

Please Note:

The following document, Handout 5-5, is a sample IAP for a train derailment incident. It is unrelated to Handout 5-4, which is an IAP used in Exercise 4 involving unrest in Central City.

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: C & C Train Derailment	2. Operational Period: Date From: 1/22 Time From: 1200	Date To: 1/22 Time To: 2400
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3. Objective(s):

Provide for the safety of the public and a safe work environment for all responders.

Identify current and potential hazardous materials releases and potential impacts to the public and environment, including: Human Exposure, Municipal Water Supplies, Air Quality, Flora & Fauna

Establish safety mitigations for firefighters and extinguish fires as soon as possible.

Prepare and initiate a plan to contain and prevent further release of hazardous materials by 1200 hrs tomorrow.

Complete a damage survey within 24 hrs.

Establish HAZMAT clean up activities with a target completion time of 72 hrs.

Return all public facilities used for the response to at least minimal operational condition within 48 hrs.

4. Operational Period Command Emphasis:

Conduct all activities following ICS principals and highest level of interagency cooperation.
 Operations provide assistance to the PIO for media access.
 Follow local radio protocols to minimize over use of assigned frequencies.

General Situational Awareness

Fog and low clouds through about 1100 then clearing. Maximum Temperature 58 – 62.
 Minimum Relative Humidity 60 – 64%. Winds light southwest to 4 MPH turning northwest after about 1600.
 A high pressure ridge is bringing stable conditions to the area so expect return of fog to the area tonight.

Remember, that appropriate PPE MUST be worn at all times. If you do not have PPE, order thru the Logistics Section Chief.

5. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located at: ICP

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> ICS 206	<u>Other Attachments:</u>
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input checked="" type="checkbox"/> Traffic Plan
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input type="checkbox"/> _____
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____

7. Prepared by: Name: S. Lewotsky Position/Title: Planning Section Chief Signature: S. Lewotsky

8. Approved by Incident Commander: Name: J. Harper Signature: J. Harper

ICS 202 | **IAP Page** 1 | **Date/Time:** 1/22 1000hrs


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ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:		2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
3. Incident Commander(s) and Command Staff:		7. Operations Section:	
IC/UCs		Chief	
		Deputy	
Deputy		Staging Area	
Safety Officer		Branch	
Public Info. Officer		Branch Director	
Liaison Officer		Deputy	
4. Agency/Organization Representatives:		Division/Group	
Agency/Organization	Name	Division/Group	
		Division/Group	
		Division/Group	
		Division/Group	
		Branch	
		Branch Director	
		Deputy	
5. Planning Section:		Division/Group	
Chief		Division/Group	
Deputy		Division/Group	
Resources Unit		Division/Group	
Situation Unit		Division/Group	
Documentation Unit		Branch	
Demobilization Unit		Branch Director	
Technical Specialists		Deputy	
		Division/Group	
		Division/Group	
		Division/Group	
6. Logistics Section:		Division/Group	
Chief		Division/Group	
Deputy		Air Operations Branch	
Support Branch		Air Ops Branch Dir.	
Director			
Supply Unit			
Facilities Unit		8. Finance/Administration Section:	
Ground Support Unit		Chief	
Service Branch		Deputy	
Director		Time Unit	
Communications Unit		Procurement Unit	
Medical Unit		Comp/Claims Unit	
Food Unit		Cost Unit	
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____			
ICS 203	IAP Page _____	Date/Time: _____	

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ASSIGNMENT LIST (ICS 204)

