

Request Number	Resource Name Number of Personnel/Leader	Agency	Check-in Date/Time	Home Unit (Ranger District, Unit Office)	Demob City	Demob State	Jet-port	Travel Method/ Stays?/ Hrs. to drive?	Vehicle Id	Position Assignment	Other Carded Qualifications	Last R&R Date	Date Departed Home Unit	Date of Fire Day #1 (for counting consecutive number of days on fire)	Reassignable?	EMT Qualified?
O-300	LOPEZ, BETH	BLM	05-20 0815	CA- NOD	SUSANVILLE	CA	SMF	AOV	DOOR # 0219	TIME	COST, PTRC		05-20	05-20		N
O-301	ALLEN, LINDI	FS	05-19 0600	CA- ENF	PLACERVILLE	CA	SMF	AIR	N/A	DIVS	STEN, CRWB		05-19	05-19		Y
O-302	CHAMBERS, HEIDI	FS	05-20 1800	CA- TNF	DOWNIEVILLE	CA	SMF	POV	422 RHD	PTRC	TIME, SCKN		05-20	05-20		N
O-303	STEVENS, DENNIS	FS	05-19 0600	CA- TNF	CAMPTONVILLE	CA	SMF	AOV	DOOR # 0219	SOF1	DIVS, PSC2		05-19	05-19		Y
C-300	TAHOE HOTSHOTS 21 Cowell, Rick	FS	05-21 1800	CA- TNF	CAMPTONVILLE	CA	SMF	AOV	7065 & 7066	HC1			05-21	05-21		N
C-301	Grayback #1 20 Nelson, F	PVT	05-21 0500	PVT	GRANTS PASS	OR	N/A	BUS		HC2			05-21	05-21		Y
E-300	CATNF ENGINE 31 5 Campbell, Mike	FS	05-20 1500	CA- TNF	CAMPTONVILLE	CA	SMF	AOV	DOOR # 9545	ENG3			05-20	05-20		Y
E-301	ABC DOZER 1 SMITH, DAN	PVT	05-20 0730	PVT	GRASS VALLEY	CA	SMF	POV	12T4756	DOZ2			05-19	05-20		N
E-302	JONES TRANSPORT 1 JONES, FRANK	PVT	05-20 0730	PVT	N SAN JUAN	CA	SMF	POV	7YEIURR	LOWB			05-19	05-20		N
E-303	WATER WORKS WT 1 ROBINSON, JANET	PVT	05-20 1830	PVT	GRASS VALLEY	CA	SMF	POV	5T99890	WT1			05-20	05-20		N
E-304	MARTIN PICKUP 1 MARTIN, RICHARD	PVT	05-19 1430	PVT	CAMPTONVILLE	CA	SMF	POV	3P38744	PU			05-19	05-19		Y
E-312	S/T 3240C 26 OLSON, ARNOLD	FS	05-20 0800	OR- MHF	SANDY	OR	PDX	AOV	3255, 3289, 3444,8624,9177, 9178	ES3			05-19	05-20		Y

OVERHEAD CHECK-IN SHEET

Request Number: O-300

PLANS INFORMATION

Last Name: LOPEZ First Name: BETH Position TIME

Unit ID: CANOD Agency: BLM Check-In Date: 05/20/ Check-In Time: 0815
(e.g., NPS, FS, BIA)

Demob City: SUSANVILLE Demob State: CA
(Final Destination)

Airport: _____ Jetport Code: RDD
(3-Letter Code, If Known)

Method of Travel (circle one): A/R AIR AOV BUS OTHER PAS POV REN

If AOV, POV, or BUS: Vehicle Description: DODGE DAKOTA
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: DOOR # 0219
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES NO

If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Other Qualifications: COST, PTRC

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: FED (If AD fill out Casual/AD info below)

Home Unit Name: SUSANVILLE DISTRICT

Home Unit Address: 145 MAIN STREET

SUSANVILLE, CA 99999

Home Unit Phone #: (530) 288-3231

Home Unit Fax #: (530) 288-0727

Casual/AD Employees Only

Social Security Number: _____

Is this your first assignment for the calendar year? YES NO

AD Position Held on Fire: _____
(e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: _____ AD Pay Rate: _____

Hiring Agency Name: _____

Check Mailing Address: _____

TO BE COMPLETED BY PLANS

Mobilization Date: 05/20/
First Work Day: 05/20/
Length of Assignment: 14

- Red Card Checked
- T-Card Completed
- Entered into Resources
- Manifest (filed & attached)

