



Cupertino Citizen Corps

Requested Activation Work Sheet

Activation Number: CUP-18-35T

Date requested: 5/10/2018 1330 hrs

Date approved: 5/10/2018 1400 hrs

Requesting Party: Citizen Corps DOC, Bob Cascone 408-515-2899 cell

Scope: This will be a communications full-scale exercise based on a wild land fire event that is threatening the City.

1. The drill will occur over a 4-hour period on Saturday May 12, 2018.
2. The City EOC will be activated with minimal (if any) City staff to receive and originate simulated traffic, log situation status, and oversee the response. The CCC DOC will simulate the EOC response as necessary.
3. Field responders will be deployed to a limited number of ARKs specific to the scenario. Participating ARKs will be activated to ARK Activation Level 2.
4. Communications assignments are made based on the CARES response model, resources, and priority.
5. Because of the number of field positions that could be staffed, non-CARES Buddies will be encouraged.
6. Field message traffic will be based on time-triggered scripted messages and simulated interactions with the outside world.

7. Simulated OpArea traffic will be developed and sent to County with an SCC RACES resource to simulate radio interactions (voice and packet).

Thursday, May 10, 2018

1200 Start creating Incident Action Plan for a Saturday activation.
1600 Email update to be sent to CARES on the state of a simulated fire threatening Cupertino and the Bay Area.

Friday, May 11, 2018

1600 Initiate AlertSCC Drill notification to CARES and others of the simulated situation. It will include a request for responders to check report to the EOC on Saturday, 0730.

Saturday, May 12, 2018

06:30 Drill Begins.
Retrieve Comm 469

Routing: DOC Created: 5/10/18 Authorized: 5/11/18 Document File: _____

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07:30 Start Citizen Corps check-ins at the EOC
08:00 Safety Briefing, make Field Assignments
08:30 Deploy field responders
09:00 All field responders are at their assigned area
11:30 Secure Field Operations. Field Responders return to the EOC
for a debrief session.
12:00 End the Drill. Begin the Debrief, EOC
13:00 End of Debrief.
14:00 Comm 469 back at the Service Center

Citizen Corps branches of CARES, CERT, MRC will function as to their SOP for a Level 3 activation.

Operational Period: 05/12/2018 0700-1400 hrs

Authorized given by: David Brandt City Manager acting Director of EOC

Routing: DOC Created: 5/10/18 Authorized: 5/11/18 Document File: _____

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INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: WUI Fire Threat	2. Operational Period: Date From: 5/12/2018 Date To: 07:00 Time From: 5/12/2018 Time To: 11:30															
3. Objective(s): OPERATIONAL OBJECTIVES 1. Deploy Comm 469 to support the EOC and Field Operations. Include Resource and Message Nets. 2. Ensure adequate communications coverage with the western unincorporated areas of Cupertino. 3. Deploy up to 11 teams of Citizen Corps members throughout the city to observe, monitor, and report on weather and smoke conditions, as well as activities of Public Safety Agencies. 4. Provide information roll-up and situation status to the EOC. MANAGEMENT OBJECTIVES 1. Ensure the safety and security of deployed field responders. 2. Look for opportunities to cross-train responders on assigned communications and field activities.																
4. Operational Period Command Emphasis: The primary focus is on information gathering and roll-up to the EOC.																
General Situational Awareness Wildland fire is threatening the City. NWS, CAL FIRE reports that the forecast for Friday is for winds out of the Southwest to pick up over the course of the day and continue to drive the fire forward. Red Cross plans to open community shelters to accommodate residents required to evacuate from their homes.																
5. Site Safety Plan Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at: DOC, with a copy at Comm 469																
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 203</td> <td style="width: 33%;"><input type="checkbox"/> ICS 207</td> <td style="width: 34%;"><u>Other Attachments:</u></td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table>		<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	<input 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"/> _____	<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>														
<input type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> _____														
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<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____														
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____														
7. Prepared by: Name: <u>Ken Ericksen</u> Position/Title: <u>CC Coordinator</u> Signature: _____																
8. Approved by Incident Commander: Name: <u>[Signature]</u> Signature: <u>C. J. Corp Coord</u>																
ICS 202	IAP Page _____															
Date/Time: <u>5/11/18 1800</u>																

ASSIGNMENT LIST (ICS 204) Variant

Incident Name: Wildland Fire Threat Exercise, CUP-18-35T	Operation Period FROM: 5/12/18 07:00 To: 5/12/18 11:00
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#	Assignment	CARES Lead (name/cell)	CERT Buddy 1 (name/cell)	CARES 2 (name/cell)	CERT Buddy 2 (name/cell)
1	Shift Supervisor	Ken Foot			
2	NCS, Resource Net	Allan			
3	NCS, Message Net	Chris			
4	Radio Room Op	Judy			
5	Ember Watch, DeAnza Parking	Sue Levine	Al Boleda		
6	Ember Watch, Lindy Lane	Rick Levine	Bob Brown	Maya Lanfranconi	
7	Ember Watch, Main Street	Mary Tanner	Mabel Yuen	Hella Bluhm-Stieber	
8	Regnart Ridge	Tae Kang Brian Tanner	Dick Sherman Pat Reed		
9	Station 23	Brian Tanner	Masa Kagawa		
10	Stevens Creek Dam	Doug Frieson	A.S. Alhail Pat Reed		
11	Fire Shadow	Skip Stevens	Dick Sherman		
12	Sheriff Shadow	Todd Won	Darryl Pasley		
13	Quinlan Shelter	Arienne Clary	Pat PEEP Marcel Stieber		

