2018 IA Pre-Position Columbine Resources Incident Action Plan

THURSDAY

06/07/2018

0700-2000

Camp Quiet Hours 2200-0600

P2EK4R (0213)

INCIDENT OBJECTIVES	1. Incident Name 2018 IA Pre-Position	2. Date 06/07/2018	3. Time 0700-2000

4. Operational Period

5. General Control Objectives for the Incident (include alternatives)

Maintain firefighter and public safety as the primary incident objective throughout all phases of incident implementation.

Provide efficient organized initial attack response to wildfires

Provide a presence on the forest to the public, help when needed with guidance on forest restrictions

Values: Be careful, deliberate and patient
Duty, Respect and Integrity
Provide a harassment free and inclusive work environment for all

6. Weather Forecast for Period

Fire Weather Forecast will be printed morning of briefing and will be separate from the IAP

7. General Safety Message

REMEMBER your LCES.

Be aware of traffic, animals, and bicyclists—drive defensively.

See general safety message.

8. Attachments (mark if attached)

	Organization List - ICS 203	**X**	Unit Log-ICS 214	**X**	Columbine frequencies and CG's
X	Div. Assignment Lists - ICS 204	**X**	Safety message	**X**	Demobilization date list
	Weather Forecast-separate in morning	**X**	Patient assessment and transport categories	**X**	Check in/demob sheets
X	Medical Plan - ICS 206			**X**	Unit Log ICS 214

9. Prepared by

M. Bradley

DIVISION ASSIGNMENT LIST	1. Branch	2. CO SJF IA Task Force **1**
3. Incident Name: 2018 IA Pre-Position	4. Operational Period Date: 6/7/2018 Time: 0700-2000	

5. Operations Personnel

		Duty Officer	**Chris Tipton (Div 8)**
			(303) 898-7128

6. Resources Assigned This Period

Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans Needed	Drop Off PT/Time	Pick Up PT/Time
TFLD/TFLD (T)	Rob Gubser (541)823-2205 Cory Betz (509) 993-7445	2	No	0700	2000
ENG4 420	Gene Nawrot (541) 219-2696		No	0700	2000
ENG4 427	Darren Gunn (818) 312-4351		No	0700	2000
ENG4 541	Jeff Wilson (541) 219-2696		No	0700	2000
ENG4 3232	Shane Samio (541) 212-8681		No	0700	2000
ENG6 626	Roy Hiett (541) 410-0272		No	0700	2000

7. Control Operations

Contact DO for ordering.

Patrol central

8. Special Instructions

All resources are expected to be self-sufficient for 24 hours.

9. Division/Group Communication Summary

Function	Frequency	System	Channel	Function	Frequency	System	
Command	**TX:** **RX:**	**King** **NIFC**				**King** **NIFC**	
Tactical Div/Group	**TX:** **RX:**	**King** **NIFC**				**King** **NIFC**	
Air to Air	**TX:** **RX:**	**King** **NIFC**					

Prepared By (Operations)	Approved By (IC)	Date	Time

DIVISION ASSIGNMENT LIST	1. Branch	2. CO SJF IA Task Force **2**
3. Incident Name: 2018 IA Pre-Position	4. Operational Period Date: 06/07/2018 Time: 0700-2000	

5. Operations Personnel

		Duty Officer	**Chris Tipton (Div 8)**
			(303) 898-7128

6. Resources Assigned This Period

Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans Needed	Drop Off PT/Time	Pick Up PT/Time
TFLD/TFLD (T)	Joby Sciarrino (971) 240-7712 Menalie Leckenby (541) 792-0554	2	No	0700	2000
ENG6 669	Tony Glover (509) 540-2072		No	0700	2000
ENG6 664	James Smarr (541) 620-1026		No	0700	2000
ENG6 643	Mike Maley (541) 910-0850		No	0700	2000
ENG6 616	Chris Gorman (507) 269-2545		No	0700	2000
ENG6 7262	Everett Baumeister (541) 519-5873		No	0700	2000

7. Control Operations

Initial Attack Strike Team prepositioned for Forest Support. Contact DO for ordering.

Patrol East

8. Special Instructions

All resources are expected to be self-sufficient for 24 hours.

