

OVERHEAD CHECK-IN SHEET

Request Number: O-300

PLANS INFORMATION

Last Name: LOPEZ First Name: BETH

Agency: BLM Check-In Date: 05/20/2004 Check-In Time: 0815
(e.g., NPS, FS, BIA)

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

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

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

If AOV, POV, or BUS: Vehicle Description: DODGE DAKODA
(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: 999-99-9999 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 : 05/20/2004
Length of Assignment 14
Checked in by (initials): _____

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

TO BE COMPLETED BY FINANCE

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

OVERHEAD CHECK-IN SHEET

Request Number: O-301

PLANS INFORMATION

Last Name: ALLEN First Name: LINDI

Agency: FS Check-In Date: 05/19/2004 Check-In Time: 0600
(e.g., NPS, FS, BIA)

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

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

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

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

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

If rented, where was the vehicle rented: _____

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

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

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

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

Other Qualifications: STEN, CRWB,

FINANCE INFORMATION

If casual, please proceed to section below

Social Security Number: 999-99-9999 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: 05/19/2004
Length of Assignment: 12
Checked in by (initials): _____

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

TO BE COMPLETED BY FINANCE

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

OVERHEAD CHECK-IN SHEET

Request Number: O-302

PLANS INFORMATION

Last Name: CHAMBERS First Name: HEIDI

Agency: FS Check-In Date: 05/20/2004 Check-In Time: 1800
(e.g., NPS, FS, BIA)

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

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

If Air: Jetport/Airport: _____ 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-2 AD Pay Rate: \$11.68

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

Check Mailing Address: 111 MAIN STREET
CAMPTONVILLE, CA 95922

TO BE COMPLETED BY PLANS

| | |
|--------------------------------------|--|
| Mobilization Date: <u>05/20/2004</u> | <input checked="" type="checkbox"/> Red Card Checked |
| Length of Assignment: <u>14</u> | <input type="checkbox"/> T-Card Completed |
| Checked in by (initials): _____ | <input type="checkbox"/> Entered into IRSS |
| | <input type="checkbox"/> Manifest (filed & attached) |

TO BE COMPLETED BY FINANCE

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

OVERHEAD CHECK-IN SHEET

Request Number: O-303

PLANS INFORMATION

Last Name: STEVENS First Name: DENNIS

Agency: FS Check-In Date: 05/19/2004 Check-In Time: 0600
(e.g., NPS, FS, BIA)

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

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

If Air: Jetport/Airport: _____ Jetport Code: _____
(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: 999-99-9999 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: <u>05/19/2004</u> | <input checked="" type="checkbox"/> Red Card Checked |
| Length of Assignment <u>14</u> | <input type="checkbox"/> T-Card Completed |
| Checked in by (initials): _____ | <input type="checkbox"/> Entered into IRSS |
| | <input type="checkbox"/> Manifest (filed & attached) |

TO BE COMPLETED BY FINANCE

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

CREW CHECK-IN SHEET

Request Number: C-300

PLANS INFORMATION

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

Agency: FS Check-In Date: 05/21/2004 Check-In Time: 1800

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

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

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

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

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

If rented, where was the vehicle rented: _____

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

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

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

FINANCE INFORMATION

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

Federal/State Employees

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

Casual (AD/EFF) Employees

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

TO BE COMPLETED BY PLANS

| | |
|---|---|
| Mobilization Date: <u>05/21/2004</u> Length of Assignment: <u>14-----</u> Checked in by (initials): _____ | <input checked="" type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into IRSS <input type="checkbox"/> Manifest (filed & attached) |
|---|---|

