INCIDENT NAME: FROG INCIDENT_

_____P#: __P1ABCD_

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 Rea (for counting consecutive number of days on fire)	assignable?	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

Request Number: **O-300** PLANS INFORMATION FINANCE INFORMATION If casual, please proceed to section below Last Name: LOPEZ First Name: BETH Position TIME FED (If AD fill out Casual/AD info below) Fed/AD/Other: Agency: BLM Check-In Date: 05/20/ Check-In Time: 0815Home Unit Name: SUSANVILLE DISTRICT Unit ID: CANOD (e.g., NPS, FS, BIA) Home Unit Address: 145 MAIN STREET Demob City: SUSANVILLE Demob State: CA SUSANVILLE. CA 99999 (Final Destination) Jetport Code: RDD Airport: (3-Letter Code, If Known) Home Unit Phone #: (530) 288-3231 Method of Travel (circle one): A/R AIR BUS OTHER PAS POV REN Home Unit Fax #: (530) 288-0727 Vehicle Description: DODGE DAKOTA If AOV, POV, or BUS: (e.g., Dodge PU, Chevy Sedan) Casual/AD Employees Only Social Security Number: DOOR # 0219 Vehicle ID: (e.g., Gov't Vehicle #, License #, etc.) Is this your first assignment for the calendar year? NO AD Position Held on Fire: If rented, where was the vehicle rented: (e.g., FFT1, CRWB, PTRC, SCKN) Who is responsible for rented vehicle (Individual's Name, Buying Team AD Classification:_____ AD Pay Rate:_____ Dispatch Center, etc.):___ Hiring Agency Name: Were you reassigned directly from another incident? YES If Yes: Original Request #: _____ Name of Incident: Check Mailing Address: First day of first assignment for calculation of 14-day tour: Other Qualifications: COST, PTRC TO BE COMPLETED BY PLANS TO BE COMPLETED BY FINANCE Mobilization Date: 05/20/ Red Card Checked ☐ Employee Information Received and Complete First Work Day: ____05/20/ □ T-Card Completed Length of Assignment: 14 Entered into Resources Entered into Time by (initials): ☐ Manifest (filed & attached)

Updated-January 08, 2009

4.3-02-ISUITE-HO

Request Number: 0-301

PLANS INFORMATION

PLANS INFORMATION	FINANCE INFORMATION If casual, please proceed to section below				
Last Name: ALLENFirst Name: LINDI	Fed/AD/Other:(If AD fill out Casual/AD info below)				
	Position Held on Fire:DIVS				
Agency:FS Check-In Date:05/19/ Check-In Time:0600	(e.g., FFT1, CRWB, PTRC, SCKN)				
	Home Unit Name: EL DORADO NATIONAL FOREST				
Home Unit: <u>CA-ENF</u> Demob City: <u>PLACERVILLE</u> Demob State: <u>CA</u> (Unit Id) (Final Destination) (Final Destination)	Home Unit Address: 100 FORNI ROAD				
Method of Travel (circle one): AOV POV AIR BUS	PLACERVILLE, CA 95667				
If Air: Jetport/Airport:SACRAMENTOJetport Code:SMF	Home Unit Phone #:(530) 555-3231				
(3-Letter Code, If Known)	Home Unit Fax #: (530) 555-0727				
If AOV, POV, or BUS: Vehicle Description: (e.g., Dodge PU, Chevy Sedan)	Casual/AD Employees Only				
Vehicle ID:(e.g., Gov't Vehicle #, License #, etc.)	Social Security Number: Is this your first assignment for the calendar year? YES NO				
If rented, where was the vehicle rented:	AD Position Held on Fire:				
Who is responsible for rented vehicle (Individual's Name, Buying Team	(e.g., FFT1, CRWB, PTRC, SCKN)				
Dispatch Center, etc.):	AD Classification: AD Pay Rate:				
Dispatch Center, etc.)	Hiring Agency Name:				
Were you reassigned directly from another incident? YES NO					
If Yes: Original Request #: Name of Incident:	Check Mailing Address:				
First day of first assignment for calculation of 14-day tour:					
Other Qualifications: STEN, CRWB					
TO BE COMPLETED BY PLANS	TO BE COMPLETED BY FINANCE				
Mobilization Date: _05/19/ Red Card Checked	☐ Employee Information Received and Complete				
First Work Day: 05/19	☐ Entered into Time by (initials):				
Updated-January 08, 2009	4.3-03-ISUITE-HO				