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

OVERHEAD CHECK-IN SHEET

Request Number: O-301

PLANS INFORMATION

Last Name: ALLEN First Name: LINDI

Agency: FS Check-In Date: 05/19/ Check-In Time: 0600
(e.g., NPS, FS, BIA)

Home Unit: CA-ENF Demob City: PLACERVILLE Demob State: CA
(Unit Id) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV POV **AIR** BUS

If Air: Jetport/Airport: SACRAMENTO Jetport Code: SMF
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: _____
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: _____
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team
Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES **NO**

If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Other Qualifications: STEN, CRWB

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: FED (If AD fill out Casual/AD info below)

Position Held on Fire: DIVS
(e.g., FFT1, CRWB, PTRC, SCKN)

Home Unit Name: EL DORADO NATIONAL FOREST

Home Unit Address: 100 FORNI ROAD
PLACERVILLE, CA 95667

Home Unit Phone #: (530) 555-3231

Home Unit Fax #: (530) 555-0727

Casual/AD Employees Only

Social Security Number: _____

Is this your first assignment for the calendar year? YES NO

AD Position Held on Fire: _____
(e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: _____ AD Pay Rate: _____

Hiring Agency Name: _____

Check Mailing Address: _____

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/
First Work Day: 05/19
Length of Assignment: 12

- Red Card Checked
- T-Card Completed
- Entered into Resources
- Manifest (filed & attached)

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

OVERHEAD CHECK-IN SHEET

Request Number: O-302

PLANS INFORMATION

Last Name: CHAMBERS First Name: HEIDI

Agency: FS Check-In Date: 05/20/ Check-In Time: 1800
(e.g., NPS, FS, BIA)

Home Unit: CA-TNF Demob City: DOWNIEVILLE Demob State: CA
(Unit Id) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV **POV** AIR BUS

If Air: Jetport/Airport: SACRAMENTO Jetport Code: SMF
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: FORD MUSTANG
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: 422 RHD
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES **NO**

If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Other Qualifications: TIME, SCKN

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: AD (If AD fill out Casual/AD info below)

Position Held on Fire: _____
(e.g., FFT1, CRWB, PTRC, SCKN)

Home Unit Name: _____

Home Unit Address: _____

Home Unit Phone #: _____

Home Unit Fax #: _____

Casual/AD Employees Only

Social Security Number: 999-99-9999

Is this your first assignment for the calendar year? YES **NO**

AD Position Held on Fire: PTRC
(e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: AD-E AD Pay Rate: \$16.54

Hiring Agency Name: YUBA RIVER RANGER DISTRICT
15924 HIGHWAY 49 CAMPTONVILLE, CA 95922

Check Mailing Address: 111 MAIN STREET
CAMPTONVILLE, CA 95922

Phone#: (530) 555-7811

TO BE COMPLETED BY PLANS

Mobilization Date: <u>05/20/</u>	<input checked="" type="checkbox"/> Red Card Checked
First Work Day: <u>05/21/</u>	<input type="checkbox"/> T-Card Completed
Length of Assignment: <u>14</u>	<input type="checkbox"/> Entered into Resources
	<input type="checkbox"/> Manifest (filed & attached)

Updated-January 08, 2009

TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Employee Information Received and Complete
<input type="checkbox"/> Entered into Time by (initials): _____

4.3-04-ISUITE-HO

OVERHEAD CHECK-IN SHEET

Request Number: O-303

PLANS INFORMATION

Last Name: STEVENS First Name: DENNIS

Agency: FS Check-In Date: 05/19/ Check-In Time: 0600
(e.g., NPS, FS, BIA)

Home Unit: CA-TNF Demob City: CAMPTONVILLE Demob State: CA
(Unit Id) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV POV AIR BUS

If Air: Jetport/Airport: SACRAMENTO Jetport Code: SMF
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: PASSENGER W/LOPEZ O-300
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: DOOR # 0219
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES NO

If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Other Qualifications: DIVS, PSC2

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: FED (If AD fill out Casual/AD info below)

Position Held on Fire: SOF1
(e.g., FFT1, CRWB, PTRC, SCKN)

Home Unit Name: YUBA RIVER RANGER DISTRICT

Home Unit Address: 15924 HIGHWAY 49
CAMPTONVILLE, CA 95922

Home Unit Phone #: (530) 288-3231

Home Unit Fax #: (530) 288-0727

Casual/AD Employees Only

Social Security Number: _____

Is this your first assignment for the calendar year? YES NO

AD Position Held on Fire: _____
(e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: _____ AD Pay Rate: _____

