

*** CORRECTED ***

COLD INCIDENT

16 LNU 007135

INCIDENT ACTION PLAN



OPERATIONAL PERIOD

8/6/2016 0700

to

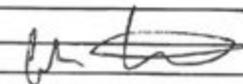
8/7/2016 0700



INCIDENT OBJECTIVES (ICS 202)

| | | | | | | | | | | | | | | | | |
|--|--|------------|----------------|----------|-----------|------------|------|-----------|-------|--|-----------|--------------------|--|-----------|--|--|
| 1. Incident Name: <p style="text-align: center;">COLD</p> | 2. Operational Period <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Date From:</td> <td style="border: none;">8/6/2016</td> <td style="border: none;">Date To:</td> <td style="border: none;">8/7/2016</td> </tr> <tr> <td style="border: none;">Time From:</td> <td style="border: none;">0700</td> <td style="border: none;">Time To:</td> <td style="border: none;">0700</td> </tr> </table> | Date From: | 8/6/2016 | Date To: | 8/7/2016 | Time From: | 0700 | Time To: | 0700 | | | | | | | |
| Date From: | 8/6/2016 | Date To: | 8/7/2016 | | | | | | | | | | | | | |
| 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 -Foster and maintain relationships with all cooperators and stakeholders -Protect economic, natural, cultural and heritage resources -Ensure coordinated, timely and accurate release of public information -Maintain fiscal accountability and keep costs commensurate with values at risk <u>Control Objectives</u> <ul style="list-style-type: none"> -Keep the fire East of Lake Berryessa -Keep the fire South of Enos Creek -Keep the fire West of Grapevine Spring -Keep the fire North of Hwy 128 | | | | | | | | | | | | | | | | |
| General Situational Awareness: <p>Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history, drought stressed trees, and Highway 128 is open with pilot car controlled traffic.</p> | | | | | | | | | | | | | | | | |
| 5. Site Safety Plan Required? Yes ___ No <u>X</u> Approved Site Safety Plan(s) Located at: | | | | | | | | | | | | | | | | |
| 6. Incident Action Plan <table style="width: 100%; border: none;"> <tr> <td style="border: none;">X ICS 203</td> <td style="border: none;">_ ICS 207</td> <td style="border: none;">X Other</td> </tr> <tr> <td style="border: none;">X ICS 204</td> <td style="border: none;">X ICS 208</td> <td></td> </tr> <tr> <td style="border: none;">X ICS 205</td> <td style="border: none;">X Map</td> <td></td> </tr> <tr> <td style="border: none;">X ICS 220</td> <td style="border: none;">X Weather Forecast</td> <td></td> </tr> <tr> <td style="border: none;">X ICS 206</td> <td></td> <td></td> </tr> </table> | | X ICS 203 | _ ICS 207 | X Other | X ICS 204 | X ICS 208 | | X ICS 205 | X Map | | X ICS 220 | X Weather Forecast | | X ICS 206 | | |
| X ICS 203 | _ ICS 207 | X Other | | | | | | | | | | | | | | |
| X ICS 204 | X ICS 208 | | | | | | | | | | | | | | | |
| X ICS 205 | X Map | | | | | | | | | | | | | | | |
| X ICS 220 | X Weather Forecast | | | | | | | | | | | | | | | |
| X ICS 206 | | | | | | | | | | | | | | | | |
| 7. Prepared By: Adam Mitchell Position/Title: PSC Signature:  | 8. Approved by Incident Commander Brian Estes Signature:  | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20%;">ICS 202</td> <td style="border: 1px solid black; width: 10%;">IAP Page _____</td> </tr> </table> | | ICS 202 | IAP Page _____ | | | | | | | | | | | | | |
| ICS 202 | IAP Page _____ | | | | | | | | | | | | | | | |

ORGANIZATION ASSIGNMENT LIST (ICS 203)

| | | | | | |
|--|-------------------------------------|--|---------------------------------|---|-------------|
| 1. Incident Name: COLD | | 2. Operational Period: Date From: 8/6/2016 Time From: 0700 | | Date To: 8/7/2016 Time To: 0700 | |
| 3. Incident Commander(s) and Command Staff: | | | 7. Operation Section: | | |
| IC/UC's | Brian Estes | Chief | Mike Webb | | |
| Deputy | Jeff Veik | Deputy | Jim Ferguson, Tim Ernst (T) | | |
| Safety Officer | Joe Buchmeier, Josh Janssen (T) | Night Ops | Silvio Lanzas | | |
| Information Officer | Rick Vogt | Staging Area | Mike Riggle | | |
| Deputy Information Officer | Jonathon Cox | Branch I | Director: | Michael Blankenheim | |
| Liaison Officer | Mitch Villalpando/Michael Hardy (T) | Division/Group | A/D | Chad Porter | |
| LE Liaison | Scott McCartney, Steven White | Division/Group | M | Brian Newman, Jim Robbins (T) | |
| 4. Agency/Organization Representatives: | | | Division/Group | | |
| Agency/Organization | Name | Division/Group | | | |
| CAL OES | Ken Hood | Division/Group | | | |
| ARC | Sandy Timmons | Branch V | Director: | David Hawks | |
| BLM | Jeff Tunnell | Division/Group | R | Chip Fowler, Robert Bartsch (T) | |
| LACO Fire Dept | Jon O'Brien | Division/Group | W/X | Matt Ryan | |
| Yolo Co. SO | Hernan Oviedo, Dean Nyland | Division/Group | | | |
| CHP | Chuck King | Division/Group | | | |
| CAL TRANS | Franco Bargagliotti | Division/Group | | | |
| PGE | Chad Lavezzo, Dave Ebbert | Branch | Director: | | |
| Bureau of Reclamation | Margaret Bailey | Division/Group | Supp/Repair | Megan Scheeline | |
| CDCR | Lt. Sid Turner | Division/Group | Staging | Mike Riggle | |
| City of Winters | John Donlevy, Jr. | Division/Group | | | |
| Yolo Co. OES | Dana Carey | Division/Group | | | |
| CCC | Amy Duncan, Noah Wall-Torres | Division/Group | | | |
| | | Branch | Director: | | |
| | | Division/Group | | | |
| | | Division/Group | | | |
| 5. Planning Section: | | | Division/Group | | |
| Chief | Chris Post | Division/Group | | | |
| Deputy | Adam Mitchell / David Shy | Division/Group | | | |
| Resource Unit | Gabe Garcia / Dave Scheurich | Branch | Director: | | |
| Situation Unit | Shane Sherwood | Division/Group | | | |
| Documentation Unit | Susan Hudson | Division/Group | | | |
| Demobilization Unit | Tom Shevenell | Division/Group | | | |
| GISS | Tom Knecht | Division/Group | | | |
| FBAN | Steve Volmer | Division/Group | | | |
| IMET | Jason Clapp | Air Operations Branch | Director: | Scott Packwood | |
| 6. Logistics Section | | | Division/Group | Air Support | Tom Swanson |
| Chief | Eddy Moore | | Helibase Manager | Scott Corn | |
| Deputy | Milford Ferguson | | | | |
| Supply Unit | Paul Lee | 8. Finance/Administration Section: | | | |
| Facilities Unit | Steve Dohman, Travis Heard | Chief | Harper Keene | | |
| Ground Support Unit | Jason Warden | Deputy | John Kiszka | | |
| Hired Equipment Tech | Jason Luckenbach | Time Unit | Andrew Corpuz, Juan Navarro (T) | | |
| Communications Unit | Tim Maquire | Procurement Unit | Julie Freeman | | |
| Medical Unit | Jorge Segura, Jamie Smart (T) | Comp/Claims Unit | Joe Tapia | | |
| | | Cost Unit | Greg Belk | | |
| Prepared By: Name: | Adam Mitchell | PSC | Signature: |  | |
| ICS 203 | IAP Page _____ | Date/Time: | 8/5/2016 2300 hours | | |