(Final Destination)

(3-Letter Code, If Known)

_____ Jetport Code: SMF

(e.g., Dodge PU, Chevy Sedan)

Name of Incident:

(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

Request Number: **O-302**

(e.g., NPS, FS, BIA)

Method of Travel (circle one): AOV

If AOV, POV, or BUS:

Were you reassigned directly from another incident? YES

Other Qualifications: TIME, SCKN

If Yes: Original Request #: _____

Home Unit: __CA-TNF_

Last Name: CHAMBERS First Name: HEIDI

If Air: Jetport/Airport: <u>SACRAMENTO</u>

|--|

_____ Check-In Date: __05/20/_____ Check-In Time:

AIR

POV

Vehicle ID:

Dispatch Center, etc.):

Demob City: __DOWNIEVILLE__ Demob State:

BUS

Vehicle Description: FORD MUSTANG

422 RHD

(Final Destination)

If casual, please proceed to section below
Fed/AD/Other:(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 FINANCE
□ Employee Information Received and Complete

□ Entered into Time by (initials):

FINANCE INFORMATION

Mobilization Date: <u>05/20/</u>	Red Card Checked
First Work Day: <u>05/21/</u>	☐ T-Card Completed

TO BE COMPLETED BY PLANS

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

☐ Manifest (filed & attached)

Request Number: **O-303** PLANS INFORMATION FINANCE INFORMATION If casual, please proceed to section below First Name: DENNIS Last Name: STEVENS Fed/AD/Other: FED (If AD fill out Casual/AD info below) SOF1 Position Held on Fire: Agency: __FS____ Check-In Date: __05/19/____ Check-In Time: 0600 (e.g., FFT1, CRWB, PTRC, SCKN) (e.g., NPS, FS, BIA) Home Unit Name: YUBA RIVER RANGER DISTRICT Home Unit: CA-TNF Demob City: __CAMPTONVILLE__ Demob State: CA Home Unit Address: 15924 HIGHWAY 49 (Unit Id) (Final Destination) (Final Destination) CAMPTONVILLE, CA 95922 Method of Travel (circle one): POV AIR BUS If Air: Jetport/Airport: SACRAMENTO ____ Jetport Code: SMF Home Unit Phone #: (530) 288-3231 (3-Letter Code, If Known) Home Unit Fax #: (530) 288-0727 Vehicle Description: PASSENGER W/LOPEZ O-300 If AOV, POV, or BUS: (e.g., Dodge PU, Chevy Sedan) Casual/AD Employees Only Social Security Number: DOOR # 0219 Vehicle ID: (e.g., Gov't Vehicle #, License #, etc.) Is this your first assignment for the calendar year? If rented, where was the vehicle rented: AD Position Held on Fire: (e.g., FFT1, CRWB, PTRC, SCKN) Who is responsible for rented vehicle (Individual's Name, Buying Team AD Classification:_____ AD Pay Rate:_____ Dispatch Center, etc.):_____ Hiring Agency Name: Were you reassigned directly from another incident? YES If Yes: Original Request #: ______ Name of Incident: Check Mailing Address: First day of first assignment for calculation of 14-day tour: Other Qualifications: DIVS, PSC2 TO BE COMPLETED BY PLANS TO BE COMPLETED BY FINANCE Mobilization Date: <u>05/19/</u> Red Card Checked □ Employee Information Received and Complete First Work Day: 05/19 T-Card Completed Length of Assignment: 14 Entered into Resources □ Entered into Time by (initials):

☐ Manifest (filed & attached)