1. Incident Name: C & C Train Derailment		2. Operational Period: Date From: 1/22 Date To: 1/22 Time From: 1200 Time To: 2400		3. Branch: Division: Group: Fire/Rescue Staging Area:
4. Operations Personnel: Name _____ Contact Number(s) _____				
Operations Section Chief: George Cason Command Channel 454-555-8383		Branch Director: _____		
Division/Group Supervisor: M. Chambers Command & TAC1 454-555-2928				
5. Resources Assigned:			Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader	# of Persons		Contact (e.g., phone, pager, radio frequency, etc.)
S/T 3166 C	J. Acosta	15	TAC 1 ph 454-555-5677	DP 1 1215hrs
S/T 3167 C	M. Blair	15	TAC 1 ph 454-555-4433	DP 1 1215hrs
HazMat 16	B. Beadnell	7	TAC 1/3 ph 454-555-5632	DP 1 1215hrs
Hvy Rescue Crew 12	J. Hanrahan	2	TAC 1 ph 454-555-5637	DP 1 1215hrs
EMS ALS CC 1	D. Clark	2	TAC 1 ph 454-555-5673	DP 1 1215hrs
EMS BLS CC 2	E. Smith	2	TAC 1 ph 454-555-5671	DP 1 1215hrs
Asst SOFR	S. Salls	1	TAC 1 ph 454-555-5655	DP 1 1215hrs
6. Work Assignments: Continue containment and extinguishment of LPG cars and other fires. Eliminate any potential ignition sources. Search for injured where safe to do so.				
7. Special Instructions: Make sure everyone is wearing proper PPE! Escape signal will be three (3) blasts on an engine air horn. Establish Gross Decon. Monitor Equipment Use. Post Lookouts and monitor runoff.				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
<u>Name/Function</u>	<u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>			
Command / Command/Control	CC net Channel 1 T/R 154.900 Command (IC, OSC, Group Sups and Medical Emergencies)			
TAC 1 / Tactical	CC net Channel 2 T/R 154.385 Tactical Fire/Rescue			
TAC 2 / Tactical	CC net Channel 3 T/R 160.050 Tactical Law Enforcement			
TAC 3 / HazMat Entry	CC net Channel 8 T/R 155.040 Tactical HazMat Entry only			
9. Prepared by: Name: F. Sheets Position/Title: RESL Signature: 				
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ASSIGNMENT LIST (ICS 204)

1. Incident Name: C & C Train Derailment		2. Operational Period: Date From: 1/22 Date To: 1/22 Time From: 1200 Time To: 2400			3. Branch: Division: Group: Haz Mat Staging Area:										
4. Operations Personnel: Name Contact Number(s) Operations Section Chief: <u>George Cason</u> Command channel ph 454-555-8383 Branch Director: _____ Division/Group Supervisor: <u>M. Duncan</u> Command and Channel 2 tac ph 555-3978															
5. Resources Assigned:		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)		Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information										
Resource Identifier	Leader														
Engine 12	J. Wilkins	3	Channel 2 ph 454-555-8493		DP 1 1215hrs										
Engine 14	M. Strange	3	Channel 2 ph 454-555-8488		DP 1 1215hrs										
HazMat 6	G. Montgomery	7	Channel 2/8 ph 454-555-8466		DP 1 1215hrs										
HazMat 7	K. Keifer	7	Channel 2/8 ph 454-555-8455		DP 1 1215hrs										
HazMat 9	R. Wood	7	Channel 2/8 ph 454-555-8444		DP 1 1215hrs										
Asst SOFR	S. Gage	1	Channel 2 ph 454-555-8498		DP 1 1215hrs										
RR Haz Mat Specialist	M. Marlow	1	Channel 2/8 ph 454-555-8793		DP 1 1215hrs										
F&G Specialist	D. Gelderman	1	Channel 2 ph 454-555-8693		DP 1 1215hrs										
6. Work Assignments: Complete identification of train contents. Coordinate with Fire/Rescue Group. Contain spills around train and down river. Provide decontamination for all personnel.															
7. Special Instructions: Make sure everyone is wearing proper PPE! Escape signal will be three (3) blasts on an engine air horn. Establish Gross Decon. Monitor Equipment Use. Post Lookouts and monitor runoff.															
8. Communications (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;"><u>Name/Function</u></td> <td><u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u></td> </tr> <tr> <td>Command / Command/Control</td> <td>CC net Channel 1 T/R 154.900 Command (IC, OSC, Group Sups and Medical Emergencies)</td> </tr> <tr> <td>TAC 1 / Tactical</td> <td>CC net Channel 2 T/R 154.385 Tactical Fire/Rescue</td> </tr> <tr> <td>TAC 2 / Tactical</td> <td>CC net Channel 3 T/R 160.050 Tactical LE</td> </tr> <tr> <td>TAC 3 / HazMat Entry</td> <td>CC net Channel 8 T/R 155.040 Tactical HazMat Entry</td> </tr> </table>						<u>Name/Function</u>	<u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>	Command / Command/Control	CC net Channel 1 T/R 154.900 Command (IC, OSC, Group Sups and Medical Emergencies)	TAC 1 / Tactical	CC net Channel 2 T/R 154.385 Tactical Fire/Rescue	TAC 2 / Tactical	CC net Channel 3 T/R 160.050 Tactical LE	TAC 3 / HazMat Entry	CC net Channel 8 T/R 155.040 Tactical HazMat Entry
<u>Name/Function</u>	<u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>														
Command / Command/Control	CC net Channel 1 T/R 154.900 Command (IC, OSC, Group Sups and Medical Emergencies)														
TAC 1 / Tactical	CC net Channel 2 T/R 154.385 Tactical Fire/Rescue														
TAC 2 / Tactical	CC net Channel 3 T/R 160.050 Tactical LE														
TAC 3 / HazMat Entry	CC net Channel 8 T/R 155.040 Tactical HazMat Entry														
9. Prepared by: Name: <u>F. Sheets</u> Position/Title: <u>RESL</u> Signature: <u>F Sheets</u>															
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ASSIGNMENT LIST (ICS 204)

