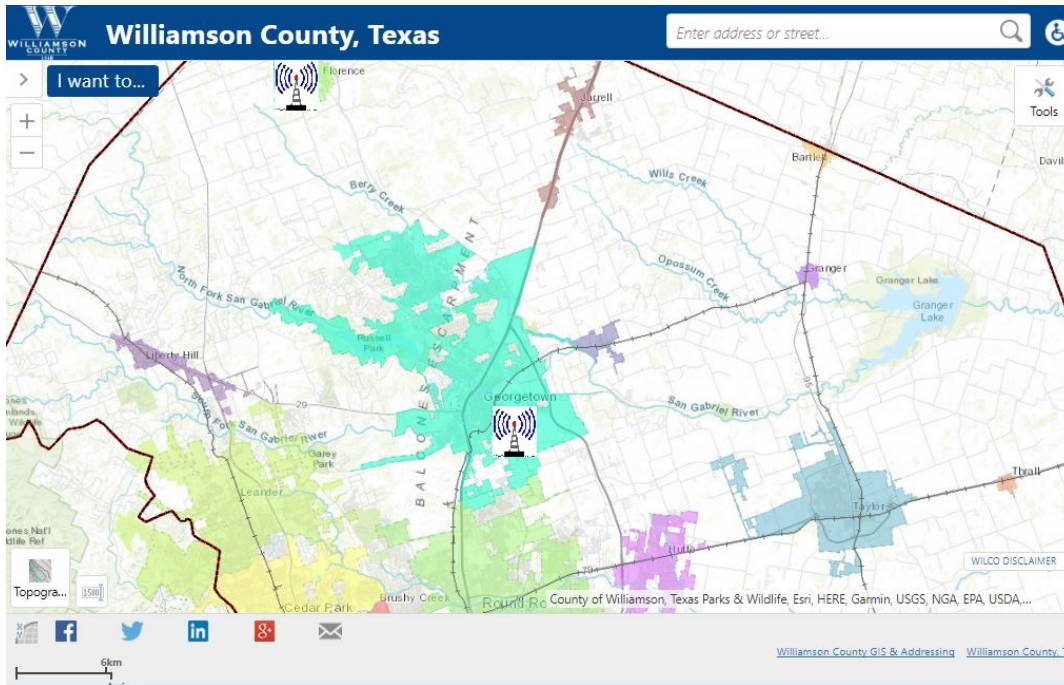


1. Incident Name
HF EXERCISE

2. Prepared by: (name) JOHN R PEEK
Date: 2/28/18 Time: 16:55

INCIDENT BRIEFING
ICS 201-CG

3. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, overflight results, trajectories, impacted shorelines, or other graphics depicting situational and response status)



4. Current Situation: WC-ARES WILL ATTEMPT TO COMMUNICATE VIA HF RADIO COUNTY-WIDE 3/3/2018 0900-1400HRS

PLEASE DRESS PROFESSIONALLY WEARING ARES ATTIRE

1. Incident Name HF EXERCISE	2. Prepared by: (name) JOHN R PEEK Date: 2/28/18 Time: 16:55	INCIDENT BRIEFING ICS 201-CG
5. Initial Response Objectives, Current Actions, Planned Actions		
	<p>To ensure an effective communications system is established in case of an extended disaster in the area that will be supported after failure of repeater back up systems. By use of HF communications within the county, within 25 miles or less from sending location to receiving location, voice communications will be established. This will be used to support 911 communications, Shelter locations, PODs for food, water, etc., and served agency supplemental communications. As a procedure to maintain communications within the incident at all times, and ensure interoperability of communications</p>	
	<p>The objective for this exercise is to evaluate up to 10 recommended HF antennas in the HF spectrum, set up in a field environment, in daylight hours, on a comparative basis. Best two performing antennas in this direct comparison, will be selected for further testing in multiple locations, at a later exercise.</p>	
	<p>Operations will cover Wilco ESOC, an HF base station for comparisons, Red Cross W5KA station, and a VHF net control operation. Remote antenna test site will be located in Florence, Texas, in the Community Park.</p>	

