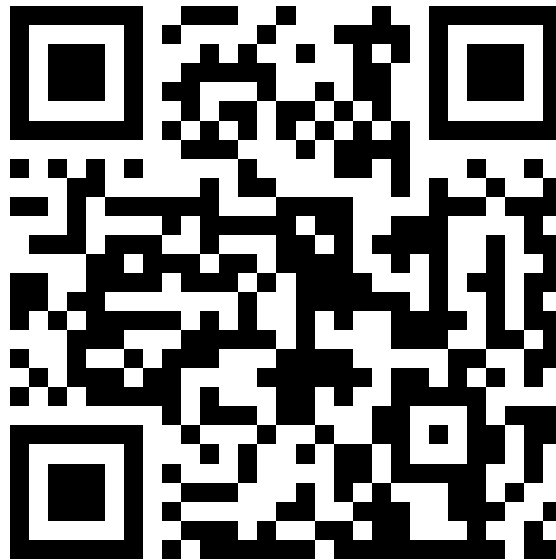


Iredell Tornado Incident- IAP

July 25th 2200- July 26th 1000

Blue Team



Incident Commander: Renee Bridges

Renee Bridges

SARTopo Map



KLS7418 - Read


SIGN IN/SIGN OUT FORM



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: Iredell Tornado	2. Operational Period: Date From: 07/25/25 Date To: 07/25/25 Time From: 2200 Time To: 1000															
3. Objective(s): <ul style="list-style-type: none">• Continue to treat and transport victims as they are located.• Provide for the fatalities as they are located.• Prevent and extinguish fire as they are located or identified.• Complete established perimeter.• Establish reunification locations as they are needed.• HazMat contained and controlled.• Stabilize, locate, and remove trapped victims from damaged buildings.																
4. Operational Period Command Emphasis: <p>Continue to treat and transport victims as located.</p> <p>USAR teams utilize SARCOP for initial damage assessments and documentation.</p> <p>General Situational Awareness Responder safety through proper PPE, adequate rehab, proper communication, and scene and situational awareness.</p> <p>Weather: Temperature 85 degrees, relative humidity 90%, wind SW 5 mph. Thunderstorm Watch.</p>																
5. Site Safety Plan Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at: EOC – QR code for incident																
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%;">✓ ICS 203</td><td style="width: 33%;">✓ ICS 207</td><td style="width: 34%;"><u>Other Attachments:</u></td></tr><tr><td>✓ 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>		✓ ICS 203	✓ ICS 207	<u>Other Attachments:</u>	✓ 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"/> _____
✓ ICS 203	✓ ICS 207	<u>Other Attachments:</u>														
✓ 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>Rachel Helms</u> Position/Title: <u>Operations Chief</u> Signature: <i>Rachel Helms</i>																
8. Approved by Incident Commander: Name: <u>Renee Bridges</u> Signature: <i>Renee Bridges</i>																
ICS 202	IAP Page <u>4</u>	Date/Time: <u>7/25/25 845</u>														

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: Iredell County Tornado		2. Operational Period: Date From: 7/25 Time From: 2200		Date To: 7/26 Time To: 0200	
3. Incident Commander(s) and Command Staff:			7. Operations Section:		
IC/UCs	Renee	Chief	Rachael		
		Deputy			
Deputy		Staging Area	Mike Rowe		
Safety Officer	Webber	Branch	Fire/ Rescue		
Public Info. Officer	Brad	Branch Director	Rachael Helper		
Liaison Officer	Miller	Deputy			
4. Agency/Organization Representatives:		Division/Group	Fire Control		Martina McBride
Agency/Organization	Name	Division/Group	EMS		Snoop Dog
Statesville PD	Mike Tow	Division/Group	Search and Rescue		Handy Helperton
Red Cross	Charlie Daniels	Division/Group	Hazmat		Willie Nelson
Iredell County EM	Brad Paisley	Division/Group			
State EM	Terry Foxx	Branch	Law		
		Branch Director	Mike Tow		
		Deputy			
5. Planning Section:		Division/Group	Perimeter		Owen Hart
Chief	James Caldwell	Division/Group	EVAC		Hulk Hogan
Deputy		Division/Group	Damage Assessment		Brett Hart
Resources Unit	Webber	Division/Group			
Situation Unit	JD	Division/Group			
Documentation Unit		Branch			
Demobilization Unit		Branch Director			
Technical Specialists		Deputy			
		Division/Group			
		Division/Group			
		Division/Group			
6. Logistics Section:		Division/Group			
Chief	Chris	Division/Group			
Deputy		Air Operations Branch			
Support Branch		Air Ops Branch Dir.	Doug Swanson		
Director					
Supply Unit					
Facilities Unit		8. Finance/Administration Section:			
Ground Support Unit		Chief			
Service Branch		Deputy			
Director		Time Unit			
Communications Unit	Chris	Procurement Unit			
Medical Unit	Chris	Comp/Claims Unit			
Food Unit		Cost Unit			
9. Prepared by: Name: James Caldwell _____ Position/Title: Planning Sec. Chief _____ Signature: 					
ICS 203		IAP Page <u>5</u>		Date/Time: 07/25 0910	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Iredell Tornado Incident		2. Operational Period: Date From: 7/25 Time From: 2200		Date To: 7/26 Time To: 1000	3. Branch: Fire/Rescue
4. Operations Personnel:					Division:
Name _____ Contact Number(s) _____					Group: Fire Control
Operations Section Chief: Rachael Helms _____					Staging Area: S.
Branch Director: Rachael Helper _____					Staging
Division/Group Supervisor: Martina McBride _____					
5. Resources Assigned:			# of		Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader	Pers ons	Contact (e.g., phone, pager, radio frequency, etc.)		
Group Sup.	Martina McBride	1	Zone 1 Tac 2		
Engine 1	Deputy Dog	4	Z1 tac 2		
Engine 2	Severide	4	Z1 tac 2		
ALS 1	Snoop Dogg	2	Z1 tac 2		
6. Work Assignments:					
- Continue to extinguish the two structures that was on fire and continue overhaul					
- Fire prevention of any situations that are encountered					
7. Special Instructions:					
- Proper PPE, be aware of heat of exhaustion, rehab as needed, wear hi-vis vest					
8. Communications (radio and/or phone contact numbers needed for this assignment):					
Name/Function		Primary Contact: indicate cell, pager, or radio (frequency/system/channel)			
Martina McBride / Group Sup		588-666-9494			
/					
/					
/					
9. Prepared by: Name: _____ Position/Title: _____ Signature: _____					
ICS 204		IAP Page 6		Date/Time: _____	