1. Incident Name: C & C Train Derailment		2. Operational Period: Date From: 1/22 Date To: 1/22 Time From: 1200 Time To: 2400		3. Branch:
4. Operations Personnel: Name Contact Number(s)		Operations Section Chief: <u>George Cason</u> <u>Command Channel 555-8787</u>		Division: Group: EMS Staging Area:
Branch Director: _____		Division/Group Supervisor: <u>B. Myers</u> <u>Tac 1 555-5432</u>		
5. Resources Assigned:				
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
ALS S/T #1	R. Steed	4	Tac 1 ph 530-555-2244	DP 1 1215 hrs
ALS S/T #2	J. Gay	4	Tac 1 ph 530-555-9999	DP 1 1215 hrs
BLS S/T #5	K. Olson	4	Tac 1 ph 530-555-9944	DP 1 1215 hrs
BLS S/T #7	C. Costello	4	Tac 1 ph 530-555-9955	DP 1 1215 hrs
6. Work Assignments: Continue treatment of injured. Support Fire, Haz Mat and Law Enforcement Groups with EMS needs. Coordinate EMS Needs with Red Cross Evacuation Center				
7. Special Instructions: Make sure everyone is wearing proper PPE. Establish Escape Routes and make them known to everyone.				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
Name/Function		Primary Contact: indicate cell, pager, or radio (frequency/system/channel)		
<u>Command / Command/Control</u>		<u>CC net Channel 1 T/R 154.900 Command (IC, OSC, Group Sups and Medical Emergencies)</u>		
<u>TAC 1 / Tactical</u>		<u>CC net Channel 2 T/R 154.385 Tactical Fire/Rescue</u>		
<u>TAC 2 / Tactical</u>		<u>CC net Channel 3 T/R 160.050 Tactical LE</u>		
<u>Air /Ground / Air Operations</u>		<u>CC net Channel 9 T/R 170.000 All air tactical operations</u>		
9. Prepared by: Name: <u>F. Sheets</u>		Position/Title: <u>RESL</u>		Signature: 
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ASSIGNMENT LIST (ICS 204)

