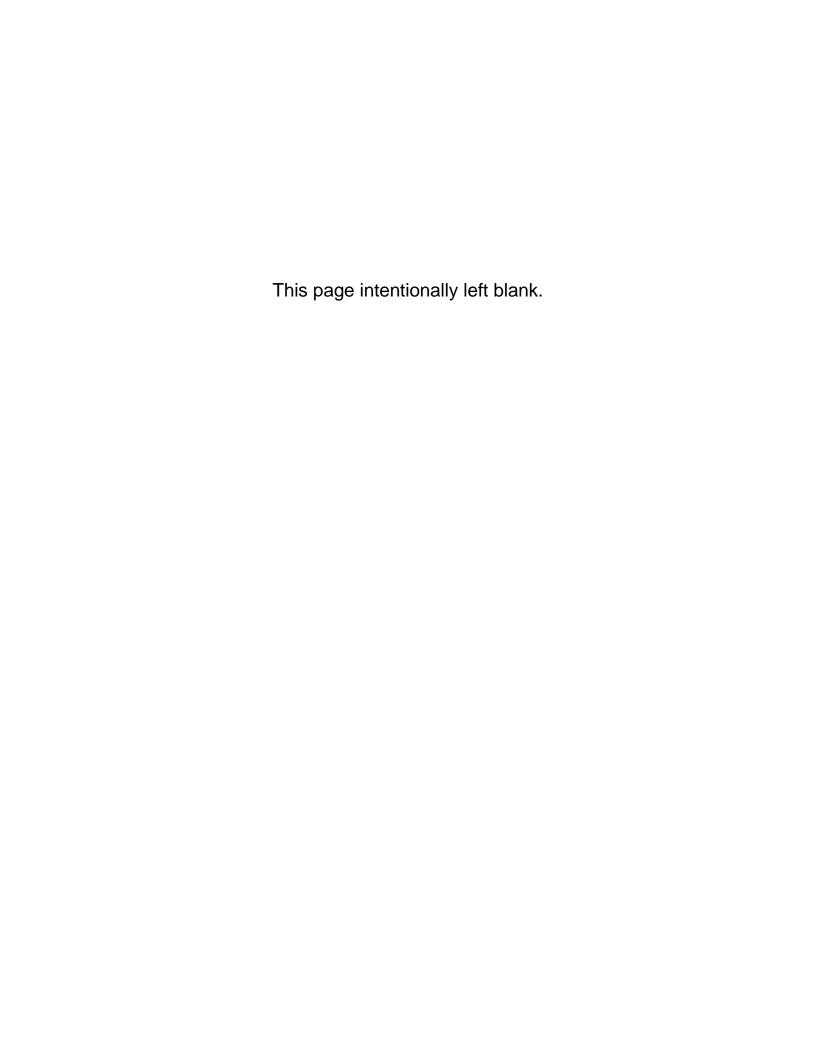
Appendix D: Sample Incident Action Plan

U.S. Fire Administration (USFA)

Type 3 All-Hazards Incident Management Team
(AHIMT) Introduction



# **C&C** Derailment

# Operational Period of 1/22

Operational Period 0600 – 1800 hrs.