Updated-January 08, 2009

4.3-05-ISUITE-HO

CREW CHECK-IN SHEET

Request Number:	FINANCE INFORMATION
Crew Name & Designator: Tahoe IHC Agency: FS (e.g., Blackfeet 21, Flathead IHC) (e.g., FS, NPS, BIA, BLM)	Please attach a complete manifest for the crew, including complete names for all crew-members. If pre-printed FTR's or crew books are not furnished, the following information needs to be provided to Finance for each crewmember.
Agency: FS Check-In Date: 05/21/ Check-In Time: 1800	Federal/State Employees
Home Unit: CA-TNF Demob City: CAMPTONVILLE Demob State: CA (Final Destination) Method of Travel (circle one): AOV POV AIR BUS If Air: Jetport/Airport: Jetport Code: SMF (3-Letter Code, If Known)	Name Social Security Number Crew Position Home Unit Name Home Unit Address Home Unit Phone # Home Unit Fax #
If AOV, POV, or BUS: Vehicle Description: <u>INTERNATIONAL CREW HAUL</u> (e.g., Dodge PU, Chevy Sedan)	Casual (AD/EFF) Employees
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.):	First Assignment for Calendar Year? Name Social Security Number Crew Position AD Classification (AD-2, AD-3, etc.) AD Rate Hiring Unit Name
Were you reassigned directly from another incident? YES NO If Yes: Original Request #: Name of Incident:	Hiring Unit Address Hiring Unit Phone # Check Mailing Address
TO BE COMPLETED BY PLANS	TO BE COMPLETED BY FINANCE
Mobilization Date: _05/21	☐ 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		TSHOT MA		Vehicle	2728
		AC	COUNTING CODE:		P1ABCD	TAHOE NATIONAL FOREST			Door #'s	7065
			OVER RIDE:				R RANGER D		7066	
			REQUEST #:		C-300		4 HIGHWAY 4			
			DATE:		5/21/	CAMPTO	NVILLE, CA 9			
				•		(530) 478-62	53 FAX (530)	288-0727		
						, ,	, ,			
		ı	ı	1	,			WEIGHT		
SS#	POSITION	AD RATE	LAST NAME	МІ	FIRST NAME	HELICOPTER	BODY	WEBGEAR	PERSONAL FIRE BAG	LARGE AIR TRANSPORT
	CRWB		COWELL		RICK	215	180	35	20	220
	FFT1		WHITE		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	Н	JUSTIN	245	200	45	20	250
	FFT1		HICKEY	D	FRANCIS	250	215	35	25	255
	FFT2		MOSHETTI		BRAD	250	210	40	25	255
	FFT2		FLATTLEY	D	ISAAC	220	185	35	20	225
	FFT2		LAFERRIERE	М	DUSTIN	225	190	35	20	230
	FFT2		GHISLETTA		THOMAS	230	195	35	25	235
	FFT2		RIVADENEYRA		DAMIEN	215	180	35	20	220
	FFT2		CROSTHWAIT	Н	CHAD	220	185	35	25	225
	FFT2		O'DONNEL		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	Α	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
			01	ID T	OTAL C					
SLIDDODT EOI	IIDMENT DA		TIME PACK		OTALS				WEIGHT	40
CHAINEANAC	JILINIEIN I-KAI	DIO FACK-							WEIGHT WEIGHT	
									WEIGHT	40
									WEIGHT	40 60
I IAND I OOLS									VVEIGHI	60
				ı			,	TO	TAL WEIGHT	4980

Updated-January 09, 2009 4.3-07-ISUITE-HO

CREW CHECK-IN SHEET

	PLANS INFORMATION	FINANCE INFORMATION
(e.g., B	Grayback #1 Agency: PVT Blackfeet 21, Flathead IHC) (e.g., FS, NPS, BIA, BLM) Check-In Time: 1800	Please attach a complete manifest for the crew, including complete names for all crew-members. If pre-printed FTR's or crew books are not furnished, the following information needs to be provided to Finance for each crewmember.
Home Unit: OR-R06 (3-Letter Identifier) Method of Travel (circle one): AOV If Air: Jetport/Airport:	Demob City: GRANTS PASS	Agreement Number: 53-024B-2-2336 Address: 111 Main Street City, ST Zip: Grants Pass, OR 97526 Phone Number: 503-555-1212
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 anoth If Yes: Original Request #	rer incident? YES (NO) #: Name of Incident:	
	PLETED BY PLANS Red Card Checked T-Card Completed	TO BE COMPLETED BY FINANCE Crew Information Received and Complete Entered into Time by (initials):
Request # C-301 Crew Type	■ II (Initial Attack) □ II (Other)	L

Request Number:	E-300
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AGENCY-OWNED ENGINE