1. Incident Name: C & C Train Derailment		2. Operational Period: Date From: 1/22 Date To: 1/22 Time From: 1200 Time To: 2400		3. Branch: Division: Group: Dma Assesmt Staging Area:
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u>				
Operations Section Chief: <u>George Cason</u> <u>454-555-8787</u>				
Branch Director: _____				
Division/Group Supervisor: <u>L. Orozco</u> <u>454-555-1357</u>				
5. Resources Assigned:			Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier	Leader	# of Persons		Contact (e.g., phone, pager, radio frequency, etc.)
DAT #1	R. Bollier	3	ph 454-555-6567	DP 1 1230hrs
DAT #2	C. Sarubbi	3	ph 454-555-6567	DP 1 1230hrs
DAT #3	G. Adams	3	ph 454-555-6567	DP 1 1230hrs
DAT #4	A. Alfonzo	3	ph 454-555-6567	DP 1 1230hrs
6. Work Assignments:				
Coordinate with all Groups to assess damage throughout the incident area.				
Assess public facilities for use within 48 hours. Assess impacts to threatened and endangered species.				
7. Special Instructions:				
Post Lookouts!				
Identify Escape Routes and make them known to everyone.				
Be expected to have problems with "Runoff Control"! Make sure you monitor runoff.				
8. Communications (radio and/or phone contact numbers needed for this assignment):				
<u>Name/Function</u>		<u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>		
Command / Command/Control		CC net Channel 1 T/R 154.900 Command (IC, OSC, Group Sups and Medical Emergencies)		
TAC 1 / Tactical		CC net Channel 2 T/R 154.385 Tactical		
TAC 2 / Tactical		CC net Channel 3 T/R 160.050 Tactical		
Air /Ground / Air Operations		CC net Channel 9 T/R 170.000 All air tactical operations		
9. Prepared by: Name: <u>F. Sheets</u> Position/Title: <u>RESL</u> Signature: 				
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INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: C & C Derailment	2. Date/Time Prepared: Date: 1/22 Time: 1000hrs	3. Operational Period: Date From: 1/22 Date To: 1/22 Time From: 1200 Time To: 2400
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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	CC net Channel 1	Command/contl	154.900 N		154.900 N		D	OSC, OPBD, Grp Supervisors, and Medical emergencies
	2	Tactical	CC net Channel 2	Fire/Rescue Tactical	154.385 N		154.385 N		D	Fire and Rescue Tactical Operations
	3	Tactical	CC net Channel 3	LE Tactical	160.050 N		160.050 N		D	Law Enforcement Tactical Operations
	8	HazMat	CC net Channel 8	HazMat Tactical	155.040 N		155.040 N		D	HazMat Tactical Entry Only
	9	Air to Ground	CC net Channel 9	Air Operations	170.000 N		170.000 N		D	All Air Operations if needed

5. Special Instructions:

6. Prepared by (Communications Unit Leader): Name: M. Atchison Signature: *M. Atchison*

ICS 205 IAP Page 8 Date/Time: 1/22 1100hrs

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MEDICAL PLAN (ICS 206)

1. Incident Name: C & C Train Derailment	2. Operational Period: Date From: 1/22 Time From: 1200	Date To: 1/22 Time To: 1200
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
Incident Aid Station #1	24th and U St.	Command channel 555-6923	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
Central City EMS	W and 12th Street	374-3944	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
Med Flight 1	CC Hospital	555-8989	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
Fisherville Ambulance	F & 7th St. Fisherville	567-555-0963	<input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS
Bayport Ambulance Svc	Ferry Blvd. & 7 th Ave., Bayport	599-555-7192	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Central City	D St. Between 31 & 34 St. Lat 39.0589 Lon 120.0936	911	10	20	<input checked="" type="checkbox"/> Yes Level: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Faith Hospital	S & 14th Street	911	0	30	<input checked="" type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fisherville General	S & 1st St., Fisherville Lat 39.0579 Lon 120.0956	567-555-0963	30	60	<input checked="" type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:

The DIVS/Group Supervisor will take charge of a Medical Emergency, notify EMC Dispatch on Command Channel. Dispatch will clear all radio traffic except for the emergency.

The closest EMT will respond to the incident for triage and treatment.

The DIVS/Group Supervisor will give Dispatch the following information: type of injury, mechanism, type of transport needed, and location.

Gross Decon will be preformed on all patients

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: K. Lujan Signature: *K. Lujan*

8. Approved by (Safety Officer): Name: N. Dennis Signature: *N. Dennis*

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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: CC Train Derailment	2. Operational Period: Date From: 1/22 Time From: 1200	Date To: 1/22 Time To: 2400
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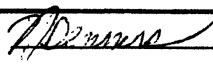
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

