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 TIME REPORT

(1) CREW NAME		(2) CREW NUMBER
TIME		O-300
(3) OFFICE RESPONSIBLE FOR FIRE	(4) FIRE NAME	(5) FIRE NUMBER
Flathead NF	Frog Incident	P1ABCD

(6)	(7)	(8)	(9)		(10)	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASS IFICA TION	DATE 05/20		DATE 05/21	
			MILITARY TIME		MILITARY TIME	
			ON	OFF	ON	OFF
T	Lopez, Beth	GS	0400	0800		
			0800	1200		
			1230	1830		
			1900	2000		
					GUARA	NTEE

(11) REMARKS

05/21 Sick, Medical unit recommended day of rest.

(12) OFFICER-IN-CHARGE (Signature)	(13) TITLE (Officer-in-Charge)
Dixie Muske	FSC1
(14) NANE (Person Posting to Emergency Time Report	(15) Date

CREW TIME REPORT

(2) CREW NAME		(2) CREW NUMBER
DIVS		O-301
(3) OFFICE RESPONSIBLE FOR FIRE	(4) FIRE NAME	(5) FIRE NUMBER
Flathead NF	Frog Incident	P1ABCD

(6)	(7)	(8)	(9)		(10)	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASS IFICA TION	DATE 05/19		DATE 05/20	
			MILITARY TIME		MILITARY TIME	
			ON	OFF	ON	OFF
H	Allen, Lindi	GS	0600	1200		
			1230	2100		
H					0530	2030

(11) REMARKS

H- Working on uncontrolled fire line
No lunch break on 05/20 due to emergency
evacuation of firefighter on division Z.

(12) OFFICER-IN-CHARGE (Signature)	(13) TITLE (Officer-in-Charge)
Sam Lee	OSC1
(14) NANE (Person Posting to Emergency Time Report	(15) Date

CREW TIME REPORT

(3) CREW NAME		(2) CREW NUMBER
PTRC		O-302
(3) OFFICE RESPONSIBLE FOR FIRE	(4) FIRE NAME	(5) FIRE NUMBER
Flathead NF	Frog Incident	P1ABCD

(6)	(7)	(8)	(9)		(10)	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASS IFICA TION	DATE 05/20		DATE 05/21	
			MILITARY TIME		MILITARY TIME	
			ON	OFF	ON	OFF
T	Chambers, Heidi	ADE	0800	1200		
T			1230	1800		
			1800	2230		
		ADH			0600	1200
					1230	1830
					1900	2200

(11) REMARKS

Time unit leader was ill. Filled in on 05/21 only.

(12) OFFICER-IN-CHARGE (Signature)	(13) TITLE (Officer-in-Charge)
Dixie Muske	FSC1
(14) NANE (Person Posting to Emergency Time Report	(15) Date

CREW TIME REPORT

(4) CREW NAME		(2) CREW NUMBER
SOF1		O-303
(3) OFFICE RESPONSIBLE FOR FIRE	(4) FIRE NAME	(5) FIRE NUMBER
Flathead NF	Frog Incident	P1ABCD

(6)	(7)	(8)	(9)		(10)	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASS IFICA TION	DATE 05/19		DATE 05/20	
			MILITARY TIME		MILITARY TIME	
			ON	OFF	ON	OFF
	Stevens, Dennis	GS	0600	1200		
			1230	1830		
			1900	2200		
H					0600	1200
					1230	2030

(11) REMARKS

H- Hazard Pay on 05/20 only. Low level flight
Assisting in emergency evacuation of firefighter
on division Z.

(12) OFFICER-IN-CHARGE (Signature)	(13) TITLE (Officer-in-Charge)
Don Fisch	ICT1
(14) NANE (Person Posting to Emergency Time Report	(15) Date

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/
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-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

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): _____

CREW TIME REPORT

(1) CREW NAME		(2) CREW NUMBER
TAHOE IHC		C-300
(3) OFFICE RESPONSIBLE FOR FIRE	(4) FIRE NAME	(5) FIRE NUMBER
Flathead NF	Frog Incident	P1ABCD

(6)	(7)	(8)	(9)		(10)	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASS IFICA TION	DATE 05/21		DATE 05/22	
			MILITARY TIME		MILITARY TIME	
			ON	OFF	ON	OFF
T	COWELL +20		1200	1800		
			1800	2300		
H	COWELL (ONLY)				0530	1200
H					1230	2030
H	+20				0600	1200
H					1230	2030

(11) REMARKS

H- Working on uncontrolled fire line

(12) OFFICER-IN-CHARGE (Signature)	(13) TITLE (Officer-in-Charge)
Sam Lee	OSC1
(14) NANE (Person Posting to Emergency Time Report	(15) Date

CREW TIME REPORT

(2) CREW NAME		(2) CREW NUMBER
TAHOE ENGINE 31		E-300
(3) OFFICE RESPONSIBLE FOR FIRE	(4) FIRE NAME	(5) FIRE NUMBER
Flathead NF	Frog Incident	P1ABCD

(6)	(7)	(8)	(9)		(10)	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASS IFICA TION	DATE 05/20		DATE 05/21	
			MILITARY TIME		MILITARY TIME	
			ON	OFF	ON	OFF
H	CAMPBELL+4		1800	2400		
H					0001	0100
H					0130	0630

(11) REMARKS

H- Working on uncontrolled fire line

(12) OFFICER-IN-CHARGE (Signature)	(13) TITLE (Officer-in-Charge)
Sam Lee	OSC1
(14) NANE (Person Posting to Emergency Time Report	(15) Date

EQUIPMENT CHECK-IN SHEET

Request Number: E-301

Equipment : ABC DOZER

Company Name: ABC ENTERPRISES

Kind: DOZ2 Agency: PVT

Agreement # 34-IBET-05-223

Primary Operator's Name: DAN SMITH

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: 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** ⊗ **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

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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: 05/19/_____
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): _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address)
FOREST SERVICE
INCIDENT PAYMENT CENTER
324 25TH STREET
OGDEN, UT 84401

AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. AGREEMENT NUMBER
34-IBET-05-223
AMEND 5/19/

3. EFFECTIVE DATES
a. beginning 05-01-
b. ending 04-30-

4. CONTRACTOR a. name and address
ABC ENTERPRISES
DANIEL G. SMITH
2231 PARADISE DRIVE
GRASS VALLEY, CA 95678

b. SSN or Tax ID#

c. telephone number (day)

d. telephone number (night)

5. POINT OF HIRE *(location when hired)*
LOCATION AT TIME OF HIRE

6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY
__x__ CONTRACTOR ____ GOVERNMENT

7. OPERATOR FURNISHED BY
__x__ CONTRACTOR ____ GOVERNMENT

8. TYPE OF CONTRACTOR *(X appropriate boxes)*
x SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED ☐ WOMEN OWNED ☐ LABOR SURPLUS AREA ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	
DOZER (CLASS II E) 1976 CAT D6-C, SN:12T4756, W/BLADE, WINCH, 6 LIGHTS, TILT BLADE, SCREENED IN CANOPY, 2ND OPERATOR RATE $1100.00/DAY	**1**	**$106.00**	**HOUR**			**852.00/DAY**
CHAINSAW (67 TO 89 CC) FALLER UNIT STIHL 046, SN: 23454412, 36" BAR, STIHL 046, SN: 345543332, 36: BAR, TRANSPORTATION OF FALLER UNIT IS INCLUDED IN RATE		**$71.00**	**HOUR**			**$568.00/DAY**

14. SPECIAL PROVISIONS

THE RATES 'WITH 2 OPERATORS" WILL ONLY APPLY WHEN EQUIPMENT IS ORDERED WITH 2 OPERATORS AND 2 OPERATORS ARE FURNISHED.

