



# South Central Oregon Incident Organizer 2021

Incident Name	
Incident Number	
P # / Fire Code #	
District / Unit	
Incident Date(s)	

Yes	No	IC's Checklist
		Incident Complexity analysis completed
		Risk Management process completed
		Hazard Mitigations in place
		IRPG Briefing checklist used for all incoming resources and documented
		Work/Rest Guidelines reviewed and tracked
		Personnel are qualified for positions
		Performance evaluations completed for resources assigned from outside the local area
		Type 3 IC accepts no collateral duties except to unfilled command and general staff
		After Action Review performed and documented by IC

Incident Commander(s)	Time	Date

Management Check	Yes	No
After Incident Review by Agency Administrator, Fire Program Manager, or Safety Program Manager. Date:		

/Signatures/

I.C.: \_\_\_\_\_ Date: \_\_\_\_\_

FMO/AFMO: \_\_\_\_\_ Date: \_\_\_\_\_

SOUTH CENTRAL OREGON INCIDENT ORGANIZER 2021			
Initial Response Size-Up / Risk Analysis (must be completed prior to briefing)			
Date:		Time of Dispatch:	
1. Fire Name:		Incident #:	Arrival on Scene:
2. Incident Commander		(t) Incident Commander	
3. Fire Location: (DDD° MM.MMM')			4. Size (estimate)
Lat:                      Long:		T:          R:          Sec:	
5. Values at Risk: <input type="checkbox"/> Houses <input type="checkbox"/> T&E Species <input type="checkbox"/> Water Quality <input type="checkbox"/> Timber <input type="checkbox"/> Improvements <input type="checkbox"/> Cultural/Historical <input type="checkbox"/> Public Safety <input type="checkbox"/> Other ( <i>specify</i> )			
6. Spread Potential: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High			
7. Character of Fire: <input type="checkbox"/> Smoldering <input type="checkbox"/> Creeping <input type="checkbox"/> Running <input type="checkbox"/> Spotting <input type="checkbox"/> Torching <input type="checkbox"/> Crowning			
8. Fuels Burning: <input type="checkbox"/> Grass <input type="checkbox"/> Brush <input type="checkbox"/> Slash <input type="checkbox"/> Re-prod <input type="checkbox"/> Timber (light, heavy) <input type="checkbox"/> Snag <input type="checkbox"/> Logs <input type="checkbox"/> Duff Adjacent Fuels: <input type="checkbox"/> Grass <input type="checkbox"/> Brush <input type="checkbox"/> Slash <input type="checkbox"/> Re-prod <input type="checkbox"/> Timber (light, heavy) <input type="checkbox"/> Snag <input type="checkbox"/> Logs <input type="checkbox"/> Duff			
9. Wind: Speed                      Direction <input type="checkbox"/> Upslope <input type="checkbox"/> Up canyon <input type="checkbox"/> Down slope <input type="checkbox"/> Down canyon			
10. Ownership:			
11. Cause: <input type="checkbox"/> Lightning <input type="checkbox"/> Human (protect origin/consider Fire Investigator) <input type="checkbox"/> Other			
12. Resources on Scene			
<b>13. Additional Resources Needed:</b>			
Personnel		Equipment	
Supplies		Aircraft	
14. Flame Length: <input type="checkbox"/> < 2' <input type="checkbox"/> 2'-4' <input type="checkbox"/> 4'-8' <input type="checkbox"/> 8'-11' <input type="checkbox"/> >11'		15. Wind Indicators: <input type="checkbox"/> Cumulus <input type="checkbox"/> Lenticular <input type="checkbox"/> Cold fronts <input type="checkbox"/> Other	
17. Position On Slope <input type="checkbox"/> Bottom 1/3 <input type="checkbox"/> Middle 1/3 <input type="checkbox"/> Top 1/3		18. Percent Slope: <input type="checkbox"/> 0-30 <input type="checkbox"/> 30-45 <input type="checkbox"/> 45-60 <input type="checkbox"/> 60>	
19. Aspect <input type="checkbox"/> Flat ridge top <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West		16. Elevation:	
20. Hazards (Check all that apply) <input type="checkbox"/> Evacuation concerns <input type="checkbox"/> Other <input type="checkbox"/> Snags <input type="checkbox"/> HazMat <input type="checkbox"/> Urban Interface <input type="checkbox"/> Power lines <input type="checkbox"/> Septic tanks <input type="checkbox"/> Mine shafts			
21. Any Evidence of Treatment    Yes    No                      Recent    Yes    No			
<b>Safety Analysis (must be completed prior to Briefing)</b> (If you answer <b>NO</b> to any questions, <b>take corrective action immediately!</b> )			
Yes	No	Are the Standard Fire Orders being followed and the 18 Watch Out Situations being mitigated?	
Yes	No	Do you have a current Forecast? If not obtain through dispatch.	
Yes	No	Is observed weather consistent with forecast? (Consider a spot)	
Yes	No	Can you control the fire with resources available under current conditions?	
Yes	No	Have you developed a plan of attack? (Direct, Indirect, Anchor Points, Priorities)	
Yes	No	Have you communicated your plan to everyone on the incident?	
Yes	No	Has the command structure been identified to all resources and dispatch?	
Yes	No	Are lookouts in place or can you see the entire area?	
Yes	No	Can you communicate with everyone on fire and with dispatch?	
Yes	No	Are escape routes and safety zones established and identified?	
Yes	No	Have you reported the status of the fire to dispatch?	
Yes	No	Will the fire be controlled before the next operational period?	
Yes	No	Do you have a complete list of assigned and ordered resources?	
Yes	No	If the fire can't be controlled by the next operations period have you notified dispatch?	
Yes	No	Are you still comfortable managing this incident? Use complexity analysis.	
Yes	No	Do all Fire Line Supervisors have the local Pocket Card and an IRPG?	

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## INCIDENT OBJECTIVES

1. SAFETY of firefighters and public.

2.