1. Incident Name

HF EXERCISE

2. Prepared by: (name) JOHN R PEEK

Date: 2/28/18

Time: 16:55

INCIDENT BRIEFING

ICS 201-CG

6. Current Organization (fill in additional appropriate organization)

TERRY JONES, EMERGENCY COORDINATOR

Safety Officer

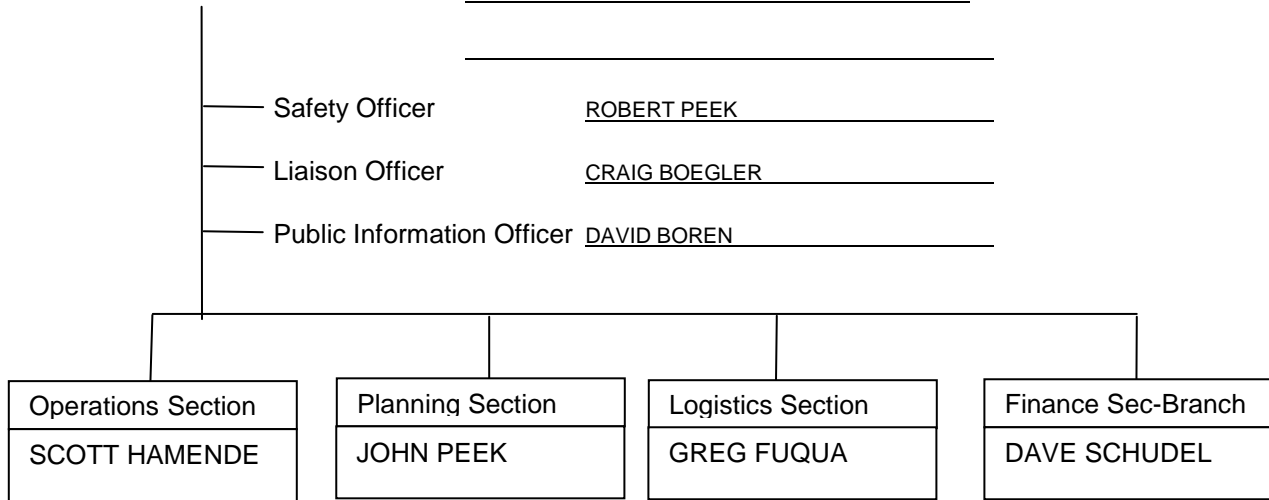
ROBERT PEEK

Liaison Officer

CRAIG BOEGLER

Public Information Officer

DAVID BOREN



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: HF EXERCISE	2. Operational Period: Date From: 3/10/2018 Date To: 3/10/2018 Time From: 0900 Time To: 1400															
3. Objective(s): WC-ARES TO ATTEMPT TO IDENTIFY HF CAPABILITIES AND EQUIPMENT REQUIRED TO COMMUNICATE COUNTY-WIDE USE APRS WHEN POSSIBLE UTILIZE ANTENNA ANALYZERS WHEN POSSIBLE																
4. Operational Period Command Emphasis: ALL WC-ARES VOLUNTEERS REPORT TO FLORENCE COMMUNITY PARK @0900HRS, RECIEVE BRIEFING, THEN DEPLOY TO ASSIGNED LOCATIONS. PARK IS located on the corner of FM 970 and South Patterson (Highway 195) 30.8347529,-97.7924113 ATTEMPT TO ESTABLISH COMMUNICATIONS @VARIOUS FREQUENCIES. UTILIZE APRS WHEN POSSIBLE UTILIZE ANTENNA ANALYZERS WHEN POSSIBLE ALL WC-ARES VOLUNTEERS DOCUMENT EFFORTS AND RESULTS VIA ICS-214 RELEASE FROM EXERCISE @1400HRS																
General Situational Awareness: 68°HI Precipitation 25% Intervals of clouds and sunshine Winds from the S 9 mph Gusts: 20 mph Max UV Index: 3 (Moderate) Thunderstorms: 0% Precipitation: 0 in																
5. Site Safety Plan Required? No ✓ Approved Site Safety Plan(s) Located at:																
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> ICS 203</td> <td><input type="checkbox"/> ICS 207</td> <td><u>Other Attachments:</u></td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td>✓ ICS 208</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>✓ ICS 205</td> <td>✓ Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>✓ ICS 205A</td> <td>✓ Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>✓ ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table>		<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	<input type="checkbox"/> ICS 204	✓ ICS 208	<input type="checkbox"/> _____	✓ ICS 205	✓ Map/Chart	<input type="checkbox"/> _____	✓ ICS 205A	✓ Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	✓ ICS 206		<input type="checkbox"/> _____
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>														
<input type="checkbox"/> ICS 204	✓ ICS 208	<input type="checkbox"/> _____														
✓ ICS 205	✓ Map/Chart	<input type="checkbox"/> _____														
✓ ICS 205A	✓ Weather Forecast/Tides/Currents	<input type="checkbox"/> _____														
✓ ICS 206		<input type="checkbox"/> _____														
7. Prepared by: Name: <u>JOHN PEEK</u> Position/Title: PSC _____ Signature: _____																
8. Approved by Incident Commander: Name: <u>TERRY JONES, EC</u> Signature: _____																
ICS 202	IAP Page _____	Date/Time: <u>2/28/18</u>														