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Iredell Tornado Incident		2. Operational Period: Date From: 7/25 Time From: 2200		Date To: 7/26 Time To: 1000		3. Branch: Fire/Rescue Division: Group: Search & Rescue Staging Area: Center Staging
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: Rachael Helms _____ Branch Director: Rachael Helper _____ Division/Group Supervisor: Handy Helperton _____						
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					
Group Sup.	Handy Helperton	1	Zone 1 Tac 5			
Engine 3	Deputy Dog	4	Z1 tac 5			
Engine 4	Severide	4	Z1 tac 5			
Engine 5	Two Pac	4	Z1 tac 5			
Engine 6	Hank Williams	4	Z1 tac 5			
Engine 7	Eric Church	4	Z1 tac 5			
Engine 8	John Cash	4	Zi tac 5			
Engine 22 S&R	Rescue Roy	4	Z1 tac 5			
USAR team 2	Rescue Randy	6	Z1 tac 5			
Rescue 2	Roy Rogers	4	Z1 tac 5			
Rescue 3	Bill Murray	4	Z1 tac 5			
Rescue 4	John Kennedy	4	Z1 tac 5			
Rescue 5	Marty Bless	4	Z1 tac 5			
Ladder 1	Jake Owen	3	Z1 tac 5			
Ladder 2	Ric Flair	3	Z1 tac 5			
Ladder 3	Macho Man	3	Z1 tac 5			
DPW Dump	Richard Price	2	Z1 tac 5			
DPW Dump	Mike Hunt		Z1 tac 5			
6. Work Assignments: - Continue to locate victims - Continue to stabilize scenes -Continue to rescue trapped victims						

7. Special Instructions:

- Proper PPE, be aware of heat of exhaustion, rehab as needed, wear hi-vis vest

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
Handy Helperton / Group Sup	588-666-9494
/	
/	
/	

9. Prepared by: Name: James Caldwell _____ Position/Title: PSC _____ Signature:  _____

ICS 204**IAP Page** 8

Date/Time: 7/25 1040 _____

ASSIGNMENT LIST (ICS 204)


1. Incident Name: Iredell Tornado Incident		2. Operational Period: Date From: 7/25 Time From: 2200		Date To: 7/26 Time To: 1000	3. Branch: Fire/Rescue Division: Group: EMS Staging Area: Center Staging
4. Operations Personnel: <u>Name</u> _____ <u>Contact Number(s)</u> _____ Operations Section Chief: Rachael Helms _____ Branch Director: Rachael Helper _____ Division/Group Supervisor: Snoop Dog _____					
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				
Group Sup.	Snoop Dog	1	Zone 1 Tac 3		
ALS 3	Deputy Dog	4	Z1 tac 3		
ALS 4	Severide	4	Z1 tac 3		
ALS 5	Two Pac	4	Z1 tac 3		
ALS 6	Hank Williams	4	Z1 tac 3		
ALS 7	Eric Church	4	Z1 tac 3		
ALS 8	John Cash	4	Z1 tac 3		
ALS 9	Rescue Roy	4	Z1 tac 3		
ALS 10	Rescue Randy	6	Z1 tac 3		
ALS Bus 1	Carry All	8	Z1 tac 3		
6. Work Assignments: - triage and treat victims - Move patients to facilities starting with the Red					

7. Special Instructions:

- Proper PPE, be aware of heat of exhaustion, rehab as needed, wear hi-vis vest, Secure all patients in vehicles

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
Snoop Dog / Group Sup	588-666-9494
/	
/	
/	

9. Prepared by: Name: James Caldwell _____ Position/Title: PSC _____ Signature:  _____

ICS 204

IAP Page 10

Date/Time: 7/25 1100 _____

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Statesville Tornado		2. Operational Period: Date From: 7/25/25 Time From: 2200		Date To: 7/26/25 Time To: 1000	3. Branch: Division: Group: Hazmat Staging Area:
4. Operations Personnel: Name _____ Contact Number(s) _____ Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: Bat. Chief Willy Nelson					
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				
Hazmat Safety Ofcr		1			
Hazmat Unit		5			
6. Work Assignments: Contain product leaking from tanker: dikes, ditches, dams. Control leak as soon as possible.					
7. Special Instructions: Wear proper PPE as indicated in ERG. Heat exposure awareness/maintain hydration Utilize scene lighting as needed					
8. Communications (radio and/or phone contact numbers needed for this assignment): Name/Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) OSC / Zone 1 – Tac 4 _____/_____ _____/_____ _____/_____ _____/_____					
9. Prepared by: Name: Rachel Helms Position/Title: OSC Signature: [Signature]					
ICS 204	IAP Page 11	Date/Time: 7/25/25			

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Statesville Tornado		2. Operational Period: Date From: 7/25/25 Date To: 7/26/25 Time From: 2200 Time To: 1000		3. Branch: Division: Group: Perimeter Staging Area:
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: _____ Branch Director: <u>Mike Tow</u> Division/Group Supervisor: <u>Chief Andy Taylor</u>				
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			
Officer 1				
Officer 2				
Officer 3				
Officer 4				
Officer 5				
Officer 6				
Officer 7				
Officer 8				
Officer 9				

6. Work Assignments:

 Complete and hold perimeter with barricades/patrol cars

7. Special Instructions:

 Be aware of environmental hazards, downed power lines, debris in roadways, moving traffic. Please utilize high visibility clothing, emergency lighting, and indicated PPE.

