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|---------------------------------|---|-----------------------|
| 1. Incident Name Valley Fire | 2. Operational Period to be covered by IAP (Date/Time) From: 26 OCT 15/ 0730 To: 30 OCT 15/ 1800 | CG IAP COVER SHEET |
|---------------------------------|---|-----------------------|

3. Approved by Incident Commander(s):

| | |
|------------------------|-----------------------------------|
| ORG <u>U.S. EPA</u> | NAME <u>Brian Morley, FOSC</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

INCIDENT ACTION PLAN

The items checked below are included in this Incident Action Plan:

- ☐ ICS 202-CG (Incident Objectives)
- ☐ ICS 202A-CG (Command Direction)
- ☐ ICS 203-CG (Organization List) – OR – ICS 207-CG (Organization Chart)
- ☐ ICS 204-CGs (Assignment Lists)
One Copy each of any ICS 204-CG attachments:
- ☐ ICS 205-CG (Communications Plan)
- ☐ ICS 206-CG (Medical Plan)
- ☐ ICS 208-CG (Site Safety Plan) or Note SSP Location
- ☐ Map / Chart
- ☐ Weather Forecast / Tides/Currents

Other Attachments

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

4. Prepared by:

Jones, Paul USCG

Date/Time

23 OCT 15/ 1300

| | | |
|---|---|--|
| 1. Incident Name Valley Fire | 2. Operational Period (Date/Time) From: 26OCT15/ 0730 To: 30OCT 15/ 1800 | INCIDENT OBJECTIVES ICS 202-CG |
| 3. Objective(s) Ensure the safety of response personnel and the public. Minimize economic impact by ensuring costs commensurate to tactical objectives. Operate all activities with respect for residents and the community. Maintain situational awareness through a systemic and planned process for tasking, collecting, processing, analyzing, and disseminating information. Keep public and stakeholders informed by providing an accurate and timely release of incident information. Manage a coordinated interagency response effort. Identify, characterize, and recover all household hazardous waste to include pressurized containers. Ensure disposal of recovered HHW appropriately. Maintain site security and situational awareness at all times. Establish an informational transfer process to facilitate communications with stakeholders and organizations. | | |
| 4. Operational Period Command Emphasis (Safety Message, Priorities, Key Decisions/Directions) Ensure proper PPE at all times. Follow work/rest ratio. Stay hydrated - Although temperatures are dropping, hydration is still important to your personal health . Watch for citizens and families as you work since these areas are not closed off to the public. Watch for slips trips and falls, nails, sharp objects. Do NOT pick up or take anything that is not characterized as a HHW product. These are peoples belongings! Ensure teams are familiarized with HASP/ SSP procedures following radiation detection in the field. In the CobbArea, operations are secured in the event ground wind speed reaches 15 mph sustained or 20 mph gusts due to overhadd tree hazards. DO NOT EXCEED SPEED LIMITS. Operate vehicles at safe speeds that are BELOW the speed limit. | | |
| 5. Prepared by: (Planning Section Chief) Jones, Paul, USCG <div style="text-align: right;"> Date/Time 23 Oct 2015 / 1305 </div> | | |

| 1. Incident Name Valley Fire | | 2. Operational Period (Date/Time) From: 0730 19Oct15 To: 1800 23Oct15 | | ORGANIZATION ASSIGNMENT LIST ICS 203-CG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. Incident Commander(s) and Staff <table style="width: 100%;"> <tr> <td style="width: 30%;">Agency</td> <td style="width: 40%; text-align: center;">IC</td> <td style="width: 30%; text-align: center;">Deputy</td> </tr> <tr> <td></td> <td style="text-align: center;">Moxley, Bret - EPA</td> <td></td> </tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> Safety Officer: Kenneth Renken Information Officer: Liaison Officer: | | Agency | IC | Deputy | | Moxley, Bret - EPA | | | | | | | | | | | | | | 7. OPERATION SECTION <table style="width: 100%;"> <tr><td style="width: 60%;">Chief</td><td>Jones, Paul - USCG</td></tr> <tr><td>Deputy</td><td></td></tr> <tr><td>Deputy</td><td></td></tr> <tr><td>Staging Area Manager</td><td></td></tr> <tr><td>Staging Area Manager</td><td></td></tr> <tr><td>Staging Area Manager</td><td></td></tr> <tr><td>Project Manager</td><td>Rick Mehl - Weston</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> a. Branch – Division Groups <table style="width: 100%;"> <tr><td style="width: 60%;">Branch Director</td><td>Maggie Waldon-EPA</td></tr> <tr><td>Deputy</td><td>Jerry Wade, ERRS</td></tr> <tr><td>Division Group</td><td>⊥ Ryle Yopps - START</td></tr> <tr><td>Division Group</td><td>⊥ Ashlee Younie - START</td></tr> <tr><td>Division Group</td><td>Wendy Armento - START</td></tr> <tr><td>Division/Group</td><td></td></tr> <tr><td>Division/Group</td><td></td></tr> </table> b. Branch – Division/Groups <table style="width: 100%;"> <tr><td style="width: 60%;">Branch Director</td><td>Chris Weden-EPA</td></tr> <tr><td>Deputy</td><td>Gary Wilford, ERRS</td></tr> <tr><td>Division/Group</td><td>⊥ Anne Lawrence - START</td></tr> <tr><td>Division/Group</td><td>⊥ Alex Martinez - START</td></tr> <tr><td>Division/Group</td><td>⊥</td></tr> <tr><td>Division/Group</td><td></td></tr> <tr><td>Division/Group</td><td></td></tr> </table> c. Branch – Division/Groups <table style="width: 100%;"> <tr><td style="width: 60%;">Branch Director</td><td>Craig Benson-EPA</td></tr> <tr><td>Deputy</td><td>Ronald McManamy, ERRS</td></tr> <tr><td>Division/Group</td><td>Tanner Hess, START</td></tr> <tr><td>Division/Group</td><td>⊥ Kevin Cook-Gutierrez - START</td></tr> <tr><td>Division/Group</td><td>Doug Skinner, START</td></tr> <tr><td>Division/Group</td><td></td></tr> <tr><td>Division/Group</td><td></td></tr> </table> d. Air Operations Branch <table style="width: 100%;"> <tr><td style="width: 60%;">Air Operations Br. Dir</td><td></td></tr> <tr><td>Helicopter Coordinator</td><td></td></tr> </table> | | | | Chief | Jones, Paul - USCG | Deputy | | Deputy | | Staging Area Manager | | Staging Area Manager | | Staging Area Manager | | Project Manager | Rick Mehl - Weston | | | | | Branch Director | Maggie Waldon-EPA | Deputy | Jerry Wade, ERRS | Division Group | ⊥ Ryle Yopps - START | Division Group | ⊥ Ashlee Younie - START | Division Group | Wendy Armento - START | Division/Group | | Division/Group | | Branch Director | Chris Weden-EPA | Deputy | Gary Wilford, ERRS | Division/Group | ⊥ Anne Lawrence - START | Division/Group | ⊥ Alex Martinez - START | Division/Group | ⊥ | Division/Group | | Division/Group | | Branch Director | Craig Benson-EPA | Deputy | Ronald McManamy, ERRS | Division/Group | Tanner Hess, START | Division/Group | ⊥ Kevin Cook-Gutierrez - START | Division/Group | Doug Skinner, START | Division/Group | | Division/Group | | Air Operations Br. Dir | | Helicopter Coordinator | |
| Agency | IC | Deputy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Moxley, Bret - EPA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Chief | Jones, Paul - USCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staging Area Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staging Area Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staging Area Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Manager | Rick Mehl - Weston | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Branch Director | Maggie Waldon-EPA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy | Jerry Wade, ERRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division Group | ⊥ Ryle Yopps - START | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division Group | ⊥ Ashlee Younie - START | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division Group | Wendy Armento - START | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch Director | Chris Weden-EPA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy | Gary Wilford, ERRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group | ⊥ Anne Lawrence - START | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group | ⊥ Alex Martinez - START | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group | ⊥ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch Director | Craig Benson-EPA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy | Ronald McManamy, ERRS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group | Tanner Hess, START | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group | ⊥ Kevin Cook-Gutierrez - START | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group | Doug Skinner, START | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Air Operations Br. Dir | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Helicopter Coordinator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Agency Representatives <table style="width: 100%;"> <tr> <th style="width: 15%;">Agency</th> <th style="width: 85%;">Name</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | Agency | Name | | | | | | | | | | | | | 5. PLANNING/INTEL SECTION <table style="width: 100%;"> <tr><td style="width: 20%;">Chief</td><td>Fields, Judah - USCG</td></tr> <tr><td>Deputy</td><td>Rivian Villanueva - START</td></tr> <tr><td>Resources Unit</td><td></td></tr> <tr><td>Situation Unit</td><td>Jones, Paul - USCG</td></tr> <tr><td>Environmental Unit</td><td></td></tr> <tr><td>Documentation Unit</td><td></td></tr> <tr><td>Demobilization Unit</td><td></td></tr> <tr><td>Technical Specialists</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td>Data Entry</td><td>Ian Bruce - START</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | Chief | Fields, Judah - USCG | Deputy | Rivian Villanueva - START | Resources Unit | | Situation Unit | Jones, Paul - USCG | Environmental Unit | | Documentation Unit | | Demobilization Unit | | Technical Specialists | | | | Data Entry | Ian Bruce - START | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agency | Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Chief | Fields, Judah - USCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy | Rivian Villanueva - START | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Resources Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Situation Unit | Jones, Paul - USCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Environmental Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Documentation Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Demobilization Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Technical Specialists | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Data Entry | Ian Bruce - START | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. LOGISTICS SECTION <table style="width: 100%;"> <tr><td style="width: 20%;">Chief</td><td></td></tr> <tr><td>Deputy</td><td></td></tr> <tr><td colspan="2">a. Support Branch</td></tr> <tr><td>Director</td><td></td></tr> <tr><td>Supply Unit</td><td></td></tr> <tr><td>Facilities Unit</td><td></td></tr> <tr><td>Vessel Support Unit</td><td></td></tr> <tr><td>Ground Support Unit</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td colspan="2">b. Service Branch</td></tr> <tr><td>Director</td><td></td></tr> <tr><td>Communications Unit</td><td></td></tr> <tr><td>Medical Unit</td><td></td></tr> <tr><td>Food Unit</td><td></td></tr> </table> | | Chief | | Deputy | | a. Support Branch | | Director | | Supply Unit | | Facilities Unit | | Vessel Support Unit | | Ground Support Unit | | | | b. Service Branch | | Director | | Communications Unit | | Medical Unit | | Food Unit | | 8. FINANCE/ADMINISTRATION SECTION <table style="width: 100%;"> <tr><td style="width: 60%;">Chief</td><td></td></tr> <tr><td>Deputy</td><td></td></tr> <tr><td>Time Unit</td><td></td></tr> <tr><td>Procurement Unit</td><td></td></tr> <tr><td>Compensation/Claims Unit</td><td></td></tr> <tr><td>Cost Unit</td><td></td></tr> </table> | | | | Chief | | Deputy | | Time Unit | | Procurement Unit | | Compensation/Claims Unit | | Cost Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chief | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Support Branch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Director | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supply Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facilities Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vessel Support Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ground Support Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| b. Service Branch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Director | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Communications Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Food Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chief | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procurement Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compensation/Claims Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cost Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Prepared By: (Resources Unit) Jones, Paul - USCG | | Date/Time 1315 23Oct15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 1. Incident Name Valley Fire | | 2. Operational Period (Date/Time) From: 26OCT15/0730 To: 30OCT15/1800 | | Assignment List ICS 204-CG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. Branch Operations | | 4. Division/Group/Staging Divisions A,B,C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Operations Personnel <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Name</th> <th style="width:30%;">Affiliation</th> <th style="width:40%;">Contact # (s)</th> </tr> </thead> <tbody> <tr> <td>Operations Section Chief:</td> <td colspan="2">Paul Jones, USCG</td> </tr> <tr> <td>Deputy Operations Section Chief:</td> <td colspan="2"></td> </tr> <tr> <td>Branch Director:</td> <td colspan="2">Peter Lawrence</td> </tr> <tr> <td>Deputy Branch Director:</td> <td colspan="2"></td> </tr> <tr> <td>Division/Group Supervisor/STAM:</td> <td colspan="2">Peter Lawrence</td> </tr> </tbody> </table> | | | | | | Name | Affiliation | Contact # (s) | Operations Section Chief: | Paul Jones, USCG | | Deputy Operations Section Chief: | | | Branch Director: | Peter Lawrence | | Deputy Branch Director: | | | Division/Group Supervisor/STAM: | Peter Lawrence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | Affiliation | Contact # (s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operations Section Chief: | Paul Jones, USCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy Operations Section Chief: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch Director: | Peter Lawrence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy Branch Director: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group Supervisor/STAM: | Peter Lawrence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Strike Team/Task Force/Resource Identifier</th> <th style="width:15%;">Leader</th> <th style="width:15%;">Contact Info. #</th> <th style="width:10%;"># Of Persons</th> <th style="width:35%;">Reporting Info/Notes/Remarks</th> </tr> </thead> <tbody> <tr> <td>Task Force 002 C</td> <td>Jim Brenkendorff</td> <td>720-202-9542</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Crew C 1 – Truck (275)</td> <td>Tyler Edwards</td> <td>423-943-2187</td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Crew C 2 – Truck (87R1)</td> <td>Thaun Ngo</td> <td>253-278-5610</td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Crew C 3 – (AYP – Silver)</td> <td>Ryan Seher</td> <td>916-533-4932</td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>General Ops (Facilities)</td> <td>Peter Lawrence</td> <td>415-793-5942</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table> | | | | | | Strike Team/Task Force/Resource Identifier | Leader | Contact Info. # | # Of Persons | Reporting Info/Notes/Remarks | Task Force 002 C | Jim Brenkendorff | 720-202-9542 | | <input type="checkbox"/> | Crew C 1 – Truck (275) | Tyler Edwards | 423-943-2187 | 2 | <input type="checkbox"/> | Crew C 2 – Truck (87R1) | Thaun Ngo | 253-278-5610 | 2 | <input type="checkbox"/> | Crew C 3 – (AYP – Silver) | Ryan Seher | 916-533-4932 | 2 | <input type="checkbox"/> | General Ops (Facilities) | Peter Lawrence | 415-793-5942 | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> |
| Strike Team/Task Force/Resource Identifier | Leader | Contact Info. # | # Of Persons | Reporting Info/Notes/Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Task Force 002 C | Jim Brenkendorff | 720-202-9542 | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crew C 1 – Truck (275) | Tyler Edwards | 423-943-2187 | 2 | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crew C 2 – Truck (87R1) | Thaun Ngo | 253-278-5610 | 2 | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crew C 3 – (AYP – Silver) | Ryan Seher | 916-533-4932 | 2 | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Ops (Facilities) | Peter Lawrence | 415-793-5942 | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. Work Assignments Ensure the safety of response personnel and the public. Operate all activities with respect for residents and the community. Insure proper communication between Recovery Teams and managing interagency Command. Identify, characterize and recover all household hazardous waste to include pressurized containers. Ensure proper handling, packaging, labeling, marking, transportation and disposal of recovered HHW. Identify areas with asbestos and collect samples accordingly for health and safety purposes of field operators. Establish an informational transfer process to facilitate communications with stakeholders and organizations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Special Instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Communications (radio and/or phone contact numbers needed for this assignment) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Assignment</th> <th style="width:20%;">Channel Name</th> <th style="width:20%;">Frequency (Tx)</th> <th style="width:30%;">Phone</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Emergency Communications Medical _____ Evacuation _____ Other _____ | | | | | | Assignment | Channel Name | Frequency (Tx) | Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assignment | Channel Name | Frequency (Tx) | Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10. Prepared by: _____ | | 11. Reviewed by (PSC): _____ | | 12. Reviewed by (OSC): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time _____ | | Date/Time _____ | | Date/Time _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ASSIGNMENT LIST (ICS 204-CG)