## **INCIDENT OBJECTIVES (ICS 202)**

1.	Incident Name	: C&C Derailment	2. Operational Period	Date From: Time From:		Date To: 1/22 Time To: 1800 hrs.	
3. Obj	ective(s):						
•	• •	safety of the public ar	nd a safe work environm	ent for respon	ders		
•			transportation of all inju	•			
•		•	liminate risk of any futur				
•		-	and the incident site and		unauthorize	individuals	
•			ous materials releases a	-			
	hrs. on 1/23	and poternial nazarat	oue materiale releases a	na impaoto to	ino public ai	id divinginiant by dood	
•	Prepare and ini	tiate a plan to contain	and prevent further rele	ase of hazard	ous material	s by 1200 hours on 1/23	
•	Keep the public	and affected stakeho	olders informed on the in	cident situatio	n and its pos	ssible affects to them.	
•	Complete a pre	liminary damage surv	ey of the incident area b	y 0800 hours	on 1/23		
•	Initiate hazardo	ous materials cleanup	activities with a target co	ompletion time	of 0600 hou	ırs on 1/25	
-		Command Emphasi					
	_		awareness and commur				
		• • •	and initiate a high level	of interagency	cooperation	l.	
		g the correct message					
Follow	local radio use p	rotocols to minimize of	overloading assigned fre	quencies.			
Gener	al Situational Awa	areness					
			clearing. Temperatures	56°F - 63°F.			
-		•	t winds 4-8 MPH turning		00 hours.		
Appro	oriate Personnel	Protective Equipment	(PPE) must be worn at	all times in the	hazard area	a. PPE can be acquired	
	ne Logistics section		,			'	
- 01	0.4.1.7.7						
	•	quired? Yes ✓ No[	<b>—</b>	_			
			t: ICP -Planning Section				
6. Inci	dent Action Plai	n (the items checked	below are included in thi	s Incident Acti	on Plan):		
<b>✓</b>	CS 203	☐ ICS 207		Other Attachn	nents:		
•	CS 204	✓ ICS 208				_	
•	CS 205	✓ Map/Chart					
	CS 205A	☐ Weather Foreca	st/Tides/Currents				
•	CS 206						
7. Pre	7. Prepared by: Name: Steve Lewis Position/Title: Planning Section Chief Signature: Steve Sewis						
8. Apr	8. Approved by Incident Commander: Name: John Harper Signature: John Harper						
ICS 20		IAP Page2_	Date/Time: 1/22 03			,	

**ORGANIZATION ASSIGNMENT LIST (ICS 203)** 

1. Incident Name	: C&	C Derailment	2. Operation	onal Period: Date From: 1/22 Date To: 1/22 Time From: 0600 Time To: 1800				
3. Incident Comm	nand	er(s) and Command	Staff:	7. Operations Section:				
IC/UCs	Johr	n Harper		Chief		George Cass		
	Sus	an Gruber		Deputy		Leo Sherer		
Deputy				Staging Area				
Safety Officer	Nath	nan Dennis		Branch				
Public Info. Officer	Chri	is King		Branch Director				
Liaison Officer	Norr	man Scott		Deputy				
4. Agency/Organ	izatio	on Representatives	:	Group	Damage Assessment	Lisa Orozco		
Agency/Organization	n	Name		Group	EMS	Brian Myers		
Columbia Fish & Ga	me	Rachael Solano		Group	Suppression	Mary Chambers		
Liberty County Sher	iff	Daniel Dunn		Group	HazMat	Marvin Duncan		
CC School District		Paula Puck		Group	Perimeter	Brendan Adams		
Columbia State Poli	се	Carl Clifton		Branch				
American Red Cross	s	James Wilson		Branch Director				
				Deputy				
5. Planning Secti	on:			Division/Group				
C	Chief	Steve Lewis		Division/Group				
De	puty			Division/Group				
Resources Unit		John Smith		Division/Group				
Situation	Unit	Karen Wise		Division/Group				
Documentation	Unit			Branch				
Demobilization	Unit			Branch Director				
Technical Specia	lists			Deputy				
				Division/Group				
				Division/Group				
6. Logistics Sect	ion:			Division/Group				
C	Chief	Diane Schneider		Division/Group				
De	puty			Air Operations Bran	ch			
Support Bra	nch			Air Ops Branch Dir.				
Dire	ector							
Supply	Unit	William George						
Facilities	Unit			8. Finance/Admini	stration Section:			
Ground Support	Unit			Chief	Richard Brindle			
Service Branch			Deputy					
Director			Time Unit					
Communications Unit Michael Atlas			Procurement Unit					
Medical	Unit	Brad Cole		Comp/Claims Unit				
Food	Unit			Cost Unit				
9. Prepared by:	Name	e: John Smith	Position	n/Title: <u>RESL</u> Si	gnature: John Smith			
ICS 203		IAP Page _3	Date/Ti	me: <u>1/22 0320</u>				

