



KIND CODES LOOKUP SAMPLE

Incident Data | Lookup Tables

Feature

- 209 Codes
- Agency
- Agency Group
- Home Unit
- Jetport
- Kind Codes**
- Kind Group
- States

| Kind Code | Description | Section Code | 209 Code | Request Category | Direct | Daily | Quantity | Units | People | Kind |
|-----------|-----------------|--------------|----------|------------------|-------------------------------------|-------|----------|-------|--------|------|
| SK | SKIDDER | 0 | 0 | E | <input checked="" type="checkbox"/> | 0 | 1 | 1 | 1 | EQ |
| SKID | SKIDGINE | 0 | 0 | E | <input checked="" type="checkbox"/> | 0 | 1 | 1 | 1 | E |
| SLSH | SLASH BUSTER | 0 | 0 | E | <input checked="" type="checkbox"/> | 0 | 1 | 14 | 1 | EQ |
| SMEC | SMALL ENGINE M | L | 0 | 0 | <input type="checkbox"/> | 0 | 1 | 14 | 1 | OS |
| SMKJ | SMOKEJUMPER | 0 | 0 | 0 | <input checked="" type="checkbox"/> | 0 | 1 | 14 | 1 | OD |
| SOCI | SOIL SCIENCES S | P | 0 | 0 | <input type="checkbox"/> | 0 | 1 | 14 | 1 | OS |
| SOCT | SOIL SCIENCES T | P | 0 | 0 | <input type="checkbox"/> | 0 | 1 | 14 | 1 | OS |
| SOF1 | SAFETY OFFICER | C | 0 | 0 | <input type="checkbox"/> | 0 | 1 | 14 | 1 | OS |
| SOF2 | SAFETY OFFICER | C | 0 | 0 | <input type="checkbox"/> | 0 | 1 | 14 | 1 | OS |
| SOFR | SAFETY OFFICER | C | 0 | 0 | <input type="checkbox"/> | 0 | 1 | 14 | 1 | OS |
| SOIL | SOIL SCIENTIST | P | 0 | 0 | <input type="checkbox"/> | 0 | 1 | 14 | 1 | OS |
| | OIL CONSERVA | P | 0 | 0 | <input type="checkbox"/> | 0 | 1 | 14 | 1 | OS |
| | ACKER, SHORT | L | 0 | 0 | <input type="checkbox"/> | 0 | 1 | 14 | 1 | OS |
| | PECIAL AGENT | L | 0 | 0 | <input type="checkbox"/> | 0 | 1 | 14 | 1 | OS |
| | PANISH LANGU | P | 0 | 0 | <input type="checkbox"/> | 0 | 1 | 14 | 1 | OS |

Section & Subsection Used for Resources & IAP.

Kind Like and Kind Group Used for reports.

Used for graphs

Used for 209 Resources List.

Units & Rate Type Function Together

CAT1A Used for Cost Apportionment Summary

CAT1B used for Cost Apportionment Detail

Kind Codes

* Kind Code SK

* Kind Desc SKIDDER

* Section Code 0

* Subsection 0

* 209 Code 0

* Request Category E

Direct

* Daily Form 0

* Quantity 1

* Units 1

* Rate Type DAY

* People 1

* Kind Like EQ

* Kind Group E

* Graph Group E

* CAT1A E

* CAT1B Q

Line Overhead

Close Add Clear Previous Next Save

| Request Number | Resource Name Number of Personnel/Leader | Agency | Check-in Date/Time | Home Unit (Ranger District, Unit Office) | Demob City | Demob State | Jet-port | Travel Method/ Stays?/ Hrs. to drive? | Vehicle Id | Position Assignment | Other Carded Qualifications | Last R&R Date | Date Departed Home Unit | Date of Fire Day #1 (for counting consecutive number of days on fire) | Reassignable? | EMT Qualified? |
|----------------|---|--------|--------------------|---|--------------|-------------|----------|---|--|---------------------|-----------------------------|---------------|-------------------------|--|---------------|----------------|
| O-300 | LOPEZ, BETH | BLM | 05-20 0815 | CA- NOD | SUSANVILLE | CA | SMF | AOV | DOOR # 0219 | TIME | COST, PTRC | | 05-20 | 05-20 | | N |
| O-301 | ALLEN, LINDI | FS | 05-19 0600 | CA- ENF | PLACERVILLE | CA | SMF | AIR | N/A | DIVS | STEN, CRWB | | 05-19 | 05-19 | | Y |
| O-302 | CHAMBERS, HEIDI | FS | 05-20 1800 | CA- TNF | DOWNIEVILLE | CA | SMF | POV | 422 RHD | PTRC | TIME, SCKN | | 05-20 | 05-20 | | N |
| O-303 | STEVENS, DENNIS | FS | 05-19 0600 | CA- TNF | CAMPTONVILLE | CA | SMF | AOV | DOOR # 0219 | SOF1 | DIVS, PSC2 | | 05-19 | 05-19 | | Y |
| C-300 | TAHOE HOTSHOTS 21 Cowell, Rick | FS | 05-21 1800 | CA- TNF | CAMPTONVILLE | CA | SMF | AOV | 7065 & 7066 | HC1 | | | 05-21 | 05-21 | | N |
| C-301 | Grayback #1 20 Nelson, F | PVT | 05-21 0500 | PVT | GRANTS PASS | OR | N/A | BUS | | HC2 | | | 05-21 | 05-21 | | Y |
| E-300 | CATNF ENGINE 31 5 Campbell, Mike | FS | 05-20 1500 | CA- TNF | CAMPTONVILLE | CA | SMF | AOV | DOOR # 9545 | ENG3 | | | 05-20 | 05-20 | | Y |
| E-301 | ABC DOZER 1 SMITH, DAN | PVT | 05-20 0730 | PVT | GRASS VALLEY | CA | SMF | POV | 12T4756 | DOZ2 | | | 05-19 | 05-20 | | N |
| E-302 | JONES TRANSPORT 1 JONES, FRANK | PVT | 05-20 0730 | PVT | N SAN JUAN | CA | SMF | POV | 7YEIURR | LOWB | | | 05-19 | 05-20 | | N |
| E-303 | WATER WORKS WT 1 ROBINSON, JANET | PVT | 05-20 1830 | PVT | GRASS VALLEY | CA | SMF | POV | 5T99890 | WT1 | | | 05-20 | 05-20 | | N |
| E-304 | MARTIN PICKUP 1 MARTIN, RICHARD | PVT | 05-19 1430 | PVT | CAMPTONVILLE | CA | SMF | POV | 3P38744 | PU | | | 05-19 | 05-19 | | Y |
| E-312 | S/T 3240C 26 OLSON, ARNOLD | FS | 05-20 0800 | OR- MHF | SANDY | OR | PDX | AOV | 3255, 3289, 3444,8624,9177, 9178 | ES3 | | | 05-19 | 05-20 | | Y |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

OVERHEAD CHECK-IN SHEET

Request Number: O-300

PLANS INFORMATION

Last Name: LOPEZ First Name: BETH Position TIME

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

Demob City: SUSANVILLE Demob State: CA
(Final Destination)

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

Method of Travel (circle one): A/R AIR AOV BUS OTHER PAS POV REN

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

Vehicle ID: DOOR # 0219
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES NO

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

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

Other Qualifications: COST, PTRC

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: FED (If AD fill out Casual/AD info below)

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/
First Work Day: 05/20/
Length of Assignment: 14

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

TO BE COMPLETED BY FINANCE

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

OVERHEAD CHECK-IN SHEET

Request Number: O-301

PLANS INFORMATION

Last Name: ALLEN First Name: LINDI

Agency: FS Check-In Date: 05/19/ 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

Fed/AD/Other: FED (If AD fill out Casual/AD info below)

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/
First Work Day: 05/19
Length of Assignment: 12

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

TO BE COMPLETED BY FINANCE

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

OVERHEAD CHECK-IN SHEET

Request Number: O-302

PLANS INFORMATION

Last Name: CHAMBERS First Name: HEIDI

Agency: FS Check-In Date: 05/20/ 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: SACRAMENTO Jetport Code: SMF
(3-Letter Code, If Known)

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

Vehicle ID: 422 RHD
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

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

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

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

Other Qualifications: TIME, SCKN

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: AD (If AD fill out Casual/AD info below)

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

Home Unit Name: _____

Home Unit Address: _____

Home Unit Phone #: _____

Home Unit Fax #: _____

Casual/AD Employees Only

Social Security Number: 999-99-9999

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

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

AD Classification: AD-E AD Pay Rate: \$16.54

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

Check Mailing Address: 111 MAIN STREET
CAMPTONVILLE, CA 95922

Phone#: (530) 555-7811

TO BE COMPLETED BY PLANS

| | |
|--|--|
| Mobilization Date: <u>05/20/</u> First Work Day: <u>05/21/</u> Length of Assignment: <u>14</u> | <input checked="" type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached) |
|--|--|

TO BE COMPLETED BY FINANCE

| |
|--|
| <input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into Time 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/ 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: SACRAMENTO Jetport Code: SMF
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: PASSENGER W/LOPEZ O-300
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: DOOR # 0219
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES NO

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

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

Other Qualifications: DIVS, PSC2

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: FED (If AD fill out Casual/AD info below)

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/</u> First Work Day: <u>05/19</u> Length of Assignment: <u>14</u> | <input checked="" type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached) |
|---|--|

TO BE COMPLETED BY FINANCE

| |
|--|
| <input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into Time 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/ 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: 05/21
First Work Day: 05/22
Length of Assignment: 14

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

TO BE COMPLETED BY FINANCE

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

Request # C-300

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

| INCIDENT NAME: | | Frog Incident | | TAHOE HOTSHOT MANIFEST | | | Vehicle | | 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/ | | CAMP TONVILLE, CA 95922 | | | | | | |
| | | | | (530) 478-6253 FAX (530) 288-0727 | | | | | | |
| WEIGHT | | | | | | | | | | |
| SS# | POSITION | AD RATE | LAST NAME | MI | FIRST NAME | HELICOPTER | BODY | WEBGEAR | PERSONAL FIRE BAG | LARGE AIR TRANSPORT |
| | CRWB | | COWELL | A | RICK | 215 | 180 | 35 | 20 | 220 |
| | FFT1 | | WHITE | H | TODD | 245 | 205 | 40 | 20 | 250 |
| | FFT1 | | RICE | J | ERIC | 230 | 185 | 45 | 20 | 235 |
| | FFT2 | | ROJAS | | TIRSO | 225 | 185 | 40 | 25 | 230 |
| | FFT2 | | CUTLER | H | JUSTIN | 245 | 200 | 45 | 20 | 250 |
| | FFT1 | | HICKEY | D | FRANCIS | 250 | 215 | 35 | 25 | 255 |
| | FFT2 | | MOSHETTI | S | BRAD | 250 | 210 | 40 | 25 | 255 |
| | FFT2 | | FLATTLEY | D | ISAAC | 220 | 185 | 35 | 20 | 225 |
| | FFT2 | | LAFERRIERE | M | DUSTIN | 225 | 190 | 35 | 20 | 230 |
| | FFT2 | | GHSILETTA | | THOMAS | 230 | 195 | 35 | 25 | 235 |
| | FFT2 | | RIVADENEYRA | | DAMIEN | 215 | 180 | 35 | 20 | 220 |
| | FFT2 | | CROSTHWAIT | H | CHAD | 220 | 185 | 35 | 25 | 225 |
| | FFT2 | | O'DONNELL | | ANDREW | 255 | 220 | 35 | 25 | 260 |
| 999-99-9999 | FFT1 | AD-D | RICE | | GRAHM | 195 | 155 | 40 | 30 | 200 |
| | FFT2 | | McCANDLESS | | CHRIS | 225 | 190 | 35 | 20 | 230 |
| | FFT2 | | BRANTLEY | | JEFF | 220 | 185 | 35 | 25 | 225 |
| | FFT2 | | MELLEIN | A | AARON | 190 | 155 | 35 | 20 | 195 |
| | FFT1 | | GUILOFYLE | | MARY KATE | 180 | 145 | 35 | 25 | 185 |
| | FFT2 | | MILLER | | MIKE | 195 | 160 | 35 | 20 | 200 |
| | FFT2 | | SWITZER | | ADAM | 170 | 135 | 35 | 25 | 175 |
| | FFT2 | | LUIS | | GOMEZ | 215 | 175 | 40 | 25 | 220 |
| SUB-TOTALS | | | | | | | | | | |
| SUPPORT EQUIPMENT-RADIO PACK-TIME PACK----- | | | | | | | | | WEIGHT | 40 |
| CHAINSaws----- | | | | | | | | | WEIGHT | 120 |
| SAW BAG----- | | | | | | | | | WEIGHT | 40 |
| HANDTOOLS----- | | | | | | | | | WEIGHT | 60 |
| TOTAL WEIGHT | | | | | | | | | 4980 | |

CREW CHECK-IN SHEET

Request Number: C-301

PLANS INFORMATION

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

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

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 crewmembers. If pre-printed FTR's or crew books are not furnished, the following information needs to be provided to Finance for each crewmember.

Contract Information

Company Name: Grayback Forestry
EIN Number: 99-9999999
Agreement Number: 53-024B-2-2336
Address: 111 Main Street
City, ST Zip: Grants Pass, OR 97526
Phone Number: 503-555-1212

TO BE COMPLETED BY PLANS

| | |
|----------------------------------|--|
| Mobilization Date: <u>05/21/</u> | <input checked="" type="checkbox"/> Red Card Checked |
| First Work Day: <u>05/22/</u> | <input type="checkbox"/> T-Card Completed |
| Length of Assignment: _____ | <input type="checkbox"/> Entered into Resources |
| | <input type="checkbox"/> Manifest (filed & attached) |

TO BE COMPLETED BY FINANCE

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

Request # C-301

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

ENGINE CHECK-IN SHEET

Request Number: E-300

AGENCY-OWNED ENGINE

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/ 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 | | FED | CATNF | 15924 HIGHWAY 49 | (530) 555-5555 | (530) 555-1212 |
| ENOP - PRINCE JAMES | | FED | CATNF | CAMPTONVILLE, CA 95922 | | |
| FFT2 - CARSON, CLINT | | FED | CATNF | " " | | |
| FFT1 - SAUTER, DANIEL | | FED | CATNF | " " | | |
| FFT1 - SMITH, ADAM | | FED | CATNF | " " | | |

*Check mailing address for AD employees only

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TO BE COMPLETED BY PLANS

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TO BE COMPLETED BY FINANCE

| | |
|---|---|
| Mobilization Date: <u>05/20/</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 Resources <input type="checkbox"/> Manifest (filed & attached) |
|---|---|

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

EQUIPMENT CHECK-IN SHEET

Request Number: E-301

Equipment: ABC DOZER

Kind: DOZ2 Agency: PVT

Primary Operator's Name: DAN SMITH

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

Relief Operator's Name: _____

Vehicle or Equipment ID: SN 12T4756
(Serial #)

Demob City/State: GRASS VALLEY, CA

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

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

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

For Heavy Equipment:

Make & Model: CAT D6-C Light Medium Heavy

Is there a lowboy with your equipment? YES NO If yes: E# E-302

Is lowboy staying at incident? YES NO

Does the equipment have lights for night operation? YES NO

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

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

Company Name: ABC ENTERPRISES

Agreement # 34-IBET-05-223

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

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

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

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

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/
First Work Day: _____
Length of Assignment: _____

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

TO BE COMPLETED BY FINANCE

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

EQUIPMENT CHECK-IN SHEET

Request Number: E-302

Equipment: JONES TRANSPORT

Kind: LOWB Agency: PVT

Primary Operator's Name: FRANK JONES

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

Relief Operator's Name: _____

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

Demob City/State: NORTH SAN JUAN, CA

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

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

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

For Heavy Equipment:

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

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

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

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

Company Name: JONES TRUCKING

Agreement # 55-IBET-02-048

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

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

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

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

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-301 ABC DOZER

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/
First Work Day: _____
Length of Assignment: _____

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

TO BE COMPLETED BY FINANCE

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

EQUIPMENT CHECK-IN SHEET

Request Number: E-303

Equipment: WATER WORKS WT

Kind: WAT1 Agency: PVT

Primary Operator's Name: JANET ROBINSON

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

Relief Operator's Name: _____

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

Demob City/State: GRASS VALLEY, CA

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

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

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

For Heavy Equipment:

Make & Model: INTERNATIONAL 4000 GAL **Light** **Medium** **Heavy**
Is there a lowboy with your equipment? **YES** **NO** If yes: E# _____
Is lowboy staying at incident? **YES** **NO**

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

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

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/ 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/
Length of Assignment: _____
Checked in by (initials): _____