SE PLATED EQUIPMENT INSPECTION DATED: 04/07/ GOOD THRU: 04/08/

THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT.
5/19/ AMEND TO DROP SWAMPER REQUIREMENT AND CORRECT MAKE OF WATER TENDER

TRANSPORTATION FOR CHAINSAW FALLER UNIT IS INCLUDED IN UNIT RATE

15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE	16. DATE	17. CONTRACTING OFFICER'S SIGNATURE	18. DATE
/s/ DANIEL G. SMITH	05-23-	/s/ KATHRYN GRIFFIN	05-24-

19. PRINT NAME AND TITLE	20. PRINT NAME AND TITLE
DANIEL G. SMITH, OWNER	KATHRYN GRIFFIN, CONTRACTING OFFICER

NSN 7540-01-121-8825
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 294 (REV.8-90)
USDA/USDI
50294-104

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.** **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

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: _____

==========

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): _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address)
FOREST SERVICE
INCIDENT PAYMENT CENTER
324 25TH STREET
OGDEN, UT 84401

AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. AGREEMENT NUMBER
55-IBET-02-048

3. EFFECTIVE DATES
a. beginning 05-01-
b. ending 04-30-

4. CONTRACTOR a. name and address
JONES TRUCKING
FRANK M. JONES
PO BOX 349
NORTH SAN JUAN, CA 95961

b. SSN or Tax ID#

c. telephone number (day)

d. telephone number (night)

5. POINT OF HIRE *(location when hired)*
LOCATION AT TIME OF HIRE

6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY
__x__ CONTRACTOR ____ GOVERNMENT

7. OPERATOR FURNISHED BY
__x__ CONTRACTOR ____ GOVERNMENT

8. TYPE OF CONTRACTOR *(X appropriate boxes)*
x SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED ☐ WOMEN OWNED ☐ LABOR SURPLUS AREA ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	
3S2 COMBINATION (18 WHEELS) KENWORTH, VIN: 1HTYK209XXSM298798, LIC: 7YEIURR **1966 CALLAHAN BEVERTAIL LOWBED, VIN: 32233, LIC: 7YU9009** **1999 CPS END DUM, LIC: 9YH2298**	**1**	**$2.95**	**MILE**			**1033.00/DAY**

14. SPECIAL PROVISIONS

MILAGE FOR TRANSPORT PAID ONLY FOR HAUL-IN & HAUL-OUT. ONCE EQUIPMENT IS UNLADED THE TRANSPORT WILL BE RELEASED UNLESS DIRECTED, IN WRITING, TO REMAIN.

THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. (REV. 04-09-)

15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE	16. DATE	17. CONTRACTING OFFICER'S SIGNATURE	18. DATE
/s/ FRANK M. JONES	06-10-	/s/ KATHRYN GRIFFIN	06-10-

19. PRINT NAME AND TITLE	20. PRINT NAME AND TITLE
FRANK M. JONES, OWNER	KATHRYN GRIFFIN, CONTRACTING OFFICER

NSN 7540-01-121-8825
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 294 (REV.8-90)
USDA/USDI
50294-104

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/_____ 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): _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address)
FOREST SERVICE
INCIDENT PAYMENT CENTER
324 25TH STREET
OGDEN, UT 84401

AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. AGREEMENT NUMBER
54-IBET-02-099

3. EFFECTIVE DATES
a. beginning 05-01-
b. ending 04-30-

4. CONTRACTOR a. name and address
WATER WORKS
JANET ROBINSON
13344 DILLON ROAD
GRASS VALLEY, CA 95945

b. SSN or Tax ID#

c. telephone number (day)

d. telephone number (night)

5. POINT OF HIRE *(location when hired)*
LOCATION AT TIME OF HIRE

6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY
__X__ CONTRACTOR ____ GOVERNMENT

7. OPERATOR FURNISHED BY
__x__ CONTRACTOR ____ GOVERNMENT

8. TYPE OF CONTRACTOR *(X appropriate boxes)*
X SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED X WOMEN OWNED ☐ LABOR SURPLUS AREA ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	
WATER TENDER (2500+ GAL) 4000 GAL, 1991 INTERNATIONAL, LIC: 5T99890, 2ND OPERATOR RATE $2496.00/DAY	**1**	**$1611.00**	**DAY**	**$150.00**	**DAY**	**COMM PLATE**

14. SPECIAL PROVISIONS

THE RATES "WITH 2 OPERATORS" WILL ONLY APPLY WHEN EQUIPMENT IS ORDERED WITH 2 OPERATORS AND 2 OPERATORS ARE FURNISHED.

THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT.

WATER TENDERS: FULLY LICENSED VEHICLES, ADD $150.00 TO THE DAILY RATE. THE RATE IS PRO-RATED ON FIRST AND LAST DAY.

15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE	16. DATE	17. CONTRACTING OFFICER'S SIGNATURE	18. DATE
/s/ JANET ROBINSON	05-13-	/s/ KATHRYN GRIFFIN	05-28-

19. PRINT NAME AND TITLE	20. PRINT NAME AND TITLE
JANET ROBINSON, OWNER	KATHRYN GRIFFIN, CONTRACTING OFFICER

NSN 7540-01-121-8825
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 294 (REV.8-90)
USDA/USDI
50294-104

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): _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address)
FOREST SERVICE
INCIDENT PAYMENT CENTER
324 25TH STREET
OGDEN, UT 84401

AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. AGREEMENT NUMBER
54-IBET-02-048

3. EFFECTIVE DATES
a. beginning 05-01-
b. ending 04-30-

4. CONTRACTOR a. name and address
RICHARD MARTIN
PO BOX 33
CAMPTONVILLE, CA 95922

b. SSN or Tax ID#

c. telephone number (day)

d. telephone number (night)

5. POINT OF HIRE *(location when hired)*
LOCATION AT TIME OF HIRE

6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY
__X__ CONTRACTOR ____ GOVERNMENT

7. OPERATOR FURNISHED BY
__x__ CONTRACTOR ____ GOVERNMENT

8. TYPE OF CONTRACTOR *(X appropriate boxes)*
X SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED ☐ WOMEN OWNED ☐ LABOR SURPLUS AREA ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	
PU 4X4 (3/4 TON) 1967 FORD, F-250 VIN: R49HRE98908, LIC: 3P38744		**$1.03**	**MILE**			**$103.00/DAY**
PU 4X4 (3/4 TON) 1978 FORD, F-250, VIN: R59RMII3455, LIC: 3R90401		**$1.03**	**MILE**			**$103.00/DAY**

14. SPECIAL PROVISIONS

5) PICKUPS/SEDANS/STAKESIDES/VANS/SUBURBANS: MILEGAGE RATES ARE WET AND WITHOUT OPERATOR. THE CONTRACTOR IS RESPONSIBLE FOR FUEL AND MAINTENANCE. THE CONTRACTOR SHALL COMPLY WITH ALL INSURANCE AND LICENSE REQUIREMENTS OF THE STATE OF CALIFORNIA.

6) THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT.

15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE	16. DATE	17. CONTRACTING OFFICER'S SIGNATURE	18. DATE
/s/ RICHARD MARTIN	05-18-	/s/ KATHRYN GRIFFIN	07-03-

19. PRINT NAME AND TITLE	20. PRINT NAME AND TITLE
RICHARD MARTIN, OWNER/DRIVER	KATHRYN GRIFFIN, CONTRACTING OFFICER

NSN 7540-01-121-8825
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 294 (REV.8-90)
USDA/USDI
50294-104

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)**

Schedule of Services
NATIONAL TYPE 2 & 2IA HANDCREW SERVICES

January 1, 2005							
ITEM No.	Contract No. & Mandatory Availability Period	Contractor	Crew Type	National Contract Crew Number NCC#	HOST UNIT COORDINATION CENTER	EMERGENCY DISPATCH RATES 2005	PROJECT RATES 2005
					NORTHWEST		
	6/1 - 9/30	**WENATCHEE N.F.**					
1a	**53-024B-2-2335**	**PATRICK ENVIRONMENTAL**	IA	NCC-1A	Wenatchee, WA	$35.00	$29.00
1b	**53-024B-2-2340**	**FERGUSON MGMT. CO.**	IA	NCC-1B	Wenatchee, WA	$36.50	$27.50
	6/1 - 9/30	**COLVILLE N.F.**					
2a	**53-024B-2-2339**	**MILLER TIMBER SERV., INC.**	IA	NCC-2A	Colville, WA	$32.00	$23.00
2b	**53-024B-2-2339**	**MILLER TIMBER SERV., INC.**	IA	NCC-2B	Colville, WA	$32.00	$23.00
	6/1 - 9/30	**WALLOWA/WHITMAN N.F.**					
3a	**53-024B-2-2336**	**GRAYBACK FORESTRY, INC.**	IA	NCC-3A	LaGrande,,OR	$34.00	$25.00
3b	**53-024B-2-2336**	**GRAYBACK FORESTRY, INC.**	IA	NCC-3B	LaGrande,,OR	$34.00	$25.00
	6/1 - 9/30	**UMATILLA N.F.**					
4a	**53-024B-2-2340**	**FERGUSON MGMT. CO.**	IA	NCC-4A	Pendleton, OR	$35.50	$27.50
4b	**53-024B-2-2340**	**FERGUSON MGMT. CO.**	IA	NCC-4B	Pendleton, OR	$35.50	$27.50
	6/1 - 9/30	**MALHEUR N.F.**					
5a	**53-024B-2-2336**	**GRAYBACK FORESTRY, INC.**	IA	NCC-5A	John Day, OR	$33.00	$25.00
5b	**53-024B-2-2336**	**GRAYBACK FORESTRY, INC.**	IA	NCC-5B	John Day, OR	$33.00	$25.00
	6/1 - 9/30	**DESCHUTES N.F.**					
6a	**53-024B-2-2335**	**PATRICK ENVIRONMENTAL**	IA	NCC-6A	Bend, OR	$35.00	$29.00
6b	**53-024B-2-2335**	**PATRICK ENVIRONMENTAL**	IA	NCC-6B	Bend, OR	$35.00	$29.00
6c	**53-024B-2-2335**	**PATRICK ENVIRONMENTAL**	IA	NCC-6C	Bend, OR	$35.00	$29.00
6d	**53-024B-2-2335**	**PATRICK ENVIRONMENTAL**	IA	NCC-6D	Bend, OR	$35.00	$29.00
	6/1 - 9/30	**SISKIYOU N.F.**					
7a	**53-024B-2-2336**	**GRAYBACK FORESTRY, INC.**	IA	NCC-7A	Grants Pass, OR	$33.00	$24.00
7b	**53-024B-2-2336**	**GRAYBACK FORESTRY, INC.**	IA	NCC-7B	Grants Pass, OR	$33.00	$24.00
7c	**53-024B-2-2336**	**GRAYBACK FORESTRY, INC.**	IA	NCC-7C	Grants Pass, OR	$33.00	$24.00
	6/1 - 9/30	**WINEMA N.F.**					
8a	**53-024B-2-2333**	**GH RANCH, LLC**	IA	NCC-8A	Klamath Falls, OR	$34.00	$28.75
8b	**53-024B-2-2333**	**GH RANCH, LLC**	IA	NCC-8B	Klamath Falls, OR	$34.00	$28.75
8c	**53-024B-2-2333**	**GH RANCH, LLC**	IA	NCC-8C	Klamath Falls, OR	$34.00	$28.75
	6/1 - 9/30	**WILLAMETTE N.F.**					
9a	**53-024B-2-2342**	**SKOOKUM REFOREST., INC.**	IA	NCC-9A	Oakridge, OR	$27.00	$27.00
9b	**53-024B-2-2342**	**SKOOKUM REFOREST., INC.**	IA	NCC-9B	Oakridge, OR	$27.00	$27.00
	7/15 - 10/15	**HELENA N.F.**			NORTHERN ROCKIES		
11a	**53-024B-2-2332**	**WASHBURN CONT. SERV., INC.**	IA	NCC-11A	Helena, MT	$40.00	$27.05
	7/15 - 10/15	**LEWIS & CLARK N.F.**					
12a	**53-024B-2-2332**	**WASHBURN CONT. SERV., INC.**	IA	NCC-12A	Great Falls, MT	$40.00	$27.05
	7/15 - 10/15	**IDAHO PANHANDLE N.F.**					
13a	**53-024B-2-2338**	**GFP ENTERPRISES, INC.**	IA	NCC-13A	Coeurd'Alene, ID	$32.00	$20.50
13b	**53-024B-2-2338**	**GFP ENTERPRISES, INC.**	IA	NCC-13B	Coeurd'Alene, ID	$32.00	$20.50
					NORTHERN ROCKIES		
	7/15 - 10/15	**LOLO N.F.**					
14a	**53-024B-2-2336**	**GRAYBACK FORESTRY, INC.**	IA	NCC-14A	Missoula, MT	$36.00	$28.00
14b	**53-024B-2-2340**	**FERGUSON MGMT. CO.**	IA	NCC-14B	Missoula, MT	$37.00	$27.50

EMERGENCY EQUIPMENT SHIFT TICKET — E-301

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.