8. Communications (radio and/or phone contact numbers needed for this assignment):

Name/Function _____	Primary Contact: indicate cell, pager, or radio (frequency/system/channel) _____
OSC /	Zone 2 – Tac 2
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

9. Prepared by: Name: Rachel Helms Position/Title: OSC Signature:

ICS 204
IAP Page 12
Date/Time: 7/25/25

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Statesville Tornado		2. Operational Period: Date From: 7/25/25 Time From: 2200		3. Date To: 7/26/25 Time To: 1000											
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: <u>Officer Hulk Hogan</u>				Branch: Division: Group: Evac 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														
Officer 1															
Officer 2															
Officer 3															
Officer 4															
Officer 5															
6. Work Assignments: Complete and hold perimeter with barricades/patrol cars															
7. Special Instructions: Be aware of environmental hazards, downed power lines, debris in roadways, moving traffic. Please utilize high visibility clothing, emergency lighting, and indicated PPE.															
8. Communications (radio and/or phone contact numbers needed for this assignment): <table border="0"><tr><td>Name/Function</td><td>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</td></tr><tr><td>OSC /</td><td>Zone 2 – Tac 3</td></tr><tr><td>/</td><td></td></tr><tr><td>/</td><td></td></tr><tr><td>/</td><td></td></tr></table>						Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	OSC /	Zone 2 – Tac 3	/		/		/	
Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)														
OSC /	Zone 2 – Tac 3														
/															
/															
/															
9. Prepared by: Name: <u>Rachel Helms</u> Position/Title: <u>OSC</u> Signature: <u>[Signature]</u>															
ICS 204		IAP Page <u>13</u>		Date/Time: <u>7/25/25</u>											

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Statesville Tornado		2. Operational Period: Date From: 7/25/25 Date To: 7/26/25 Time From: 2200 Time To: 1000		3. Branch: Division: Group: Damage Assess Staging Area:										
4. Operations Personnel: <u>Name</u> <u>Contact Number(s)</u> Operations Section Chief: _____ Branch Director: _____ Division/Group Supervisor: <u>Chief Wiggum – Springfield PD</u>														
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													
Officer Friendly														
Officer Fife														
Officer Doofy														
Robo Cop														
6. Work Assignments: Assess/Facilitate Access/Structural Integrity of residential/commercial structures in the incident area. Begin with high priority locations: Davis Regional Hospital, Statesville HS														
7. Special Instructions: Be aware of environmental hazards, downed power lines, debris in roadways, moving traffic. Please utilize high visibility clothing and PPE.														
8. Communications (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%;"> <tr> <td style="width: 50%;">Name/Function</td> <td style="width: 50%;">Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</td> </tr> <tr> <td>OSC /</td> <td>Zone 2 - Tac 4</td> </tr> <tr> <td>/</td> <td></td> </tr> <tr> <td>/</td> <td></td> </tr> <tr> <td>/</td> <td></td> </tr> </table>					Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	OSC /	Zone 2 - Tac 4	/		/		/	
Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)													
OSC /	Zone 2 - Tac 4													
/														
/														
/														
9. Prepared by: Name: <u>Rachel Helms</u> Position/Title: <u>OSC</u> Signature:														
ICS 204	IAP Page <u>14</u>	Date/Time: <u>7/25/25</u>												

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: Iredell Tornado Incident	2. Operational Period: Date From: 7/25/2025 Time From: 2200	Date To: 07/26/2025 Time To: 1000
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan: 1. Severe Weather Watch/Warning Protocol: Monitor NOAA Weather Radio or situational updates from the Incident Command. Seek shelter immediately if tornado warnings are issued during operations. Closest designated shelters are identified on the map. 2. Structural Hazards: Do not enter damaged or partially collapsed structures unless cleared by qualified engineers. Mark unsafe structures clearly and report findings to the Safety Officer or Operations Section Chief. 3. Debris Management: Be aware of sharp objects, unstable piles, and hidden hazards (e.g., nails, glass, rebar). Use full PPE, including gloves, eye protection, hard hats, and steel-toed boots. 4. Utilities Hazards: Assume all downed power lines are energized. Stay at least 50 feet away. Report gas leaks, water main breaks, or exposed wiring immediately. 5. Heat/Environmental Exposure: Stay hydrated. Enforce work/rest cycles. Watch for signs of heat exhaustion or dehydration in yourself and others. 6. Medical Emergencies: First aid kits are located at staging areas and Base Camp. Report injuries immediately via radio using clear text (not 10-codes). 7. Vehicle & Equipment Safety: Maintain safe speeds on debris-laden or wet roads. Use spotters when backing vehicles or operating in tight spaces. 8. Situational Awareness: Maintain accountability for your team. Conduct regular check-ins. Report all safety concerns immediately to the Safety Officer.		
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located At:		
5. Prepared by: Name: <u>Kyle Drum</u> Position/Title: <u>Safety Officer</u> Signature: _____		
ICS 208	IAP Page <u>15</u>	Date/Time: <u>07/25/2025</u>

