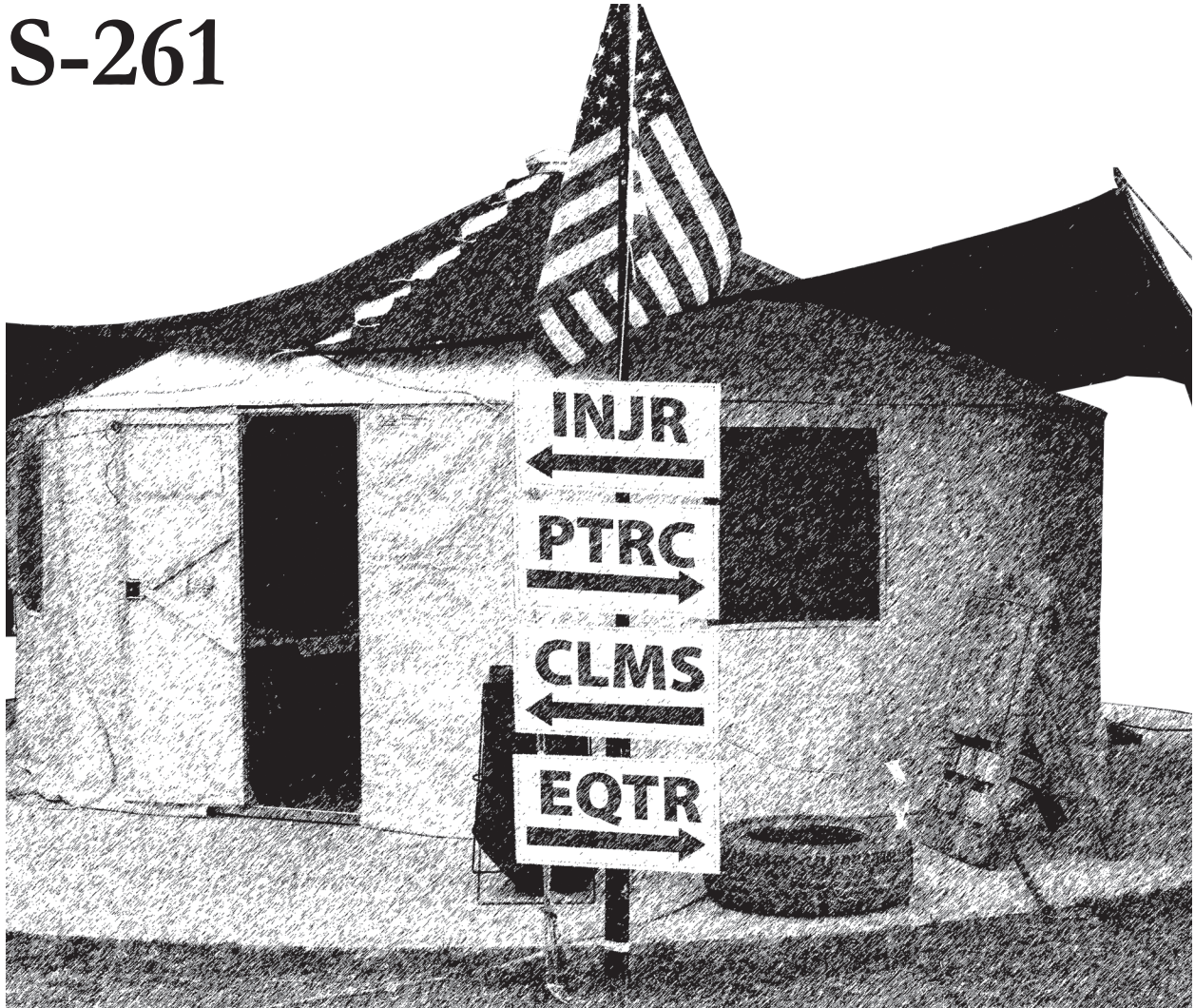


Applied Interagency Incident Business Management S-261



NFES 001933

Student Workbook
AUGUST 2014



CERTIFICATION STATEMENT

on behalf of the

NATIONAL WILDFIRE COORDINATING GROUP

The following training material attains the standards prescribed for courses developed under the interagency curriculum established and coordinated by the National Wildfire Coordinating Group. The instruction is certified for interagency use and is known as:

Applied Interagency Incident Business Management, S-261
Certified at Level I

This product is part of an established NWCG curriculum. It meets the requirements of the NWCG Curriculum Management Plan and has received a technical review and a professional edit.