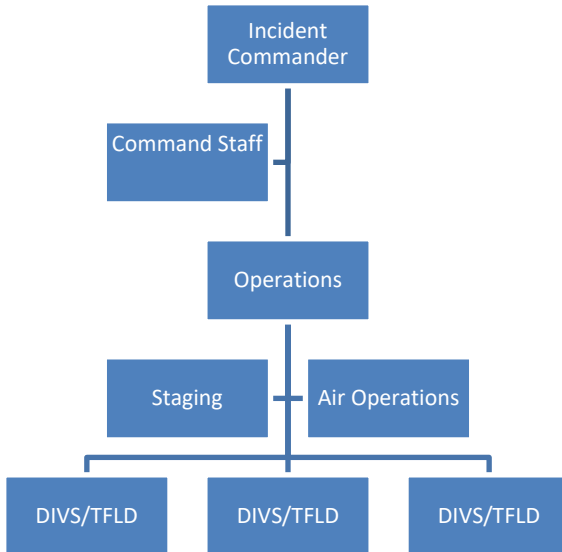
3.

4.

*Your goal is to manage the incident and not create another*

(Examples: Protect structures, keep fire to east of road, river edge)

## INCIDENT ORGANIZATION



SPAN OF CONTROL							
<b>What is your span-of-control?</b> How many people do you have answering to you? If there are too many to manage properly, make some changes.							
1	2	3	4	5	6	7	8 9
Optimum					↑	Too Many	
RESOURCE SUMMARY							
Resources Ordered	Resource ID	Data/ETA	At Scene	Briefed Yes/No	Location Assignment	Released	
						Date	Time

## Wildland Fire Risk and Complexity Assessment

The Wildland Fire Risk and Complexity Assessment should be used to evaluate firefighter safety issues, assess risk, and identify the appropriate incident management organization. Determining incident complexity is a subjective process based on examining a combination of indicators or factors. An incident's complexity can change over time; incident managers should periodically re-evaluate incident complexity to ensure that the incident is managed properly with the right resources.

### **Instructions:**

Incident Commanders should complete Part A and Part B and be ready to relay this information to the Agency Administrator. If the fire exceeds initial response or will be managed to accomplish resource management objectives, Incident Commanders should also complete Part C and provide the information to the Agency Administrator.

### **Part A: Firefighter Safety Assessment**

**Evaluate the following items, mitigate as necessary, and note any concerns, mitigations, or other information.**

Evaluate these items	Concerns, mitigations, notes
LCES	
Fire Orders and Watch Out Situations	
Multiple operational periods have occurred without achieving initial objectives	
Incident personnel are overextended mentally and/or physically and are affected by cumulative fatigue	
Communication is ineffective with tactical resources and/or dispatch	
Operations are at the limit of span of control	
Aviation operations are complex and/or aviation oversight is lacking	
Logistical support for the incident is inadequate or difficult	

**Part B: Relative Risk Assessment**

Values				Notes/Mitigation
<p><b><u>B1. Infrastructure/Natural/Cultural Concerns</u></b>                      Based on the number and kinds of values to be protected, and the difficulty to protect them, rank this element low, moderate, or high. Considerations: key resources potentially affected by fire such as urban interface, structures, municipal watershed, commercial timber, recreational facilities, power/pipelines, comm. sites, highways, evacuation potential, unique natural resources, special-designation areas, T&amp;E species habitat, cultural sites, and wilderness.</p>				
L	M	H		
<p><b><u>B2. Proximity and Threat of Fire to Values</u></b>                      Evaluate the potential threat to values based on their proximity to the fire, and rank this element low, moderate, or high.</p>				
L	M	H		
<p><b><u>B3. Social/Economic Concerns</u></b>                      Evaluate the potential impacts of the fire to social and/or economic concerns, and rank this element low, moderate, or high. Considerations: impacts to social or economic concerns of an individual, business, community or other stakeholder; other fire management jurisdictions; tribal subsistence or gathering of natural resources; air quality regulatory requirements; public tolerance of smoke; and restrictions and/or closures in effect or being considered.</p>				
L	M	H		

Hazards				Notes/Mitigation
<p><b><u>B4. Fuel Conditions</u></b>                      Consider fuel conditions ahead of the fire and rank this element low, moderate, or high. Evaluate fuel conditions that exhibit high ROS and intensity for your area, such as those caused by invasive species or insect/disease outbreaks; continuity of fuels; low fuel moisture</p>				
L	M	H		
<p><b><u>B5. Fire Behavior</u></b>                      Evaluate the current fire behavior and rank this element low, moderate, or high. Considerations: intensity; rates of spread; crowning; profuse or long-range spotting.</p>				
L	M	H		
<p><b><u>B6. Potential Fire Growth</u></b>                      Evaluate the potential fire growth, and rank this element low, moderate, or high. Considerations: Potential exists for extreme fire behavior (fuel moisture, continuity, winds, etc.); weather forecast indicating no significant relief or worsening conditions; resistance to control.</p>				
L	M	H		

Probability				Notes/Mitigation
<p><b><u>B7. Time of Season</u></b>                      Evaluate the potential for a long-duration fire and rank this element low, moderate, or high. Considerations: time remaining until a season ending event.</p>				
L	M	H		
<p><b><u>B8. Barriers to Fire Spread</u></b>                      If many natural and/or human-made barriers are present and limiting fire spread, rank this element low. If some barriers are present and limiting fire spread, rank this element moderate. If no barriers are present, rank this element high.</p>				
L	M	H		
<p><b><u>B9. Seasonal Severity</u></b>                      Evaluate fire danger indices and rank this element low/moderate, high, or very high/extreme. Considerations: energy release component (ERC); drought status; live and dead fuel moistures; fire danger indices; adjective fire danger rating; preparedness level.</p>				
L/ M	H	VH /E		
<p>Enter the number of items circled for each column.</p>				

**Relative Risk Rating (circle one):**

<b>Low</b>	Majority of items are “Low”, with a few items rated as “Moderate” and/or “High”.
<b>Moderate</b>	Majority of items are “Moderate”, with a few items rated as “Low” and/or “High”.
<b>High</b>	Majority of items are “High”; A few items may be rated as “Low” or “Moderate”.