1. AGREEMENT NUMBER 34-IBET-05-223	2. CONTRACTOR *(name)* ABC ENTERPRISES
3. INCIDENT OR PROJECT NAME FROG INCIDENT	4. INCIDENT NUMBER MT-BRF-00000
5. OPERATOR *(name)* DANIEL SMITH	
6. EQUIPMENT MAKE CAT	7. EQUIPMENT MODEL D6-C
8. OPERATOR FURNISHED BY ☒ CONTRACTOR ☐ GOVERNMENT	
9. SERIAL NUMBER 12T4756	10. LICENSE NUMBER N/A
11. OPERATING SUPPLIES FURNISHED BY ☒ CONTRACTOR *(wet)* ☐ GOVERNMENT *(dry)*	

12. DATE MO/DAY/YR	13. EQUIPMENT USE START	STOP	HOURS/DAYS/MILES *(circle one)* WORK	SPECIAL
05/19	1500	2400	9.0	TRAVEL
05/20	0730	1230	5.0	DIV Z
05/20	1300	2000	7.0	" "
05/21	0600	2100	15.0	" "

14. REMARKS *(released, down time and cause, problems, etc.)*

15. EQUIPMENT STATUS
- ☒ a. Inspected and under agreement
- ☐ b. Released by Government
- ☐ c. Withdrawn by Contractor

16. INVOICE POSTED BY *(Recorder's initials)*

17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE	18. GOVERNMENT OFFICER'S SIGNATURE	DATE SIGNED
Daniel Smith	*Sam Lee*	05/21/

EMERGENCY EQUIPMENT SHIFT TICKET — E-302

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.

1. AGREEMENT NUMBER 55-IBET-02-048	2. CONTRACTOR *(name)* JONES TRUCKING
3. INCIDENT OR PROJECT NAME FROG INCIDENT	4. INCIDENT NUMBER MT-BRF-00000
5. OPERATOR *(name)* FRANK M. JONES	
6. EQUIPMENT MAKE KENWORTH	7. EQUIPMENT MODEL 3S2-18 WHEEL
8. OPERATOR FURNISHED BY ☒ CONTRACTOR ☐ GOVERNMENT	
9. SERIAL NUMBER N/A	10. LICENSE NUMBER 7YEIURR
11. OPERATING SUPPLIES FURNISHED BY ☒ CONTRACTOR *(wet)* ☐ GOVERNMENT *(dry)*	

12. DATE MO/DAY/YR	13. EQUIPMENT USE START	STOP	HOURS/DAYS/MILES *(circle one)* WORK	SPECIAL
05/19	1500	2400	9.0	100 MILES
05/20	0730	1230	5.0	28 MILES
05/20	1300	2000	7.0	85 MILES
05/21	0600	2100	15.0	50 MILES

14. REMARKS *(released, down time and cause, problems, etc.)*
Ordered to stay w/Cat E-301 for moves during incident.

15. EQUIPMENT STATUS
- ☒ a. Inspected and under agreement
- ☐ b. Released by Government
- ☐ c. Withdrawn by Contractor

16. INVOICE POSTED BY *(Recorder's initials)*

17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE	18. GOVERNMENT OFFICER'S SIGNATURE	DATE SIGNED
Frank Jones	*Sam Lee*	05/21/

EMERGENCY EQUIPMENT SHIFT TICKET — E-303

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.

1. AGREEMENT NUMBER: 54-IBET-02-099	2. CONTRACTOR *(name)*: WATER WORKS
3. INCIDENT OR PROJECT NAME: FROG INCIDENT	4. INCIDENT NUMBER: MT-BRF-00000
5. OPERATOR *(name)*: JANET ROBINSON	
6. EQUIPMENT MAKE: INTERNATIONAL	7. EQUIPMENT MODEL: 4000 GAL
8. OPERATOR FURNISHED BY: ☒ CONTRACTOR ☐ GOVERNMENT	
9. SERIAL NUMBER: N/A	10. LICENSE NUMBER: 5T99890
11. OPERATING SUPPLIES FURNISHED BY: ☒ CONTRACTOR *(wet)* ☐ GOVERNMENT *(dry)*	

12. DATE MO/DAY/YR	13. EQUIPMENT USE START	STOP	HOURS/DAYS/MILES *(circle one)* WORK	SPECIAL
05/20	1800	2400	6.0	½ DAY
05/21	0600	2100	15.0	1 DAY
05/22	0630	2000	13.5	1 DAY
05/23	0500	0600	1.0	TRAVEL

14. REMARKS *(released, down time and cause, problems, etc.)*: Released from incident 05/23 @ 0500

15. EQUIPMENT STATUS
- ☒ a. Inspected and under agreement
- ☐ b. Released by Government
- ☐ c. Withdrawn by Contractor

16. INVOICE POSTED BY *(Recorder's initials)*

17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE	18. GOVERNMENT OFFICER'S SIGNATURE	DATE SIGNED
Janet Robinson	*Sam Lee*	05/23/

EMERGENCY EQUIPMENT SHIFT TICKET — E-304

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.

1. AGREEMENT NUMBER: 54-IBET-02-048	2. CONTRACTOR *(name)*: RICHARD MARTIN
3. INCIDENT OR PROJECT NAME: FROG INCIDENT	4. INCIDENT NUMBER: MT-BRF-00000
5. OPERATOR *(name)*: RICHARD MARTIN	
6. EQUIPMENT MAKE: FORD	7. EQUIPMENT MODEL: F250 4X4
8. OPERATOR FURNISHED BY: ☐ CONTRACTOR ☒ GOVERNMENT	
9. SERIAL NUMBER: N/A	10. LICENSE NUMBER: 3P38744
11. OPERATING SUPPLIES FURNISHED BY: ☒ CONTRACTOR *(wet)* ☐ GOVERNMENT *(dry)*	

12. DATE MO/DAY/YR	13. EQUIPMENT USE START	STOP	HOURS/DAYS/MILES *(circle one)* WORK	SPECIAL
05/19	1430	2030	6.0	175 MI
05/19	2030	2200	1.5	50 MI
05/20	0600	1200	6.0	20 MI
05/20	1230	2100	8.5	5 MI

14. REMARKS *(released, down time and cause, problems, etc.)*:

15. EQUIPMENT STATUS
- ☒ a. Inspected and under agreement
- ☐ b. Released by Government
- ☐ c. Withdrawn by Contractor

16. INVOICE POSTED BY *(Recorder's initials)*

17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE	18. GOVERNMENT OFFICER'S SIGNATURE	DATE SIGNED
Richard Martin	*Sam Lee*	05/20/

CREW TIME REPORT

(1) CREW NAME		(2) CREW NUMBER
GRAYBACK #1		C-301
(3) OFFICE RESPONSIBLE FOR FIRE	(4) FIRE NAME	(5) FIRE NUMBER
Flathead NF	Frog Incident	P1ABCD

(6)	(7)	(8)	(9)		(10)	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASS IFICA TION	DATE 05/21		DATE 05/21	
			MILITARY TIME		MILITARY TIME	
			ON	OFF	ON	OFF
	NELSON, F.		0530	1200	1230	2100
	ROYCE, C.		0600	1200	1230	2100
	GIST, J.					
	DUGAN, B.					
	SMITH, S.					
	REITER, B.					
	COAN, G					
	CLYDE, D.					
	HECTOR, R.					
	ROJAS, T.					
	PEREZ, V.					
	MARSH, T.					
	AVALON, M.					
	CROSS, D.					
	JONES, R.					
	DAVIS, W.					
	WALSH, T.					
	FRAZER, D.					
	CHAVEZ, J.					
	NEWELL, H.		↓	↓	↓	↓