TO BE COMPLETED BY FINANCE

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

Request # C- _____

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

| INCIDENT NAME: | | Frog Incident | | TAHOE HOTSHOT MANIFEST | | | Vehicle | | 2728 | |
|---|----------|---------------|-------------|-----------------------------------|------------|---------------|-----------------|---------|-------------------|---------------------|
| ACCOUNTING CODE: | | P1ABCD | | TAHOE NATIONAL FOREST | | | Door #'s | | 7065 | |
| OVER RIDE: | | | | YUBA RIVER RANGER DISTRICT | | | | | 7066 | |
| REQUEST #: | | C-300 | | 15924 HIGHWAY 49 | | | | | | |
| DATE: | | 5/21/2004 | | 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 |
| 999-99-9999 | | | COWELL | A | RICK | 215 | 180 | 35 | 20 | 220 |
| 999-99-9999 | | | WHITE | H | TODD | 245 | 205 | 40 | 20 | 250 |
| 999-99-9999 | | | RICE | J | ERIC | 230 | 185 | 45 | 20 | 235 |
| 999-99-9999 | | | ROJAS | | TIRSO | 225 | 185 | 40 | 25 | 230 |
| 999-99-9999 | | | CUTLER | H | JUSTIN | 245 | 200 | 45 | 20 | 250 |
| 999-99-9999 | | | HICKEY | D | FRANCIS | 250 | 215 | 35 | 25 | 255 |
| 999-99-9999 | | | MOSHETTI | S | BRAD | 250 | 210 | 40 | 25 | 255 |
| 999-99-9999 | | | FLATTLEY | D | ISAAC | 220 | 185 | 35 | 20 | 225 |
| 999-99-9999 | | | LAFERRIERE | M | DUSTIN | 225 | 190 | 35 | 20 | 230 |
| 999-99-9999 | | | GHISLETTA | | THOMAS | 230 | 195 | 35 | 25 | 235 |
| 999-99-9999 | | | RIVADENEYRA | | DAMIEN | 215 | 180 | 35 | 20 | 220 |
| 999-99-9999 | | | CROSTHWAIT | H | CHAD | 220 | 185 | 35 | 25 | 225 |
| 999-99-9999 | | | O'DONNEL | | ANDREW | 255 | 220 | 35 | 25 | 260 |
| 999-99-9999 | FFT1 | AD-3 | RICE | | GRAM | 195 | 155 | 40 | 30 | 200 |
| 999-99-9999 | | | McCANDLESS | | CHRIS | 225 | 190 | 35 | 20 | 230 |
| 999-99-9999 | | | BRANTLEY | | JEFF | 220 | 185 | 35 | 25 | 225 |
| 999-99-9999 | | | MELLEIN | A | AARON | 190 | 155 | 35 | 20 | 195 |
| 999-99-9999 | | | GUIOFYLE | | MARY KATE | 180 | 145 | 35 | 25 | 185 |
| 999-99-9999 | | | MILLER | | MIKE | 195 | 160 | 35 | 20 | 200 |
| 999-99-9999 | | | SWITZER | | ADAM | 170 | 135 | 35 | 25 | 175 |
| 999-99-9999 | | | 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

CONTRACT ENGINE

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

Contractor/Cooperator Name: _____

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

Address: _____

Check-In Date: 05/20/2004 Check-In Time: 1500

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

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

Demob City: _____ Demob State: _____

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

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

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

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

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

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

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

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

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

| Name | Social Security # | AD/Fed/Other | Home Unit | Home Unit or *Mailing Address | Home Unit Phone # | Home Unit Fax # |
|--------------------------|-------------------|--------------|-----------|-------------------------------|-------------------|-----------------|
| ENGB - CAMPBELL, MICHAEL | 999-99-999 | FED | CATNF | 15924 HIGHWAY 49 | (530) 555-5555 | (530) 555-1212 |
| ENOP - PRINCE JAMES | 999-99-999 | FED | CATNF | CAMPTONVILLE, CA 95922 | | |
| FFT2 - CARSON, CLINT | 999-99-999 | FED | CATNF | “ “ | | |
| FFT1 - SAUTER, DANIEL | 999-99-999 | FED | CATNF | “ “ | | |
| FFT1 - SMITH, ADAM | 999-99-999 | FED | CATNF | “ “ | | |

*Check mailing address for AD employees only

TO BE COMPLETED BY PLANS

TO BE COMPLETED BY FINANCE

| | |
|---|--|
| Mobilization Date: <u>05/20/2004</u> Length of Assignment <u>11</u> Checked in by (initials): _____ | <input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into IRSS <input type="checkbox"/> Manifest (filed & attached) |
|---|--|

| |
|---|
| <input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into ITS 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-301

Is lowboy staying at incident? YES NO

Does the equipment have lights for night operation? YES NO

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

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

Company Name: ABC ENTERPRISES

Agreement # 34-IBET-05-223

Check-In Date: 05/20/2004 Check-In Time: 0730

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

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

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

Type I Type II Type III

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

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

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

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/2004

Length of Assignment: _____

Checked in by (initials): _____

Red Card Checked

T-Card Completed

Entered into IRSS

TO BE COMPLETED BY FINANCE

Employee Information Received and Complete

Entered into ITS 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 5/19/03 | | | | | | |
| | | 3. EFFECTIVE DATES a. beginning 05-01-2002 b. ending 04-30-2005 | | | | | | |
| 4. CONTRACTOR a. name and address ABC ENTERPRISES DANIEL G. SMITH 2231 PARADISE DRIVE GRASS VALLEY, CA 95678 | | 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 <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | | | | | | |
| c. telephone number (day) d. telephone number (night) | | | | | | | | |
| | | 7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | | | | | | |
| | | 8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT. | | | | | | |
| 9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories) | | 10. NUMBER OF OPERATORS | 11. WORK OR DAILY a. rate b. unit | | 12. SPECIAL a. rate b. unit | | 13. GUARANTEE (8 or more hours) | |
| 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: 04/07/2003 GOOD THRU: 04/08/2004 THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. 5/19/03 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 /s/ DANIEL G. SMITH | | | 16. DATE 5-23-2003 | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | | 18. DATE 05-24-2003 | |
| 19. PRINT NAME AND TITLE DANIEL G. SMITH, OWNER | | | | 20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER | | | | |

EQUIPMENT CHECK-IN SHEET

Request Number: E-302

Equipment: JONES TRANSPORT

Kind: TRTL Agency: PVT

Primary Operator's Name: FRANK JONES

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

Relief Operator's Name: _____

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

Demob City/State: NORTH SAN JUAN, CA

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

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

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

For Heavy Equipment:

Make & Model: KENWORTH 3S2 COMBO Light Medium Heavy
Is there a lowboy with your equipment? YES **NO** If yes: E# _____
Is lowboy staying at incident? **YES** **NO**

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

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

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

Company Name: JONES TRUCKING

Agreement # 55-IBET-02-048

Check-In Date: 05/20/2004 Check-In Time: 0730

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

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

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

Type I Type II Type III

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

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

Other special capabilities/specifications of equipment: THIS IS TRANSPORT FOR E-300 ABC DOZER

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/2004
Length of Assignment: _____
Checked in by (initials): _____

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

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into ITS 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 05-01-2002 b. ending 04-30-2005 | | |
| | | | | | | |
| 4. CONTRACTOR a. name and address JONES TRUCKING FRANK M. JONES PO BOX 349 NORTH SAN JUAN, CA 95961 | | 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 <u> x </u> CONTRACTOR <u> </u> GOVERNMENT | | | | |
| c. telephone number (day) | d. telephone number (night) | 7. OPERATOR FURNISHED BY <u> x </u> CONTRACTOR <u> </u> GOVERNMENT | | | | |
| 8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> 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. 4-9-03) | | | | | | |
| 15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ FRANK M. JONES | 16. DATE 06-10-2002 | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | | 18. DATE 06-10-2002 | |
| 19. PRINT NAME AND TITLE FRANK M. JONES, OWNER | | 20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER | | | | |

EQUIPMENT CHECK-IN SHEET

Request Number: E-303

Equipment: WATER WORKS WT

Kind: WAT1 Agency: PVT

Primary Operator's Name: JANET ROBINSON

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

Relief Operator's Name: _____

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

Demob City/State: GRASS VALLEY, CA

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

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

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

For Heavy Equipment:

Make & Model: INTERNATIONAL 4000 GAL **Light** **Medium** **Heavy**

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

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

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

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

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

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

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

Other special capabilities/specifications of equipment: _____

Company Name: WATER WORKS

Agreement # 54-IBET-02-099

Check-In Date: 05/20/2004 Check-In Time: 1830

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

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

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

TO BE COMPLETED BY PLANS

Mobilization Date: 05/20/2004
Length of Assignment: _____
Checked in by (initials): _____

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

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into ITS 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 CDF NEU-33-3344 | | | | | |
| | | 3. EFFECTIVE DATES a. beginning 05-01-2002 | | b. ending 04-30-2005 | | | |
| 4. CONTRACTOR a. name and address WATER WORKS JANET ROBINSON 13344 DILLON ROAD GRASS VALLEY, CA 95945 | | 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 <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | | | | | |
| | | 7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | | | | | |
| | | 8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input checked="" type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT. | | | | | |
| 9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories) | | 10. NUMBER OF OPERATORS | 11. WORK OR DAILY a. rate b. unit | | 12. SPECIAL a. rate b. unit | | 13. GUARANTEE (8 or more hours) |
| 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. CDF AGREEMENT NO: NEU-33-3344 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 /s/ JANET ROBINSON | | 16. DATE 05-13-2002 | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | | 18. DATE 05-28-2003 | |
| 19. PRINT NAME AND TITLE JANET ROBINSON, OWNER | | | 20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER | | | | |

EQUIPMENT CHECK-IN SHEET

Request Number: E-304

Equipment: MARTIN PICKUP

Kind: PU Agency: PVT

Primary Operator's Name: RICHARD MARTIN

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

Relief Operator's Name: _____

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

Demob City/State: CAMPTONVILLE, CA

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

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

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

For Heavy Equipment:

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

Does the equipment have lights for night operation? YES NO

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

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

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

Other special capabilities/specifications of equipment: _____

Company Name: RICHARD MARTIN

Agreement # 54-IBET-02-048

Check-In Date: 05/19/2004 Check-In Time: 1430

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

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

Employee Name: RICHARD MARTIN

Check Mailing Address: P.O. BOX 33
CAMPTONVILLE, CA 95922

Social Security Number: 999-99-9999

AD Position Held on Fire: DRIVER

AD Classification: AD-2 AD Pay Rate: 11.68

Type I Type II Type III
SK-1 SK-2 SK-3 SK-4 SK-5

TO BE COMPLETED BY PLANS

| | |
|--------------------------------------|--|
| Mobilization Date: <u>05/19/2004</u> | <input type="checkbox"/> Red Card Checked |
| Length of Assignment: _____ | <input type="checkbox"/> T-Card Completed |
| Checked in by (initials): _____ | <input type="checkbox"/> Entered into IRSS |

