CHECK-IN LIST ICS-211 INCIDENT NAME:____FROG INCIDENT_____P#: __P1ABCD_____

| 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

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

Home Unit: CA-NOD (Unit Id) Demob City: SUSANVILLE (Final Destination) Demob State: CA (Final Destination)

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

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

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

Social Security Number: _____ Fed/Other: FED

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

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/
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): _____

# OVERHEAD CHECK-IN SHEET

Request Number: **O-301**

## PLANS INFORMATION

Last Name: ALLEN First Name: LINDI

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

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

Social Security Number: _____ Fed/Other: FED

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/
Length of Assignment: 12
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): _____

# OVERHEAD CHECK-IN SHEET

Request Number: O-302

## PLANS INFORMATION

Last Name: CHAMBERS First Name: HEIDI

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

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

Social Security Number: _____ Fed/Other: _____

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: $16.06

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: 05/20/
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): _____

# OVERHEAD CHECK-IN SHEET

Request Number: **O-303**

## PLANS INFORMATION

Last Name: STEVENS First Name: DENNIS

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

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

Social Security Number: _____ Fed/Other: FED

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: 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): _____

# CREW CHECK-IN SHEET

Request Number: C-300

## PLANS INFORMATION

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

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

Home Unit: CA-TNF (3-Letter Identifier) Demob City: CAMPTONVILLE (Final Destination) Demob State: CA (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 crew-members. 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/<br>Length of Assignment: 14<br>Checked in by (initials): _____ | ■ Red Card Checked<br>❑ T-Card Completed<br>❑ Entered into Resources<br>❑ 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 Door #'s** | 2728 |
| | | | | | **ACCOUNTING CODE:** | P1ABCD | TAHOE NATIONAL FOREST | | | 7065 |
| | | | | | **OVER RIDE:** | | YUBA RIVER RANGER DISTRICT | | | 7066 |
| | | | | | **REQUEST #:** | C-300 | 15924 HIGHWAY 49 | | | |
| | | | | | **DATE:** | 5/21/ | CAMPTONVILLE, 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 | | GHISLETTA | | 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'DONNEL | | ANDREW | 255 | 220 | 35 | 25 | 260 |
| 999-99-9999 | FFT1 | AD-D | RICE | | GRAM | 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 | | GUIOFYLE | | 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** (e.g., Blackfeet 21, Flathead IHC) Agency: **PVT** (e.g., FS, NPS, BIA, BLM)

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

Home Unit: OR-R06 (3-Letter Identifier) Demob City: GRANTS PASS (Final Destination) Demob State: OR (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 crew-members. 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: 05/21/
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

- ❑ Crew Information Received and Complete
- ❑ 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

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

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

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

Home Unit: CA-TNF Demob City: CAMPTONVILLE Demob State: CA
(State and3-Letter Identifier) (Final Destination) (Final Destination)

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

Vehicle ID: DOOR #9545
(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: _____

## CONTRACT ENGINE

Contractor/Cooperator Name: _____

Address: _____

_____

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

Demob City: _____ Demob State: _____

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 - | 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

Mobilization Date: 05/20/
Length of Assignment 11
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): _____

# 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.** **Type I ⑧** **Type II ⑧** **Type III ⑧**

**SK-1 ⑧** **SK-2 ⑧** **SK-3 ⑧** **SK-4 ⑧** **SK-5 ⑧**

**For Sawyers: Faller qualifications: Class A ⑧ Class B ⑧ Class C ⑧**

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: _____

**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/_____<br>Length of Assignment:_____<br>Checked in by (initials): _____ | ⑧ Red Card Checked<br>⑧ T-Card Completed<br>⑧ Entered into Resources |

**TO BE COMPLETED BY FINANCE**

⑧ Employee Information Received and Complete

⑧ Entered into Time by (initials): _____

# EQUIPMENT CHECK-IN SHEET

Request Number: E-302

Equipment: JONES TRANSPORT

Company Name: JONES TRUCKING

Kind: LOWB Agency: PVT

Agreement # 55-IBET-02-048

Primary Operator's Name: FRANK JONES

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

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.** **Type I** ⑧ **Type II** ⑧ **Type III** ⑧

**SK-1** ⑧ **SK-2** ⑧ **SK-3** ⑧ **SK-4** ⑧ **SK-5** ⑧

**For Sawyers: Faller qualifications: Class A** ⑧ **Class B** ⑧ **Class C** ⑧

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

## 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: _____

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**TO BE COMPLETED BY PLANS**

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

⑧ Red Card Checked
⑧ T-Card Completed
⑧ Entered into Resources

**TO BE COMPLETED BY FINANCE**

⑧ Employee Information Received and Complete

⑧ 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**

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: _____

**For Water Tenders and other equipment with water tanks:** **Tank Capacity:** 4000 **Gal.** **Type I** ⑧ **Type II** ⑧ **Type III** ⑧

**SK-1** ⑧ **SK-2** ⑧ **SK-3** ⑧ **SK-4** ⑧ **SK-5** ⑧

**For Sawyers:** **Faller qualifications:** **Class A** ⑧ **Class B** ⑧ **Class C** ⑧

**Other special capabilities/specifications of equipment**: _____

_____

_____

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**TO BE COMPLETED BY PLANS**

| | |
|---|---|
| Mobilization Date: 05/20/_____<br>Length of Assignment:_____<br>Checked in by (initials): _____ | ⑧ Red Card Checked<br>⑧ T-Card Completed<br>⑧ Entered into Resources |

**TO BE COMPLETED BY FINANCE**

⑧ Employee Information Received and Complete

⑧ 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.** **Type I** ⑧ **Type II** ⑧ **Type III** ⑧

**SK-1** ⑧ **SK-2** ⑧ **SK-3** ⑧ **SK-4** ⑧ **SK-5** ⑧

**For Sawyers: Faller qualifications: Class A** ⑧ **Class B** ⑧ **Class C** ⑧

**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: _____

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**TO BE COMPLETED BY PLANS**

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

⑧ Red Card Checked
⑧ T-Card Completed
⑧ Entered into Resources

**TO BE COMPLETED BY FINANCE**

⑧ Employee Information Received and Complete

⑧ 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 and3-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**

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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): _____

# 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: _____

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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

Engine Name & Designator: ST 3240C ORMHF ENG 45
(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 and3-Letter Identifier) (Final Destination)

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

Vehicle ID: DOOR # 3289,
(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 - | 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**

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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-310.3

## AGENCY-OWNED ENGINE

Engine Name & Designator: ST 3240C ORMHF ENG 49
(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 and3-Letter Identifier) (Final Destination)

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

Vehicle ID: DOOR # 3444,
(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 - | 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

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-310.4

## 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 and3-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**

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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-310.5

## 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 and3-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: 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-310.6

## 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 and3-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**

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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): _____