9. Division/Group Communication Summary

Function	Frequency	System	Channel	Function	Frequency	System	
Command	**RX:** **TX:**	**King** **NIFC**		Command 2 Wilson	**RX:** **TX:**	**King** **NIFC**	
Tactical Div/Group	**RX:** **TX:**	**King** **NIFC**		Air to Ground A/G 7	**RX:** **TX:**	**King** **NIFC**	
Air to Air	**RX:**	**King** **NIFC**					

Prepared By	Approved By	Date	Time

DIVISION ASSIGNMENT LIST	1. Branch	2. CO SJF IA Task Force 3
3. Incident Name: 2018 IA Pre-Position	4. Operational Period Date: 06/07/2018 Time: 0700-2000	

5. Operations Personnel

		Duty Officer	**Chris Tipton (Div 8)**
			(303) 898-7128

6. Resources Assigned This Period

Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans Needs	Drop Off PT/Time	Pick Up PT/Time
TFLD/TFLD (T)	Nate Christiansen (541) 390-4969 Scott Nielsen (970) 759-1092	2	No	0700	2000
ENG3 Brush 32	Scott Nielsen (970) 759-1092	3	No	0700	2000
ENG3 Brush 62	Quito Justice (970) 799-1356	3	No	0700	2000
ENG E42		TBD	No	0700	2000
Tender 66 (Staged at Station 2)	TBD	1	No	0700	2000
Sequoia WFM	Aaron Woodyard (559) 789-4372	10	No	0700	2000
Devils Canyon Type 2 IA	Grif Cochran (307) 921-8356	20	No	0700	2000

7. Control Operations

Coordinate operations thru TFLD. TFLD coordinate with Duty Officer.

Patrol C1

8. Special Instructions

Patrol as assigned, modify fire restriction signs to reflect Stage 2 restrictions when necessary.
All resources are expected to be self-sufficient for 24 hours.

9. Division/Group Communication Summary

Function	Frequency	System	Channel	Function	Frequency	System	
Command	**RX:** **TX:**	**King** **NIFC**		Command 2 Wilson	**RX:** **TX:**	**King** **NIFC**	
Tactical Div/Group	**RX:** **TX:**	**King** **NIFC**		Air to Ground A/G 7	**RX:** **TX:**	**King** **NIFC**	
Air to Air	**RX:**	**King** **NIFC**					

Prepared By	Approved By	Date	Time

ICS 204 NFES 1328

DIVISION ASSIGNMENT LIST	1. Branch	2. CO SJF IA Task Force **4**
3. Incident Name: 2018 IA Pre-Position	4. Operational Period Date: 06/07/2018 Time: 0700-2000	

5. Operations Personnel

		Duty Officer	**Chris Tipton (Div 8)**
			(303) 898-7128

6. Resources Assigned This Period

Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans Needs	Drop Off PT/Time	Pick Up PT/Time
TFLD/TFLD (T)	Jon Campbell (509)-570-8187 Bevin Protas (970) 316-1296	2	No	0700	2000
Engine 682 w/ chase	Frank Stuckman (970) 769-5276	3	No	0700	2000
Engine 32 E41	Ryan Herrera				
Tender 7 (Staged at DFR Station 1)	TBD	1	No	0700	2000
Columbine WFM	Zac Petty (530) 949-8139	7	No	0700	2000
Vegas Valley Type 2 IA	Eric Ellison (775) 296-0859	20	No	0700	2000

7. Control Operations

Coordinate operations thru TFLD. TFLD coordinate with Duty Officer.

Patrol West

8. Special Instructions

Patrol as assigned, modify fire restriction signs to reflect Stage 2 restrictions when necessary.
All resources are expected to be self-sufficient for 24 hours.

9. Division/Group Communication Summary

Function	Frequency	System	Channel	Function	Frequency	System	
Command	**RX:** **TX:**	**King** **NIFC**		Command 2 Wilson	**RX:** **TX:**	**King** **NIFC**	
Tactical Div/Group	**RX:** **TX:**	**King** **NIFC**		Air to Ground A/G 7	**RX:** **TX:**	**King** **NIFC**	
Air to Air	**RX:**	**King** **NIFC**					

Prepared By	Approved By	Date	Time

ICS 204 NFES 1328

DIVISION ASSIGNMENT LIST	1. Branch	2. Overhead/Base Camp
3. Incident Name: 2018 IA Pre-Position	4. Operational Period Date: 06/07/2018 Time: 0700-2000	

