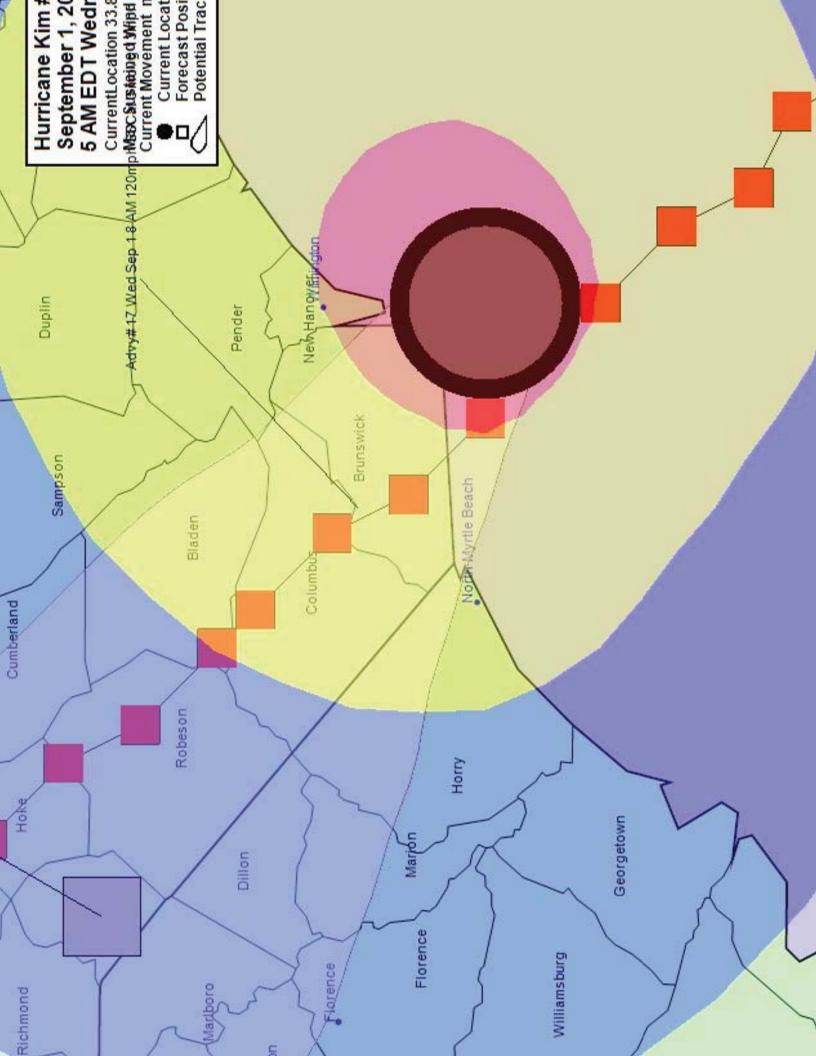
HURRICANE KIM 09/03/15 3rd OPERATIONAL PERIOD COLUMBUS COUNTY, NC





INCIDENT OBJECTIVES (ICS 202)