TO BE COMPLETED BY FINANCE

| |
|---|
| <input type="checkbox"/> Employee Information Received and Complete |
| <input type="checkbox"/> Entered into ITS 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 05-01-2002 | | b. ending 04-30-2005 | | | |
| 4. CONTRACTOR a. name and address RICHARD MARTIN PO BOX 33 CAMPTONVILLE, CA 95922 | | 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 <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | | | | | |
| c. telephone number (day) | d. telephone number (night) | 7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | | | | | |
| 8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> 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. 2) DRIVERS WILL BE HIRED AT AD-2 RATE. 6) THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. | | | | | | | |
| 15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ RICHARD MARTIN | | | 16. DATE 05-18-2002 | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | | 18. DATE 07-03-2003 |
| 19. PRINT NAME AND TITLE RICHARD MARTIN, OWNER/DRIVER | | | | 20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER | | | |

| 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 <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | |
| 9. SERIAL NUMBER 12T4756 | | | 10. LICENSE NUMBER N/A | | 11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> 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 | | | |
| 05/19 | 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 | “ “ | | |
| 15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor | | | | 16. INVOICE POSTED BY (Recorder's initials) | | |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE Daniel Smith | | | | 18. GOVERNMENT OFFICER'S SIGNATURE Sam Lee | | DATE SIGNED 05/21/2004 |

| 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 <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | |
| 9. SERIAL NUMBER N/A | | | 10. LICENSE NUMBER 7YEIURR | | 11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> 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 | | | |
| 05/19 | 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 | | |
| 15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor | | | | 16. INVOICE POSTED BY (Recorder's initials) | | |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE Frank Jones | | | | 18. GOVERNMENT OFFICER'S SIGNATURE Sam Lee | | DATE SIGNED 05/21/2004 |

| EMERGENCY EQUIPMENT SHIFT TICKET | | | | | E-303 | |
|---|-------------------|---|--|---|---|--------------|
| <i>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</i> | | | | | | |
| 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 <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | | |
| 9. SERIAL NUMBER N/A | | 10. LICENSE NUMBER 5T99890 | | 11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) | | |
| 12. DATE MO/DAY/YR | 13. EQUIPMENT USE | | | 14. REMARKS (released, down time and cause, problems, etc.) Released from incident 05/23 @ 0500 | | |
| | 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 | 15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor | |
| 05/23 | 0500 | 0600 | 1.0 | TRAVEL | | |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE Janet Robinson | | | 18. GOVERNMENT OFFICER'S SIGNATURE Sam Lee | | DATE SIGNED 05/23/2004 | |

| EMERGENCY EQUIPMENT SHIFT TICKET | | | | | E-304 | |
|---|-------------------|---|--|---|---|---------------|
| <i>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</i> | | | | | | |
| 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 <input type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT | | |
| 9. SERIAL NUMBER N/A | | 10. LICENSE NUMBER 3P38744 | | 11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) | | |
| 12. DATE MO/DAY/YR | 13. EQUIPMENT USE | | | 14. REMARKS (released, down time and cause, problems, etc.) AD-2 DRIVER | | |
| | 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 | 15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor | |
| 05/20 | 1230 | 2100 | 8.5 | 5 MI | | |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE Richard Martin | | | 18. GOVERNMENT OFFICER'S SIGNATURE Sam Lee | | DATE SIGNED 05/20/2004 | |

| COMMISSARY ISSUE RECORD | | | | | | | 1. FIRE LOCATION BITTERROOT NF | | 2. FIRE NAME FROG INCIDENT | | 3. FIRE NO. MT-BRF-00000 |
|-------------------------|------------|-------|-------|------------|---------|--------|-----------------------------------|-----------------------|--|--|-----------------------------|
| | | | | | | | 4. FIRE CAMP NAME | | | | |
| 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: <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT NAME ABC ENTERPRISES | | | | |
| AGREEMENT NUMBER 34-IBET-05-223 | | | TYPE OF EQUIPMENT CAT | | LICENSE OF IDENTIFICATION NUMBER 12T4756 | | |
| COMMODITY (circle appropriate items) | | | QUANTITY | UNIT | UNIT PRICE | AMOUNT | |
| REGULAR GAS UNLEADED GAS (DIESEL) | | | 35 | GAL | 1.59 | 55.65 | |
| OIL OTHER (specify) | | | | | | | |
| DATE AND TIME ISSUED 05/21/2004 0600 | | REMARKS | | | | TOTAL 55.65 | |
| 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: <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT NAME RICHARD MARTIN | | | | |
| AGREEMENT NUMBER 54-IBET-02-048 | | | TYPE OF EQUIPMENT FORD | | LICENSE OF IDENTIFICATION NUMBER 3P38744 | | |
| COMMODITY (circle appropriate items) | | | QUANTITY | UNIT | UNIT PRICE | AMOUNT | |
| REGULAR GAS (UNLEADED GAS) DIESEL | | | 15.5 | GAL | 1.69 | 26.20 | |
| (OIL) OTHER (specify) | | | 2 | QT | 3.50 | 7.00 | |
| DATE AND TIME ISSUED 05/20/2004 0600 | | REMARKS | | | | TOTAL 33.20 | |
| 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 | |

CONTRACT CREW CHECK-IN SHEET

Request Number: C-301

PLANS INFORMATION

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

Check-In Date: 05/21/2004 Check-In Time: 0500

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

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

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

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

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

If rented, where was the vehicle rented: _____

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

Were you reassigned directly from another incident? YES NO

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

FINANCE INFORMATION

Please attach a complete manifest for the crew, including complete names for all crew-members.