| 1. Incident Name Valley Fire ER | | 2. Operational Period (Date/Time) From :October 24, 2015/0730 To: October 30, 2015/0730 | | Assignment List ICS 204-CG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3. Branch Operations | | 4. Division/Group/Staging | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">5. Operations Personnel</th> <th style="width:20%;">Name</th> <th style="width:20%;">Affiliation</th> <th style="width:30%;">Contact # (s)</th> </tr> <tr> <td>Operations Section Chief:</td> <td>Paul Jones</td> <td>USCG</td> <td>415-720-4171</td> </tr> <tr> <td>Deputy Operations Section Chief:</td> <td>Rick Mehl</td> <td>Weston</td> <td>847-254-6981</td> </tr> <tr> <td>Branch Director:</td> <td colspan="3"></td> </tr> <tr> <td>Deputy Branch Director:</td> <td colspan="3"></td> </tr> <tr> <td>Division/Group Supervisor/STAM:</td> <td colspan="3"></td> </tr> </table> | | | | | | 5. Operations Personnel | Name | Affiliation | Contact # (s) | Operations Section Chief: | Paul Jones | USCG | 415-720-4171 | Deputy Operations Section Chief: | Rick Mehl | Weston | 847-254-6981 | Branch Director: | | | | Deputy Branch Director: | | | | Division/Group Supervisor/STAM: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Operations Personnel | Name | Affiliation | Contact # (s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operations Section Chief: | Paul Jones | USCG | 415-720-4171 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy Operations Section Chief: | Rick Mehl | Weston | 847-254-6981 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch Director: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deputy Branch Director: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division/Group Supervisor/STAM: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Strike Team/Task Force/Resource Identifier</th> <th style="width:15%;">Leader</th> <th style="width:15%;">Contact Info. #</th> <th style="width:10%;"># Of Persons</th> <th style="width:35%;">Reporting Info/Notes/Remarks</th> <th style="width:5%;"></th> </tr> </thead> <tbody> <tr> <td>Strike Team A- START</td> <td>Tanner Hess</td> <td>224-500-5430</td> <td>3</td> <td>HHW Assessment</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Strike Team B- START</td> <td>Anne Lawrence</td> <td>619-990-7294</td> <td>3</td> <td>HHW Assessment</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Strike Team C- START</td> <td>Kevin Cook-Guteriez</td> <td>530-680-6265</td> <td>1</td> <td>High Hazard Team- ASTs</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Strike Team D START</td> <td>Wendy Armento</td> <td>907-230-7629</td> <td>1</td> <td>High Hazard Team- Cylinders</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td>1</td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | | | | | | Strike Team/Task Force/Resource Identifier | Leader | Contact Info. # | # Of Persons | Reporting Info/Notes/Remarks | | Strike Team A- START | Tanner Hess | 224-500-5430 | 3 | HHW Assessment | <input type="checkbox"/> | Strike Team B- START | Anne Lawrence | 619-990-7294 | 3 | HHW Assessment | <input type="checkbox"/> | Strike Team C- START | Kevin Cook-Guteriez | 530-680-6265 | 1 | High Hazard Team- ASTs | <input type="checkbox"/> | Strike Team D START | Wendy Armento | 907-230-7629 | 1 | High Hazard Team- Cylinders | <input type="checkbox"/> | | | | 1 | | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | | | | | | <input type="checkbox"/> |
| Strike Team/Task Force/Resource Identifier | Leader | Contact Info. # | # Of Persons | Reporting Info/Notes/Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strike Team A- START | Tanner Hess | 224-500-5430 | 3 | HHW Assessment | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strike Team B- START | Anne Lawrence | 619-990-7294 | 3 | HHW Assessment | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strike Team C- START | Kevin Cook-Guteriez | 530-680-6265 | 1 | High Hazard Team- ASTs | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Strike Team D START | Wendy Armento | 907-230-7629 | 1 | High Hazard Team- Cylinders | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1 | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. Work Assignments Strike Teams A and B will conduct surveys of properties for organic vapors and radiation in advance of HHW collection Teams. Teams A and B will document house hold hazardous waste (HHW) collected from each assessed property. Strike Team C will primarily collect High Hazard items such as ASTs and Drums from sites identified as a High Hazard by the Strike Teams. Strike Team D will primarily collect High Hazard items such as compressed gas cylinders from sites identified as a High Hazard by the Strike Teams. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Special Instructions Mark "E" at the property entrance at completion of HHW collection to indicate that the site has been cleared of HHW. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Communications (radio and/or phone contact numbers needed for this assignment) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Assignment</th> <th style="width:20%;">Channel Name</th> <th style="width:20%;">Frequency (Tx)</th> <th style="width:30%;">Phone</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> Emergency Communications Medical _____ Evacuation _____ Other _____ | | | | | | Assignment | Channel Name | Frequency (Tx) | Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assignment | Channel Name | Frequency (Tx) | Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 10. Prepared by: _____ | | Date/Time _____ | | 11. Reviewed by (PSC): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date/Time _____ | | 12. Reviewed by (OSC): _____ | | Date/Time 10/23/15 1710 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ASSIGNMENT LIST (ICS 204-CG)

