

* CORRECTIONS *

COLD INCIDENT

CA-LNU-007135

INCIDENT ACTION PLAN



OPERATIONAL PERIOD

8/9/2016 0700

to

8/10/2016 0700



ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: COLD		2. Operational Period: Date From: 8/9/2016 Time From: 0700		Date To: 8/10/2016 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Brian Estes / Jim Ferguson (T)		Chief	Mike Webb / David Hawks (T)	
Deputy	Jeff Veik / David Fulcher (T)		Deputy	Tim Ernst (T) / Mike Blankenheim (T)	
Safety Officer	Joe Buchmeier / Josh Janssen (T)		Night Ops	Ron Roberts	
Information Officer	Jonathon Cox		Staging Area		
Liaison Officer	Mitch Villalpando		Branch	Director:	
LE Liaison Officer	Scott McCartney, Steven White		Division/Group	A/D/M	Kevin Wegener, Paul Lohan (T)
			Division/Group	R/W/X	Justin Benguerel
4. Agency/Organization Representatives:			Division/Group	Supp/Repair	Megan Scheeline
Agency/Organization	Name		Division/Group	Delta Staging	Scott Grendahl
CAL OES	Ken Hood		Division/Group		
ARC	Sandy Timmons		Branch	Director:	
BLM	Jeff Tunnell		Division/Group		
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		Division/Group		
Bureau of Reclamation	Margaret Bailey		Branch	Director:	
CDCR	Lt. Sid Turner		Division/Group		
City of Winters	John Donlevy, Jr.		Division/Group		
Yolo Co. OES	Dana Carey		Division/Group		
CCC	Amy Duncan / Noah Wall-Torres		Division/Group		
			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/Chad Wilson/Jim Irving		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 / Troy Velin (T)		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	Zach Lunsford		Time Unit	Andrew Corpuz / Juan Navarro (T)	
Communications Unit	Tim Maquire		Procurement Unit	Julie Freeman / Michael Lamonica (T)	
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:	8/8/2016 2300 hours		

FIRE BEHAVIOR FORECAST

FORECAST NUMBER: 5	TYPE OF FIRE: Wildland Fire
FIRE NAME: Cold	OPERATIONAL PERIOD: 8/9 24hr (0700-0700)
DATE ISSUED: 08/08	
UNIT: LNU	SIGNED:
	Printed: Stephen Volmer – FBAN/Troy Velin FBAN-T

INPUTS

WEATHER SUMMARY

This will be the first day of the Cold Fire that we will see northerly winds strong enough to make a push down Thompson and Bray Canyons during daylight hours. Expect these down canyon winds to last through the morning hours and possibly into early afternoon.

MAX Temp: 87 - 93 deg. **Min Relative Humidity:** 20% - 25%

20-Foot Winds:

Ridge top – NE 8-13 mph with morning gusts to 25, then shifting SE 5-8 mph gusting to 12 mph after 1400, and then NE again 7-10 mph gusting to 17 mph after 2100.

Slope/Valley – Down canyon 4-8 mph shifting upslope 3-7 mph after 1000 with eddying winds near confluences and on mid to upper slopes.

OUTPUTS

FIRE BEHAVIOR

GENERAL:

The lower humidity's and daytime northerly winds is a change that we haven't seen on the Cold Fire. Today will be a good opportunity for line crews to discover any new or remaining areas for mop up.

New Fire Potential With Optimal Alignment

Fuel Type	ROS (Ft-MIN) Forward	FL (Ft)	PIG	Spotting Distance
Grass- Low load	Slow/Moderate 50-85	5-7	90%	.3 mi
Grass/Shrub – Moderate load	Slow/Moderate 30-50	6-8	90%	.3 mi
Brush – Very high load	Slow/Moderate 50-75	15-19	90%	.3 mi

SPECIFIC:

All Divisions;

PIG near 90% - equipment use and vehicles are capable of igniting dry grass.

Trees falling onto or near stump holes will continue to add mop up challenges, particularly in deep drainages.