SAVE

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

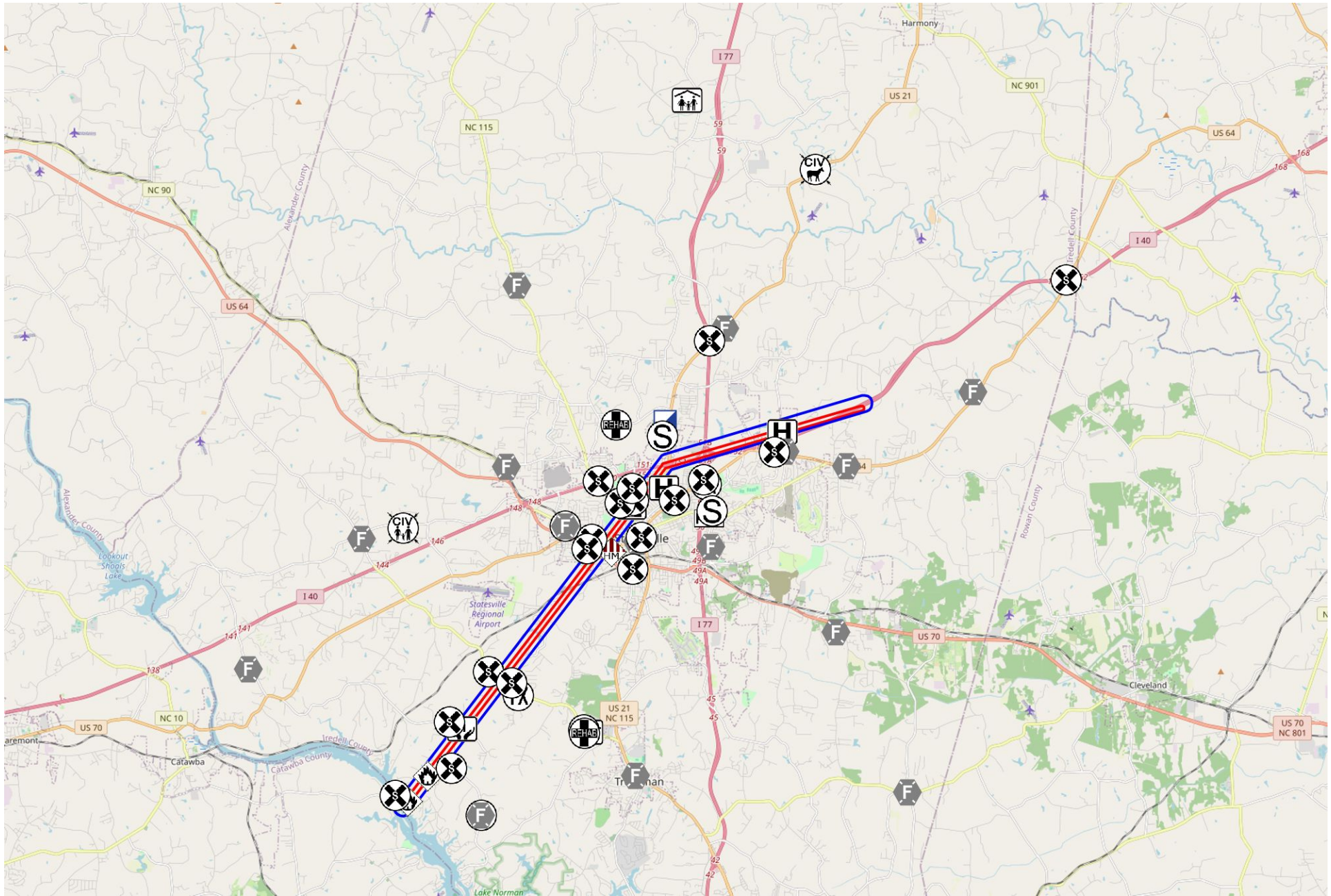
1. Incident Name: Iredell Tornado Incident				2. Date/Time Prepared: Date: 07/25/2025 Time: 15:00 Hours				3. Operational Period: Date From: 07/25/2025 Date To: 07/26/2025 Time From: 22:00 hrs Time To: 10:00 hrs			
4. Basic Radio Channel Use:											
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio 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	
		Fire/Rescue Branch Fire Control Group	Viper Zone 1; TAC 1 Viper Zone 1; TAC 2	Fire/Rescue Branch							
		EMS Group HazMat Group	Viper Zone 1; TAC 3 Viper Zone 1; TAC 4	Fire/Rescue Branch							
		Search/Rescue Group	Viper Zone 1; TAC 5	Fire/Rescue Branch							
		Law Branch Perimeter Group	Viper Zone 2; TAC 1 Viper Zone 2; TAC 2	Law Branch							
		Evacuation Group Damage/Assessment	Viper Zone 2; TAC 3 Viper Zone 2; TAC 4	Law Branch							
		Command Logistic Branch	Viper Zone 3; TAC 1 Viper Zone 4; TAC 1	ICP Logistics							
		Medical for Responders	Viper Zone 5; TAC 1	Medical/FF							
		LZ	Viper Zone 6; TAC 1	LZ						Statesville Regional Airport 238 Airport Road, Statesville, NC 28677	
5. Special Instructions: * Perform a radio check prior to leaving ICP. * Take extra batteries for you and your crew. * Connect Logistics on Viper TAC 8 for any radio or communications needs.											
6. Prepared by (Communications Unit Leader): Name: <u>Christopher Johnson</u> Signature: <u>Christopher L. Johnson</u> <div style="text-align: right; font-size: small;"> Digitally signed by Christopher L. Johnson Date: 2025.07.24 12:17:20 -04'00' </div>											
ICS 205		IAP Page <u> 16 </u>			Date/Time: _____						

SAVE

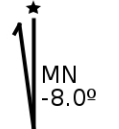
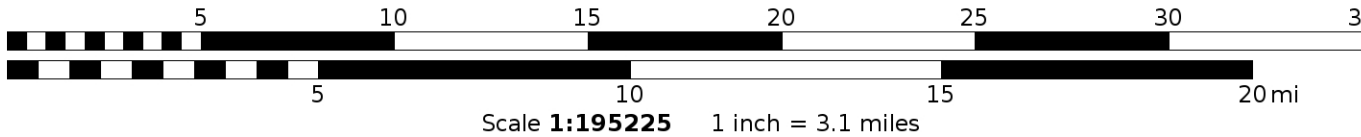
MEDICAL PLAN (ICS 206)