	Incident Name:		2. Operational Period:	Date From: 9/3/15 Time From: 18:00	Date To: 9/4/15 Time To: 06:00				
3.	Objective(s):								
1.	Provide for the life safety	and security of all respons	se personnel and the public.						
2.	Continue to stabilize the in	ncident throughout the op-	erational period.						
3.	Protect and limit damage	to property as much as po	ossible.						
4.	Respond promptly and co	mpassionately to the eme	ergency needs of the public.						
5.	Identify and prioritize infra	astructure and utilities fail	ures and begin restoration as so	oon as possible.					
6.	Ensure transportation and	d evacuation routes are cl	lear and functional.						
4. Operational Period Command Emphasis:									
Remants of Hurricane Kim will continue to affect the are area throughout this operational period. Expect an additional 6 inches of rain with sustained									
wir	winds of 15-20 mph with 35 mph gusts. Temperatures will be a high of 90 F and lows near 72 F. All area rivers and streams are at their flood stage levels. The ICP will update current weather and forecasts every 3 hours.								
iev	els. The lot will update ou	Trent weather and lorecas	sts every 5 flours.						
G	General Situational Awareness								
General Situational Awareness Follow agency specific safety guidelines. Refer to the General Safety Message for additional information. Currently in Columbus County; flooding,									
downed power lines, and falling trees are your greatest hazards. Utilize appropriate PPE and PFDs when necessary. Do not drive through flood waters. Consider all power lines to be energized.									
wa	toro. Corrordor dii powor iiir	oo to be energized.							
5.	Site Safety Plan Red	uired? Yes□ No							
	Approved Site Safet	- –							
6.	Incident Action Plan	the items checked	below are included in thi	s Incident Action Plan):					
	✓ ICS 202	✓ ICS 206		Other Attachments:					
	✓ ICS 203	☐ ICS 207		General Safety Messa	ge				
	✓ ICS 204	☐ ICS 208							
	✓ ICS 205	☐ Map/Chart							
	CS 205A		ast/Tides/Currents						
7.	Prepared by: Name	· Tim Hamrick	Position/Title: Planni	ng Section Chief Signat	ure:				
8.	Approved by Incide	nt Commander: Na	ame: Roland Miller	Signature:					
IC	S 202	IAP Page 3	Date/Time: 9/3/15 15	:00					

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: 2. Hurricane Kim			2. Op	. Operational Period: Date From: 9/3/15 Date To: 18:00 Time From: 9/4/15 Time To: 06:00					
	nand	er(s) and Command	Staff:		7. Operations Section:				
	Andy	` '		-	Chief	D. Hunt			
					Deputy				
Deputy					Staging Area				
Safety Officer	Kristi	Powell			Branch				
Public Info. Officer	Adam	Jones			Branch Director	J. Sponner			
Liaison Officer	Liaison Officer Jeff Hancock		Deputy						
4. Agency/Organ	izatio	ion Representatives:		Division/Group	R. Carswell	West			
Agency/Organization	า	Name			Division/Group	R. Hancock	Central		
					Division/Group	T.L. Smartt	East		
					Division/Group				
					Division/Group				
					Branch				
					Branch Director				
					Deputy				
5. Planning Secti	on:				Division/Group				
Chief		R. Miller			Division/Group				
Deputy					Division/Group				
Resources Unit		D. James			Division/Group				
Situation Unit		M. Sawyer			Division/Group				
Documentation Unit		J. Longo			Branch				
Demobilization Unit		R. Lambert			Branch Director				
Technical Specia	lists				Deputy				
					Division/Group				
					Division/Group				
					Division/Group				
6. Logistics Secti	ion:				Division/Group				
C	hief	R. Logan			Division/Group				
	puty				Air Operations Bran	1			
Support Bra					Air Ops Branch Dir.	J. Tate (NCNG)			
Dire		C. Kerr			Helo Coordinator	T. Rogers			
Supply									
Facilities					8. Finance/Admini	stration Section:			
Ground Support					Chief	B. Rowland			
Service Branch			Deputy						
Director T. Jones		Time Unit	L. Reel						
Communications		A. Thomas			Procurement Unit	R. Hicks			
Medical		B. Browning			Comp/Claims Unit				
Food		T. Houston			Cost Unit				
9. Prepared by: N	Name	: Tim Hamrick	<u> </u>	osition	/Title: Planning Section	n Chief Signature	:		
ICS 203		IAP Page 4	D	ate/Tir	me: <u>9/3/15 15:00</u>				

ASSIGNMENT LIST (ICS 204)