AIR OPERATIONS:

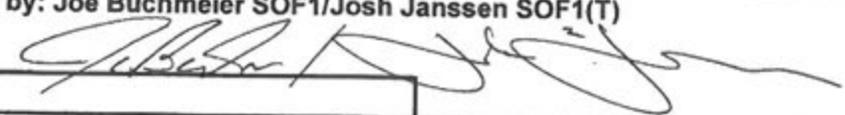
Expect inversion to lift around 1100hrs, clear and sunny.

SAFETY

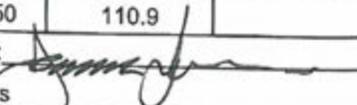
Stay alert - Tragedies have occurred during mop-up.

Post fire hazards are present - Hot ash pits, weakened heavy limbs on oaks and pines and footing hazards.

Pay attention to changing conditions – Weather is getting hotter and drier.

1. Incident Name: COLD		2. Incident Number: CALNU007135	
3. Date/Time Prepared: Date: 8/8/16 Time: 1600		4. Operational Period: Date From: 8/9/16 Date To: 8/10/16 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 	
ALL	NARROW ONE WAY ROADS	<ul style="list-style-type: none"> - TURN ON HEADLIGHTS - SLOW DOWN 	
ALL	FATIGUE	<ul style="list-style-type: none"> - MAINTAIN PROPER WORK REST CYCLES & DOCUMENT IN YOUR ICS-214 	
ALL	HYDRATION	<ul style="list-style-type: none"> - MAINTAIN 3 WATER'S TO 1 ELECTROLYTE RATIO 	
ALL	BACK HAUL/TRASH	<ul style="list-style-type: none"> - USE PROPER LIFTING TECHNIQUES 	
ALL	IN CAMP CIVILIAN PEDESTRIAN TRAFFIC	<ul style="list-style-type: none"> - DIVERTING PEDESTRIAN TRAFFIC OFF PAVED ROADWAY - MAINTAIN 5 MPH SPEED LIMIT IN CAMP 	
ALL	DEMOB NOW IN PROGRESS	<ul style="list-style-type: none"> - COMPLETE YOUR GOLDEN CIRCLE - ENSURE EQUIPMENT IS STOWED/SECURED 	
ALL	HIRED EQUIPMENT	<ul style="list-style-type: none"> - PROVIDE PROPER SUPERVISION PER CAL FIRE POLICY 	
ALL	HYGEINE	<ul style="list-style-type: none"> - ENSURE PROPER HAND-WASHING & CLEANLINESS 	
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 - USE HUMAN REPEATERS - USE HELCO IF ALL ELSE FAILS 	
ALL	INCIDENT BASE SECURITY AND OFF-SITE LOCATIONS	<ul style="list-style-type: none"> - PLACE SECURITY AT ENTRANCE AND EXIT PLUS TWO ROAMING IN ICP - PARK IN WELL LIT AREAS 	
8. Prepared by: Joe Buchmeier SOF1/Josh Janssen SOF1(T)			
ICS 215A			

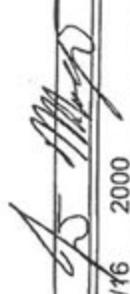
ASSIGNMENT LIST (ICS 204)