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

TO BE COMPLETED BY FINANCE

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

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/ Check-In Time: 1430

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

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

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

Type I Type II Type III

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

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/
First Work Day: _____
Length of Assignment: _____

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

TO BE COMPLETED BY FINANCE

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

ENGINE CHECK-IN SHEET

Request Number: E-310

AGENCY-OWNED ENGINE

Engine Name & Designator: S/T 3240C
(e.g., Mt. Hood #6435)

Kind: ES3 Agency: FS Configuration: S/T
(e.g., FS, NPS, BIA) (S, ST, TF)

Check-In Date: 05/20/ Check-In Time: 0800

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(State and 3-Letter Identifier) (Final Destination)

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

Vehicle ID: DOOR # 3255, 3289, 3444, 8624, 9177
(Government Vehicle ID#)

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

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: 05/20/2005

CONTRACT ENGINE

Contractor/Cooperator Name: _____

Address: _____

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

Demob City: _____ Demob State: _____
(Final Destination)

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

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

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

Engine accessory inventory provided to Finance? YES NO

***Check mailing address for AD employees only**

TO BE COMPLETED BY PLANS

| | |
|---|---|
| Mobilization Date: <u>05/19/</u> Length of Assignment <u>14</u> Checked in by (initials): _____ | <input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached) |
|---|---|

TO BE COMPLETED BY FINANCE

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

OVERHEAD CHECK-IN SHEET

Request Number: E-310.1 (ST 3240C)

PLANS INFORMATION

Last Name: OLSON First Name: ARNOLD

Agency: FS Check-In Date: 05/20/ Check-In Time: 0800
(e.g., NPS, FS, BIA)

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(Unit Id) (Final Destination) (Final Destination)

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

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

If AOV, POV, or BUS: Vehicle Description: FORD F250
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: DOOR # 3255
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES NO

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

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

Other Qualifications: ATGS, DIVS

FINANCE INFORMATION

If casual, please proceed to section below

Social Security Number: _____ Fed/Other: FED

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

Home Unit Name: MT HUFF NF

Home Unit Address: 16400 CHAMPION WAY
SANDY, OR 97005

Home Unit Phone #: (503) 555-5555

Home Unit Fax #: (503) 555-1212

Casual/AD Employees Only

Social Security Number: _____

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

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

AD Classification: _____ AD Pay Rate: _____

Hiring Agency Name: _____

Check Mailing Address: _____

TO BE COMPLETED BY PLANS

Mobilization Date : 05/19/
Length of Assignment 14
Checked in by (initials): _____

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

TO BE COMPLETED BY FINANCE

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

ENGINE CHECK-IN SHEET

Request Number: E-310.2

AGENCY-OWNED ENGINE

CONTRACT ENGINE

Engine Name & Designator: ST 3240C ORMHF ENG 45
(e.g., Mt. Hood #6435)

Contractor/Cooperator Name: _____

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

Address: _____

Check-In Date: 05/20/ Check-In Time: 0800

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

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(State and 3-Letter Identifier) (Final Destination)

Demob City: _____ Demob State: _____
(Final Destination)

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 # 3289,
(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: 05/20/

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

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

| Name | Social Security # | AD/Fed/Other | Home Unit | Home Unit or *Mailing Address | Home Unit Phone # | Home Unit Fax # |
|------------------------|-------------------|--------------|-----------|-------------------------------|-------------------|-----------------|
| ENGB - STILTS, SAMUAL | | FED | ORMHF | 16400 CHAMPION WAY | (503) 555-5555 | (503) 555-1212 |
| ENOP - SMITH, MARCUS | | FED | ORMHF | SANDY, OR 97055 | | |
| FFT2 - JACKSON, JOHN | | FED | ORMHF | “ “ | | |
| FFT1 - MAXWELL ANTONIO | | FED | ORMHF | “ “ | | |
| FFT1 - WILLS, JASON | | FED | ORMHF | “ “ | | |

*Check mailing address for AD employees only

TO BE COMPLETED BY PLANS

TO BE COMPLETED BY FINANCE

| | |
|----------------------------------|--|
| Mobilization Date: <u>05/19/</u> | <input 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 Resources |
| | <input type="checkbox"/> Manifest (filed & attached) |

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

ENGINE CHECK-IN SHEET

Request Number: E-310.3

AGENCY-OWNED ENGINE

Engine Name & Designator: ST 3240C ORMHF ENG 49
(e.g., Mt. Hood #6435)

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

Check-In Date: 05/20/ Check-In Time: 0800

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(State and 3-Letter Identifier) (Final Destination)

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

Vehicle ID: DOOR # 3444,
(Government Vehicle ID#)

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

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: 05/20/

CONTRACT ENGINE

Contractor/Cooperator Name: _____

Address: _____

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

Demob City: _____ Demob State: _____
(Final Destination)

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

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

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

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

| Name | Social Security # | AD/Fed/Other | Home Unit | Home Unit or *Mailing Address | Home Unit Phone # | Home Unit Fax # |
|-------------------------|-------------------|--------------|-----------|----------------------------------|-------------------|-----------------|
| ENGB - LATHROP, JOHN | | FED | ORMHF | 16400 CHAMPION WAY | (503) 555-5555 | (503) 555-1212 |
| ENOP - HANCOCK, SOLOMON | | FED | ORMHF | SANDY, OR 97055 | | |
| FFT2 - CAHOON, REYNOLDS | | FED | ORMHF | " " | | |
| FFT1 - CARTER, SIMEON | | FED | ORMHF | " " | | |
| FFT1 - BINGHAM, MEG | | FED | ORMHF | " " | | |

*Check mailing address for AD employees only

TO BE COMPLETED BY PLANS

| | |
|--|---|
| Mobilization Date: <u>05/19/</u> Length of Assignment: <u>14</u> Checked in by (initials): _____ | <input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached) |
|--|---|

TO BE COMPLETED BY FINANCE

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

ENGINE CHECK-IN SHEET

Request Number: E-310.4

AGENCY-OWNED ENGINE

Engine Name & Designator: ST 3240C ORMHF ENG 61
(e.g., Mt. Hood #6435)

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

Check-In Date: 05/20/ Check-In Time: 0800

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(State and 3-Letter Identifier) (Final Destination)

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

Vehicle ID: DOOR # 8624,
(Government Vehicle ID#)

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

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: 05/20/

CONTRACT ENGINE

Contractor/Cooperator Name: _____

Address: _____

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

Demob City: _____ Demob State: _____
(Final Destination)

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

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

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

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

| Name | Social Security # | AD/Fed/Other | Home Unit | Home Unit or *Mailing Address | Home Unit Phone # | Home Unit Fax # |
|------------------------|-------------------|--------------|-----------|----------------------------------|-------------------|-----------------|
| ENGB - EDMONDSON, JR | | FED | ORMHF | 16400 CHAMPION WAY | (503) 555-5555 | (503) 555-1212 |
| ENOP - LOCKWOOD, CHUCK | | FED | ORMHF | SANDY, OR 97055 | | |
| FFT2 - GOODE, ERICA | | FED | ORMHF | " " | | |
| FFT1 - NEAL, MARJORIE | | FED | ORMHF | " " | | |
| FFT1 - DELGADO, GABE | | FED | ORMHF | " " | | |

*Check mailing address for AD employees only

TO BE COMPLETED BY PLANS

| | |
|--|---|
| Mobilization Date: <u>05/19/</u> Length of Assignment: <u>14</u> Checked in by (initials): _____ | <input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached) |
|--|---|

TO BE COMPLETED BY FINANCE

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

ENGINE CHECK-IN SHEET

Request Number: E-310.5

AGENCY-OWNED ENGINE

CONTRACT ENGINE

Engine Name & Designator: ST 3240C ORMHF ENG 65
(e.g., Mt. Hood #6435)

Contractor/Cooperator Name: _____

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

Address: _____

Check-In Date: 05/20/ Check-In Time: 0800

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

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(State and 3-Letter Identifier) (Final Destination)

Demob City: _____ Demob State: _____
(Final Destination)

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 # 9177,
(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: 05/20/

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

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

| Name | Social Security # | AD/Fed/Other | Home Unit | Home Unit or *Mailing Address | Home Unit Phone # | Home Unit Fax # |
|---------------------|-------------------|--------------|-----------|----------------------------------|-------------------|-----------------|
| ENGB - DUBOIS, FRED | | FED | ORMHF | 16400 CHAMPION WAY | (503) 555-5555 | (503) 555-1212 |
| ENOP - CORONA, TOM | | FED | ORMHF | SANDY, OR 97055 | | |
| FFT2 - FLANK, JENNY | | FED | ORMHF | " " | | |
| FFT2 - COOPER, ANA | | FED | ORMHF | " " | | |
| FFT1 - SILVA, DAN | | FED | ORMHF | " " | | |

*Check mailing address for AD employees only

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TO BE COMPLETED BY PLANS

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TO BE COMPLETED BY FINANCE

| | |
|--|---|
| Mobilization Date: <u>05/19/</u> Length of Assignment: <u>14</u> Checked in by (initials): _____ | <input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached) |
|--|---|

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

ENGINE CHECK-IN SHEET

Request Number: E-310.6

AGENCY-OWNED ENGINE

Engine Name & Designator: ST 3240C ORMHF ENG 72
(e.g., Mt. Hood #6435)

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

Check-In Date: 05/20/ Check-In Time: 0800

Home Unit: OR-MHF Demob City: SANDY Demob State: OR
(State and 3-Letter Identifier) (Final Destination)

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

Vehicle ID: DOOR # 9178,
(Government Vehicle ID#)

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

Were you re-assigned directly from another incident? YES NO
IF YES: Original Request # _____ Name of Incident: _____
First day of first assignment for calculation of 14-day tour: 05/20/

CONTRACT ENGINE

Contractor/Cooperator Name: _____

Address: _____

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

Demob City: _____ Demob State: _____
(Final Destination)

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

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

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

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

| Name | Social Security # | AD/Fed/Other | Home Unit | Home Unit or *Mailing Address | Home Unit Phone # | Home Unit Fax # |
|-------------------------|-------------------|--------------|-----------|----------------------------------|-------------------|-----------------|
| ENGB - PACILLO, BARBARA | | FED | ORMHF | 16400 CHAMPION WAY | (503) 555-5555 | (503) 555-1212 |
| ENOP - ORZALLI, RANDALL | | FED | ORMHF | SANDY, OR 97055 | | |
| FFT2 - WARE, GARY | | FED | ORMHF | " " | | |
| FFT2 - HEALY, GC | | FED | ORMHF | " " | | |
| FFT1 - LOPEZ, LOUIS | | FED | ORMHF | " " | | |

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TO BE COMPLETED BY PLANS

| | |
|--|---|
| Mobilization Date: <u>05/19/</u> Length of Assignment: <u>14</u> Checked in by (initials): _____ | <input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached) |
|--|---|

TO BE COMPLETED BY FINANCE

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



KIND CODE LOOKUP VALUES

Section Codes

Assign any of the following Section codes to the new Kind code:

| Section | Code |
|--------------|------|
| Area Command | A |
| Command | C |
| Finance | F |
| Logistics | L |
| Medical | M |
| Operations | O |
| Plans | P |

Subsection Codes

Assign any of the following Subsection codes to the new Kind code:

| Subsection | Code |
|---|------|
| Area Command | A |
| Command Staff | C |
| Expanded Dispatch | E |
| Finance Section – Cost Unit | F |
| Finance Section – Comp/Claims Unit | F |
| Finance Section – Procurement Unit | F |
| Finance Section – Time Unit | F |
| Finance Section – Other | F |
| Logistics Section – Communications Unit | L |
| Logistics Section – Facilities Unit | L |
| Logistics Section – Food Unit | L |
| Logistics Section – Ground Support Unit | L |
| Logistics Section – Medical Unit | L |
| Logistics Section – Security | L |
| Logistics Section – Supply Unit | L |
| Logistics Section – Other | L |
| Operations Section – Air Ops | L |
| Operations Section – Divisions | L |
| Operations Section – Other | L |
| Plans Section – Demobilization Unit | P |
| Plans Section – Documentation Unit | P |
| Plans Section – Resources Unit | P |
| Plans Section – Situation Unit | P |
| Plans Section – Other | P |

NOTE: When assigning a Subsection to a Kind code, make sure you select the right code, based on the Subsection Description. For example, to assign a Food Unit subsection to a kind, select the L code with the Logistics Section – Food Unit description rather than the L code with the Logistics Section – Facilities Unit description.

209 Codes

Assign any of the following 209 codes to the new Kind code:

| 209 | Code |
|-------------------|------|
| Type 1 Crew | C1 |
| Type 2 Crew | C2 |
| Type 3 Crew ST | C3 |
| Type 4 Crew ST | C4 |
| Camp Crew | CC |
| Dozer | D |
| Dozer ST | DS |
| Engines | E |
| Engines ST | ES |
| Helicopter Type 1 | H1 |
| Helicopter Type 2 | H2 |
| Helicopter Type 3 | H3 |
| Helicopter Type 4 | H4 |
| Overhead | O |
| Water Tender | W |

Request Category

Assign any of the following Request Categories to the new Kind code:

| Request Category | Code |
|------------------|------|
| Aircraft | A |
| Crew | C |
| Equipment | E |
| Initial Attack | I |
| Overhead | O |
| Supply | S |



KIND CODE LOOKUP VALUES

Direct

If the kind is a **Direct Resource**, click to check the **Direct** checkbox. This option applies to the Cost module.

Daily Form

Assign any of the following Daily Forms to the new Kind code:

| Daily Form | Code |
|--------------|------|
| Aircraft | A |
| Fire Engines | E |
| Helicopter | H |
| All Others | O |
| Airtankers | T |

Quantity

Type the quantity to assign to the kind code.

Units

Type the number of units to assign to the kind code.

Rate Type

Assign any of the following rate types to a new Kind code:

| Rate Type | Code |
|--------------------------|------|
| Daily Single Shift | DAY |
| Daily Double Shift | DAY2 |
| Daily Non Hazard Rate | DAYN |
| Each | EA |
| Gallons | GAL |
| Guarantee | GUAR |
| Hourly Rate (Ave-Haz) | HR |
| Hourly Rate(Ave-Non-Haz) | HRNH |
| Mileage | MILE |
| Misc Support | MISC |
| Monthly | MNTH |
| Overtime | OT |
| Person | PERS |
| Regular Time | RT |
| Mob/Demobilization | TRAN |
| Units | UNIT |
| Weekly | WEEK |

People

Type the appropriate number of people for the kind code.

Kind Like

Select the kind code that is most like the one you are defining. You can select any of the following Kind Like codes:



KIND CODE LOOKUP VALUES

| Kind Like | Code |
|--------------------|------|
| Hand Crew Other | C3 |
| Dozers | D |
| Engines | E |
| Tractor/Plows | T |
| Water Tenders | W |
| Direct Personnel | OD |
| Indirect Personnel | OS |
| Other Vehicles | VE |
| Facilities | F |
| Other Equipment | EQ |
| Heavy Heli | H1 |
| Medium Heli | H2 |
| Light Heli | H3 |
| Other Heli | H4 |
| Camp Crew | CC |
| Supplies | SUP |
| Military Crew | MC |
| Lowboy Transp | LO |
| Other Support | MI |
| Fixed Wing Air | FW |
| Airtanker | AT |
| Retardant | RET |
| Busses | BUS |
| Caterer | CAT |
| Rescue Medical | RES |
| Mob/Demob | TRA |
| Handcrew Type 1 | C1 |
| Handcrew Type 2 | C2 |
| Showers | SHW |



KIND CODE LOOKUP VALUES

Kind Groups

Assign the new kind code to any of the following Kind Groups:

| Kind Groups | Code |
|----------------|------|
| Aircraft | A |
| Crews | C |
| Equipment | E |
| Line Personnel | L |
| Camp Support | M |
| Camp Personnel | O |
| Supplies | S |

CAT1A

Assign any of the following CAT1A codes to the new Kind code. This code is used in the Cost Apportionment Summary:

| CAT1A | Code |
|-------------------|------|
| Aircraft | A |
| Crews & Equipment | E |
| Overhead Support | O |

CAT1B

Assign any of the following CAT1B codes to the new Kind code. This code is used in the Cost Apportionment Detail:

| CAT1A | Code |
|------------------|------|
| Air: Retardant | AA |
| Air: Fixed Wing | AF |
| Air: Helicopter | AH |
| Crews | C |
| Engines | E |
| Other Equipment | Q |
| Support Overhead | S |

Line Overhead

If **Line Overhead** applies, click to check the **Line Overhead** checkbox. When this checkbox is checked, the Line Overhead filter selection displays for the ICS 204.



