

INCIDENT BRIEFING (ICS 201)

1. Incident Name:
March For Babies

2. Incident Number:
005-2019

3. Date/Time Initiated:
 Date: Apr 13 Time: 0700

4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):

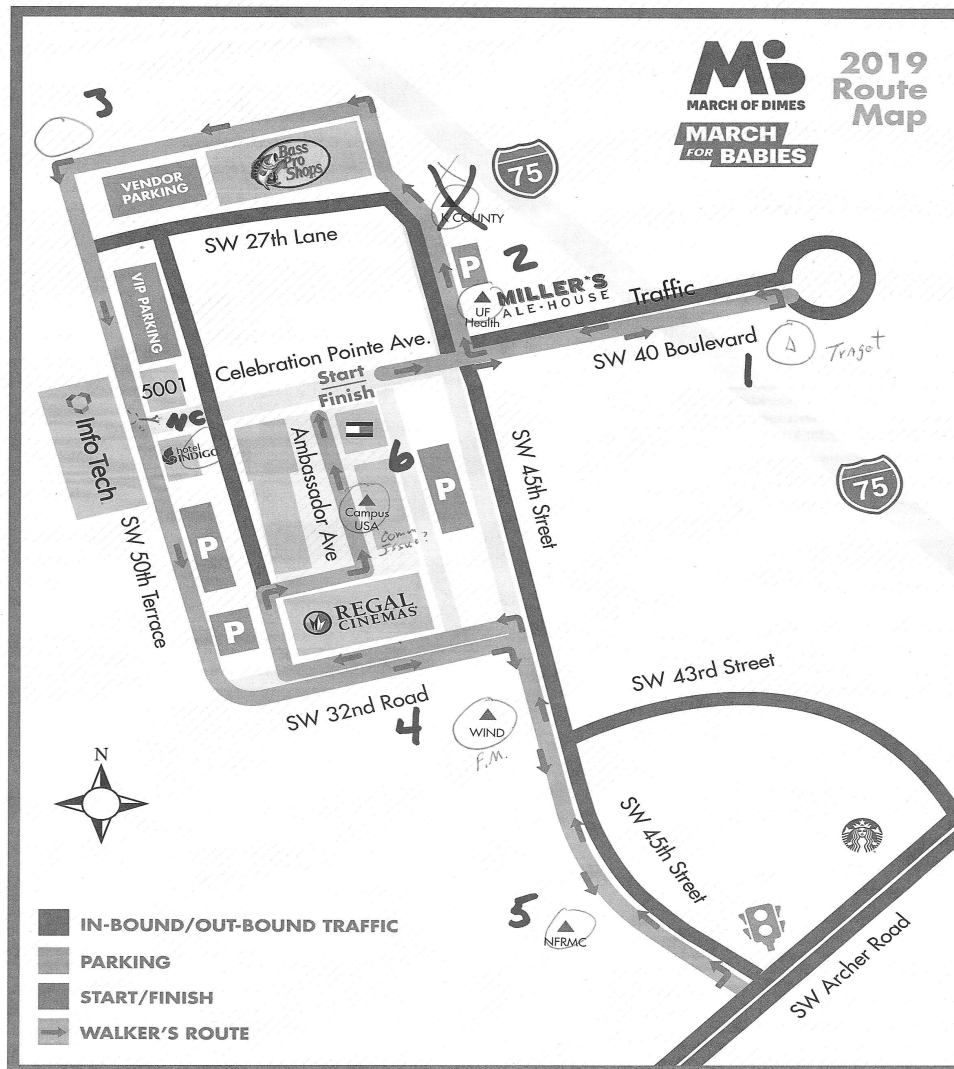
Celebration Pointe 3528 SW 45th Street, Gainesville, FL 32607

Saturday, April 13, 2019

(March) Start time: 8:50 AM

(March) Registration time: 7:00AM

Walk distance: 4 miles



1. Incident Name: March For Babies	2. Incident Number: 005-2019	3. Date/Time Initiated: Date: Apr 13 Time: 0700
<p>5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.</p> <p>Providing backup emergency communication and public service communications for civil event.</p> <ol style="list-style-type: none"> 1. Plan to protect yourself from sun exposure and dehydration – shade, sunscreen, and water! 2. Bring adequate battery backup 		
<p>6. Prepared by: Name: Vann Chesney___ Position/Title: Incident Com.___ Signature: _____</p>		
ICS 201, Page 1		Date/Time: Apr 7/1530 _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name: March For Babies	2. Incident Number: 005-2019	3. Date/Time Initiated: Date: Apr 13 Time: 0700																
<p>7. Current and Planned Objectives:</p> <p>RACE ORGANIZERS WANT US TO DO THE FOLLOWING:</p> <table border="1"> <thead> <tr> <th>No.</th> <th>Task / Description</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Report water station needs (need water, cups, etc.)</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>Report runner medical issues (accidents, injuries, etc.)</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>Assist runners who need transportation.</td> <td></td> <td></td> </tr> </tbody> </table>			No.	Task / Description			1	Report water station needs (need water, cups, etc.)			2	Report runner medical issues (accidents, injuries, etc.)			3	Assist runners who need transportation.		
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<p>8. Current and Planned Actions, Strategies, and Tactics:</p> <table border="1"> <thead> <tr> <th>Time:</th> <th>Actions:</th> </tr> </thead> <tbody> <tr> <td>0730</td> <td>Be in place at your assigned location</td> </tr> <tr> <td>0850</td> <td>Race begins</td> </tr> <tr> <td>1030</td> <td>Race ends</td> </tr> <tr> <td>1200</td> <td>Too be announced</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>			Time:	Actions:	0730	Be in place at your assigned location	0850	Race begins	1030	Race ends	1200	Too be announced						
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ICS 201, Page 2	Date/Time: Apr 7/1530_____	