1. Incident Name: <p style="text-align: center;">COLD</p>		2. Operational Period: Date From: 08/09/16 Date To: 08/10/16 Time From: 0700 Time To: 0700				3. Branch: Division/Group A/D/M Staging Area:	
4. Operations Personnel: <u>Name</u> Operations Section Chief: Mike Webb / David Hawks (T) Night Ops: Ron Roberts Branch Director: Division/Group Supervisor: Kevin Wegener, Paul Lohan (T)							
5. Resources Assigned:			Number of Personnel	Contact	Reporting Location, Special Equipment, Remarks, Notes, and Information		
Resource Identifier	Leader						
STC SCU 9161C	Provence, Paul	19		0700-0700	DP20		
STC MRN 9150C	Engler, Randy	18		0700-1900	DP20		
STG MEU 9112G	Orme, Mike	34		0700-1900	DP20		
W/T PVT E-90 DEMOB 10100	Kelly, Mike	1		0700-1900	DP20		
W/T PVT E-86	Fletes, Art	1		0700-1900	DP20		
SOFR O-242	Topoleski, Jim	1		0700-1900	DP20		
FEMP O-272	Zbinden, Jonathan S	1		0700-1900	DP20		
FEMP O-176	Mathews, Andrew	1		0700-1900	DP20		
SOFR(T) O-131	Velotta, Keith	1		0700-1900	DP20		
6. Work Assignments: Identify and mitigate IR hot spots Patrol Backhaul hose and trash							
7. Special Instructions: Bold denotes 12 hour resource Do not use private hydrant located in front of Lake Solano County Park on Pleasant Valley Rd Two Engines from STC 9161C, along with SOFR Topoleski to meet Napa County SO boat @ Markley Cove Marina x Hwy 128 by 1200hrs. Crews to receive safety briefing from SOFR. All crew members in PFDs (provided by SO) and seated while boat is moving. Travel to Div A at lake edge to retrieve hose and return it to Markley Cove for back haul by ground support.							
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 T29	4	TACTICAL	151.3475	192.8	151.3475	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: Jim Irving		Pos/Title: RESL		Signature: 			
ICS 204		Date/Time: 8/8/2016		2300 hours			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: <p style="text-align: center;">COLD</p>		2. Operational Period: Date From: 08/09/16 Date To: 08/10/16 Time From: 0700 Time To: 0700				3. Branch: Division/Group: Supp/Repair Staging Area:		
4. Operations Personnel: <u>Name</u> Operations Section Chief: Mike Webb / David Hawks (T) Night Ops: Ron Roberts Branch Director: Division/Group Supervisor: Megan Scheeline								
5. Resources Assigned:		Resource Identifier	Leader	Number of Personnel	Contact (phone, radio freq, etc.)			
		CRW LNU Delta 5	Scephens, Derek	16		0700-1900	ICP	
		DOZ PVT E-26	Greish, Joel	1		0700-1900	ICP	
		W/T WOF WT7	Guse, Jon	1		0700-1900	ICP	
		W/T MDS 17	Green, Paul	1		0700-1900	ICP	
		W/T PVT E-88	Wanzer, Anthony	1		0700-1900	ICP	
		W/T PVT E-142	Andrews, Don	1		0700-1900	ICP	
		W/T PVT E-212	Brady, Dan	1		0700-1900	ICP	
		W/T PVT E-213	Kollenborn, Jim	1		0700-1900	ICP	
		GRD PVT E-207	Luiz, Bob	1		0700-1900	ICP	
		EXC PVT E-214	Burgess, David	1		0700-1900	ICP	
		HEQB O-29	Vasquez, Estevan	1		0700-1900	ICP	
		FOBS O-2	Long, Stevie	1		0700-1900	ICP	
		FOBS (T) O-153	Lau, Joshua	1		0700-1900	ICP	
		RESP O-302	Titus, Lucas	1		0700-1900	ICP	
		RESP O-303	Feller, Pete Z	1		0700-1900	ICP	
6. Work Assignments: <i>W/T PVT E-86 Fleets, Act 1 12 HR</i> Repair and rehabilitate all areas damaged by suppression activities								
7. Special Instructions: Entire Suppression Repair group is 12 hour Do not use private hydrant located in front of Lake Solano County Park on Pleasant Valley Rd								
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 T31	6	TACTICAL	159.3825	192.8	159.3825	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: Jim Irving		Pos/Title: RESL		Signature:				
ICS 204		Date/Time:		8/8/2016 2300 hours				