5. Operations Personnel

		Duty Officer	**Chris Tipton (Div 8)**
			(303) 898-7128

6. Resources Assigned This Period

Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans Needs	Drop Off PT/Time	Pick Up PT/Time
ICT3/DIVS/Alt Duty Officer	Hon Schlapfer (970) 903-3592	1	No	0700	2000
Facilities/BCMG	Ed Freed (928) 607-2255	1	No	0700	2000
DIVS/ICT3/FINV/Alt Duty Officer	Mike Bradley (907) 378-3881	1	No	0700	2000
PSC3 (T)	Jess Brammer (970) 799-8993	1	No	0700	2000
ICT4 (T)	David Hautamaki (970) 590-2621	1	No	0700	2000
Unaweep WFM	Kelly Boyd (406) 459-0597	7	No	0700	2000

7. Control Operations

8. Special Instructions

9. Division/Group Communication Summary

Function	Frequency	System	Channel	Function	Frequency	System	
Command	**RX:** **TX:**	**King** **NIFC**		Command 2 Wilson	**RX:** **TX:**	**King** **NIFC**	
Tactical Div/Group	**RX:** **TX:**	**King** **NIFC**		Air to Ground A/G 7	**RX:** **TX:**	**King** **NIFC**	
Air to Air	**RX:**	**King** **NIFC**					

Prepared By	Approved By	Date	Time

ICS 204 NFES 1328

Phone List:

Name	Position	Phone Number
Chris Tipton	Division 8	(303) 898-7128
Hon Schlapfer	Battalion 8-1	(970) 903-3592
Frank Stuckman	Captain 82	(970) 769-5276
Ron Gubser TF # 1	Task Force # 1	(541) 823-2205
Joby Sciarrino TF # 2	Task Force # 2	(971) 240-7712
Jon Campbell TF#4	Captain 8	(509) 570-8187
Nate Christiansen TF#3	Captain 62	(541) 390-4969
Allen Ottman	Captain 32	(970) 759-1092
Scott Nielsen TF(t) #3	Task Force Trainee	(541) 941-6130
Bevin Protas TF(t) #4	Task Force Trainee	(970) 316-1296
Ed Freed	Base Camp Manager/Logs	(928) 607-2255
Mike Bradley	ICT3/DIVS/Alt DO	(907) 378-3881
Mark Booker	TFLD/Patrol/SOFL/ATGS(T)	(760) 223-6580
David Hautamaki	ICT4 (T)	(970) 590-2621
Jess Brammer	PSC3 (T)	(970) 799-8993
Kelly Boyd	WFM	(406) 459-0597
Chris Schultz	Acting District Ranger	(970) 799-2425

**Contact DO for info on Tender 66 and Tender 7.

Lookouts	**Incident: IA Preposition**
Communications	**Operation Period: 06/07/2018**
Escape Routes	
Safety Zones	**SAFETY MESSAGE**

TAKE YOUR TIME TO DO IT SAFELY

- Time can be your friend or enemy, depending on how much you have.
- Use time wisely to focus on safety issues, there is NOTHING that is more important.
- Do not let a sense of urgency, or the hazardous mindsets of "impulsiveness" or "mission fixation" compromise your safety.
- It takes whatever amount of time it takes, to do it safely.
- Any time spent planning for safety will pay dividends in the end.

MAJOR HAZARDS AND RISKS

STEEP TERRAIN DRIVING BACKING VEHICLES	ROLLING MATERIAL DEHYDRATION WILDLIFE	HAZARD TREES SAW OPERATIONS THUNDER CELLS

Be sure all elements of your safety plan are in place prior to engagement

Be Mindful of egress as many forest roads and one way in and one way out-Plan Accordingly

M. Bradley SOF2(T)

MEDICAL PLAN (ICS 206)