1/2
NO ASSIGNMENTS
ON P2

#	Assignment	CARES Lead (name/cell)	CERT Buddy 1 (name/cell)	CARES 2 (name/cell)	CERT Buddy 2 (name/cell)
14	BlackBerry Farm				
15	CAL FIRE ICP				
16	Exercise Controller	Jim KN6PE			
17					
18					
19					
20					
21					

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: CUP-18-35T / Midland Fire Threat	2. Date/Time Prepared: Date: 05/11/18, 11:14 Time:	3. Operational Period: Date From: 5/12/18 Date To: 5/12/18 Time From: 07:00 Time To: 11:30
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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	RX Freq N or W	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
	1	Resource Net	TAC1	CARES	147.570W	none	147.570W	147.570W	151.4	A	
	2	Message Net	TAC2	CARES	146.460W	none	146.460W	146.460W	151.4	A	
	3	Command	TAC3	CARES	440.150W	100.0	440.150W	445.150W	100.0	A	Rptr, W6TDM, 130'ASL
	4	Alt Tactical	TAC4	CARES	441.000W	151.4	441.000W	441.000W	151.4	A	Linked Cross-Band with VTAC2
	5	Alt Tactical	TAC5	CARES	147.585W	none	147.585W	147.585W	151.4	A	
	6	Resource Net	TAC6	CARES	147.570W	151.4	147.570W	147.570W	151.4	A	Contingency to guard against interference from Foster City
	7	Message Net	TAC7	CARES	146.460W	151.4	146.460W	146.460W	151.4	A	Contingency to guard against interference
	8	Command	TAC8	CARES	440.150W	100.0	440.150W	440.150W	100.0	A	Repeater output, use in the event of a repeater failure

5. Special Instructions:
 Channel 2/TAC2 and Channel 4/TAC4 will be set up for Cross-band. Stations east of Regnart Ridge will operate on the Message Net TAC2. Stations west of Regnart Ridge will operate on the Message Net TAC4.

6. Prepared by (Communications Unit Leader): Name: <u>Jim Oberhafer</u>	Signature:
IAP Page <u>1</u> of 2	
Date/Time: <u>6/11/18, 11:25</u>	

MEDICAL PLAN (ICS 206)

1. Incident Name: 2018 Wildland Urban Interface Communicatio	2. Operational Period: Date From: May 12, 2018 Date To: May 12, 2018 Time From: 0700 Time To: 1400
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" 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
American Medical Response	not on site call as needed	911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input 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			
Kaiser Hospital	700 Lawrence Expwy	408-851-1000		15 min	<input type="checkbox"/> Yes Level:____ <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
El Camino Hospital	2500 Grant Rd	650-940-7000		20 min	<input type="checkbox"/> Yes Level:____ <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<input type="checkbox"/> Yes Level:____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level:____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level:____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:

- Citizen Corps Participants are to report any injuries which will be documented
- Emergency medical care, take care of yourself and partner, call 911 and report to Net Control your situation

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

7. Prepared by (Medical Unit Leader): Name: Ken Ericksen Signature: *Ken Ericksen*

8. Approved by (Safety Officer): Name: Ken Erickse Signature: *Ken Erickse*

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

- Valid volunteer identification (DSW badge, driver's license)
- DSW – All city volunteers will sign a Cupertino DSW form during check-in.
- Work with a team. Your safety is #1.
- Sign in at City Hall Command Post.
- ARES, check into the message net before leaving for assignment.
- Stay at your post until instructed to stand down.
- Turn in supplies at end of shift,
- If you don't know the answer, contact Net Control.
- At end of drill, turn over lost and found items to Check-In/Out.
- Be a good witness for any medical / police / fire incident. Note and report descriptions, license plates, addresses and relevant facts.
- Use your group form ICS 214 to document incidents and your actions. Give your completed form to Check-In/Out
- Obey all traffic laws and comply with jurisdictional authority

- Safety vest
- Leather gloves (use as needed) and terrain-appropriate closed-toe shoes or boots.
- Hat and sun glasses.
- Weather-appropriate layered clothing.
- Shorts and open-toed footwear are NOT appropriate.

In case of an emergency:

- Take care of yourself and partner
- Notify 911 and notify Net Control
- Report any injuries no matter how small to Citizen Corps Coordinator, Ken Ericksen
- If location is no longer safe be prepared to leave as quickly as possible and notify net control for exit routs.

4. Site Safety Plan Required? Yes No **Communications Vehicle**
Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: Ken Ericksen Position/Title: Citizen Corps Coordinator Signature: 

ICS 208 | IAP Page _____ | Date/Time: May 11, 2018 1334 hrs