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

1. Incident Name: COLD		2. Date/Time Prepared Date: 08/08/2016 Time: 1900		3. Operational Period: Date To: 08/10/16 Time To: 0700				
4. Communications								
Ch#	Function	Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
1	COMMAND	CDF C11	COMMAND	151.1675	103.5	159.3975	162.2	GROUP 20 CH.19 (TONE 15)
2		CH 2						
3	COMMAND	NIFC T5	IN CAMP COMMAND	166.7250	CSQ	166.7250		LINKED TO CDF C11
4	TACTICAL	CDF T29	DIV A / D / M	151.3475	192.8	151.3475	192.8	
5	TACTICAL	CDF T30	DIV R / W / X	151.3925	192.8	151.3925	192.8	
6	TACTICAL	CDF T31	SUPPRESSION REPAIR	159.3825	192.8	159.3825	192.8	
7	TACTICAL	VFIRE 24	UNASSIGNED	154.2725	156.7	154.2725	156.7	
8	TACTICAL	VFIRE 25	UNASSIGNED	154.2875	156.7	154.2875	156.7	
9	TACTICAL	VFIRE 26	UNASSIGNED	154.3025	156.7	154.3025	156.7	
10		CH 10						
11		CH 11						
12		CH 12						
13		CH 13						
14	MEDICAL	CALCORD	MEDICAL	156.0750	156.7	156.0750	156.7	
15	AIR TO GROUND	A/G	AIR TO GROUND	159.2250	192.8	159.2250	192.8	CDF T14
16	EMERGENCY	GUARD 04	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY ONLY (CLONED ON 8/4/16)
17		CH 17						
18		CH 18						
19		CH 19						
20	EMERGENCY	GUARD 04	EMERGENCY	168.6250		168.6250	110.9	EMERGENCY ONLY (CLONED ON 8/4/16)
5. Special Instructions								
6. Prepared by (Communications Unit Leader): Name: TIM MAGUIRE COML						Signature: 		
ICS 205						Date/Time: 08/08/16 2000		

MEDICAL PLAN ICS 206	1. INCIDENT NAME COLD FIRE	2. DATE PREPARED 08/08/16	3. TIME PREPARED 2100	4. OPERATIONAL PERIOD 8/9/16 - 8/10/16 0700-0700
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5. INCIDENT MEDICAL AID STATIONS

MEDICAL SUPPLY TRAILER	LOCATION	PARAMEDICS	
Not Assigned		YES	NO

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 Med Net Channel	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		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

LINE EMERGENCY:

- Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.
- Division/Group Supervisor contacts:
 1. Communications Unit
 2. Closest EMS resource
 - Communications Unit contacts:
 1. Ground or Air ambulance as requested
 2. Operations
 3. Safety
 4. Medical Unit
 - Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.
 1. 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.

CAMP EMERGENCY:

- Contact Medical Unit with patient complaint/condition and location. Medical Staff will respond to stabilize incident:
- Medical Unit contacts:
 1. Communications
 2. Safety
 3. Logistics
 4. Operations
 5. Crew Supervisor
 6. Comps/Claims

INJURY REPORTING PROCEDURES

NATURE OF INJURY _____

LOCATION OF PATIENT _____

POINT OF CONTACT _____

TRANSPORTATION REQUESTED BY: AIR ___ GROUND ___

POINT OF PICKUP _____

LAT _____ LONG _____ Datum WGS84

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) Jorge H Segura IMT 6 MEDL/Jamie Smart MEDL(t)/Robert Beeson MEDL(t)	10. REVIEWED BY: (Safety Officer) Joe Buchmeier SOF1 IMT6 /Josh Janssen SOF1(t) IMT6
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(Handwritten signatures of Jorge H Segura, Jamie Smart, Robert Beeson, Joe Buchmeier, and Josh Janssen)

TRAINING

The Training shop is closing on August 9, 2016 at 1600 hours. Please report to Training prior to 1600 on the 9th to complete your close out paperwork. If you miss the deadline you will not receive a completed training assignment package for your home unit.

SHIFT TICKET EXAMPLE

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name H2O DUDE						
Incident or Project Name COLD FIRE		Incident Number CALNU 007135	Request Number E # 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 checked="" type="checkbox"/> Under Agreement <input type="checkbox"/> Released by Government <input type="checkbox"/> Withdrawn by Contractor						
Equipment Use (Circle) Hours Days / Miles					Remarks/Comments ** 1 OPERATOR NO DAMAGE/ NO CLAIMS						
Date Mo / Day	Start	Stop	Work	Assignment							
8/3	0001	700	7	OFF SHIFT							
8/3	0700	1900	12	SUPPRESSION REPAIR							
8/4	1900	2400	5	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							
Met Performance Expectations					Contractor Signature <i>Bob Smith</i>						
Equipment in Safe Working Condition					Date 08/04/15						
Operator Skill Level					Time 0800						
Operates Safely					Date 08/04/15						
Operator's Cooperation Level					Time 0800						
Overall Performance					<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> <p style="text-align: right;">CALFIRE 297 (Rev 3-2011)</p>						
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative					