1. Incident Name:								
Hurricane Kim		Time From		Date To: 9/4/15 Time To: 06:00	Branch:			
4. Operations Person	nel: Name			Contact Number(s)	 Division:			
Operations Section Ch					East			
·	Group:							
Branch Direc	Staging Area:							
Division/Group Superv	risor: T.L. Sn	nartt			Whiteville FD			
5. Resources Assign			S		Reporting Location,			
Resource Identifier	Leader		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Special Equipment and Supplies, Remarks, Notes, Information			
NC AST800	AST800 J. Smeal 11 VIPER State Event DELTA 3							
IC USAR TF 10 T. Noble 74 VIPER State Event DELTA 4 Columbus Co. Fairgrounds								
C. Wards Assissance								
6. Work Assignments: Provide USAR and EMS services to the East Division of Columbus County. East Division is from Highway 701 and 130 East to the Brunswick County Line. All Dispatches will be activated by Columbus County 911 and managed by the East Division Supervisor. AST800 will provide medical response throughout the division as well as medical support to any USAR event occurring in the division. Medical transports will be coordinated by Columbus County General and Air Medical Evacuations will be coordinated by the HELO Coordinator.								
7. Special Instruction								
Strike Team and Task Force Leaders will provide Safety Briefings to resources prior to 06:00. Ensure all responders have full compliment of appropriate PPE. Beware of debris, downed power lines, flooded highways, and environmental hazards (i.e. snakes, mosquitoes, heat, humidity). HYDRATE FREQUENTLY. Mechanical and supply needs will be requested to logistics through your division supervisor. PLEASE REVIEW THE GENERAL SAFETY MESSAGE prior to beginning operations.								
,	radio and/or	•		nbers needed for this assignment):				
Name/Function			•	ontact: indicate cell, pager, or radio (fi	requency/system/channel)			
VIPER_SE_DELTA_3 / E				tate Rescue if VIPER is inoperable				
VIPER_SE_DELTA_4 / E			ze VHF S	atate Fire if VIPER is inoperable				
VIPER_SE_DELTA_2 / B VIPER_SE_DELTA_1 / C			ze 8CALI					
9. Prepared by: Nam				Discosion Occation Object	aturo:			
	1		=	orgine of the contract of the	iture.			
ICS 204	IAP Page	<u> </u>	Date	e/Time: 9/3/15 15:00				

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Inc	ident	1. Incident Name:		2. Date/Time F	repared:			3. Q	3. Operational Period:	
Hurricane Kim	ne Kim		<u>- 1</u> -	Date : 9/3/15 Time : 15:00				Date Time	Date From: 9/3/15 Time From: 9/4/15	Date To: 18:00 Time To: 06:00
4. Ba	sic Ra	4. Basic Radio Channel Use:								
Zone Grp.	유 등	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
SE		Primary	State Event DELTA 1	Columbus Co. EOC					Q	Command
SE		Primary	State Event DELTA 2	Branch I					۵	Non-Emergency Communications
SE		Primary	State Event DELTA 3	EAST DIV EMS Ops					٥	Emergency Operations
SE		Primary	State Event DELTA 4	EAST DIV USAR OPS					۵	Emergency Operations
		Backup	VHF State Rescue	County Wide EMS OPS	155.280	CSQ	155.280	192.8	∢	
		Backup	VHF State Fire	County Wide USAR OPS	154.280	CSQ	154.280	192.8	A	
8TC		Backup	8TAC91	County Wide Branch Mgrs	851.5125	156.7	806.5125	156.7	٧	
8TC		Backup	8CALL90	Columbus Co. EOC	851.0125	156.7	806.0125	156.7	A	
r. Q	ecial	5. Special Instructions:								
Ġ			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							
о. Р.К	epare	b. Prepared by (Communications Unit Leader):	ions Unit Leader): Name:	I. AIIIIIS				signature:		
ICS 205	05		IAP Page 6		Date/Time:	9/3/15 15:00				

MEDICAL PLAN (ICS 206)