## Part C: Organization

Relative Risk Rating (From Part B)					
Circle the Relative Risk Rating (from Part B).			L	M	H
<b>Implementation Difficulty</b>					<b>Notes/Mitigation</b>
<b><u>C1. Potential Fire Duration</u></b>					
Evaluate the estimated length of time that the fire may continue to burn if no action is taken and amount of season remaining. Rank this element low, moderate, or high. Note: This will vary by geographic area.		N/A	L	M	H
<b><u>C2. Incident Strategies (Course of Action)</u></b>					
Evaluate the level of firefighter and aviation exposure required to successfully meet the current strategy and implement the course of action. Rank this element as low, moderate, or high. Considerations: Availability of resources; likelihood that those resources will be effective; exposure of firefighters; reliance on aircraft to accomplish objectives; trigger points clear and defined.		N/A	L	M	H
<b><u>C3. Functional Concerns</u></b>					
Evaluate the need to increase organizational structure to adequately and safely manage the incident, and rank this element low (adequate), moderate (some additional support needed), or high (current capability inadequate). Considerations: Incident management functions (logistics, finance, operations, information, planning, safety, and/or specialized personnel/equipment) are inadequate and needed; access to EMS support, heavy commitment of local resources to logistical support; ability of local businesses to sustain logistical support; substantial air operation which is not properly staffed; worked multiple operational periods without achieving initial objectives; incident personnel overextended mentally and/or physically; Incident Action Plans, briefings, etc. missing or poorly prepared; performance of firefighting resources affected by cumulative fatigue; and ineffective communications.		N/A	L	M	H
<b>Socio/Political Concerns</b>					<b>Notes/Mitigation</b>
<b><u>C4. Objective Concerns</u></b>					
Evaluate the complexity of the incident objectives and rank this element low, moderate, or high. Considerations: clarity; ability of current organization to accomplish; disagreement among cooperators; tactical/operational restrictions; complex objectives involving multiple focuses; objectives influenced by serious accidents or fatalities.		N/A	L	M	H
<b><u>C5. External Influences</u></b>					
Evaluate the effect external influences will have on how the fire is managed and rank this element low, moderate, or high. Considerations: limited local resources available for initial attack; increasing media involvement, social/print/television media interest; controversial fire policy; threat to safety of visitors from fire and related operations; restrictions and/or closures in effect or being considered; pre-existing controversies/ relationships; smoke management problems; sensitive political concerns/interests.		N/A	L	M	H



<b><u>C6. Ownership Concerns</u></b>	N/A	L	M	H	
<p>Evaluate the effect ownership/jurisdiction will have on how the fire is managed and rank this element low, moderate, or high.</p> <p>Considerations: disagreements over policy, responsibility, and/or management response; fire burning or threatening more than one jurisdiction; potential for unified command; different or conflicting management objectives; potential for claims (damages); disputes over suppression responsibility.</p>					
<p><i>Enter the number of items circled for each column.</i></p>					



**DAILY WEATHER AND/OR SPOT RECEIVED**

YES       **NO → GET IT**

**RED FLAG WARNING**       **FIRE WEATHER WATCH**

**Spot Weather Observation and Forecast Request**

1. Name of Incident or Project		2. Responsible Agency:		3. Requested By:	
				Date:	Time:
4. Location: Township, Range, Section or Lat. and Long.)			5. Drainage Name:		6. Exposure / Aspect
7. Size of incident or Project (acres)		8. Elevation		9. Fuel Type (Grass, Brush, Timber, Slash)	
		Top	Bottom		

10. Weather Conditions at incident or project or from RAWs:

Place	Elevation	Observation Date/Time	Wind Direction Velocity		Temperature		RH	DP	Sky Condition
			20 ft	Eye-level	Dry Bulb	Wet Bulb			

The Weather Forecaster will furnish the information for block 11. Date/Time:

11. Discussion and Outlook:

## WORK/REST RATIO DOCUMENTATION WORKSHEET

This worksheet is designated to help the IC document and calculate the amount of rest required to meet the Work/Rest Guidelines

- For every 2 hours of work or travel provide 1 hour of sleep or rest.
- IC must justify and document work shifts exceeding 16 hours and those that do not meet the 2:1 work/rest guidelines—see below.

Date	Operational Period Start Time	Operational Period Stop Time	Total Hours Worked	Rest Time (document hours when employee or module rested)
Approval for shift lengths exceeding 16 hrs. given By:		Date/Time Approval Given:		
IC Signature:		Date:		

Official Documentation for Extended Work Shift  
And/or  
Deviation from 2:1 Work Rest Policy

Date:	Time:	Incident Number	Incident Name	Unit
Incident Type	Operational Period	Incident Commander	IC Type (1-5)	
<b>Justification</b>				
Name of Individuals(s) or Crew:				
Description of Situation: (Y)				
Shifts in excess of 16 hrs. on _____ Was due to: <ul style="list-style-type: none"> <li><input type="checkbox"/> Travel Time not administratively controllable.</li> <li><input type="checkbox"/> Mobilization and travel of resources to incident location or relocation to incident facilities.</li> <li><input type="checkbox"/> Establishing and maintaining administrative, planning, and logistical support for incident.</li> <li><input type="checkbox"/> Evacuation, triage, structure protection, or emergency rescue.</li> <li><input type="checkbox"/> Establishing initial control lines of the fire.</li> <li><input type="checkbox"/> Extended attack efforts to control potentially devastating incident activity.</li> <li><input type="checkbox"/> Incident unable to provide personnel with adequate food and lodging.</li> <li><input type="checkbox"/> Other/Additional</li> </ul>				
Extended hour(s)	Date:	Work Hours:	Total Hours:	
Rational: (Y)				
<ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency mobilization of resources to and from incident or facilities.</li> <li><input type="checkbox"/> Efforts required setting up, supporting, and undertaking incident control actions.</li> <li><input type="checkbox"/> Imperative operational defensive actions to prevent loss of life, resources and property damage.</li> <li><input type="checkbox"/> Extenuating circumstances resulted in personnel being left on-location without food and lodging.</li> <li><input type="checkbox"/> Other/Additional</li> </ul>				
<b>Mitigation Measures</b>				
Actions taken to reduce Impact on firefighter safety and reduce fatigue: (Y)				
<ul style="list-style-type: none"> <li><input type="checkbox"/> Rest extended into the following operational period. Hours adjusted _____ on shift by _____</li> <li><input type="checkbox"/> Other:</li> </ul>				
Mitigation hour(s)	Date:	Hours:	Total Hours:	