| | | | | | |
|--|-------------------------|---|---------------------|--|--|
| 1. Incident Name Valley Fires | | 2. Operational Period (Date/Time) From: 10/26 07:30 To: 10/27 07:30 | | Assignment List ICS 204-CG | |
| 3. Branch: Operations | | 4. Division/Group/Staging: EPA - ERRS | | | |
| 5. Operations Personnel | | Name | | Affiliation | |
| Operations Section Chief: Bret Moxley | | Division/Group Supervisor/STAM: Peter Lawrence | | | |
| | | | | | |
| Strike Team/Task Force/Resource Identifier | Leader | Contact Info. # | # Of Persons | Reporting Info/Notes/Remarks | |
| Task Force 002 A | RM Jerry Wade | 503.953.5263 | | | |
| Crew A 1 – Truck (751) | Randy Rhodes | 360.431.9368 | | Greg Reed 707-384-9681 Steve Ward 707-262-2289 | |
| Crew A 2 – Truck (SWHC) | Jamie Munoz | 510.258.7692 | | Miguel Ramirez 510-407-1518 Galdino Espanoza 510-407-1518 | |
| Crew A 3 – Truck (Her123) | Terrance Harris | 310-292-8468 | | Hector Delgado 510-253-4719 Robert Daniel 209-652-4456 | |
| | | | | | |
| Task Force 002 B | Gary Wofford | 714.269.5979 | | | |
| Crew B 1 – Truck (Her1K1) | Luis Fula | 626.419.5970 | | Edward Nash 916-889-3556 Jeff Saddleburg 916-539-3366 | |
| Crew B 2 – Truck (47R1) | Osbert Ayeni-Aarons | 916-236-9139 | | Michael Williams 916-604-0776 James Johnson 510-563-7517 | |
| Crew B 3 – Van (147) | Ryan Seher | 562-900-2838 | | Marco Madrigal 916-272-8510 Benjamin McGhee 916-272-9949 | |
| Task Force 002 C | Jim Brenkendorff | 720-202-9542 | | | |
| Crew C 1 (HH1) – Truck (275) | Tyler Edwards | 423.943.2187 | | Marvin Young 415-374-5538 Frederick Lykes 702-272-7922 | |
| Crew C 2 (HH2) – Truck (87R1) | Thaun Ngo | 253.278.5610 | | Alex Gilbert 916-241-5378 Chris Lucas 707-761-6934 | |
| Assist C1/C2 – (AYP – silver) | Louis Burley | 916-533-4932 | | | |
| General Ops (Facilities) | Peter Lawrence | 415.793.5942 | | | |
| | | | | | |
| 7. Work Assignments Ensure the safety of response personnel and the public. Operate all activities with respect for residents and the community. Insure proper communication between Recovery Teams and managing interagency Command. Identify, characterize, and recover all household hazardous waste to include pressurized containers. Ensure proper handling, packaging, labeling, marking, transportation and disposal of recovered HHW. Identify areas with asbestos and collect samples accordingly for health and safety purposes of field operators. Establish an informational transfer process to facilitate communications with stakeholders and organizations. | | | | | |
| 8. Special Instructions | | | | | |
| | | | | | |
| 9. Communications (radio and/or phone contact numbers needed for this assignment) | | | | | |
| <u>Assignment</u> | <u>Channel Name</u> | <u>Frequency (Tx)</u> | <u>Phone</u> | | |
| _____ | _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | | |
| _____ | _____ | _____ | _____ | | |
| | | | | | |
| Emergency Communications Medical _____ Evacuation _____ Other _____ | | | | | |

| | | | | | |
|---|------------|---|---------------|--------------------------------------|--|
| 1. Incident Name Valley Fire ER | | 2. Operational Period (Date/Time) From :October 23, 2015/0730 To: October 30, 2015/0730 | | Assignment List ICS 204-CG | |
| 3. Branch Operations | | 4. Division/Group/Staging | | | |
| 5. Operations Personnel | | | | | |
| | Name | Affiliation | Contact # (s) | | |
| Operations Section Chief: | Paul Jones | USCG | 415-720-4171 | | |
| Deputy Operations Section Chief: | Rick Mehl | Weston | 847-254-6981 | | |
| Branch Director: | | | | | |
| Deputy Branch Director: | | | | | |
| Division/Group Supervisor/STAM: | | | | | |

| Strike Team/Task Force/Resource Identifier | Leader | Contact Info. # | # Of Persons | Reporting Info/Notes/Remarks | |
|--|----------------|-----------------|--------------|------------------------------|--------------------------|
| High Hazard Team- Arborist | Denise Britton | 530-624-8403 | 1 | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
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7. Work Assignments
 The High Hazard Arborist Team will support the Strike Teams in the evaluation of fire-damaged trees that pose a potential impact to the HHW assessment and collection teams. Trees that pose a potential impact to the HHW assessment and collection teams will be identified and access will be restricted to those areas/properties until the suspect trees can be addressed.

8. Special Instructions
 Trees that pose a threat will be marked with a orange-horizontal stripe and trees where caution should be observed will be marked with a white-horizontal stripe.

9. Communications (radio and/or phone contact numbers needed for this assignment)

| Assignment | Channel Name | Frequency (Tx) | Phone |
|------------|--------------|----------------|-------|
| | | | |
| | | | |
| | | | |

Emergency Communications
 Medical _____ Evacuation _____ Other _____

| | | | | | |
|------------------|-----------|------------------------|-----------|------------------------|-----------|
| 10. Prepared by: | Date/Time | 11. Reviewed by (PSC): | Date/Time | 12. Reviewed by (OSC): | Date/Time |
| | | | | 10/23/15 1718 | |

ASSIGNMENT LIST (ICS 204-CG)

COMMUNICATIONS LIST (ICS 205A)

| 1. Incident Name: Valley Fire | 2. Operational Period: | Date From: 10/26/2015 Date To: 10/30/2015 Time From: 0730 Time To: 1800 |
|---|-------------------------------|--|
| 3. Basic Local Communications Information: | | |
| Incident Assigned Position | Name (Alphabetized) | Method(s) of Contact |
| EPA OSC | Moxley, Brett | (415) 971-7720 |
| EPA OSC | Nattis, Randy | (415) 940-1108 |
| EPA OSC | Waldon, Maggie | (415) 940-1109 |
| EPA OSC | Zuroski, Donn | (415) 971-6829 |
| EPA OSC | Calanog, Steve | (415) 595-8350 |
| USCG – Operations Chief | Jones, Paul | (415) 720-4171 |
| USCG – Planning Chief | Fields, Judah | (415) 559-9985 |
| USCG – SOFR | Renken, Kenneth | (415) 302-7964 |
| USCG - SITL | Caraway, Katy | (415) 720-4170 |
| USCG - ASOF | Cruz, Pedro | (415) 720-4182 |
| OPS - Weston | Mehl, Rick | (847) 254-6981 |
| OPS - ERRS | Lawrence, Peter | (415) 793-5942 |
| START Strike Team A Lead | Yopps, Ryle | (775) 842-2121 |
| OPS | Younie, Ashlee | (775) 830-4252 |
| OPS | Armento, Wendy | (907) 230-7629 |
| OPS | Cook-Gutierrez, Kevin | (530) 680-6265 |
| OPS | Martinez, Alex | (408) 701-7002 |
| START Strike Team C Lead | Lawrence, Anne | (619) 990-7294 |
| START Strike Team B Lead | Hess, Tanner | (224) 500-5430 |
| Planning | Villanueva, Rivian | (925) 584-1318 |
| Planning | Dutt, Raj | (972) 743-5690 |
| Planning | Bruce, Ian | (509) 845-5547 |
| EPA – Community Involvement | Caffaso, Sarah | (415) 972-3076 |
| Lake County Director | Chavez, Caroline | (707) 262-1618 |
| Lake Co. Environmental Health | Bennett, Cheryl | (707) 349-1796 |
| Building Inspector | Holleran, Brandon | (707) 263-2382 |
| Lake Co. Hazardous Spec. | Love, Teale | (707) 349-7880 |
| Cal OES Coordinator | Stehr, Melinda | (916) 265-8205 |
| KCSC Consulting - Safety | Stuart, Kenneth | (916) 221-1946 |
| Cal Recycle – Waste Mgt. | Thalhamer, Todd | (916) 341-6356 |
| ERRS Task Force 002A Lead | Wade, Jerry | (503) 953-5263 |
| ERRS Crew A1 Lead | Rhodes, Randy | (360) 431-9368 |
| EERS Crew A2 Lead | Munzo, Jamie | (510) 258-7692 |

| | | |
|---|----------------|----------------------------|
| EERS Crew A3 Lead | Washburn, Rock | |
| 4. Prepared by: Name: Jones, Paul Position/Title: PSC Signature: _____ | | |
| ICS 205A | IAP Page | Date/Time: 10/23/2015 1315 |