1. Incident Name: 2018 IA Pre-Position	**2. Operational Period:** Date From: Time From:	Date To: Time To:

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground)**:**

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
Upper Pine FD	Various	911/DRO Dispatch	☐ ALS ☐ BLS
Durango Dispatch	Misc. Locations		☐ ALS ☐ BLS
Misc. Air Ambulance Serv.	Misc. Locations		☐ ALS ☐ BLS
Colorado National Guard	Misc. Locations		☐ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Mercy Regional	1010 Three Springs Blvd., DRO, CO	(970) 247-4211	15	45	☐ Yes Level:_____	☐ Yes ☑ No	☑ Yes ☐ No
Air Care Med Heli	Farmington, NM	(800) 425-9990	30	n/a	☐ Yes Level:_____	☐ Yes ☑ No	☑ Yes ☐ No
Flight for Life	Mercy Medical, DRO, CO	(800) 332-3132	15	n/a	☐ Yes Level:_____	☐ Yes ☑ No	☑ Yes ☐ No
UofC Burn Ctr.	Denver, CO	(303) 372-0000	2hr	6+hr	☐ Yes Level:_____	☑ Yes ☐ No	☑ Yes ☐ No
UNM Burn Ctr.	Albuquerque, NM	(505) 272-2721	2hr	6+hr	☐ Yes Level:_____	☑ Yes ☐ No	☑ Yes ☐ No

6. Special Medical Emergency Procedures:
Notify supervisor of injury utilizing IRPG and Dutch Creek Protocol. Crew supervisor will notify line supervisor to notify Duty Officer and Dispatch. Closest EMT respond as needed. Refer to supplemental Hoist and local medical protocols for evacuation needs.

☑ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader)**:** Name: _____ Signature: _____

8. Approved by (Safety Officer)**:** Name: _____ Signature: _____

ICS 206	**IAP Page** _____	Date/Time: _____

MEDICAL PLAN (ICS 206 WF)

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following items to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS / DISPATCH (Verify correct frequency prior to starting report)
Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."

2. INCIDENT STATUS: *Provide incident summary (including number of patients) and command structure.*
Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	☐ **RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE** *Ex: Unconscious, difficulty breathing, bleeding severely, 2º – 3º burns more than 4 palm sizes, heat stroke, disoriented.* ☐ **YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary.** *Ex: Significant trauma, unable to walk, 2º – 3º burns not more than 1-3 palm sizes.* ☐ **GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport** *Ex: Sprains, strains, minor heat-related illness.*	
Nature of Injury or Illness & Mechanism of Injury		*Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)*
Transport Request		*Air Ambulance / Short Haul/Hoist Ground Ambulance / Other*
Patient Location		*Descriptive Location & Lat. / Long. (WGS84)*
Incident Name		*Geographic Name + "Medical" (Ex: Trout Meadow Medical)*
On-Scene Incident Commander		*Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)*
Patient Care		*Name of Care Provider (Ex: EMT Smith)*

3. INITIAL PATIENT ASSESSMENT: *Complete this section for each patient as applicable (start with the most severe patient)*

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:

Evacuation Location (*if different*): (*Descriptive Location (drop point, intersection, etc.) or Lat. / Long.*) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: ***Considerations:*** ***If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.***

8. ADDITIONAL INFORMATION: *Updates/Changes, etc.*

REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

Trauma Assessment Categories

Level One	
Immediate lifesaving intervention required	Examples- Unstable airway, severe facial trauma with compromised airway, facial burns, suspected head injury with LOC > 5 min, positive MOI for spinal cord injury, cardiac injury, open chest wound, flail chest, pelvic trauma, multiple long bone fractures, penetrating trauma to the head/neck/ face, electrical injury, greater than 20% surface area burn combined with any other injury, multi system trauma, arterial bleeding, massive crush injury. Vitals –Systolic BP<100 (No peripheral pulse) or cardiac arrest, GCS< 8

Level Two	
Significant Injury with high risk of needing lifesaving intervention	Examples-Facial trauma with NO airway compromise, pelvic fractures with no shock, suspected pelvic fracture, multiple long bone fractures with no shock, known solid organ injury, amputation of distal extremities, open fractures, penetrating trauma with no arterial bleeding and stable vital signs, falls less than body height, GCS 9-13 with LOC< 5min

Level Three	
Patient with moderate risk of needing lifesaving intervention	Examples- Dehydration, possible bone fractures, heat related illnesses , abdominal pain, immobilized with no significant injury, LOC < 5 min, GCS 14-15, superficial soft tissue trauma

Level Four	
Patient with low risk of needing lifesaving intervention	Examples -General cold, minor lacerations, sprains, strains, flu like symptoms, severe blisters, poison ivy reaction, rash.

