John Forsberg

9. Prepared by: Name: J. Black_____ Position/Title: RESL_____Signature: _____

ICS 203	IAP Page: 2	Date/Time: 08/05/2015 1925_____

Northern California Weather Synopsis

*** Next round of thunderstorms expected Thursday night and Friday ***

Today is expected to be thunderstorm-free as North Ops spends a day in between weather systems. A low pressure system well off the central California coast will be moving east Thursday and move ashore Thursday night. This system is expected to develop overnight showers and thunderstorms across the southern portion of the Geographic Area. The system will continue moving east Friday but is expected to lead to more thunderstorms mainly over the mountains through Friday evening. Dry southwest flow will become established Saturday and continue into next week. A drying trend will be in place early next week, although the NW Mountains may have a few afternoon and evening thunderstorms at times.

Temperatures will be seasonably warm, with the warmest inland valleys in the 90s. Afternoon winds will also be typically southerly to westerly 5-15 mph for the most part.

CAL FIRE INCIDENT MANAGEMENT TEAM 3

SAFETY MESSAGE	1. INCIDENT NAME:	2. DATE PREPARED:	3. TIME PREPARED:
	Anderson Mobilization Center	August 5, 2015	0900

4. PREPARED BY:	5. LEADER NAME:	6. OPERATIONAL PERIOD:
David Sargenti	Curtis Brown SOF1	8-6-2015 0800 **TO** 8-7-2015 0800

SAFETY MESSAGE

ac·count·a·bil·i·ty

1. the obligation of an individual or organization to account for its activities, accept responsibility for them, and to disclose the results in a transparent manner.

- **Be alert for signs of fatigue in yourself and your crews. Take actions to get adequate rest**
- **Inspect all of your equipment that they are operating correctly and are ready for the next assignment**
- **Stay informed of the current and expected weather conditions prior to your assignment**
- **Monitor your hydration/nutrition intake and keep adequate supplies of each**
- **Secure all vehicles and belongings when not occupied by personnel**
- **Use your time wisely in the Mobilization Center to prepare for the next incident**

Fatigue is Fatal.

(Take a break, it's part of the program!)

Demob Safety Message

Anderson Mobilization Center

On Behalf of CAL FIRE Incident Management Team 3 we would like to thank you for your assistance. We wish you safe travels home or to your next assignment. Below are a few reminders to make your trip safer:

- ✓ Conduct walk around before driving
- ✓ Check for and secure all loose items (ie: tools, hose, and packs)
- ✓ Wear seat belts at all times
- ✓ Monitor all drivers for fatigue,
  - o Switch drivers regularly if possible
  - o If not find a safe place to stop, exit the vehicle and stretch a little
  - o If all else fails, stop and take a short rest to revitalize.
- ✓ Obey Posted Speed Limits
- ✓ Ensure Personnel have adequate nutrition and hydration for the trip
- ✓ Be prepared to go to the next incident

Thank you again travel safe!

Curtis Brown SOF1 IMT 3

Lookouts **Communications** **Escape Routes** **Safety Zones**

ANDERSON MOBILZATION CENTER INCIDENT RISK ANALYSIS (ICS 215A)

DIV	HAZARDOUS ACTIONS / CONDITIONS	MITIGATIONS/WARNINGS/REMEDIES
CAMP	**FATIGUE**	• Be alert for signs of fatigue in yourself and your crew, get adequate rest at Camp. • Monitor incoming/outgoing resources for level of fatigue. • Maintain 2:1 work/rest ratio.
CAMP	**HYDRATION**	• Stay hydrated while in camp, replenish bottled water supply. • Be alert for signs of heat stress in yourself and others.
CAMP	**DRIVING HAZARDS**	• Drive defensively! Expect the unexpected. Slow Down on Highway 273! • Reduce distractions (phones, radios, eating) while driving. • Increase following distances. Maintain Situational Awareness. • Drive with headlights on.
CAMP	**HEAT ILLNESS PREVENTION**	• Follow CAL FIRE Heat Illness Prevention Plan-Available at ICP • All line personnel should be acclimated to work environment • Monitor employee hydration/nutrition and insure adequate supplies are available • Utilize cooling measures to assist with lowering core temperature • IRPG Page 103
CAMP	**COMMUNICATION**	• Obtain incident information and IAP prior to departing Mob Center. • Everyone gets a briefing. • Ensure radios are correctly cloned for your next assignment • Refer to IRPG Page ix.
CAMP	**COMPLACENCY**	• Stay alert. Be prepared to respond when dispatched. • Maintain situational awareness • Refer to IRPG Page x.
ALL	**SECURITY**	• Secure your vehicles prior to leaving. Keep valuables out of sight. • Park in well-lit areas • Provide for accountability of your personnel • Regarding recent events, maintain situational awareness of your surroundings both in camp and with movement around the community.

