

Incident Objectives	1. Incident Name WALL	2. Date Prepared 08/07/03	3. Time Prepared 1641
4. Operational Period 08/08/03 Friday DAY Shift 0600 - 1800			
5. General Control Objectives for the incident (include alternatives) > Get that fire put out.			
6. Weather Forecast for Period Stormy and nasty. Lightning strikes expected.			
7. General Safety Message Be careful out there.			
8. Attachments (mark if attached)			
<input type="checkbox"/> Organization List - ICS 203 <input type="checkbox"/> Div. Assignment Lists - ICS 204 <input type="checkbox"/> Communications Plan - ICS 205 <input type="checkbox"/> Medical Plan - ICS 206 <input type="checkbox"/> Air Operations Summary - ICS 220	<input type="checkbox"/> Incident Map <input type="checkbox"/> Safety Message <input type="checkbox"/> Traffic Plan <input type="checkbox"/> Weather Forecast <input type="checkbox"/> (Other) Stuff (Other)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. Prepared by (Planning Section Chief) Plans Section Chief		10. Approved by (Incident Commander) Incident Commander Incident Commander	

ORGANIZATION ASSIGNMENT LIST	
1. Incident Name	
WALL	
2. Date Prepared	3. Time Prepared
08/07/03	1700
4. Operational Period	
08/08/03 Friday DAY Shift 0600 - 1800	
Position	Name
5. Incident Commander and Staff	
Incident Commander	FISCH, DON
Deputy	GIBBONS, HANK
Safety Officer	DOLAN, KEN
Information Officer	KAUFMANN, LEONA
Liaison Officer	
6. Agency Representative	
Agency	Name
	DAVID, BILL; ROVER, JOYCE
7. Planning Section	
Chief	IMEL, JOHN
Deputy	SHARPE, JIM
Resources Unit	CAYNOR, CAROL
Situation Unit	UNGLES, MARC
Documentation Unit	LAND, GEO
Demobilization Unit	
Fire Behavior Analyst	BOMAN, JERIMIAH
Human Resource Specialist	PEABODY, JOYCE
Training Specialist	
GIS Specialist	BAGLEY, ARNOLD
Computer Specialist	SLODAVINI, EMMETT
8. Logistics Section	
Chief	WOLF, CHARLIE
Deputy	LAZOR, ROBERT
Supply Unit	DESCH, MONTIE
Facilities Unit	BIRGRAFF, MARC
Ground Support Unit	ROBERTSON, DALE
Communications Unit	RIVERS, CHARLES
Medical Unit	NASH, ELLEN
Security Unit	GICKLER, JEREMY
Food Unit	HEAPY, JOE

9. Operations Section	
Day	FLANERY, TOM
Night	LEE, SAM
a. Branch I - Division/Groups	
Branch Director	LEONARD, BILL
Deputy	
Division/Group	HARRISON, BURT
Division/Group	FISHER, ERIC
Division/Group	BODE, CARL
Division/Group	
Division/Group	
b. Branch II - Division/Groups	
Branch Director	
Deputy	
Division/Group	
c. Branch III - Division/Groups	
Branch Director	
Deputy	
Division/Group	
d. Air Operations Branch	
Air Operations Branch Director	LIVINGSTON, RICHARD
Helibase Manager	FRANK, TOM
Air Attack Supervisor	DAHL, GENE
Air Support Supervisor	CUTSHALL, JEAN
Helicopter Coordinator	
Air Tanker Coordinator	
10. Finance Section	
Chief	MUSKE, DIXIE
Deputy	SPIERS, MYRTLE
Time Unit	NORTHUP, DAVID
Procurement Unit	WEICHERT, KEITH
Compensation/Claims Unit	PEACE, PATRICK
Cost Unit	COTTER, CAROL
Prepared by (Resource Unit Leader)	