FROG INCIDENT DEMOB INSTRUCTOR NOTES

Resource Demob Information

The following table identifies the Demob information for each of the resources included in the Frog Incident Demob Exercise:

NOTE: The Quals and Travel should already be defined in the Training Database.

| Resource | Request # | Release Date | Travel | Quals | Reassign |
|---------------------------------------|-----------|--------------|--------|-------------------------|----------|
| Ron Clark (FOBS) | O-11 | 5/30 | AIR | STCR CRWB SITL(t) | Yes |
| Harvey Stein (LSC2) | O-100.7 | 5/31 | A/R | FACL SPUL HRSP(t) | Yes |
| Mary Dell (STCR) | O-51 | 5/28 | AOV | | No |
| Larry Hidahl (STCR) | O-52 | 5/29 | AOV | | No |
| Mick McDowell (STCR) | O-53 | 5/30 | AOV | | No |
| John Bonwell (OSC2) | O-100.3 | 5/30 | AOV | | No |
| ENG 43 (ENG4) | E-5 | 5/28 | AOV | | No |
| H&R Tractor #3 (DOZ1) | E-12 | 5/31 | POV | | No |
| Big City Bus Transporting (SRV#44) | E-20 | 5/29 | POV | | No |
| Warm Springs ICH (HC1) | C-10 | 5/29 | AOV | | No |
| NW Regulars #3 (HC2) | C-11 | 5/30 | POV | | No |
| SRV #44 (HC2) | C-12 | 5/29 | POV | | No |
| N. Pacific Forestry #6 (HC2) | C-13 | 5/28 | POV | | No |

Report Notes

If time in the Demob class is running short, only have the students generate one report of each type.

In order for the reports to generate correctly, the students should make sure the following settings are defined:

Tentative Poster

Use the date range 5/28-31.

Available for Release

The students can print the report for any of the resources defined in the **Resource Demob Information** chart. Students must first enter the Tentative Release information for each resource from the ICS 213s.

Make sure the **Resources Selected in Grid** option is checked before selecting the resources and generating the report. In order for any **Quals** to show in the report, the **Available for Reassignment** checkbox must be checked in the **Tentative Release** area on the Demob window.

Air Travel Requests

In order for any **Quals** to show in the report, the **Available for Reassignment** checkbox must be checked in the **Tentative Release** area on the Demob window.

Students should check the checkboxes for those **Travel Questions** with a **Yes** response for each resource traveling by Air or A/R (O-11 and O-100.7).

The following are examples of how the Demob window should be completed for those resources traveling by Air or A/R:

The screenshot shows the Demob software interface. At the top, there is a menu bar (File, Modules, Filters, Reports, Tools, Help) and a toolbar with various icons. Below the toolbar, there is a status bar showing the incident name 'FROG' and a checkbox for 'Manage All Incidents as One'. The main area is divided into several sections:

- Resources Table:** A table with columns: Request Number, Name, Kind Desc, Agency, Home Unit, Demob City, Jetport, Travel, Demob Date. It lists three resources:

| Request Number | Name | Kind Desc | Agency | Home Unit | Demob City | Jetport | Travel | Demob Date |
|----------------|-----------------|-------------------|--------|-----------|------------|---------|--------|------------|
| O-100.7 | STEIN, HARVEY | LOG SEC CHF TY 2 | FS | WICNF | LAONA | RHI | A/R | 5/31/2006 |
| O-100.8 | SALADE, JEANNIE | GROUND SUPPORT UL | FS | IDIPF | ST. MARIES | GEG | ADV | 6/1/2006 |
| O-100.9 | WILSON, DICK | SUPPLY UNIT LDR | MT | MTSWS | COLUMBUS | BIL | PAS | 6/1/2006 |
- O-100.7: STEIN, HARVEY Form:** A detailed form for this resource. It includes:
 - Status:** C
 - Demob City:** LAONA
 - Demob State:** WI
 - Jetport:** RHI
 - Travel Method:** A/R
 - Mobilization Date:** 05/18/2006
 - Length of Assignment (Days):** 13
 - Demobilization Date:** 05/31/2006
 - Number of Days Left:** (empty)
 - Other Quals:** A table with columns 'Kind Code' and 'Trainee'. It lists FACI, HRSP, and SPUL, with checkboxes for each.
 - Tentative Release:**
 - Available for Reassignment:**
 - Tentative Release Date:** 05/31/2006
 - Tentative Release Time:** 07:00
 - Return Travel Method:** A/R
 - Remarks:** (empty text box)
 - Dispatch Notified:**
 - Checkout Form Printed:**
 - Actual Release:**
 - Release Date:** (empty)
 - Time of Departure:** (empty)
 - Estimated Date of Arrival:** (empty)
 - Estimated Time of Arrival:** (empty)
 - Rest Over Night:**
 - Remarks:** (empty text box)
 - Dispatch Notified:**
 - Special Instructions:** Needs to drop a rental car at MSO
 - Name on Picture ID:** STEIN, HARVEY
 - Depart From Jetport (Local to Incident):** MSO
 - Travel Time from ICP to Airport (minutes):** 120
 - Air Travel to Dispatch:**
 - Itinerary Received from Dispatch:**
 - Travel Questions Table:**

| Response | Question |
|-------------------------------------|---|
| <input type="checkbox"/> | Is Ground Support transportation needed? |
| <input checked="" type="checkbox"/> | Does this person have a rental car to return? |
| <input checked="" type="checkbox"/> | Does this person have a picture ID? |
| <input checked="" type="checkbox"/> | Does this person have an agency credit card? |
| <input type="checkbox"/> | Does this person need hotel reservations? |

The screenshot shows the 'Demob' application window. At the top, there is a menu bar (File, Modules, Filters, Reports, Tools, Help) and a toolbar with various icons. Below the toolbar is a status bar with 'Incident: FROG' and 'Manage All Incidents as One'. A secondary toolbar contains checkboxes for 'Exclude Demobed', 'P', 'D', 'N', 'Tentative Poster', 'Available for Release', 'Air Travel Request', 'Check Out', 'Actual Demob', 'Ground Support', and 'Resources Selected In Grid' (checked).

The main area displays a 'Resources' table:

| Request Number | Name | Kind Desc | Agency | Home Unit | Demob City | Jetport | Travel | Demob D. |
|----------------|----------------|------------------------|--------|-----------|------------|---------|--------|-----------|
| 0-10 | JOHNSON, JERRY | FIELD OBSERVER | CA | CACDF | CORONA | LAX | AIR | 6/1/2006 |
| 0-11 | CLARK, RON | FIELD OBSERVER | CA | CACDF | HEMET | DNT | AIR | 5/30/2006 |
| 0-51 | DELL, MARY | STRIKE TEAM LDR - CREW | FS | MTBRF | MISSOULA | MSD | ADV | 5/28/2006 |

Below the table is a detailed form for resource '0-11: CLARK, RON'. The form is divided into several sections:

- Status:** * Status: C
- Demob City:** HEMET
- Demob State:** CA
- Jetport:** DNT
- Travel Method:** AIR
- Mobilization Date:** 05/19/2006
- Length of Assignment (Days):** 11
- Demobilization Date:** 05/30/2006
- Number of Days Left:** (empty)
- Other Quals:** A table with columns 'Kind Code' and 'Trainee'. Rows include CRWB, SITL, and STCR. A 'Save Quals' button is present.
- Tentative Release:**
 - Available for Reassignment:
 - Tentative Release Date: 05/30/2006
 - Tentative Release Time: 07:00
 - Return Travel Method: AIR
 - Remarks: (empty text box)
 - Dispatch Notified:
 - Checkout Form Printed:
- Actual Release:**
 - Release Date: / /
 - Time of Departure: . : .
 - Estimated Date of Arrival: / /
 - Estimated Time of Arrival: . : .
 - Rest Over Night:
 - Remarks: (empty text box)
 - Dispatch Notified:
- Name on Picture ID:** CLARK, RON
- Depart From Jetport (Local to Incident):** MSD
- Travel Time from ICP to Airport (minutes):** 120
- Special Instructions:** ground support will transport to airport
- Air Travel to Dispatch:**
- Itinerary Received from Dispatch:**
- Response/Question Table:**

| Response | Question |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Is Ground Support transportation needed? |
| <input type="checkbox"/> | Does this person have a rental car to return? |
| <input checked="" type="checkbox"/> | Does this person have a picture ID? |
| <input checked="" type="checkbox"/> | Does this person have an agency credit card? |
| <input type="checkbox"/> | Does this person need hotel reservations? |

At the bottom of the form are buttons for 'Close', 'Previous', 'Next', and 'Save'. The status bar at the very bottom reads: 'Server: (LOCAL)\NSUITE2 / Database: FrogII / User: dbadmin'.

Checkout Form

The students can print the report for any of the resources defined in the **Resource Demob Information** chart. Make sure the **Resources Selected in Grid** option is checked before selecting the resources and generating the report.

Make sure the students checked the ICS 221 checkboxes on the Options window. (Tools/Options/Demob/Checkout)

Actual Demob Report

The students can print the report for any of the resources defined in the **Resource Demob Information** chart. Make sure the **Resources Selected in Grid** option is checked, before selecting the resources and generating the report.

The students must enter an **Actual Demob Date/Time** and **Save** the record before printing the **Actual Demob** report.

Ground Support Form

The students must check the **Is Ground Transportation needed?** travel question before the resource's name will display in the Ground Support Form.



FROG INCIDENT DEMOB EXERCISE

The current date is 5/27 and the incident is winding down. Several of the Section Chiefs have determined that there are excess resources. They have given you their ICS 213s with available for release information for those resources.

TASK 1

Enter each resource's **Tentative Release** information.

Examples of ICS 213s can be found on: 5.0-01-ISUITE-HO, 5.0-02-ISUITE-HO, 5.0-03-ISUITE-HO

TASK 2

Create an **Available for Release Report** that lists those resources to be sent to Dispatch.

Note: Before creating the report, check the **Resources Selected in Grid** checkbox. In the **Resources** grid, select each of the resources you want to include in the report.

Note: In order for any **Quals** to show on the report, the **Available for Reassignment** checkbox must be checked in the **Tentative Release** area on the Demob window.

Examples of Available for Release Reports can be found on: 5.0-04-ISUITE-HO, 5.0-05-ISUITE-HO, 5.0-06-ISUITE-HO

TASK 3

Create a **Tentative Poster** listing those resources to be released that can be posted on the Demob bulletin board.

Note: Use the Date Range 5/28 – 5/31.

An example Tentative Poster can be found on: 5.0-07-ISUITE-HO

TASK 4

Create **Air Commercial Air Travel Requests** for those resources whose transportation to the incident was by air.

Note: Make sure you check the **Available for Reassignment** checkbox under **Tentative Release** for those resources requesting a reassignment. Quals will then print on the form.

Note: Check the checkboxes for those **Travel Questions** with a **Yes** response for each resource traveling by **Air** or **A/R**.

Use the following additional information to fill-out the form:

| | |
|---|---|
| O-11 Check reassignment Departing Airport: MSO Time to Airport: 120 minutes Special Instructions: ground support will transport to airport Travel questions -- check: Ground Support Has ID Has Credit card | O-100.7 Check reassignment Departing Airport: MSO Time to Airport: 120 minutes Special Instructions: needs to drop rental car at MSO Travel questions -- check: Has rental Has ID Has Credit card |
|---|---|

Examples of Air Commercial Travel Requests can be found on : 5.0-08-ISUITE-HO, 5.0-09-ISUITE-HO

TASK 5

Generate a **Ground Support** transportation request for the air resource that needs a ride.

Note: Make sure you check the **Ground Support Transportation** question checkbox for the resource before creating the request.

An example Ground Support Form can be found on: 5.0-10-ISUITE-HO

TASK 6

Generate **ICS 221 Checkout Forms** for O-51, C-13, and E-5. Enter each resource's Actual Demob travel information.

Note: Before printing the forms, check the **Resources Selected in Grid** checkbox. In the Resources grid, select each of the resources for which you want to print a Checkout Form.

Note: Make sure the ICS 221 checkboxes are checked on the Options window. (Tools/Options/Demob/Checkout)

Example Checkout Forms can be found on: 5.0-11-ISUITE-HO, 5.0-12-ISUITE-HO, 5.0-13-ISUITE-HO

TASK 7

From the ICS 221 Checkout Forms for O-51, C-13, and E-5, enter each resource's Actual Demob travel information. Then generate the **Actual Demob Report** listing these resources, which will be sent to Dispatch.

Note: Make sure you save an **Actual Demob Date** and **Time** to the resource records before creating the Actual Demob Report.

ICS 221 Departure Information can be found on: 5.0-14-ISUITE-HO, 5.0-15-ISUITE-HO, 5.0-16-ISUITE-HO

Examples of the Actual Demob Reports you should create can be found on: 5.0-17-ISUITE-HO, 5.0-18-ISUITE-HO, 5.0-19-ISUITE-HO

GENERAL MESSAGE

| | | | |
|---|------------------|---|-----------------|
| TO: Demob Unit Ldr. | | POSITION DMOB | |
| FROM Kerry Stone | | POSITION OSC | |
| SUBJECT Demobing Resources | | DATE 5/27 | 1800 |
| MESSAGE: Please demob the following operational resources which are either timing out or are no longer needed on the incident. | | | |
| Available for Release | | | |
| | Request # | Resource | Position |
| 5/28 0800 | O-51 | Mary Dell | STCR |
| 5/29 0700 | O-52 | Larry Hildahl | STCR(t) |
| 5/30 0700 | O-53 | Mick McDowell | STCR |
| 5/30 0900 | O-100.3 | John Bonwell | OCS2 |
| 5/28 0800 | E-5 | Engine 43 | ENG4 |
| 5/31 1000 | E-12 | H&R Tractor #3 | DOZ1 |
| 5/29 0800 | C-10 | Warm Springs IHC | HC1 |
| 5/30 0700 | C-11 | NW Regulars #3 | HC2 |
| 5/29 0700 | C-12 | SRV #44 | HC2 |
| 5/28 0800 | C-13 | N. Pacific Forestry #6 | HC2 |
| | | | |
| Date 5/27 | Time 1800 | Signature/Position Kerry Stone, OSC2 | |

GENERAL MESSAGE

| TO: Demob Unit Ldr. | | POSITION DMOB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|--|----------|--------------------------|-----------|----------|----------|-----------|---------|--------------|------|--|--|--|--|--|--|--|--|-----------|------|--------------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------|--------------|--|--|
| FROM Loren Robins | | POSITION LSC2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBJECT Demobing Resources | | DATE 5/27 | 1400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MESSAGE: Please demob the following resources which are no longer needed on the incident. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Available for Release</th> <th style="text-align: left; padding: 2px;">Request #</th> <th style="text-align: left; padding: 2px;">Resource</th> <th style="text-align: left; padding: 2px;">Position</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">5/31 0700</td> <td style="padding: 2px;">O-100.7</td> <td style="padding: 2px;">Harvey Stein</td> <td style="padding: 2px;">LSC2</td> </tr> <tr> <td colspan="4" style="padding: 5px;">He would like to try for a reassignment, if you could pass that information to dispatch.</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 2px;">5/28 0700</td> <td style="padding: 2px;">E-20</td> <td style="padding: 2px;">Big City Bus</td> <td style="padding: 2px;">BUS</td> </tr> <tr> <td colspan="4" style="padding: 5px;">I believe the crew they were transporting is being demobed by Ops.</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;">Date 5/27</td> <td style="padding: 5px;">Time 1400</td> <td colspan="2" style="padding: 5px;">Signature/Position Loren Robins, LSC2</td> </tr> </tbody> </table> | | | | Available for Release | Request # | Resource | Position | 5/31 0700 | O-100.7 | Harvey Stein | LSC2 | He would like to try for a reassignment, if you could pass that information to dispatch. | | | | | | | | 5/28 0700 | E-20 | Big City Bus | BUS | I believe the crew they were transporting is being demobed by Ops. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date 5/27 | Time 1400 | Signature/Position Loren Robins, LSC2 | |
| Available for Release | Request # | Resource | Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5/31 0700 | O-100.7 | Harvey Stein | LSC2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| He would like to try for a reassignment, if you could pass that information to dispatch. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 5/28 0700 | E-20 | Big City Bus | BUS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I believe the crew they were transporting is being demobed by Ops. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date 5/27 | Time 1400 | Signature/Position Loren Robins, LSC2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Incident: FROG MT-LNF-000001

RESOURCE TYPE: 0 (C,E,O)