1. Incident Name: Hurricane Kim 2. Operational Period				Period:	Date From: 9		Pate To: 9/4/15 Time To: 06:00	
3. Medical Aid S	stations:							
						ontact		medics
Name Columbus West		Location		Number(s	Number(s)/Frequency		Site? s	
Whiteville FD	Base - US74 @ 701 Main Street, Whitevill					_	s	
130 East						✓ Yes		
130 East	Columbus Elementar	y School				+ -		
							Yes	
							∐ Yes	
4. Transportatio	n (indicat	e air or ground):					Yes	s 🗌 No
	(Co	ontact		
Ambulance Service			Location		`	s)/Frequency		f Service
Columbus County EMS Columbus County Ac			min		911			✓ BLS
Bladen County EMS 201 Kinlaw Street					911			✓ BLS
Incident Resources Branch I - EAST DIV					VIPER SE DE	LTA 3	✓ ALS	✓ BLS
							ALS	BLS
5. Hospitals:	ı	T				T	ı	I
		Address, de & Longitude	Contact Number(s)/	Tra	vel Time Trauma		Burn	
Hospital Name		if Helipad	Frequency	Air	Ground	Center	Center	Helipad
Columbus General	200 Hospi	al Drive		30 mir	60 min	☐ Yes Level:	☐ Yes ☑ No	✓ Yes ☐ No
New Hanover Regional	Wilmington	n, NC		30 mir	60 min	✓ Yes Level: 2	☐ Yes ☑ No	✓ Yes ☐ No
						☐ Yes Level:	☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes Level:	☐ Yes ☐ No	☐ Yes ☐ No
						☐ Yes Level:	☐ Yes ☐ No	☐ Yes ☐ No
6. Special Medic	cal Emer	gency Procedures	:	•			•	
All responder emerge	ncies must l	be reported to the EOC.	Contact your DIVS as	soon as p	ossible.			
Check hav if	aviation o	ssets are utilized fo	r recoup If accet	e are uc	ed coordinat	e with Air Ope	rations	
		Jnit Leader): Name		3 ale us		ature:		
		fficer): Name: T.A				re:		
ICS 206		P Page 7	Date/Time: 9/3	3/15 15:00	-	<u>-</u>		
		· •						

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Hurricane Kim	2.	Operational Period: Date From: 9/ Time From: 18				
	anded Safety Messag	e, Safety Plan, Site Safety Plan:				
Major Hazards and Risks:						
Flooded Roadways						
2) Debris/Trees Down						
3) Power Lines Down						
4) Environmental Injuries						
Please review your safety brief	ing notes.					
All personnel must have their re	equired PPE to function in an	ny hazard areas.				
USAR PPE required for all reso	cue operations.					
PFDs required for anyone within 10 feet of standing or moving flood waters.						
Report all responder injuries and accidents to the DIVS and Safety Officer.						
Document all injuries and accidents on your ICS214						
4. Site Safety Plan Req						
	y Plan(s) Located At:	Position/Title: Incident Commander	Ciamatuma			
5. Prepared by: Name:			_Signature:			
ICS 208	IAP Page 8	Date/Time: 9/3/15 15:00				

ACTIVITY LOG (ICS 214)

1. Incident Name:			2. Operational Period: Date From Time From	n: Date To: n: Time To:
3. Name:		4. ICS	S Position:	5. Home Agency (and Unit):
6. Resources Assig	gned:			
Nan			ICS Position	Home Agency (and Unit)
7. Activity Log:				
Date/Time	Notable Activities			
8. Prepared by: Na	ame:		Position/Title:	
ICS 214, Page 1			Date/Time:	

ACTIVITY LOG (ICS 214)

1. Incident Name:		2. Operational Period:	Date From: Time From:	Date To: Time To:
7. Activity Log (con	itinuation):			
Date/Time	Notable Activities			
8. Prepared by: Na	ame:	Position/Title:	Si	gnature:
ICS 214, Page 2		Date/Time:		