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name EXCAVATOR COMPANY						
The responsible Government Officer will complete this form each shift					Operator #1 BOB SMITH						
Incident or Project Name COLD FIRE		Incident Number CALNU 007135	Request Number E # Here		Operator #2						
Agreement Number XXX - 000000 - 00					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Equipment Make CAT		Equipment Model / Type EXCAVATOR F900			Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Serial Number 1XP3ESMP14239012		Licence Number 99999999			Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement <input type="checkbox"/> Released by Government <input type="checkbox"/> Withdrawn by Contractor						
Equipment Use (Circle) Hours Days / Miles					Remarks/Comments ** 1 OPERATOR NO DAMAGE/ NO CLAIMS						
Date Mo / Day	Start	Stop	Work	Assignment							
8/3	0001	700	7	OFF SHIFT							
8/3	0700	1900	12	SUPPRESSION REPAIR							
8/4	1900	2400	5	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							
Met Performance Expectations					Contractor Signature <i>Bob Smith</i>						
Equipment in Safe Working Condition					Date 08/04/15						
Operator Skill Level					Time 0800						
Operates Safely					Date 08/04/15						
Operator's Cooperation Level					Time 0800						
Overall Performance					<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> <p style="text-align: right;">CALFIRE 297 (Rev 3-2011)</p>						
Pink - Finance		Blue - Home Unit HE Coordinator		Yellow - Vendor		White - Govt Representative					

Turn shift tickets into Finance.

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	NOTES
ENGINE/CREW:					
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	NOTES
ENGINE/CREW:					
COMMENTS (ANY CHANGES?):					
CELL PHONE #:					

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 _____

<u>Work Needed</u>	<u>Location</u> (T./R./S.)
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Fence/Gate Repair _____

Waterbars _____

Road Repair _____

Watercourse Cleanout _____

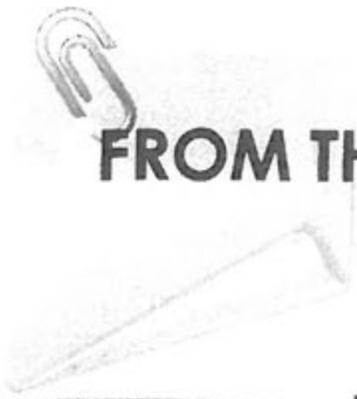
Culvert Cleanout and Repair _____

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.)



FROM THE DESK OF DOCUMENTATION

COLD INCIDENT

Who needs to turn in what?



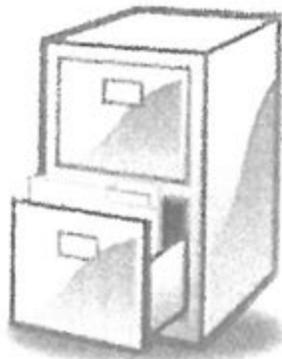
Unit Logs (ICS-214s) are required by Strike Team Leaders and above. However, Crews, Engines and possibly other contractors working on the line or in camp, may be asked to fill them out, especially if there has been a significant event that may need to be documented, or if requested by your Supervisor.



Copies of the Crew Evaluations (ICS-224s) and Personnel Evaluations (ICS-225s) are sent to your home unit or business office. Therefore, it is imperative to provide the home unit name or business name and full address on the evaluation form. Also put your REQUEST # AND RESOURCE ID AT TOP.

Thanks for your help and cooperation.