(11) REMARKS

1 X 15 = 15

19 X 14.5 = 275.5

TOTAL 290.5

(12) OFFICER-IN-CHARGE (Signature)	(13) TITLE (Officer-in-Charge)
Sam Lee	OSC1
(14) NANE (Person Posting to Emergency Time Report	(15) Date

CREW TIME REPORT

(2) CREW NAME		(2) CREW NUMBER
GRAYBACK #1		C-301
(3) OFFICE RESPONSIBLE FOR FIRE	(4) FIRE NAME	(5) FIRE NUMBER
Flathead NF	Frog Incident	P1ABCD

(6)	(7)	(8)	(9)		(10)	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASS IFICA TION	DATE 05/22		DATE 05/22	
			MILITARY TIME		MILITARY TIME	
			ON	OFF	ON	OFF
	NELSON, F.		0530	1200	1230	2130
	ROYCE, C.		0600	1200	1230	2130
	GIST, J.					
	DUGAN, B.					
	SMITH, S.					
	REITER, B.					
	COAN, G					
	CLYDE, D.					
	HECTOR, R.					
	ROJAS, T.					
	PEREZ, V.					
	MARSH, T.					
	AVALON, M.					
	CROSS, D.					
	JONES, R.					
	DAVIS, W.					
	WALSH, T.					
	FRAZER, D.					
	CHAVEZ, J.					
	NEWELL, H.		↓	↓	↓	↓

(11) REMARKS

1 X 15.5 = 15.5

19 X 15.0= 285.0

TOTAL 300.5

(12) OFFICER-IN-CHARGE (Signature)	(13) TITLE (Officer-in-Charge)
Sam Lee	OSC1
(14) NANE (Person Posting to Emergency Time Report	(15) Date

COMMISSARY ISSUE RECORD	1. FIRE LOCATION BITTERROOT NF	2. FIRE NAME FROG INCIDENT	3. FIRE NO. MT-BRF-00000
	4. FIRE CAMP NAME	5. FIRE CAMP NO. / 6. DATE 05/22/	7. SHEET NO. 1 OF 1

	8. COMMODITY	TOBACCO	SOCKS	BOOTS	TOOTHPASTE	T-SHIRT	RAZORS	9. TOTAL COST	10. CREW IDENT.	11. PURCHASER'S NAME (PRINT) AND SIGNATURE	12. *I.D. No. (from OF-288 Emergency F.F. Time Report)* 13. INITIALS (Posted to OF-288)
A	UNIT PRICE	8.00	2.00	250.00				290.00	C-300	NAME RICK COWELL	ID.NO
	QUANTITY	4	4	1						SIGNATURE	INITIALS
	SUB-TOTAL	32.00	8.00	250.00						*Rick Cowell*	
B	UNIT PRICE		2.00		1.50	12.00		29.50	O-302	NAME HEIDI CHAMBERS	ID.NO
	QUANTITY		2		1	2				SIGNATURE	INITIALS
	SUB-TOTAL		4.00		1.50	24.00				*Heidi Chambers*	
C	UNIT PRICE						2.00	10.00	O-300	NAME BETH LOPEZ	ID.NO
	QUANTITY						5			SIGNATURE	INITIALS
	SUB-TOTAL						10.00			*Beth Lopez*	
D	UNIT PRICE									NAME	ID.NO
	QUANTITY									SIGNATURE	INITIALS
	SUB-TOTAL										
E	UNIT PRICE									NAME	ID.NO
	QUANTITY									SIGNATURE	INITIALS
	SUB-TOTAL										
F	UNIT PRICE									NAME	ID.NO
	QUANTITY									SIGNATURE	INITIALS
	SUB-TOTAL										
G	UNIT PRICE									NAME	ID.NO
	QUANTITY									SIGNATURE	INITIALS
	SUB-TOTAL										
H	UNIT PRICE									NAME	ID.NO
	QUANTITY									SIGNATURE	INITIALS
	SUB-TOTAL										
I	UNIT PRICE									NAME	ID.NO
	QUANTITY									SIGNATURE	INITIALS
	SUB-TOTAL										
J	UNIT PRICE									NAME	ID.NO
	QUANTITY									SIGNATURE	INITIALS
	SUB-TOTAL										

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE *SEE COVER FOR INSTRUCTIONS.*					
INCIDENT OR PROJECT NAME FROG INCIDENT	OWNER OF EQUIPMENT: ☒ CONTRACTOR ☐ GOVERNMENT NAME ABC ENTERPRISES				
AGREEMENT NUMBER 34-IBET-05-223	TYPE OF EQUIPMENT CAT	LICENSE OF IDENTIFICATION NUMBER 12T4756			
COMMODITY *(circle appropriate items)* REGULAR GAS UNLEADED GAS (DIESEL)	QUANTITY 35	UNIT GAL	UNIT PRICE 2.59	AMOUNT 90.65	
OIL OTHER *(specify)*					
DATE AND TIME ISSUED 05/21/ 0600	REMARKS			TOTAL 90.65	
ISSUING AGENT'S SIGNATURE Bob Big	PRINT NAME AND TITLE BOB BIG				
RECEIVING AGENT'S SIGNATURE Dan Smith	PRINT NAME AND TITLE DAN SMITH, OWNER				
POSTED TO EQUIPMENT INVOICE (FINANCE USE ONLY): INITIALS				DATE	

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE *SEE COVER FOR INSTRUCTIONS.*					
INCIDENT OR PROJECT NAME FROG COMPLEX	OWNER OF EQUIPMENT: ☒ CONTRACTOR ☐ GOVERNMENT NAME RICHARD MARTIN				
AGREEMENT NUMBER 54-IBET-02-048	TYPE OF EQUIPMENT FORD	LICENSE OF IDENTIFICATION NUMBER 3P38744			
COMMODITY *(circle appropriate items)* REGULAR GAS (UNLEADED GAS) DIESEL	QUANTITY 15.5	UNIT GAL	UNIT PRICE 2.69	AMOUNT 41.70	
(OIL) OTHER *(specify)*	2	QT	3.50	7.00	
DATE AND TIME ISSUED 05/20/ 0600	REMARKS			TOTAL 48.70	
ISSUING AGENT'S SIGNATURE Bob Big	PRINT NAME AND TITLE BOB BIG				
RECEIVING AGENT'S SIGNATURE Richard Martin	PRINT NAME AND TITLE RICHARD MARTIN, DRIVER				
POSTED TO EQUIPMENT INVOICE (FINANCE USE ONLY): INITIALS				DATE	

EMERGENCY EQUIPMENT RENTAL AGREEMENT E-306

1. ORDERING OFFICE (name and address)
FOREST SERVICE
INCIDENT PAYMENT CENTER
324 25TH STREET
OGDEN, UT 84401

AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. AGREEMENT NUMBER
34-IBET-05-177
AMEND #1, 2, 3