ASSIGNMENT LIST (ICS 204)


1. Incident Name: HFEX		2. Operational Period: Date From: 3/10/218 Date To: 3/10/218 Time From: 0900 Time To: 1400		3.
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: _____ SCOTT HAMENDE _____ Branch Director: _____ Division/Group Supervisor: _____		Branch: _____ Division: _____ Group: _____ Staging Area: _____		
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			
NET CONTROL	TOM WHITESIDE	1	512-924-1573	N5TW
	RON BALDWIN		512-633-2490	FLORENCE
TEAM LEADER	BRAD DAVIS		971-672-9096	FLORENCE
COM-L	JIM KINTER		512-563-9437	FLORENCE
OPERATIONS	SCOTT HAMENDE		512-639-5461	
6. Work Assignments:				
<p>WC-ARES VOLUNTEERS REPORT TO FLORENCE COMMUNITY PARK @0900HRS, TO RECEIVE BRIEFING, & ASSIGNMENTS PARK IS located on the corner of FM 970 and South Patterson (Highway 195) 30.8347529,-97.7924113 WC-ARES VOLUNTEERS SET UP COMMUNICATIONS AT FLORENCE CITY PARK, SETUP & TEST MULTIPLE HF ANTENNAS, REPORT RESULTS UTILIZE ANTENNA ANALYZERS WHEN POSSIBLE UTILIZE APRS WHEN POSSIBLE WC-ARES VOLUNTEERS DOCUMENT EFFORTS AND RESULTS VIA ICS-214 RELEASE FROM EXERCISE @1400HRS</p>				
7. Special Instructions:				
BE WEATHER AWARE. WEAR PERSONAL PROTECTIVE EQUIPMENT INCLUDING CLOSED-TOES SHOES. BE PREPARED TO FEED YOURSELF.				
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> _____		
SCOTT HAMENDE / OPERATIONS		512-639-5461		
_____ / _____		_____		
_____ / _____		_____		
_____ / _____		_____		
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____				
ICS 204	IAP Page _____	Date/Time: _____		

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name: HFEX	2. Date Prepared: 25Feb2018	3. Operational Period: Date From: 03/10/18 Date To: 03/10/18 Time From: 0900CST Time To: 1400CST
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4. Basic Radio Channel Use:									
Zone Grp.	Ch #	Function	Channel Name	Assignment	RX Freq	RX Tone/NAC	TX Freq	TX Tone/NAC	Mode
Command	CR	Command	V64R	ARES	146.640	162.2	146.040	162.2	FM
Command	1	Command Simplex	V58S		146.580		146.580		FM
HF	2	HF 80 meters	HF80		3.875		3.875		LSB
HF	3	HF 60 meters	HF60		5.330.50		5.330.50		USB
HF	4	HF 40 meters	HF40		7.280		7.280		LSB
HF	5	HF 20 meters	HF20		14.310		14.310		USB
VHF NET CONTROL	VHF NC	VHF NC	V708R		147.080	100.0	147.680	100.0	FM
TI	TI1	Talk-in To Florence	V64R		146.640	162.2	164.040	162.2	FM

5. Special Instructions:	Talk-in to Florence will be on the 146.64 until start of exercise, which will then revert to Command.
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6.Prepared by (Communications Unit Leader): Name: <u>Jim Kinter K5KTF</u>	Signature: <u></u>
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ICS 205	IAP Page _____	Date/Time: 02/25/18
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MEDICAL PLAN (ICS 206)

1. Incident Name: WC-ARES 2018 HF EXERCISE	2. Operational Period: Date From: 3/10/2018 Time From: 0900	Date To: 3/10/218 Time To: 1400
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3. EVENT LOCATION: FM970 & SOUTH PATTERSON, FLORENCE, TX Lat/Long **30.8347529, -97.7924113**

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
WC-EMS	301 S. Patterson, Florence TX 512-943-1264	911	<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