Date: 07/13/ Time: 14:32:45

| AVAILABLE FOR RELEASE | | | | | | | | | | | | |
|-----------------------|---------|------|----------------|------------------|----------------------------|---------------------|-------|---------------------|-------|----------|----------------------|----------------|
| Request Number | Unit ID | | Name | Current Position | Home Destination (City/ST) | Transportation Type | | Available for Demob | | Reassign | | Other Quals |
| | ST | Unit | | | | Grd/REN | Jetpt | Date | Time | Y/N | 14 th day | |
| O-100.3 | MT | LED | BONWELL, JOHN | OSC2 | LEWISTOWN, MT | AOV | BIL | 05/30/ | 09:00 | N | | |
| O-11 | CA | CDF | CLARK, RON | FOBS | HEMET, CA | AIR | ONT | 05/30/ | 07:00 | Y | 05/30 | CRWB SITL STCR |
| O-51 | MT | BRF | DELL, MARY | STCR | MISSOULA, MT | AOV | MSO | 05/28 | 08:00 | N | | DIVS STEN |
| O-52 | MT | MTS | HILDAHL, LARRY | STCR | DARBY, MT | AOV | MSO | 05/29 | 07:00 | N | | STEN TFLD |
| O-53 | WA | SPON | MCDOWELL, MICK | STCR | SPOKANE, WA | AOV | GEG | 05/30 | 09:00 | N | | STDZ |
| O-100.7 | WI | CNF | STEIN, HARVEY | LSC2 | LAONA, WI | A/R | RHI | 05/31 | 07:00 | Y | 05/31 | FACL HRSP SPUL |

Time Faxed: _____

Date Faxed: _____

Incident: FROG MT-LNF-000001

RESOURCE TYPE: E (C,E,O)

Date: 07/13/ Time: 14:34:26

| AVAILABLE FOR RELEASE | | | | | | | | | | | | |
|-----------------------|---------|------|------------------|------------------|----------------------------|---------------------|-------|---------------------|-------|----------|----------------------|-------------|
| Request Number | Unit ID | | Name | Current Position | Home Destination (City/ST) | Transportation Type | | Available for Demob | | Reassign | | Other Quals |
| | ST | Unit | | | | Grd/REN | Jetpt | Date | Time | Y/N | 14 th day | |
| E-20 | PV | T | BIG CITY BUS CO. | BUS | VALE, OR | BUS | | 05/29 | 07:00 | N | | |
| E-5 | MT | BDF | ENG 43 | ENG4 | BIG WOOD, MT | AOV | | 05/28 | 08:00 | N | | |
| E-12 | PV | T | H&K TRACTOR #3 | DOZ1 | ONTARIO, MT | POV | | 05/31 | 10:00 | N | | |

Time Faxed: _____ Date Faxed: _____

Incident: FROG MT-LNF-000001

RESOURCE TYPE: C (C,E,O)

Date: 07/13/ Time: 14:35:28

AVAILABLE FOR RELEASE

| Request Number | Unit ID | | Name | Current Position | Home Destination (City/ST) | Transportation Type | | Available for Demob | | Reassign | | Other Quals |
|----------------|---------|------|------------------------|------------------|----------------------------|---------------------|-------|---------------------|-------|----------|----------------------|-------------|
| | ST | Unit | | | | Grd/REN | Jetpt | Date | Time | Y/N | 14 th day | |
| C-13 | PV | T | N. PACIFIC FORESTRY #6 | HC2 | GRANTS PASS, OR | POV | | 05/28 | 08:00 | N | | |
| C-11 | WA | COF | NW REGULARS #3 | HC2 | COLVILLE, WA | AOV | | 05/30 | 07:00 | N | | |
| C-12 | OR | VAD | SRV #4 | HC2 | VALE, OR | BUS | | 05/29 | 07:00 | N | | |
| C-10 | OR | WSA | WARM SPRINGS IHC | HC1 | WARM SPRINGS, OR | AOV | | 05/29 | 08:00 | N | | |

Time Faxed: _____ Date Faxed: _____

05/28/

TENTATIVE RELEASE

FROG MT-LNF-000001

OVERHEAD

O-51 0800 DELL, MARY

CREWS

C-13 0800 N. PACIFIC FORESTRY #6

EQUIPMENT

E-5 0800 ENG 43

05/29/

TENTATIVE RELEASE

FROG MT-LNF-000001

OVERHEAD

O-52 0700 HILDAHL, LARRY

CREWS

C-10 0800 WARM SPRINGS IHC

C-12 0700 SRV #4

EQUIPMENT

E-20 0700 BIG CITY BUS CO.

05/30/

TENTATIVE RELEASE

FROG MT-LNF-000001

OVERHEAD

| | | |
|----------------|-------------|-----------------------|
| O-100.3 | 0900 | BONWELL, JOHN |
| O-11 | 0700 | CLARK, RON |
| O-53 | 0900 | MCDOWELL, MICK |

CREWS

| | | |
|-------------|-------------|-----------------------|
| C-11 | 0700 | NW REGULARS #3 |
|-------------|-------------|-----------------------|

07/13/ 14:28:23

tentativedemob.rpt 01/21

5.0-07-ISUITE-HO

05/31/

TENTATIVE RELEASE

FROG MT-LNF-000001

OVERHEAD

O-100.7 0700 STEIN, HARVEY

EQUIPMENT

E-12 1000 H&K TRACTOR #3

07/13/ 14:28:23

tentativedemob.rpt 01/21

5.0-07-ISUITE-HO

COMMERCIAL AIR TRAVEL REQUEST

Incident Name: FROG
Incident #: MT-LNF-000001

**Demob Pending
REASSIGNMENT**

Current Request #: O-11

Name: CLARK, RON
(must be name on picture ID)

Agency ID: CA / CDF
State/Agency ID (EX: ID-BOD)

Release to: HEMET, CA
Home City/State

Date and time available to leave ICP: 05/30 7:00
Date Time

Travel time from ICP to Airport: 120

DEPART FROM: MSO / MISSOULA INTER **RETURN TO:** ONT / ONTARIO INTL, CA
Jetport ID City/State Jetport ID City/State
Local Airport Home Airport

Is Ground Support transportation needed? YES
Does this person have a rental car to return? NO
Does this person have a picture ID? YES
Does this person have an agency credit card? YES
Does this person need hotel reservations? NO

Special instructions: ground support will transport to airport

REASSIGNMENT INFO:

Last date (of 14 day tour) available to work: 05/29

Reassignment quals: FOBS, CRWB, SITL, STCR

COMMERCIAL AIR TRAVEL REQUEST

Incident Name: FROG
Incident #: MT-LNF-000001

**Demob Pending
REASSIGNMENT**

Current Request #: O-100.7

Name: STEIN, HARVEY
(must be name on picture ID)

Agency ID: WI / CNF
State/Agency ID (EX: ID-BOD)

Release to: LAONA, WI
Home City/State

Date and time available to leave ICP: 05/31 7:00
Date Time

Travel time from ICP to Airport: 120

DEPART FROM: MSO / MISSOULA INTER **RETURN TO:** RHI / RHINELANDER-ONE
Jetport ID City/State Jetport ID City/State
Local Airport Home Airport

Is Ground Support transportation needed? NO
Does this person have a rental car to return? YES
Does this person have a picture ID? YES
Does this person have an agency credit card? YES
Does this person need hotel reservations? NO

Special instructions: Needs to drop a rental care at MSO

REASSIGNMENT INFO:

Last date (of 14 day tour) available to work: 05/30

Reassignment quals: LCS2,FACL, HRSP, SPUL

INCIDENT: FROG MT-LNF-000001

TO: GROUND SUPPORT

FROM: DEMOB

The following persons need ground support transportation

On 05/30/_____

| NAME | AIRLINE | AIRPORT | LEAVE ICP TIME | FLIGHT TIME |
|--------------|----------------|----------------|-------------------------------|------------------------|
| 1 CLARK, RON | | MSO | 07:00 | |

7/13/

14:41:03

DEMOBILIZATION CHECKOUT

ICS-221

1. Incident Name/Number

2. Est. Date/Time (Tentative Release)

3. Demob No.

FROG MT-LNF-000001

05/28/ 08:00

E-5

4. Unit/Personnel Released

ENG 43

Leader: SCHMUCK, LEE

Number Personnel: 3

5. Transportation

AOV

6. Actual Release Date/Time

7. Manifest: YES NO

Number _____

8. Destination

BIG WOOD, MT

9. Agency/Region/Area Notified

Agency FS

Home Unit: MBTDF

Home Unit: MTBDF

10. Unit Leader Responsible for Collecting Performance Rating

11. Unit/Personnel

You and your resources have been released subject to signoff from the following:

(Demob Unit Leader check appropriate boxes)

Logistics Section:

Supply Unit _____

Communications Unit _____

Facilities Unit _____

Ground Support Unit _____

Planning Section:

Documentation Unit _____

Finance Section:

Time Unit _____

Other Section:

Security Unit _____

Weed Wash Station _____

Demob Unit Last _____

12. Remarks

Original Order/Request Number: MT-LNF-000001 E-5

ICS-221

Revision Date: 05/31/

7/13/

14:40:03

DEMOBILIZATION CHECKOUT

ICS-221

1. Incident Name/Number

2. Est. Date/Time (Tentative Release)

3. Demob No.

FROG MT-LNF-000001

05/28/ 08:00

O-51

4. Unit/Personnel Released

DELL, MARY

Leader:

Number Personnel: 1

5. Transportation

AOV

6. Actual Release Date/Time

7. Manifest: YES NO

Number _____

8. Destination

MISSOULA, MT

9. Agency/Region/Area Notified

Agency FS

Home Unit: MBTRF

Home Unit: MTBRF

10. Unit Leader Responsible for Collecting Performance Rating

11. Unit/Personnel

You and your resources have been released subject to signoff from the following:

(Demob Unit Leader check appropriate boxes)

Logistics Section:

Supply Unit _____

Communications Unit _____

Facilities Unit _____

Ground Support Unit _____

Planning Section:

Documentation Unit _____

Finance Section:

Time Unit _____

Other Section:

Security Unit _____

Weed Wash Station _____

Demob Unit Last _____

12. Remarks

Original Order/Request Number: MT-LNF-000001 O-51

ICS-221

Revision Date: 05/31/

7/13/

14:43:00

DEMOBILIZATION CHECKOUT

ICS-221

1. Incident Name/Number

2. Est. Date/Time (Tentative Release)

3. Demob No.

FROG MT-LNF-000001

05/28/ 08:00

C-13

4. Unit/Personnel Released

N. PACIFIC FORESTRY #6

Leader: CHIPREZ, JESSE

Number Personnel: 20

5. Transportation

POV

6. Actual Release Date/Time

7. Manifest: YES NO

Number _____

8. Destination

GRANT PASS, OR

9. Agency/Region/Area Notified

Agency PVT

Home Unit: PVT

Home Unit: PVT

10. Unit Leader Responsible for Collecting Performance Rating

11. Unit/Personnel

You and your resources have been released subject to signoff from the following: (Demob Unit Leader check appropriate boxes)

Logistics Section:

- [X] Supply Unit
[X] Communications Unit
[X] Facilities Unit
[X] Ground Support Unit

Planning Section:

- [X] Documentation Unit

Finance Section:

- [X] Time Unit

Other Section:

- [] Security Unit
[X] Weed Wash Station
[X] Demob Unit Last

12. Remarks

Original Order/Request Number: MT-LNF-000001 C-13

ICS-221

Revision Date: 05/31/

1. Incident Name/Number FROG MT-LNF-000001 2. Est. Date/Time (Tentative Release) 05/28/ 08:00 3. Demob No. E-5

4. Unit/Personnel Released ENG 43 Leader: SCHMUCK, LEE Number Personnel: 3

5. Transportation AOV

6. Actual Release Date/Time 5/28/ 0430 7. Manifest: YES NO Number

8. Destination BIG WOOD, MT Home Unit: MTBDF 9. Agency/Region/Area Notified Agency FS Home Unit: MTBDF Date

10. Unit Leader Responsible for Collecting Performance Rating

11. Unit/Personnel You and your resources have been released subject to signoff from the following: (Demob Unit Leader check appropriate boxes)

- Logistics Section: [X] Supply Unit [X] Communications Unit [X] Facilities Unit [X] Ground Support Unit Planning Section: [X] Documentation Unit Finance Section: [X] Time Unit Other Section: [] Security Unit [X] Weed Wash Station [X] Demob Unit Last

12. Remarks

1. Incident Name/Number 2. Est. Date/Time (Tentative Release) 3. Demob No.
FROG MT-LNF-000001 05/28/ 08:00 O-51

4. Unit/Personnel Released
DELL, MARY Leader: Number Personnel: 1

5. Transportation
AOV

6. Actual Release Date/Time 7. Manifest: YES NO
5/28 0825 Number _____

8. Destination 9. Agency/Region/Area Notified
MISSOULA, MT Agency FS Home Unit: MTBRF
Home Unit: MTBRF Date _____

10. Unit Leader Responsible for Collecting Performance Rating

11. Unit/Personnel You and your resources have been released
subject to signoff from the following:
(Demob Unit Leader check appropriate boxes)

Logistics Section:

- Supply Unit *Kennedy*
- Communications Unit *W. Allen*
- Facilities Unit *J.H.*
- Ground Support Unit *Stammy*

Planning Section:

- Documentation Unit *FD*

Finance Section:

- Time Unit *CB*

Other Section:

- Security Unit _____
- Weed Wash Station *HW*
- Demob Unit Last *HW*

12. Remarks

Original Order/Request Number: MT-LNF-000001 O-51

1. Incident Name/Number 2. Est. Date/Time (Tentative Release) 3. Demob No.
FROG MT-LNF-000001 05/28/ 08:00 C-13

4. Unit/Personnel Released
N. PACIFIC FORESTRY #6 Leader: CHIPREZ, JESSE Number Personnel: 20

5. Transportation
POV

6. Actual Release/Date/Time 7. Manifest: YES NO
5/28 0845 Number

8. Destination 9. Agency/Region/Area Notified
GRANTS PASS, OR Agency PVT Home Unit: PVT
Home Unit: PVT Date

10. Unit Leader Responsible for Collecting Performance Rating

11. Unit/Personnel You and your resources have been released subject to signoff from the following:
(Demob Unit Leader check appropriate boxes)

- Logistics Section:
- Supply Unit *[Signature]*
- Communications Unit *[Signature]*
- Facilities Unit *[Signature]*
- Ground Support Unit *[Signature]*
- Planning Section:
- Documentation Unit *[Signature]*
- Finance Section:
- Time Unit *[Signature]*
- Other Section:
- Security Unit
- Weed Wash Station *[Signature]*
- Demob Unit Last *[Signature]*

12. Remarks

Incident: FROG MT-LNF-000001

Date: 06/15/ Time: 15:41:56

| ACTUAL DEMOB | | | | | | | | | | |
|----------------|---------|--------|----------------|------|----------------------|------------------|---------|-------------|-------------------|-------|
| Request Number | Unit ID | Name | Actual Release | | Return Travel Method | Demob City/State | RON Y/N | RON Remarks | Estimated Arrival | |
| | | | Date | Time | | | | | Date | Time |
| E-5 | MTBDF | ENG 43 | 05/28/ | 9:30 | AOV | BIG WOOD, MT | N | | 05/28/ | 20:00 |

Time Faxed: _____ Date Faxed: _____

actualdemob.rpt 03/23

5.0.17-ISUITE-HO

Incident: FROG MT-LNF-000001

Date: 06/22/ Time: 18:25:19

| ACTUAL DEMOB | | | | | | | | | | |
|----------------|---------|------------|----------------|------|----------------------|------------------|---------|-------------|-------------------|-------|
| Request Number | Unit ID | Name | Actual Release | | Return Travel Method | Demob City/State | RON Y/N | RON Remarks | Estimated Arrival | |
| | | | Date | Time | | | | | Date | Time |
| O51 | MTBRF | DELL, MARY | 05/28/ | 8:25 | AOV | MISSOULA, MT | N | | 05/28/ | 11:00 |

Time Faxed: _____ Date Faxed: _____

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Incident: FROG MT-LNF-000001

Date: 06/15/ Time: 15:41:35

| ACTUAL DEMOB | | | | | | | | | | |
|----------------|---------|------------------------|----------------|------|----------------------|------------------|---------|---------------|-------------------|-------|
| Request Number | Unit ID | Name | Actual Release | | Return Travel Method | Demob City/State | RON Y/N | RON Remarks | Estimated Arrival | |
| | | | Date | Time | | | | | Date | Time |
| C-13 | PVT | N. PACIFIC FORESTRY #6 | 05/28/ | 8:45 | POV | GRANT PASS, OR | N | PENDLETON, OR | 05/29/ | 16:00 |

