

1. Incident Name

Red River Supply

2. Prepared by: (name) Dickey

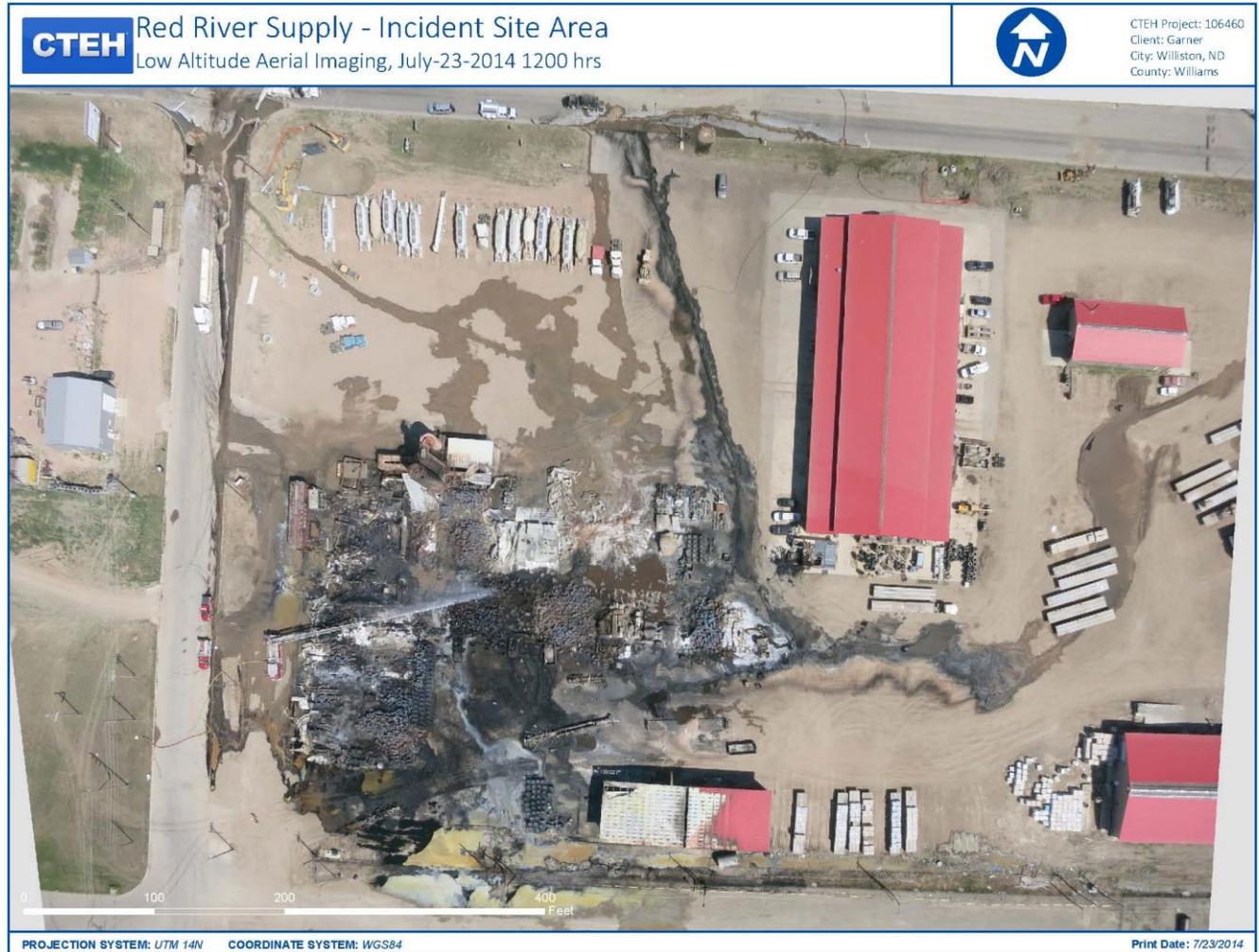
Date: 08/03/2014

Time: 1600

INCIDENT BRIEFING

ICS 201-CG

3. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, overflight results, trajectories, impacted shorelines, or other graphics depicting situational and response status)



4. Current Situation:

Current weather report is negligible and shows possible precipitation in the next 48 hours.