Hiring Agency Name: _____

Check Mailing Address: _____

TO BE COMPLETED BY PLANS

Mobilization Date: <u>05/19/</u> First Work Day: <u>05/19</u> Length of Assignment: <u>14</u>	<input checked="" type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached)
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TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into Time by (initials): _____
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CREW CHECK-IN SHEET

Request Number: C-300

PLANS INFORMATION

Crew Name & Designator: Tahoe IHC Agency: FS
(e.g., Blackfeet 21, Flathead IHC) (e.g., FS, NPS, BIA, BLM)

Agency: FS Check-In Date: 05/21/ Check-In Time: 1800

Home Unit: CA-TNF Demob City: CAMPTONVILLE Demob State: CA
(3-Letter Identifier) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV **POV** **AIR** **BUS**

If Air: Jetport/Airport: _____ Jetport Code: SMF
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: INTERNATIONAL CREW HAUL
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: 7065 AND 7066
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team Dispatch Center, etc.): _____

Were you reassigned directly from another incident? **YES** NO

If Yes: Original Request #: _____ Name of Incident: _____

FINANCE INFORMATION

Please attach a complete manifest for the crew, including complete names for all crewmembers. If pre-printed FTR's or crew books are not furnished, the following information needs to be provided to Finance for each crewmember.

Federal/State Employees

Name
Social Security Number
Crew Position
Home Unit Name
Home Unit Address
Home Unit Phone #
Home Unit Fax #

Casual (AD/EFF) Employees

First Assignment for Calendar Year?
Name
Social Security Number
Crew Position
AD Classification (AD-2, AD-3, etc.)
AD Rate
Hiring Unit Name
Hiring Unit Address
Hiring Unit Phone #
Check Mailing Address

TO BE COMPLETED BY PLANS

Mobilization Date: 05/21
First Work Day: 05/22
Length of Assignment: 14

- Red Card Checked
- T-Card Completed
- Entered into Resources
- Manifest (filed & attached)

TO BE COMPLETED BY FINANCE

- Crew Information Received and Complete
- Entered into Time by (initials): _____

Request # C-300

Crew Type **I** **II (Initial Attack)** **II (Other)**

INCIDENT NAME:		Frog Incident		TAHOE HOTSHOT MANIFEST			Vehicle		2728	
ACCOUNTING CODE:		P1ABCD		TAHOE NATIONAL FOREST			Door #'s		7065	
OVER RIDE:				YUBA RIVER RANGER DISTRICT					7066	
REQUEST #:		C-300		15924 HIGHWAY 49						
DATE:		5/21/		CAMP TONVILLE, CA 95922						
				(530) 478-6253 FAX (530) 288-0727						
WEIGHT										
SS#	POSITION	AD RATE	LAST NAME	MI	FIRST NAME	HELICOPTER	BODY	WEBGEAR	PERSONAL FIRE BAG	LARGE AIR TRANSPORT
	CRWB		COWELL	A	RICK	215	180	35	20	220
	FFT1		WHITE	H	TODD	245	205	40	20	250
	FFT1		RICE	J	ERIC	230	185	45	20	235
	FFT2		ROJAS		TIRSO	225	185	40	25	230
	FFT2		CUTLER	H	JUSTIN	245	200	45	20	250
	FFT1		HICKEY	D	FRANCIS	250	215	35	25	255
	FFT2		MOSHETTI	S	BRAD	250	210	40	25	255
	FFT2		FLATTLEY	D	ISAAC	220	185	35	20	225
	FFT2		LAFERRIERE	M	DUSTIN	225	190	35	20	230
	FFT2		GHSILETTA		THOMAS	230	195	35	25	235
	FFT2		RIVADENEYRA		DAMIEN	215	180	35	20	220
	FFT2		CROSTHWAIT	H	CHAD	220	185	35	25	225
	FFT2		O'DONNELL		ANDREW	255	220	35	25	260
999-99-9999	FFT1	AD-D	RICE		GRAHM	195	155	40	30	200
	FFT2		McCANDLESS		CHRIS	225	190	35	20	230
	FFT2		BRANTLEY		JEFF	220	185	35	25	225
	FFT2		MELLEIN	A	AARON	190	155	35	20	195
	FFT1		GUILOFYLE		MARY KATE	180	145	35	25	185
	FFT2		MILLER		MIKE	195	160	35	20	200
	FFT2		SWITZER		ADAM	170	135	35	25	175
	FFT2		LUIS		GOMEZ	215	175	40	25	220
SUB-TOTALS										
SUPPORT EQUIPMENT-RADIO PACK-TIME PACK-----									WEIGHT	40
CHAINSaws-----									WEIGHT	120
SAW BAG-----									WEIGHT	40
HANDTOOLS-----									WEIGHT	60
TOTAL WEIGHT									4980	