Incident Commander

Agency Line Officer or Duty Officer

## INCIDENT STATUS SUMMARY (ICS 209)

<b>*1. Incident Name:</b>		<b>*2. Incident Number:</b>										
<b>*3. Report Version</b> (check one box on left): <input type="radio"/> Initial      Rpt # <input type="radio"/> Update        (if used): <input type="radio"/> Final		<b>*4. Incident Commander(s) &amp; Agency or Organization:</b>	<b>5. Incident Management Organization:</b>	<b>*6. Incident Start Date/Time:</b> Date: _____ Time: _____ Time Zone: _____								
<b>7. Current Incident Size or Area Involved</b> (use unit label – e.g., "Acres", "Square Miles"):	<b>8a. Percent (%) Contained or Completed:</b>  <b>b. Total % of Perimeter that will be Contained or Completed:</b>	<b>*9. Incident Type:</b> _____ <b>*Cause:</b> _____ <b>*Strategy:</b> _____ %	<b>10. Incident Complexity Level:</b>	<b>*11. For Time Period:</b> From Date/Time: _____ To Date/Time: _____								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Monitor</td><td></td></tr> <tr><td>Confine</td><td></td></tr> <tr><td>Point Zone Protection</td><td></td></tr> <tr><td>Full Suppression</td><td></td></tr> </table>	Monitor		Confine		Point Zone Protection		Full Suppression			
Monitor												
Confine												
Point Zone Protection												
Full Suppression												

### Approval & Routing Information

<b>*12. Prepared By:</b> Print Name: _____ ICS Position: _____ Date/Time Prepared: _____		<b>*14. Date/Time Submitted:</b>  Time Zone:	
<b>*13. Approved By:</b> Print Name: _____ ICS Position: _____ Signature: _____		<b>*15. Primary Location, Organization, or Agency Sent To:</b>	

### Incident Location Information

<b>*16. State:</b>	<b>*17. County/Parish/Borough:</b>	<b>18. City:</b>	
<b>19. Unit or Other:</b>	<b>20. Incident Jurisdiction:</b>	<b>*21. Incident Location Ownership</b> (if different than jurisdiction):	
<b>*22. Latitude</b> (indicate format): <b>Longitude</b> (indicate format):	<b>23. US National Grid Reference:</b>	<b>24. Legal Description</b> (township, section, range):	
<b>*25. Short Location or Area Description</b> (list all affected areas or a reference point):		<b>26. UTM Coordinates:</b>	
<b>27. Note any geospatial data available</b> (indicate data format, content, and collection time information and labels):			

### Incident Summary

<b>*28. Observed Fire Behavior or Significant Events for the Time Period Reported</b> (describe fire behavior using accepted terminology. For non-fire incidents, describe significant events related to the materials or other causal agents):				
<b>29. Primary Fuel Model, Materials, or Hazards Involved</b> (hazardous chemicals, fuel types, infectious agents, radiation, etc):				
<b>30. Damage Assessment Information</b> (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	<b>A. Structural Summary</b>	<b>B. # Threatened</b> (up to 72 hrs)	<b>C. # Damaged</b>	<b>D. # Destroyed</b>
	E. Single Residences			
	F. Multiple Residences			
	G. Mixed Commercial / Residential			
	H. Nonresidential Commercial Property			
	I. Other Minor Structures			
ICS 209, Page 1 of ____	* Required when applicable.			

## INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:		2. Incident Number:																																					
<b>Additional Incident Decision Support Information</b>																																							
<b>31. Public Status Summary:</b> A. # This Reporting Period B. Total # to Date C. <u>Indicate Number of Civilians (Public) Below:</u> D. Fatalities E. With Injuries/Illness F. Trapped/In Need of Rescue G. Missing (note if estimated) H. Evacuated (note if estimated) I. Sheltering in Place (note if estimated) J. In Temporary Shelters (note if est.) K. Have Received Mass Immunizations L. Require Immunizations (note if est.) M. In Quarantine N. Total # Civilians (Public) Affected:	<b>32. Responder Status Summary:</b> A. # This Reporting Period B. Total # to Date C. <u>Indicate Number of Responders Below:</u> D. Fatalities E. With Injuries/Illness F. Trapped/In Need of Rescue G. Missing H. Evacuated I. Sheltering in Place J. In Temporary Shelters K. Have Received Immunizations L. Require Immunizations M. In Quarantine N. Total # Responders Affected:																																						
<b>33. Life, Safety, and Health Status/Threat Remarks:</b>	<b>*34. Life, Safety, and Health Threat Management:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;">Check if Active</td> </tr> <tr><td>A. No Likely Threat</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>B. Potential Future Threat</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>C. Mass Notifications in Progress</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>D. Mass Notifications Completed</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>E. No Evacuation(s) Imminent</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>F. Planning for Evacuation</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>G. Planning for Shelter-in-Place</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>H. Evacuation(s) in Progress</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>I. Shelter-in-Place in Progress</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>J. Repopulation in Progress</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>K. Mass Immunization in Progress</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>L. Mass Immunization Complete</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>M. Quarantine in Progress</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td>N. Area Restriction in Effect</td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td></td><td style="text-align: center;"><input type="radio"/></td></tr> <tr><td></td><td style="text-align: center;"><input type="radio"/></td></tr> </table>				Check if Active	A. No Likely Threat	<input type="radio"/>	B. Potential Future Threat	<input type="radio"/>	C. Mass Notifications in Progress	<input type="radio"/>	D. Mass Notifications Completed	<input type="radio"/>	E. No Evacuation(s) Imminent	<input type="radio"/>	F. Planning for Evacuation	<input type="radio"/>	G. Planning for Shelter-in-Place	<input type="radio"/>	H. Evacuation(s) in Progress	<input type="radio"/>	I. Shelter-in-Place in Progress	<input type="radio"/>	J. Repopulation in Progress	<input type="radio"/>	K. Mass Immunization in Progress	<input type="radio"/>	L. Mass Immunization Complete	<input type="radio"/>	M. Quarantine in Progress	<input type="radio"/>	N. Area Restriction in Effect	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
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L. Mass Immunization Complete	<input type="radio"/>																																						
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N. Area Restriction in Effect	<input type="radio"/>																																						
	<input type="radio"/>																																						
	<input type="radio"/>																																						
	<input type="radio"/>																																						
<b>35. Weather Concerns</b> (synopsis of current and predicted weather; discuss related factors that may cause concern):																																							
<b>*36. Projected Incident Activity, Potential, Movement, Escalation, or Spread</b> and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:  12 hours:  24 hours:  48 hours:  72 hours:  Anticipated after 72 hours:																																							
<b>37. Strategic Objectives</b> (define planned end-state for incident):  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																																							
ICS 209, Page 2 of ____		* Required when applicable.																																					