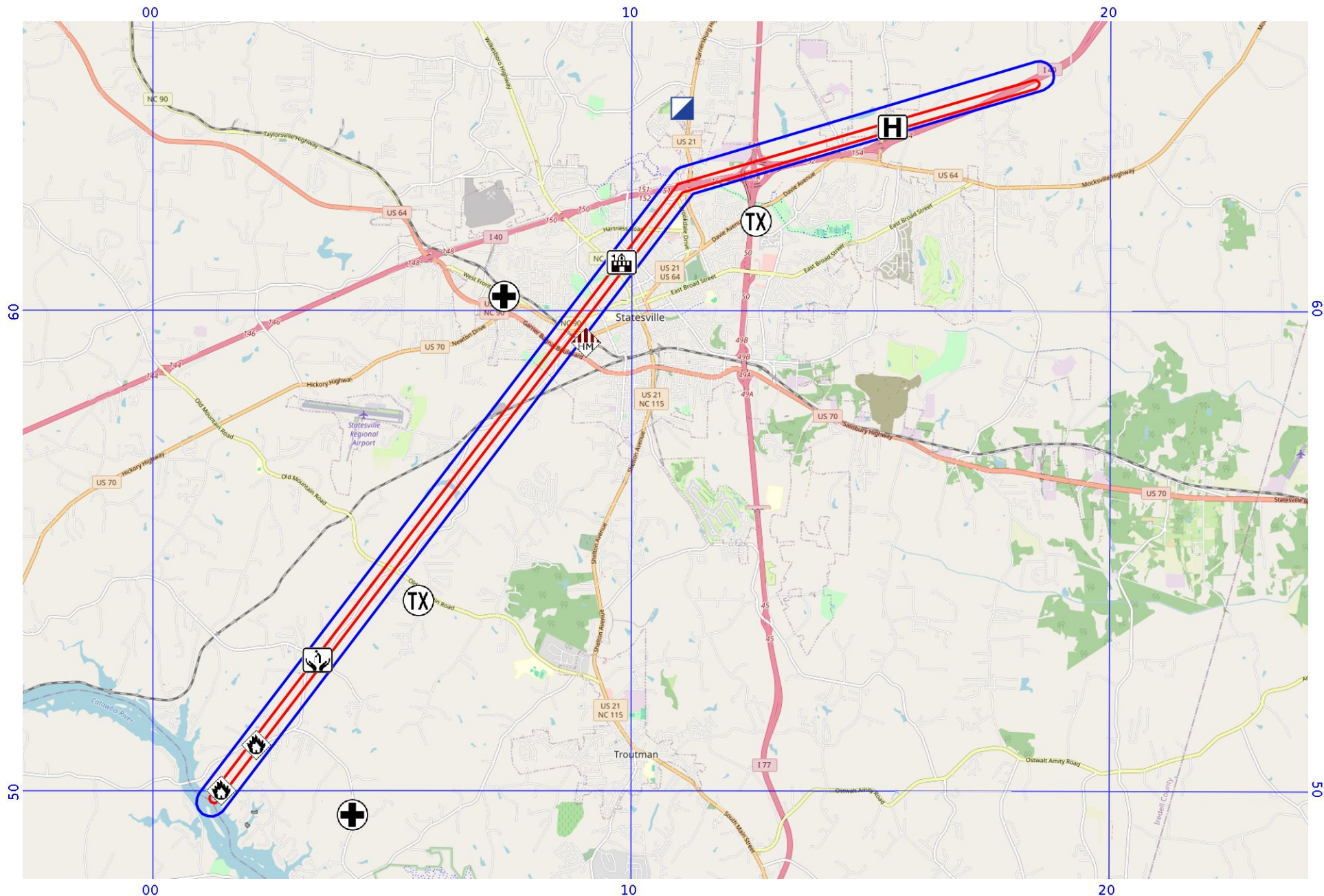
1. Incident Name: Iredell Tornado Incident		2. Operational Period: Date From: 7/25/25 Date To: 7/26/25 Time From: 22:00 hrs Time To: 10:00 hrs					
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
Treatment Collection #1	Statesville FD: 110 Security Drive, Statesville 28677	Captain Jones/704-525-1946	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Treatment Collection #2	Troutman FD: 150 Perth Road, Troutman 28117	Captain Smith/704-596-6642	<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input 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				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
Duke Health Lake Norman	171 Fairview Road, Mooresville 28117	Lt. Roberts/704-339-4567	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS				
Atrium Wake Forest	1 Medical Center Blvd, Winston-Salem 27157	Lt. Helms/704-555-5555	<input checked="" type="checkbox"/> ALS <input checked="" 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			
Iredell Health	557 Brook Dale Drive Statesville, NC 28677	Brad Johnson 704-302-9339		10	<input checked="" type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Carolina Medical	1000 Blythe Blvd. Charlotte, NC 28203	Mike Richey 704-234-9876	10	45	<input checked="" type="checkbox"/> Yes Level: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Atrium Wake Forest	1 Medical Center Blvd Winston-Salem, NC 27157	Tyler Bryce 336-567-6543	10	45	<input checked="" type="checkbox"/> Yes Level: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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
					<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:							
* Medical Units for Responders will be operating on Viper Zone 5; TAC 1							
* LZ's are located at Statesville Regional Airport (238 Airport Road, Statesville, NC 28677); LZ will be operating on Viper Zone 6; TAC 1							
<input checked="" type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. Prepared by (Medical Unit Leader): Name: <u>Chris Johnson</u> Signature: <u>Christopher L. Johnson</u> <small style="float: right;">Digitally signed by Christopher L. Johnson Date: 2025.07.25 10:11:06 -0400</small>							
8. Approved by (Safety Officer): Name: _____ Signature: _____							
ICS 206		IAP Page <u>17</u>		Date/Time: _____			