INCIDENT WEATHER FORECAST



FORECAST NO: 2
PREDICTION FOR: Saturday DAY/NIGHT SHIFT

INCIDENT NAME: Cold Fire
UNIT: CALFIRE Sonoma-Lake-Napa Unit

SHIFT DATE: 6 August 2016
TIME AND DATE
FORECAST ISSUED: 2100 / 5 August 2016

SIGNED: 
Jason Clapp
Incident Meteorologist

WEATHER TODAY: *...Critical Weather - Unstable today with breezy ridge winds...*

WEATHER: Upper trough to destabilize airmass with greater potential for plume domination. Mostly cloudy on SW edge with morning stratus, otherwise mostly sunny. Continued onshore pressure gradient will keep late afternoon and evening breezy ridge winds with increased RH. Expected wind eddies in upper Putah Creek drainage and mid to upper slopes on western side of fire.

TEMPERATURES: 81-86 *Trend: Little Change*
RELATIVE HUMIDITY: 30-35% *Trend: Little Change*

20 FT WINDS:

RIDGETOP – NW 3-7 mph in the morning shifting SSW 6-9 mph gusting 15 mph by afternoon, then increasing 10-15 mph gusting to 25 mph (2000-0300).

SLOPE/VALLEY – SE 3-7 mph in aligned canyons by mid-morning, then upcanyon gusts 15 mph in afternoon with eddy winds on mid to upper slopes in Putah Creek drainage.

Haines: 5 **LAL:** 1 **Stability/Inversion:** Inversion breaking around 1100.

WEATHER FOR TONIGHT AFTER 2200: Mostly clear.

Low temperatures: 50-56 **Max RH:** 90% upper/lower elevation, 70% midslopes.

20FT Winds: W 5-10 mph gusting 15-20 to through 0200, then weakening & terrain-driven.

WEATHER DISCUSSION: Critical fire weather today with unstable airmass and breezy afternoon winds. The upper disturbance moves overhead Sunday with increased stability and slightly less wind. Temperatures warm as weak ridging builds. Monday will be slightly warmer and drier with some drier northerly morning ridge winds, turning westerly in the afternoon.

OUTLOOK FOR SUNDAY/MONDAY:

Sunday: Slight warming as upper trough moves just east.

High temps: 84-89. **Max/ Min RH:** 85% / 30%. **Winds:** Slope winds with SW ridge winds 6-9 gusting 15 mph late afternoon to 2200. W 5-8 mph gusting 15 down Putah Creek Canyon 2100-0200.

Monday: Temps remain near normal with above normal humidity as lingering trough near west coast.

High temps: 83-88. **Max/ Min RH:** 75% / 30%. **Winds:** Slope winds with light N ridge winds in morning shifting to SW winds 6-10 gusting 15-20 mph late afternoon to 2200. W 4-7 mph gusting 15 down Putah Creek Canyon 2100-0200.



Nearby Weather Observations



Extended Weather Outlook

FIRE BEHAVIOR FORECAST

| | |
|------------------------------------|---|
| FORECAST NUMBER: 2 | TYPE OF FIRE: Wildland |
| FIRE NAME: COLD | OPERATIONAL PERIOD: 8/6 – 8/7/2016 0700-0700 |
| DATE ISSUED: 8/5/2016 | TIME ISSUED: 2000 |
| UNIT: LAKE NAPA | SIGNED:  |
| Typed/printed: Stephen Volmer FBAN | |

INPUTS

WEATHER SUMMARY:

Continued on shore winds will produce cooler temperatures and high relative humidity throughout the fire area. Expect good overnight RH recovery, with a deep marine layer pushing into Monticello Dam.
 Daytime RH 30-35% Night time RH 70-90%

Ridgetop winds will change from NW 3-7 mph to WSW 6-9 mph in the afternoon. Winds will increase to 10-15 mph with gusts to 25 mph after sundown. Valley winds will be SE 3-7 mph and then shift up canyon with gusts of 15mph after 1200. West winds 5-10mph with gusts to 20 mph until 0200, then decreasing. Expect eddying winds on ridgetops.

Day time temperatures 81-86 degrees cooling to 50-56 degrees in the evening.

OUTPUTS

FIRE BEHAVIOR

GENERAL:

Rapid rates of spread and easy ignition of all fuels in the area are due to the continued drought. Large diameter fuels will be completely consumed within an operational period. Fuels outside of the Monticello 2014 fire, North of Crane Ridge, have not burned in over 30 years. Any spots or roll-outs that get established in a North/South drainage will be in alignment with the wind, and topography, producing the possibility of large fire runs. Smoldering and creeping fire activity will be present in all divisions.

ERC are below the 90th percentile. Live fuel moistures are currently trending slightly above critical levels (60%)

SPECIFIC:

GRASS... FLAME LENGTH 5'
 RATE OF SPREAD 32 Ch/Hr
 SPOTTING DISTANCE .2 Mi
 PROB of IGNITION 85%

BRUSH... FLAME LENGTH 15'
 RATE OF SPREAD 40 Ch/Hr
 SPOTTING DISTANCE .3 Mi
 PROB of IGNITION 85%

AIR OPERATIONS:

- Ridgetop winds will be strong and gusty. Eddys will be present on the leeside of ridges.
- Visibility will be clear throughout the operational period.
- Rotor wash and water drops will cause fire weakened timber to drop unexpectedly.
 Sunrise...0614 Sunset...2014

SAFETY

- Watch for fire weakened timber to break apart, and stump holes to continue to hold excessive heat.
- Dry fuels will ignite easily when exposed to the heat of a vehicles exhaust system.
- **Deceptively quiet areas of large fires = COMMON DENOMINATOR of TRAGEDY FIRES**