4. Transportation (indicate air or ground):

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
WC-EMS		911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
Starflight -AIR	7800 Old Manor Road, Austin, Texas	512-854-6464	<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			
Cedar Park Reg Med Ctr	1401 Medical Parkway, Cedar Park, TX 78613	512-528-7000	10 min	20 min	<input type="checkbox"/> Yes Level: ____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Round Rock Medical Center	2400 Round Rock Ave. Round Rock, TX 78681	512-341-1000	10 min	25 min	<input checked="" type="checkbox"/> Yes Level: <u>2</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Seton Medical Center Williamson	201 Seton Parkway Round Rock, TX78665	512-324-4000	10 min	30 min	<input checked="" type="checkbox"/> Yes Level: <u>2</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Brackenridge Hospital	601 E 15 th St Austin, TX 78701	512-324-1000	20 min	60 min	<input checked="" type="checkbox"/> Yes Level: <u>1</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			min	min	<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:

WC-ESOC LOCATION IS: 911 Tracy Chambers, Georgetown, TX Lat/Long **30.618243, -97.656482**

Major Emergency request: Call 911 & NOTIFY ESOC DUTY OFFICER AT 512-864-8355 TO ALLOW EMS ENTRY ONTO WILCO PROPERTY

Minor Emergency events: contact Net Control

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

7. Prepared by (Planning Section Chief): Name: JOHN R PEEK, KF5ZMD__ Signature:

8. Approved by (Safety Officer): Name: _____ ROBERT PEEK, KF5ZMC Signature: _____

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: HF EXERCISE	2. Operational Period: Date From: 3/10/2018 Time From: 0900	Date To: 3/10/2018 Time To: 1400
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1. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

This operation will involve using away teams, therefore each team will be responsible for maintaining safety within the team and their surroundings.

An important aspect of safety is individual responsibility for one's own health and safety. Even with the best supervision, each individual volunteer will occasionally be required to make personal decisions concerning their safety. It is important that individual responsibility be taught as the basis for a viable safety program.

Some of those individual responsibilities are:

Fitness for duty. Begin each work shift both mentally and physically prepared for the rigors of setting up communications equipment. Getting adequate sleep, maintaining a healthy diet, hydrate often, and proactively participating in physical training are the foundation of "My Safety".

Utilization of personal protective equipment. Wear your PPE without being told. Each individual is responsible for performing their own risk assessments. If a hazard is identified that can be mitigated by wearing a particular PPE component, it should be utilized. Examples: Closed toes shoes or boots, reinforced toe boots are suggested. Gloves and Hard Hats should be utilized when setting up antennas or masts. Supervisors have more important duties to focus on other than performing "glove patrol"

Following safe work practices. Work in Teams. Using a spotter when backing up vehicles is the prudent and professional course of action. If you are unsure of how to perform a job task safely, ask your supervisor or experienced coworker.

Using the correct reference materials is an important aspect of safety. You should have a working knowledge of your local operating guidelines.

Ensure instructions are clearly understood. Communication is a basic responsibility for all personnel. Ask appropriate questions to clarify uncertain issues. Speak up when you observe hazards that may place you or others at risk.

Maintain situational awareness at all times. Awareness is a vital component of "My Safety". Pay attention to what is happening around you by asking questions or making comments.

Promptly report all injuries, accidents, illnesses and near misses. Seek medical attention as needed.
Maintain constant awareness of surroundings.

Report all unsafe conditions. Do not perform tasks until proper safety and health controls are put into place. Responders may refuse to perform tasks that expose them to an imminent danger

ALWAYS WORK USING THE BUDDY SYSTEM! Maintain continuous awareness/contact with assigned BUDDIES.

Environmental:

Work regimens in cold environments are initially evaluated when temperatures below 60.8o F (16o C) are expected. This evaluation includes a determination of level of work (metabolic output) and sedentary state of responders, (as well as the need for fine manual dexterity). It requires an identification of special work conditions requiring protection, aside from those identified in this procedure.

Initiate workplace environmental temperature monitoring and perform work evaluation and identification of special work conditions. If fine work is performed with bare hands >20 minutes, establish procedures for hand warming.

Provide gloves for sedentary work.

Identify older responders or those with circulatory concerns and provide (extra) insulation or reduced work regimens between warming.

Summary: Do not expect someone else to be responsible for your safety. Take it upon yourself to make "My Safety" your number one priority. Work in Teams, Stay Warm, and Hydrate often!

4. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: Robert Peek Position/Title: SOFR Signature: *Robert J. Peek*

ICS 208

IAP Page _____

Date/Time: 2/5/2018 1900

UNIT LOG		1. Incident Name	2. Date Prepared	3. Time Prepared
		4. Unit Name/Designators		5. Unit Leader (Name and Position)
7. Personnel Roster Assigned				
	Name	ICS Position	Home Base	
8. Activity Log				
	Time	Major Events		
9. Prepared by (Name and Position)				