3. EFFECTIVE DATES
a. beginning 05-01-
b. ending 04-30-

4. CONTRACTOR a. name and address
ACE EMERGENCY SUPPORT
ACE JONES
PO BOX 343
CAMINO, CA 95709

b. SSN or Tax ID#

c. telephone number (day)

d. telephone number (night)

5. POINT OF HIRE *(location when hired)*
LOCATION AT TIME OF HIRE

6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY
X CONTRACTOR X GOVERNMENT

7. OPERATOR FURNISHED BY
X CONTRACTOR X GOVERNMENT

8. TYPE OF CONTRACTOR *(X appropriate boxes)*
x SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED ☐ WOMEN OWNED ☐ LABOR SURPLUS AREA ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	
MISC: **CHAIRS, FOLDING (1000+) $1.00 EA/DAY WEEKLY RATE: $5.00/EA, MONTHLY RATE: $15.00/EA** **TABLES, FOLDING (100+) $6.00 EA/DAY WEEKLY RATE $30.00 EA MONTHLY RATE: $90.00 EA + $2.00/MILE FOR ROUND TRIP DELIVERY ONLY**						
MISC: **2" PUMP, INCLUDES SUCTION & DISCHARGE HOSE, ID:WP150 (SUPPLIES & OPERATOR FURNISHED BY GOVT) WEEKLY RATE: -15%** **3" PUMP, INCLUDES SUCTION & DISCHARGE HOSE, ID:WP320 (SUPPLIES & OPERATOR FURNISHED BY GOVT) RATE: $75.00 DAY, -15% WEEKLY + $2.00/MILE FOR ROUND TRIP DELIVERY ONLY**		**$70.00**	**DAY**			

14. SPECIAL PROVISIONS

THE RATES "WITH 2 OPERATORS" WILL ONLY APPLY WHEN EQUIPMENT IS ORDERED WITH 2 OPERATORS AND 2 OPERATORS ARE FURNISHED.

THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. NOTE; AS INDICATED W/SOME PIECES OF EQUIPMENT DESCRIPTIONS, FUEL AND/OR OPERATOR WILL BE FURNISHED BY THE GOVERNMENT. AMEND #1, 2 ADDED EQUP, AMEND 3 CHANGED MILAGE RATES TO DELIVERY ONLY 06/09/ .

MISC MILEAGE – IF MULTIPLE PIECES OF EQUIPMENT ARE ORDERED TOGETHER MILEAGE APPLIES ONLY ONCE, NO ON EACH MISC PIECE OF EQUIPMENT

15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE	16. DATE	17. CONTRACTING OFFICER'S SIGNATURE	18. DATE
/s/ ACE E. JONES	05-23-	/s/ KATHRYN GRIFFIN	05-24-

19. PRINT NAME AND TITLE	20. PRINT NAME AND TITLE
ACE E. JONES, OWNER	KATHRYN GRIFFIN, CONTRACTING OFFICER

NSN 7540-01-121-8825
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 294 (REV.8-90)
USDA/USDI

EMERGENCY EQUIPMENT RENTAL AGREEMENT S-300

1. ORDERING OFFICE (name and address)
FOREST SERVICE
INCIDENT PAYMENT CENTER
324 25TH STREET
OGDEN, UT 84401

AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. AGREEMENT NUMBER **34-IBET-05-176**

3. EFFECTIVE DATES
a. beginning 05-01-
b. ending 04-30-

4. CONTRACTOR a. name and address
KLEEN PORTA TOILETS
RICHARD KLEEN
PO BOX 1223
GRASS VALLEY, CA 98879

b. SSN or Tax ID#

c. telephone number (day)

d. telephone number (night)

5. POINT OF HIRE *(location when hired)*
LOCATION AT TIME OF HIRE

6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY
X CONTRACTOR X GOVERNMENT

7. OPERATOR FURNISHED BY
X CONTRACTOR X GOVERNMENT

8. TYPE OF CONTRACTOR *(X appropriate boxes)*
x SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED ☐ WOMEN OWNED ☐ LABOR SURPLUS AREA ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	
PORTABLE TOILET SERVICE **INCLUDES DELIVER, SET UP, ONCE A DAY SERVICE AND REMOVAL OF TOILETS** **ADDITIONAL SERVICES $20.00 EA** **RELOCATE TOILETS PER MOVE, $30.00 EA** **MILEAGE CHARGE FOR PICKUP, DELEVERY & ADDITIONAL SERVICE, $2.00/MILE**		**$55.00**	**DAY**			
HANDICAP TOILETS EACH INCLUDES DELIVER, SETUP, ONCE PER DAY SERVICE AND REMOVAL OF TOILETS **ADDITIONAL SERVICES $20.00 EA** **RELOCATE TOILETS PER MOVE $30.00 EA** **MILEAGE CHARGE FOR PICKUP, DELIVERY & ADDITIONAL SERVICE, $2.00/MILE**		**$100.00**	**DAY**			
PORTABLE SINKS W/SINK TRAILER, INCLUDES SOAP, TOWELS AND HOLDING TANK FOR GREY WATER: **8 SINK, $465/DAY** **W/POTABLE TRUCK $980/DAY** **10 SINK, $565/DAY** **W/ POTABLE TRUCK $1080/DAY** **12 SINK, $665/DAY** **W/POTABLE TRUCK $1180/DAY**						

1. ORDERING OFFICE (name and address)	***AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT***
FOREST SERVICE **INCIDENT PAYMENT CENTER** **324 25TH STREET** **OGDEN, UT 84401**	2. AGREEMENT NUMBER PAGE 2 OF 2 **34-IBET-05-176**
	3. EFFECTIVE DATES a. beginning 05-01- b. ending 05-30-
4. CONTRACTOR a. name and address **KLEEN PORTA TOILETS** **RICHARD KLEEN** **PO BOX 1223** **GRASS VALLEY, CA 98879**	5. POINT OF HIRE *(location when hired)* **LOCATION AT TIME OF HIRE**
b. SSN or Tax ID#	6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY X CONTRACTOR X GOVERNMENT
c. telephone number (day) / d. telephone number (night)	7. OPERATOR FURNISHED BY X CONTRACTOR X GOVERNMENT

8. TYPE OF CONTRACTOR *(X appropriate boxes)*
x SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED ☐ WOMEN OWNED ☐ LABOR SURPLUS AREA ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	

14. SPECIAL PROVISIONS

THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. 09/04/ AMEND #1 ADDED INDIVIDUAL SINK UNIT

MILEAGE FOR TRANSPORT PAID ONLY FOR HUAL-IN &HAUL-OUT. ONCE EQUIPMENT IS UNLOADED THE TRANSPORT WILL BE RELEASE UNLESS DIRECTED, IN WRITING, TO REMAIN.

THE RATES "WITH 2 OPERATORS" WILL ONLY APPLY WHEN EQUIPMENT IS ORDERED WITH 2 OPERATORS AND 2 OPERATORS ARE FURNISHED.

MISC MILEAGE – IF MULTIPLE PIECES OF EQUIPMENT ARE ORDERED TOGETHER MILEAGE APPLIES ONLY ONCE, NOT ON EACH MISC PIECE OF EQUIPMENT.