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, Oregon 97526
Phone Number: 503 555-1212

TO BE COMPLETED BY PLANS

Mobilization Date: 05/21/2004
Length of Assignment: 14-----
Checked in by (initials): _____

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

TO BE COMPLETED BY FINANCE

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

Request # C- _____

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

**Schedule of Services
NATIONAL TYPE 2 & 2IA HANDCREW SERVICES**

| March 20, 2003 | | | | | | | | | |
|----------------|--|----------------------------|-----------|------------------------------------|-------------------------------|--------------------------|---------|---------------|---------|
| ITEM No. | Contract No. & Mandatory Availability Period | Contractor | Crew Type | National Contract Crew Number NCC# | HOST UNIT COORDINATION CENTER | EMERGENCY DISPATCH RATES | | PROJECT RATES | |
| | | | | | | 2003 | 2004 | 2003 | 2004 |
| | 6/1 - 9/30 | WENATCHEE N.F. | | | NORTHWEST | | | | |
| 1a | 53-024B-2-2335 | PATRICK ENVIRONMENTAL | IA | NCC-1A | Wenatchee, WA | \$35.00 | \$35.00 | \$29.00 | \$29.00 |
| 1b | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-1B | Wenatchee, WA | \$36.50 | \$36.50 | \$27.50 | \$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 | \$32.00 | \$23.00 | \$23.00 |
| 2b | 53-024B-2-2339 | MILLER TIMBER SERV., INC. | IA | NCC-2B | Colville, WA | \$32.00 | \$32.00 | \$23.00 | \$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 | \$34.00 | \$24.00 | \$25.00 |
| 3b | 53-024B-2-2336 | GRAYBACK FORESTRY, INC. | IA | NCC-3B | LaGrande, OR | \$34.00 | \$34.00 | \$24.00 | \$25.00 |
| | 6/1 - 9/30 | UMATILLA N.F. | | | | | | | |
| 4a | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-4A | Pendleton, OR | \$35.50 | \$35.50 | \$27.50 | \$27.50 |
| 4b | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-4B | Pendleton, OR | \$35.50 | \$35.50 | \$27.50 | \$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 | \$33.00 | \$24.00 | \$25.00 |
| 5b | 53-024B-2-2336 | GRAYBACK FORESTRY, INC. | IA | NCC-5B | John Day, OR | \$33.00 | \$33.00 | \$24.00 | \$25.00 |
| | 6/1 - 9/30 | DESCHUTES N.F. | | | | | | | |
| 6a | 53-024B-2-2335 | PATRICK ENVIRONMENTAL | IA | NCC-6A | Bend, OR | \$35.00 | \$35.00 | \$29.00 | \$29.00 |
| 6b | 53-024B-2-2335 | PATRICK ENVIRONMENTAL | IA | NCC-6B | Bend, OR | \$35.00 | \$35.00 | \$29.00 | \$29.00 |
| 6c | 53-024B-2-2335 | PATRICK ENVIRONMENTAL | IA | NCC-6C | Bend, OR | \$35.00 | \$35.00 | \$29.00 | \$29.00 |
| 6d | 53-024B-2-2335 | PATRICK ENVIRONMENTAL | IA | NCC-6D | Bend, OR | \$35.00 | \$35.00 | \$29.00 | \$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 | \$33.00 | \$23.00 | \$24.00 |
| 7b | 53-024B-2-2336 | GRAYBACK FORESTRY, INC. | IA | NCC-7B | Grants Pass, OR | \$33.00 | \$33.00 | \$23.00 | \$24.00 |
| 7c | 53-024B-2-2336 | GRAYBACK FORESTRY, INC. | IA | NCC-7C | Grants Pass, OR | \$33.00 | \$33.00 | \$23.00 | \$24.00 |
| | 6/1 - 9/30 | WINEMA N.F. | | | | | | | |
| 8a | 53-024B-2-2333 | GH RANCH, LLC | IA | NCC-8A | Klamath Falls, OR | \$33.00 | \$34.00 | \$27.75 | \$28.75 |
| 8b | 53-024B-2-2333 | GH RANCH, LLC | IA | NCC-8B | Klamath Falls, OR | \$33.00 | \$34.00 | \$27.75 | \$28.75 |
| 8c | 53-024B-2-2333 | GH RANCH, LLC | IA | NCC-8C | Klamath Falls, OR | \$33.00 | \$34.00 | \$27.75 | \$28.75 |
| | 6/1 - 9/30 | WILLAMETTE N.F. | | | | | | | |
| 9a | 53-024B-2-2342 | SKOOKUM REFOREST., INC. | IA | NCC-9A | Oakridge, OR | \$26.50 | \$27.00 | \$26.50 | \$27.00 |
| 9b | 53-024B-2-2342 | SKOOKUM REFOREST., INC. | IA | NCC-9B | Oakridge, OR | \$26.50 | \$27.00 | \$26.50 | \$27.00 |
| | 7/15 - 10/15 | GALLITIN N.F. | | | NORTHERN ROCKIES | | | | |
| 10a | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-10A | Bozemen, MT | \$36.50 | \$36.50 | \$27.50 | \$27.50 |
| 10b | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-10B | Bozemen, MT | \$36.50 | \$36.50 | \$27.50 | \$27.50 |
| | 7/15 - 10/15 | HELENA N.F. | | | | | | | |
| 11a | 53-024B-2-2332 | WASHBURN CONT. SERV., INC. | IA | NCC-11A | Helena, MT | \$38.50 | \$40.00 | \$26.00 | \$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 | \$38.50 | \$40.00 | \$26.00 | \$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 | \$32.00 | \$20.25 | \$20.50 |
| 13b | 53-024B-2-2338 | GFP ENTERPRISES, INC. | IA | NCC-13B | Coeurd'Alene, ID | \$32.00 | \$32.00 | \$20.25 | \$20.50 |