| | | | | | |
|--|----------------------|---|--|--|--|
| 1. Incident Name Valley Fire | | 2. Operational Period (Date / Time) From: 26 OCT 15/ 0730 To: 30 OCT 15/ 1800 | | COMMUNICATIONS LIST ICS 205A-CG | |
| 3. Basic Local Communications Information | | | | | |
| Assignment | Name | Method(s) of contact (radio frequency, phone, pager, cell #(s), etc.) | | | |
| Task Force 002B Lead | Wofford, Gary | (714) 269-5979 | | | |
| EERS Crew B1 Lead | Burley, Louis | (626) 419-5970 | | | |
| EERS Crew B2 Lead | Ngo, Thaun | (253) 278-5610 | | | |
| EERS Crew B3 Lead | Ayeni-Aarons, Osbert | (916) 236-9139 | | | |
| Task Force 002C Lead | McManamy, Ron | (206) 276-1935 | | | |
| EERS Crew C1 Lead | Edwards, Tyler | (423) 943-2187 | | | |
| EERS Crew C2 Lead | Seher Ryan | (916) 533-4932 | | | |
| Gen. Ops (Facilities) | Lawrence, Peter | (415) 793-5942 | | | |
| High Hazard Team | Britton, Denise | (530) 624-8403 | | | |
| High Hazard Team | Reiner, Chris | (415) 971-6911 | | | |
| CA DFW (GIS) | Rankin, Daniel | (916) 327-0716 | | | |
| CA DFW (GIS) | Muskat, Judd | (916) 216-1301 | | | |
| SAT Phone A | N/A | 8816-5142-2463 | | | |
| SAT Phone B | N/A | 8816-2145-4975 | | | |
| SAT Phone C | N/A | 8816-2344-4546 | | | |
| Planning | Hunt, Susan | (425) 971-8149 | | | |
| Task Force 2C Crew C1 | Lykes, Frederick | (702) 272-7922 | | | |
| Task Force 2A Crew A1 | Reed, Greg | (707) 384-9681 | | | |
| Task Force 2B Crew B2 | Gilbert, Alex | (916) 241-5378 | | | |
| Task Force 2C Crew C1 | Young, Marvin | (415) 374-5538 | | | |
| Task Force 2A Crew A2 | Espanoza, Galdino | (510) 407-1518 | | | |
| Task Force 2A Crew A2 | Ramirez, Miguel | (510) 407-1518 | | | |
| Task Force 2B Crew B1 | Delgado, Hector | (510) 253-4719 | | | |
| OPS | Harris, Terrance | (310) 292-8468 | | | |
| Task Force 2B Crew B1 | Nash, Edward | (916) 889-3556 | | | |
| OPS | Saddleburg, Jeff | (916) 539-3366 | | | |
| OPS | Daniel, Robert | (209) 652-4456 | | | |
| OPS | Williams, Michael | (916) 604-0776 | | | |
| Task Force 2C Crew C2 | Madrigal, Marco | (916) 272-8510 | | | |
| Task Force 2C Crew C2 | McGhee, Benjamin | (916) 272-9949 | | | |
| Task Force 2A Crew A3 | Ward, Steve | (707) 262-2289 | | | |
| 4. Prepared by: (Communications Unit) | | Date / Time | | | |
| COMMUNICATIONS LIST | | ICS 205a-CG (Rev. 07/04) | | | |

[illegible]

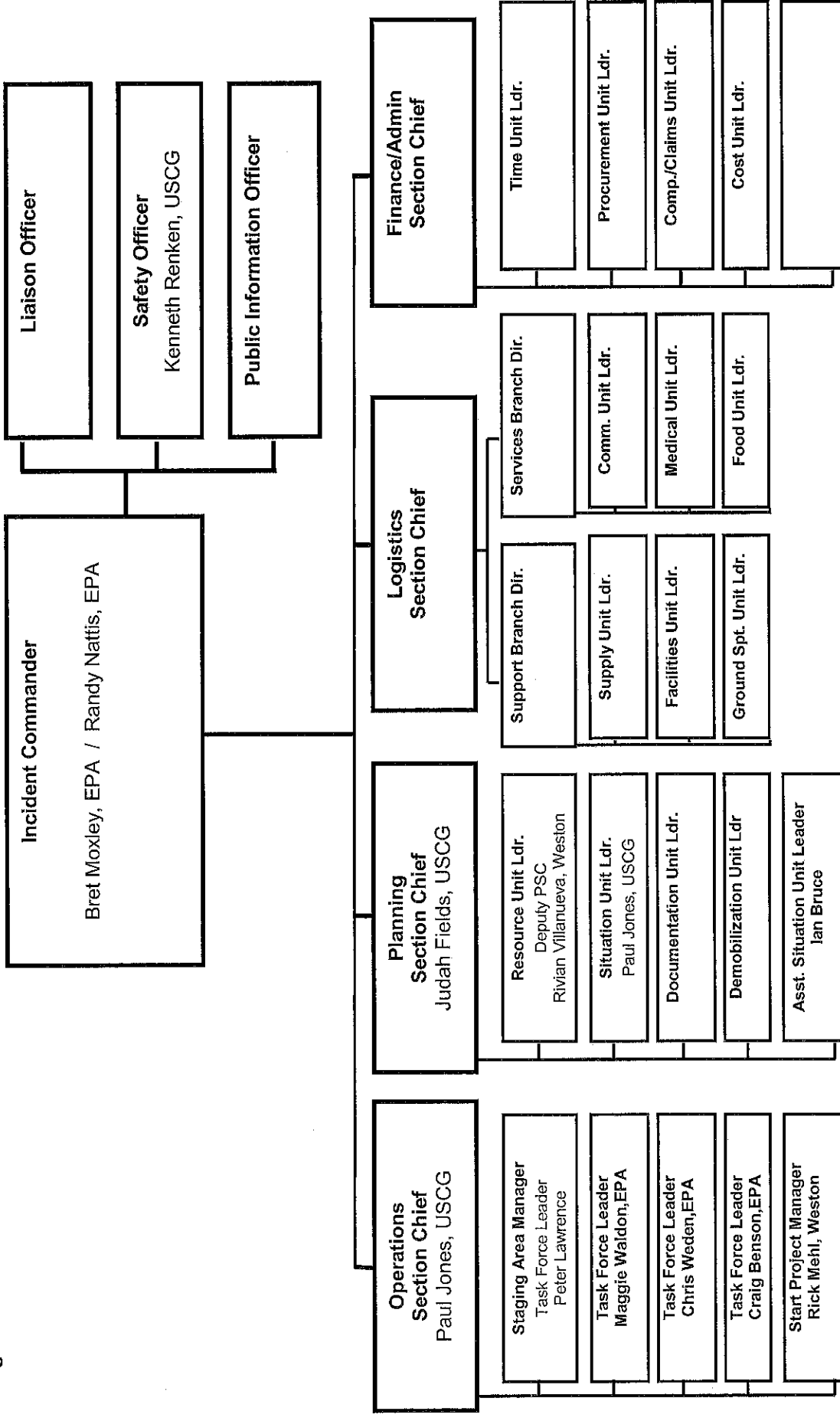
INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:
Valley Fire

2. Operational Period: Date From: 10/26/2015
Time From: 0730

Date To: 10/30/2015
Time To: 1800

3. Organization Chart



ICS 207

IAP Page

4. Prepared by: Name: Jones, Paul

Position/Title: PSC/ USCG

Signature: _____

Date/Time: 23Oct15 1200

| 1. Incident Name Valley Fire | | 2. Operational Period (Date/Time) From: 0730 26Oct15 To: 1800 30Oct15 | | DAILY MEETING SCHEDULE ICS 230 | |
|--|--------------------------|--|--|--|--|
| 3. Meeting Schedule (Commonly-held meetings are included) | | | | | |
| Date/ Time | Meeting Name | Purpose | Attendees | Location | |
| 0730/ 19Oct15 | Operations Briefing | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period. | IC/UC, Command & General Staff, Branch Directors, Div/Gru Sups., Task Force/Strike Team Leaders and Unit Leaders | | |
| 1600/ 19Oct15 | Planning/Tactics Meeting | Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period. | Determined by the IC/UC | | |
| 0730/ 20Oct15 | Operations Briefing | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period. | IC/UC, Command & General Staff, Branch Directors, Div/Gru Sups., Task Force/Strike Team Leaders and Unit Leaders | | |
| 1600/ 20Oct15 | Planning/Tactics Meeting | Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period. | Determined by the IC/UC | | |
| 0730/ 21Oct15 | Operations Briefing | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period. | IC/UC, Command & General Staff, Branch Directors, Div/Gru Sups., Task Force/Strike Team Leaders and Unit Leaders | | |
| 1600/ 21Oct15 | Planning/Tactics Meeting | Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period. | Determined by the IC/UC | | |
| 0730/ 22Oct15 | Operations Briefing | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period. | IC/UC, Command & General Staff, Branch Directors, Div/Gru Sups., Task Force/Strike Team Leaders and Unit Leaders | | |
| 1600/ 22Oct15 | Planning/Tactics Meeting | Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period. | Determined by the IC/UC | | |
| 0730/ 23Oct15 | Operations Briefing | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period. | IC/UC, Command & General Staff, Branch Directors, Div/Gru Sups., Task Force/Strike Team Leaders and Unit Leaders | | |
| 1100/ 23Oct15 | Tactics Meeting | Develop/Review primary and alternate Strategies to meet Incident Objectives for the next Operational Period. | PSC, OSC, LSC, RESL & SITL | | |
| 1600/ 23Oct15 | Planning Meeting | Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period. | Determined by the IC/UC | | |
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| | | | | | |
| 4. Prepared by: (Situation Unit Leader) Jones, Paul / USCG | | | Date/Time 23Oct15/ 1330 | | |
| DAILY MEETING SCHEDULE | | | ICS 230 (Rev.07/13) | | |

[illegible]

Site Safety and Health Plan ICS-208-CG (rev 4/15)

Incident Name: Valley Fire **Date/Time Prepared:** 23Oct15/ 0900 **Operational Period:** 26Oct15/ 0730 – 30Oct15/ 1800

Purpose. The ICS Compatible Site Safety and Health Plan is designed for safety and health personnel that use the Incident Command System (ICS). It is compatible with ICS and is intended to meet the requirements of the Hazardous Waste Operations and Emergency Response regulation (Title 29, Code of Federal Regulations, Part 1910.120). The plan avoids the duplication found between many other site safety plans and certain ICS forms. It is also in a format familiar to users of ICS. Although primarily designed for oil and chemical spills, the plan can be used for all hazard situations. Changes: The only change to this form since 2006 is added Emergency Site Non-Hazardous Assessment form (SSP-A2).

Questions on the document should be addressed to the **Coast Guard Office of Contingency Preparedness and Exercise Policy (CG-CPE)**.