Time Faxed: _____ Date Faxed: _____

actualdemob.rpt 03/23

| | | | |
|---|---|--|--------------------------|
| Incident Objectives | 1. Incident Name FROG | 2. Date Prepared 05/22/ | 3. Time Prepared 1441 |
| 4. Operational Period 05/23/ DayOfWeek DAY Shift 0600 - 1800 | | | |
| 5. General Control Objectives for the incident (include alternatives) 1. Ensure firefighter and public safety. 2. Protect structures 3. Keep Fire: South of river, North of highway, East of ridge road, West of town. | | | |
| 6. Weather Forecast for Period Lightning strikes are expected. Thunderstorms in the afternoon. | | | |
| 7. General Safety Message Be careful out there. | | | |
| 8. Attachments (mark if attached) | | | |
| <input checked="" type="checkbox"/> Organization List - ICS 203 | <input type="checkbox"/> Incident Map | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Div. Assignment Lists - ICS 204 | <input type="checkbox"/> Safety Message | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Communications Plan - ICS 205 | <input type="checkbox"/> Traffic Plan | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Medical Plan - ICS 206 | <input type="checkbox"/> Weather Forecast | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Air Operations Summary - ICS 220 | <input type="checkbox"/> (Other) Stuff | <input type="checkbox"/> | |
| 9. Prepared by (Planning Section Chief) Planning Section Chief | | 10. Approved by (Incident Commander) Incident Commander | |

| ORGANIZATION ASSIGNMENT LIST | |
|--|--------------------|
| 1. Incident Name | |
| FROG | |
| 2. Date Prepared | 3. Time Prepared |
| 05/22/ | 1446 |
| 4. Operational Period | |
| 05/23/ DayOfWeek DAY Shift 0600 - 1800 | |
| Position | Name |
| 5. Incident Commander and Staff | |
| Incident Commander | RUDD, TOM |
| Deputy | JENSEN, KIM |
| Safety Officer | HAAN, CARL |
| Information Officer | JOHNSTONE, SHEILA |
| Liaison Officer | LONGFELLOW, PAUL |
| 6. Agency Representative | |
| Agency | Name |
| FS | STONE, MARY |
| State of MT | HARPER, HENRY |
| | |
| | |
| | |
| 7. Planning Section | |
| Chief | BRIGHT, DANA |
| Deputy | |
| Resources Unit | JONES, JACK |
| Situation Unit | CROWN, PAULA |
| Documentation Unit | |
| Demobilization Unit | HILLSDALE, SAM (t) |
| Fire Behavior Analyst | BREEDLOVE, ERIN |
| Human Resource Specialist | DESIMON, MARTHA |
| Training Specialist | HARTMAN, MARY |
| GIS Specialist | HAMPTON, HOLLY |
| Computer Specialist | PAULSON, RICH |
| | |
| | |
| 8. Logistics Section | |
| Chief | STEIN, HARVEY |
| Deputy | |
| Supply Unit | WILSON, DICK |
| Facilities Unit | HUGHES, LEE |
| Ground Support Unit | SALADE, JEANNIE |
| Communications Unit | SMITH, STEVE |
| Medical Unit | HANSEN, GARY |
| Security Unit | |
| Food Unit | EARL, JOHN |

| | |
|------------------------------------|---------------------------------|
| 9. Operations Section | |
| Day | BONWELL, JOHN |
| Night | STONE, KERRY |
| a. Branch I - Division/Groups | |
| Branch Director | |
| Deputy | |
| Division/Group | BURNS, JOHN; PETERSEN, RORY (t) |
| Division/Group | KING, JANET |
| Division/Group | HICKS, SEAN |
| Division/Group | YOUNG, CHARLIE |
| Division/Group | |
| b. Branch II - Division/Groups | |
| Branch Director | |
| Deputy | |
| Division/Group | |
| c. Branch III - Division/Groups | |
| Branch Director | |
| Deputy | |
| Division/Group | |
| d. Air Operations Branch | |
| Air Operations Branch Director | |
| Helibase Manager | BUCKLEY, CHRIS |
| Air Attack Supervisor | PIERSON, LARRY |
| Air Support Supervisor | CHENEY, FRANK |
| Helicopter Coordinator | |
| Air Tanker Coordinator | |
| 10. Finance Section | |
| Chief | SAYRE, BILL |
| Deputy | |
| Time Unit | KLEIN, SHERRY |
| Procurement Unit | JOHNSON, CINDY |
| Compensation/Claims Unit | SMITH, SANDY |
| Cost Unit | MARRIOTT, BARBARA |
| Prepared by (Resource Unit Leader) | |

| Incident Radio Communications Plan | | 1. Incident Name | | 2. Operational Period | |
|--------------------------------------|---------|------------------|----------------|--|------------------|
| | | FROG | | 05/23/ DayOfWeek DAY Shift 0600 - 1800 | |
| 3. Basic Radio Channel Utilization | | | | | |
| Radio Type/Cache | Channel | Function | Frequency/Tone | Assignment | Remarks |
| King | 1 | Tactical | RX 168.050 | Division A,Y | |
| | | | TX 168.050 | | |
| King | 2 | Tactical | RX 168.200 | Division B | |
| | | | TX 168.200 | | |
| King | 3 | Tactical | RX 169.150 | Division X | |
| | | | TX 169.150 | | |
| King | 4 | Air-to-ground | RX 169.200 | Air-to-Ground all DIV | |
| | | | TX 169.200 | | |
| King | 7 | Command | RX 171.975 | Frog Pond Fireline to ICP | |
| | | | TX 173.9375 | | |
| King | 12 | Deck | RX 163.100 | Helibase Deck | |
| | | | TX 163.100 | | |
| King | 13 | Logistics | RX 172.275 | ICP to Dispatch | |
| | | | TX 164.500 | | |
| King | 14 | Air Guard | RX 168.500 | Air-to-Ground Emergency | |
| | | | TX 168.500 | | |
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| | | | | | |
| 4. Prepared By (Communications Unit) | | | | 5. Date Prepared | 6. Time Prepared |
| Steve Smith, COML | | | | 05/22/ | 2111 |

| Division Assignment List | | | 1. Branch | | 2. Division/Group B | | |
|--|-----------------------------|--------------------|---|----------------------------|-------------------------|-----------------------|---------|
| 3. Incident Name FROG | | | 4. Operational Period 05/23/ DayOfWeek DAY Shift 0600 - 1800 | | | | |
| 5. Operations Personnel | | | | | | | |
| Operations Chief | BONWELL, JOHN; STONE, KERRY | | Division/Group Supervisor | HICKS, SEAN | | | |
| Operations Chief | CROWELL, DAVE (t) | | Air Attack Supervisor | PIERSON, LARRY | | | |
| Branch Director | | | Safety Officer | HAAN, CARL; WEBER, BEN (t) | | | |
| 6. Resources Assigned this Period | | | | | | | |
| Strike Team/Task Force/ Resource Designator | Leader | Num Of Pers. | Trans. Y/N | Drop Off PT./Time | Pick Up PT./Time | | |
| HC2;BOZEMAN REGULARS;C-15 | KATZ, BOB | 21 | N | DP 2 / 0600 | DP 13 / 1800 | | |
| HC2;IPF #3;C-22 | FARNSWORTH, JANE | 20 | N | DP 2 / 0600 | DP 13 / 1800 | | |
| HC2;PATRICK ENVIRONMENTAL #51;C- | TEAL, RANDY | 20 | N | DP 2 / 0600 | DP 13 / 1800 | | |
| | | | | | | | |
| ENG3;ENG 4192;E-6 | SATHER, SARA | 3 | N | DP 2 / 0600 | DP 13 / 1800 | | |
| ENG4;ENG 43;E-5 | SCHMUCK, LEE | 3 | N | DP 2 / 0600 | DP 13 / 1800 | | |
| ES3;SANDY S/T 3240C;E-312 | OLSON, ARNOLD | 26 | N | DP 2 / 0600 | DP 13 / 1800 | | |
| | | | | | | | |
| STCR | HILDAHL, LARRY (t) | 1 | N | DP 2 / 0600 | DP 13 / 1800 | | |
| STCR | LEWIS, GEORGE | 1 | N | DP 2 / 0600 | DP 13 / 1800 | | |
| STCR | MARTIN, DEL | 1 | N | DP 2 / 0600 | DP 13 / 1800 | | |
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| | | | | | | | |
| 7. Control Operations | | | | | | | |
| 8. Special Instructions | | | | | | | |
| 9. Division/Group Communications Summary | | | | | | | |
| Function | Frequency - RX | Frequency - TX | Tone | System | Channel | System | Channel |
| Command | 171.975 | 173.9375 | | King | 7 | | |
| Tactical Div/Group | 168.200 | 168.200 | | King | 2 | | |
| Logistics | 172.275 | 164.500 | | King | 13 | | |
| Air to Ground | 169.200 | 169.200 | | King | 4 | | |
| Prepared By (Resource Unit Leader) Jack Jones | | | Approved By (Planning Section Chief) Dana Bright | | Date Prepared 05/22/ | Time Prepared 2134 | |

| Division Assignment List | | 1. Branch | | 2. Division/Group | | | |
|--|----------------|---|---|---------------------------|---------------|----------------------------|-----------------------|
| 3. Incident Name FROG | | 4. Operational Period 05/23/ DayOfWeek DAY Shift 0600 - 1800 | | | | | |
| 5. Operations Personnel | | | | | | | |
| Operations Chief | | BONWELL, JOHN; STONE, KERRY | | Division/Group Supervisor | | KING, JANET | |
| Operations Chief | | CROWELL, DAVE (t) | | Air Attack Supervisor | | PIERSON, LARRY | |
| Branch Director | | | | Safety Officer | | HAAN, CARL; WEBER, BEN (t) | |
| 6. Resources Assigned this Period | | | | | | | |
| Strike Team/Task Force/ Resource Designator | | Leader | | Num Of Pers. | Trans. Y/N | Drop Off PT./Time | Pick Up PT./Time |
| HC1;ENTIAT IHC 71;C-20 | | BROWN, MARSHALL | | 20 | N | DP 3 / 0600 | DP 13 / 1800 |
| HC1;WARM SPRINGS IHC;C-10 | | FISH, WILLIAM | | 20 | N | DP 3 / 0600 | DP 13 / 1800 |
| HC2;N PACIFIC FORESTRY #6;C-13 | | CHIPREZ, JESSE | | 20 | N | DP 3 / 0600 | DP 13 / 1800 |
| HC2;FRANCO REFORESTATION #141;C- | | CORONADO, ALEX | | 20 | N | DP 3 / 0600 | DP 13 / 1800 |
| ENG6;ENG 62;E-7 | | VIEK, LARRY | | 2 | N | DP 3 / 0600 | DP 13 / 1800 |
| ENG4;ENG 643;E-10 | | DOGGETT, MANLEY | | 3 | N | DP 3 / 0600 | DP 13 / 1800 |
| ENG3;ENG 66;E-9 | | TREE, PETE | | 4 | N | DP 3 / 0600 | DP 13 / 1800 |
| STCR | | MCDOWELL, MICK | | 1 | N | DP 3 / 0600 | DP 13 / 1800 |
| STCR | | WALLER, DON | | 1 | N | DP 3 / 0600 | DP 13 / 1800 |
| 7. Control Operations | | | | | | | |
| 8. Special Instructions | | | | | | | |
| 9. Division/Group Communications Summary | | | | | | | |
| Function | Frequency - RX | Frequency - TX | Tone | System | Channel | System | Channel |
| Command | 171.975 | 173.9375 | | King | 7 | | |
| Tactical Div/Group | 169.150 | 169.150 | | King | 3 | | |
| Logistics | 172.275 | 164.500 | | King | 13 | | |
| Air to Ground | 169.200 | 169.200 | | King | 4 | | |
| Prepared By (Resource Unit Leader) Jack Jones | | | Approved By (Planning Section Chief) Dana Bright | | | Date Prepared 05/22/ | Time Prepared 2139 |

| | | | | | | | |
|--|----------------------------------|---|--|-------------------------------------|--------------------------|----------------------------|-------------------------------------|
| Medical Plan | 1. Incident Name FROG | 2. Operational Period 05/23/ DayOfWeek DAY Shift 0600 - 1800 | | | | | |
| 3. Incident Medical Aid Station | | | | | | | |
| Medical Aid Stations | Location | Paramedics | | | | | |
| | | Yes | No | | | | |
| ICP First Aid | Room 110 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 4. Transportation | | | | | | | |
| A. Ambulance Services | | | | | | | |
| Name | Address | Phone | Paramedics | | | | |
| | | | Yes No | | | | |
| American Medical Response | | 406-329-3456 | <input checked="" type="checkbox"/> <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> <input type="checkbox"/> | | | | |
| B. Incident Ambulances | | | | | | | |
| Name | Location | Paramedics | | | | | |
| | | Yes | No | | | | |
| Ravali County | ICP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 5. Hospitals | | | | | | | |
| Name | Address/Latitude/Longitude | Travel Time | | Helipad | | Burn Center | |
| | | Air | Ground | Yes | No | Yes | No |
| Providence Medical Center | 6543 NE Gilsan St., Missoula, MT | 20 min | 1.5 hrs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Medical Emergency Procedures | | | | | | | |
| Call from line overhead to Communications starts ICP response. | | | | | | | |
| 7. Prepared by (Medical Unit Leader) Medical Unit Leader | | | 8. Reviewed by (Safety Officer) Safety Officer | | | 9. Date Prepared 05/22/ | 10. Time Prepared 0942 |

OVERHEAD CHECK-IN SHEET

Request Number: O-300

PLANS INFORMATION

Last Name: LOPEZ First Name: BETH Position TIME

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

Demob City: SUSANVILLE Demob State: CA
(Final Destination)

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

Method of Travel (circle one): A/R AIR AOV BUS OTHER PAS POV REN

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

Vehicle ID: DOOR # 0219
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES NO

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

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

Other Qualifications: COST, PTRC

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: FED (If AD fill out Casual/AD info below)

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/
First Work Day: 05/20/
Length of Assignment: 14

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

TO BE COMPLETED BY FINANCE

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

OVERHEAD CHECK-IN SHEET

Request Number: O-301

PLANS INFORMATION

Last Name: ALLEN First Name: LINDI

Agency: FS Check-In Date: 05/19/ 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

Fed/AD/Other: FED (If AD fill out Casual/AD info below)

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/
First Work Day: 05/19
Length of Assignment: 12

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

TO BE COMPLETED BY FINANCE

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

OVERHEAD CHECK-IN SHEET

Request Number: O-302

PLANS INFORMATION

Last Name: CHAMBERS First Name: HEIDI

Agency: FS Check-In Date: 05/20/ 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: SACRAMENTO Jetport Code: SMF
(3-Letter Code, If Known)

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

Vehicle ID: 422 RHD
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES NO

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

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

Other Qualifications: TIME, SCKN

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: AD (If AD fill out Casual/AD info below)

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

Home Unit Name: _____

Home Unit Address: _____

Home Unit Phone #: _____

Home Unit Fax #: _____

Casual/AD Employees Only

Social Security Number: 999-99-9999

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

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

AD Classification: AD-E AD Pay Rate: \$16.54

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

Check Mailing Address: 111 MAIN STREET
CAMPTONVILLE, CA 95922

Phone#: (530) 555-7811

TO BE COMPLETED BY PLANS

| | |
|----------------------------------|--|
| Mobilization Date: <u>05/20/</u> | <input checked="" type="checkbox"/> Red Card Checked |
| First Work Day: <u>05/21/</u> | <input type="checkbox"/> T-Card Completed |
| Length of Assignment: <u>14</u> | <input type="checkbox"/> Entered into Resources |
| | <input type="checkbox"/> Manifest (filed & attached) |

TO BE COMPLETED BY FINANCE

| |
|---|
| <input type="checkbox"/> Employee Information Received and Complete |
| <input type="checkbox"/> Entered into Time 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/ 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: SACRAMENTO Jetport Code: SMF
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: PASSENGER W/LOPEZ O-300
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: DOOR # 0219
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES NO

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

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

Other Qualifications: DIVS, PSC2

FINANCE INFORMATION

If casual, please proceed to section below

Fed/AD/Other: FED (If AD fill out Casual/AD info below)

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/</u> | <input checked="" type="checkbox"/> Red Card Checked |
| First Work Day: <u>05/19</u> | <input type="checkbox"/> T-Card Completed |
| Length of Assignment: <u>14</u> | <input type="checkbox"/> Entered into Resources |
| | <input type="checkbox"/> Manifest (filed & attached) |

Updated-January 08, 2009

TO BE COMPLETED BY FINANCE

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

7.2-04-ISUITE-HO

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/ 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</u> First Work Day: <u>05/22</u> Length of Assignment: <u>14</u> | <input checked="" type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached) |
|--|--|