SAFETY MESSAGE COLD INCIDENT



1. Incident Name: Cold

2. Operational Period: Date From:08/06/16
Time From:07:00

Date To:08/07/16
Time To:07:00

3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

NEW I/A FIRES IN THE UNIT EVERY DAY STAY FOCUSED & HAVE A CONTINGENCY PLAN

- Drought stressed trees and stump holes are a big problem. Maintain Situational Awareness and brief your personnel on these hazards.
- Stay aware of what is happening around you and adapt your exit strategy accordingly.
- ESTABLISH: LOOKOUTS, COMMUNICATIONS, ESCAPE ROUTES AND SAFETY ZONES.
- Be aware of complacency. Many of us were in this same place last year. While that can help some of the operations, it might hinder our planning. Have a contingency plan.
- Only new generation Nomex should be on this Incident. If you are using improperly marked old Nomex you will need to exchange it. Inspect all PPE being used, including fire shelters.
- No PPE allowed in the eating areas. Wash hands regularly and always before entering the eating areas.
- If personnel get fatigued, but it's not a medical emergency, use line medics for evaluation and rehab in a shaded area on the fire line.
- Drive with head lights on and slow down. Be aware of school zones as some schools are back in session.
- Units working on Hwy 128 must use code three lights while parked. Be aware of traffic passing in the open lane.

IF IT'S PREDICTABLE IT'S PREVENTABLE

4. Site Safety Plan Required? Yes No

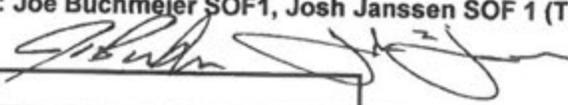
Approved Site Safety Plan(s) Located At: N/A

5. Prepared by: Name: Buchmeier/Janssen Position/Title: SOF1/SOF1(T) Signature: 

ICS 208

IAP Page _____

Date/Time: August 5, 2016/16:00

| 1. Incident Name: COLD | | 2. Incident Number: CALNU007135 | |
|---|-------------------------------------|---|--|
| 3. Date/Time Prepared: Date: 8/5/16 Time: 1600 | | 4. Operational Period: Date From: 8/6/16 Date To: 8/7/16 Time From: 0700 Time To: 0700 | |
| 5. Incident Area | 6. Hazards/Risks | 7. Mitigations | |
| ALL | STEEP TERRAIN | <ul style="list-style-type: none"> - POST LOOKOUTS - WATCH FOOTING - ADJUST OPERATIONS | |
| ALL | NARROW ONE WAY ROADS | <ul style="list-style-type: none"> - HEADLIGHTS ON - SLOW DOWN | |
| ALL | FATIGUE | <ul style="list-style-type: none"> - MAINTAIN PROPER WORK REST CYCLES DOCUMENT IN ICS 214 | |
| ALL | HYDRATION | <ul style="list-style-type: none"> - MAINTAIN 3 WATER TO 1 ELECTROLYTE RATIO | |
| ALL | CRITICAL FUEL MOISTURES | <ul style="list-style-type: none"> - PAY CLOSE ATTENTION TO FIRE BEHAVIOR AND CHANGING CONDITIONS | |
| ALL | IN CAMP CIVILIAN PEDESTRIAN TRAFFIC | <ul style="list-style-type: none"> - DIVERTING PEDESTRIAN TRAFFIC OFF PAVED ROADWAY - MAINTAIN FIVE MPH SPEED LIMIT IN CAMP | |
| ALL | AVIATION HAZARDS | <ul style="list-style-type: none"> - MONITOR AIR TO GROUND | |
| ALL | HIRED EQUIPMENT | <ul style="list-style-type: none"> - PROVIDE PROPER SUPERVISION PER CAL FIRE POLICY | |
| ALL | IA SUPPORT TO NEW INCIDENTS | <ul style="list-style-type: none"> - USE RESPONSE PLAN | |
| ALL | DROUGHT STRESSED TREES | <ul style="list-style-type: none"> - MAINTAIN SITUATIONAL AWARENESS | |
| ALL | COMMUNICATIONS | <ul style="list-style-type: none"> - FOLLOW THE COMM PLAN - BE SURE TO CLONE RADIOS | |
| BASE | SECURITY IN INCIDENT BASE | <ul style="list-style-type: none"> - PLACE SECURITY AT ENTRANCE AND EXIT PLUS TWO ROAMING ICP | |
| 8. Prepared by: Joe Buchmejer SOF1, Josh Janssen SOF 1 (T) | | | |
|  | | | |
| ICS 215A | | | |

ASSIGNMENT LIST (ICS 204)

| | | | | | | | |
|--|--------------------|---|----------------------------------|--------------------------------|----------|--|-------|
| 1. Incident Name: <p style="text-align: center;">COLD</p> | | 2. Operational Period: Date From: 08/06/16 Date To: 08/07/16 Time From: 0700 Time To: 0700 | | | | 3. Branch: V Division/Group: R Staging Area: | |
| 4. Operations Personnel: Name Contact # Operations Section Chief: Mike Webb Night Ops: Silvio Lanzas Branch Director: David Hawks Branch Safety: Jim Topoleski Division/Group Supervisor Chip Fowler, Robert Bartsch (T) | | | | | | | |
| 5. Resources Assigned: | | | | | | Reporting Location, Special Equipment, Remarks, Notes, and Information | |
| Resource Identifier | Leader | Number of Personnel | Contact (phone radio freq. etc.) | | | | |
| STC XST 4203C | Hohl, David C | 17 | | 0700-0700 | | | |
| CRW MRN Tamalpais Fire Crew | Walsh, Timothy | 16 | | 0700-0700 | | | |
| CRW Golden Eagles IHC | Ridley, Cody | 20 | | 0700-0700 | | | |
| CRW SRF Ukonom IHC | Hawkins, Thomas | 21 | | 0700-0700 | | | |
| DOZ LNU 1449 | Hutchison, Richard | 2 | | 0700-0700 | | | |
| DOZ PVT E-25 | Martinez, Aurelio | <u>2</u> | | 0700-0700 | | | |
| <i>W/T PVT E-87</i> | Cookson, Sam | 2 | | 0700-0700 | | | |
| FALM O-281 | Rosebush, AJ | 2 | | 0700-0700 | | | |
| FEMP O-177 | Oberndorfer, Mike | 1 | | 0700-0700 | | | |
| FEMP O-178 | Luera, Andrew | 1 | | 0700-0700 | | | |
| 6. Work Assignments: Continue to improve fireline Mop up 300' | | | | | | | |
| 7. Special Instructions: | | | | | | | |
| 8. Communications (radio and/or phone contact numbers needed for this assignment): | | | | | | | |
| Name | Ch | Function | Rx Freq | Rx Tone | Tx Freq | Tx Tone | Notes |
| CDF C11 | 1 | COMMAND | 151.1675 | 103.5 | 159.3975 | 162.2 | |
| VFIRE 24 | 7 | TACTICAL | 154.2725 | 156.7 | 154.2725 | 156.7 | |
| CALCORD | 14 | MEDICAL | 156.0750 | 156.7 | 156.0750 | 156.7 | |
| A/G | 15 | AIR TO GROUND | 159.2250 | 192.8 | 159.2250 | 192.8 | |
| GUARD 04 | 16 | EMERGENCY | 168.6250 | | 168.6250 | 110.9 | |
| 9. Prepared by: Name: Dave Scheurich | | Pos/Title: RESL | | Signature: <i>DIA</i> | | | |
| ICS 204 | | IAP Page _____ | | Date/Time: 8/5/2016 2300 hours | | | |