Table of Forms

| FORM NAME | FORM # | USE | REQUIRED | OPTIONAL | ATTACHED |
|--|--------|---|----------|----------|----------|
| Emergency Safety and Response Plan | A | Emergency response phase (uncontrolled) | X | | X |
| Emergency Site Non-Hazardous Assessment Form | A2 | Emergency response phase without Hazardous Materials present. Overall site assessment | X | | X |
| Site Safety Plan | B | Post-emergency phase (stabilized, cleanup) | X | | X |
| Site Map | C | Post-emergency phase map of site and hazards | X | | X |
| Emergency Response Plan | D | Part of Form B, to address emergencies | X | | X |
| Exposure Monitoring Plan | E | Exposure monitoring Plan to monitor exposure | X | | X |
| Air Monitoring Log | E-1 | To log air monitoring data | X* | | X |
| Personal Protective Equipment | F | To document PPE equipment and procedures | X* | | X |
| Decontamination | G | To document decon equipment and procedures | X* | | X |
| Site Safety Enforcement Log | H | To use in enforcing safety on site | | X | |
| Worker Acknowledgement Form | I | To document workers receiving briefings | | X | |
| Form A Compliance Checklist | J | To assist in ensuring HAZWOPER compliance | | X | |
| Form B Compliance Checklist | K | To assist in ensuring HAZWOPER compliance | | X | |
| Drum Compliance Checklist | L | To assist in ensuring HAZWOPER compliance | | X | |
| Other: | | | | | |
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* Required only if function or equipment is used during a response

| EMERGENCY SAFETY and RESPONSE PLAN | | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23Oct15/ 0900 | 3. Operational Period 26Oct15 – 30Oct15 | 4. Attachments: Attach MSDS for each Chemical: | | | | | | | | | | | |
|---|-----------------------------|--|--|--|---|---|--------------------------------|---|--------------------------------|--|----------------------------------|------------------------------|------------------------|--------------------------|------------------------|------------------|
| 5. Organization IC/UC: | | Safety: Judah Fields | Entry Team: N/A | Backup Team: N/A | Decon Team: N/A | | | | | | | | | | | |
| | | Div/Group Supv: | | | | | | | | | | | | | | |
| IC | | | | | | | | | | | | | | | | |
| 6.a. Physical Hazards and Protection | | 6.b. Confined Space <input type="checkbox"/> Noise <input type="checkbox"/> Heat Stress X Cold Stress <input type="checkbox"/> Electrical X Animal/Plant/Insect X Ergonomic X Ionizing Rad X Slips/Trips/Falls X Struck by X Water <input type="checkbox"/> Violence X Excavation <input type="checkbox"/> Biomedical waste and/or needles X Fatigue X Other (specify) _____ | | | | | | | | | | | | | | |
| 6.c. | Tasks & Controls | 6d Entry Permit | 6.e Ventilate | 6f Hearing Protection | 6g Shoes (type) | 6.h Hard Hats | 6i Clothing (cold wx) | 6j Life Jacket | 6l Work/Rest (hrs) | 6.m Fluids (amt/time) | 6.n Signs & Barricade | 6.p Fall Protect | 6.q Post Guards | 6.r Flash Protect | 6.s Work Gloves | 6.t Other |
| | Site Assessment | | | | Safety boots | As needed | | | 12/12 | 4 cups/hr | | | | | X | |
| | HHW Removal | | | | Safety boots | As needed | | | 12/12 | 4 cups/hr | X | | | | X | |
| | HHW Disposal | | | | Safety boots | X | | | 12/12 | 4 cups/hr | X | | X | | X | |
| | Site Security | | | | Safety boots | | | | 12/12 | As needed | X | | X | | | |
| | | | | | | | | | | | | | | | | |
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| 7.a. Agent | | 7.b. Hazards | | 7.c. Target Organs | | 7.d. Exposure Routes | | 7.f. PPE | | 7.g. Type of PPE | | | | | | |
| <ul style="list-style-type: none"> Unknowns Asbestos Fuel oils Lube oils Sulphuric Acid – batteries Explosive material - ammunition | | Explosive X Radioactive X Flammable X Carcinogen X Reactive X Oxidizer X Biomedical <input type="checkbox"/> Corrosive X Toxic X Specify Other: <input type="checkbox"/> | | Eyes X Nose X Skin X Ears <input type="checkbox"/> Central Nervous System X Respiratory X Throat X Lungs X Heart <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Blood <input type="checkbox"/> Lungs X Circulatory <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Bone <input type="checkbox"/> Other Specify: <input type="checkbox"/> | | Inhalation X Absorption X Ingestion <input type="checkbox"/> Injection X Membrane X <input type="checkbox"/> | | Face Shield X Eyes X Gloves X Inner Suit <input type="checkbox"/> Splash Suit X Level A Suit <input type="checkbox"/> SCBA <input type="checkbox"/> APR X SAR <input type="checkbox"/> Cartridges X | | Level C Full Face APR Safety Gloves, Inner as needed Safety boots Hard hats Sunscreen Insect repellent Combo particulate and chemical | | | | | | |
| 8. Instruments: | | 8.a Action Levels | 8.b Chemical Name(s): | 8.c LEL/UEL % | 8.d Odor Threshold Ppm | 8.e Ceiling/IDLH | 8.f STEL/TLV | 8.g Flash Pt/Ignition Pt (F or C) | 8.h Vapor Pressure (mm) | 8.i Vapor Density | 8.j Specific Gravity | 8.l Boiling Pt F or C | | | | |
| O ₂ X | 19.5 -23.5 | | Ammonia | 15.4% | N/A | 300 ppm | 35 ppm 27 mg/m ³ | N/A | 5900 mm | 0.59 | 11.6 | -27.4 | | | | |
| CGI X | <10% LEL | | | | | | | | | | | | | | | |
| Radiation X | 3X background | | | | | | | | | | | | | | | |
| Total HCs X | >5ppm | | | | | | | | | | | | | | | |
| Colorimetric X | Any Ammonia | | Benzene | 1.2 % | N/A | 500 ppm | 5 ppm | 12 F | 10 kPa/ 75,000 mm Hg | 2.7 | 0.88 | 176.2 F | | | | |
| Thermal <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| Other X | 1ppm benzene | | | | | | | | | | | | | | | |

ICS-208-CG SSP-A Page 1 (rev 4/15): Page 1 of 17

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|--|--|---|--|---|--|---|--|---|--|
| EMERGENCY SAFETY and RESPONSE PLAN (Cont) | | 1. Incident Name Valley Fire | | 2. Date/Time Prepared 23Oct15/ 0900 | | 3. Operational Period 26Oct15 – 30Oct15 | | 4. Attachments: Attach SDS for each Chemical | |
| 9. Decontamination: Instrument Drop Off <input type="checkbox"/> Outer Boots/Glove Removal X Suit/Gloves/Boot Disposal X | | Suit Wash <input type="checkbox"/> Decon Agent: Water <input type="checkbox"/> Other <input type="checkbox"/> Specify: | | Bottle Exchange <input type="checkbox"/> Outer Suit Removal X Inner Suit Removal <input type="checkbox"/> SCBA/Mask Removal X | | SCBA/Mask Rinse <input type="checkbox"/> Inner Glove Removal X Work Clothes Removal X Body Shower <input type="checkbox"/> | | Intervening Steps <input type="checkbox"/> Specify: | |
| 10. Site Map. Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North X Attached, <input type="checkbox"/> Drawn Below: | | | | | | | | | |
| 11.a. Potential Emergencies: Fire X Explosion X Other <input type="checkbox"/> | | 11.b. Evacuation Alarms: Horn X # Blasts 5 Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other: Sat Phone | | 11.c Emergency Prevention and Evacuation Procedures: Sound alarms and egress to nearest safe haven. Notify emergency services. Account for team. Notify IC. Return to staging area or hospital as required. Safe Distance: 276 FT/ 84 m | | | | | |
| 12. a. Communications: Radio <input type="checkbox"/> Phone X Other <input type="checkbox"/> | | 12.b. Command #: (415) 971-7720 | | 12.c. Tactical #: | | 12.d. Entry #: | | | |
| 13.a. Site Security: Personnel Assigned Brothers in Law | | 13.b. Procedures: Shelter in place or find the nearest safe haven as appropriate. Notify security and call 911. | | | | | | | |
| 14.a. Emergency Medical: Personnel Assigned EMT | | 14.b. Procedures: If located in Division D, contact the local EMT from the medical plan. All other Divisions contact EMS. EMS contact information located on Medical Plan. | | | | | | | |
| 15. Prepared by: Judah Fields, USCG | | 14.c Equipment: EMT Kit | | | | | | | |
| | | 16. Date/Time Briefed: 23Oct15/ 1600 | | | | | | | |
| | | ICS-208-CG SSP-A Page 2 (rev 4/15): Page 2 of 17 | | | | | | | |

| EMERGENCY SITE NON-HAZARDOUS ASSESSMENT FORM | | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23Oct15/ 0900 | 3. Operational Period 23Oct15 – 30Oct15 | 4. Attachments: Y | | | | | | | | | |
|--|--|---------------------------------------|--|--|----------------------|--|---------------------|-------------------------------|----------------------------------|------------------------------|------------------------|----------------------------|--|---------------|
| 5. SCENE CONTACTS: | Name of Group/Branch or Division: Operations | Safety Officer: Judah Fields, USCG | Staging Manager: | OSC:Paul Jones, USCG | | | | | | | | | | |
| 6.a. Physical Hazards Onsite | 6.b. Confined Space <input type="checkbox"/> Noise <input type="checkbox"/> Heat Stress <input checked="" type="checkbox"/> Cold Stress <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Animal/Plant/Insect <input checked="" type="checkbox"/> Ergonomic <input checked="" type="checkbox"/> Ionizing Rad <input checked="" type="checkbox"/> Slips/Trips/Falls <input checked="" type="checkbox"/> Struck by <input checked="" type="checkbox"/> Water <input type="checkbox"/> Violence <input checked="" type="checkbox"/> Excavation <input type="checkbox"/> Biomedical waste and/or needles <input checked="" type="checkbox"/> Fatigue <input checked="" type="checkbox"/> Other (specify) | | | | | | | | | | | | | |
| 6.c. <u>Work Assignments/ Job Tasks</u> | 6d. Electrical Hazard | 6e. Eye /Face Hazar ds | 6f. Ear Protecti on | 6g. Foot Protec tion (type) | 6.h. Hard Hats | 6i. Clothin g (cold/h ot wx) | 6j. Life Vest | 6l. Work /Rest (hrs) | 6.m. Fluids (amt/ti me) | 6.n. Signs & Barricade | 6.p. Fall Hazard | 6.q. Security Issues | 6.r. Hand Protection (Gloves) | 6.s. Other |
| See ICS-208 CG SSP-A | | | | | | | | | | | | | | |
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| 7. Comments: Special caution is to be implemented while working in vicinity of trees and overhead hazards due to post fire instabilities. Operations are to be secured with wind speeds greater than 15 mph (sustained) or gusts of 20 mph. | | | | | | | | | | | | | | |

