

Request Number	Resource Name Number of Personne/Leader	Agency	Check-in Date/Time	Home Unit (Ranger District, Unit Office)	Demob City	Demob State	Jet-port	Travel Method/ Stays?/ Hrs. to drive?	Vehicle Id	Position Assignment	Other Carded Qualifications	Last R&R Date	Date Departed Home Unit	Date of Fire Day #1 (for counting consecutive number of days on fire)	Reassignable?	EMT Qualified?
O-300	LOPEZ, BETH	BLM	07-12 0815	CA- SUD	SUSANVILLE	CA	SMF	AOV	DOOR # 0219	TIME	COST, PTRC	07-11	07-11	07-12		N
O-301	TATE, DONNA	FS	07-14 1700	CA- ENF	PLACERVILLE	CA	SMF	AIR	N/A	DIVS	STEN, CRWB	07-12	07-13	07-14		Y
O-302	CHAMBERS, HEIDI	FS	07-12 1800	CA- TNF	DOWNIEVILLE	CA	SMF	POV	422 RHD	PTRC	TIME, SCKN	07-11	07-11	07-12		N
O-303	STEVENS	FS	07-12 0815	CA- TNF	CAMPTONVILLE	CA	SMF	AOV	DOOR # 0219	SOF1	DIVS, PSC2	07-11	07-11	07-12		Y
C-300	TAHOE HOTSHOTS 21 Cowell, Rick	FS	07-13 1800	CA- TNF	CAMPTONVILLE	CA	SMF	AOV	7065 & 7066	HC1		07-13	07-13	07-13		N
E-300	CATNF ENGINE 31 5 Campbell, Mike	FS	07-14 1500	CA- TNF	CAMPTONVILLE	CA	SMF	AOV	DOOR # 9545	ENG3		07-13	07-13	07-14		Y
E-301	ABC DOZER 1 SMITH, DAN	PVT	07-14 0730	PVT	GRASS VALLEY	CA	SMF	POV	12T4756	DOZ2		07-13	07-13	07-14		N
E-302	JONES TRANSPORT 1 JONES, FRANK	PVT	07-14 0730	PVT	N SAN JUAN	CA	SMF	POV	7YEIURR	TR		07-13	07-13	07-14		N
E-303	WATER WORKS WT 1 ROBINSON, JANET	PVT	07-13 1830	PVT	GRASS VALLEY	CA	SMF	POV	5T99890	WT1		07-13	07-13	07-13		N
E-304	MARTIN PICKUP 1 MARTIN, RICHARD	PVT	07-14 1430	PVT	CAMPTONVILLE	CA	SMF	POV	3P38744	PU		07-13	07-13	07-14		Y

OVERHEAD CHECK-IN SHEET

Request Number: O-300

PLANS INFORMATION

Last Name: LOPEZ First Name: BETH

Agency: BLM Check-In Date: 07/12/2003 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 : <u>07/11/2003</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-301

PLANS INFORMATION

Last Name: TATE First Name: DONNA

Agency: FS Check-In Date: 07/14/2003 Check-In Time: 1700
(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: <u>07/12/2003</u>	<input checked="" type="checkbox"/> Red Card Checked
Length of Assignment: <u>12</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-302

PLANS INFORMATION

Last Name: CHAMBERS First Name: HEIDI

Agency: FS Check-In Date: 07/12/2003 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>07/11/2003</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: 07/12/2003 Check-In Time: 0815
(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>07/11/2003</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: 07/13/2003 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: _____

First day of first assignment for calculation of 14-day tour: 07/13/2004

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>07/13/2004</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)
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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 Complex			TAHOE HOTSHOT MANIFEST			Vehicle		2728
ACCOUNTING CODE:		P11000			TAHOE NATIONAL FOREST			Door #'s		7065
OVER RIDE:					YUBA RIVER RANGER DISTRICT					7066
REQUEST #:		C-300			15924 HIGHWAY 49					
DATE:		7/13/2003			CAMPTONVILLE, CA 95922					
					(530) 478-6253 FAX (530) 288-0727					
					WEIGHT					
SS#	POSITION	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		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: 07/14/2003 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

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TO BE COMPLETED BY PLANS

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TO BE COMPLETED BY FINANCE

Mobilization Date: <u>07/13/2004</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)
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<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: 07/14/2003 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: 07/13/2003
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): _____

EQUIPMENT CHECK-IN SHEET

Request Number: E-302

Equipment: JONES TRANSPORT

Kind: TR 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: 07/14/2003 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: <u>07/13/2003</u>	<input checked="" type="radio"/> Red Card Checked
Length of Assignment _____	<input checked="" type="radio"/> T-Card Completed
Checked in by (initials): _____	<input checked="" type="radio"/> Entered into IRSS

TO BE COMPLETED BY FINANCE

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

EQUIPMENT CHECK-IN SHEET

Request Number: E-303

Equipment: WATER WORKS WT

Kind: WAT1 Agency: PVT

Primary Operator's Name: JANET ROBINSON

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

Relief Operator's Name: _____

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

Demob City/State: GRASS VALLEY, CA

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

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

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

For Heavy Equipment:

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

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

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

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

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

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

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

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

Other special capabilities/specifications of equipment: _____

Company Name: WATER WORKS

Agreement # 54-IBET-02-099

Check-In Date: 07/13/2003 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: <u>07/13/2003</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): _____

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: 07/14/2003 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: 07/14/2003
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): _____