ASSIGNMENT LIST (ICS 204)

| | | | | | | | |
|---|-----------------------|---|-----------------------------------|--|----------|---|-------|
| 1. Incident Name: <p style="text-align: center;">COLD</p> | | 2. Operational Period: Date From: 08/06/16 Date To: 08/07/16 Time From: 0700 Time To: 0700 | | | | 3. Branch: Division/Group: Supp/Repair Staging Area: | |
| 4. Operations Personnel: <u>Name</u> <u>Contact #</u> Operations Section Chief: Mike Webb Night Ops: Silvio Lanzas Branch Director: Division/Group Supervisor: Megan Scheeline | | | | | | | |
| 5. Resources Assigned: | | | | | | | |
| Resource Identifier | Leader | Number of Personnel | Contact (phone, radio freq, etc.) | Reporting Location, Special Equipment, Remarks, Notes, and Information | | | |
| CRW WIF Middle Fork | Beddow, Nicholas Ryan | 20 | | 0700-0700 | | | |
| CRW WIF Santima River | Mcdowell, Aaron M | 18 | | 0700-0700 | | | |
| W/T PVT E-88 | Wanzer, Anthony | 2 | | 0700-0700 | | | |
| W/T PVT E-90 | Kelly, Mike | 2 | | 0700-0700 | | | |
| W/T PVT E-142 | Andrews, Don | 1 | | 0700-0700 | | | |
| HEQB O-31 | Drummond, James | 1 | | 0700-0700 | | | |
| HEQB O-41 | Nelson, Jon | 1 | | 0700-0700 | | | |
| HEQB O-30 | Tanner, Robert | 1 | | 0700-0700 | | | |
| HEQB O-29 | Vasquez, Estevan | 1 | | 0700-0700 | | | |
| FOBS O-2 | Long, Stevie | 1 | | 0700-0700 | | | |
| FOBS O-153 | Lau, Josh | 1 | | 0700-0700 | | | |
| HEQB O-43 | Dyer, Jason | 1 | | | | | |
| DOZ PVT E-22 | Dunlap, David | 2 | | | | | |
| DOZ PVT E-95 | Petersen, Ryan | 2 | | | | | |
| 6. Work Assignments: Repair damage caused directly from fire suppression activities | | | | | | | |
| 7. Special Instructions: | | | | | | | |
| 8. Communications (radio and/or phone contact numbers needed for this assignment): | | | | | | | |
| Name | Ch | Function | Rx Freq | Rx Tone | Tx Freq | Tx Tone | Notes |
| CDF C11 | 1 | COMMAND | 151.1675 | 103.5 | 159.3975 | 162.2 | |
| CDF T30 | 5 | TACTICAL | 151.3925 | 192.8 | 151.3925 | 192.8 | |
| CALCORD | 14 | MEDICAL | 156.0750 | 156.7 | 156.0750 | 156.7 | |
| A/G | 15 | AIR TO GROUND | 159.2250 | 192.8 | 159.2250 | 192.8 | |
| GUARD 04 | 16 | EMERGENCY | 168.6250 | | 168.6250 | 110.9 | |
| 9. Prepared by: Name: Dave Scheurich | | Pos/Title: RESL | | Signature: | | | |
| ICS 204 | | IAP Page _____ | | Date/Time: 8/5/2016 2300 hours | | | |

ASSIGNMENT LIST (ICS 204)

| | | | | | | | |
|--|---------------------------|---|-----------------------------------|--|----------|---|-------|
| 1. Incident Name: <p style="text-align: center;">COLD</p> | | 2. Operational Period: Date From: 08/06/16 Date To: 08/07/16 Time From: 0700 Time To: 0700 | | | | 3. Branch: Division/Group: Staging Staging Area: | |
| 4. Operations Personnel: <u>Name</u> <u>Contact #</u> Operations Section Chief: Mike Webb Night Ops: Silvio Lanzas Branch Director: Staging Area Manager: Mike Riggle | | | | | | | |
| 5. Resources Assigned: | | | | | | | |
| Resource Identifier | Leader | Number of Personnel | Contact (phone, radio freq, etc.) | Reporting Location, Special Equipment, Remarks, Notes, and Information | | | |
| STC MNF 3645C | Marcks, William F | 27 | | 0700-0700 | | | |
| STC MRN 9150C | Engler, Randy | 18 | | 0700-0700 | | | |
| DOZ PVT E-52 | Schnetzer, Darren | 2 | | 0700-0700 | | | |
| DOZ PVT E-53 | Arias, Louie | 2 | | 0700-0700 | | | |
| DOZ PVT E-27 | Dillsaver, John | 2 | | 0700-0700 | | | |
| DOZ PVT E-22 | Dunlap, David | 2 | | 0700-0700 | | | |
| DOZ PVT E-95 | Petersen, Ryan | 2 | | 0700-0700 | | | |
| DOZ PVT E-24 | Hinrichs, John | 2 | | 0700-0700 | | | |
| DOZ PVT E-26 | Greish, Joel | 2 | | 0700-0700 | | | |
| DOZ PVT E-21 | Montz, John | 3 | | 0700-0700 | | | |
| DOZ PVT E-58 | Hammond, Jeff | 2 | | 0700-0700 | | | |
| W/T MDS 17 | Green, Paul | 1 | | 0700-0700 | | | |
| W/T WOF WT7 | Guse, Jon | 1 | | 0700-0700 | | | |
| HEQB O-42 | Newell, David | 1 | | 0700-0700 | | | |
| 6. Work Assignments: Maintain operational readiness of three minutes | | | | | | | |
| 7. Special Instructions: | | | | | | | |
| 8. Communications (radio and/or phone contact numbers needed for this assignment): | | | | | | | |
| Name | Ch | Function | Rx Freq | Rx Tone | Tx Freq | Tx Tone | Notes |
| CDF C11 | 1 | COMMAND | 151.1675 | 103.5 | 159.3975 | 162.2 | |
| VFIRE 26 | 9 | TACTICAL | 154.3025 | 156.7 | 154.3025 | 156.7 | |
| CALCORD | 14 | MEDICAL | 156.0750 | 156.7 | 156.0750 | 156.7 | |
| A/G | 15 | AIR TO GROUND | 159.2250 | 192.8 | 159.2250 | 192.8 | |
| GUARD 04 | 16 | EMERGENCY | 168.6250 | | 168.6250 | 110.9 | |
| 9. Prepared by: Name: Dave Scheurich | | Pos/Title: RESL | | Signature: | | | |
| ICS 204 | | IAP Page _____ | | Date/Time: 8/5/2016 2300 hours | | | |