1. Incident Name: C&C	Date I	erationa From: 1, From: 0		Date To: 1/22 Time To: 1800	3. Branch:			
4. Operations Personne	S) Division:							
Operations Section Chie	f: George Ca	ass cell	454-55	5-8787		Group: Dama	ne	
Branch Directo	r:					- Assessment	_	
Group Superviso	r: <u>Lisa Orozo</u>	co cell	454-55	5-1357		_ Assessmem	L	
						Staging Area:		
5. Resources Assigned	:		SI			Reporting Locat		
Resource Identifier	Leader		# of Persons	Contact (e.g. frequency, et	, phone, pager, rac c.)	Equipment and Remarks, Notes Information		
Assessment Team #1	Ron Bulger		4	454-555-642	8	ICP @ 0500		
Assessment Team # 2	Kelly Sarrins	3	4	454-555-210	4	ICP @ 0500		
Assessment Team # 3	Gerry Shern	nan	4	454-555-306	2	ICP @ 0500		
Assessment Team # 4	Alana Morel	lo	4	454-555-209	7	ICP @ 0500		
<ul> <li>Coordinate with a</li> <li>Assess public faction</li> <li>Assess impact to</li> <li>Monitor water run</li> </ul>	Assess public facilities within 48 hours.							
<ul> <li>7. Special Instructions:</li> <li>Post Lookout</li> <li>Utilize PPE when working around Hazardous Materials</li> <li>Identify escape routes and make them know to all.</li> </ul>								
8. Communications (rac	dio and/or pho	ne con	tact num	bers needed fo	or this assignment	<b>.</b>		
Name /Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel)							:hannel)	
Liberty County 800 /Con		Trk. Re						
Liberty County 800 /Tact Liberty County 800 /Sup		) Trk. Re ) Trk. Br						
/	port (Logiction		, ,,,,, DI	J.711 1				
9. Prepared by: Name:	John Smith_		Posit	ion/Title: RES	LS	gnature: <u>, <i>John Smith</i></u>		
ICS 204	IAP Page	4	Date	e/Time: <u>1/22 0</u>	330			

1. Incident Name: C&C	C Derailment	Date From:		3. Branch:			
		Time From:	0600	Time To: 1800	Branch:		
4. Operations Personr	nel: <u>Name</u>			Contact Number(s)	Division:		
Operations Section Chi	ief: <u>George Cas</u>	ss cell 454-5	55-8787		Group: EMS		
Branch Direct	or:				Group: Zimo		
Group Supervis	or: <u>Brian Myers</u>	s cell 454-55	5-3888		Staging Area:		
5. Resources Assigne	d:	S			Reporting Location, Special		
Resource Identifier	Leader	# of	Contact (e.g., frequency, etc	phone, pager, radio :.)	Equipment and Supplies, Remarks, Notes, Information		
CCFD ALS St #1	Robbin Steele		530-555-2244		ICP @ 0500		
CCFD BLS ST #2	Carmen Grey	, 9	530-555-3039		ICP @ 0500		
CCFD ALS #342	Greg McCanr	n 4	530-555-3332		ICP @ 0500		
CCFD ALS # 231	Mike Anders	4	530-555-4762		ICP @ 0500		
Support Group	ent to the injured Supervisors with	their emerg	ency medical ser	required by medical price needs when they nergency medical serverses.	locate patients.		
<ul> <li>7. Special Instructions:</li> <li>Follow medical protocols while providing care.</li> <li>Always be aware of your surroundings.</li> <li>Establish escape routes</li> </ul>							
8. Communications (ra	•						
Name /Fi			cell, pager, or radio (fr	equency/system/channel)			
Liberty County 800 /Co Liberty County 800 /Ta	800 Trk. F						
Liberty County 800 / Su		800 Trk. F 800 Trk. E					
/	ippoir (Logistics)		21 O VVIII 1				
9. Prepared by: Name	: John Smith	Pos	sition/Title: RESL	Signa	ture: <u>, John Smith</u>		
ICS 204	IAP Page5	Da	ite/Time: 1/22 03	30			