## INCIDENT STATUS SUMMARY (ICS 209)

*1. Incident Name:	2. Incident Number:
<b>Additional Incident Decision Support Information</b> <i>(continued)</i>	
<p>*38. <b>Current Incident Threat Summary and Risk Information</b> in 12-, 24-, 48-, and 72-hour timeframes and beyond. Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.</p> <p>12 hours:</p> <p>24 hours:</p> <p>48 hours:</p> <p>72 hours:</p> <p>Anticipated after 72 hours:</p>	
<p>39. <b>Critical Resource Needs</b> in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:</p> <p>12 hours:</p> <p>24 hours:</p> <p>48 hours:</p> <p>72 hours:</p> <p>Anticipated after 72 hours:</p>	
<p>40. <b>Strategic Discussion:</b> Explain the relation of overall strategy, constraints, and current available information to:</p> <ol style="list-style-type: none"> <li>1) critical resource needs identified above,</li> <li>2) the Incident Action Plan and management objectives and targets,</li> <li>3) anticipated results.</li> </ol> <p>Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.</p>	
41. <b>Planned Actions for Next Operational Period:</b>	
42. <b>Projected Final Incident Size/Area</b> (use unit label – e.g., "Acres", "Square Miles"):	
43. <b>Anticipated Incident Containment or Completion Date:</b>	
44. <b>Projected Significant Resource Demobilization Start Date:</b>	
*45. <b>Estimated Incident Costs to Date:</b>	
46. <b>Projected Final Incident Cost Estimate:</b>	
47. <b>Remarks</b> (or continuation of any blocks above – list block number in notation):	
ICS 209, Page 3 of ____	* Required when applicable.



**Incident Resource Commitment Summary**

48. Agency or Organization:	49. Resources (summarize resources by category, kind, and/or type; show # of resources on top 1/2 of box, show # of personnel associated with resource on bottom 1/2 of box):												50. Additional Personnel not assigned to a resource:	51. Total Personnel (includes those associated with resources – e.g., aircraft or engines – and individual overhead):
52. Total Resources:														
53. Additional Cooperating and Assisting Organizations Not Listed Above:														
ICS 209, Page ___ of ___										* Required when applicable.				

<b>MEDICAL PLAN</b>	1. Incident Name	2. Date Prepared	3. Time Prepared	4. Operational Period	
	<b>5. Medical Aid Stations / Medevac Spots</b>				
Medical Aid Stations		Location		Paramedics	
<b>6. Transportation</b>					
<b>A. Air Ambulance Services</b>					
Name	<b>VMED28, HEAR1, MedNet1-155.340 VMED29 – 155.3475 HEAR2 MedNet2 – 155.400</b>		Phone	Paramedics Yes No	
AirLink Critical Care Transport	2850 Stinson Way, Klamath Falls, OR 2500 NE Neff Rd, Bend, Or		541-233-6355 800-335-0497	X	
Mercy Flights	2020 Milligan Way, Medford, OR		800-903-9000 <b>CALL 911</b>	X	
Life Flight Network	743 SE Salmon Ave., Redmond, OR		541-280-1224 <b>CALL 911</b>	X	
Care Flight 1	450 Edison Way, Reno, NV		775-858-5700 <b>CALL 911</b>	X	
CHP Helicopter (Hoist)	2651 Gold St., Redding, CA (Can cross OR. border)		530-226-2800	X	
Coast Guard (Hoist w/ Night Vision)	North Bend, OR		541-756-9220 <b>CALL 911</b>		X
<b>B. Ground Ambulances</b>					
Name	Location		Paramedics Yes No		
Klamath County 911 serves the communities of: Bly, Bonanza, Chemult, Chiloquin-Agency Lake, Crescent, Crescent Lake, Keno, Kingsley Field, KCFD 1 (Klamath Falls), KCFD 3 (Moccasin Hills), KCFD 4 (Stewart Lennox), KCFD 5 (Bonanza), Malin, Merrill, Rocky Point, and Sprague River.	2543 Shasta Way Klamath Falls, OR 97601 541-884-4876 <b>CALL 911</b>		X		
Lake County 911 serves the communities of: Christmas Valley, Lakeview, New Pine Creek, Paisley, Silver Lake, Thomas Creek/Westside, and Valley Falls.	245 North F St. Lakeview, OR 97630 541-947-2504 <b>CALL 911</b>		X		
Jackson County 911/ Emergency Communication of Southern Oregon (ECSO) serves Crater Lake NP. Crater Lake Dispatch 541-594-3060	400 Pech Road Central Point, OR 97502 541-776-7206 <b>CALL 911</b>		X		