| INCIDENT RADIO COMMUNICATIONS PLAN | | Incident Name | | Operational Period Date/Time | |
|---|-------------------|---------------|-------------|------------------------------|-------------|
| Channel Name/Trunked Radio System Talkgroup | | Assignment | | Date/Time Prepared | |
| Ch # | Function | RX Freq | RX Tone/NAC | TX Freq | Tx Tone/NAC |
| 1 | COMMAND | 151.1675 | 103.5 | 159.3975 | 162.2 |
| 2 | CH 2 | | | | |
| 3 | COMMAND | 166.7250 | CSQ | 166.7250 | |
| 4 | TACTICAL | 151.3475 | 192.8 | 151.3475 | 192.8 |
| 5 | TACTICAL | 151.3925 | 192.8 | 151.3925 | 192.8 |
| 6 | TACTICAL | 159.3825 | 192.8 | 159.3825 | 192.8 |
| 7 | TACTICAL | 154.2725 | 156.7 | 154.2725 | 156.7 |
| 8 | TACTICAL | 154.2875 | 156.7 | 154.2875 | 156.7 |
| 9 | TACTICAL | 154.3025 | 156.7 | 154.3025 | 156.7 |
| 10 | CH 10 | | | | |
| 11 | CH 11 | | | | |
| 12 | CH 12 | | | | |
| 13 | CH 13 | | | | |
| 14 | MEDICAL | 156.0750 | 156.7 | 156.0750 | 156.7 |
| 15 | AIR TO GROUND A/G | 159.2250 | 192.8 | 159.2250 | 192.8 |
| 16 | EMERGENCY | 168.6250 | CSQ | 168.6250 | 110.9 |
| 17 | CH 17 | | | | |
| 18 | CH 18 | | | | |
| 19 | CH 19 | | | | |
| 20 | EMERGENCY | 168.6250 | CSQ | 168.6250 | 110.9 |

0700-0700 HRS, 8/6/2016

COLD CA-LNU-007135

Operational Period Date/Time

8/5/2016, 1800 HRS

Remarks

GROUP 20 CH. 19 (TONE 15)

LINKED TO CDF C11

CDF T14

EMERGENCY ONLY (CLONED ON 8/4/16)

EMERGENCY ONLY (CLONED ON 8/4/16)

Incident Location: VACAVILLE, CA

County: SOLANO Latitude, Longitude: 38° 19.904' N, 122° 00.580' W



Prepared By (Communications Unit)
TIM MAGUIRE (408) 679-2305 CELL

8/5/16 17:27

ICS 205 Excel

| | | | | | |
|---|---|---|---|--|-------------|
| MEDICAL PLAN ICS 206 | 1. INCIDENT NAME COLD FIRE | 2. DATE PREPARED 08/05/16 | 3. TIME PREPARED 2100 | 4. OPERATIONAL PERIOD 8/6/16 – 8/7/16 0700-0700 | |
| 5. INCIDENT MEDICAL AID STATIONS | | | | | |
| MEDICAL SUPPLY TRAILER | LOCATION | PARAMEDICS | | | |
| | | YES NO | | | |
| FRONTLINE | ICP NEXT TO THE SHOWER UNIT | X | | | |
| 6. TRANSPORTATION | | | | | |
| A. AMBULANCE SERVICES | | | | | |
| NAME | LOCATION | PHONE | PARAMEDICS | | |
| | | | YES NO | | |
| CALSTAR (Odd Days) | Vacaville | 800-252-5050 | X | | |
| Reach Ambulance (Even Days) | Concord | 800-338-4045 | X | | |
| American Medical Response | West Sacramento | 800-913-9122 916-439-4604 | X | | |
| CAL FIRE Copter104 (Day) | Brooks Heli Base | Cold Communications | X | | |
| B. INCIDENT AMBULANCES | | | | | |
| NAME | LOCATION | PARAMEDICS | | | |
| | | YES NO | | | |
| AMR 461 | Highway 128/ Pleasants Valley | X | | | |
| 7. HOSPITALS | | | | | |
| NAME | ADDRESS | TRAVEL TIME | PHONE | HELIPAD | BURN CENTER |
| Med Net Channel | | AIR GRND | | YES NO | YES NO |
| Kaiser (Level 2 Trauma) | 1 Quality Dr. Vacaville CA | 2 8 | 707-624-4000 707-452-9892 | X | X |
| UC Davis Medical Center (Level 1 Trauma / Burn) | 2315 Stockton Blvd, Sacramento CA 95817 | 12 30 | 916-734-2011 916-734-5669 | X | X |
| Vaca Valley Hospital | 1000 Nut Tree Rd. Vacaville | 3 16 | 707-624-7000 707-624-7810 | X | X |
| 8. MEDICAL EMERGENCY PROCEDURES | | | | | |
| <p>LINE EMERGENCY: Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.</p> <ul style="list-style-type: none"> Division/Group Supervisor contacts: <ol style="list-style-type: none"> Communications Unit Closest EMS resource Communications Unit contacts: <ol style="list-style-type: none"> Ground or Air ambulance as requested Operations Safety Medical Unit Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel. <ol style="list-style-type: none"> A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of need. Communications Unit will clear command channel for emergency traffic as needed and only for duration of need. | | | <p style="text-align:center;">INJURY REPORTING PROCEDURES</p> <p>NATURE OF INJURY _____</p> <p>LOCATION OF PATIENT _____</p> <p>POINT OF CONTACT _____</p> <p>TRANSPORTATION REQUESTED BY: AIR ___ GROUND ___</p> <p>POINT OF PICKUP _____</p> <p>LAT _____ LONG _____ Datum WGS84</p> <p>PATIENT UNIT ID _____</p> <p>IS AN EMT WITH PATIENT: YES ___ NO ___</p> <p>AGE _____</p> <p>SEX: MALE ___ FEMALE ___</p> <p>ALL EMERGENCIES—Secure the area and identify witnesses for later investigation. Keep an accurate log of events.</p> | | |
| <p>CAMP EMERGENCY: Contact Medical Unit with patient complaint/condition and location. Medical Staff will respond to stabilize incident:</p> <ul style="list-style-type: none"> Medical Unit contacts: <ol style="list-style-type: none"> Communications Safety Logistics Operations Crew Supervisor Comps/Claims | | <p>9. PREPARED BY: (Medical Unit Leader) Jorge H Segura IMT 6 MEDL</p> <p><i>Jorge H Segura</i></p> | | <p>10. REVIEWED BY: (Safety Officer) Joe Buchmeier SOF 1 IMT6 / Josh Janssen SOF 1(t) IMT6</p> <p><i>Joe Buchmeier</i></p> | |
| ICS 206 (Rev 03/12) FR | | | | | |

AIR OPERATIONS SUMMARY ICS-220

1. INCIDENT NAME:
COLD

2. OPERATIONAL PERIOD DATE:
8/6/2016

Prepared By:
Scott Packwood

Date Prepared
Friday, Aug 5, 2016

Time Prepared
2000

Start Time
700

End Time
700

Sunrise
613

Sunset
2014

Cutoff
1944

Task / Mission / Assignment (Type of Function Includes: Air Tactical, Retardant, Recon, Personnel Transport, Water Dropping, Cargo, Rescue, etc.)