SAVE

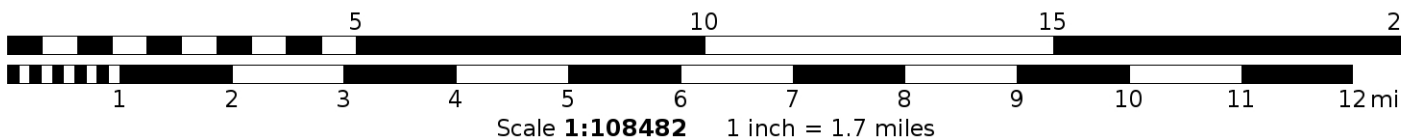


Mercator Projection
WGS84
UTM Zone 17S

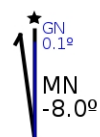



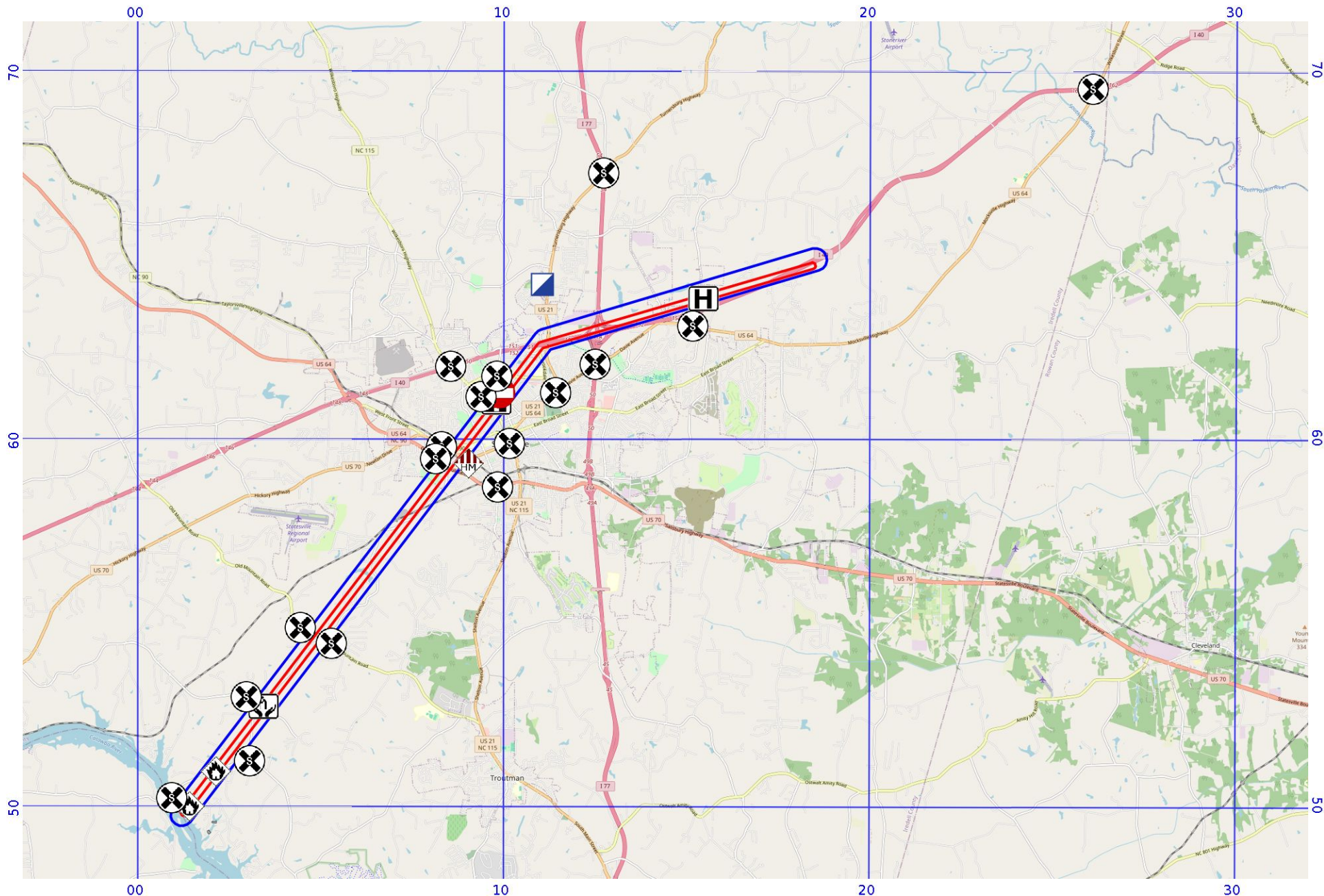


Treatment Stations
WGS84
USNG 17SMV-17SNV
 SARTOPO



GN
0.1°
MN
-8.0°