CREW CHECK-IN SHEET

Request Number: C-301

PLANS INFORMATION

Crew Name & Designator: Grayback #1 Agency: PVT
(e.g., Blackfeet 21, Flathead IHC) (e.g., FS, NPS, BIA, BLM)

Check-In Date: 05/21/ Check-In Time: 1800

Home Unit: OR-R06 Demob City: GRANTS PASS Demob State: OR
(3-Letter Identifier) (Final Destination) (Final Destination)

Method of Travel (circle one): **AOV** **POV** **AIR** **BUS**

If Air: Jetport/Airport: _____ Jetport Code: _____
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: INTERNATIONAL BUS
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: LN 125V44
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team Dispatch Center, etc.): _____

Were you reassigned directly from another incident? **YES** **NO**

If Yes: Original Request #: _____ Name of Incident: _____

FINANCE INFORMATION

Please attach a complete manifest for the crew, including complete names for all crewmembers. If pre-printed FTR's or crew books are not furnished, the following information needs to be provided to Finance for each crewmember.

Contract Information

Company Name: Grayback Forestry
EIN Number: 99-9999999
Agreement Number: 53-024B-2-2336
Address: 111 Main Street
City, ST Zip: Grants Pass, OR 97526
Phone Number: 503-555-1212

TO BE COMPLETED BY PLANS

Mobilization Date: <u>05/21/</u>	<input checked="" type="checkbox"/> Red Card Checked
First Work Day: <u>05/22/</u>	<input type="checkbox"/> T-Card Completed
Length of Assignment: _____	<input type="checkbox"/> Entered into Resources
	<input type="checkbox"/> Manifest (filed & attached)

TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Crew Information Received and Complete
<input type="checkbox"/> Entered into Time by (initials): _____

Request # C-301

Crew Type I II (Initial Attack) II (Other)

ENGINE CHECK-IN SHEET

Request Number: E-300

AGENCY-OWNED ENGINE

CONTRACT ENGINE

Engine Name & Designator: CA-TNF ENGINE 31
(e.g., Mt. Hood #6435)

Contractor/Cooperator Name: _____

Kind: ENG3 Agency: FS Configuration: S
(e.g., FS, NPS, BIA) (S, ST, TF)

Address: _____

Check-In Date: 05/20/ Check-In Time: 1500

Check-In Date: _____ Check-In Time: _____

Home Unit: CA-TNF Demob City: CAMPTONVILLE Demob State: CA
(State and 3-Letter Identifier) (Final Destination) (Final Destination)

Demob City: _____ Demob State: _____

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: DOOR #9545
(Government Vehicle ID#)

Vehicle ID: _____
(VIN # or Serial # **and** License #)

Does your engine have foam capability? YES NO CAFS? YES NO

Does your engine have foam capability? YES NO CAFS? YES NO

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: _____

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: _____

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

Name	Social Security #	AD/Fed/Other	Home Unit	Home Unit or *Mailing Address	Home Unit Phone #	Home Unit Fax #
ENGB - CAMPBELL, MICHAEL		FED	CATNF	15924 HIGHWAY 49	(530) 555-5555	(530) 555-1212
ENOP - PRINCE JAMES		FED	CATNF	CAMPTONVILLE, CA 95922		
FFT2 - CARSON, CLINT		FED	CATNF	" "		
FFT1 - SAUTER, DANIEL		FED	CATNF	" "		
FFT1 - SMITH, ADAM		FED	CATNF	" "		

*Check mailing address for AD employees only

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TO BE COMPLETED BY PLANS

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TO BE COMPLETED BY FINANCE

Mobilization Date: <u>05/20/</u> Length of Assignment <u>11</u> Checked in by (initials): _____	<input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached)
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<input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into Time by (initials): _____	
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EQUIPMENT CHECK-IN SHEET

Request Number: E-301

Equipment: ABC DOZER

Kind: DOZ2 Agency: PVT

Primary Operator's Name: DAN SMITH

If ordered for a double shift, is there a relief operator available? YES NO

Relief Operator's Name: _____

Vehicle or Equipment ID: SN 12T4756
(Serial #)

Demob City/State: GRASS VALLEY, CA

Were you reassigned directly from another incident? YES NO
If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Is there another operator available after the primary operator reaches the 14-day limit? YES NO

For Heavy Equipment:

Make & Model: CAT D6-C Light Medium Heavy

Is there a lowboy with your equipment? YES NO If yes: E# E-302

Is lowboy staying at incident? YES NO

Does the equipment have lights for night operation? YES NO

Does the equipment have four-wheel-drive? YES NO

For Water Tenders and other equipment with water tanks: Tank Capacity: _____ Gal.