TO BE COMPLETED BY FINANCE

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

Request # C-300

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/ | | CAMP TONVILLE, CA 95922 | | | | | | |
| | | | | (530) 478-6253 FAX (530) 288-0727 | | | | | | |
| WEIGHT | | | | | | | | | | |
| SS# | POSITION | AD RATE | LAST NAME | MI | FIRST NAME | HELICOPTER | BODY | WEBGEAR | PERSONAL FIRE BAG | LARGE AIR TRANSPORT |
| | CRWB | | COWELL | A | RICK | 215 | 180 | 35 | 20 | 220 |
| | FFT1 | | WHITE | H | TODD | 245 | 205 | 40 | 20 | 250 |
| | FFT1 | | RICE | J | ERIC | 230 | 185 | 45 | 20 | 235 |
| | FFT2 | | ROJAS | | TIRSO | 225 | 185 | 40 | 25 | 230 |
| | FFT2 | | CUTLER | H | JUSTIN | 245 | 200 | 45 | 20 | 250 |
| | FFT1 | | HICKEY | D | FRANCIS | 250 | 215 | 35 | 25 | 255 |
| | FFT2 | | MOSHETTI | S | BRAD | 250 | 210 | 40 | 25 | 255 |
| | FFT2 | | FLATTLEY | D | ISAAC | 220 | 185 | 35 | 20 | 225 |
| | FFT2 | | LAFERRIERE | M | DUSTIN | 225 | 190 | 35 | 20 | 230 |
| | FFT2 | | GHISLETTA | | THOMAS | 230 | 195 | 35 | 25 | 235 |
| | FFT2 | | RIVADENEYRA | | DAMIEN | 215 | 180 | 35 | 20 | 220 |
| | FFT2 | | CROSTHWAIT | H | CHAD | 220 | 185 | 35 | 25 | 225 |
| | FFT2 | | O'DONNELL | | ANDREW | 255 | 220 | 35 | 25 | 260 |
| 999-99-9999 | FFT1 | AD-D | RICE | | GRAHM | 195 | 155 | 40 | 30 | 200 |
| | FFT2 | | McCANDLESS | | CHRIS | 225 | 190 | 35 | 20 | 230 |
| | FFT2 | | BRANTLEY | | JEFF | 220 | 185 | 35 | 25 | 225 |
| | FFT2 | | MELLEIN | A | AARON | 190 | 155 | 35 | 20 | 195 |
| | FFT1 | | GUILOFYLE | | MARY KATE | 180 | 145 | 35 | 25 | 185 |
| | FFT2 | | MILLER | | MIKE | 195 | 160 | 35 | 20 | 200 |
| | FFT2 | | SWITZER | | ADAM | 170 | 135 | 35 | 25 | 175 |
| | FFT2 | | LUIS | | GOMEZ | 215 | 175 | 40 | 25 | 220 |
| SUB-TOTALS | | | | | | | | | | |
| SUPPORT EQUIPMENT-RADIO PACK-TIME PACK----- | | | | | | | | | WEIGHT | 40 |
| CHAINSaws----- | | | | | | | | | WEIGHT | 120 |
| SAW BAG----- | | | | | | | | | WEIGHT | 40 |
| HANDTOOLS----- | | | | | | | | | WEIGHT | 60 |
| TOTAL WEIGHT | | | | | | | | | | 4980 |

ENGINE CHECK-IN SHEET

Request Number: E-300

AGENCY-OWNED ENGINE

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/ 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 | | FED | CATNF | 15924 HIGHWAY 49 | (530) 555-5555 | (530) 555-1212 |
| ENOP - PRINCE JAMES | | FED | CATNF | CAMPTONVILLE, CA 95922 | | |
| FFT2 - CARSON, CLINT | | FED | CATNF | " " | | |
| FFT1 - SAUTER, DANIEL | | FED | CATNF | " " | | |
| FFT1 - SMITH, ADAM | | FED | CATNF | " " | | |

*Check mailing address for AD employees only

TO BE COMPLETED BY PLANS

| | |
|---|---|
| Mobilization Date: <u>05/20/</u> First Work Day: <u>05/21</u> Length of Assignment: <u>12</u> | <input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into Resources <input type="checkbox"/> Manifest (filed & attached) |
|---|---|

TO BE COMPLETED BY FINANCE

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

EQUIPMENT CHECK-IN SHEET

Request Number: E-301

Equipment: ABC DOZER

Kind: DOZ2 Agency: PVT

Primary Operator's Name: DAN SMITH

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

Relief Operator's Name: _____

Vehicle or Equipment ID: SN 12T4756
(Serial #)

Demob City/State: GRASS VALLEY, CA

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

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

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

For Heavy Equipment:

Make & Model: CAT D6-C Light Medium Heavy

Is there a lowboy with your equipment? YES NO If yes: E# E-302

Is lowboy staying at incident? YES NO

Does the equipment have lights for night operation? YES NO

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

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

Company Name: ABC ENTERPRISES

Agreement # 34-IBET-05-223

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

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

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

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

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/
First Work Day: _____
Length of Assignment: _____

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

TO BE COMPLETED BY FINANCE

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

EMERGENCY EQUIPMENT RENTAL AGREEMENT

| | | | | | | | |
|--|-----------------------------|--|--|------------------|-------------------------------------|---------------------|---------------------------------|
| 1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401 | | AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 34-IBET-05-223 AMEND 5/19/ | | | | | |
| | | 3. EFFECTIVE DATES a. beginning 05-01- | | b. ending 04-30- | | | |
| 4. CONTRACTOR a. name and address ABC ENTERPRISES DANIEL G. SMITH 2231 PARADISE DRIVE GRASS VALLEY, CA 95678 | | 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/ GOOD THRU: 04/08/ THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. 5/19/ AMEND TO DROP SWAMPER REQUIREMENT AND CORRECT MAKE OF WATER TENDER TRANSPORTATION FOR CHAINSAW FALLER UNIT IS INCLUDED IN UNIT RATE | | | | | | | |
| 15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ DANIEL G. SMITH | | 16. DATE 05-23- | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | | 18. DATE 05-24- | |
| 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: LOWB Agency: PVT

Primary Operator's Name: FRANK JONES

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

Relief Operator's Name: _____

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

Demob City/State: NORTH SAN JUAN, CA

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

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

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

For Heavy Equipment:

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

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

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

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

Company Name: JONES TRUCKING

Agreement # 55-IBET-02-048

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

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

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

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

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-301 ABC DOZER

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/
First Work Day: _____
Length of Assignment: _____

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

TO BE COMPLETED BY FINANCE

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

EMERGENCY EQUIPMENT RENTAL AGREEMENT

| 1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401 | | AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 55-IBET-02-048 | | | | | |
|--|-----------------------------|--|--------------------|--|-------------|---------|---------------------------------|
| | | 3. EFFECTIVE DATES a. beginning 05-01- | | b. ending 04-30- | | | |
| 4. CONTRACTOR a. name and address JONES TRUCKING FRANK M. JONES PO BOX 349 NORTH SAN JUAN, CA 95961 | | 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 | |
| 3S2 COMBINATION (18 WHEELS) KENWORTH, VIN: 1HTYK209XXSM298798, LIC: 7YEIURR 1966 CALLAHAN BEVERTAIL LOWBED, VIN: 32233, LIC: 7YU9009 1999 CPS END DUM, LIC: 9YH2298 | | 1 | \$2.95 | MILE | | | 1033.00/DAY |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 14. SPECIAL PROVISIONS MILAGE FOR TRANSPORT PAID ONLY FOR HAUL-IN & HAUL-OUT. ONCE EQUIPMENT IS UNLADED THE TRANSPORT WILL BE RELEASED UNLESS DIRECTED, IN WRITING, TO REMAIN. THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. (REV. 04-09-) | | | | | | | |
| 15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ FRANK M. JONES | | | 16. DATE 06-10- | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | | 18. DATE 06-10- |
| 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: _____

TO BE COMPLETED BY PLANS

Mobilization Date: 05/20/
First Work Day: _____
Length of Assignment: _____

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

TO BE COMPLETED BY FINANCE

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

Company Name: WATER WORKS

Agreement # 54-IBET-02-099

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

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

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

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

| 1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401 | | AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 54-IBET-02-099 | | | | | |
|--|--|--|--|--|--------------------|------------|---------------------------------|
| | | 3. EFFECTIVE DATES a. beginning 05-01- | | b. ending 04-30- | | | |
| 4. CONTRACTOR a. name and address WATER WORKS JANET ROBINSON 13344 DILLON ROAD GRASS VALLEY, CA 95945 | | 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 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 | |
| WATER TENDER (2500+ GAL) 4000 GAL, 1991 INTERNATIONAL, LIC: 5T99890, 2ND OPERATOR RATE \$2496.00/DAY | | 1 | \$1611.00 | DAY | \$150.00 | DAY | COMM PLATE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 14. SPECIAL PROVISIONS THE RATES "WITH 2 OPERATORS" WILL ONLY APPLY WHEN EQUIPMENT IS ORDERED WITH 2 OPERATORS AND 2 OPERATORS ARE FURNISHED. THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. WATER TENDERS: FULLY LICENSED VEHICLES, ADD \$150.00 TO THE DAILY RATE. THE RATE IS PRORATED ON FIRST AND LAST DAY. | | | | | | | |
| 15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ JANET ROBINSON | | 16. DATE 05-13- | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | 18. DATE 05-28- | | |
| 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/ Check-In Time: 1430

FINANCE INFORMATION

Casual (AD/EFF) Employees Only:

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

Employee Name: _____

Check Mailing Address: _____

Social Security Number: _____

AD Position Held on Fire: _____

AD Classification: _____ AD Pay Rate: _____

Type I Type II Type III

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

TO BE COMPLETED BY PLANS

Mobilization Date: 05/19/
First Work Day: _____
Length of Assignment: _____

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

TO BE COMPLETED BY FINANCE

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

EMERGENCY EQUIPMENT RENTAL AGREEMENT

| 1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401 | | AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 54-IBET-02-048 | | | | | |
|--|--|--|--------------------|--|-------------|---------|---------------------------------|
| | | 3. EFFECTIVE DATES a. beginning 05-01- | | b. ending 04-30- | | | |
| 4. CONTRACTOR a. name and address RICHARD MARTIN PO BOX 33 CAMPTONVILLE, CA 95922 | | 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. 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- | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | | 18. DATE 07-03- |
| 19. PRINT NAME AND TITLE RICHARD MARTIN, OWNER/DRIVER | | | | 20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER | | | |

CREW CHECK-IN SHEET

Request Number: C-301

PLANS INFORMATION

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

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

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 crewmembers. If pre-printed FTR's or crew books are not furnished, the following information needs to be provided to Finance for each crewmember.

Contract Information

Company Name: Grayback Forestry
EIN Number: 99-9999999
Agreement Number: 53-024B-2-2336
Address: 111 Main Street
City, ST Zip: Grants Pass, OR 97526
Phone Number: 503-555-1212

TO BE COMPLETED BY PLANS

| | |
|----------------------------------|--|
| Mobilization Date: <u>05/21/</u> | <input checked="" type="checkbox"/> Red Card Checked |
| First Work Day: <u>05/22/</u> | <input type="checkbox"/> T-Card Completed |
| Length of Assignment: _____ | <input type="checkbox"/> Entered into Resources |
| | <input type="checkbox"/> Manifest (filed & attached) |

TO BE COMPLETED BY FINANCE

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

Request # C-301

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

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

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

| EMERGENCY EQUIPMENT SHIFT TICKET | | | | | E-301 | |
|---|-------------------|------|--|---|---|------------------------------|
| NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections. | | | | | | |
| 1. AGREEMENT NUMBER 34-IBET-05-223 | | | | 2. CONTRACTOR (name) ABC ENTERPRISES | | |
| 3. INCIDENT OR PROJECT NAME FROG INCIDENT | | | 4. INCIDENT NUMBER MT-BRF-00000 | | 5. OPERATOR (name) DANIEL SMITH | |
| 6. EQUIPMENT MAKE CAT | | | 7. EQUIPMENT MODEL D6-C | | 8. OPERATOR FURNISHED BY <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 <i>Daniel Smith</i> | | | | 18. GOVERNMENT OFFICER'S SIGNATURE <i>Sam Lee</i> | | DATE SIGNED 05/21/ |

| EMERGENCY EQUIPMENT SHIFT TICKET | | | | | E-302 | |
|---|-------------------|------|--|---|---|------------------------------|
| NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections. | | | | | | |
| 1. AGREEMENT NUMBER 55-IBET-02-048 | | | | 2. CONTRACTOR (name) JONES TRUCKING | | |
| 3. INCIDENT OR PROJECT NAME FROG INCIDENT | | | 4. INCIDENT NUMBER MT-BRF-00000 | | 5. OPERATOR (name) FRANK M. JONES | |
| 6. EQUIPMENT MAKE KENWORTH | | | 7. EQUIPMENT MODEL 3S2-18 WHEEL | | 8. OPERATOR FURNISHED BY <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 <i>Frank Jones</i> | | | | 18. GOVERNMENT OFFICER'S SIGNATURE <i>Sam Lee</i> | | DATE SIGNED 05/21/ |

| EMERGENCY EQUIPMENT SHIFT TICKET | | | | | E-303 | |
|---|-------------------|-------------|---|--|---|------------------------------|
| NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections. | | | | | | |
| 1. AGREEMENT NUMBER 54-IBET-02-099 | | | | 2. CONTRACTOR (name) WATER WORKS | | |
| 3. INCIDENT OR PROJECT NAME FROG INCIDENT | | | 4. INCIDENT NUMBER MT-BRF-00000 | | 5. OPERATOR (name) JANET ROBINSON | |
| 6. EQUIPMENT MAKE INTERNATIONAL | | | 7. EQUIPMENT MODEL 4000 GAL | | 8. OPERATOR FURNISHED BY <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 | | HOURS/DAYS/MILES (circle one) | | 14. REMARKS (released, down time and cause, problems, etc.) | |
| | START | STOP | WORK | SPECIAL | Released from incident 05/23 @ 0500 | |
| 05/20 | 1800 | 2400 | 6.0 | ½ DAY | | |
| 05/21 | 0600 | 2100 | 15.0 | 1 DAY | | |
| 05/22 | 0630 | 2000 | 13.5 | 1 DAY | | |
| 05/23 | 0500 | 0600 | 1.0 | TRAVEL | | |
| 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 <i>Janet Robinson</i> | | | | 18. GOVERNMENT OFFICER'S SIGNATURE <i>Sam Lee</i> | | DATE SIGNED 05/23/ |

| EMERGENCY EQUIPMENT SHIFT TICKET | | | | | E-304 | |
|---|-------------------|-------------|---|--|---|------------------------------|
| NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections. | | | | | | |
| 1. AGREEMENT NUMBER 54-IBET-02-048 | | | | 2. CONTRACTOR (name) RICHARD MARTIN | | |
| 3. INCIDENT OR PROJECT NAME FROG INCIDENT | | | 4. INCIDENT NUMBER MT-BRF-00000 | | 5. OPERATOR (name) RICHARD MARTIN | |
| 6. EQUIPMENT MAKE FORD | | | 7. EQUIPMENT MODEL F250 4X4 | | 8. OPERATOR FURNISHED BY <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 | | HOURS/DAYS/MILES (circle one) | | 14. REMARKS (released, down time and cause, problems, etc.) | |
| | START | STOP | WORK | SPECIAL | | |
| 05/19 | 1430 | 2030 | 6.0 | 175 MI | | |
| 05/19 | 2030 | 2200 | 1.5 | 50 MI | | |
| 05/20 | 0600 | 1200 | 6.0 | 20 MI | | |
| 05/20 | 1230 | 2100 | 8.5 | 5 MI | | |
| 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 <i>Richard Martin</i> | | | | 18. GOVERNMENT OFFICER'S SIGNATURE <i>Sam Lee</i> | | DATE SIGNED 05/20/ |