Health and Safety Plan has been generated and is kept at LSA

JHAs will be conducted daily based on job tasks and risk levels

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5. Initial Response Objectives, Current Actions, Planned Actions	
	Conduct operations on the Little Muddy Retention Canal to prevent contamination of watershed
	Remove runoff and fire water from site to prevent any hazards from the watershed
	Control traffic during work operations
	Conduct excavation and clean up at Schlumberger site south of facility
	Establish sampling plan for analysis of area and coordinate tracking of data
	Establish and maintain a personnel and equipment decon site adjacent to the Exclusion Zone
	Conduct lime salvage operations
	Remove debris in central aisle of burn site to improve access
	Remove metal debris from site and clean prior to recycling
	Remove salt from silo
	Conduct demolition of silo structure and southern lean-to
	Remove all drums and tote frames for cleaning and recycling
	Conduct fire suppression and particulate suppression operations as needed
	Dispose of contaminated water from on-site frac tanks
	Remove damaged dry goods using heavy equipment and technicians for disposal
	Remove remaining structural components from the cinder block building and dispose
	Conduct solidification of liquids prior to removal for disposal
	Conduct washing of slab after clean-up operations

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6. Current Organization (fill in additional appropriate organization)

John Pavlicek _____

Safety Officer

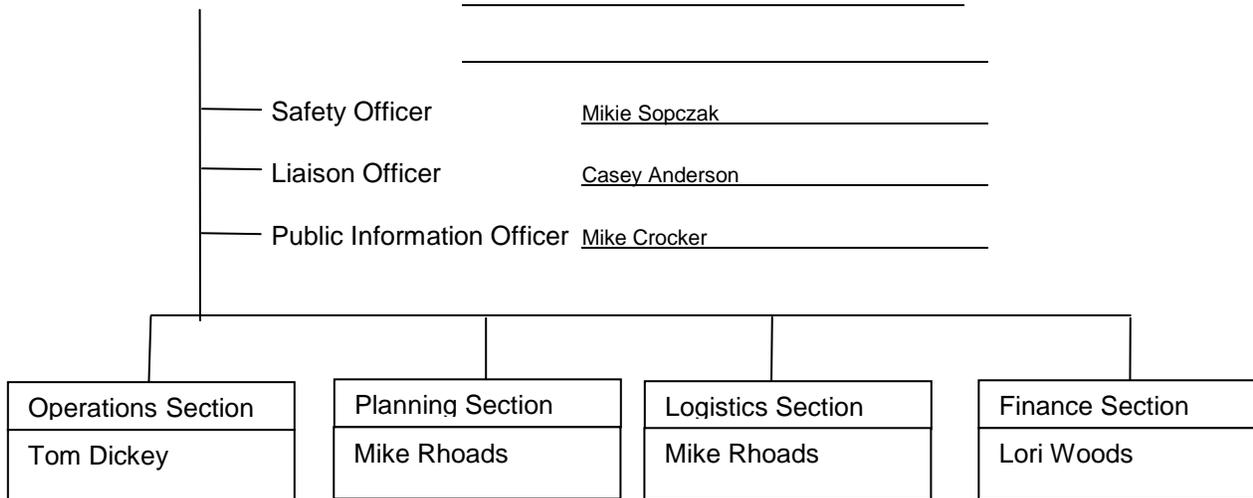
Mikie Sopczak _____

Liaison Officer

Casey Anderson _____

Public Information Officer

Mike Crocker _____



ORGANIZATION ASSIGNMENT LIST			9. Operations Section		
1. Incident Name		<i>Red River Supply</i>		Chief	<i>Tom Dickey</i>
2. Date	<i>8/3/2014</i>	3. Time	<i>1600</i>	Deputy	
4. Operational Period		<i>8/3/2014</i>	<i>1600</i>	a. Branch I - HAZMAT	
5. Incident Commander and Staff			HAZMAT	<i>Don Warren</i>	
Incident Commander	<i>John Pavlicek</i>		Deputy		
Deputy			DECON	<i>David Charlesworth</i>	
Safety Officer	<i>Mikie Sopczak</i>		EQDECON	<i>Kasey Ozzello</i>	
Information Officer	<i>Michael Crocker</i>		FIRE	<i>Daniel Garcia</i>	
Liaison Officer	<i>Casey Anderson</i>		DISPOSAL	<i>JT Newman</i>	
6. Agency Representative			b. Branch II - SPILL OPS		
Agency	Name		SPILL OPS	<i>Armando Gonzalez</i>	
<i>ND State</i>	<i>Kris Roberts</i>		Deputy		
<i>Red River</i>	<i>Rich Vestal / Mike Crocker</i>		Division/Group	<i>Waylon Ramos</i>	
<i>Weston (START)</i>	<i>David Robinson</i>		Division/Group	<i>Martin Fernandez</i>	
<i>Travelers Insurance</i>	<i>Lorne Brunner</i>		Division/Group	<i>Jose Trevino</i>	
			Division/Group	<i>Herman Bray</i>	
			c. Branch III - ENVIRONMENTAL		
			Environmental	<i>Wesley Killingsworth</i>	
			Data	<i>Ashley Reardon</i>	
			Air	<i>Wesley Killingsworth</i>	
7. Planning Section			Planning	<i>Scott Skelton</i>	
Chief	<i>Mike Rhoads</i>				
Deputy					
Sampling	<i>Kyle Lawrence</i>				
Situation Unit					
Documentation Unit	<i>Isaiah Ortiz</i>				
Demobilization Unit					
Human Resources					
Technical Specialists	(name / specialty)				
			10. Finance Section		
			Chief	<i>Lori Woods</i>	
			Deputy		
			Time Unit	<i>Isaiah Ortiz</i>	
8. Logistics Section			Procurement Unit		
Chief	<i>Mike Rhoads</i>		Comp/Claims Unit		
Deputy			Cost Unit		