**7. Hospitals**

Name	Address	Travel Time Air/ Ground	Phone	Helipad	Burn Center	Trauma Center
Sky Lakes Medical Center	2865 Daggett Ave Klamath Falls, OR N42° 15.16' x W121° 47.17'		541-882- 6311	Yes	No	Yes Lev. III
Lake District Hospital	700 South J St Lakeview, OR N42° 10.86' x W120° 21.07'		541-947- 2114	Yes	No	No
St. Charles Medical Center	2500 NE Neff Rd Bend, OR N44° 04.10' x W121° 16.03'		541-382- 4321	Yes	No	Yes Lev. II
Rogue Valley Medical Center	2825 East Barnett Rd Medford, OR N42° 19.08' x W122° 49.90'		541-789- 7000	Yes	No	Yes Lev. II
Providence Medford Medical Center	1111 Crater Lake Ave Medford, OR N42° 20.33' x W122° 51.77'		541-732- 5000	Yes	No	No
Legacy Emanuel Hospital & Health Center: Burn Center	2801 N Gantenbein Ave Portland, OR N45° 32.59' x W122°40.21'		503-413- 4232	Yes	Yes	Yes Lev. I
UC Davis Regional Burn Center	2315 Stockton Blvd Sacramento, CA N38° 33.17' x W121°27.05'		916-734- 5669	Yes	Yes	Yes Lev. I
Oregon Health & Science University	3181 SW Sam Jackson Park Rd Portland, OR 97239 N45° 29.84' x W122° 40.97'		503-494- 8311	Yes	No	Yes Lev. I
Renown Regional Medical Center	1155 Mill St Reno, NV 89502 N39° 31.58' x W119° 47.76'		775-982- 4100	Yes	No	Yes Lev. II
Humboldt General Hospital	118 E Haskell St Winnemucca, NV 89445 N40° 58.24' x W117°43.57'		775-623- 5222	Yes	No	No
8. Medical Emergency Procedures						

**Patient assessment and care is first priority.**  
**Contact: "Lakeview" or "Crater Lake" via radio on the proper radio frequency or Call 911.**  
**See SCOFMP Channel Plan.**

**Injury Reporting Procedures:**  
**Follow Medical Incident Report**  
**\*\*On Back Cover\*\***

9. Prepared by (Medical Unit Leader)

10. Reviewed by (Safety Officer)

## Radio Communications Plan

### Radio Channel Utilization

Function	Frequency	Tone	Assignments	Remarks
Command Primary				
Command Secondary				
Tac 1				
Tac 2				
Tac 3				
Air/Ground 41	167.4750 RX 167.4750 TX			
Air/Ground 01 (ODF White)	151.3100 RX 151.3100 TX	156.7 156.7		
Air/Ground 24 (Tertiary)	168.6375 RX 168.6375 TX			
Air Guard	168.6250 RX 168.6250 TX	110.9		
ICS-205				

### Contact List (unless noted otherwise, all numbers are area code 541)

Name	Location	Work Phone	Name	Location	Work Phone
<b>LIFC Dispatch</b>	Lakeview	947-6315	<b>Klamath Basin NWRC</b>	Tulelake	(530)-667-2231
<b>Bly R.D.</b>	Bly	353-2427	<b>Sheldon/Hart NWR</b>	Lakeview	947-3315
<b>Lakeview R.D.</b>	Lakeview	947-6300	<b>ODF Lake</b>	Lakeview	947-3311
<b>Paisley R.D.</b>	Paisley	943-3114	<b>ODF Klamath</b>	Klamath	883-5681
<b>Silver Lake R.D.</b>	Silver Lake	576-2107	<b>Fire Cache</b>	Lakeview	947-6172
<b>Chemult R.D.</b>	Chemult	365-7001	<b>Helibase</b>	Lakeview	947-6183
<b>Chiloquin R.D.</b>	Chiloquin	783-4001	<b>SEAT Base office</b>	Lakeview	947-6190
<b>Klamath R.D.</b>	Klamath Falls	885-3400	<b>SEAT Base cell</b>	Lakeview	219-0779
<b>Crater Lake NP</b>	Crater Lake	594-3061	<b>Tanker Base office</b>	Klamath	883-6853
<b>KFRA BLM</b>	Klamath Falls	883-6916	<b>Tanker Base Mgr</b>	Klamath	883-6855
<b>LAD BLM</b>	Lakeview	947-2177			
<b>Lakeview G.S.</b>	Lakeview	947-6174	<b>Medford Weather</b>	Medford	776-4332
<b>Fort Rock G.S.</b>	Fort Rock	576-2220			
<b>Gerber G.S.</b>	Gerber	545-6746			

## MAP SKETCH



Perimeter in Chains ---average chains=acres  
 17=1 24=2 29=3 34=4 45=7 53=10  
 65=15

SECTION OF MAP: (1 MILE BY 1 MILE)  
 TOWNSHIP:                      RANGE:                      SECTION:  
 LAT:                                      LONG:

Staging Location

I.C.P. Location

Notes & Directions: (include roads,  
 creeks, trails, etc.):

Prepared  
 By:

Position:

Date:

Time:

FINAL FIRE REPORT (Incident Commander Required to Complete)				
STATISTICAL CAUSE (circle the number)	1) Lightning	4) Campfire	7) Arson	
	2) Equipment Use	5) Debris Burning	8) Children	
	3) Smoking	6) Railroad	9) Other	
GENERAL CAUSE (circle the number)	1) Timber Harvest	4) Highway	7) Fishing	
	2) Harvest Other Prod.	5) Power, Reclamation	8) Other Recreation	
	3) Forest/Range Mgmt.	6) Hunting	9) Resident	
	10) Other			
SURFACE FUEL GROUP (circle primary carrier):				
Grass (V - GR2)	Grass/Shrub (W - GS2)	Brush (X - SH9)	Timber (Y - TL1)	Slash (Z - SB1)
INITIAL STRATEGY:				
Full Suppression	Monitor	Point/Zone protection	Confine	
RESOURCE TYPES AND NUMBER				
Engines (Type )	Helitack (via Heli.)	Heli. (Type )	Overhead	
Engines (Type )	Rappel (via Heli.)	Heli. (Type )	Retard Load (gal )	
Engines (Type )	Smokejumper	Heli-drop (Gal )	Retard Load (gal )	
Engines (Type )	Squad Members	Heli-drop (Gal )	Crews (Type )	
Engines (Type )	Personnel	Heli-drop (Gal )	Crews (Type )	
Tenders (Type )	Heli. (Type )	Aircraft (Type )	Dozers (Type )	
Tenders (Type )	Other	Other	Other	
Containment:				
Date:	Time:	Acres:		
Control:				
Date:	Time:	Acres:		
Out:				
Date:	Time:	Acres:		
ACRES BURNED BY OWNERSHIP:				
1) BLM	3) NPS	5) USFS	7) STATE	
2) BIA	4) FWS	6) PVT	8) OTHER	
Signature of Incident Commander:				
			Date:	

## AFTER ACTION REVIEW

Incident Name		IC:
Attendees: (add names)		
<p>The purpose of this After Action Review is to evaluate decisions, actions and how well they worked. Were they within the Standard Operating Procedures and the rules? Pay particular attention to how the ID Standard Firefighting Orders, Mitigation of the 18 Watch Out Situations and LCES were applied. Comment where applicable.</p>		
AAR Leader Signature:		Date:
Reviewed By:		Date:

QUESTIONS AND ANSWERS – AAR cont. page xiii IRPG

1. What was planned? Review Primary objectives and expected action plan.

2. What actually happened? Review the day's action.

2-1. Identify and discuss effective and non-effective performance.

2-2. Identify barriers that were encountered and how they were handled.

2-3. Discuss actions that weren't standard operating procedures, to those that presented safety problems.

3. Why did it happen? Discuss the reason for ineffective or unsafe performance. Concentrate on what not who!

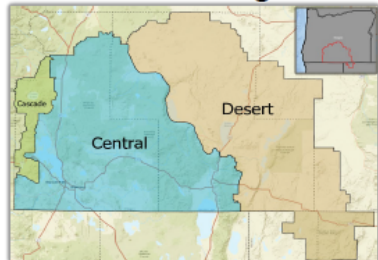
4. What can we do next time? Determine the lessons learned and how to apply them in the future.



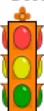
## South Central Oregon Pocket Cards

BLM -Lakeview District, FS - Fremont-Winema NF, NPS - Crater Lake NP,  
 USFWS - Sheldon /Hart Mtn. NWRC & Klamath Basin NWRC,  
 Oregon Department of Forestry Klamath-Lake District

### South Central Oregon: 2021



• Cascade – Fire Wx Zone 623, Central – Fire Wx Zone 624  
 • Desert – Fire Wx Zones 625 (OR), 458 and 437 (NV)



#### Fire Danger Interpretation:

- Extreme** – Use extreme caution
- Caution** – Watch for change, especially WIND
- Moderate** – Lower potential, but always be aware

- Maximum** – Highest ERC by day 2010-2020
- Average** – Mean ERC by day 2010-2020
- Year to Remember** – 2020

#### Remember what Fire Danger tells you:

- ☑ ERC displays seasonal fire danger trends calculated from temperature, RH, solar radiation, and precipitation
- ☑ Wind speed is NOT part of the ERC calculation
- ☑ Watch local conditions and variations across the landscape (e.g., Fuels, Weather, and Topography)
- ☑ Obtain local weather forecasts, note the WIND forecast

#### Local Thresholds for All FDRAs – Watchout

Combinations of any of these factors may greatly increase fire behavior!

- ✓ Sustained 20-foot Wind Speed over 20 mi/hr
- ✓ Poor Overnight Humidity Recovery for two or more consecutive nights
- ✓ See individual FDRA for RH, Temp, and 1000hr fuel moisture thresholds

#### Recent Fire History:

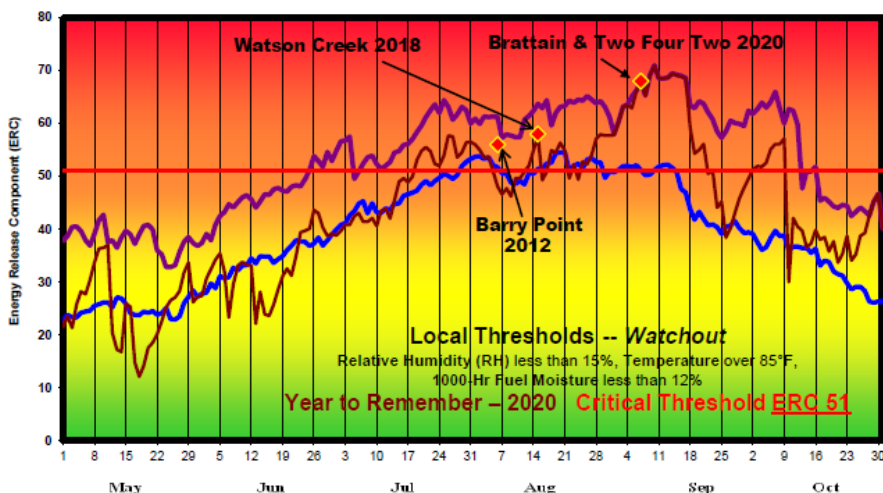
Date	Fire Name	Final Size	Fire Danger	FDRAs
9/05/2017 *	Spruce Lake	15,825 ac	ERC 49	CASCADE
9/05/2017 *	Blanket Creek	4,510 ac	ERC 49	CASCADE
8/25/2015 *	Crescent	20,840 ac	ERC 41	CASCADE
* Cascade Analysis - ERC dates based on large fire growth				
8/08/2012	Barry Point	92,977 ac	ERC 58	CENTRAL
8/15/2018	Watson Creek	59,061 ac	ERC 58	CENTRAL
9/07/2020	Brattain	50,951 ac	ERC 68	CENTRAL
9/07/2020	Two Four Two	14,473 ac	ERC 68	CENTRAL
9/08/2011	Garden	6,140 ac	ERC 59	DESERT
7/23/2012	Lava	21,546 ac	ERC 54	DESERT

