

# 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)
---	---

### 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)

<b>INCIDENT NAME:</b>		Frog Complex			<b>TAHOE HOTSHOT MANIFEST</b>			<b>Vehicle</b>		2728
<b>ACCOUNTING CODE:</b>		P11000			TAHOE NATIONAL FOREST			<b>Door #'s</b>		7065
<b>OVER RIDE:</b>					YUBA RIVER RANGER DISTRICT					7066
<b>REQUEST #:</b>		C-300			15924 HIGHWAY 49					
<b>DATE:</b>		7/13/2003			CAMPTONVILLE, CA 95922					
					(530) 478-6253 FAX (530) 288-0727					
					<b>WEIGHT</b>					
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	
<b>TOTAL WEIGHT</b>									<b>4980</b>	

# 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

#### TO BE COMPLETED BY PLANS

#### 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)
---	--

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