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| EMERGENCY SITE NON-HAZARDOUS ASSESSMENT FORM (CONT'D) | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23Oct15/ 0900 | 3. Operational Period 26Oct15 – 30Oct15 | 4. Attachments: Y Individual Division Maps |
| 8. Any Reported Illnesses or Injuries: N If so, what type of Injury: _____ Location of Injury: _____ | | | | |
| Was this recorded on CG-209 ? Y or N Was the persons Agency informed of injury: Y or N | | | | |
| 9. <u>Site Map</u> . Include: Work Zones, Locations of Hazards, Security Perimeter, Places of Refuge, Decontamination Line, Evacuation Routes, Assembly Point, Direction of North X Attached, <input type="checkbox"/> Drawn Below: | | | | |
| Division maps will be issued daily by Planning. | | | | |
| Medical Care can be assessed at St. Helena Hospital. An EMT is on site in Division D for first aid due to the long proximity from the local hospital. Refer to the Medical Plan for EMT contact information. | | | | |
| 10.a. <u>Potential Emergencies</u> : Fire X Explosion X Other <input type="checkbox"/> | 10.b. <u>Evacuation Alarms</u> : Horn X # Blasts 5 Bells <input type="checkbox"/> #Rings <input type="checkbox"/> Radio Code <input type="checkbox"/> Other: Sat Phone calls | 10.c Emergency Prevention and Evacuation Procedures: Sound alarms and egress to nearest safe haven. Notify emergency services. Account for team. Notify IC. Return to staging area or hospital as required. Safe Distance: 276 Ft/ 84 m | | |
| 11. a. <u>Communications</u> : Radio <input type="checkbox"/> Phone b X Other <input type="checkbox"/> | 11.b. Command #: (415) 971-7720 | 11.c. Tactical #: | 11 d. Staging Area #: | |
| 12.a. <u>Emergency Medical</u> : Personnel Assigned EMT | 12.b. Procedures: If located in Division D, contact the local EMT from the medical plan. All other Divisions contact EMS. EMS contact information located on Medical Plan 12.c Equipment: EMT Kit | | | |
| 13. <u>Prepared by</u> : Judah Fields, USCG | 14. <u>Date/Time Briefed</u> : 23Oct15/ 1600 ICS-208-CG SSP-A2 Non-Hazardous Page 2 (rev 4/15): Page 4 of 17 | | | |

| CG ICS SITE SAFETY PLAN (SSP) HAZARD IDENTIFICATION/ EVAL/CONTROL | | | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23Oct15/ 0900 | 3. Operational Period 26Oct15 – 30Oct15 | 4. Safety Officer (include method of contact): Judah Fields/ (415) 559-9985 |
|---|--|---|---|---|---|--|
| 5. Supervisor/Leader Paul Jones | 6. Location and Size of Site Lake County | 7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Comments: | 8. For Emergencies Contact: 911 | 9. Attachments: Attach MSDS for each Chemical OR CG 213RR for Ordering items from Block 10.e. | | |
| 10.a. Job Task/Activity Site Assessment | 10.b. Hazards* Unknown chemicals; overhead physical hazards; overhead hazards; heat stress; slips, trips and falls; insect bites; sunburn; fatigue; motor vehicle ops; roads | 10.c. Potential Injury & Health Effects Chemical exposure; burns; ambulatory, short term injuries, and long term damage requiring hospitalization; subsequent illness. | 10.d. Exposure Routes Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input checked="" type="checkbox"/> | 10.e. Controls: Engineering, Administrative, PPE Utilize proper PPE including: Level C, boots, gloves, hard hats, ear plugs, coveralls. Utilize methodical assessments ensuring proper footing, drink plenty of fluids to maintain hydration, use sunscreen, and ensure rest periods in accordance with the plan, use seat belts while in motor vehicles. Decon properly. | | |
| HHW Removal | Unknown chemicals; unknown physical hazards; overhead hazards; heat stress; slips, trips and falls; insect bites; sunburn; fatigue; motor vehicle ops; roads | Chemical exposure; burns; ambulatory, short term injuries, and long term damage requiring hospitalization; subsequent illness. | Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input checked="" type="checkbox"/> | Utilize proper PPE including: Level C, boots, gloves, hard hats, ear plugs, coveralls. Utilize methodical assessments ensuring proper footing, drink plenty of fluids to maintain hydration, use sunscreen, and ensure rest periods in accordance with the plan, use seat belts while in motor vehicles. Decon properly. | | |
| HHW Disposal | Unknown chemicals; unknown physical hazards; overhead hazards; heat stress; slips, trips and falls; insect bites; sunburn; fatigue; motor vehicle ops; roads | Chemical exposure; burns; ambulatory, short term injuries, and long term damage requiring hospitalization; subsequent illness. | Inhalation <input checked="" type="checkbox"/> Absorption <input checked="" type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input checked="" type="checkbox"/> | Utilize proper PPE including: Level C, boots, gloves, hard hats, ear plugs, coveralls. Utilize methodical assessments ensuring proper footing, drink plenty of fluids to maintain hydration, use sunscreen, and ensure rest periods in accordance with the plan, use seat belts while in motor vehicles. Decon properly. | | |
| Site Security | Physical violence; ergonomics; Heat stress | Ambulatory, short term injuries, and long term damage requiring hospitalization | Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input checked="" type="checkbox"/> Membrane <input checked="" type="checkbox"/> | Utilize proper legal and agency processes when encountering individuals and the public. Follow local LE guidance regarding access to sites | | |
| | | | Inhalation <input type="checkbox"/> Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Membrane <input type="checkbox"/> | | | |
| 11. Prepared By: Judah Fields, USCG | 12. Date/Time Briefed: 23Oct15/ 1600 | *HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving | | | ICS-208-CG SSP-B (rev 4/15): Page 5 of 17 | |

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|--|--|---|---|---|---|
| CG ICS SSP: SITE MAP | | 1. Incident Name ValleyFire | 2. Date/Time Prepared 23Oct15 | 3. Operational Period 26Oct15 – 30Oct15 | 4. Safety Officer (include method of contact) : Judah Fields |
| 5. Supervisor/Leader Paul Jones | 6. Location and Size of Site Lake County | 7. Site Accessibility Land <input checked="" type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Comments: | | 8. For Emergencies Contact: 911 | 9. Include: - Work Zones - Security Perimeter - Decontamination Line - Locations of Hazards - Places of Refuge - Evacuation Routes |
| 10. Sketch of Site: X Attached. <input type="checkbox"/> Drawn Here Division maps will be issued daily by Planning. | | | | | |
| 11. Prepared By: Judah Fields, USCG | 12. Date/Time Briefed: 23Oct15/ 1600 | HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving | | | ICS-208-CG SSP-C (rev 4/15): Page 6 of 17 |

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|--|--|--|--|--|---|
| CG ICS SSP: EMERGENCY RESPONSE PLAN | | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23Oct15/ 0900 | 3. Operational Period 26Oct15 – 30Oct15 | 4. Safety Officer (include method of contact): Judah Fields |
| 5. Supervisor/Leader Paul Jones | 6. Location and Size of Site Lake County, CA | 7. For Emergencies Contact: 911 | 8. Attachments: INCLUDE ICS FORM 206 and EMT Medical Response Procedures | | |
| 9. Emergency Alarm (sound and location) 5 horn blast | 10. Backup Alarm (sound and location) Cell phone call | 11. Emergency Hand Signals Overhead hand waving | 12. Emergency Personal Protective Equipment Required: Level C | | |
| 13. Emergency Notification Procedures Sound alarms and egress to nearest safe haven. Notify emergency services. Account for team. Notify IC. Return to staging area or hospital as required | | 14. Places of Refuge (also see site map form 208B) Task Force Leaders will designate refuge based on Division maps issued daily by Planning. | 15. Emergency Decon and Evacuation Steps Conduct emergency Level C cut outs and evacuate to a min of 276 Ft/ 84m or nearest safe haven. | 16. Site Security Measures Task Force Leaders will employ signs, barricades, and guards as required. Operations are to be secured with wind speeds greater than 15 mph. | |
| 17. Prepared By: Judah Fields, USCG | 18. Date/Time Briefed: 23Oct15/ 1600 | HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving | | | ICS-208-CG SSP-D (rev 4/15) Page 7 of 17 |

| CG ICS SSP: Exposure Monitoring Plan | | | 1. Incident Name Valley Fire | | 2. Date/Time Prepared 23Oct15/ 0900 | | 3. Operational Period 26Oct15 – 30Oct15 | | 4. Safety Officer (include method of contact): Judah Fields | | |
|---|---|---------------------|---|---|--|-----------------------------|--|---|---|--|--|
| 5. Specific Task/Operation | 6. Survey Location | 7. Survey Date/Time | 8. Monitoring Methodology | 9. Direct-Reading Instrument | 10. Air Sampling/Analysis Method | 11. Hazard(s) to Monitor | 12. Monitoring Duration | 13. Reasons to Monitor | 14. Laboratory Support for Analysis | | |
| See Weston/ ERRS HASP. | | | <input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure <input type="checkbox"/> Biological: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other: | Model: _____ Manufacturer: _____ Last Mfr Calibration Date: _____ | Method: _____ Collecting Media: <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: | | | <input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other: | | | |
| | | | <input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure <input type="checkbox"/> Biological: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other: | Model: _____ Manufacturer: _____ Last Mfr Calibration Date: _____ | Method: _____ Collecting Media: <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: | | | <input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other: | | | |
| | | | <input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure <input type="checkbox"/> Biological: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other: | Model: _____ Manufacturer: _____ Last Mfr Calibration Date: _____ | Method: _____ Collecting Media: <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: | | | <input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other: | | | |
| | | | <input type="checkbox"/> Personal Breathing Zone <input type="checkbox"/> Area Air Monitoring <input type="checkbox"/> Dermal Exposure <input type="checkbox"/> Biological: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Obtain bulk samples <input type="checkbox"/> Other: | Model: _____ Manufacturer: _____ Last Mfr Calibration Date: _____ | Method: _____ Collecting Media: <input type="checkbox"/> Charcoal Tube <input type="checkbox"/> Silica Gel <input type="checkbox"/> 37 mm MCE Filter <input type="checkbox"/> 37 mm PVC Filter <input type="checkbox"/> Other: | | | <input type="checkbox"/> Regulatory Compliance <input type="checkbox"/> Assess current PPE adequacy <input type="checkbox"/> Validate engineering controls <input type="checkbox"/> Monitor IDLH Conditions <input type="checkbox"/> Other: | | | |
| 15. Prepared By: Judah Fields, USCG | 16. Date/Time Briefed: 23Oct15/ 1600 | | HAZARD LIST: Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning | | | | | | | | |
| 18. Safety Officer Review: Judah Fields | | | Reporting: Monitoring results shall be logged in the ICS-208-CG SSP-E-1 form (Air Monitoring Log) and attached as part of a current Site Safety Plan and Incident Action Plan. Significant Exposures shall be immediately addressed to the IC and General Staff for immediate correction. | | | ICS-208-CG SSP-E (rev 4/15) | | | Page 8 of 17 | | |