CONTRACT ENGINE

	t. Hood #6435)			Contractor/Cooperator Name:Address:		
Kind: $\underline{ENG3}$ Agency: \underline{FS} Configure (e.g., FS, NPS, BIA) Check-In Date: $\underline{05/20/}$ Check Home Unit: $\underline{CA-TNF}$ Demob City: \underline{CA} (State and 3-Letter Identifier)	k-In Time: <u>1500</u>	\underline{E} Demob State: \underline{CA}	A (Final Destinati	Check-In Date: Demob City:		
Vehicle Description:	, Ford F-250 & specify	,	(Final Destinal)	Vehicle Description:	e 1 Ton, Ford F-250 & specify i (VIN # or Serial # <u>and</u> Licen	
Does your engine have foam capability? Were you re-assigned directly from another incident? IF YES: Original Request # First day of first assignment for	Name of Incide			Does your engine have foam capability? Were you re-assigned directly from another i IF YES: Original Request # First day of first assignment for calcula Engine accessory inventory provided to	Name of Incident:	CAFS? YES NO
Please List Crew Members:	Social Security #	AD/Fed/Other	Home Unit	Home Unit or * <u>Mailing Address</u>	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	u u		
FFT1 - SAUTER, DANIEL		FED	CATNF			
FFT1 - SMITH, ADAM		<u>FED</u>	CATNF	<u> </u>		
*Check mailing address for AD employees only						
TO BE COMPLETED BY PL					MPLETED BY FINANCE	
Mobilization Date: 05/20/ Length of Assignment 11 Checked in by (initials):	☐ T-Card ☐ Entered	d Checked Completed into Resources t (filed & attached)		. ,	on Received and Complete / (initials):	_

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:	Company Name: Agreement # Check-In Date:		_			
Primary Operator's Name: DAN SMITH If ordered for a double shift, is there a relief operator available? YES NO			5-223			
If ordered for a double shift, is there a relief operator available? YES NO	Check-In Date:	05/20/				
•		03/20/	Check-In Time:			
Relief Operator's Name:		FINA	ANCE INFORMATION			
	Casual (AD/EFI	F) Employees Only	<u>v</u> :			
Vehicle or Equipment ID: SN 12T4756	Is this your first ass	signment for the calen	ndar year? YES NO			
(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:	Social Security Number:					
Is there another operator available after the primary operator reaches the 14-day limit? YES NO	AD Position Held on Fire:					
For Heavy Equipment:	AD Classification:		AD Pay Rate:			
Make & Model: CAT D6-C Is there a lowboy with your equipment? Is lowboy staying at incident? YES NO Heavy NO If yes: E# E-302						
Does the equipment have lights for night operation? YES NO						
Does the equipment have four-wheel-drive? YES (NO)	_					
For Water Tenders and other equipment with water tanks: Tank Capacity: Gal.	Type I ® Type	• •				
	SK-1 ® SK-2	8 SK-3 8	SK-4 ® SK-5 ®			
<u>For Sawyers</u> : Faller qualifications: Class A ® Class B ® Class C ®						
Other special capabilities/specifications of equipment: <u>INCLUDES BLADE, WINCH, 6</u>	LIGHTS, TIL	T BLADE AN	D SCREENED CANOPY			
TO BE COMPLETED BY PLANS	=========		TO BE COMPLETED BY FINANCE			
Mobilization Date:			loyee Information Received and Complete red into Time by (initials):			