Type Function Instructions For Tactical Aircraft or Name of Personnel or Cargo (if applicable)

Mission Start Time

Fly From

Fly To

Notes:

| Freq | Tx | Tone | Rx | Tone | AM / FM | Freq | Tx | Tone | Rx | Tone | AM / FM |
|-------------|----------|-------|----------|-------|---------|------------|----------|------|----|------|---------|
| A / G | | | 159.2250 | 192.8 | FM | A/A Rotor: | | | | | AM |
| Command | 159.3975 | 162.2 | 151.1675 | 103.5 | FM | A/A Fixed: | | | | | AM |
| Air Tactics | | | 169.2875 | 110.9 | FM | TOLC: | 123.0250 | | | | AM |
| AIRGUARD | 168.6250 | 110.9 | 168.6250 | 110.9 | FM | DECK | 163.1000 | | | | FM |
| CALCORD | 156.0750 | 156.7 | 156.0750 | 156.7 | FM | | | | | | |

Air Operations Summary ICS - 220

ICS-220 299



TRAINING MESSAGE

TRAINERS

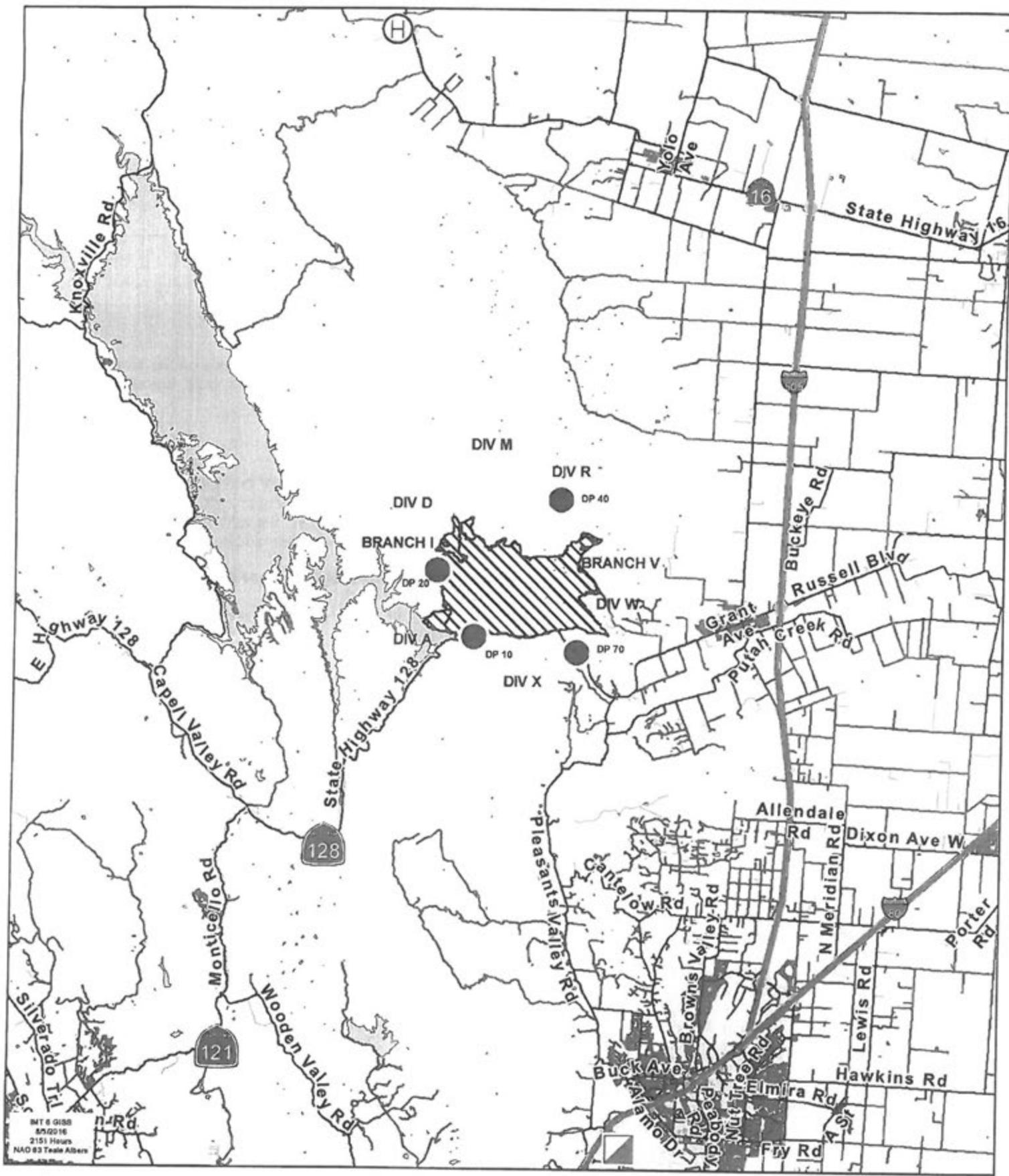
REMEMBER TO REVIEW THE TASK BOOK WITH YOUR TRAINEE EACH DAY AND SET GOALS FOR THE OPERATIONAL PERIOD.

TRAINEES

ALWAYS KEEP YOUR TASK BOOK SECURED. IF LOST, YOU RUN THE RISK OF LOSING CREDIT FOR THE TASKS COMPLETED.

TRAINERS AND TRAINEES

IF YOU KNOW YOU ARE BEING DEMOBED, COME BY THE TRAINING SPECIALIST THE DAY BEFORE TO CLOSE OUT YOUR PAPERWORK.



MT 8 GISB
8/5/2016
2151 Hours
NAO 83 Teale Allen



1:200,000

- Drop Point
- (H) Helibase
- ⌋ Division
- ⌋ Branch
- ▣ ICP
- Fire Perimeter



TRAVEL MAP
Cold Incident
 CA LNU 007135
 August 6, 2016





CAL FIRE INCIDENT MANAGEMENT TEAM 6



BRIAN ESTES – INCIDENT COMMANDER

DEMOBILIZATION PLAN - SUMMARY

Cold Incident CA-LNU-7135 GENERAL INFORMATION

The Demobilization Plan is developed to facilitate the orderly removal and checkout of resources on the incident. By definition, surplus personnel are available for release if they have rested for a minimum of 8 hours, are cleaned up, outfitted and have a vehicle ready to depart to their next destination.