| 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 | CLASSIFICATION | DATE | | DATE | | |
| | | | 05/21 | | 05/21 | | |
| | | | MILITARY TIME | | MILITARY TIME | | |
| | | | ON | OFF | ON | OFF | |
| | NELSON, F. | | 0530 | 1200 | 1230 | 2100 | |
| | ROYCE, C. | | 0600 | 1200 | 1230 | 2100 | |
| | GIST, J. | | | | | | |
| | DUGAN, B. | | | | | | |
| | SMITH, S. | | | | | | |
| | REITER, B. | | | | | | |
| | COAN, G | | | | | | |
| | CLYDE, D. | | | | | | |
| | HECTOR, R. | | | | | | |
| | ROJAS, T. | | | | | | |
| | PEREZ, V. | | | | | | |
| | MARSH, T. | | | | | | |
| | AVALON, M. | | | | | | |
| | CROSS, D. | | | | | | |
| | JONES, R. | | | | | | |
| | DAVIS, W. | | | | | | |
| | WALSH, T. | | | | | | |
| | FRAZER, D. | | | | | | |
| | CHAVEZ, J. | | | | | | |
| | NEWELL, H. | | ▼ | ▼ | ▼ | ▼ | |
| (11) REMARKS | | | | | | | |
| 1 X 15 = 15 | | | | | | | |
| 19 X 14.5 = 275.5 | | | | | | | |
| TOTAL 290.5 | | | | | | | |
| (12) OFFICER-IN-CHARGE (Signature) <i>Sam Lee</i> | | | | (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 | CLASSIFICATION | DATE | | DATE | | |
| | | | 05/22 | | 05/22 | | |
| | | | MILITARY TIME | | MILITARY TIME | | |
| | | | ON | OFF | ON | OFF | |
| | NELSON, F. | | 0530 | 1200 | 1230 | 2130 | |
| | ROYCE, C. | | 0600 | 1200 | 1230 | 2130 | |
| | GIST, J. | | | | | | |
| | DUGAN, B. | | | | | | |
| | SMITH, S. | | | | | | |
| | REITER, B. | | | | | | |
| | COAN, G | | | | | | |
| | CLYDE, D. | | | | | | |
| | HECTOR, R. | | | | | | |
| | ROJAS, T. | | | | | | |
| | PEREZ, V. | | | | | | |
| | MARSH, T. | | | | | | |
| | AVALON, M. | | | | | | |
| | CROSS, D. | | | | | | |
| | JONES, R. | | | | | | |
| | DAVIS, W. | | | | | | |
| | WALSH, T. | | | | | | |
| | FRAZER, D. | | | | | | |
| | CHAVEZ, J. | | | | | | |
| | NEWELL, H. | | ▼ | ▼ | ▼ | ▼ | |
| (11) REMARKS | | | | | | | |
| 1 X 15.5 = 15.5 | | | | | | | |
| 19 X 15.0 = 285.0 | | | | | | | |
| TOTAL 300.5 | | | | | | | |
| (12) OFFICER-IN-CHARGE (Signature) <i>Sam Lee</i> | | | | (13) TITLE (Officer-in-Charge) OSC1 | | | |
| (14) NAME (Person Posting to Emergency Time Report) | | | | (15) Date | | | |

| COMMISSARY ISSUE RECORD | | | | | | | 1. FIRE LOCATION BITTERROOT NF | | 2. FIRE NAME FROG INCIDENT | | 3. FIRE NO. MT-BRF-00000 |
|-------------------------|------------|-------|-------|------------|---------|--------|-----------------------------------|-----------------------|--|--|--|
| | | | | | | | 4. FIRE CAMP NAME | | | | |
| 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 | | | | | <i>Rick Cowell</i> | | |
| 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 | | | <i>Heidi Chambers</i> | | |
| C | UNIT PRICE | | | | | 2.00 | 10.00 | O-300 | NAME BETH LOPEZ | | ID.NO |
| | QUANTITY | | | | | 5 | | | SIGNATURE | | INITIALS |
| | SUB-TOTAL | | | | | 10.00 | | | <i>Beth Lopez</i> | | |
| 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 | 2.59 | 90.65 | |
| OIL OTHER (specify) | | | | | | | |
| DATE AND TIME ISSUED 05/21/ 0600 | | REMARKS | | | | TOTAL 90.65 | |
| ISSUING AGENT'S SIGNATURE <i>Bob Big</i> | | | PRINT NAME AND TITLE BOB BIG | | | | |
| RECEIVING AGENT'S SIGNATURE <i>Dan Smith</i> | | | 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 | 2.69 | 41.70 | |
| (OIL) OTHER (specify) | | | 2 | QT | 3.50 | 7.00 | |
| DATE AND TIME ISSUED 05/20/ 0600 | | REMARKS | | | | TOTAL 48.70 | |
| ISSUING AGENT'S SIGNATURE <i>Bob Big</i> | | | PRINT NAME AND TITLE BOB BIG | | | | |
| RECEIVING AGENT'S SIGNATURE <i>Richard Martin</i> | | | PRINT NAME AND TITLE RICHARD MARTIN, DRIVER | | | | |
| POSTED TO EQUIPMENT INVOICE (FINANCE USE ONLY): INITIALS | | | | | | DATE | |

EMERGENCY EQUIPMENT RENTAL AGREEMENT

E-306

| | | | | | | |
|---|--|---|--|------------------|-------------------------------------|--|
| 1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401 | | AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT | | | | |
| | | 2. AGREEMENT NUMBER 34-IBET-05-177 AMEND #1, 2, 3 | | | | |
| 4. CONTRACTOR a. name and address ACE EMERGENCY SUPPORT ACE JONES PO BOX 343 CAMINO, CA 95709 | | 3. EFFECTIVE DATES a. beginning 05-01- | | b. ending 04-30- | | |
| | | 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) | | | | | | |
| 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 06/09/ . MISC MILEAGE – IF MULTIPLE PIECES OF EQUIPMENT ARE ORDERED TOGETHER MILEAGE APPLIES ONLY ONCE, NO ON EACH MISC PIECE OF EQUIPMENT | | | | | | |
| 15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ ACE E. JONES | | 16. DATE 05-23- | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | 18. DATE 05-24- | |
| 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 | | | | | |
|--|-----------------------------|---|-------------------|------------------|-------------|---------|---------------------------------|
| | | 3. EFFECTIVE DATES a. beginning 05-01- | | b. ending 04-30- | | | |
| 4. CONTRACTOR a. name and address KLEEN PORTA TOILETS RICHARD KLEEN PO BOX 1223 GRASS VALLEY, CA 98879 | | 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 | | 12. SPECIAL | | 13. GUARANTEE (8 or more hours) |
| | | | a. rate | b. unit | a. rate | b. unit | |
| PORTABLE TOILET SERVICE INCLUDES DELIVER, SET UP, ONCE A DAY SERVICE AND REMOVAL OF TOILETS ADDITIONAL SERVICES \$20.00 EA RELOCATE TOILETS PER MOVE, \$30.00 EA MILEAGE CHARGE FOR PICKUP, DELEVERY & ADDITIONAL SERVICE, \$2.00/MILE | | | \$55.00 | DAY | | | |
| HANDICAP TOILETS EACH INCLUDES DELIVER, SETUP, ONCE PER DAY SERVICE AND REMOVAL OF TOILETS ADDITIONAL SERVICES \$20.00 EA RELOCATE TOILETS PER MOVE \$30.00 EA MILEAGE CHARGE FOR PICKUP, DELIVERY & ADDITIONAL SERVICE, \$2.00/MILE | | | \$100.00 | DAY | | | |
| PORTABLE SINKS W/SINK TRAILER, INCLUDES SOAP, TOWELS AND HOLDING TANK FOR GREY WATER: 8 SINK, \$465/DAY W/POTABLE TRUCK \$980/DAY 10 SINK, \$565/DAY W/ POTABLE TRUCK \$1080/DAY 12 SINK, \$665/DAY W/POTABLE TRUCK \$1180/DAY | | | | | | | |

| | | | | | |
|---|-----------------------------|--|--|------------------------------------|--------------------|
| 1. ORDERING OFFICE (name and address) 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- | b. ending 05-30- | | |
| 4. CONTRACTOR a. name and address KLEEN PORTA TOILETS RICHARD KLEEN PO BOX 1223 GRASS VALLEY, CA 98879 | | 5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE | | | |
| b. SSN or Tax ID# | | 6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <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) | |
| 14. SPECIAL PROVISIONS THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. 09/04/ AMEND #1 ADDED INDIVIDUAL SINK UNIT MILEAGE FOR TRANSPORT PAID ONLY FOR HUAL-IN &HAUL-OUT. ONCE EQUIPMENT IS UNLOADED THE TRANSPORT WILL BE RELEASE UNLESS DIRECTED, IN WRITING, TO REMAIN. THE RATES "WITH 2 OPERATORS" WILL ONLY APPLY WHEN EQUIPMENT IS ORDERED WITH 2 OPERATORS AND 2 OPERATORS ARE FURNISHED. MISC MILEAGE – IF MULTIPLE PIECES OF EQUIPMENT ARE ORDERED TOGETHER MILEAGE APPLIES ONLY ONCE, NOT ON EACH MISC PIECE OF EQUIPMENT. NOTE: DUMPING FEES WILL BE REIMBURSED AS CHARGED WITH SUBMISSION OF AN INVOICE WITH DUMP FEE RECEIPTS ATTACHED. MILEAGE RATES OF \$2.00/MILE PAID FOR DUMPING SERVICE. | | | | | |
| 15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ RICHARD KLEEN | | 16. DATE 05-23- | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | 18. DATE 05-24- |
| 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 | | | | | |
|--|--|---|-------------------|---|-------------|---------|---------------------------------|
| | | 3. EFFECTIVE DATES a. beginning 05-01- | | b. ending 04-30- | | | |
| 4. CONTRACTOR a. name and address TOP RATE MOBILE OFFICE SERVICES 1223 CARNATION ROAD RUBY SPRINGS, CA 98556 | | 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 | | 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 PAGE 2 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- b. ending 05-30- | | |
| b. SSN or Tax ID# | | 5. POINT OF HIRE (<i>location when hired</i>) LOCATION AT TIME OF HIRE | | |
| c. telephone number (day) d. telephone number (night) | | 6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT | | |
| 8. TYPE OF CONTRACTOR (<i>X appropriate boxes</i>) <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. | | 7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT | | |
| 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 <p>THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT.</p> <p>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</p> <p>BILLING RATE REDUCED BY ONE PERCENT (1%) IF PAID WITHIN FIFTEEN (15) DAYS AFTER EACH ASSIGNMENT OR INCIDENT.</p> <p>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.</p> <p>PAYMENT: A DAILY ITEMIZED RUNNING RECORD, SIGNED DAILY BY INCIDENT REPRESENTATIVE, SHALL BE A FINAL ITEMIZED INVOICE FOR PAYMENT WHEN RELEASED FROM INCIDENT.</p> | | | | |
| 15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ MELODIE BROOKS | 16. DATE 05-24- | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | 18. DATE 05-24- | |
| 19. PRINT NAME AND TITLE MELODIE BROOKS, OWNER | | 20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER | | |

EMERGENCY EQUIPMENT RENTAL AGREEMENT E-308

| | | | | | | | |
|--|-----------------------------|--|--|------------------|-------------------------------------|--------------------|---------------------------------|
| 1. ORDERING OFFICE (name and address) FOREST SERVICE INCIDENT PAYMENT CENTER 324 25TH STREET OGDEN, UT 84401 | | AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 34-IBET-02-125 | | | | | |
| | | 3. EFFECTIVE DATES a. beginning 05-01- | | b. ending 04-30- | | | |
| 4. CONTRACTOR a. name and address JACKSON ENTERPRISES 334 LOWER GRASS VALLEY ROAD NEVADA CITY, CA 95958 | | 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 06-30- | 17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN | | | 18. DATE 05-24- | |
| 19. PRINT NAME AND TITLE PETE JACKSON, OWNER | | | 20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER | | | | |

| EMERGENCY EQUIPMENT SHIFT TICKET | | | | | E-306 | |
|--|-------------------|-------------|--|--|---|-------------|
| 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 | 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 | |
| 05/21 | 1500 | 1800 | 30 | miles | | |
| | | | | | 16. INVOICE POSTED BY (Recorder's initials) | |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE <i>Ace Jones</i> | | | | 18. GOVERNMENT OFFICER'S SIGNATURE <i>Sandra M. Smith</i> | | DATE SIGNED |

| EMERGENCY EQUIPMENT SHIFT TICKET | | | | | S-300 | |
|--|-------------------|-------------|-------------------------------|--|---|-------------|
| 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 | 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 | |
| | | | | 2 HANDICAPPED DELIVERED | | |
| 05/20 | | | 50 | miles | 16. INVOICE POSTED BY (Recorder's initials) | |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT SIGNATURE <i>Richard Kleen</i> | | | | 18. GOVERNMENT OFFICER'S SIGNATURE <i>Sandra M. Smith</i> | | 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 <i>Daniel Smith</i> | | | | 18. GOVERNMENT OFFICER'S SIGNATURE <i>Sandra M. Smith</i> | | 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 <i>Michelle Jackson</i> | | | | 18. GOVERNMENT OFFICER'S SIGNATURE <i>Sandra M. Smith</i> | | DATE SIGNED |



COST RESOURCES EXERCISE

Create resource records for each of the following:

1. Incident phone charges (MISC).
2. Cache supplies (CACH).
3. Mob/Demob (TRAN).
4. Payment Team (OS).
5. Buying Team (OS).
6. Buying Team purchases (SUP).
7. Expanded Dispatch (OS).
8. Hand washing station (HNDW).
9. Supplies - other (SUP).
10. Helicopters (HELI).

NOTE: When adding Helicopter resources, refer to the Helicopter Use Summary Handouts (HBM-7 A, HBM-7 B, HBM-7 C).

Cost Resources Exercise

| Request # | Account code | Person or Contract | Resource Name | Kind | Status | Unit ID | Agency | Config | Release Date/Time | Contract Agency | Assign Date | Accrual Code | Remarks | Generate Daily Costs |
|-----------|----------------------------|--------------------|----------------------|------|--------|------------|--------|--------|--|-----------------|-------------|--------------------|--|----------------------|
| S-9999 | Select from drop down menu | blank | Incident Phone Costs | MISC | C | Blank | FS | S | These blocks are filled in when resource is demobed. | FS | dd/mm/year | Use System Default | Estimated Cell phone charges | Check |
| S-9998 | | blank | Cache Supplies | CACH | C | Blank | FS | S | | FS | dd/mm/year | | Check | |
| S-9997 | | blank | Mob/Demob | TRAN | C | Blank | FS | S | | FS | dd/mm/year | | Check | |
| S-9996 | | blank | Mob/Demob | TRAN | C | Blank | WA | S | | WA | dd/mm/year | | Transportation costs for State employees | Check |
| S-9995 | | blank | Payment Team | OS | C | Blank | NPS | S | | NPS | dd/mm/year | | Check | |
| S-9994 | | blank | Buying Team | OS | C | Blank | FS | S | | FS | dd/mm/year | | Check | |
| S-9993 | | blank | Buying Team Supplies | SUP | C | Local Unit | FS | S | | FS | dd/mm/year | | Check | |
| S-9992 | | blank | Expanded Dispatch | OS | C | Blank | FS | S | | FS | dd/mm/year | | Check | |
| S-9991 | | blank | Supplies | SUP | C | Local Unit | WA | S | | WA | dd/mm/year | | State Employee purchasing with Agency card | Check |
| S-9990** | | blank | Helicopter | | C | | | | | | dd/mm/year | | Check | |

** Refer to Helicopter Use Summy sheets for Specific information

HELIBASE DAILY USE and COST SUMMARY

Date:

Helibase Name:

Incident/Project Name:

Helibase Manager:

| N # | Make/Model | Type | Contract Type | Total PAX Transported | Total Pounds Cargo | Total Gallons Water | Total Gallons Retardant | Total Gallons Foam | Flight Hours | Individual Aircraft Cost |
|------------------------------------|------------|------|---------------|-----------------------|--------------------|---------------------|-------------------------|--------------------|--------------|--------------------------|
| 15456 | S-61N | 1 | CWN | | 9,300 | 13,860 | | | 3.2 | \$22,580.30 |
| 185CH | BV107 | 1 | CWN | | 1,730 | 2,000 | | | 1.6 | \$17,977.60 |
| 223HT | B205A1++ | 2 | CWN | 50 | 1,415 | | | | 3.9 | \$10,456.60 |
| 97HJ | B205A++ | 2 | CWN | 42 | 6,000 | | | | 6.0 | \$12,369.00 |
| 343F | Hughes 500 | 3 | ST | 5 | | | | | 3.0 | \$3,834.55 |
| 51UH | B206 | 3 | CWN | 2 | | | | | 4.1 | \$4,464.20 |
| 407NA | B407 | 3 | OAS | 21 | 370 | | | | 3.9 | \$8,394.90 |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Total Aircraft Use and Cost | | | | | 18815 | 15860 | | | 25.7 | \$80,077.15 |

| Additional Support Expenses (Itemize Below) | Cost |
|---|------|
| | |
| | |
| Total | |

Grand Total Cost of Helibase This Operational Period: \$80,077.15

HELIBASE DAILY USE and COST SUMMARY

Date:

Helibase Name:

Incident/Project Name:

Helibase Manager:

| N # | Make/Model | Type | Contract Type | Total PAX Transported | Total Pounds Cargo | Total Gallons Water | Total Gallons Retardant | Total Gallons Foam | Flight Hours | Individual Aircraft Cost |
|------------------------------------|------------|------|---------------|-----------------------|--------------------|---------------------|-------------------------|--------------------|--------------|--------------------------|
| 15456 | S-61N | 1 | CWN | | | 25,872 | | | 6.4 | \$30,605.60 |
| 185CH | BV107 | 1 | CWN | | | | | | 0.0 | \$6,756.00 |
| 223HT | B205A1++ | 2 | CWN | 76 | 5,339 | | | | 6.3 | \$12,914.20 |
| 97HJ | B205A++ | 2 | CWN | 49 | 3,000 | | | | 7.0 | \$13,393.00 |
| 51UH | B206 | 3 | CWN | 3 | | | | | 3.1 | \$3,938.10 |
| 8343F | Hughes 500 | 3 | ST | 4 | | | | | 2.8 | \$3,728.75 |
| 407NA | B407 | 3 | OAS | 10 | | | | | 3.9 | \$8,049.30 |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Total Aircraft Use and Cost | | | | | | 25872 | | | 29.5 | \$79,384.95 |

| Additional Support Expenses (Itemize Below) | Cost |
|---|------|
| 185CH released at noon. | |
| | |
| | |
| Total | |

Grand Total Cost of Helibase This Operational Period: \$79,384.95



GENERATED DAILY COSTS

This Handout outlines when the **Generate Daily Costs** checkbox is checked for Parents and Subordinates:

NOTE: I-Suite automatically checks or un-checks the **Generate Daily Costs** checkbox based on the Resource configuration.