Incident Name:	DATE PREPARED: **8/5/15**	OPERATIONAL PERIOD
ANDERSON MOBILIZATION CENTER	Prepared by: Curtis Brown SOF1	**August 6, 2015** **0800-0800**

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3. Resource Assignment
Anderson Mobilization Center	Date From: 08/06/2105 Date To:08/07/2015 Time From: 0800 Time To: 0800	**STAGING AVAILABLE**

4. Staging Area Manager: Steve DeBenedet **Contact Info: (530) 378-6781**

5. Resources Assigned:

Resource Identifier	Leader	Request #	# of Persons	Status
STC SLU 9340C	J. Damien	E-30	19	Available/ Immediate
STC XOR 1421C	C. Boyd	E-73	20	Available/ Immediate
STC XKE 5032C	R. Ramirez	E-25	17	Available/ Immediate
ENG FAD 2620	C. Arnett	E-13	3	Available/ Immediate
ENG R03 24406	B. Truman	E-39	3	Available/ Immediate
ENG A1S 11	M. Byrd	E-59	3	Available/ Immediate
ENG A1S 261	M. Laing	E-61	4	Available/ Immediate
ENG A2S 2511	D. Noffz	E-62	3	Available/ Immediate
ENG A2S FD# 1017	M. MaCabe	E-64	3	Available/ Immediate
ENG A3S SHOP 1231	C. Port	E-47	4	Available/ Immediate
ENG A3S BRUSH 182	S. Holm	E-51	3	Available/ Immediate
ENG A3S UNIT 823	B. Jackson	E-52	4	Available/ Immediate
ENG A3S ENG 307	T. Tingle	E-53	3	Available/ Immediate
ENG A3S 361	J. Ottman	E-56	4	Available/ Immediate
ENG A3S 363	M. Starr	E-63	4	Available/ Immediate
STG BEU 9488G	E. Maiorana	C-8	34	Available/ Immediate
STG BDU 9384G	K. Kissinger	C-9	35	Available/ Immediate

9. Prepared by: Name: J Black_____ Position/Title: RESL_____Signature: _____

ICS 204	IAP Page _____	Date/Time: 08/05/2015 2210_____

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3. Resource Assignment
Anderson Mobilization Center	Date From: 08/06/2105 Date To:08/07/2015 Time From: 0800 Time To: 0800	**UNAVAILABLE R&R**

4. Staging Area Manager: Steve DeBenedet **Contact Info: (530) 378-6781**

5. Resources Assigned:

Resource Identifier	Leader	Request #	# of Persons	Status

9. Prepared by: Name: J Black_____ Position/Title: RESL_____Signature: _____

ICS 204	IAP Page _____	Date/Time: 08/05/2015 2210_____

MEDICAL PLAN **ICS 206**	1. INCIDENT NAME **Anderson Mobilization Center**	2. DATE PREPARED 8/5/15	3. TIME PREPARED 1500	4. OPERATIONAL PERIOD 8/6/15 0800-0800

5. INCIDENT MEDICAL AID STATIONS

MEDICAL AID STATIONS	LOCATION	PARAMEDICS	
		YES	NO
ICP			XX

6. TRANSPORTATION

A. AMBULANCE SERVICES

NAME	LOCATION	PHONE	PARAMEDICS	
			YES	NO
American Medical Response, AMR	4989 Mountain Lakes Blvd. Redding, CA 96001	530.245.6564	XX	
Mercy Ambulance	2175 Rosaline Ave. Redding, CA 96001	530.225.7214	XX	
Reach 5 (Air Transport)	1524 East St. Redding , CA 96001	707.239.0077	XX	
PHI Med 4-3 (Air Transport)	5900 Old Oregon Trail Redding, CA 96002	530.221.0646	XX	

B. INCIDENT AMBULANCES

NAME	LOCATION	PARAMEDICS	
		YES	NO

7. HOSPITALS

NAME Med Net Channel	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
Mercy Medical Center (Level II Trauma Ctr)	2175 Rosaline Ave. Redding CA	5 min	10 min	530.225.7214	X			X
Shasta Regional (Level III Trauma Ctr)	1100 Butte Street Redding CA	5 min	10 min	530.243.4042	X			X
UC Davis Burn Ctr	2315 Stockton Blvd. Sacramento CA	1 hr	2.5 hrs	916.734.2011	X		X	

8. MEDICAL EMERGENCY PROCEDURES

CAMP EMERGENCY:
Call 911, care for patient, and contact Supervisor with patient complaint/condition and location.