GENERAL GUIDELINES

- o **NO RESOURCES WILL LEAVE THE INCIDENT UNTIL AUTHORIZED TO DO SO BY THE DEMOB UNIT.**
- o Efforts will be made to ensure that all released personnel arrive at their destination prior to 2200 hours.
- o All government and hired vehicles leaving the incident will have a safety inspection. If a vehicle is within 1,000 miles of a "B" service, it is the responsibility of the resource to contact Ground Support and have an oil change prior to their scheduled demob time.
- o All trainees are to keep their time up to date and report to the Training Specialist with their task books and evaluations prior to completion of the demobilization process.
- o All strike team leaders are responsible to call North Ops at 1-800-237-3703 immediately upon being released from the incident.

RESPONSIBILITIES

Unit Leaders will declare resources excess to their **Section Chief**. **Section Chiefs** will declare excess resources to the Planning Section Chief through the **Resource Unit Leader**. This should be done 36 hours in advance of anticipated release. Use the **Declaration of Excess Resources sheet** or **General Message Form (ICS-213)** to list all excess resources. Include the resource name, request number, name of person, date and time of declared excess, and time in which the resource will be eligible to leave. Send to the **RESOURCE UNIT** where the resource will be determined to be surplus to the incident. Surplus resources will then be able to report to the **DEMOB UNIT**, receive a Demobilization Checkout Form (ICS 221), get the appropriate ICS 221 signatures, and then return the completed ICS 221 to the **DEMOB UNIT** prior to final release or reassignment.

RELEASE PRIORITIES

1. Organized fire departments
2. OES engines
3. Hired personnel and equipment
4. Other agencies (USFS, BLM, etc.)
5. Out of region Cal Fire forces
6. Within Region Cal Fire Forces
7. Unit CAL FIRE Forces

TRAVEL INFORMATION

All resources will meet agency specific requirements on hours of travel per day. For CAL FIRE hand crews, a full 24 hour reset period shall be adhered to before departing from the incident. After a crew's last operational period they shall begin the demobilization release procedure during their 24 hour off shift. In addition, they must use the following complete 24 hour period as reset time before they depart from the incident.

FC-33 DAILY UPDATE

| | | | | |
|--------------------------|-----------------|-------------------|-----------|-----------------|
| DATE: | | | 24 Hrs | 12 Hrs |
| REQ # | | | S/T # | |
| WORK LOCATION: | | | | |
| RADIO IDS: | | | | |
| ST LEADER: | DOZER BLADE HRS | PORTABLE PUMP HRS | # OF SAWS | HRS ON EACH SAW |
| ENGINE/CREW: | | | | NOTES |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| COMMENTS (ANY CHANGES?): | | | | |
| | | | | |
| CELL PHONE #: | | | | |

FC-33 DAILY UPDATE

| | | | | |
|--------------------------|-----------------|-------------------|-----------|-----------------|
| DATE: | | | 24 Hrs | 12 Hrs |
| REQ # | | | S/T # | |
| WORK LOCATION: | | | | |
| RADIO IDS: | | | | |
| ST LEADER: | DOZER BLADE HRS | PORTABLE PUMP HRS | # OF SAWS | HRS ON EACH SAW |
| ENGINE/CREW: | | | | NOTES |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| COMMENTS (ANY CHANGES?): | | | | |
| | | | | |
| CELL PHONE #: | | | | |

SHIFT TICKET EXAMPLE

| EMERGENCY SHIFT TICKET and EVALUATION FORM | | | | | Contractor Name | | | | | | |
|--|-------|---------------------------------|--|-----------------------------|--|---------------------------------|------|------|-----|-------------------|--|
| Incident or Project Name COLD FIRE | | | Incident Number CALNU 007135 | Request Number E# | DOZER DUDE | | | | | | |
| Agreement Number XXX - 000000 - 00 | | | | | Operator #1 BOB SMITH | Operator #2 TOM SMITH | | | | | |
| Equipment Make CAT | | | Equipment Model / Type D6XM | | Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government | | | | | | |
| Serial Number 111111 | | | Licence Number 111111 | | Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government | | | | | | |
| Equipment Use (Circle) Hours Days / Miles | | | | | Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement | | | | | | |
| Date Mo / Day | Start | Stop | Work | Assignment | Remarks/Comments ** | | | | | | |
| 8/3 | 1300 | 1700 | 4 | Travel | TWO OPERATORS NO DAMAGE/ NO CLAIMS | | | | | | |
| 8/3 | 1701 | 2400 | 8 | DIV M | | | | | | | |
| 8/4 | 0001 | 700 | 7 | DIV M | | | | | | | |
| Vendor Rating | | | | | Govt. Rep Name and Position - PRINT | | | | | | |
| <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 | Mike Weber | |
| Poor* | Avg. | Good | Exc. | N/A | | | | | | | |
| Met Performance Expectations | | | | | Govt. Rep. Signature | | | | | | |
| Equipment in Safe Working Condition | | | | | <i>Mike Weber</i> | | | | | | |
| Operator Skill Level | | | | | Contractor Signature | | | | | | |
| Operates Safely | | | | | <i>Bob Smith</i> | | | | | | |
| Operator's Cooperation Level | | | | | Date | Time | | | | | |
| Overall Performance | | | | | 08/04/15 | 0800 | | | | | |
| * NOTE: Any rating of POOR requires an explanation in Comment Section. | | | | | CALFIRE 297 | | | | | | |
| **Final evaluation or for more documentation, use an ICS Form 230 or equivalent. | | | | | (Rev 3-2011) | | | | | | |
| Pink - Finance | | Blue - Home Unit HE Coordinator | | Yellow - Vendor | | White - Govt Representative | | | | | |