Susan Hudson ~ Documentation Unit



FACILITIES MAP

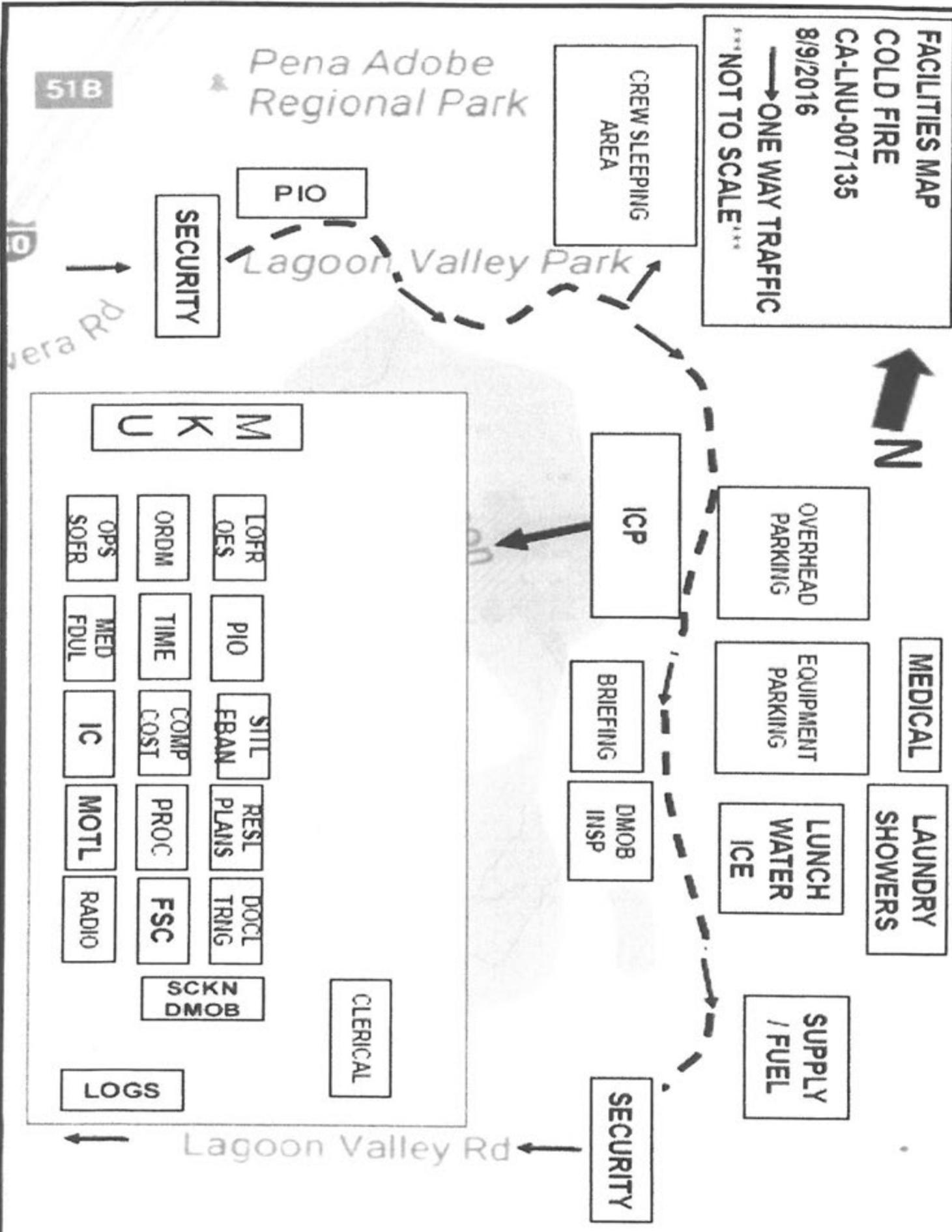
COLD FIRE

CA-LNU-007135

8/9/2016

ONE WAY TRAFFIC

NOT TO SCALE



MEDICAL

LAUNDRY SHOWERS

LUNCH WATER ICE

SUPPLY / FUEL

OVERHEAD PARKING

EQUIPMENT PARKING

ICP

BRIEFING

DMOB INSP

SECURITY

CREW SLEEPING AREA

PIO

SECURITY

M K U

LOFR OES

ORDM TIME

OPS SOFR

MED FDUL

IC

MOTL RADIO

LOGS

PIO

STIL EBAN

REST PLANS

DOCL TRNG

ORDM

COMP COST

PROC

FSC

SCKN DMOB

CLERICAL

Pena Adobe Regional Park

Lagoon Valley Park

Lagoon Valley Rd

51B

51B