- **Know where you and your crew members are at "all" times.**

Lookouts
Communication
Escape Route
Safety Zones

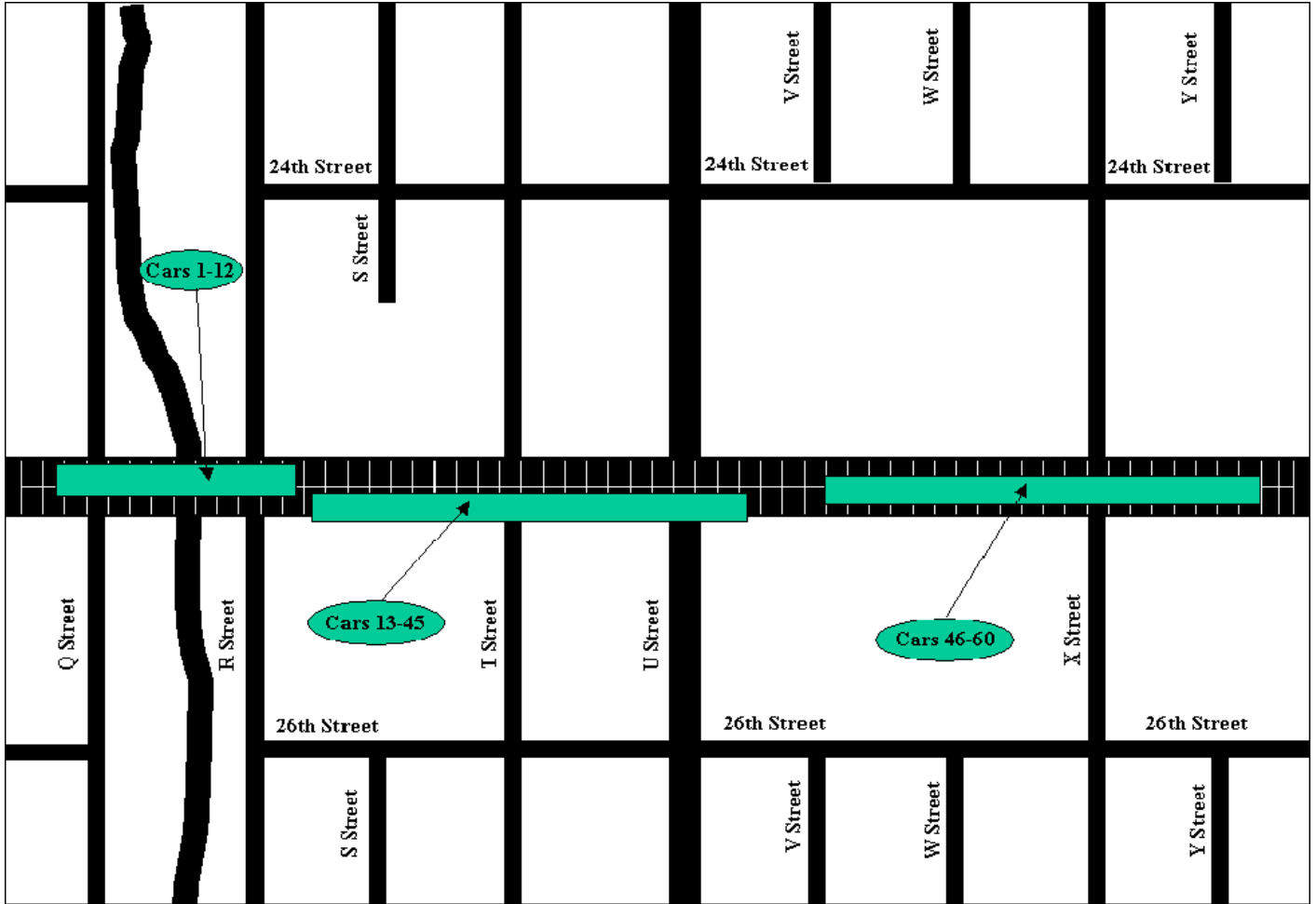
PPE: Personal protective equipment continues to be our first line of defense against injury or potential exposures. Level D is the minimum level of PPE for any field assignment. Level D is defined as: Durable clothing (long pants), steel toed-boots, safety glasses with side protection, goggles and aprons if needed for splash protection, hard hat if impact or overhead hazards are present, ear plugs for equipment or other loud noises, N-95 respirators for dust or odor and gloves (leather, nitrile, etc.) as needed for the task. The IAP 204 forms list additional PPE requirements (Level C & B) specific to each operational assignment. If you have questions about the selection or use of PPE specified for any operation, please ask your supervisor and safety officer.

- **PPE!!!**
- **Warning Alarms!!!**
- **Escape Routes!!!**
- **Accountability!!!**

4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Approved Site Safety Plan(s) Located At: ICP		
5. Prepared by: Name: N Dennis	Position/Title: SOFR	Signature: 
ICS 208	IAP Page 10	Date/Time: 1/22 0800

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Site Map



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Train Incident Traffic Plan

The ICP is located on the corner of 24th Street and W Street. To access the incident from the ICP take 24th Street to X Street to the rail line. The return route to the ICP will follow R Street to 24th Street.

Fuel is located at the corner of 24th Street and V Street.

A mandatory vehicle wash station will be set up at R Street south of 24th Street.

All incident vehicles will be washed prior to release from the incident.

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