Service Branch Dir.					
Support Branch Dir.					
Supply Unit	<i>Travis Reece</i>				
Facilities Unit	<i>Debbie Smith</i>		Prepared by (Resource Unit Leader)		
Ground Support Unit	<i>Roland Sullivan</i>				
Environmental Sampling	<i>Kyle Lawrence</i>				
Medical Unit	<i>Tom Dickey</i>				

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: 14N0114CA Red River Supply	2. Operational Period:	Date From: 8/3/2014 Time From: 0700	Date To: 8/4/2014 Time To: 0700
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan: Day #13 Weather: Cloudy Current 66* Low 61* High 85* 30% Thunder Storms Winds ENE5 MPH, Later winds shift to ESE12 MPH then ESE15 MPH 85% Humidity All personnel that have the possibility of wearing a respirator must be clean shaven. Identify your safe haven in your work area in case of lightning. Begin Jumps into the Exclusion Zone today, pay attention to the JHA and detailed work instructions. Equipment operators-be sure to get comfortable wearing your respirator and operating. Smooth slow movements as to minimize dust and reduce the opportunity to hit or injure someone. Pressure Washer Ops begin today. Never spray your boots or another person, spray away from other workers, spray at an angle, shut engine off and relieve pressure from triggers. Always check to make sure pressure is relieved at trigger prior to disconnecting lines. Never pick the wand up by the tip. Only use hot-water when absolutely necessary. If hot water is used, allow unit 15+mins before disconnected lines. Thermo relief valves should be operational and should dump hot water that exceeds 145* when the system is in bypass mode. No parking in front of LSA / Warehouse now. We receive additional frac tank & now we have a limited driveway. Utilize the Bean Road driveway to access the North end of the LSA property and park on the East side where the fresh rock has been placed down. Widen the driveway at Bean Road access. Know your body's limits and work with those limits. Use the buddy system for lifting and moving objects. If possible use a piece of heavy equipment. The most important area on the project, the 6" between your ears. Urine Color Chart to help identify levels of hydration. Vehicles-move slowly through the LSA area. Tires a hitting rocks and launching them into the air. Keep the cool down trailer area at the CRZ clean. Pick up trash. Do not leave drink bottles sitting around. Keep respirators bagged at all times. Never leave your respirator sitting somewhere on the ground, etc. Keep port-o-lets clean, keep lids closed. Stay alert for insect like spiders, etc.			

1. Incident Name: 14N0114CA Red River Supply	2. Operational Period:	Date From: 8/3/2014 Time From: 0700	Date To: 8/4/2014 Time To: 0700
4. Site Safety Plan Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At: Garner LSA			
5. Prepared by: Name: Mikie Sopczak		Position/Title: H&S Manager	Signature: _____
ICS 208	IAP Page	Date/Time: 8/3/2014 6:30 AM	

ICS 208 Safety Message/Plan

Purpose. The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

Preparation. The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

Distribution. The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan	Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached.
4	Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter where the approved Site Safety Plan(s) is located.
5	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