**Schedule of Services
NATIONAL TYPE 2 & 2IA HANDCREW SERVICES**

| March 20, 2003 | | | | | | | | | |
|----------------------------|--|--------------------------|-----------|------------------------------------|-------------------------------|--------------------------|---------|---------------|---------|
| ITEM No. | Contract No. & Mandatory Availability Period | Contractor | Crew Type | National Contract Crew Number NCC# | HOST UNIT COORDINATION CENTER | EMERGENCY DISPATCH RATES | | PROJECT RATES | |
| | | | | | | 2003 | 2004 | 2003 | 2004 |
| NORTHERN ROCKIES | | | | | | | | | |
| | 7/15 - 10/15 | LOLO N.F. | | | | | | | |
| 14a | 53-024B-2-2336 | GRAYBACK FORESTRY, INC. | IA | NCC-14A | Missoula, MT | \$36.00 | \$36.00 | \$26.00 | \$28.00 |
| 14b | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-14B | Missoula, MT | \$37.00 | \$37.00 | \$27.50 | \$27.50 |
| GREAT BASIN | | | | | | | | | |
| | 7/1 - 9/30 | BOISE N.F. | | | | | | | |
| 15a | 53-024B-2-2335 | PATRICK ENVIRONMENTAL | IA | NCC-15A | Boise, ID | \$35.00 | \$35.00 | \$29.00 | \$29.00 |
| 15b | 53-024B-2-2335 | PATRICK ENVIRONMENTAL | IA | NCC-15B | Boise, ID | \$35.00 | \$35.00 | \$29.00 | \$29.00 |
| | 7/1 - 9/30 | FISHLAKE N.F. | | | | | | | |
| 16a | 53-024B-2-2342 | SKOOKUM REFOREST., INC. | IA | NCC-16A | Richfield, UT | \$32.00 | \$32.00 | \$32.00 | \$32.00 |
| | 7/1 - 9/1 | DIXIE N.F. | | | | | | | |
| 17a | 53-024B-2-2342 | SKOOKUM REFOREST., INC. | IA | NCC-17A | Cedar City, UT | \$32.00 | \$32.00 | \$32.00 | \$32.00 |
| | 7/15 - 9/15 | CARIBOU-TARGHEE N.F. | | | | | | | |
| 18a | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-18A | Idaho Falls, ID | \$35.50 | \$35.50 | \$27.50 | \$27.50 |
| 18b | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-18B | Idaho Falls, ID | \$35.50 | \$35.50 | \$27.50 | \$27.50 |
| | 7/1 - 9/30 | SALMON CHALLIS N.F. | | | | | | | |
| 19a | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-19A | Salmon, ID | \$36.00 | \$36.00 | \$27.50 | \$27.50 |
| 19b | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-19B | Salmon, ID | \$36.00 | \$36.00 | \$27.50 | \$27.50 |
| | 6/1 - 9/30 | WASATCH-CACHE N.F. | | | | | | | |
| 20a | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-20A | Salt Lake | \$35.50 | \$35.50 | \$27.50 | \$27.50 |
| 20b | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-20B | Salt Lake | \$35.50 | \$35.50 | \$27.50 | \$27.50 |
| 20c | 53-024B-2-2340 | FERGUSON MGMT. CO. | IA | NCC-20C | Salt Lake | \$35.50 | \$35.50 | \$27.50 | \$27.50 |
| 20d | 53-024B-2-2342 | SKOOKUM REFOREST, INC. | IA | NCC-20D | Salt Lake | \$32.00 | \$32.00 | \$32.00 | \$32.00 |
| WESTERN GREAT BASIN | | | | | | | | | |
| | 6/15 - 9/30 | HUMBOLDT-TOIYABE N.F. | | | | | | | |
| 21a | 53-024B-2-2334 | ORE-CAL FIRE SUPP., INC. | IA | NCC-21A | Reno, NV | \$33.50 | \$35.00 | \$28.50 | \$30.00 |
| 21b | 53-024B-2-2334 | ORE-CAL FIRE SUPP., INC. | IA | NCC-21B | Reno, NV | \$33.50 | \$35.00 | \$28.50 | \$30.00 |
| 21c | 53-024B-2-2334 | ORE-CAL FIRE SUPP., INC. | IA | NCC-21C | Reno, NV | \$33.50 | \$35.00 | \$28.50 | \$30.00 |
| 21d | 53-024B-2-2341 | MT. FORESTRY, INC. | Type 2 | NCC-21D | Reno, NV | \$27.50 | \$27.75 | \$23.00 | \$23.00 |
| NORTHERN CALIFORNIA | | | | | | | | | |
| | 6/1 - 9/30 | LASSEN N.F. | | | | | | | |
| 22a | 53-024B-2-2337 | FIRESTORM WILDLAND FIRE | IA | NCC-22A | Fall River Mills, CA | \$33.00 | \$34.00 | \$28.00 | \$30.00 |
| | 6/1 - 9/30 | MODOC N.F. | | | | | | | |
| 23a | 53-024B-2-2331 | LOST RIVER MGMT. SERVICE | IA | NCC-23A | Alturas, CA | \$30.00 | \$32.00 | \$26.00 | \$28.00 |
| SOUTHERN AREA | | | | | | | | | |
| | 3/1 - 4/30 & 10/15 - 11/30 | CHEROKEE N.F. | | | | | | | |
| 24a | 53-024B-2-2333 | GH RANCH, LLC | IA | NCC-24A | Cleveland, TN | \$33.25 | \$34.25 | \$28.00 | \$29.00 |
| 24b | 53-024B-2-2333 | GH RANCH, LLC | IA | NCC-24B | Cleveland, TN | \$33.25 | \$34.25 | \$28.00 | \$29.00 |
| | 3/1 - 4/30 & 10/1 - 11/30 | NORTH CAROLINA - N.F.'s | | | | | | | |
| 25a | 53-024B-2-2335 | PATRICK ENVIRONMENTAL | IA | NCC-25A | NF of North Carolina | \$37.00 | \$37.00 | \$31.00 | \$32.00 |
| 25b | 53-024B-2-2335 | PATRICK ENVIRONMENTAL | IA | NCC-25B | NF of North Carolina | \$37.00 | \$37.00 | \$31.00 | \$32.00 |