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Request Number: <u>E-302</u>			
Equipment:JONES TRANSPORT		Company Name:J	IONES TRUCKING
Kind: LOWB Agency: PVT		Agreement #5	55-IBET-02-048
Primary Operator's Name: FRANK JONES		Check-In Date:(05/20/ Check-In Time: 0730
If ordered for a double shift, is there a relief operator available? YES NO			FINANCE INFORMATION
Relief Operator's Name:		Casual (AD/EFF) E	mployees Only:
Vehicle or Equipment ID: LN 7YEIURR (Serial #)			ment for the calendar year? YES NO
Demob City/State: NORTH SAN JUAN, CA			
Were you reassigned directly from another incident? YES NO If Yes: Original Request #: Name of Incident:		Check Maning Address	:
First day of first assignment for calculation of 14-day tour:		Social Security Number	r:
Is there another operator available after the primary operator reaches the 14-day limit? YES N	Ю	AD Position Held on Fi	ire:
For Heavy Equipment:		AD Classification:	AD Pay Rate:
Make & Model: KENWORTH 3S2 COMBO Is there a lowboy with your equipment? YES NO Is lowboy staying at incident? YES NO Light Medium Heavy If yes: E#			
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: G	Sal.	Type I ® Type II ®	Type III ®
		SK-1 ® SK-2 ®	SK-3 ® SK-4 ® SK-5 ®
<u>For Sawyers</u> : Faller qualifications: Class A ® Class B ® Class C ®			
Other special capabilities/specifications of equipment: $\underline{THIS\ IS\ TRANSPORT\ FOR}$	E-30	1 ABC DOZER	
TO BE COMPLETED BY PLANS	===== -		TO BE COMPLETED BY FINANCE
Mobilization Date: 05/19/			 Employee Information Received and Complete Entered into Time by (initials):

Updated-January 08, 2009 4.3-11-ISUITE-HO

Request Number: E-303					
Equipment : WATER WORKS WT		Company Name: <u>V</u>	VATER WORK	<u>KS</u>	
Kind: WAT1 Agency: PVT		Agreement #	54-IBET-02-0)99	
Primary Operator's Name: JANET ROBINSON		Check-In Date:	05/20/	Check-In Time:	1830
If ordered for a double shift, is there a relief operator available? YE	S NO		FINAN	ICE INFORMAT	<u>TION</u>
Relief Operator's Name:		Casual (AD/EFF) Employees Only:		
Vehicle or Equipment ID: LN 5T99890 (Serial #)		Is this your first assi	gnment for the calenda	ır year? YES	NO
Demob City/State: GRASS VALLEY, CA		Employee Name: _			
Were you reassigned directly from another incident? YES NO If Yes: Original Request #: Name of Incident:)	Check Mailing Add	ress:		
First day of first assignment for calculation of 14-day tour:		Social Security Nun	nber:		
Is there another operator available after the primary operator reaches the	14-day limit? YES NO	AD Position Held of	n Fire:		
For Heavy Equipment:		AD Classification:			AD Pay Rate:
	ht Medium Heavy ves: E#				
Does the equipment have lights for night operation? $ \begin{tabular}{ll} YES & NO \\ \end{tabular}$					
Does the equipment have four-wheel-drive? YES NO					
For Water Tenders and other equipment with water tanks: Tank	Capacity: <u>4000</u> Gal. (Type I ® Type I	I ® Type III ®		
		SK-1 ® SK-2	8 SK-3 8 S	K-4 ® SK-5 ®	
$\underline{ For\ Sawyers} \colon \ Faller\ qualifications \colon \ Class\ A\ \textcircled{\$} \ Class\ B\ \textcircled{\$} \ Class$	s C ®				
Other special capabilities/specifications of equipment:					
TO BE COMPLETED BY PLANS		========		TO BE COMPI	LETED BY FINANCE
Length of Assignment: ® T-Car	Card Checked d Completed				eceived and Complete
Checked in by (initials):	ed into Resources		8 Entered	d into Time by (ini	itials):

Request Number: E-304					
Equipment : MARTIN PICKUP		Company Name: RI	CHARD MARTIN		
Kind: PU Agency: PVT		Agreement #	54-IBET-02-048		
Primary Operator's Name: RICHARD MAI	RTIN	Check-In Date:	05/19/ Check-In Time:		
If ordered for a double shift, is there a relief operator	available? YES NO		FINANCE INFORMATION		
Relief Operator's Name:		Casual (AD/EFF) l	Employees Only:		
Vehicle or Equipment ID: LN 3P38744		Is this your first assign	nment for the calendar year? YES NO		
	(Serial #)	Employee Name:			
Demob City/State: <u>CAMPTONVILLE</u> , C	CA	Check Mailing Addres	ss:		
Were you reassigned directly from another incident? If Yes: Original Request #: Nam	YES NO e of Incident:				
First day of first assignment for calculation of 14-day	y tour:	Social Security Number	Social Security Number:		
Is there another operator available after the primary of	operator reaches the 14-day limit? YES NO	AD Position Held on I	Fire:		
For Heavy Equipment:		AD Classification:	AD Pay Rate:		
Make & Model: FORD F250 4X4 Light Is there a lowboy with your equipment? YES Is lowboy staying at incident? YES NO	Medium Heavy NO If yes: E#				
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 wa	ter tanks: Tank Capacity: Gal.	Type I ® Type II (® Type III ®		
		SK-1 ® SK-2 ®	SK-3 ® SK-4 ® SK-5 ®		
For Sawyers: Faller qualifications: Class A ®	Class B ® Class C ®				
Other special capabilities/specifications of equipm	nent:				
TO BE COMPLETED	BY PLANS		TO BE COMPLETED BY FINANCE		
Mobilization Date: <u>05/19/</u>	Red Card Checked				
First Work Day: Length of Assignment:	T-Card CompletedEntered into Resources		Entered into Time by (initials):		