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9. Current Organization (fill in additional organization as appropriate)

INCIDENT COMMANDER: VANN CHESNEY

CELL PHONE: 352-505-4685

LOCATION: Net Control Tent at Hotel Indigo

SAFETY OFFICER: Carol Chesney

CELL PHONE: 352-219-1423

LOCATION: SW 40 Blvd. Near traffic circle (turn around point)

RADIO UNIT 1 LEADER: Pete Winters W4GHP

CELL PHONE: 352-317-2820

LOCATION: SW 45 ST & SW 40 Blvd. By Miller's Ale-House

RADIO UNIT 2 LEADER: John Troupe KM4JTE

CELL PHONE: 352-284-6423

LOCATION: NW Corner of road behind Bass Pro Shops (see map)

RADIO UNIT 3 LEADER: Gordon Gibby KX4Z

CELL PHONE: 352-246-6183

Assistants: David Huckstep W4JIR 352-494-5716

LOCATION: SW 45 ST (see map)

RADIO UNIT 4 LEADER: Leland Gallup AA3YB

CELL PHONE: 443-538-0314

Assistants: Tom Gause W4YGT 386-462-2786

LOCATION: SW 45 ST (see map)

RADIO UNIT 5 LEADER: Susan Halbert KG4VWI

CELL PHONE: 352-275-9473

Assistants: Rebecca Wolfson KN4KJB 352-281-6881

2019 March for Babies Assignments			
Station Number	Location	Sponsor	Name/Call Sign
1	SW 40 Blvd. Near traffic circle (turn around point)	Target	Pete Winters W4GHP
2	SW 45 ST & SW 40 Blvd. By Miller's Ale-House	UF Health	John Troupe KM4JTE
3	NW Corner of road behind Bass Pro Shops (see map)	None	Gordon Gibby KX4Z, David Huckstep W4JIR
4	SW 45 ST	Wind FM	Leland Gallup AA3YB, Tom Gause W4YGT
5	SW 45 ST	NFRMC	Susan Halbert KG4VWI, Rebecca Wolfson KN4KJ
6	Ambassador AVE (see map)	Campus USA	Mike Shaffer KD4INH, Cheryl Carr KK4CJN

Other Assignments	Name/Call Sign
Net Control	Shannon Boal K4GLM
Net Control	Debra Boal K14CVS
Liaison	Larry Rovak WB2SVB
Liaison	Vann Chesney AC4QS
Rover (Bike)	Ken Miller KF4ULO
Tail End Charlie	Chris Carr KG4NGR
Liaison	Carol Chesney KG4FEX

Prepared by: Name: Vann Chesney Position Title: Incident Com. Signature: _____

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10. Resource Summary:					
				<input type="checkbox"/>	
				<input type="checkbox"/>	
6. Prepared by: Name: Vann Chesney ____ Position/Title: Incident Com. ____ Signature: _____					
ICS 201, Page 4			Date/Time: Apr 7/1530_____		

Updated by FDA 2/2011

ICS-205A

1. Incident Name: MARCH FOR BABIES	2. DATE / TIME PREPARED: Date: Apr 7 Time: 1530	3. OPERATIONAL PERIOD Date From: Apr 13 Time From: 0700 Date TO: Apr 13 Time TO: 1230
3. Basic Local Communications Information:		
Incident Assigned Position	Name (Alphabetized)	Method(s) of Contact (phone, pager, cell, etc.)
Liaison/Safety	Carol Chesney	352-219-1423
Communicator Station 6	Cheryl Carr	352-556-7971
Rover	Chris Carr	352-727-5777
Communicator Station 3	David Huckstep	352-494-5716
Net Control	Debra Boal	352-246-8394
Communicator Station 3	Gordon Gibby	352-246-6183
Communicator Station 2	John Troupe	352-284-6423
Rover (Bike)	Ken Miller	954-616-7865
Liaison	Larry Rovak	201-697-7721
Communicator Station 4	Leland Gallup	443-538-0314
Communicator Station 6	Mike Shaffer	352-658-1443
Communicator Station 1	Pete Winters	352-317-2820
Communicator Station 5	Rebecca Wolfson	352-281-6881
Net Control	Shannon Boal	352-317-2094
Communicator Station 5	Susan Halbert	352-275-9473
Communicator Station 4	Tom Gause	386-462-2786
Incident Commander/ Liaison	Vann Chesney	352-505-4685
4. Prepared by: Name: Vann Chesney Position/Title: Incident Com. Signature: _____		
ICS 205A	IAP Page _____	Date/Time: Apr 7/1530 _____

MEDICAL PLAN (ICS 206)

1. Incident Name: March For Babies	2. Operational Period: Date From: Apr 13 Date To: Apr 13 Time From: 0700 Time To: 1230					
3. Medical Aid Stations:						
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?			
UF Health	<i>Celebration Pointe AVE and SW 50 th TER</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Transportation:						
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service			
	CALL 911	911	<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	Contact Number(s)	Distance	Trauma Center	Burn Center	Heli pad
SHANDS	1600 SW ARCHER ROAD	352 265 0111	5 MILES	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
UF HEALTH KANAPA HA EMERGENCY CENTER	7405 SW Archer Road Gainesville, FL 2608	352 627 0500	2 MILES	<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<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:						
CALL 911 FOR REAL EMERGENCY NOTIFY NET CONTROL AS SOON AS PRACTICABLE						

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7. Prepared by (Medical Unit Leader): Name: Vann Chesney _____ Signature: _____	
8. Approved by (Safety Officer): Name: Carol Chesney _____ Signature: _____	
ICS 206	IAP Page _____ Date/Time: Apr 7/1530