Level Five	
Patient with no risk of needing lifesaving intervention	Examples -Nuisance aches and pains, minor blisters, minor sunburns.

Patient Transport Categories

Level One	
Immediate lifesaving intervention required	Automatic launch-Flight for Life + Hoist Helicopter +Emergeny Ground Response. RESPONSE CONTINUED UNTIL PATIENT TRANSPORTED

Level Two	
Significant Injury with high risk of needing lifesaving intervention	Automatic launch-Flight for Life + Emergency Ground Response Standby Hoist Helicopter RESPONSE CONTINUED UNTIL PATIENT TRANSPORTED

Level Three	
Patient with moderate risk of needing lifesaving intervention	Automatic launch -Emergency Ground Response Automatic Airborne Standby -Flight for life RESPONSE CONTINUED UNTIL PATIENT TRANSPORTED

Level Four	
Patient with low risk of needing lifesaving intervention	Automatic launch-NON emergency Ground Response Automatic Ground Standby-Flight for life

Level Five	
Patient with no risk of needing lifesaving intervention	Agency/Crew/Engine/Safety Officer Transport

INITIAL FIRE SIZE UP

Fire/IAR # _____ Fire Unit _____ Date/Time _____

FIRE NAME _____**CHARGE CODES** _____

I.C.:_____ **REPORTED SIZE /ACRES:** _____

LAT: _____**LONG:** _____

TWNSHP:_____**RNG:**_____**SEC:** _____

STRUCTURES THREATENED? ___YES ___ NO # AND TYPE _____

SPREAD POTENTIAL

1) Low 2) Moderate 3) High 4) Extreme

CHARACTER OF FIRE

1) Smoldering 3) Running 5) Torching 7) Crown/Spotting
2) Creeping 4) Spotting 6) Crowning 8) Erratic

SLOPE AT ORIGIN/WHERE CURRENTLY BURNING

1) 0-25% 2) 26-40% 3) 41-55% 4) 55-75% 5) 76+%

ASPECT

0) Flat 2) NE 4) SE 6) SW 8) NW
1) North 3) East 5) South 7) West 9) Ridgetop

POSITION ON SLOPE

1) Ridgetop 4) Middle 1/3 slope 7) Valley Bottom
2) Saddle 5) Lower 1/3 slope 8) Mesa/Plateau
3) Upper 1/3 slope 6) Canyon bottom 9) Flat or rolling

FUEL TYPE

1) Grass 4) Pinyon/Juniper 7) Aspen
2) Grass/brush 5) Ponderosa pine 8) Logging/Thinning Slash
3) Oak brush 6) Spruce/fir 9) other (specify)

WEATHER CONDITIONS

1) Clear 4) T-Storms in area 7) Intermittent showers
2) Scattered clouds 5) Lightning 8) Heavy showers
3) Building cumulus 6) Overcast

WIND DIRECTION_____ SPEED_____ MPH_____

WIND DIR/TOPOGRAPHY: __Down Canyon __ Up Canyon___Down Slope___Up Slope ___Erratic

RESISTANCE TO CONTROL: ____Low ____ Moderate ____High _____ Extreme

ESTIMATED CONTAINMENT/CONTROL:_____

Channel/Repeater/Frequencies _____

_____

Demob

Resource	Order Number	Demob Date
E 611	E-17	6/07
E 2409	E-18	6/07
E 3133	E-19	6/07
Sequoia WFM	O-43	6/08
Devils Canyon	C-3	6/09
TFLD Robert Gubser	E-1	6/14
TFLD (T) Corey Betz	E-1.2	6/14
E 3432	E-1.3	6/14
E 626	E-1.4	6/14
E 420	E-1.5	6/14
E 541	E-1.6	6/14
E 427	E-1.7	6/14
Justin Jenkins	0-9	6/15
Mike Bradley O-60		6/16
TFLD Joby Sciarrino		6/18
Menalie Leckenby		6/18
E 669	E-23	6/18
E 644		6/18
E 643	E-20	6/18
E 616	E-21	6/18
E 7262	E-22	6/18
Fishlake	C-9	6/18
Mark Booker		