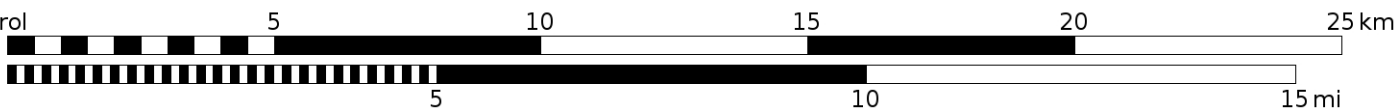




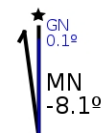
Perimeter Access Control

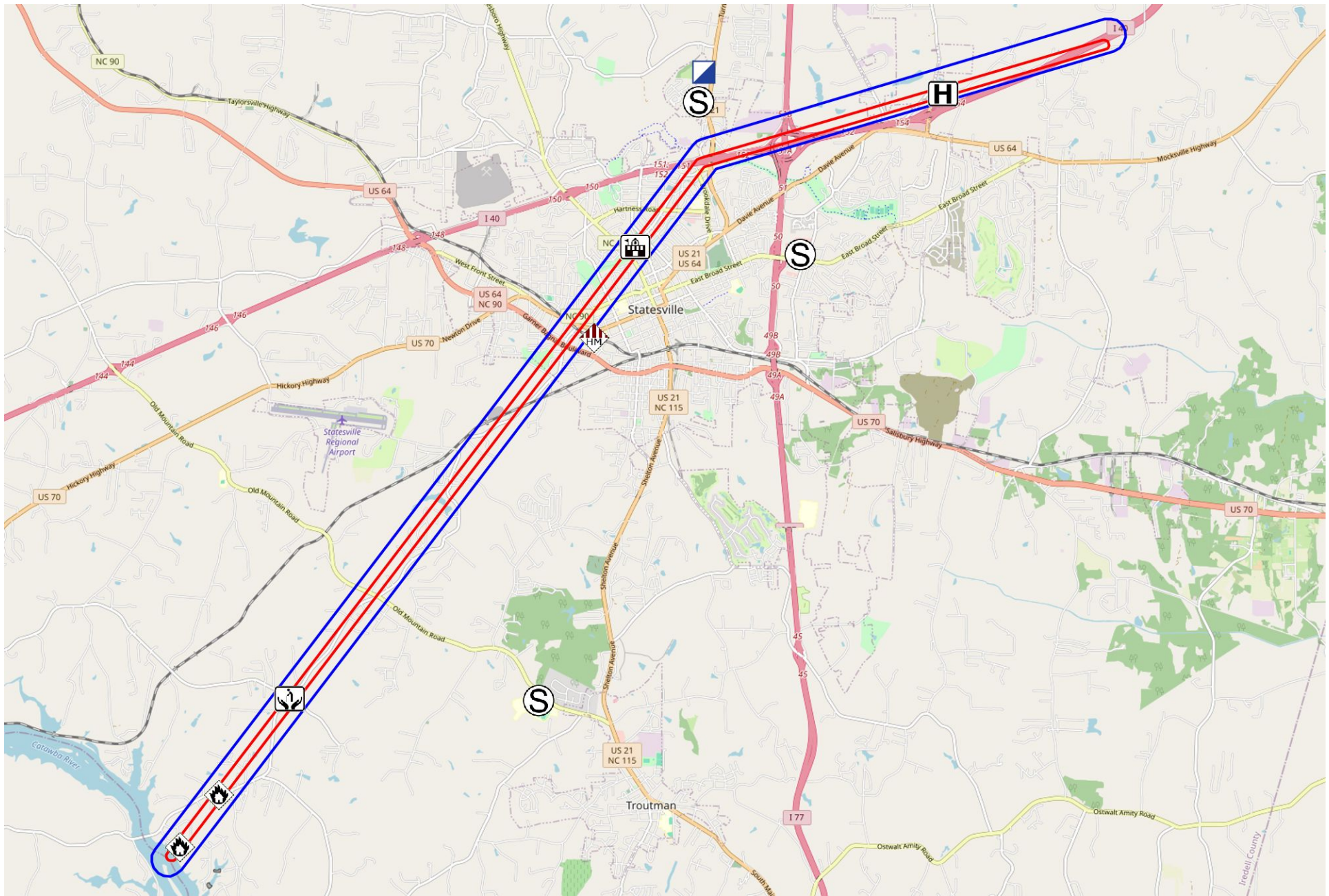
WGS84

USNG 17SMV-17SNV

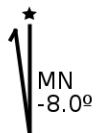
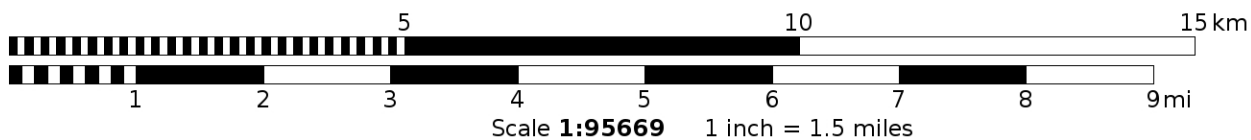