Company Name: ABC ENTERPRISES

Agreement # 34-IBET-05-223

Check-In Date: 05/20/ Check-In Time: 0730

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

Is this your first assignment for the calendar year? YES NO

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

Type I Type II Type III

SK-1 SK-2 SK-3 SK-4 SK-5

For Sawyers: Faller qualifications: Class A Class B Class C

Other special capabilities/specifications of equipment: INCLUDES BLADE, WINCH, 6 LIGHTS, TILT BLADE AND SCREENED CANOPY

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/
First Work Day: _____
Length of Assignment: _____

- Red Card Checked
- T-Card Completed
- Entered into Resources

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

EQUIPMENT CHECK-IN SHEET

Request Number: E-302

Equipment: JONES TRANSPORT

Kind: LOWB Agency: PVT

Primary Operator's Name: FRANK JONES

If ordered for a double shift, is there a relief operator available? YES **NO**

Relief Operator's Name: _____

Vehicle or Equipment ID: LN 7YEIURR
(Serial #)

Demob City/State: NORTH SAN JUAN, CA

Were you reassigned directly from another incident? YES **NO**
If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Is there another operator available after the primary operator reaches the 14-day limit? **YES** **NO**

For Heavy Equipment:

Make & Model: KENWORTH 3S2 COMBO Light Medium Heavy

Is there a lowboy with your equipment? YES **NO** If yes: E# _____

Is lowboy staying at incident? **YES** **NO**

Does the equipment have lights for night operation? **YES** **NO**

Does the equipment have four-wheel-drive? YES **NO**

For Water Tenders and other equipment with water tanks: Tank Capacity: _____ Gal.

Company Name: JONES TRUCKING

Agreement # 55-IBET-02-048

Check-In Date: 05/20/ Check-In Time: 0730

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

Is this your first assignment for the calendar year? YES **NO**

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

Type I Type II Type III

SK-1 SK-2 SK-3 SK-4 SK-5

For Sawyers: Faller qualifications: Class A Class B Class C

Other special capabilities/specifications of equipment: THIS IS TRANSPORT FOR E-301 ABC DOZER

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/
First Work Day: _____
Length of Assignment: _____

- Red Card Checked
- T-Card Completed
- Entered into Resources

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

EQUIPMENT CHECK-IN SHEET

Request Number: E-303

Equipment: WATER WORKS WT

Kind: WAT1 Agency: PVT

Primary Operator's Name: JANET ROBINSON

If ordered for a double shift, is there a relief operator available? **YES** **NO**

Relief Operator's Name: _____

Vehicle or Equipment ID: LN 5T99890
(Serial #)

Demob City/State: GRASS VALLEY, CA

Were you reassigned directly from another incident? **YES** **NO**
If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Is there another operator available after the primary operator reaches the 14-day limit? **YES** **NO**

For Heavy Equipment:

Make & Model: INTERNATIONAL 4000 GAL **Light** **Medium** **Heavy**
Is there a lowboy with your equipment? **YES** **NO** If yes: E# _____
Is lowboy staying at incident? **YES** **NO**

Does the equipment have lights for night operation? **YES** **NO**

Does the equipment have four-wheel-drive? **YES** **NO**

For Water Tenders and other equipment with water tanks: Tank Capacity: 4000 Gal. **Type I** **Type II** **Type III**

SK-1 **SK-2** **SK-3** **SK-4** **SK-5**

For Sawyers: Faller qualifications: **Class A** **Class B** **Class C**

Other special capabilities/specifications of equipment: _____

Company Name: WATER WORKS

Agreement # 54-IBET-02-099

Check-In Date: 05/20/ Check-In Time: 1830

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

Is this your first assignment for the calendar year? **YES** **NO**

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

TO BE COMPLETED BY PLANS

Mobilization Date: 05/20/
Length of Assignment: _____
Checked in by (initials): _____