| EMERGENCY SHIFT TICKET and EVALUATION FORM | | | | | Contractor Name | | | | | | |
|--|-------|---------------------------------|---|-----------------------------------|--|-----------------------------|------|------|-----|-------------------|--|
| The responsible Government Officer will complete this form each shift | | | | | DUDE TRANSPORT | | | | | | |
| Incident or Project Name COLD FIRE | | | Incident Number CALNU 007135 | Request Number E # Here | Operator #1 BOB SMITH | | | | | | |
| Agreement Number XXX - 000000 - 00 | | | | | Operator #2 TOM SMITH | | | | | | |
| Equipment Make TRANSPORT/ KENWORTH | | | Equipment Model / Type COZAD TRAILER /26 WHEELS | | Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government | | | | | | |
| Serial Number 1XP3ESMP14239012 | | | Licence Number 9999999 | | Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government | | | | | | |
| Equipment Use (Circle) Hours Days / Miles | | | | | Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement | | | | | | |
| Date Mo / Day | Start | Stop | Work | Assignment | Remarks/Comments ** | | | | | | |
| 8/3 | 1300 | 1800 | 5 | Travel | 2 OPERATORS NOT AVAIL NO DAMAGE/ NO CLAIMS | | | | | | |
| 8/3 | 1901 | 2400 | 5 | DIV M | | | | | | | |
| 8/4 | 0001 | 7 | 7 | DIV M | | | | | | | |
| Vendor Rating | | | | | Govt. Rep Name and Position - PRINT | | | | | | |
| <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 | Mike Weber | |
| Poor* | Avg. | Good | Exc. | N/A | | | | | | | |
| Met Performance Expectations | | | | | Govt. Rep. Signature | | | | | | |
| Equipment in Safe Working Condition | | | | | <i>Mike Weber</i> | | | | | | |
| Operator Skill Level | | | | | Contractor Signature | | | | | | |
| Operates Safely | | | | | <i>Bob Smith</i> | | | | | | |
| Operator's Cooperation Level | | | | | Date | Time | | | | | |
| Overall Performance | | | | | 08/04/15 | 0800 | | | | | |
| * NOTE: Any rating of POOR requires an explanation in Comment Section. | | | | | CALFIRE 297 | | | | | | |
| **Final evaluation or for more documentation, use an ICS Form 230 or equivalent. | | | | | (Rev 3-2011) | | | | | | |
| Pink - Finance | | Blue - Home Unit HE Coordinator | | Yellow - Vendor | | White - Govt Representative | | | | | |

Turn shift tickets into Finance.

SHIFT TICKET EXAMPLE

| EMERGENCY SHIFT TICKET and EVALUATION FORM | | | | | Contractor Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|--|--|-----------------|--|-----------------------------|------|------|-----|---|--|--|--|--|----------------------|--|--|--|--|-----------------|--|--|--|--|------------------------------|--|--|--|--|---------------------|--|--|--|--|--|--|
| Incident or Project Name COLD FIRE | | Incident Number CALNU 007135 | Request Number E or S # Here | | Operator #1 BOB SMITH | Operator #2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agreement Number XXX - 000000 - 00 | | | | | Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment Make FREIGHTLINER | | Equipment Model / Type WATER TENDER 2500 + GAL | | | Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Serial Number 1XP3ESMP14239012 | | Licence Number 55555555 | | | Equipment Status <input checked="" type="checkbox"/> Inspected <input type="checkbox"/> Released by Government <input checked="" type="checkbox"/> Under Agreement <input type="checkbox"/> Withdrawn by Contractor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment Use (Circle) Hours Days / Miles | | | | | Remarks/Comments ** ONE OPERATOR NO DAMAGE/ NO CLAIMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Mo / Day | Start | Stop | Work | Assignment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8/3 | 1300 | 1700 | 4 | Travel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8/3 | 1701 | 2400 | 7 | DIV Z | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8/4 | 0001 | 700 | 7 | OFF SHIFT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Met Performance Expectations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment in Safe Working Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator Skill Level | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operates Safely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator's Cooperation Level | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overall Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">Vendor Rating must be done.</p> | | | | | Date 08/04/15 Time 0800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>* NOTE: Any rating of POOR requires an explanation in Comment Section. **Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p> | | | | | CALFIRE 297 (Rev 3-2011) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pink - Finance | | Blue - Home Unit HE Coordinator | | Yellow - Vendor | | White - Govt Representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| EMERGENCY SHIFT TICKET and EVALUATION FORM | | | | | Contractor Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------|--|--|-----------------|--|----------------------------------|------|------|-----|---|--|--|--|--|----------------------|--|--|--|--|-----------------|--|--|--|--|------------------------------|--|--|--|--|---------------------|--|--|--|--|--|--|
| The responsible Government Officer will complete this form each shift | | | | | Contractor Name WATER GUY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident or Project Name COLD FIRE | | Incident Number CALNU 007135 | Request Number E OR S # Here | | Operator #1 BOB SMITH | Operator #2 BILL SMITH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agreement Number XXX - 000000 - 00 | | | | | Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment Make PETERBUILT | | Equipment Model / Type WATER TENDER 2500 + GAL | | | Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Serial Number 1XP3ESMP14239012 | | Licence Number 9999999 | | | Equipment Status <input checked="" type="checkbox"/> Inspected <input type="checkbox"/> Released by Government <input checked="" type="checkbox"/> Under Agreement <input type="checkbox"/> Withdrawn by Contractor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment Use (Circle) Hours Days / Miles | | | | | Remarks/Comments ** 2 OPERATORS NO DAMAGE/ NO CLAIMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Mo / Day | Start | Stop | Work | Assignment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8/3 | 1300 | 1800 | 5 | Travel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8/3 | 1800 | 2400 | 6 | DIV M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8/4 | 0001 | 700 | 7 | DIV M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Met Performance Expectations</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Equipment in Safe Working Condition</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operator Skill Level</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operates Safely</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operator's Cooperation Level</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Overall Performance</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | Met Performance Expectations | | | | | Equipment in Safe Working Condition | | | | | Operator Skill Level | | | | | Operates Safely | | | | | Operator's Cooperation Level | | | | | Overall Performance | | | | | Contractor Signature <i>Bob Smith</i> | |
| Met Performance Expectations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equipment in Safe Working Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator Skill Level | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operates Safely | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator's Cooperation Level | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overall Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">Vendor Rating must be done.</p> | | | | | Date 08/04/15 Time 0800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>* NOTE: Any rating of POOR requires an explanation in Comment Section. **Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p> | | | | | CALFIRE 297 (Rev 3-2011) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pink - Finance | | Blue - Home Unit HE Coordinator | | Yellow - Vendor | | White - Govt Representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Turn shift tickets into Finance.

Fire Suppression Repair

It is time to begin planning for the fire suppression repair efforts. A fire suppression repair plan will be developed for the LNU Cold Incident. To accomplish our goals we need to identify problem areas, prescribe the needed work, and ensure that the work is completed.

In an effort to identify problem areas we have created the attached form for use by the Branches and Divisions. As noted on the form, items to consider include: fences and gates damaged during the incident; road and watercourse crossings repairs; culverts and watercourses needing cleanout; fire breaks in need of waterbarring; trash and equipment pickup.

Use the attached form(s) to document locations where repair work may be necessary. Use maps to show locations. Return forms to the Suppression Repair Unit at the end of your shift.

Fire Suppression Repair Checklist CA-LNU-007135

Fire Name COLD Form Preparer _____

Division _____ Date Prepared _____

Work Needed

Location
(T./R./S.)

Fence/Gate Repair _____

Waterbars _____

Road Repair _____

Watercourse Cleanout _____

Culvert Cleanout and Repair _____

Seeding/Mulching Watercourse Crossing _____

Trash Pickup _____

Other _____

Note: List type of material/equipment/personnel needed (e.g. fencing material, tools, dozer, backhoe, stakeside, handcrew etc.)

1. Incident Name:

2. Operational Period: Date From:
Time From:

Date To:
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: _____