Updated-January 08, 2009 4.3-13-ISUITE-HO

Request Number: E-310	
AGENCY-OWNED ENGINE	<u>CONTRACT ENGINE</u>
Engine Name & Designator: S/T 3240C	Contractor/Cooperator Name:
(e.g., Mt. Hood #6435)	Address:
Kind: <u>ES3</u> Agency: <u>FS</u> Configuration: <u>S/T</u>	
(e.g., FS, NPS, BIA) (S, ST, TF)	
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	Demob City: Demob State:
(State and 3-Letter Identifier) (Final Destination)	(Final Destination) Vehicle Description:
Vehicle Description:	(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)
	Vehicle ID:
Vehicle ID: DOOR # 3255, 3289, 3444, 8624, 9177 (Government Vehicle ID#)	(VIN # or Serial # <u>and</u> License #)
Does your engine have foam capability? YES NO CAFS? YES NO	Does your engine have foam capability? YES NO Were you re-assigned directly from another incident? YES NO IF YES: Original Request # Name of Incident:
Were you re-assigned directly from another incident? YES NO Name of Incident:	First day of first assignment for calculation of 14-day tour:
First day of first assignment for calculation of 14-day tour:05/20/2005	Engine accessory inventory provided to Finance? YES NO
*Check mailing address for AD employees only	
TO BE COMPLETED BY PLANS	TO BE COMPLETED BY FINANCE
Mobilization Date: 05/19/ Red Card Checked Length of Assignment 14 T-Card Completed Checked in by (initials): Entered into Resources Manifest (filed & attached)	□ Employee Information Received and Complete □ Entered into Time by (initials):

Request Number: **E-310.1 (ST 3240C)**

PLANS INFORMATION

FINANCE INFORMATION If casual, please proceed to section below

Last Name: OLSON First Name: ARNOLD	Social Security Number: Fed/Other: FED
Agency: <u>FS</u> Check-In Date: <u>05/20/</u> Check-In Time: <u>0800</u>	Position Held on Fire: STEN (e.g., FFT1, CRWB, PTRC, SCKN)
(e.g., NPS, FS, BIA) Home Unit: OR-MHF Demob City: SANDY Demob State: OR	Home Unit Name: MT HUFF NF
(Unit Id) (Final Destination) (Final Destination)	Home Unit Address: 16400 CHAMPION WAY
Method of Travel (circle one): AOV POV AIR BUS	SANDY, OR 97005
If Air: Jetport/Airport: Jetport Code: PDX (3-Letter Code, If Known)	Home Unit Phone #: (503) 555-5555
	Home Unit Fax #: (503) 555-1212
If AOV, POV, or BUS: Vehicle Description: FORD F250 (e.g., Dodge PU, Chevy Sedan)	Casual/AD Employees Only
Vehicle ID: DOOR # 3255 (e.g., Gov't Vehicle #, License #, etc.)	Social Security Number: Is this your first assignment for the calendar year? YES NO
If rented, where was the vehicle rented:	AD Position Held on Fire:
Who is responsible for rented vehicle (Individual's Name, Buying Team Dispatch Center, etc.):	(e.g., FFT1, CRWB, PTRC, SCKN) AD Classification: AD Pay Rate: Hiring Agency Name:
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:	Check Mailing Address:
Other Qualifications: ATGS, DIVS	
TO BE COMPLETED BY PLANS	TO BE COMPLETED BY FINANCE
Mobilization Date : _05/19/	□ Employee Information Received and Complete □ Entered into Time by (initials):