- Red Card Checked
- T-Card Completed
- Entered into Resources

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

EQUIPMENT CHECK-IN SHEET

Request Number: E-304

Equipment: MARTIN PICKUP

Kind: PU Agency: PVT

Primary Operator's Name: RICHARD MARTIN

If ordered for a double shift, is there a relief operator available? YES NO

Relief Operator's Name: _____

Vehicle or Equipment ID: LN 3P38744
(Serial #)

Demob City/State: CAMPTONVILLE, CA

Were you reassigned directly from another incident? YES NO
If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Is there another operator available after the primary operator reaches the 14-day limit? YES NO

For Heavy Equipment:

Make & Model: FORD F250 4X4 Light Medium Heavy
Is there a lowboy with your equipment? YES NO If yes: E# _____
Is lowboy staying at incident? YES NO

Does the equipment have lights for night operation? YES NO

Does the equipment have four-wheel-drive? YES NO

For Water Tenders and other equipment with water tanks: Tank Capacity: _____ Gal.

For Sawyers: Faller qualifications: Class A Class B Class C

Other special capabilities/specifications of equipment: _____

Company Name: RICHARD MARTIN

Agreement # 54-IBET-02-048

Check-In Date: 05/19/ Check-In Time: 1430

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

Is this your first assignment for the calendar year? YES NO

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

Type I Type II Type III

SK-1 SK-2 SK-3 SK-4 SK-5

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/
First Work Day: _____
Length of Assignment: _____

- Red Card Checked
- T-Card Completed
- Entered into Resources

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

ENGINE CHECK-IN SHEET

Request Number: E-310

AGENCY-OWNED ENGINE

Engine Name & Designator: S/T 3240C
(e.g., Mt. Hood #6435)

Kind: ES3 Agency: FS Configuration: S/T
(e.g., FS, NPS, BIA) (S, ST, TF)

Check-In Date: 05/20/ Check-In Time: 0800

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(State and 3-Letter Identifier) (Final Destination)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: DOOR # 3255, 3289, 3444, 8624, 9177
(Government Vehicle ID#)

Does your engine have foam capability? YES NO CAFS? YES NO

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
 First day of first assignment for calculation of 14-day tour: 05/20/2005

CONTRACT ENGINE

Contractor/Cooperator Name: _____

Address: _____

Check-In Date: _____ Check-In Time: _____

Demob City: _____ Demob State: _____
(Final Destination)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: _____
(VIN # or Serial # **and** License #)

Does your engine have foam capability? YES NO CAFS? YES NO
 Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
 First day of first assignment for calculation of 14-day tour: _____

Engine accessory inventory provided to Finance? YES NO

***Check mailing address for AD employees only**

TO BE COMPLETED BY PLANS

Mobilization Date: <u>05/19/</u> Length of Assignment <u>14</u> Checked in by (initials): _____	<input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached)
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TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into Time by (initials): _____
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OVERHEAD CHECK-IN SHEET

Request Number: E-310.1 (ST 3240C)

PLANS INFORMATION

Last Name: OLSON First Name: ARNOLD

Agency: FS Check-In Date: 05/20/ Check-In Time: 0800
(e.g., NPS, FS, BIA)

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(Unit Id) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV POV AIR BUS

If Air: Jetport/Airport: _____ Jetport Code: PDX
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: FORD F250
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: DOOR # 3255
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES NO

If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Other Qualifications: ATGS, DIVS

FINANCE INFORMATION

If casual, please proceed to section below

Social Security Number: _____ Fed/Other: FED

Position Held on Fire: STEN
(e.g., FFT1, CRWB, PTRC, SCKN)

Home Unit Name: MT HUFF NF

Home Unit Address: 16400 CHAMPION WAY
SANDY, OR 97005

Home Unit Phone #: (503) 555-5555

Home Unit Fax #: (503) 555-1212

Casual/AD Employees Only

Social Security Number: _____

Is this your first assignment for the calendar year? YES NO

AD Position Held on Fire: _____
(e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: _____ AD Pay Rate: _____

Hiring Agency Name: _____

Check Mailing Address: _____

TO BE COMPLETED BY PLANS

Mobilization Date : 05/19/
Length of Assignment 14
Checked in by (initials): _____

- Red Card Checked
- T-Card Completed
- Entered into Resources
- Manifest (filed & attached)

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into Time by (initials): _____

ENGINE CHECK-IN SHEET

Request Number: E-310.2

AGENCY-OWNED ENGINE

CONTRACT ENGINE

Engine Name & Designator: ST 3240C ORMHF ENG 45
(e.g., Mt. Hood #6435)