NOTE: DUMPING FEES WILL BE REIMBURSED AS CHARGED WITH SUBMISSION OF AN INVOICE WITH DUMP FEE RECEIPTS ATTACHED. MILEAGE RATES OF $2.00/MILE PAID FOR DUMPING SERVICE.

15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE	16. DATE	17. CONTRACTING OFFICER'S SIGNATURE	18. DATE
/s/ RICHARD KLEEN	05-23-	/s/ KATHRYN GRIFFIN	05-24-
19. PRINT NAME AND TITLE RICHARD KLEEN, OWNER		20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER	

NSN 7540-01-121-8825
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 294 (REV.8-90)
USDA/USDI
50294-104

EMERGENCY EQUIPMENT RENTAL AGREEMENT E-307

1. ORDERING OFFICE (name and address)
FOREST SERVICE
INCIDENT PAYMENT CENTER
324 25TH STREET
OGDEN, UT 84401

AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. AGREEMENT NUMBER
55-IBET-02-087

3. EFFECTIVE DATES
a. beginning 05-01-
b. ending 04-30-

4. CONTRACTOR a. name and address
TOP RATE MOBILE OFFICE SERVICES
1223 CARNATION ROAD
RUBY SPRINGS, CA 98556

b. SSN or Tax ID#

c. telephone number (day)

d. telephone number (night)

5. POINT OF HIRE *(location when hired)*
LOCATION AT TIME OF HIRE

6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY
X CONTRACTOR X GOVERNMENT

7. OPERATOR FURNISHED BY
X CONTRACTOR X GOVERNMENT

8. TYPE OF CONTRACTOR *(X appropriate boxes)*
x SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED X WOMEN OWNED ☐ LABOR SURPLUS AREA ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	
OFFICE SERVICES: COPYING SERVICE 1995 8' x 24' MOBILE OFFICE TRAILER W/AIR CONDITIONING, TRANSPORTED BY ¾ TON DODGE, 4x2, LIC: 4D3998 DELIVERY RETURN RATE & ALL TRAILER MOVEMENT MILEAGE, RAND MCNALLY, $1.30/MI. EQUIPPED W/MACHINE OPERATORS TO COVER 24HR SERVICE, ONE PER SHIFT. GENERATOR: HONDA 12KW, MODEL RE22DEG334, 120/140 VAC, 50A, 30A &20A OUTLETS, COPIERS: MINOLTA D450 W/COLLATOR, SN:3440099, CANON COLOR COPIER, SN: IKY22309		**$1,780.00**	**DAY**			
COPIES: 1ST 300/DAY INCLUDED IN BASE RATE, OVER 300 @ $0.10/EA, UP TO 11X17 (11X17 COUNTS AS 2 COPIES) COLOR COPIES 8 ½ X 11", $1.50/EA		**$0.10**	**EACH**			
SECRETARY SERVICE IS NEGOTIABLE WHEN REQUESTED AT TIME OF ORDER, 12 HR SHIFT	**1**	**$195.00**	**DAY**			
ADDITIONAL OPERATOR RATE WHEN INCIDENT ACTION PLANS (IAP) EXCEED 100/DAY	**1**	**$260.00**	**DAY**			

1. ORDERING OFFICE (name and address)	***AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT***
FOREST SERVICE **INCIDENT PAYMENT CENTER** **324 25TH STREET** **OGDEN, UT 84401**	2. AGREEMENT NUMBER **55-IBET-02-087** PAGE 2 OF 2
	3. EFFECTIVE DATES a. beginning 05-01- b. ending 05-30-
4. CONTRACTOR a. name and address **TOP RATE MOBILE OFFICE SERVICES** **1223 CARNATION ROAD** **RUBY SPRINGS, CA 98556**	5. POINT OF HIRE *(location when hired)* **LOCATION AT TIME OF HIRE**
b. SSN or Tax ID#	6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY **X** CONTRACTOR **X** GOVERNMENT
c. telephone number (day) / d. telephone number (night)	7. OPERATOR FURNISHED BY **X** CONTRACTOR **X** GOVERNMENT

8. TYPE OF CONTRACTOR *(X appropriate boxes)*

x SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED X WOMEN OWNED ☐ LABOR SURPLUS AREA ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	

14. SPECIAL PROVISIONS

THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT.

WHEN CAMP IS NOT AVAILABLE CONTRACTOR MAY BE PAID A PER PERSON PER DIEM RATE IN ACCORDANCE WITH LOCAL OR CONUS RATE UP TO $75.00/DAY PER PERSON

BILLING RATE REDUCED BY ONE PERCENT (1%) IF PAID WITHIN FIFTEEN (15) DAYS AFTER EACH ASSIGNMENT OR INCIDENT.
BASE RATE INCLUDES (1) MINOLTA COPIER D1450 AUTO FEED, COLLATOR (2) MINOLTA COPIER EP2121 (3) PENTIUM COMPUTERS W/MODEM (4) PRINTER-LEXMARK COLOR PRINTER (5) FAXES, OKIDATA, OKIFAX 1000 & 5250 (6) GOVERNMENT TO PROVIDE TELEPHONE LINES (7) PAPER SUPPLIED BY CONTRACTOR UP TO 40,000 COPIES, USAGE ABOVE THAT QUANTITY PER INCIDENT FURNISHED BY GOVERNMENT (8) OCE 7051 COPIER, MAP 36' X 9',
BOND PAPER – 36"w = $.90 PER SQ FT, VELLUM – 35"w = $1.40 PER SQ FT, MYLAR – 36"w = $3.00 PER SQ FT (9) MINOLTA COPIER 6000, AUTO FEED COLLATRO.

PAYMENT: A DAILY ITEMIZED RUNNING RECORD, SIGNED DAILY BY INCIDENT REPRESENTATIVE, SHALL BE A FINAL ITEMIZED INVOICE FOR PAYMENT WHEN RELEASED FROM INCIDENT.

15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE	16. DATE	17. CONTRACTING OFFICER'S SIGNATURE	18. DATE
/s/ MELODIE BROOKS	05-24-	/s/ KATHRYN GRIFFIN	05-24-
19. PRINT NAME AND TITLE MELODIE BROOKS, OWNER		20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER	

EMERGENCY EQUIPMENT RENTAL AGREEMENT E-308

1. ORDERING OFFICE (name and address)
FOREST SERVICE
INCIDENT PAYMENT CENTER
324 25TH STREET
OGDEN, UT 84401

AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. AGREEMENT NUMBER
34-IBET-02-125

3. EFFECTIVE DATES
a. beginning 05-01-
b. ending 04-30-

4. CONTRACTOR a. name and address
JACKSON ENTERPRISES
334 LOWER GRASS VALLEY ROAD
NEVADA CITY, CA 95958

b. SSN or Tax ID#

c. telephone number (day)

d. telephone number (night)

5. POINT OF HIRE *(location when hired)*
LOCATION AT TIME OF HIRE

6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY
__X__ CONTRACTOR ___ GOVERNMENT

7. OPERATOR FURNISHED BY
__X__ CONTRACTOR ___ GOVERNMENT

8. TYPE OF CONTRACTOR *(X appropriate boxes)*
x SMALL BUSINESS ☐ LARGE BUSINESS ☐ SMALL DISADVANTAGED OWNED ☐ WOMEN OWNED ☐ LABOR SURPLUS AREA ☐ LOCAL GOVT.