| CG ICS SSP: AIR MONITORING LOG | | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23 Oct 15 | 3. Operational Period 26 Oct 15 – 30 Oct 15 | 4. Safety Officer (include method of contact) Judah Fields |
|--|--|---|---|--|---|
| 5. Site Location Lake County, CA | 6. Hazards of Concern Unknown Chemical | 7. Action Levels (include references): See Weston/ ERRS HASP | 8. Weather: Air Temperature: Water Temp: Wind: Relative Humidity: Cloud Cover: | 9. g. Interferences and Comments | |
| 9. a. Instrument, ID Number Calibrated? Indicate below. | 9. b. Monitoring Person Name(s) | 9. c. Results (units) | 9. d. Location | | |
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| 10. Safety Officer Review: Judah Fields, USCG | Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, & Eye Burning ICS-208-CG SSP-E-1 (rev 4/15): Page 9 of 17 | | | | |

| CG ICS SSP: PERSONAL PROTECTIVE EQUIPMENT | | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23Oct15 | 3. Operational Period 26Oct15 – 30Oct15 | 4. Safety Officer (include method of contact): Judah Fields |
|---|---|---|---|--|---|
| 5. Supervisor/Leader Paul Jones | 6. Location and Size of Site Lake County, CA | 7. Hazards Addressed: See Weston/ ERRS HASP | 8. For Emergencies Contact: 911 | | |
| 9. Equipment: | See Weston/ ERRS HASP | Level C | APR with Combination Cartridge | 10. References Consulted: | |
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| 11. Inspection Procedures: See Weston/ ERRS HASP | 12. Donning Procedures: | 13. Doffing Procedures: | 14. Limitations and Precautions (include maximum stay time in PPE): | | |
| | | | | | |
| 15. Prepared By: Judah Fields, USCG | 16. Date/Time Briefed: 23Oct15/ 1600 | Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning | | ICS-208-CG SSP-F: (Rev 4/15) Page 10 of 17 | |

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| CG ICS SSP: DECONTAMINATION | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23Oct15/ 0900 | 3. Operational Period 26Oct15 – 30Oct15 | 4. Safety Officer (include method of contact): Judah Fields |
| 5. Supervisor/Leader Paul Jones | 6. Location and Size of Site Lake County, CA | 7. For Emergencies Contact: 911 | 8. Hazard(s) Addressed: See Weston/ ERRS HASP | |
| 9. Equipment: | See Weston/ ERRS HASP | Level C | APR with Combination Cartridge | 10. References Consulted: |
| | | | | |
| | | | | |
| | | | | |
| 11. Contamination Avoidance Practices: See Weston/ ERRS HASP | 12. Decon Diagram: <input checked="" type="checkbox"/> Attached, <input type="checkbox"/> Drawn below Task Force Leaders will determine decon placement based on Division maps issued daily by Planning | | | 13. Decon Steps See Weston/ ERRS HASP For emergency decon: Conduct emergency Level C out outs and evacuate to a min of 276 Ft/ 84m or nearest safe haven |
| 14. Prepared By: Judah Fields, USCG | 15. Date/Time Briefed: 23Oct15/ 1600 | Potential Health Effects: Bruise/Lacerations, Organ Damage, Central Nervous System Effects, Cancer, Reproductive Damage, Low Back Pain, Temporary Hearing Loss, Dermatitis, Respiratory Effects, Bone Breaks, Eye Burning | | |
| | | ICS-208-CG SSP-G (rev 4/15): Page 11 of 17 | | |

| CG ICS SSP: ENFORCEMENT LOG | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23 Oct 15/ 0900 | 3. Operational Period 26 Oct 15 – 30 Oct 15 | 4. Safety Officer (include method of contact) Judah Fields |
|---------------------------------------|---|---|--|--|
| 5. Supervisor/Leader Paul Jones | 6. For Emergencies Contact: 911 | | | |
| 8.a. Job Task/Activity | 8.b. Hazards | 8.c. Deficiency | 8.d. Action Taken | 7. Attachments: Weston/ ERRS HASP; Maps 8.e. Safety Plan Amended? 8.f. Signature of Supervisor/Leader |
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| 9. Prepared By: Judah Fields, USCG | 10. Date/Time Briefed: 23 Oct 15/ 1600 | HAZARD LIST: Physical/Safety, Toxic, Explosion/Fire, Oxygen Deficiency, Ionizing Radiation, Biological, Biomedical, Electrical, Heat Stress, Cold Stress, Ergonomic, Noise, Cancer, Dermatitis, Drowning, Fatigue, Vehicle, & Diving | | |
| | | ICS-208-CG SSP-H (rev 4/15): Page 12 of 17 | | |

CGICS SSP WORKER
ACKNOWLEDGEMENT FORM[illegible]

| CG ICS SSP: Emergency Safety & Response Plan 1910.120 Compliance Checklist (Form A) | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23Oct15/ 0900 | 3. Operational Period 26Oct15 – 30Oct15 | 4. Site Supervisor/Leader Paul Jones | 5. Location of Site Lake County, CA |
|---|---|--|--|---|--|
| 6.a. Cite: 1910.120 | 6.b. Requirement (sections that duplicate or explain are omitted) | 6.c. ICS Form | 6.d. Check | 6.e. Comments | |
| (q)(1) | Is the plan in writing? | SSP-A | <input type="checkbox"/> | | |
| (1) | Is the plan available for inspection by employees? | N/A | <input type="checkbox"/> | Performance based | |
| (q)(2)(i) | Does the plan address pre-emergency planning and coordination? | SSP-A | <input type="checkbox"/> | | |
| (ii) | Does it address personnel roles? | SSP-A | <input type="checkbox"/> | | |
| (ii) | Does it address lines of authority? | SSP-A | <input type="checkbox"/> | | |
| (ii) | Does it address communications? | SSP-A | <input type="checkbox"/> | | |
| (iii) | Does it address emergency recognition? | SSP-A | <input type="checkbox"/> | | |
| (iii) | Does it address emergency prevention? | SSP-A | <input type="checkbox"/> | | |
| (iv) | Does it identify safe distances? | SSP-A | <input type="checkbox"/> | | |
| (iv) | Does it address places of refuge? | SSP-A | <input type="checkbox"/> | | |
| (v) | Does it address site security and control? | SSP-A | <input type="checkbox"/> | | |
| (vi) | Does it identify evacuation routes? | SSP-A | <input type="checkbox"/> | | |
| (vi) | Does it identify evacuation procedures? | SSP-A | <input type="checkbox"/> | | |
| (vii) | Does it address decontamination? | SSP-A | <input type="checkbox"/> | | |
| (viii) | Does it address medical treatment and first aid? | SSP-A | <input type="checkbox"/> | | |
| (ix) | Does it address emergency alerting procedures? | SSP-A | <input type="checkbox"/> | | |
| (ix) | Does it address emergency response procedures | SSP-A | <input type="checkbox"/> | | |
| (x) | Was the response critiqued? | N/A | <input type="checkbox"/> | Performance based | |
| (xi) | Does it identify Personal Protection Equipment? | SSP-A | <input type="checkbox"/> | | |
| (xi) | Does it identify emergency equipment? | SSP-A | <input type="checkbox"/> | | |
| (q)(3)(ii) | All the hazardous substances identified to the extent possible? | N/A | <input type="checkbox"/> | Performance based | |
| (ii) | All the hazardous conditions identified to the extent possible? | N/A | <input type="checkbox"/> | Performance based | |
| (ii) | Was site analysis addressed? | N/A | <input type="checkbox"/> | Performance based | |
| (ii) | Were engineering controls addressed? | N/A | <input type="checkbox"/> | Performance based | |
| (ii) | Were exposure limits addressed? | N/A | <input type="checkbox"/> | Performance based | |
| (ii) | Were hazardous substance handling procedures addressed? | N/A | <input type="checkbox"/> | Performance based | |
| (iii) | Is the PPE appropriate for the hazards identified? | N/A | <input type="checkbox"/> | Performance based | |
| (iv) | Is respiratory protection worn when inhalation hazards present? | N/A | <input type="checkbox"/> | Performance based | |
| (v) | Is the buddy system used in the hazard zone? | N/A | <input type="checkbox"/> | Performance based | |
| (vi) | Are backup personnel on standby? | N/A | <input type="checkbox"/> | Performance based | |
| (vi) | Are advanced first aid support personnel standing by? | N/A | <input type="checkbox"/> | Performance based | |
| (vii) | Has the ICS designated safety official been identified? | SSP-A | <input type="checkbox"/> | | |
| (vii) | Has the Safety Official evaluated the hazards? | N/A | <input type="checkbox"/> | Performance based | |
| (viii) | Can the Safety Official communicate with IC immediately? | N/A | <input type="checkbox"/> | Performance based | |
| (ix) | Are appropriate decontamination procedures implemented? | N/A | <input type="checkbox"/> | Performance based | |

| CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B) | | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23Oct15/ 0900 | 3. Operational Period 26Oct15 – 30Oct15 | 4. Site Supervisor/Leader Paul Jones | 5. Location of Site Lake County, CA |
|--|---|---------------------------------|--|--|---|--|
| 6.a. Cite: 1910.120 | 6.b. Requirement (sections that duplicate or explain are omitted) | 6.c. ICS Form | 6.d. Check | 6.e. Comments | | |
| 1910.120 (b)(1)(ii)(A) | Organizational structure? | 203 | <input type="checkbox"/> | | | |
| (B) | Comprehensive workplan? | LAP | <input type="checkbox"/> | | Incident Action Plan | |
| (C) | Site Safety Plan? | SSP-B | <input type="checkbox"/> | | | |
| (D) | Safety and health training program? | N/A | <input type="checkbox"/> | | Responsibility of each employer | |
| (E) | Medical surveillance program? | N/A | <input type="checkbox"/> | | Responsibility of each employer | |
| (F) | Employer SOPs? | N/A | <input type="checkbox"/> | | Responsibility of each employer | |
| (G) | Written program related to site activities? | N/A | <input type="checkbox"/> | | | |
| (b)(1)(iii) | Site excavation meets shored or slope requirements in 1926? | N/A | <input type="checkbox"/> | | | |
| (b)(2)(i)(D) | Lines of communication? | 201 203 205 | <input type="checkbox"/> | | | |
| (b)(3)(iv) | Training addressed? | N/A | <input type="checkbox"/> | | Responsibility of each employer | |
| (v)-(vi) | Information and medical monitoring addressed? | N/A | <input type="checkbox"/> | | Responsibility of each employer | |
| (b)(4)(i) | Site Safety Plan kept on site? | N/A | <input type="checkbox"/> | | | |
| (ii)(A) | Safety and health hazard analysis conducted? | N/A | <input type="checkbox"/> | | | |
| (B) | Properly trained employees assigned to right jobs? | N/A | <input type="checkbox"/> | | | |
| (C) | Personnel Protective Equipment issues addressed? | SSP-F | <input type="checkbox"/> | | | |
| (E) | Frequency and types of air monitoring addressed? | SSP-E | <input type="checkbox"/> | | | |
| (F) | Site control measures in place? | SSP-B | <input type="checkbox"/> | | | |
| (G) | Decontamination procedures in place? | SSP-G | <input type="checkbox"/> | | | |
| (H) | Emergency Response Plan in place? | SSP-D | <input type="checkbox"/> | | | |
| (I) | Confined space entry procedures? | SSP-B | <input type="checkbox"/> | | | |
| (J) | Spill containment program | SSP-B | <input type="checkbox"/> | | | |
| (iii) | Pre-entry briefings conducted? | SSP-I | <input type="checkbox"/> | | | |
| (iv) | Site Safety Plan effectiveness evaluated? | SSP-H | <input type="checkbox"/> | | | |
| (c)(1) | Site characterization done? | N/A | <input type="checkbox"/> | | | |
| (c)(2) | Preliminary evaluation done by qualified person? | N/A | <input type="checkbox"/> | | | |
| (c)(3) | Hazard identification performed? | SSP-B | <input type="checkbox"/> | | | |
| (c)(4)(i) | Location and size of site identified? | SSP-B | <input type="checkbox"/> | | | |
| (ii) | Response activities, job tasks identified? | SSP-B | <input type="checkbox"/> | | Operational period | |
| (iii) | Duration of tasks identified? | SSP-B | <input type="checkbox"/> | | | |
| (iv) | Site topography and accessibility addressed? | SSP-C | <input type="checkbox"/> | | | |
| (v) | Health and safety hazards addressed? | SSP-B | <input type="checkbox"/> | | | |
| (vi) | Dispersion pathways addressed? | SSP-B | <input type="checkbox"/> | | | |
| (vii) | Status and capabilities of medical emergency response teams? | 206 | <input type="checkbox"/> | | | |
| (c)(5)(i)(iv) | Chemical protective clothing addressed and properly selected? | SSP-F | <input type="checkbox"/> | | | |
| (ii) | Respiratory protection addressed? | SSP-B and F | <input type="checkbox"/> | | | |
| (iii) | Level B used for unknowns? | N/A | <input type="checkbox"/> | | | |

| CG ICS SSP: 1910.120 COMPLIANCE CHECKLIST (Form B) | | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23Oct15/ 0900 | 3. Operational Period 26Oct15 – 30Oct15 |
|--|---|--|--|--|
| 6.a. Cite: | 6.b. Requirement (sections that duplicate or explain are omitted) | 6.c. ICS Form | 6.d. Check | 6.e. Comments |
| 1910.120 (d)(3)(i)-(v) | Emergency notification procedures identified? | SSP-D | <input type="checkbox"/> | |
| | Emergency response plan separate from Site Safety Plan? | SSP-D | <input type="checkbox"/> | |
| | Emergency response plan compatible with other plans? | SSP-D | <input type="checkbox"/> | |
| | Emergency response plan rehearsed regularly? | SSP-D | <input type="checkbox"/> | |
| | Emergency response plan maintained and kept current? | SSP-H | <input type="checkbox"/> | |
| 1910.165 (b)(2) | Can alarms be seen/heard above ambient light and noise levels? | N/A | <input type="checkbox"/> | |
| | Are alarms distinct and recognizable? | N/A | <input type="checkbox"/> | |
| (b)(3) | Are employees aware of the alarms and are they accessible? | SSP-D | <input type="checkbox"/> | |
| (b)(4) | Are emergency phone numbers, radio frequencies clearly posted? | 206 | <input type="checkbox"/> | |
| (b)(6) | Signaling devices in place where there are 10 or more workers? | IAP | <input type="checkbox"/> | |
| (c)(1) | Are alarms like steam whistles, air horns being used? | IAP | <input type="checkbox"/> | |
| (d)(3) | Are backup alarms available? | IAP | <input type="checkbox"/> | |
| (m) | Are areas adequately illuminated? | IAP | <input type="checkbox"/> | |
| (n)(1)(i) | Is an adequate supply of potable water available? | IAP | <input type="checkbox"/> | |
| (ii) | Are drinking water containers equipped with a tap? | IAP | <input type="checkbox"/> | |
| (iii) | Are drinking water containers clearly marked? | IAP | <input type="checkbox"/> | |
| (iv) | Is a drinking cup receptacle available and clearly marked? | IAP | <input type="checkbox"/> | |
| (n)(2)(i) | Are non-potable water containers clearly marked? | IAP | <input type="checkbox"/> | |
| (n)(3)(i) | Are their sufficient toilets available? | IAP | <input type="checkbox"/> | |
| (n)(4) | Have food handling issues been addressed? | IAP | <input type="checkbox"/> | |
| (n)(6) | Have adequate wash facilities been provided outside hazard zone? | IAP | <input type="checkbox"/> | |
| (n)(7) | If response is greater than 6 months, have showers been provided? | IAP | <input type="checkbox"/> | |
| 7. Prepared By: Judah Fields, USCG | | ICS-208-CG SSP-K (rev 4/15): Page 3. Page 16 of 17 | | |

| CG ICS SSP: 1910.120 DRUM COMPLIANCE CHECKSHEET | 1. Incident Name Valley Fire | 2. Date/Time Prepared 23Oct15/ 0900 | 3. Operational Period 26Oct15 – 30Oct15 | 4. Safety Officer (include method of contact): Judah Fields |
|--|--|--|---|--|
| 5. Supervisor/Leader Paul Jones | 6. Location and Size of Site Lake County, CA | 7. For Emergencies Contact: 911 | 8. Note: tanks and vaults should also be treated in the same manner as described below [1910.120(j)(9)]. Many can also pose confined space hazards. | |
| 9.a. Cite: 1910.120 (Cites that duplicate or explain requirements are omitted) | 9.b. Requirement | | | 9.c. Check |
| (j)(1)(ii) | Drums meet DOT, OSHA, EPA regs for waste they contain, including shipment? | | | <input type="checkbox"/> |
| (iii) | Drums inspected and integrity ensured prior to movement? | | | <input type="checkbox"/> |
| (iii) | Or drums moved to an accessible location (staging area) prior to movement? | | | <input type="checkbox"/> |
| (iv) | Unlabelled drums treated as unknown until properly identified and labeled? | | | <input type="checkbox"/> |
| (v) | Site activities organized to minimize drum handling? | | | <input type="checkbox"/> |
| (vi) | Employers properly warned about the hazards of moving and handling drums? | | | <input type="checkbox"/> |
| (vii) | Suitable overpack drums are available for addressing leaking and ruptured drums? | | | <input type="checkbox"/> |
| (viii) | Leaking materials from drums properly contained? | | | <input type="checkbox"/> |
| (ix) | Are drums that cannot be moved, emptied of contents with transfer equipment? | | | <input type="checkbox"/> |
| (x) | Are suspect buried drums surveyed with underground detection system? | | | <input type="checkbox"/> |
| (xi) | Are soil and covering material above buried drums removed with caution? | | | <input type="checkbox"/> |
| (xii) | Is the proper extinguishing equipment on scene to control incipient fires? | | | <input type="checkbox"/> |
| (j)(2)(i) | Are airlines on supplied air systems protected from leaking drums? | | | <input type="checkbox"/> |
| (ii) | Are employees at a safe distance, using remote equipment, when handling explosive drums? | | | <input type="checkbox"/> |
| (iii) | Are explosive shields in place to protect workers opening explosive drums? | | | <input type="checkbox"/> |
| (iv) | Is response equipment positioned behind shields when shields are used? | | | <input type="checkbox"/> |
| (v) | Are non-sparking tools used in flammable or potentially flammable atmospheres? | | | <input type="checkbox"/> |
| (vi) | Are drums under extreme pressure opened slowly & workers protected by shields/distance? | | | <input type="checkbox"/> |
| (vii) | Are workers prohibited from standing and working on drums? | | | <input type="checkbox"/> |
| (j)(3) | Is the drum handling equipment positioned and operated to minimize sources of ignition? | | | <input type="checkbox"/> |
| (j)(5)(i) | For shock sensitive drums, have all non-essential employees been evacuated? | | | <input type="checkbox"/> |
| (ii) | For shock sensitive drums: is handling equipment provided with shields to protect workers? | | | <input type="checkbox"/> |
| (iii) | Are alarms that announce start/finish of explosive drum handling actions in place? | | | <input type="checkbox"/> |
| (iv) | Are continuous communications in place between the drum handling site & command post? | | | <input type="checkbox"/> |
| (v) | Are drums under pressure properly controlled for prior to handling? | | | <input type="checkbox"/> |
| (vi) | Are drums containing packaged laboratory wastes treated as shock sensitive? | | | <input type="checkbox"/> |
| (j)(6)(i) | Are lab packs opened by trained and experienced personnel? | | | <input type="checkbox"/> |
| (ii) | Are lab packs showing crystallization treated as shock sensitive? | | | <input type="checkbox"/> |
| (j)(8)(ii-iii) | Are drum staging areas manageable with marked access and egress? | | | <input type="checkbox"/> |
| (iv) | Is bulking of drums conducted only after drum contents have been properly identified? | | | <input type="checkbox"/> |
| 10. Prepared By: Judah Fields, USCG | Form SSP-L (rev 4/15) Page 17 of 17 | | | |