Incident Action Plan

for

4th of July Fireworks

Operational Period

Date From:	7/3/22	Date To:	7/3/22
Time From:	18:00	Time To:	23:00



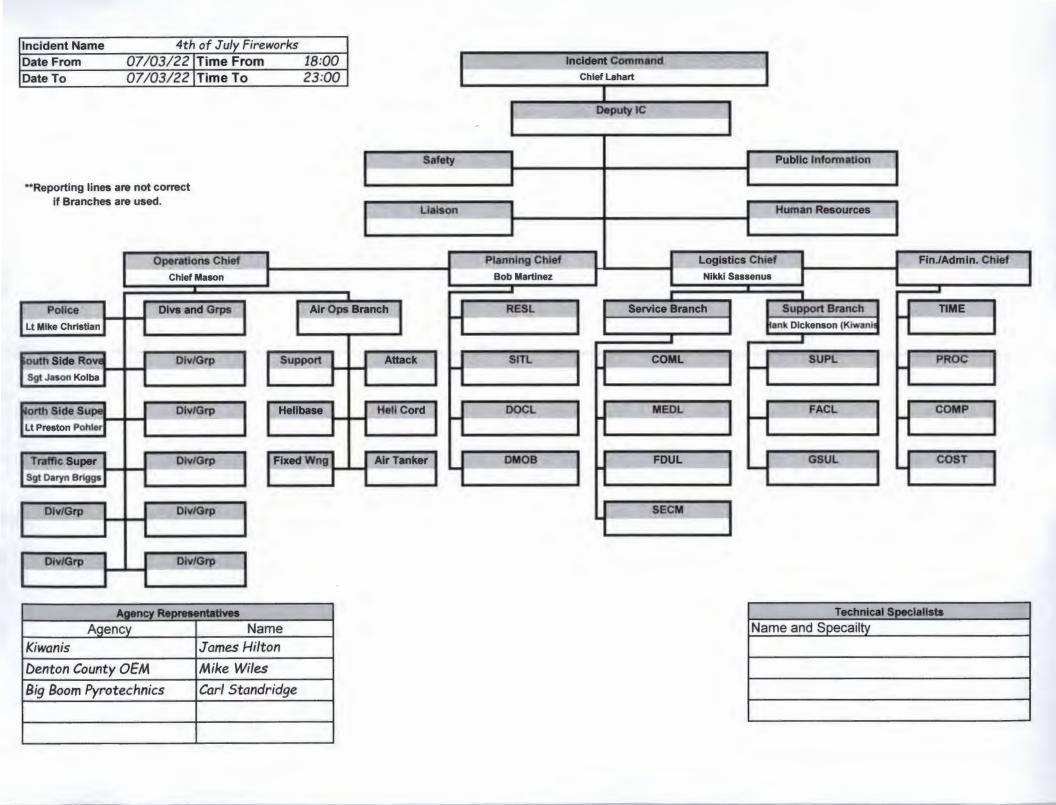
	Incident Briefing (IC	S 201)
1. Incident Name: 4th of July Fireworks	2. Incident Number: N/A	3. Date/Time Initiated: Date: Time:
4. Map/Sketch (include sketch, show	-	dent site/area, impacted and threatened areas, ng situational status and resource assignment):
Roney Board		North Lakes Park is located at 2001 W. Windsor Dr. Parking lots and viewing areas open at 7 p.m.;
Bear Street	North Lakes and Wildflower	Control of the Contro
TY TYPE	Designated Proceeds b Side of the	wants Fireworks Show d lawn seating: bring a blanket. d parking only; \$10, cash only, enefit the Children's Clinic. road parking is prohibited
n	Residentia Household Anticipate	I Neighborhoods & Complexes and public safety vehicles only. modified traffic patterns show will end at 10 p.m.
	co-sponsored by the City of Denton. Ir	ndependence Day celebration fireworks display. This nd Parks department is providing logistical support for
6. Prepared by: Bob Martinez	Position Title:	Plans Chi Signature:
ICS 201, Page 3	Date/Time:30 June	2022

sident Priofing (ICS 20

1. Incident Name:		2. Incident Number:	3. Date/Time Ini	tiated:			
	4th of July Fireworks	N/A	Date:	Time:			
1. Public S 2. Traffic c	ontrol in and out of Area of R for potential severe weather	esponsibility (AOR)					
	and Planned Actions, Stra	tegies, and Tactics:					
Time:	Actions:						
TBD	Barricades for street closure	s delivered					
1400	Pyrotechnic rack load in and	set up. Block entrance to gravel road	and secure launch perime	eter			
1700	0 Command Post delivered						
1800	CRO tent set up						
1800	Digital message board mess	sages switched to event day messages	S				
1800	Kiwanis volunteers arrive. Bi	riefing meeting (Kiwanis & Parks Staff)					
1800	DPD Officers on site						
1830	Kiwanis volunteers begin sta	affing parking lots					
1830	Traffic control begins. Office	r controlled pedestrian crossing at W.	Windsor near softball par	king lot begins			
1900	Event Parking open						
2030	Field lights turn ON, Tower I	ights turned ON. W. Windsor closed @	Bonnie Brae				
2125	Field lights OFF						
	Fireworks start						
2200	Fireworks end. Field lights C	N. Windsor re-opens to traffic					
6. Prepare	d by: Bob Martinez	Position Title:	lans Chi Signature:				
CS 201, P	age 3	Date/Time:30 June 2	022				

