

FS024

Incident Action Plan

June 08, 2015



ICS Form 202

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE	3. TIME
4. OPERATIONAL PERIOD (Date/Time)			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (Include alternatives)			
6. WEATHER FORECAST			
7. GENERAL SAFETY MESSAGE			
8. ATTACHMENTS (Check if attached)			
<input type="checkbox"/> Organization List (ICS 203)	<input type="checkbox"/> Medical Plan (ICS 206)	<input type="checkbox"/> _____	
<input type="checkbox"/> Assignment List (ICS 204)	<input type="checkbox"/> Incident Map	<input type="checkbox"/> _____	
<input type="checkbox"/> Communications Plan (ICS 205)	<input type="checkbox"/> Traffic Plan	<input type="checkbox"/> _____	
9. PREPARED BY (Planning Section Chief)	10. APPROVED BY (Incident Commander)		



ICS Form 204

1. BRANCH		2. DIVISION/GROUP			ASSIGNMENT LIST ICS 204					
3. INCIDENT NAME				4. OPERATIONAL PERIOD Date _____ Time _____						
5. OPERATIONAL PERSONNEL Operations Chief _____ Division/Group Supervisor _____ Branch Director _____										
6. RESOURCES ASSIGNED TO THIS PERIOD										
Resource Identifier		Leader	No. of Persons	Contact Cell #, radio freq. etc.	Reporting Location, Special Equipment and Supplies, Remarks					
7. WORK ASSIGNMENTS										
8. SPECIAL INSTRUCTIONS										
9. DIVISION/GROUP COMMUNICATIONS SUMMARY										
Function		Freq.	System	Chan.	Function		Freq.	System	Chan.	
Command	Local				Command	Local				
	Repeat					Repeat				
Div./Group Tactical					Ground to Air					
PREPARED BY (Resource Unit Leader)				APPROVED BY (Planning Section Chief)				Date	Time	