Request Number:	E-310.2	

AGENCY-OWNED ENGINE

CONTRACT ENGINE

Engine Name & Designator: ST 3240C (e.g., Kind: ENG3 Agency: FS Co	Mt. Hood #6435)	5	Conti	Address:		
(e.g., FS, NPS, BIA) Check-In Date: 05/20/ Ch		(S, ST, TF)	<u> </u>	Check-In Date:	Check-In Time:	
Vehicle ID:	ANDY Demo (Final De on, Ford F-250 & specif	stination)		Vehicle ID:(VIN #	lge 1 Ton, Ford F-250 & specify if or Serial # <u>and</u> License #)	f 2-WD or 4-WD)
Does your engine have foam capability? Were you re-assigned directly from another incide IF YES: Original Request # First day of first assignmen	ent? YES NO Name of Incide		NO	Does your engine have foam capability? Were you re-assigned directly from another IF YES: Original Request # First day of first assignment for calcul Engine accessory inventory provided to	incident? YES NO Name of Incident: lation of 14-day tour:	
Please List Crew Members:	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				TO BE CO	OMPLETED BY FINANCE	
Mobilization Date: 05/19/ Length of Assignment: 14 Checked in by (initials):	☐ T-Card ☐ Entered	rd Checked Completed into Resources st (filed & attached)			tion Received and Complete	_

Request Number:	E-310.3	

AGENCY-OWNED ENGINE

CONTRACT ENGINE

Engine Name & Designator: ST 3240C (e.g. Kind: ENG3 Agency: FS C	, Mt. Hood #6435)	9	Conti	Address:		
(e.g., FS, NPS, BIA) Check-In Date: 05/20/ C		(S, ST, TF)		Check-In Date:	Check-In Time: _	
Home Unit: OR-MHF Demob City: State and 3-Letter Identifier) Vehicle Description:	SANDY Demo			Demob City:(Final Destination) Vehicle Description:	ge 1 Ton, Ford F-250 & specify i	
Vehicle ID: DOOR # 3444,	Fon, Ford F-250 & specific vernment Vehicle ID#)			Vehicle ID:(VIN # Does your engine have foam capability?	or Serial # <u>and</u> License #) YES NO	CAFS? YES NO
Does your engine have foam capability? Were you re-assigned directly from another incid IF YES: Original Request # First day of first assignmen	ent? YES NO Name of Incide		NO)	Were you re-assigned directly from another IF YES: Original Request # First day of first assignment for calcul Engine accessory inventory provided to	Name of Incident: ation of 14-day tour:	
Please List Crew Members: Name	Social Security #	AD/Fed/Other	Home Unit	Home Unit or *Mailing Address	Home Unit Phone #	Home Unit Fax #
			ORMHF	16400 CHAMPION WAY		
ENOP - HANCOCK, SOLOMON		FED	ORMHF	SANDY, OR 97055		
FFT2 - CAHOON, REYNOLDS		FED	ORMHF			
FFT1 - CARTER, SIMEON		FED	ORMHF	<u> </u>		
FFT1 - BINGHAM, MEG		<u>FED</u>	ORMHF	<u>"</u> "		
*Check mailing address for AD employees onl						
TO BE COMPLETED BY			======================================	TO BE CO	OMPLETED BY FINANCE	
Mobilization Date: 05/19/ Length of Assignment: 14 Checked in by (initials):	☐ T-Card ☐ Entered	rd Checked Completed into Resources at (filed & attached)			ion Received and Complete by (initials):	

Request Number: ___E-310.4 **AGENCY-OWNED ENGINE CONTRACT ENGINE** Engine Name & Designator: ST 3240C ORMHF ENG 61 Contractor/Cooperator Name: (e.g., Mt. Hood #6435) $\begin{array}{c|c} \text{Kind:} \underline{ENG3} & \underline{Agency:} \underline{FS} & \text{Configuration:} \underline{S/T} \\ \hline & (e.g., FS, NPS, BIA) \end{array}$ (S. ST. TF) 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 Demob City: Demob State: (Final Destination) (State and3-Letter Identifier) (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 # 8624. (VIN # or Serial # and License #) (Government Vehicle ID#) Does your engine have foam capability? YES CAFS? YES NO Were you re-assigned directly from another incident? YES NO Does your engine have foam capability? NO CAFS? YES IF YES: Original Request #_____ Name of Incident: _____

