

ICS 215 – Operational Planning Worksheet Exercise 5 Overview—Unit 6

Purpose

The purpose of this exercise is to provide the participants with experience working with the ICS Form 215 to determine resource shortages, surpluses, and needs.

Objectives

Students will:

- Demonstrate proficiency in correctly completing the ICS Form 215.

Exercise Structure

This exercise is designed to last approximately 2 hours. The Instructor will give a partially completed Operational Planning Worksheet (ICS Form 215) to the participants. Participants will complete the have and need blocks on the ICS Form 215 based on the resources listed as on scene and available. After they have done this they will make a list of additional resource information needed in order to complete the ICS Form 215. Participants will then record the operational information on the wall-sized ICS Form 215 in preparation for the Planning Meeting.

Rules, Roles, and Responsibilities

Following are the specific activities/instructions for your participation in the exercise:

1. Review the partially completed ICS Form 215 and list of additional resources on scene given to you by the Instructor. Complete the “have” and “need” blocks on the ICS Form 215 based on the resources listed as on scene and available.
2. As a group, identify what additional resource information is needed in order to complete the ICS Form 215 and make a list.
3. Record the operational information on the wall-sized ICS Form 215 in preparation for the Planning Meeting.

Exercise 5 Schedule

Activity	Duration	Participation Type
Exercise Introduction and Overview	5 minutes	Classroom
Discussion/Documentation	1 hour, 30 minutes	Small Groups
Debrief/Review	30 minutes	Classroom

Exercise 5 – Resources on Scene

Crews				
Air Monitoring	3			
Air Sampling	2			
Water Sampling	1			
HAZMAT	2			
			Total Crews	8
Personnel				
ICT2	3			
Div/Gr. Sup.	7			
OSC2	1			
PSCT2	2			
PIO	1			
SOFR2	1			
THSP-HM	1			
THSP	1			
STAM	1			
LSC2	1			
FSC	1			
RESL Themselves	1			
			Total Personnel	21
Equipment				
Ladders	4	Ambulance - ALS	1	
Engine	6	Ambulance - BLS	2	
Police Cruisers	11	HAZMAT Unit	1	
Front End Loader	2	Back Hoe	1	
Boom Truck	2	Crane	1	
Dump Truck	1			
			Total Equipment	32

1. Incident Name: Roaring River Derailment										2. Operational Period: Date From: 8/14 Time From: 0600					Date To: 8/14 Time To: 0600				
3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources	Engine	Cruiser	Ladder	ALS Ambulance	BLS Ambulance	HM Crew	Front End Loader	Dump Truck	Air Monitoring Crew	Air Sampling Crew	Patrol Strike Team	Crane	7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time
	Suppression Group	Continue to suppress fire in the burning railcars. Cool exposures. Coordinate water application with the HM team.	Req.	3		2			2	2	2		1		2	DIVS Asst. SOFR		ICP	0500
			Have																
			Need																
	Medical Group	Provide pre-hospital triage treatment for the injured. Transport to medical facilities as per protocol.	Req.				2	2								DIVS		ICP	0500
			Have																
			Need																
	Perimeter Group	Deny entry by unauthorized persons/Vehicles to hazard area as identified on the incident map. Monitor Air Downwind.	Req.		8							1		3		DIVS		ICP	0500
			Have																
			Need																
			Req.																
			Have																
			Need																
			Req.																
			Have																
			Need																
ICS 215	11. Total Resources Required			/	/	/	/	/	/	/	/	/	/	/	/		14. Prepared by:		
	12. Total Resources Have on Hand			/	/	/	/	/	/	/	/	/	/	/	/		Name: <u>R. Porter</u>		
	13. Total Resources Need To Order			/	/	/	/	/	/	/	/	/	/	/	/		Position/Title: <u>OSC</u>		
																	Signature: <u>R. Porter</u>		
																	Date/Time: <u>8/13 2300</u>		

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INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name: Roaring River Derailment		2. Incident Number:	
3. Date/Time Prepared: Date: 8/13 Time: 2300		4. Operational Period: Date From: 8/14 Date To: 0600 Time From: 8/14 Time To: 1800	
5. Incident Area	6. Hazards/Risks	7. Mitigations	
All	Moving Vehicles	Post lookout, never step in front of a moving vehicle. Light dark locations.	
Suppression, Medical Groups	Heavy Equipment	Post lookouts. Never moving to a position where the operator cannot see you. Establish and maintain communication with the operator.	
Suppression Group	Hazardous Materials	Work only to the level of your training. Wear appropriate PPE as in the site safety plan.	
Suppression, Perimeter Groups	Slips Trips and Falls	Light dark areas. Insure footing when moving about.	
All	Dehydration	Drink fluids continually. Bottle water is available at drop points	
Medical Group	Cross Contamination	Wear required PPE for the hazard involved. Decon when leaving the hot zone.	
Medical Group	Blood Exposure/ Biohazards	Follow medical protocols; wear BSI (Bodily Substance Isolation).	
8. Prepared by (Safety Officer): Name: <u>Dean Ford</u> Signature: <u>Dean Ford</u>			
Prepared by (Operations Section Chief): Name: <u>Ray Porter</u> Signature: <u>Ray Porter</u>			
ICS 215A		Date/Time: <u>8/13 2300</u>	

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OPERATIONAL PLANNING WORKSHEET (ICS 215)

1. Incident Name:						2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____												
3. Branch	4. Division, Group, or Other	5. Work Assignment & Special Instructions	6. Resources												7. Overhead Position(s)	8. Special Equipment & Supplies	9. Reporting Location	10. Requested Arrival Time
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
			Req.															
			Have															
			Need															
ICS 215		11. Total Resources Required													14. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____			
		12. Total Resources Have on Hand																
		13. Total Resources Need To Order																

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GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional):		
2. To (Name and Position):		
3. From (Name and Position):		
4. Subject:	5. Date:	6. Time
7. Message:		
8. Approved by: Name: _____ Signature: _____ Position/Title: _____		
9. Reply:		
10. Replied by: Name: _____ Position/Title: _____ Signature: _____		
ICS 213	Date/Time: _____	

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