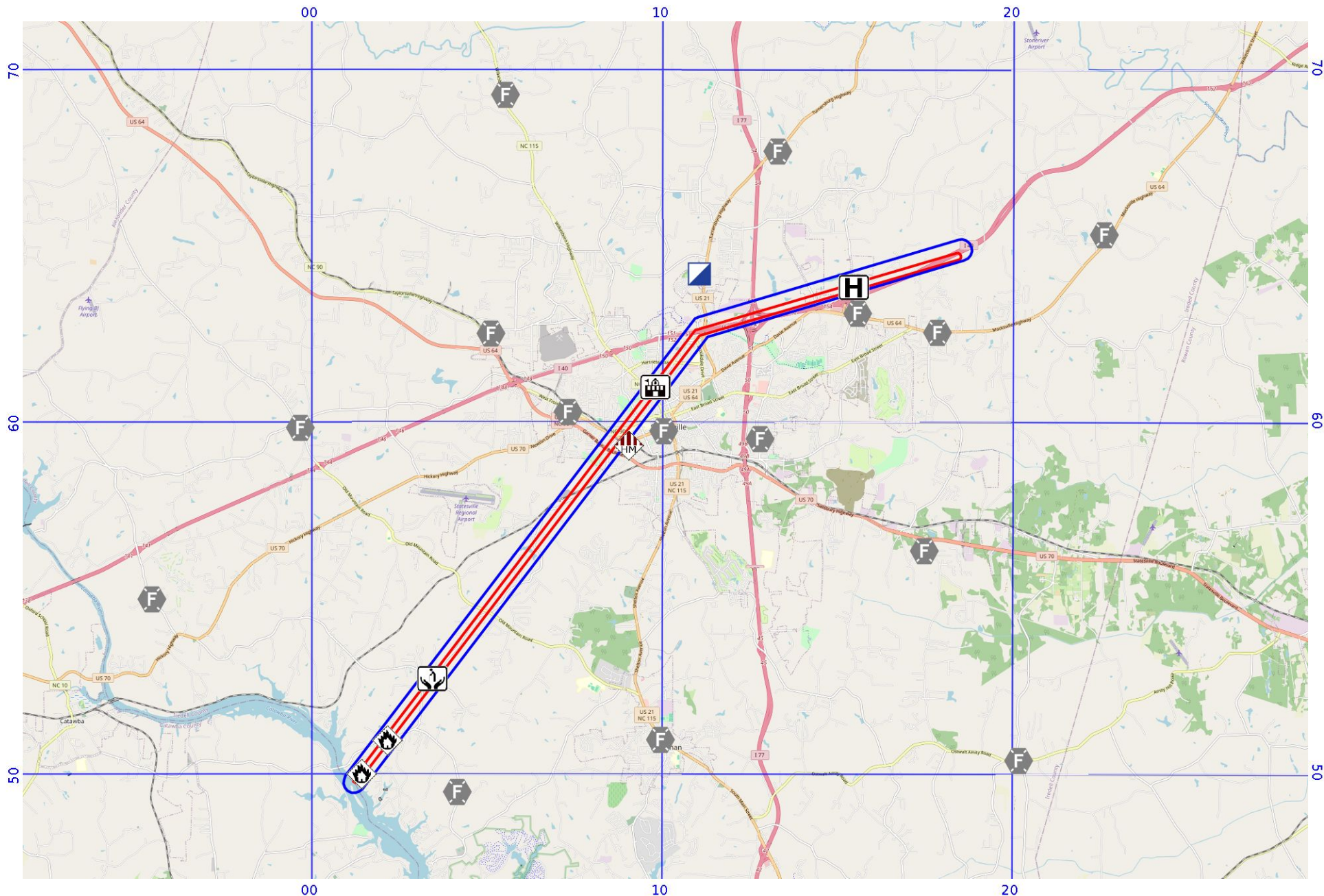
Scale 1:141762 1 inch = 2.2 miles



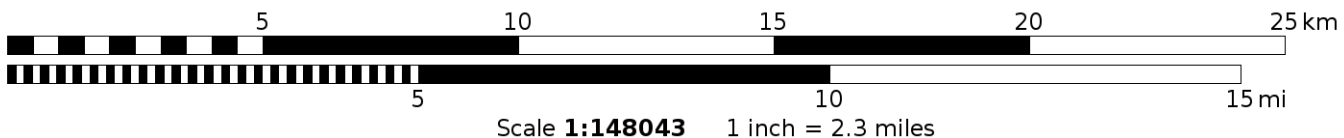


Staging Areas
WGS84
UTM Zone 17S

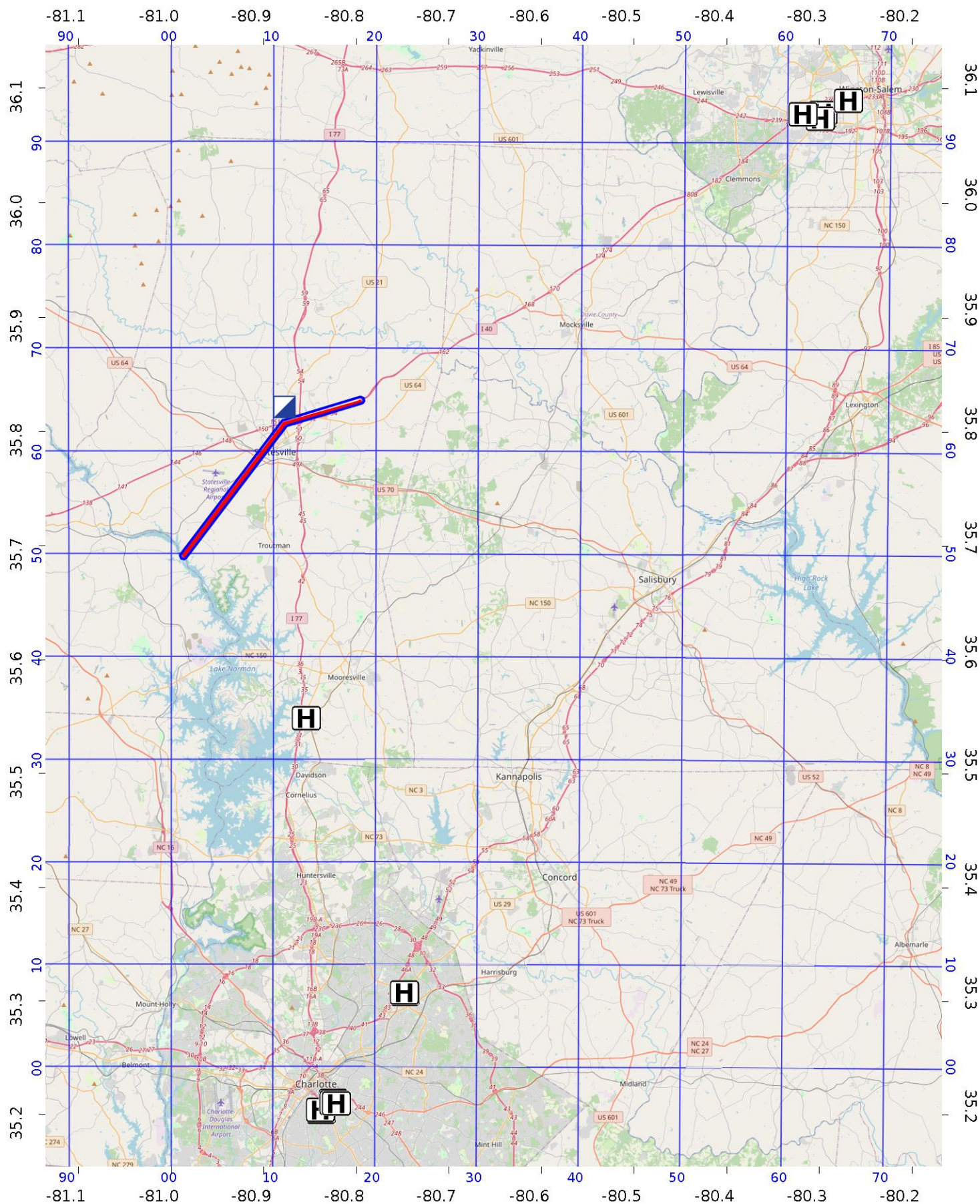





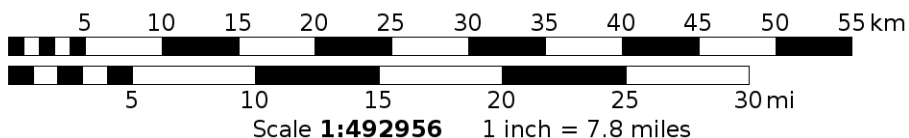
Fire Stations
WGS84
USNG 17SMV-17SNV

GN
0.1°
MN
-8.0°



MEDEVAC Hospitals
WGS84
USNG 17SMU-17SNV

GN
0.2°
MN
-8.2°