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	
MISCELLANEOUS – SMALL ENGINE MECHANIC W/TOOLS		**$100.00**	**HR**			
MISCELLANEOUS – TOW VEHICLE & STOCKED SUPPLY/WORKSHOP TRAILER *TRAILER MILEAGE $1.00/MILE		**$150.00**	**DAY**			
MISCELLANEOUS – PARTS COST PLUS 40%						
MISCELLANEOUS – PARTS RUNNING VEHICLE W/OPERATOR – PORTAL TO PORTAL		**$1.25**	**MI**			

14. SPECIAL PROVISIONS

ALLRATES NEGOTIATED

6) THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT.

15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE
/s/ PETE JACKSON

16. DATE
06-30-

17. CONTRACTING OFFICER'S SIGNATURE
/s/ KATHRYN GRIFFIN

18. DATE
05-24-

19. PRINT NAME AND TITLE
PETE JACKSON, OWNER

20. PRINT NAME AND TITLE
KATHRYN GRIFFIN, CONTRACTING OFFICER

NSN 7540-01-121-8825
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 294 (REV.8-90)
USDA/USDI
50294-104

EMERGENCY EQUIPMENT SHIFT TICKET **E-306**

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.

1. AGREEMENT NUMBER 34-IBET-05-177					2. CONTRACTOR *(name)* ACE EMERGENCY SUPPORT
3. INCIDENT OR PROJECT NAME FROG INCIDENT			4. INCIDENT NUMBER MT-BRF-0000		5. OPERATOR *(name)* ACE JONES
6. EQUIPMENT MAKE CHAIRS/TABLES			7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY ☐ CONTRACTOR ☐ GOVERNMENT
9. SERIAL NUMBER			10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY ☐ CONTRACTOR *(wet)* ☐ GOVERNMENT *(dry)*
12. DATE MO/DAY/YR	13. EQUIPMENT USE				14. REMARKS *(released, down time and cause, problems, etc.)*
	START	STOP	HOURS/DAYS/MILES *(circle one)* WORK	SPECIAL	
05/21	1500	1800	1000	CHAIRS DELIVERY/SETUP	
			200	TABLES DELIVERY/SETUP	15. EQUIPMENT STATUS ☒ a. Inspected and under agreement ☐ b. Released by Government ☐ c. Withdrawn by Contractor
05/21	1500	1800	30	miles	
					16. INVOICE POSTED BY *(Recorder's initials)*
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE *Ace Jones*			18. GOVERNMENT OFFICER'S SIGNATURE *Sandra M. Smith*		DATE SIGNED

EMERGENCY EQUIPMENT SHIFT TICKET **S-300**

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.

1. AGREEMENT NUMBER 34-IBET-05-176					2. CONTRACTOR *(name)* KLEEN PORTA TOILETS
3. INCIDENT OR PROJECT NAME FROG INCIDENT			4. INCIDENT NUMBER		5. OPERATOR *(name)* RICHARD KLEEN
6. EQUIPMENT MAKE TOILETS			7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY ☐ CONTRACTOR ☐ GOVERNMENT
9. SERIAL NUMBER			10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY ☐ CONTRACTOR *(wet)* ☐ GOVERNMENT *(dry)*
12. DATE MO/DAY/YR	13. EQUIPMENT USE				14. REMARKS *(released, down time and cause, problems, etc.)*
	START	STOP	HOURS/DAYS/MILES *(circle one)* WORK	SPECIAL	
05/20	1200	1900		**10 DELIVERED**	
				5 RELOCATED	15. EQUIPMENT STATUS ☒ a. Inspected and under agreement ☐ b. Released by Government ☐ c. Withdrawn by Contractor
				2 HANDICAPPED DELIVERED	
05/20			50	miles	16. INVOICE POSTED BY *(Recorder's initials)*
17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE *Richard Kleen*			18. GOVERNMENT OFFICER'S SIGNATURE *Sandra M. Smith*		DATE SIGNED

EMERGENCY EQUIPMENT SHIFT TICKET **E-307**

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.

1. AGREEMENT NUMBER 55-IBET-02-087		2. CONTRACTOR *(name)* TOP RATE MOBILE OFFICE SVCS
3. INCIDENT OR PROJECT NAME FROG COMPLEX	4. INCIDENT NUMBER MT-BRF-0000	5. OPERATOR *(name)*
6. EQUIPMENT MAKE OFFICE SVCS	7. EQUIPMENT MODEL	8. OPERATOR FURNISHED BY ☐ CONTRACTOR ☐ GOVERNMENT
9. SERIAL NUMBER	10. LICENSE NUMBER	11. OPERATING SUPPLIES FURNISHED BY ☐ CONTRACTOR *(wet)* ☐ GOVERNMENT *(dry)*

12. DATE MO/DAY/YR	13. EQUIPMENT USE				14. REMARKS *(released, down time and cause, problems, etc.)*
	START	STOP	HOURS/DAYS/MILES *(circle one)* WORK	SPECIAL	
05/21	0630	1900		478 PAGES	
				20 COLOR PGS	15. EQUIPMENT STATUS ☒ a. Inspected and under agreement ☐ b. Released by Government ☐ c. Withdrawn by Contractor
					16. INVOICE POSTED BY *(Recorder's initials)*

17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE	18. GOVERNMENT OFFICER'S SIGNATURE	DATE SIGNED
Daniel Smith	*Sandra M. Smith*	

EMERGENCY EQUIPMENT SHIFT TICKET **E-308**

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.

1. AGREEMENT NUMBER 34-IBET-02-125		2. CONTRACTOR *(name)* JACKSON ENTERPRISES
3. INCIDENT OR PROJECT NAME FROG COMPLEX	4. INCIDENT NUMBER MT-BRF-0000	5. OPERATOR *(name)*
6. EQUIPMENT MAKE MECHANIC	7. EQUIPMENT MODEL	8. OPERATOR FURNISHED BY ☐ CONTRACTOR ☐ GOVERNMENT
9. SERIAL NUMBER	10. LICENSE NUMBER	11. OPERATING SUPPLIES FURNISHED BY ☐ CONTRACTOR *(wet)* ☐ GOVERNMENT *(dry)*

12. DATE MO/DAY/YR	13. EQUIPMENT USE				14. REMARKS *(released, down time and cause, problems, etc.)*
	START	STOP	HOURS/DAYS/MILES *(circle one)* WORK	SPECIAL	
05/20	0800	1300			FAN BELT – $79.00 OIL FILTER – $15.00
	1330	1800			15. EQUIPMENT STATUS ☒ a. Inspected and under agreement ☐ b. Released by Government ☐ c. Withdrawn by Contractor
05/20			35MI	TRAILER	
					16. INVOICE POSTED BY *(Recorder's initials)*

17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE	18. GOVERNMENT OFFICER'S SIGNATURE	DATE SIGNED
Michelle Jackson	*Sandra M. Smith*	