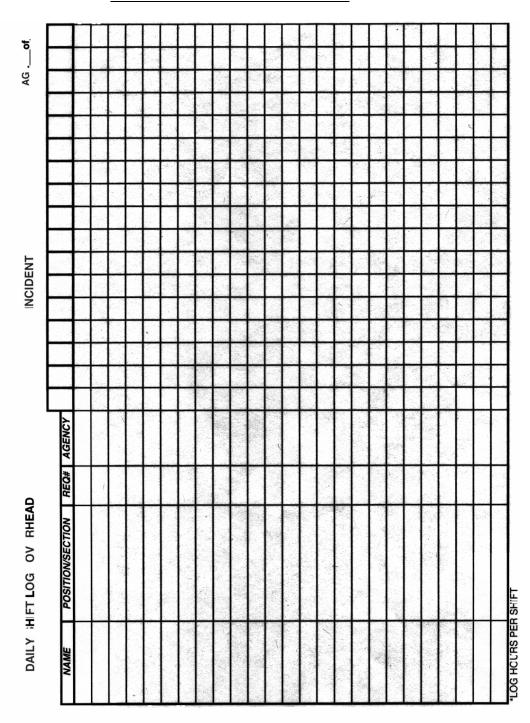
<u>DAILY SHIFT LOG – OVERHEAD</u>



DETERMINATION & FINDING

CONTRACTOR:	
AGREEMENT NO:	
The following equipment was used during the	
(Unit) (equipment make, model, and year)	
The equipment was hired byon	to
perform the following duties	-
The Contractor claims that damage occurred as follows (summarize that caused the damage):	the event
Resulting in the following damage (describe the equipment damage):	
The claim amount requested is: \$	
Contracting Officer's Finding	

Continue on attachment if necessary.

<u>DETERMINATION & FINDING – Continued</u>

	d/or	
	I hereby determine that	
3.	A payment of \$claimed.	_is offered as payment in full for the dam
Co	ntracting Officer's Signature	Date
LEA	ASE	
wn i	in Item 3 of the Determination	ion of receipt of payment in the amount on. Contractor hereby releases the sarising under this agreement.
Co	ntractor's Signature	Date

EQUIPMENT HIRE LOG

-							
PAGE of	REMARKS						
	PATE HIRE RELEASE DAILY HRLY GUAR DATE/TIME						
.# -±:	HIRE DATE/TIME						
INCIDENT #:	GUAR						
Ň	RATE HRLY						
	DAILY						
EQUIPMENT HIRE LOG	EQUIPMENT DESCRIPTION LICENSE, SERIAL#						
EQUI	VENDOR						

EQUIPMENT USE LOG

OF.	DATE										
PAGE _	DATE										
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	DATE										
# LN	DATE										
INCIDENT #	DATE										
	DATE										
LOG	DATE										
EQUIPMENT USE LOG	DATE										
EQUIPME	VENDOR/ EQUIPMENT DESC.										TOTAL
	##										

EQUIPMENT VENDOR DEDUCTION LOG

CAUIP DESCRIPTION: EQUIP DESCRIPTION: S S S S S S S S S S S S S S S S S S	ii	Commissary	Repairs/Service 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Other 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	T otal
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ction documentation to	retain in Emergen	cv Equipment Rental-U	se Envelope.	Incident Total	

EXCESS HOURS LOG

EXCESS HOURS LOG

INCIDENT #:

			SH	IFT		IC
NAME/CREW	SUPERVISOR	POSITION	DATE	HOURS	JUSTIFICATION/MITIGATION	INT'L
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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-	9
JUSTIFICATION	N I			
Name of Indiv	idual(s) or Crev	w:		
Describe the situ (See reverse for		ed the work shift(s) to	exceed 16 h	nours and provide justification(s).
<u>Date</u>	Hours in excess of	16		
				. 1
MITIGATION M	IEASURES			
1. Describe what	you did to mitigat	e the excess hours at	ove (see Inte	eragency Incident Business
Management Har	adbook work/rest j	policy on the reverse):	
2. Date standard	2:1 work/rest rest	ored:		
				,
SIGNATURE OF	INCIDENT SUP	ERVISOR		
NAME:		TITLE:		DATE:
OVONE A METERS OF				
SIGNATURE OF	AGENCY ADMI		DENT COM	IMANDER OR DUTY OFFICER

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	Comments
Fighting uncontrolled fire	To Hazard 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	l 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 Operation	ons Yes	Applies to operator of dispenser *
Rappel/Short-haul/Hoist Operatio Cargo Letdown/Fast Rope	ns Yes	*

HAZARD/ENVIRONMENTAL PAY MATRIX - Continued

Activity Entitlement Comments

To Hazard

Low-level Infrared Operations Yes Applies to operator *

*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.

INCIDENT EQUIPMENT SUMMARY

INCIDENT EQUIPMENT SUMMARY

INCIDENT NAME:	INCIDENT NO

Ē#	EQUIPMENT TYPE (license No. Color)	VENDOR NAME	PCK REC'D AT ICP	EQUIPMENT LOCATION	RELEASE THROUGH*	DATE/TIME RELEASED	PACKAGE COMPLETE	HOW/WHEN PAID (Fiscal, TPD, CC)
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*CONTRACTOR EQUIPMENT CAN BE RELEASED BY CAMP/FINANCE SECTION. ALL PAPERWORK (Agreement, Invoice, Shift Tickets, Pre- and Post-Inspections) IN EQUIPMENT ENVELOPE NEED TO COME TO THE BUYING TEAM.