Please List Crew Members:							
	<u>Name</u>	Social Security #	AD/Fed/Other	Home Unit	Home Unit or * <u>Mailing Address</u>	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		<u>FED</u>	ORMHF	" "		- <u></u>
FFT1 -	NEAL, MARJORIE		FED	ORMHF			
FFT1 -	DELGADO, GABE		FED	ORMHF	" "		

*Check mailing address for AD employees only

TO BE COMPLETED BY PLANS

TO BE COMPLETED BY FINANCE

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

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/

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

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

Engine accessory inventory provided to Finance? YES NO

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) Kind: ENG3 Agency: FS Configuration: S/T	Contractor/Cooperator Name: Address:			
(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)	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: DOOR # 9177, (Government Vehicle ID#) Does your engine have foam capability? YES NO CAFS? YES	Vehicle ID:			
Were you re-assigned directly from another incident? IF YES: Original Request # Name of Incident: First day of first assignment for calculation of 14-day tour: 05/20/	First day of first assignment for calculation of 14-day tour:			
Please List Crew Members: Name Social Security # AD/Fed/Other	Home Unit or *Mailing Address Home Unit Phone # Home Unit Fax #			
ENGB - DUBOIS, FRED FED O	ORMHF 16400 CHAMPION WAY (503) 555-5555 (503) 555-1212			
ENOP - CORONA, TOM FED O	ORMHF SANDY, OR 97055			

<u>Name</u>	Social Security #	AD/Fed/Other	Home Unit	Home Unit or * <u>Mailing Address</u>	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			

TO BE COMPLETED BY PLA	ANS	TO BE COMPLETED BY FINANCE
Mobilization Date: 05/19/	□ Red Card Checked □ T-Card Completed □ Entered into Resources □ Manifest (filed & attached)	☐ Employee Information Received and Complete ☐ Entered into Time by (initials):

*Check mailing address for AD employees only

		ENGI	NE CHECK	-IN SHEET		
Request Number: E-310.6	AGENCY-OWNED E	NGINE		CONTRACT ENGINE		
Engine Name & Designator:ST 324			Contractor/Cooperator Name:			
Kind: ENG3 Agency: FS (e.g., FS, NPS, BIA)	Configuration: S/T	(S, ST, TF)		Address:		
Check-In Date: <u>05/20/</u>	Check-In Time:			Check-In Date:	Check-In Time:	
Home Unit: OR-MHF Demob Ci (State and 3-Letter Identifier) Vehicle Description:	(Final Des	stination)		(Final Destination) Vehicle Description:	ge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)	
Vehicle ID: DOOR # 9178	(Government Vehicle ID#) YES NO	CAFS? YES	NO	Vehicle ID:(VIN # Does your engine have foam capability? Were you re-assigned directly from anothe IF YES: Original Request # First day of first assignment for calcu	# or Serial # <u>and</u> License #) YES NO er incident? YES NO Name of Incident	CAFS? YES NO
IF YES: Original Request #	Name of Incider		′	Engine accessory inventory provided	,	
<u>Please List Crew Members:</u> <u>Name</u>	Social Security #	AD/Fed/Other	<u>Home Unit</u>	Home Unit or * <u>Mailing Address</u>	Home Unit Phone #	Home Unit Fax #
ENGB - PACILLO, BARBARA	<u>.</u>	FED	ORMHF	16400 CHAMPION WAY	(503) 555-5555	(503) 555-1212
ENOP - ORZALLI, RANDALL	<u>.</u> .	FED	ORMHF	SANDY, OR 97055		
FFT2 - WARE, GARY	_	FED	ORMHF			
FFT2 - HEALY, GC	_	FED	ORMHF			
FFT1 - LOPEZ, LOUIS		<u>FED</u>	ORMHF	u u		
*Check mailing address for AD employee	•					
TO BE COMPLETED BY PLANS			TO BE C	COMPLETED BY FINANCE		

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

Mobilization Date: <u>05/19/</u>

Length of Assignment: 14 Checked in by (initials):

☐ Entered into Time by (initials): _____

☐ Employee Information Received and Complete