		_					
1. Incident Name: C&C	Derailment	2. Operation Date From	onal Period: : 1/22 Date To: 1/22	3.			
		Time From		Branch:			
4. Operations Personn	el: Name		Contact Number(s)	Division:			
Operations Section Chie	ef: George Cass	cell 454-55	5-8787	_			
Branch Directo	or:			Group: Suppression			
Group Superviso	or: Mary Chambe	rs cell 454-	555-4672	Staging Area:			
	<u></u>						
5. Resources Assigned	 d:	S		Reporting Location, Special			
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Equipment and Supplies, Remarks, Notes, Information			
Engine ST 3166 CC	Ed Wanger	21	530-555-0947	ICP @ 0500			
Engine ST 3167 CC	Jennifer Close	21	530-555-3998	ICP @ 0500			
CCFD Ladder 3	Karen Binder	4	530-555-4618	ICP @ 0500			
CCFD Ladder 6	Yolanda Walker	4	530-555-2087	ICP @ 0500			
CCFD Engine 14	Barbara Goodma	an 4	530-555-9101	ICP @ 0500			
Columbia Fish & Game Tech Specialist	Larry Brown	1	473-902-2397	ICP @ 0500			
Asst. SOF	Cliff Skiff	1	530-555-7201	ICP @ 0500			
<ul> <li>Continue to cool</li> <li>Eliminate potent</li> <li>Continue the sea</li> </ul>	tial ignition sources arch for victims as	tank cars a s.	and locations exposed to radiant heat.				
<ul> <li>7. Special Instructions:</li> <li>Maintain distance and shielding to protect from radiant heat threat.</li> <li>Always be aware of your surroundings.</li> <li>Establish escape routes.</li> <li>Constantly monitor conditions, and anticipate hazards</li> </ul>							
8. Communications (radio and/or phone contact numbers needed for this assignment):  Name /Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel)  Liberty County 800 /Command 800 Trk. Red 1  Liberty County 800 /Tactical 800 Trk. Red Tac 4  Liberty County 800 /Support (Logistics) / 800 Trk. Brown 1							
9. Prepared by: Name: ICS 204	John Smith6_		ion/Title: <u>RESL</u> Signa e/Time: <u>1/22 0340</u>	iture: <u>John Smith</u>			

ASSIGNMENT LIST (ICS 204)								
Date Fro			ntional Per m: 1/22 m: 0600	Date To: 1/22 Time To: 1800	3. Branch:			
4. Operations Personnel: 1				Contact Number(s)	Division:			
Operations Section Chief: 0	George Cas	ss cell 454	<u>-555-8787</u>	7	Group: HazMat			
Branch Director: _					·			
Group Supervisor: 1	Marvin Dun	can cell 4	<u>54-555-07</u>	11	Staging Area:			
5. Resources Assigned:			SU		Reporting Location, Special			
			# of Persons	Contact (e.g., phone, pager,	Equipment and Supplies, Remarks, Notes,			
Resource Identifier	Leader		# G	radio frequency, etc.)	Information			
CCFD Engine 22	Tory Rob	erts	4	530-555-1286	ICP @ 500			
CCFD Engine 6	Joe Willia	ams	4	530-555-2976	ICP @ 0500			
CCFD HazMat 6	Clair Has	kell	6	530-555-4661	ICP @ 0500			
CCFD Ladder 6	Richard V	Voods	4	530-555-1992	ICP @ 0500			
Liberty Co. HazMat 1	Regina M	lay	8	530-555-9776	ICP @ 0500			
Small Boat Taskforce # 1	John Maz	za	9	492-918-3834	ICP @ 0500			
RR HazMat Tech Specialist	Bart Code	d	1	862-213-8262	ICP @ 0500			
Asst. SOF	Will Rodg	gers	1	530-555-9901	ICP @ 0500			
6. Work Assignments:								
<ul> <li>Continue identification of train and individual tank car contents.</li> </ul>								

- Coordinate actions with the Suppression Group.
- Contain spill around leaking rail cars and divert spilled product from entering the Roaring River.
- Deploy boom to contain spilled product in the Roaring River.
- Provide decontamination for all responders.

### 7. Special Instructions:

- Maintain distance and shielding to protect from radiant heat threat.
- Always be aware of your surroundings.
- Establish escape routes.
- Constantly monitor conditions, and anticipate hazards

Bag and isolate all contaminated equipment									
8. Communications (radio and/or phone contact numbers needed for this assignment):									
Name /Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)								
Liberty County 800 /Command	800 Trk. Red 1								
Liberty County 800 /Tactical	800 Trk. Red Tac 5								
Liberty County 800 /Support (Logistics)	800 Trk. Brown 1								
9. Prepared by: Name: John Smith	Position/Title: RESL Signature: John Smith								
ICS 204 IAP Page7_	Date/Time: <u>1/22 0330</u>								
•									