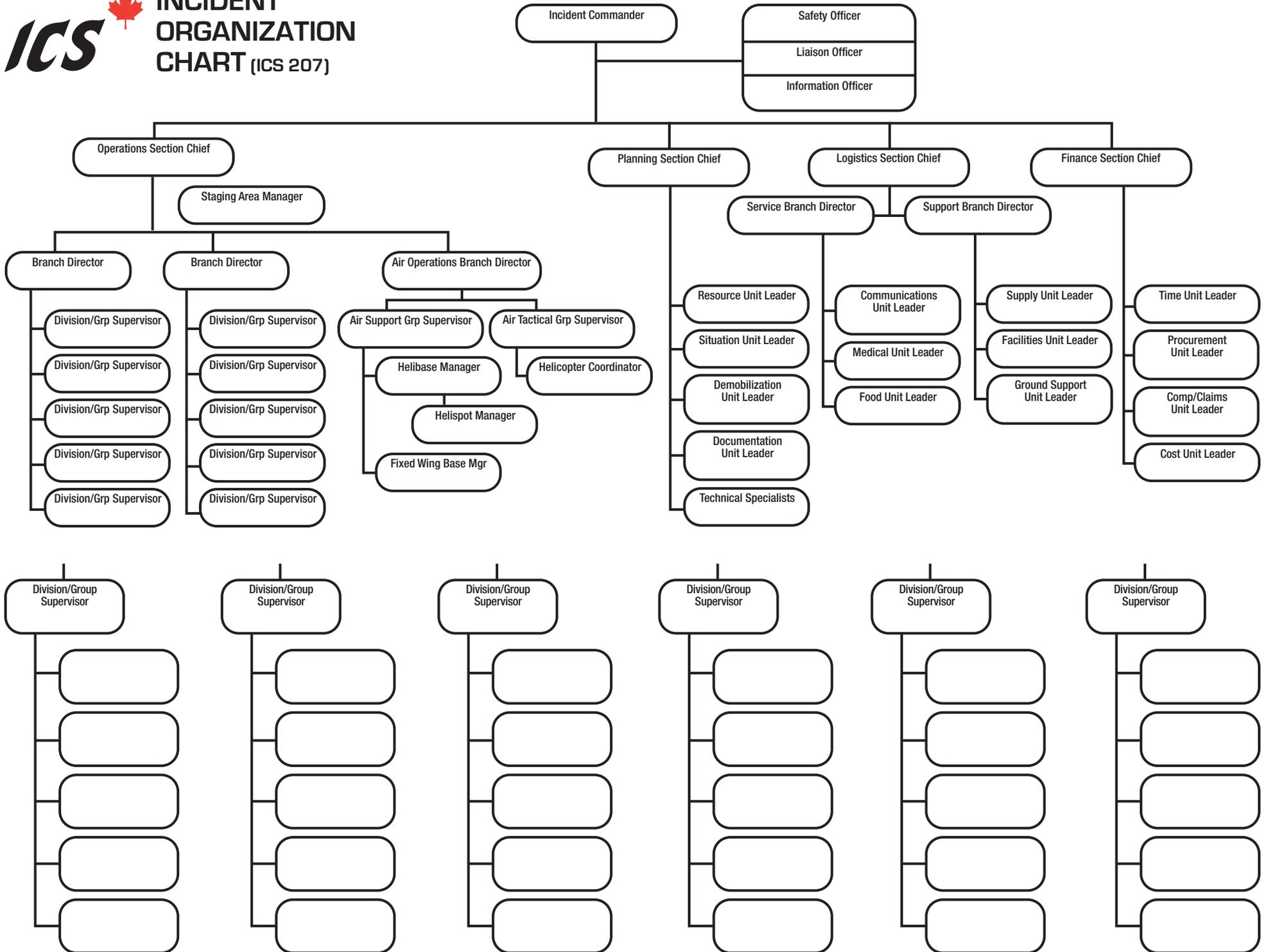


Medical Plan (ICS 206)

MEDICAL PLAN	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD						
5. INCIDENT MEDICAL AID STATION										
Medical Aid Stations		Location			Paramedics					
					Yes	No				
6. TRANSPORTATION (indicate air or ground)										
Ambulance Service		Location		Contact (number or frequency)		Level of Serv.				
						ALS	BLS			
7. HOSPITALS										
Hospital Name	Address (Lat. and Long. if Helipad)		Travel Time		Contact (number or frequency)		Helipad		Burn Ctr.	
			Air	Grnd			Yes	No	Yes	No
8. SPECIAL MEDICAL EMERGENCY PROCEDURES										
PREPARED BY (Medical Unit Leader)						10. APPROVED BY (Safety Officer)				



INCIDENT ORGANIZATION CHART (ICS 207)



FS024 Camp Staff

Camp Manager

Allan Bonnetrouge
(DoS 10)

Cook Helper

Danita Dennis
(DoS 10)

Cook

Doris Martineau
(DoS 10)

Cook

Victoria Gargan
(DoS 10)

Radio Operator

Tony Cli
(DoS 10)

Camp Helper

Ricky Tsetso
(DoS 10)

Note: This is not a legal document

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FS-024

Date: 6/7/2015
Time: 12:57:24 PM

Size: 1012 Ha



Projection:
Lambert Conformal Conic
(-112, 62, 70, 0)



1:50,000



1 Km Grid

- Completed Line
- Completed Retardant
- Helispot
- Current Fire Sit
- Fuel Caches
- Community
- ▲ VAR Point General
- Tree Line
- Paved Road
- Unpaved Road
- Winter Road
- ▭ GPS Perimeter
- ▭ Other Fires
- +
- Trails
- - - Cutlines
- Railway
- Contours (x50m)
- Rivers & Streams
- ▭ Sand
- ▭ Wetlands
- ▭ Lakes
- ▭ Wildlife/Migatory Bird Sanctuary
- ▭ National or Territorial Parks
- ▭ Special Agreement Area
- 2011 - 2014
- 2006 - 2010
- 2000 - 2005
- 1995 - 1999
- 1990 - 1994
- 1985 - 1989
- 1980 - 1984
- 1975 - 1979
- 1970 - 1974
- 1965 - 1969