GROUP/ZONE 5 – Columbine RD Fire						
Channel	*Abbreviation*	*Name*	*Rx (MHz)*	*Tx*	*Tx Tone*	*Signal*
1	TAC 1	DRC TAC 1	166.5625	166.5625	114.8	A
2	FIRETAC7	FIRETAC 7	169.2875	169.2875	146.2	A
3	VFIRE21	VFIRE21	154.2800	154.2800	156.7	A
4	WORK 2	WORK 2	168.6125	168.6125	156.7	A
5	FS E RPTR	FS EAST RPTR	169.9250	164.9375	123.0	A
6	FS W RPTR	FS WEST RPTR	171.5000	164.0000	136.5	A
7	SUA RPTR	SUA RPTRS	172.7500	166.9250	100.0 RX / 127.3 TX	A
8	BLM BASE	BLM BASE	171.1625	171.1625	131.8	A
9	DFRA	DFRA	154.4450	153.7700	151.4	A
10	UPIN	UPPER PINE FIRE	154.4150	153.9500	RX & TX D662	D
11	LOSP	LOS PINOS FIRE	154.0550	155.9550	RX & TX 131.8	A
12	FTLM	FORT LEWIS MESA	154.1750	154.3700	131.8 RX / 77.0 TX	A
13	A/G 7	A/G 7	166.8500	166.8500	107.2	A
14	A/G 9	A/G 9	166.9125	166.9125	192.8	A
15	CREW	CREW	---	---	103.5	A
16	AIR GRD	AIR GUARD	168.6250	168.6250	110.9	A
**User Code Guard Enabled*						

Key to Code Guards for Columbine Fire Group 5					FS KNG Radio
Channel	*Abbreviation*	*Name*	*Tx Tone*	*Code Guard #*	*Picklist #*
5	F MSNY R	MISSIONARY	114.8	1	11
5	F GRSY R	GRASSY	146.2	2	5
5	F PRGN R	PARGIN	167.9	3	7
5	F DEVL R	DEVIL MTN	103.5	15	8
5	F KNBC R	KENNEBEC	123.0	5	2
5	F TKVL R	TUCKERVILLE	136.5	6	4
5	PORT EAST	EAST PORT	107.2	13	10
5	F OBRH R	OAKBRUSH	127.3	7	12
5	F KNDL R	KENDALL	131.8	8	3
5	F WFCK R	WOLFCREEK	151.4	9	14
6	F MCPH R	MCPHEE	110.9	16	1
6	PORT	WEST PORT	136.5	6	4
6	F BNMK R	BENCHMARK	123.0	5	2
6	F MNFE R	MENEFEE	131.8	8	3
7	S BTBR	SUA BRIDGE TIMBER	110.9	16	1
7	S SPCK R	SUA SPRING CREEK	151.4	9	14
8	BLM BASE	BLM BASE DURANGO	156.7	4	6

OVERHEAD CHECK IN / DEMOB SHEET

SCKN _____ **RED CARD _____**
ISUITE _____ **DMOB _____**

Request # O- _____ Last Name _____ First Name _____

Agency: USFS - AD BLM - *AD* NPS BIA STATE CITY COUNTY OTHER _____
(Circle One)

Date Arrived ___/___/___ Time _____ Travel Start Date ___/___/___ 1st Day Worked ___/___/____

Coming from another fire? Y / N If yes, Fire Name & 14 Day Start Date_____

Kind/Position _____ Phone Number (optional) _____

Training Needs? _____ Do you have an initiated task book with you? Y / N

Other quals willing to perform on this assignment _____

Home Unit _____ (I.e. UT-USO, UT-NUC) Home City & State _____
(Tip: Where you go when you aren't fighting fire)

Available for Reassignment? Y / N If yes, last day off from fighting Fire? _____

Home Jetport _____ (3 letter designator if you know it; I.e. SLC is Salt Lake International)

Travel Method (Circle) GOV POV *AIR *RENTAL BUS PASSENGER w/_____

E # for Vehicle? _____ *which Agency/Airport did you rent car from? _____

***Return Air Ticket Needed? Y / N *Will you need a ride to the Airport? Y / N**

****Do Not fill in box below unless you need a return flight!!!**

****Date of Birth ____/____/_____ ** Legal Name on ID if different than above:**
****Male/Female (circle one)**

STOP HERE; BOTTOM SECTION TO BE FILLED OUT UPON DEMOB

_____DEMOB SECTION_____

Demob Date/Time (EST) _____ (Actual) _____
Transportation Type_____
Date/Destination/Time/ETA_____