1. Incident Name: C&C Derail	Date	perational Perion From: 1/22	Date To: 1/22	3. Branch:			
Time From:			Time To: 1800				
4. Operations Personnel: Na			Contact Number(s)	Division:			
Operations Section Chief: Ge	eorge Cass cell	454-555-8787		Group: Perimeter			
Branch Director:							
Group Supervisor: Bre	endan Adams o	cell 347-634-174	8	Staging Area:			
5. Resources Assigned:			<u> </u>	Reporting Location, Special			
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Equipment and Supplies, Remarks, Notes, Information			
CCPD Patrol Strike Team 1	Bob Carrol		530-555-1288	ICP @ 0500			
CCPD Patrol Strike Team 2	Juan Diaz	12	530-555-2963	ICP @ 0500			
Liberty Co. SO Strike 3	Calvin Johr	nson 12	530-555-9933	ICP @ 0500			
Columbia SP Strike Team 4	Richard De	Marco 12	530-555-1347	ICP @ 0500			
Patrol Boat Strike Team 1	Jan Stein	9	530-555-9019	ICP @ 0500			
CCPD Boat 1	Carlos Raja	as 2	492-918-0539	ICP @ 0500			
Liberty Co. SO Boat 17	Colette Day	y 2	862-213-2383	ICP @ 0500			
Maintain incident perim     Complete any evacuati     Continue the enforcem .	ion necessary v	within the perime	) South (29 <sup>th</sup> St.) and West ( ter	L St.)			
<ul> <li>7. Special Instructions:</li> <li>Control and maintain safe traffic patterns.</li> <li>Always be aware of your surroundings.</li> <li>Establish escape routes.</li> <li>Constantly monitor conditions, and anticipate hazards</li> </ul>							
8. Communications (radio and/or phone contact numbers needed for this assignment):  Name /Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel)  Liberty County 800 /Command 800 Trk. Red 1  Liberty County 800 /Tactical 800 Trk. Red Tac 6  Liberty County 800 /Support (Logistics) / 800 Trk. Brown 1							
9. Prepared by: Name: John		Position/Title:	RESL Signa	ature: <u>John Smith</u>			
ICS 204 IAP Pa	age8	Date/Time: _	1/22 0350				

**Incident Radio Communications Plan (ICS 205)** 

1. Incident Name: C&C Derailment				2. Date/Time Prepared: Date: 1/22 Time: 0200			3. Operat Date Fron Time Fron		Date To: 1/22 Time To: 1800	
4. Ba	4. Basic Radio Channel Use:									
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
	1	Command	800 Trk. Red 1						M	
	2	Tactical	800 Trk. Red Tac 2	Damage Assessment					M	
	3	Tactical	800 Trk. Red Tac 3	EMS					M	
	4	Tactical	800 Trk. Red Tac 4	Suppression					M	
	5	Tactical	800 Trk. Red Tac 5	HazMat					M	
	6	Tactical	800 Trk. Red Tac 6	Perimeter					M	
	7	Logistics	800 Trk. Brown 1	Support					М	
5. Sp	5. Special Instructions: Perform a radio check prior to leaving the ICP. Take extra batteries with you. Advise the Communications Unit of any radio issues.									
6. Pre	pare	d by (Communicati	ons Unit Leader): Nan	ne: Michael Atla	as			Signature: <u>7</u> /	Nike Atlas	_
ICS 205 IAP Page _9				Da	ate/Time: 1/	22 0200				