1. A Resource with no Subordinates that may or may not contain actual posted Time (e.g. most overhead resources, resources with no subordinates, contract resources without subordinates):
 - a. **Parent Resource** - Generate Daily Costs is checked.
 - b. **Subordinate Resource** - There is no subordinate resource.
2. A Resource with Subordinates. No Time posted for either the Parent or the Subordinate (e.g. Non-contract Crews and Engines prior to posting actual time):
 - a. **Parent Resource** - Generate Daily Costs is checked.
 - b. **Subordinate Resource** - Generate Daily Costs is NOT checked.
3. A Resource with Subordinates. Actual Time is Posted to the Subordinates (e.g. Crews and Engines after Actual Time was posted):
 - a. **Parent Resource** - Generate Daily Costs is NOT checked.
 - b. **Subordinate Resource** - Generate Daily Costs is checked.
4. A Resource with Subordinates. Actual Time is posted to both the Parent and the Subordinates. (e.g. Pickup truck with AD driver.)
 - a. **Parent Resource** - Generate Daily Costs is checked.
 - b. **Subordinate Resource** - Generate Daily Costs is checked.
5. Air Resources without Subordinates:
 - a. **Parent Resource** - Generate Daily Costs is checked.
 - b. **Subordinate Resource** - There is no subordinate resource.
6. Air Resources with Subordinates either with or without Time posted:
 - a. **Parent Resource** - Generate Daily Costs is checked.
 - b. **Subordinate Resource** - Generate Daily Costs is checked.

NOTE: Both Parent and Subordinate are checked to generate separate aircraft and crew costs.



COST REPORT DEFINITIONS

Sort Categories

Weekly Detail

This report contains detailed cost information for each day of the defined week. The cost information is broken down by **Kind Code** and **Direct/Indirect**. A **Daily Total** is included at the bottom of each date column.

Weekly Detail O/H Personnel

This report contains detailed overhead personnel cost information for each day of the defined week. The cost information is broken down by **Personnel Resource**, **Kind Code**, and **Direct/Indirect**. A **Daily Total** is included at the bottom of each date column.

Daily Summary

This report contains a summary of the costs for the current system date. The information is broken down by **Crews**, **Line Personnel**, and **Camp Personnel**.

Cumulative Cost Detail

This report identifies the **Daily Cost** for each day the incident has been open. The information is broken down by **Resource/Kind Codes**.

Cumulative Cost Detail O/H Personnel

This report identifies the **Daily Cost** for each day the incident has been open. The information is broken down by the **Kind Code** and then the **Personnel Resource**.

Category Total

This report identifies cost totals based on the **Category**.

People Weekly Summary

This report contains a summary of the people working on the incident for each day of the defined week. The information is broken down by **Kind Code** and **Direct/Indirect**. A **Daily Total** is included at the bottom of each date column.

People Daily Summary

This report contains a summary of the people working on the incident for the current system date. The information is broken down by **Crews**, **Line Personnel**, and **Camp Personnel**.

Other Categories

Analysis:

- **Resource** - This report can identify the average cost by Kind that exceeds the standard cost. It can also identify the individual costs by resource that exceeds the maximum rate.
- **Accountability** - This report identifies the percentage of resource types (i.e. Aircraft, Crew, Equipment, Support, Direct) defined for the incident and compares the **Current Values** with the **Standard Values**. The **Difference** and **Standard Deviation** are listed for each resource type.
- **Exception** - This report identifies resources with actual time posted that also have three or more days of unposted time.

Acres NVC:

- **Resource Loss (Summary)** - This report contains a high level view of the acres that were lost and the Net Value Change (NVC) resources that were affected. The information in this report is based on values defined on the **Acres Burned NVC/FIL** window.
- **Resource Loss (Mid - Level)** - This report contains a mid-level view of the acres that were lost and the NVC resources that were affected. The information in this report is broken down by **NVC Subtotals** for each date. The information in this report is based on values defined on the **Acres Burned NVC/FIL** window.
- **Resource Loss (Detail)** - This report contains detailed information about the acres that were lost and the NVC resources that were affected. In addition to the information included in the **Resource Loss (Mid-Level)** report, this report includes information about the **Fuel Intensity Level (FIL)**. The information in this report is based on the values defined on the **Acres Burned NVC/FIL** window.
- **Acres Burned** - This report contains the information that was defined on the **Acres Burned** window.

Aircraft:

- **Cumulative Air Costs Report**. This report identifies the air costs based on those resources that were assigned **Air kind codes** (i.e. AT).

Cost Share:

- **Cost Share Summary** - This report identifies the **Daily Cost** for the **Shift** on the listed dates. It also identifies the **Federal, State, and Other** percentage of the cost obligations for the **Shift** on the listed dates.
- **Cost Share by Shift and Kind** - This report identifies the **Daily Cost** for the **Shift** and **Kind** on the listed dates. It also identifies the **Federal, State, and Other** percentage of the cost obligations for the **Shift** and **Kind** on the listed dates.
- **Cost Share Detail** - This report contains detailed **Cost Apportionment** information for listed **Shifts** and **Resources**. This information includes **Daily Cost, Federal Cost, State Cost, and Other Cost**.
- **Cost Share Resource Worksheet** - This report contains **Cost Apportionment** information for listed **Resources**. This information includes **Daily Cost, Federal Cost, State Cost, and Other Cost**.

Resource/Kind:

- **Resource Kind by Cost** - This report identifies cost information based on kind and resource codes.
- **Resource Kind by Cost O/H Personnel** - This report identifies cost information based on overhead personnel resources.

Underutilized:

- This reports lists any resources that were checked as underutilized in the Daily Records screen



COST GRAPHS EXERCISE

1. Open the **Cost** module.
2. Select the **Cost** menu, and then click the **Graphs** option.
3. Under **Graph Types**, select **Total Cost**.

The following graphic identifies the buttons in the Graphs toolbar:



4. Change the **Background** color to something other than white.
5. Change the **Title** of the graph to “*Frog Fire Total Cost as of today’s date.*” Enter the total cost in the bottom title.
6. Change the **Fonts**. Underline the graph title and make it italic. Make the other titles italic.
7. On the **Data** tab, click the **Exploded Slices** button. Enter a pie slice value of **1** for all fields.
8. Change the **3D** appearance of the pie chart by tilting it down and changing the depth.
9. Change the **Markers** pattern. Select a different hatch for each pie piece.
10. Change the **Style** by checking the box **Colored as Slices**.
11. Go to **System** and select the appropriate options to print the graph (i.e. check border, color, landscape, and full page).
12. From **System**, save your graph as a template:
 - a. Under **Graph Template**, click the **Browse** button.



COST GRAPHS HANDOUT

- b. Choose a location for your graph file and name it (the system will add a .gsp extension).
- c. Click the **Open** button.
- d. Enter the name of your template under **Graph Template** and click the **Save** button.

Do NOT check **Save Data** if you are creating a template. You can store multiple templates in a graph file. Exit the Graph module.

13. To load the template, re-open the Graph module:

- a. From the **System** tab, browse to find the location of the template file.
- b. Click the **Open** button.
- c. Select the file from the drop-down list and click **Load**.



COST PROJECTIONS EXERCISE

Exercise 1

Use the following information to create a projection that identifies whether the total cost of the incident will exceed the dollar limitation in the Wildland Fire Situation Analysis (WFSA). For this incident, that amount is \$3.5 million. The current plan is to increase resources and have the fire contained in 5 days. Additional resources are expected as follows:

ETA Tomorrow

- 3 Type 1 Crews (HC1)
- 5 Type 2 Crews (HC2)
- 4 Type 6 Engines (ENG6)
- 2 Water Tenders (WAT2)
- 10 Additional Direct Overhead Personnel (OD)

ETA the Following Day

- 2 Type 1 Crews (HC1)
- 6 Type 2 Crews (HC2)
- 3 Type 6 Engines (ENG6)
- 1 Water Tender (WAT2)
- 15 Additional Direct Overhead Personnel (OD)

In Addition, a special Type 1 Helicopter (HEL1) will be working on the fire for the next 3 days. It has an average cost of \$75,000 per day.

Use the following steps to create the projection:

1. Create a projection entitled WFSA Analysis.
2. Enter the number of days as 5.
3. Edit the projection based on the information defined above.
4. Save the projection.
5. Review the report.

Exercise 2

Use the following information to update the projection to include a Skidgine (SKID) for the last 3 days:

1. Add a resource through the Cost module.
 - Note in Remarks that this is for projection purposes only. This is just a reminder in case you forget to delete this resource after running the projection.
2. Run Create Cost.
3. Open the Projection Module.
4. Select the projection Titled WFSA Analysis.
5. Update the projection with the current day's cost.
6. Edit the projection.
7. Review the report.
8. Delete the SKID resource.

REDMOND AIR TANKER BASE - DAILY COST SUMMARY

OPERATIONAL PERIOD: _____
 INCIDENT NAME: _____
 INCIDENT NUMBER: _____
 USER UNIT: _____

BASE MANAGER: _____
 BASE ID
RDM

PHONE: _____
 FAX : _____
 EMAIL : _____

| AIRCRAFT INFORMATION | | INCIDENT COST | | | | | | | | | | | | | | | | | | |
|------------------------------|-------------|---------------|----------------|--------|----------------|----------|------------|----------|-------------|------|-----|----------|----------|------|------|----------------|--------|------|----------------------------------|-----------------------------------|
| A/C # (ONLY) | MAKE/ MODEL | LANDING FEE | | | RETARDANT COST | | | | FLIGHT COST | | | | PER DIEM | | | EXTENDED HOURS | | | MISCELLANEOUS COST | TOTAL AIRCRAFT COSTS ² |
| | | No. | COST PER 1000 | Cost | LOADS | QTY GALS | \$ PER GAL | COST | FLIGHT RATE | HR | MIN | COST | # | RATE | COST | HR | CREW # | COST | Explain in REMARKS: ¹ | |
| T-20 | P-3A | 3 | 3.07 322.35 | 967.05 | 3 | 7,627 | 0.879 | 6,704.13 | \$6,104.00 | | | 7,019.60 | | | | 1 | 3 | 117 | | \$14,807.78 |
| T-458 | AT-802 | | | | 3 | 2,200 | 0.879 | 1,933.80 | \$1,410.00 | | | 3,525.00 | 2 | 110 | 220 | 1 | 2 | 78 | | \$5,756.80 |
| | | | | | | | | | | | | | | | | | | | | |
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| TOTAL FOR FIXED BASE: | | 3 | | 967.05 | 6 | 9,827 | | 8,637.93 | | 3.65 | | 10544.60 | 2 | | 220 | 2 | 5 | 195 | 0 | \$20,564.58 |
| 1 Remarks: | | | | | | | | | | | | | | | | | | | | |

1 Make an entry only for availability to be charged to the incident in Miscellaneous Cost: availability or post-season.
 If availability is paid out of presuppression funds, do not enter as a Miscellaneous Cost.
2 Sum of costs for Landing Fee, Retardant, Flight Time, Per Diem, Extended Hours, and Miscellaneous Cost.

REDMOND AIR TANKER BASE - DAILY COST SUMMARY

OPERATIONAL PERIOD: _____
 INCIDENT NAME: _____
 INCIDENT NUMBER: _____
 USER UNIT: _____

BASE MANAGER: _____
 BASE ID
RDM

PHONE: _____
 FAX : _____
 EMAIL : _____

| AIRCRAFT INFORMATION | | INCIDENT COST | | | | | | | | | | | | | | | | | | |
|------------------------------|-------------|---------------|----------------|--------|----------------|----------|------------|-----------|-------------|------|-----|-----------|----------|------|------|----------------|--------|------|----------------------------------|-----------------------------------|
| A/C # (ONLY) | MAKE/ MODEL | LANDING FEE | | | RETARDANT COST | | | | FLIGHT COST | | | | PER DIEM | | | EXTENDED HOURS | | | MISCELLANEOUS COST | TOTAL AIRCRAFT COSTS ² |
| | | No. | #REF! | Cost | LOADS | QTY GALS | \$ PER GAL | COST | FLIGHT RATE | HR | MIN | COST | # | RATE | COST | HR | CREW # | COST | Explain in REMARKS: ¹ | |
| T-43 | P-2V | 2 | 3.07 205.69 | 411.38 | 2 | 4,150 | 0.879 | 3,647.85 | \$3,537.00 | | | 6,649.56 | | | | | 0 | | | \$10,708.79 |
| T-00 | P-3A | 3 | 3.07 322.35 | 967.05 | 3 | 7,579 | 0.879 | 6,661.94 | \$6,104.00 | | | 14,710.64 | | | | | 0 | | | \$22,339.63 |
| | | | | | | | | | | | | | | | | | | | | |
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| TOTAL FOR FIXED BASE: | | 5 | 1,378.43 | | 5 | 11,729 | | 10,309.79 | | 4.29 | | 21,360.20 | 0 | | 0 | 0 | 0 | 0 | 0 | \$33,048.42 |
| 1 Remarks: | | | | | | | | | | | | | | | | | | | | |

1 Make an entry only for availability to be charged to the incident in Miscellaneous Cost: availability or post-season.
 If availability is paid out of presuppression funds, do not enter as a Miscellaneous Cost.
2 Sum of costs for Landing Fee, Retardant, Flight Time, Per Diem, Extended Hours, and Miscellaneous Cost.

REDMOND AIR TANKER BASE - DAILY COST SUMMARY

OPERATIONAL PERIOD: _____
 INCIDENT NAME: _____
 INCIDENT NUMBER: _____
 USER UNIT: _____

BASE MANAGER: _____
 BASE ID
RDM

PHONE: _____
 FAX : _____
 EMAIL : _____

| AIRCRAFT INFORMATION | | INCIDENT COST | | | | | | | | | | | | | | | | | | | |
|------------------------------|-------------|---------------|----------------|--------|----------------|----------|------------|----------|-------------|-------|-----|-----------|----------|------|------|----------------|--------|------|----------------------------------|-----------------------------------|-------------|
| A/C # (ONLY) | MAKE/ MODEL | LANDING FEE | | | RETARDANT COST | | | | FLIGHT COST | | | | PER DIEM | | | EXTENDED HOURS | | | MISCELLANEOUS COST | TOTAL AIRCRAFT COSTS ² | |
| | | No. | #REF! | Cost | LOADS | QTY GALS | \$ PER GAL | COST | FLIGHT RATE | HR | MIN | COST | # | RATE | COST | HR | CREW # | COST | Explain in REMARKS: ¹ | | |
| T-43 | P-2V | 3 | 3.07 205.69 | 617.07 | 4 | 8,157 | 0.653 | 5,326.52 | \$3,537.00 | | | 11,566.00 | | | | 12 | 3 | 468 | | \$17,977.59 | |
| T-185 | AT-802 | | | | 9 | 6,396 | 0.653 | 4,176.59 | \$1,685.00 | | | 11,829.00 | 2 | 110 | 220 | 6 | 2 | 234 | | \$16,459.59 | |
| | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL FOR FIXED BASE: | | 3 | | 617.07 | 13 | 14,553 | | 9,503.11 | | 10.29 | | 23,395.00 | 2 | | 220 | 18 | 5 | 702 | | 0 | \$34,437.18 |
| 1 Remarks: | | | | | | | | | | | | | | | | | | | | | |

1 Make an entry only for availability to be charged to the incident in Miscellaneous Cost: availability or post-season.
 If availability is paid out of presuppression funds, do not enter as a Miscellaneous Cost.
2 Sum of costs for Landing Fee, Retardant, Flight Time, Per Diem, Extended Hours, and Miscellaneous Cost.