Contractor/Cooperator Name: _____

Kind: ENG3 Agency: FS Configuration: S/T
(e.g., FS, NPS, BIA) (S, ST, TF)

Address: _____

Check-In Date: 05/20/ Check-In Time: 0800

Check-In Date: _____ Check-In Time: _____

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(State and 3-Letter Identifier) (Final Destination)

Demob City: _____ Demob State: _____
(Final Destination)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: DOOR # 3289,
(Government Vehicle ID#)

Vehicle ID: _____
(VIN # or Serial # **and** License #)

Does your engine have foam capability? YES NO CAFS? YES NO

Does your engine have foam capability? YES NO CAFS? YES NO
Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: _____

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: 05/20/

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

Name	Social Security #	AD/Fed/Other	Home Unit	Home Unit or *Mailing Address	Home Unit Phone #	Home Unit Fax #
ENGB - STILTS, SAMUAL		FED	ORMHF	16400 CHAMPION WAY	(503) 555-5555	(503) 555-1212
ENOP - SMITH, MARCUS		FED	ORMHF	SANDY, OR 97055		
FFT2 - JACKSON, JOHN		FED	ORMHF	" "		
FFT1 - MAXWELL ANTONIO		FED	ORMHF	" "		
FFT1 - WILLS, JASON		FED	ORMHF	" "		

*Check mailing address for AD employees only

TO BE COMPLETED BY PLANS

TO BE COMPLETED BY FINANCE

Mobilization Date: <u>05/19/</u> Length of Assignment: <u>14</u> Checked in by (initials): _____	<input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached)
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<input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into Time by (initials): _____
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ENGINE CHECK-IN SHEET

Request Number: E-310.3

AGENCY-OWNED ENGINE

CONTRACT ENGINE

Engine Name & Designator: ST 3240C ORMHF ENG 49
(e.g., Mt. Hood #6435)

Contractor/Cooperator Name: _____

Kind: ENG3 Agency: FS Configuration: S/T
(e.g., FS, NPS, BIA) (S, ST, TF)

Address: _____

Check-In Date: 05/20/ Check-In Time: 0800

Check-In Date: _____ Check-In Time: _____

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(State and 3-Letter Identifier) (Final Destination)

Demob City: _____ Demob State: _____
(Final Destination)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: DOOR # 3444,
(Government Vehicle ID#)

Vehicle ID: _____
(VIN # or Serial # **and** License #)

Does your engine have foam capability? YES NO CAFS? YES NO

Does your engine have foam capability? YES NO CAFS? YES NO

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: 05/20/

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: _____

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

Name	Social Security #	AD/Fed/Other	Home Unit	Home Unit or *Mailing Address	Home Unit Phone #	Home Unit Fax #
ENGB - LATHROP, JOHN		FED	ORMHF	16400 CHAMPION WAY	(503) 555-5555	(503) 555-1212
ENOP - HANCOCK, SOLOMON		FED	ORMHF	SANDY, OR 97055		
FFT2 - CAHOON, REYNOLDS		FED	ORMHF	" "		
FFT1 - CARTER, SIMEON		FED	ORMHF	" "		
FFT1 - BINGHAM, MEG		FED	ORMHF	" "		

*Check mailing address for AD employees only

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TO BE COMPLETED BY PLANS

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TO BE COMPLETED BY FINANCE

Mobilization Date: <u>05/19/</u> Length of Assignment: <u>14</u> Checked in by (initials): _____	<input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached)
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<input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into Time by (initials): _____
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ENGINE CHECK-IN SHEET

Request Number: E-310.4

AGENCY-OWNED ENGINE

Engine Name & Designator: ST 3240C ORMHF ENG 61
(e.g., Mt. Hood #6435)

Kind: ENG3 Agency: FS Configuration: S/T
(e.g., FS, NPS, BIA) (S, ST, TF)

Check-In Date: 05/20/ Check-In Time: 0800

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(State and 3-Letter Identifier) (Final Destination)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: DOOR # 8624,
(Government Vehicle ID#)

Does your engine have foam capability? YES NO CAFS? YES NO

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: 05/20/

CONTRACT ENGINE

Contractor/Cooperator Name: _____

Address: _____

Check-In Date: _____ Check-In Time: _____

Demob City: _____ Demob State: _____
(Final Destination)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: _____
(VIN # or Serial # **and** License #)

Does your engine have foam capability? YES NO CAFS? YES NO
Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: _____