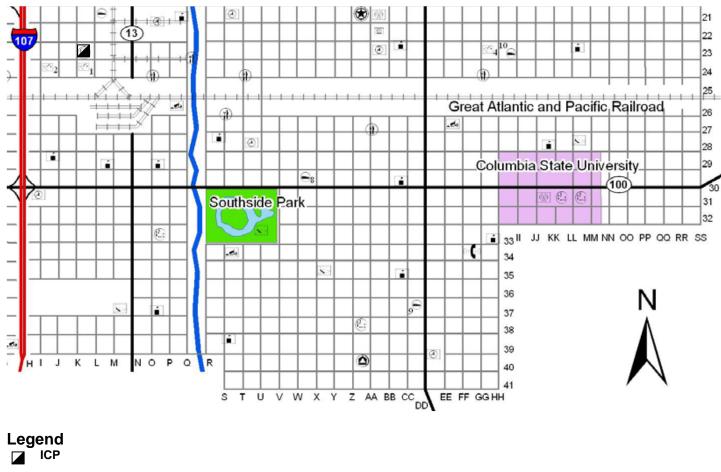
### **MEDICAL PLAN (ICS 206)**

1. Incident Name	2. Operational P		Date From: Time From:		ate To: 1/2 me To: 18			
3. Medical Aid Stations:								
Nama		Logotion			ontact	Paramedics on Site?		
Name Southside Park Ai	d Station	Location Southside Park (30 St. entrance)			347 484-09	s)/Frequency	✓ Yes	
ICP Aid Station	d Otation	ICP (K St. and		<u>'</u>	654-905-46		✓ Yes	
TOT AIG Station		ior (it ot. and	123 01.)		034-903-40	332		
							∐ Yes	
							Yes	
4 Transportation	(indicate ci	r or ground).					Yes	.   INO
4. Transportation	i (indicate ai	r or ground):			Co	ontact		
Ambulance S	ervice		Location			s)/Frequency	Level of	Service
CC Fire Departme	ent	21 Street and	B Street		347-234-76	888	✓ ALS	BLS
							□ALS	BLS
							□ALS	BLS
							□ALS	BLS
5. Hospitals:								
		dress,	Contact	Tra	vel Time	_		
Hospital Name		& Longitude elipad	Number(s)/ Frequency	Air	Ground	Trauma Center	Burn Center	Helipad
Central City Hospital	107 31 St (	Central City	347-373-1003		6	✓ Yes Level:1_	✓ Yes	✓ Yes ☐ No
Faith Hospital	1109 14 <sup>St.</sup>	Central City	555-435-2012		7	☐ Yes Level:	☐ Yes ✓ No	☐ Yes ☐ No
Noble General		Central City	555-635-3726		12	☐ Yes Level:	☐ Yes ✓ No	☐ Yes ☐ No
	247 1 00	Certifal City	333-033-3720		12	□Yes	□Yes	☐Yes
Columbia Veterans		Central City	555-736-8902		8	Level:	✓ No	☐ No
<ul> <li>6. Special Medical Emergency Procedures: <ul> <li>Ensure EMS personnel with your Division/Group are notified and respond</li> <li>Declare an emergency. Notify the Medical Unit on the Support Channel (Brown 1) (state nature of the injury/illness and if it is life threatening)</li> <li>If life threatening request frequency be cleared – (emergency traffic).</li> <li>Identify the on scene Point of Contact (resource and name)</li> <li>Identify nature of incident, number injured, patient assessment(s) and location</li> <li>ID on-scene medical personnel (position and name)</li> <li>ID preferred method of transportation</li> <li>Request additional resources/equipment</li> <li>Document all information received/transmitted on radio/phone</li> <li>As they occur the POC identifies changes (on-scene POC or medical personnel, patient status, situation)</li> <li>Notify next level of command</li> <li>Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.</li> </ul> </li> <li>7. Prepared by (Medical Unit Leader): Name: Brad Cole</li> </ul>								
8. Approved by (	Safety Office	er): Name: <u>Na</u>	than Dennis		Signatu	re: <i>Nathan Dennis</i>	•	
ICS 206	IAP P	age10	Date/Time: 1/2	22 0130				

### SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: C&C Derailment	2. Operational Period:	Date From: 1/22 Time From: 0600	Date To: 1/22 Time To: 1800					
3. Safety Message/Expanded Safety Mes	sage, Safety Plan, Site Saf	ety Plan:						
Review the ICS-206, Nof the correct procedu     Constantly update you     Ensure everyone is us Equipment for the part     Continually maintain a     Use Personal Account responder in the haza  Use: Lookouts, Communication	Medical Plan, and res  or situational awar sing the appropriational accountability of your tability Reports (Part area to complete)	make sure eve eness – look ar te Personnel Pr our personnel AR) every 30 m te accountabilit	nd anticipate rotective ninutes for					
4. Site Safety Plan Required? Yes ✓ No □								
Approved Site Safety Plan(s) Located								
5. Prepared by: Name: Nathan Dennis	Position/Title: SOF	Signature:	Nathan Dennis					
ICS 208 IAP Page11	Date/Time: <u>1/22 0220</u>							

### **C&C Derailment** Incident Map Operational Period 1/22 0600 to 1800





Karen Wise SITL prepared 1/22 0315 hours Karen Wise

IAP page 12

Scale: 10.5 Blocks = 1 mi