Division Assignment List		1. Branch I		2. Division/Group C			
3. Incident Name WALL		4. Operational Period 08/08/03 Friday DAY Shift 0600 - 1800					
5. Operations Personnel							
Operations Chief	FLANERY, TOM		Division/Group Supervisor	BODE, CARL			
Operations Chief	LEE, SAM		Air Attack Supervisor	DAHL, GENE			
Branch Director			Safety Officer	DOLAN, KEN			
6. Resources Assigned this Period							
Strike Team/Task Force/ Resource Designator	Leader	Num Of Pers.	Trans. Y/N	Drop Off PT./Time	Pick Up PT./Time		
FALC;O-251	NORMAN, TARA	1	N				
FALC;O-250	SETH.GINA, GEOFF	1	N				
BOISE IHC;HC1;C-38	RITLAW, MATTHEW	19	N				
LONE PEAK IHC;HC1;C-41	BEYER, SCOTT	19	N				
MARYLAND 2;HC2;C-55	LACKLEY, SHAWN	20	N				
MCCALL SMKJUMPERS 2;HC1;C-2	DAREN, KARIN	7	N				
CAT 312 CL;EXCA;E-320		0	N				
ED CHEFF LOGGING;FELL;E-37	JONES, FRANK	1	N				
ENGINE #1-1;ENG6;E-63	CAMPBELL, RUSS	3	N				
ENGINE #42;ENG6;E-65	ROJAS, MIKE	6	N				
OUTPOST OF ENT, INC;ENG6;E-66	CLEVELAND, ADAM	3	N				
SALMON OIL SEMI STOP;FT;E-15	GOSACK, MIKE	2	N				
7. Control Operations							
8. Special Instructions							
9. Division/Group Communications Summary							
Function	Frequency - RX	Frequency - TX	Tone	System	Channel	System	Channel
Command	163.100	163.100		King	12		
Tactical Div/Group	169.150	169.150		NIFC	2		
Logistics							
Air to Ground							
Prepared By (Resource Unit Leader)		Approved By (Planning Section Chief)		Date Prepared 08/07/03		Time Prepared 1900	

Incident Radio Communications Plan		1. Incident Name WALL		2. Operational Period 08/08/03 Friday DAY Shift 0600 - 1800	
3. Basic Radio Channel Utilization					
Radio Type/Cache	Channel	Fuction	Frequency/Tone	Assignment	Remarks
King	1		RX 168.050	Division U,W,X	Branch I Blackwall
			TX 168.050		
King	2		RX 168.200	Division V	Branch I Blackwall
			TX 168.200		
King	4		RX 169.200	Blackwall A/G Helo Bucket Drops	
			TX 169.200		
King	7		RX 171.975	Frog Pond Fireline to ICP	Lost Trail Pass Ski Hill
			TX 173.9375		
King	12		RX 163.100	Helibase Deck	
			TX 163.100		
King	13		RX 172.275	Fireline to Central Idaho Dispatch	
			TX 164.500		
			Tone 146.2		
NIFC	2		RX 169.150		
			TX 169.150		
4. Prepared By (Communications Unit)				5. Date Prepared	6. Time Prepared
				08/07/03	1709

Medical Plan	1. Incident Name WALL		2. Operational Period 08/08/03 Friday DAY Shift 0600 - 1800					
	3. Incident Medical Aid Station							
Medical Aid Stations			Location			Paramedics		
						Yes	No	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
4. Transportation								
A. Ambulance Services								
Name		Address		Phone		Paramedics		
						Yes	No	
Americal Medical Response				(503) 231-6300		<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
B. Incident Ambulances								
Name			Location			Paramedics		
						Yes	No	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
5. Hospitals								
Name	Address/Latitude/Longitude	Travel Time		Phone/Frequency	Helipad		Burn Center	
		Air	Ground		Yes	No		Yes
Providence Medical Center	4805 NE Glisan ST Portland OR	20 min	45 min	(503) 215-1111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Medical Emergency Procedures								
7. Prepared by (Medical Unit Leader)		8. Reviewed by (Safety Officer)			9. Date Prepared		10. Time Prepared	
					08/07/03		0942	