Developed by NWCG-Fire Danger Working Team FF+5.0 – March 2021, Brett Smith

\* Cascades Analysis data located in 2021 SCOFMP FDOP

### CENTRAL FDRA (2010-2020)

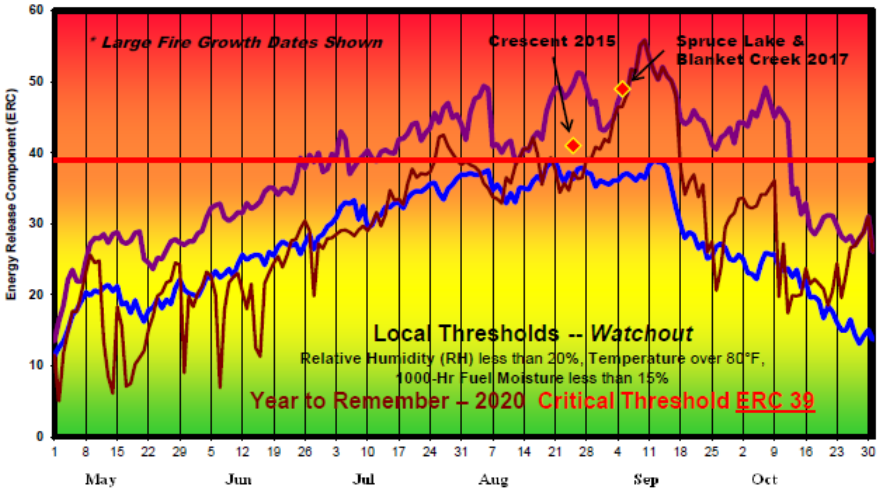
FireFamily Plus, SIG: (Parker 353344, Chiloquin 353310, Gerber 353328, Summit 353421)  
 NFDRS Fuel Model Y (Timber), Meets NWCG Wx Station Standards



## South Central Oregon Pocket Cards (cont.)

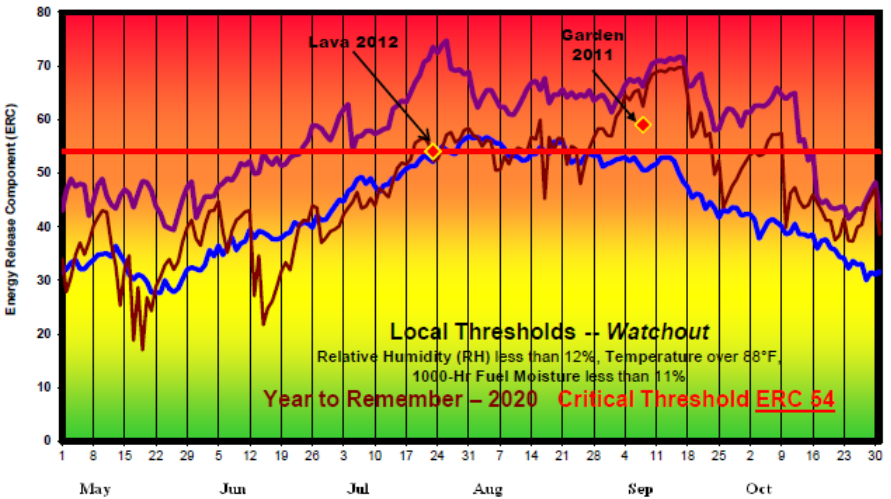
### CASCADE FDRA (2010-2020)

FireFamily Plus, Seldom 353339, NFDRS Fuel Model Y (Timber)  
Meets NWCG Wx Station Standards



### DESERT FDRA (2010-2020)

FireFamily Plus, SIG: ( Ft\_Rock 353406 and Rock\_Creek 353424)  
NFDRS Fuel Model Y (Timber), Meets NWCG Wx Station Standard



## Medical Incident Report – Page 1 of 2

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.”*

<b>Severity of Emergency &amp; Transport Priority</b>	<input type="checkbox"/> <b>RED/Priority 1 – Life or limb threatening injury or illness. Evacuation need is IMMEDIATE</b> <i>Ex: Unconscious, difficulty breathing, bleeding severely, 2°-3° burns more than 4 palm sizes, heat stroke, disoriented</i>	
	<input type="checkbox"/> <b>YELLOW/Priority 2 - Serious Injury or illness. Evacuation may be DELAYED if necessary</b> <i>Ex: Significant trauma, unable to walk, 2°-3° burns 1-3 palm sizes</i>	
	<input type="checkbox"/> <b>GREEN/Priority 3 – Minor injury or illness. Non-emergency transport</b> <i>Ex: Sprains, strains, minor heat related illness</i>	
<b>Nature of Injury or Illness &amp; Mechanism of injury</b>		<i>Brief Summary of Injury or Illness (Ex: Unconscious, struck by falling tree)</i>
<b>Transport Request</b>		<i>Air Ambulance/Short Haul Hoist/Ground Ambulance/Other</i>
<b>Patient Location</b>		<i>Descriptive Location and Lat/Long</i>
<b>Incident Name</b>		<i>Geographic Name + “Medical” (Ex: “Trout Meadow Medical”)</i>
<b>On-Scene Incident Commander</b>		<i>Name of on-scene IC of medical incident (Ex: TFLD Jones)</i>
<b>Patient Care Provider</b>		<i>Name of on-scene care provider (Ex: EMT Smith)</i>

## Medical Incident Report – Page 2 of 2

### 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 and Lat./Long. Patient's ETA to Evacuation Location.

Helispot/Extrication Site Size and Hazards:

### 5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS: *Ex: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV Fluids, 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	Transmit (TX)	Tone
COMMAND					
AIR-TO-GROUND					
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.