- Supervisor will contact Communications unit at **530.524.6128**

INJURY REPORTING PROCEDURES

NATURE OF INJURY_____
LOCATION OF PATIENT_____
POINT OF CONTACT _____
TRANSPORTATION REQUESTED BY:AIR___ GROUND__
POINT OF PICKUP_____
LAT _____ **LONG** _____
PATIENT UNIT ID_____
IS AN EMT WITH PATIENT: YES _____ **NO**_____
AGE_____
SEX: MALE_____ **FEMALE**_____

ALL EMERGENCIES---Secure the area and identify witnesses for later investigation. Keep an accurate log of events.

ICS 206 (Rev 03/12) FR	9. PREPARED BY: (Medical Unit Leader)	10. REVIEWED BY: (Safety Officer)

Incident Management Team 3

Information Message

While assigned to the Anderson Mobilization Center, please direct members of the media to dial 916-651-FIRE (3473).

Members of the public requesting incident information may be directed to the Information Board on Briggs Street west of Highway 273.

As a reminder, the ICP maintains a Lost & Found for articles retrieved from the Mobilization Center. If you find an article, please return it to the Check In in ICP. If you've lost something, you can report it here.

INCIDENT NAME: ANDERSON MOBLIZATION

INCIDENT #:CA-CNR-000025

OPERATIONAL PERIOD: DATE : 8/6/15

TIME FROM: _0800_ TIME TO:__0800__

INCIDENT COMMANDERS	NAME	PHONE #
INCIDENT COMMANDER	ROBERT MICHAEL	(951) 232-3948
DEPUTY	MARK KENDALL	(530) 949-0569
SAFETY OFFICER	CURTIS BROWN	(951) 400-2737
PIO	MIKE SMITH	(951) 232-4049
LIAISON	DENNIS CARREIRO	(831)-594-8612
LAW LIAISON (TECH SPEC)	JOHN DAVIS	(949) 307-5952
PLANNING SECTION		
CHIEF	ROB DAUGHERTY	(530) 378-6781
RESOURCES UNIT	JOSH BLACK	(530) 378-6781
SITUATION UNIT	DAVE SHY	(530) 378-6781
HIRED EQUIPMENT TECH SPEC.	ANDY WHITLOCK	(530) 378-6781
DEMOB UNIT	STEVE DEBENEDET	(530) 378-6781
GIS	CHRIS INGRAM	(530) 378-6781
LOGISTICS		
CHIEF	PETE GELLEGOS	(408) 722-8507
DEPUTY	GEOFF PEMBERTON	(951) 377-8472
SUPPORT BRANCH		
FACILITIES UNIT	CARMELL MITCHELL	(530) 410-5142
GROUND SUPPORT UNIT	STEVE LANGSTON	(661) 301-7352
SERVICE BRACH		
MOTEL TECH SPEC	RANDY DIAZ	(760) 534-8321
COMMUNICATIONS UNIT	KYLE JOHNSON	(530) 515-6673
COMMUNICATIONS VAN 24	N/A	(530) 524-6129
EXPANDED ECC	PAUL DUNCAN	(925) 519-6309
INCENET	JESUS MADRIGAL	(916) 690-2482
FINANCE		
CHIEF	ROGER RAINES	(530) 365-7628
TIME UNIT	PATRICK AGUADA	(530) 365-7628
PROCUREMENT UNIT	JAMES LOPEZ	(530) 365-7628
COMP/CLAIMS UNIT	LAURA GERMANY	(951) 313-2444
COST UNIT	JOHN FORSBERG	(805) 235-2817

PREPARED BY (Name title): KYLE JOHNSON (COML)_ SIGNATURE:_____ DATE: 8/5/15__

Anderson Mobilization Center Map

NO DRUGS OR ALCOHOL ALLOWED IN ANDERSON MOBILIZATION – BASECAMP

ACTIVITY LOG (ICS 214)

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit)**:**

6. Resources Assigned:

Name	ICS Position	Home Agency (and Unit)

7. Activity Log:

Date/Time	Notable Activities

8. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 214, Page 1 of _____ Date/Time: _____

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit)**:**

Date/Time	Notable Activities

8. Prepared by: Name: ____________________ Position/Title: ___________________ Signature: ____________________

ICS 214, Page 2 of _________ Date/Time: ____

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:

3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit)**:**

Date/Time	Notable Activities

8. Prepared by: Name: ____________________ Position/Title: ____________________ Signature: ____________________

ICS 214, Page ________ of _________ Date/Time: ____

1. Incident Name:	**2. Operational Period:** Date From: Date To: Time From: Time To:	
3. Name:	**4. ICS Position:**	**5. Home Agency** (and Unit)**:**

Date/Time	Notable Activities

8. Prepared by: Name: ____________________ Position/Title: ____________________ Signature: ____________________

ICS 214, Page ________ of ________ Date/Time: ____