ORGANIZATION ASSIGNMENT LIST(ICS 203)

1. Incident Name: 4th of July Fireworks 4th of July Fireworks		2. Operational Period:		/3/22	Date To:	7/3/22			
The second secon	C			18:00	Time To:	23:00			
	(s) and Command Staff:	7. Operations Section:							
IC/UC's Chi	ef Lahart		Fire Bat 2		Chief Mas	on			
		Deputy							
		-							
Deputy		Staging Area		-					
Safety Officer		Branch			I				
Public Info. Officer			Lt Mike Christia	n	Lt Mike Ch	ristian			
Liaison Officer		Deputy							
4. Agency/Organization			South Side Rov		Sgt Jason				
Agency/Organization	Name		North Side Sup	er	Lt Preston				
	James Hilton	Division/Group			Sgt Daryn	Briggs			
Denton County OEM		Division/Group							
Big Boom Pyrotechnics	Carl Standridge	Division/Group							
		Branch							
		Branch Director							
		Deputy							
5. Planning Section:		Division/Group							
Chief	Bob Martinez	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	Nikki Sassenus	Division/Group							
Deputy			Air Operations Branch						
Support Branch		Air Ops Branch Dir.							
Director	Hank Dickenson (Kiwanis)								
Supply Unit					-				
Facilities Unit		8. Finance Adminis	tration Section:	:					
Ground Support Unit		Chief							
Service Branch		Deputy				ninis.			
Director		Time Unit							
Communications Unit		Procurement Unit	Procurement Unit						
Medical Unit		Comp/Claims Unit							
Food Unit		Cost Unit							
9. Prepared By: Name:		Position/Title	Signat	ture:					
ICS 203	IAP Page	Date/Time:							
100 200	in rugo	Date/Time.							



INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

4th of July Fireworks Time: Time From: 18:00 Time							Date To: Time To:	7/3/22 23:00		
4. Bas	sic Rad	io Channel Us	e:							
Zone Grp.	Ch#	Function	Channel Name/Trunked Radio System Talkgroup	Assignment (Div/Group/etc.)	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks
	234	Command	TexFire 1	Command	154.4450 W	88.5	156.4450 w	88.5	Α	806-632-4251
	6	Support	Telephone	Logistics						806-555-0000
		Command	PD Events 1	Command						
	\Box									
	П									
5. Sp	ecial In	structions:								
6. Pro		by (Communica	ations Unit Leader):	Name:	Date/Time		Signature:			

MEDICAL PLAN (ICS 206)

1. Incident Name: 4th of July Fireworks			2. Operationa	2. Operational Period: Date From: Time From:			Date To: Time To:	7/3/22 23:00
3 Medica	Aid Stations:	WOINS			Time From.	18:00	Time 10.	23.00
. Modica	Ald Otations.						Para	medics
	Name		Location		Contact Nu	mber(s)		Site?
Fire Station 5		2230 W V	ndsor Dr, Denton TX 940		349-8105		✓ Yes	☐ No
							☐ Yes	☐ No
							☐ Yes	□ No
							☐ Yes	☐ No
							Yes	☐ No
							Yes	No
							Yes	☐ No
							Yes	☐ No
. Transp	ortation (indicate air	or ground):						
Ami	bulance Service		Location		Contact Nu	mber(s)	Level	of Service
ire Statio	n 5	2230 W V	Vindsor Dr, Denton TX	940-	349-8105		ALS	BLS
							ALS	BLS
							ALS	BLS
							ALS	BLS
. Hospita	als:							
Hospital	Address, Latitude & Long	itude	Contact Number(s)/		Travel Time Trauma			
Name	if Helipad	rv l	Frequency	Air	Ground	Center	Burn Center	Helipad
lealth	3000 I-35, Denton, 7	^				☐ Yes ✓ No	☐ Yes ☑ No	✓ Yes ☐ No
resby Medical	3535 S I-35, Denton	TX		_	1	✓ Yes	1.65	✓ Yes
ity	occo o rec, benton					□ No	Yes No	□ No
	-					Yes		Yes
						□ No	☐ Yes ☐ No	No
station 5 v		e event fror	n 1800-2300 for fire and					
Check	k box if aviation asset		ed for rescue. If assets	are used, o			tions.	
	ed by (Medical Unit I	eader):	Name:		Signature			
7. Prepare	ed by (Medical Unit L red by (Safety Officer		Name:		Signature Signature			

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: 4th of July Fireworks	2. Operational Period:	Date From: Time From:	7/3/22 18:00	Date To: Time To:	7/3/22 23:00
3. Safety Message/Expanded Safety Messa	age, Safety Plan, Site Safety Plan	-	70.00	Time To.	20.00
There will be a lot of people attending the eve					
Pedestrian safety - crossing streets Traffic safety - situational awareness of surro Heat safety - heat index will be in the 90s dur Fire safety - Fireworks have the potential to s	ring the event. Proper hydration for		ended		
Report any injuries or safety concerns to Incid Fire Station 5 will be the primary for medical e					
I have station 5 will be the primary for medical e	emergencies				
		•			
	•				
4 Otto Cofety Diam Descripe 10	□ No				
4. Site Safety Plan Required? Yes Approved Site Safety Plan(s) Located A	☐ No .t:				
5. Prepared By: Name:	Position/Title:	Signature:			
ICS 208 IAP Page	Date/Time:				and and