

DETERMINATION & FINDING

CONTRACTOR: _____

AGREEMENT NO: _____

The following equipment was used during the _____
Incident on the _____ (Agency) _____

(Unit) (equipment make, model, and year) _____

The equipment was hired by _____ on _____ to
perform the following duties _____

The Contractor claims that damage occurred as follows (summarize the event
that caused the
damage): _____

Resulting in the following damage (describe the equipment
damage): _____

The claim amount requested is: \$ _____

Contracting Officer's Finding _____

Continue on attachment if necessary.

DETERMINATION & FINDING – Continued

1. In accordance with OF-294, General Provisions, Clause No. 10 Loss, Damage, or Destruction;
and/or _____

2. I hereby determine that

3. A payment of \$_____ is offered as payment in full for the damage claimed.

Contracting Officer's Signature

Date

RELEASE

Contract release for an in consideration of receipt of payment in the amount shown in Item 3 of the Determination. Contractor hereby releases the Government from any and all claims arising under this agreement.

Contractor's Signature

Date

EXCESS HOURS LOG

EXCESS HOURS LOG

INCIDENT #:

NAME/CREW	SUPERVISOR	POSITION	SHIFT		JUSTIFICATION/MITIGATION	IC
			DATE	HOURS		INT'L

INCIDENT COMMANDER APPROVAL _____ DATE _____

EXTENDED WORK SHIFT AUTHORIZATION SAMPLE

**OFFICIAL DOCUMENT FOR EXTENDED WORK SHIFT
 AND/OR
 DEVIATION FROM 2:1 WORK REST POLICY**

Date:	Incident Number:	Incident Name:	Unit:
Incident Type:	Operational Period:	Incident commander:	IC Type (1-5)

JUSTIFICATION

Name of Individual(s) or Crew:

**Describe the situation(s) that caused the work shift(s) to exceed 16 hours and provide justification(s).
 (See reverse for examples):**

Date Hours in excess of 16

MITIGATION MEASURES

1. Describe what you did to mitigate the excess hours above (see Interagency Incident Business Management Handbook work/rest policy on the reverse):

2. Date standard 2:1 work/rest restored:

SIGNATURE OF INCIDENT SUPERVISOR

NAME:	TITLE:	DATE:
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SIGNATURE OF AGENCY ADMINISTRATOR, INCIDENT COMMANDER OR DUTY OFFICER

NAME:	TITLE:	DATE:
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EXTENDED WORK SHIFT AUTHORIZATION SAMPLE – Continued

**OFFICIAL DOCUMENT FOR EXTENDED WORK SHIFT
AND/OR
DEVIATION FROM 2:1 WORK REST POLICY**

JUSTIFICATION - EXAMPLES OF SITUATIONS CAUSING EXTENDED SHIFTS

Travel time not administratively controllable.
Mobilization and travel of resources to incident location or relocation to incident facilities.
Establishing and maintaining administrative, planning, logistical support for incident.
Evacuation, triage, structure protection, or emergency rescue.
Establishing initial control lines of the fire
Extended attack efforts to control potentially devastating incident activity.
Incident unable to provide personnel with adequate food and lodging.
Other/Additional.

MITIGATION MEASURES

INTERAGENCY INCIDENT BUSINESS MANAGEMENT HANDBOOK
12.7-1 – Work/Rest Guidelines: Work/rest guidelines should be met on all incidents. Plan for and ensure that all personnel are provided a minimum 2:1 work to rest ratio (for every 2 hour of work or travel, provide 1 hour of sleep and/or rest).

Work shifts that exceed 16 hours and/or consecutive days that do not meet the 2:1 work/rest ratio should be the exception, and no work shift should exceed 24 hours. However, in situations where this does occur (for example, initial attack), incident management personnel will resume 2:1 work/rest ratio as quickly as possible.

HAZARD/ENVIRONMENTAL PAY MATRIX

Activity	Entitlement To Hazard	Comments
Fighting uncontrolled fire	Yes	
Delivering supplies to fireline	No	
Delivering personnel to fireline	No	
Any incident personnel visiting uncontrolled fireline	No	Not considered active firefighting
Safety personnel patrolling uncontrolled fireline	Yes	
Media tours to uncontrolled fireline	No	Not considered active firefighting
Search and rescue on uncontrolled fireline	Yes	
Limited control flights	Yes	
Parachute Jumps	No	Unless as part of a field testing program: refer to CFR
Piloting aircraft	No	
Hover hook-ups	Yes	
Working in rough/remote terrain	Yes	
Smoke exposure	No	No authority exists in CFR
Plastic Sphere Dispenser Operations	Yes	Applies to operator of dispenser *
Rappel/Short-haul/Hoist Operations Cargo Letdown/Fast Rope	Yes	*

HAZARD/ENVIRONMENTAL PAY MATRIX – Continued

Activity	Entitlement To Hazard	Comments
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Low-level Infrared Operations	Yes	Applies to operator *
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*If it meets the definition of the CFR involving fixed or tactical patterns or low level flying which can not be mitigated.

Entitlement applies to WG/WL/WS and GS personnel unless specified otherwise.

Refer to the Interagency Incident Business Management Handbook, Chapter 10, Sections 12.9 and 12.10 for detailed guidance on pay percentages and exposure time frames.

CFR – Code of Federal Regulations. See CFR 550.901 through 550.907 for hazard pay/environmental differential.