Summary of changes made to this revision:

NOTICE: The NCC# should be used to reference a National Contract Crew whenever preparing documentation, especially Invoices.

4.11-03-ISUITE-HO

Note Regarding Overtime for Project Work Only: The contractor will be paid an additional \$5.00 per hour for each labor hour over 40 hours per week for Project Work Only.

CREW TIME REPORT

| | | | | | | | |
|---|-------------------|---------------------------------------|----------------------|---|----------------------|-------------|----|
| (1) CREW NAME GRAYBACK #1 | | | | (2) CREW NUMBER C-301 | | | |
| (3) OFFICE RESPONSIBLE FOR FIRE Flathead NF | | (4) FIRE NAME Frog Incident | | (5) FIRE NUMBER 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 | ON |
| | 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) Sam Lee | | | | (13) TITLE (Officer-in-Charge) OSC1 | | | |
| (14) NAME (Person Posting to Emergency Time Report) | | | | | | (15) Date | |

CREW TIME REPORT

| | | | | | | | |
|---|-------------------|---------------------------------------|----------------------|---|----------------------|-------------|----|
| (2) CREW NAME GRAYBACK #1 | | | | (2) CREW NUMBER C-301 | | | |
| (3) OFFICE RESPONSIBLE FOR FIRE Flathead NF | | (4) FIRE NAME Frog Incident | | (5) FIRE NUMBER 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 | ON |
| | 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) Sam Lee | | | | (13) TITLE (Officer-in-Charge) OSC1 | | | |
| (14) NAME (Person Posting to Emergency Time Report) | | | | | | (15) 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 | | | | |
| 4. CONTRACTOR a. name and address ACE EMERGENCY SUPPORT ACE JONES PO BOX 343 CAMINO, CA 95709 | | 3. EFFECTIVE DATES a. beginning 05-01-2002 | | b. ending 04-30-2005 | | |
| | | 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 <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT | | | | |
| c. telephone number (day) d. telephone number (night) | | | | | | |
| 7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT | | | | | | |
| 8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT. | | | | | | |
| 9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories) | | 10. NUMBER OF OPERATORS | 11. WORK OR DAILY a. rate b. unit | | 12. SPECIAL a. rate b. unit | |
| 13. GUARANTEE (8 or more hours) | | | | | | |
| 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 EQUIP, AMEND 3 CHANGED MILEAGE RATES TO DELIVERY ONLY 6/9/03. 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 /s/ ACE E. JONES | | 16. DATE 5-23-2003 | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | 18. DATE 05-24-2003 | |
| 19. PRINT NAME AND TITLE ACE E. JONES, OWNER | | | 20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER | | | |

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 PAGE 1 OF 2 34-IBET-05-176 CDF: NEU-33-2990 | | | | | |
| | | 3. EFFECTIVE DATES a. beginning 05-01-2002 | | b. ending 04-30-2005 | | | |
| 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 | | | | | |
| | | 6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT | | | | | |
| | | 7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT | | | | | |
| | | 8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT. | | | | | |
| 9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories) | | 10. NUMBER OF OPERATORS | 11. WORK OR DAILY a. rate b. unit | | 12. SPECIAL a. rate b. unit | | 13. GUARANTEE (8 or more hours) |
| 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) 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 | | PAGE 2 OF 2 | |
| | | 3. EFFECTIVE DATES a. beginning 05-01-2002 | | b. ending 04-30-2005 | |
| 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 <u> X </u> CONTRACTOR <u> X </u> GOVERNMENT | | | |
| c. telephone number (day) | | d. telephone number (night) | | 7. OPERATOR FURNISHED BY <u> X </u> CONTRACTOR <u> X </u> GOVERNMENT | |
| 8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT. | | | | | |
| 9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories) | | 10. NUMBER OF OPERATORS | 11. WORK OR DAILY a. rate b. unit | | 12. SPECIAL a. rate b. unit |
| | | | | | 13. GUARANTEE (8 or more hours) |
| 14. SPECIAL PROVISIONS THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. 9/4/03 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 /s/ RICHARD KLEEN | | 16. DATE 5-23-2003 | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | 18. DATE 05-24-2003 |
| 19. PRINT NAME AND TITLE RICHARD KLEEN, OWNER | | | 20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER | | |

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 PAGE 1 OF 2 55-IBET-02-087 | | | | |
|--|-------------------------|---|-------------|-------------|----------------------|---------------------------------|
| 4. CONTRACTOR a. name and address TOP RATE MOBILE OFFICE SERVICES 1223 CARNATION ROAD RUBY SPRINGS, CA 98556 | | 3. EFFECTIVE DATES a. beginning 05-01-2002 | | | b. ending 04-30-2005 | |
| b. SSN or Tax ID# | | 5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE | | | | |
| c. telephone number (day) | | 6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT | | | | |
| d. telephone number (night) | | 7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT | | | | |
| 8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input checked="" type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> 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) 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 | | PAGE 2 OF 2 | |
| | | 3. EFFECTIVE DATES a. beginning 05-01-2002 | | b. ending 04-30-2005 | |
| 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 <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT | | | |
| c. telephone number (day) | | d. telephone number (night) | | 7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT | |
| 8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input checked="" type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT. | | | | | |
| 9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories) | | 10. NUMBER OF OPERATORS | 11. WORK OR DAILY a. rate b. unit | | 12. SPECIAL a. rate b. unit |
| 13. GUARANTEE (8 or more hours) | | | | | |
| 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 /s/ MELODIE BROOKS | | 16. DATE 5-24-2002 | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | 18. DATE 05-24-2003 |
| 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 05-01-2002 | | b. ending 04-30-2005 | | |
| 4. CONTRACTOR a. name and address JACKSON ENTERPRISES 334 LOWER GRASS VALLEY ROAD NEVADA CITY, CA 95958 | | 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 <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | | | | |
| c. telephone number (day) | d. telephone number (night) | 7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | | | | |
| 8. TYPE OF CONTRACTOR (X appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT. | | | | | | |
| 9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories) | 10. NUMBER OF OPERATORS | 11. WORK OR DAILY a. rate | b. unit | 12. SPECIAL a. rate b. unit | | 13. GUARANTEE (8 or more hours) |
| 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 6-30-2003 | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | | 18. DATE 05-24-2003 | |
| 19. PRINT NAME AND TITLE PETE JACKSON, OWNER | | 20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER | | | | |

| 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 <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | |
| 9. SERIAL NUMBER | | | 10. LICENSE NUMBER | | 11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> 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 | | |
| 05/21 | 1500 | 1800 | 30 | miles | | |
| | | | | 15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor | | |
| | | | | 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 <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | |
| 9. SERIAL NUMBER | | | 10. LICENSE NUMBER | | 11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> 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 | | |
| | | | | 2 HANDICAPPED DELIVERED | | |
| 05/20 | | | 50 | miles | | |
| | | | | 15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor | | |
| | | | | 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 <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | |
| 9. SERIAL NUMBER | | | 10. LICENSE NUMBER | | 11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> 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 | 15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor | |
| | | | | 20 COLOR PGS | | |
| | | | | | 16. INVOICE POSTED BY (Recorder's initials) | |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE Daniel Smith | | | | 18. GOVERNMENT OFFICER'S SIGNATURE Sandra M. Smith | | DATE SIGNED |

| 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 <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT | |
| 9. SERIAL NUMBER | | | 10. LICENSE NUMBER | | 11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) | |
| 12. DATE MO/DAY/YR | 13. EQUIPMENT USE | | | 14. REMARKS (released, down time and cause, problems, etc.) FAN BELT – \$79.00 OIL FILTER – \$15.00 | | |
| | START | STOP | HOURS/DAYS/MILES (circle one) WORK SPECIAL | | | |
| 05/20 | 0800 | 1300 | | | 15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor | |
| | 1330 | 1800 | | | | |
| 05/20 | | | 35MI | TRAILER | 16. INVOICE POSTED BY (Recorder's initials) | |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE Michelle Jackson | | | | 18. GOVERNMENT OFFICER'S SIGNATURE Sandra M. Smith | | DATE SIGNED |