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

Name	Social Security #	AD/Fed/Other	Home Unit	Home Unit or *Mailing Address	Home Unit Phone #	Home Unit Fax #
ENGB - EDMONDSON, JR		FED	ORMHF	16400 CHAMPION WAY	(503) 555-5555	(503) 555-1212
ENOP - LOCKWOOD, CHUCK		FED	ORMHF	SANDY, OR 97055		
FFT2 - GOODE, ERICA		FED	ORMHF	" "		
FFT1 - NEAL, MARJORIE		FED	ORMHF	" "		
FFT1 - DELGADO, GABE		FED	ORMHF	" "		

*Check mailing address for AD employees only

TO BE COMPLETED BY PLANS

Mobilization Date: <u>05/19/</u> Length of Assignment: <u>14</u> Checked in by (initials): _____	<input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached)
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TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into Time by (initials): _____	
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ENGINE CHECK-IN SHEET

Request Number: E-310.5

AGENCY-OWNED ENGINE

Engine Name & Designator: ST 3240C ORMHF ENG 65
(e.g., Mt. Hood #6435)

Kind: ENG3 Agency: FS Configuration: S/T
(e.g., FS, NPS, BIA) (S, ST, TF)

Check-In Date: 05/20/ Check-In Time: 0800

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(State and 3-Letter Identifier) (Final Destination)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: DOOR # 9177,
(Government Vehicle ID#)

Does your engine have foam capability? YES NO CAFS? YES NO

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: 05/20/

CONTRACT ENGINE

Contractor/Cooperator Name: _____

Address: _____

Check-In Date: _____ Check-In Time: _____

Demob City: _____ Demob State: _____
(Final Destination)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: _____
(VIN # or Serial # **and** License #)

Does your engine have foam capability? YES NO CAFS? YES NO
Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: _____

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

Name	Social Security #	AD/Fed/Other	Home Unit	Home Unit or *Mailing Address	Home Unit Phone #	Home Unit Fax #
ENGB - DUBOIS, FRED		FED	ORMHF	16400 CHAMPION WAY	(503) 555-5555	(503) 555-1212
ENOP - CORONA, TOM		FED	ORMHF	SANDY, OR 97055		
FFT2 - FLANK, JENNY		FED	ORMHF	" "		
FFT2 - COOPER, ANA		FED	ORMHF	" "		
FFT1 - SILVA, DAN		FED	ORMHF	" "		

*Check mailing address for AD employees only

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TO BE COMPLETED BY PLANS

Mobilization Date: <u>05/19/</u> Length of Assignment: <u>14</u> Checked in by (initials): _____	<input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached)
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TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into Time by (initials): _____
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ENGINE CHECK-IN SHEET

Request Number: E-310.6

AGENCY-OWNED ENGINE

Engine Name & Designator: ST 3240C ORMHF ENG 72
(e.g., Mt. Hood #6435)

Kind: ENG3 Agency: FS Configuration: S/T
(e.g., FS, NPS, BIA) (S, ST, TF)

Check-In Date: 05/20/ Check-In Time: 0800

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(State and 3-Letter Identifier) (Final Destination)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: DOOR # 9178,
(Government Vehicle ID#)

Does your engine have foam capability? YES NO CAFS? YES NO

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: 05/20/

CONTRACT ENGINE

Contractor/Cooperator Name: _____

Address: _____

Check-In Date: _____ Check-In Time: _____

Demob City: _____ Demob State: _____
(Final Destination)

Vehicle Description: _____
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: _____
(VIN # or Serial # **and** License #)

Does your engine have foam capability? YES NO CAFS? YES NO
Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: _____

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

Name	Social Security #	AD/Fed/Other	Home Unit	Home Unit or *Mailing Address	Home Unit Phone #	Home Unit Fax #
ENGB - PACILLO, BARBARA		FED	ORMHF	16400 CHAMPION WAY	(503) 555-5555	(503) 555-1212
ENOP - ORZALLI, RANDALL		FED	ORMHF	SANDY, OR 97055		
FFT2 - WARE, GARY		FED	ORMHF	" "		
FFT2 - HEALY, GC		FED	ORMHF	" "		
FFT1 - LOPEZ, LOUIS		FED	ORMHF	" "		

*Check mailing address for AD employees only

TO BE COMPLETED BY PLANS

Mobilization Date: <u>05/19/</u> Length of Assignment: <u>14</u> Checked in by (initials): _____	<input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached)
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TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into Time by (initials): _____	
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