DISPATCH NOTIFIED OF DESTINATION DATE AND TIME ETA YES/NO DATE/TIME_____

DEMOB SIGN-OFF LIST

____ SUPPLY UNIT _____ **____ SECURITY_____**
____ FACILITIES _____ **____ TRAINING_____**
____ COMMUNICATIONS _____ **____ TIME/FINANCE _____**
____ GROUND SUPPORT _____ **____ DMOB _____ (Last)**

EQUIPMENT CHECK IN / DEMOB SHEET

SCKN ____ **RED CARD ___**
ISUITE ___ **MANIFEST ___**
DMOB ___

Request # E- ____ Equipment Name/Number _____ Equipment Type _____
(I.e. John & Sons Potable Water # 54, T&M Ranch Pickup w/Driver) **(I.e. Water Tender - tactical or support, BUS, PU-Pickup, REN-Rental)**

Agency (Circle One) USFS BLM NPS BIA STATE CITY COUNTY CONTRACTOR OTHER_____

Date Arrived ___/___/___ Time _____ Travel Start Date ___/___/___ 1st Day Worked ___/___/____

Coming from another fire? Y / N If yes, Fire Name & 14 Day Start Date_____

Engine Boss/Leader _____ Phone Number _____

Number of Personnel _____ Additional Personnel Names _____
(Staying w/this equipment)
Home Unit _____ Home City & State _____
(I.e. UT-USO, or dispatch unit if Contractor) **(Tip: Where you go when you aren't fighting fire)**

Travel Method (Circle One) GOV CONTRACTOR *BUS RENTAL Vehicle ID _____

***If Crew Bus, which Crew/Name & #: _____ *Staying with Crew? Y / N**

Available for Reassignment? Y / N If yes, personnel's last day off from fighting Fire? _____

_____DEMOB SECTION_____

Demob Date/Time (EST) _____ (Actual) _____
Transportation Type_____
Date/Destination/Time/ETA_____
_____

Expanded Dispatch Notified of Destination Date/Time ETA YES NO Date/Time _____

DEMOB SIGN-OFF LIST

____ SUPPLY UNIT _____
____ FACILITIES _____ **____ TIME/FINANCE _____**
____ COMMUNICATIONS _____ **____ DMOB _____ (Last)**
____ GROUND SUPPORT _____

CREW CHECK IN / DEMOB SHEET

SCKN ____ **RED CARD ___**
ISUITE ___ **MANIFEST ___**
DMOB ___

Request C# - _____ CREW Name _____ CREW Type _____

Agency (Circle One) USFS BLM NPS BIA STATE CITY COUNTY CONTRACTOR OTHER_____

Date Arrived ___/___/___ Time ____ Travel Start Date ___/___/___ 1st Day Worked _____/____/_____

Coming from another fire? Y / N If yes, Fire Name _____& 14 Day Start Date _____

Crew Leader _____ Phone Number _____

Number of Personnel _____ Crew Members/Position *(Please list on back of form or attach manifest)*

EMT'S With Crew? Y / N Medical Equipment with you? Type _____

Home Unit _____ **Home City & State _____**
(I.e. UT-USO, or dispatch unit if Contractor) **(Tip: Where you go when you aren't fighting fire)**

***Jetport _____ Travel Method (Circle One) GOV CONTRACT AIR BUS/E # _____**
(*Need Jetport in case emergency travel arrangements are needed)
Type of Vehicles _____ Vehicle ID _____
Any Crew Training Needs? (Only if initiated task book with) _____

Available for Reassignment? Y / N If yes, last day off from fighting Fire? _____

_____DEMOB SECTION_____

Demob Date/Time (EST) _____ (Actual) _____
Transportation Type_____
Date/Destination/Time/ETA_____
_____

Expanded Dispatch Notified of Destination Date/Time ETA YES NO Date/Time _____

DEMOB SIGN-OFF LIST

____ SUPPLY UNIT _____ **____ SECURITY_____**
____ FACILITIES _____ **____ TRAINING_____**
____ COMMUNICATIONS _____ **____ TIME/FINANCE _____**
____ GROUND SUPPORT _____ **____ DMOB _____ (Last)**

ACTIVITY LOG (ICS 214)

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