NWCG Executive Board Chair



Training Committee Chair

Date 8/19/14

Date 8/26/14

Applied Interagency Incident Business Management

S-261

Student Workbook
August 2014
NFES 001933

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PREFACE

Applied Interagency Incident Business Management, S-261 is a suggested training course in the National Interagency Incident Management System: Wildland Fire Qualification System Guide (PMS 310-1).

This course was developed by an interagency group of subject matter experts with direction and guidance from the National Wildfire Coordinating Group (NWCG) Training Branch. The primary participants in this development effort were:

NWCG INCIDENT BUSINESS COMMITTEE

NWCG TRAINING BRANCH

The NWCG appreciates the efforts of these personnel and all those who have contributed to the development of this training product.

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Applied Interagency Incident Business Management, S-261

Unit 0 – Introduction

OBJECTIVES:

Upon completion of this unit, instructor will:

1. Facilitate introductions.
2. Discuss course logistics.
3. Present an overview of the course.

I. WELCOME AND INTRODUCTIONS

- Name
- Home unit (agency, station, etc.)
- Job title and duties
- Incident qualifications and incident experience

II. COURSE LOGISTICS

- Course hours
- Lodging
- Transportation
- Breaks – vending machines, drinking fountains, restrooms, punctuality
- Smoking policy
- Cell phone etiquette
- Message location and available telephones
- Evacuation policy
- Local information (restaurant locations, local map)

III. COURSE OVERVIEW

This course supports development of knowledge and skills for:

- Personnel Time Recorder (PTRC)
- Equipment Time Recorder (EQTR)
- Compensation for Injury Specialist (INJR)
- Claims Specialist (CLMS)

A. Course Objectives

At the successful completion of this course, students will describe roles and responsibilities, and demonstrate proficiency in the skills/knowledge required to perform the tasks of the above positions.

B. Reference Material

1. Interagency Incident Business Management Handbook (IIBMH), PMS 902
 - The IIBMH is the primary job aid for interagency incident business management and the primary reference for this course.
 - The IIBMH, in conjunction with the instructor guide and student workbook, is the foundation to this course.
 - Upon completion of this course, students should have a thorough understanding of the organization and content of the handbook.
2. Wildland Fire Incident Management Field Guide (PMS 210)
3. Geographic Area Supplements

C. Evaluating Student Performance

- Unit quizzes
 - There is a quiz at the end of each unit to help students evaluate their progress.
 - The quizzes are not graded.

- Final exam
 - Students must obtain 70 percent or higher on the final exam to receive a certificate of completion for the course.
 - Students may reference the IIBMH during the exam.
 - The final exam should take approximately 1½ hours to complete.

D. Course Evaluation Forms

Students will complete a course evaluation form and submit it at the end of the course.

Applied Interagency Incident Business Management, S-261

Unit 1 – General Information

OBJECTIVES:

Upon completion of this unit, students will be able to:

1. Describe common kit items.
2. List information to obtain at the initial briefing.
3. Describe daily briefing provided to supervisor.
4. Describe the incident check-in and demobilization process.

I. PREPARE YOUR INCIDENT KIT

A kit will be assembled and prepared prior to receiving an assignment.

The kit should contain:

- Essential items needed for the assignment.
- Items needed to function during the first 48 hours.
- Basic office supplies, forms, and reference materials.

A copy of the IIBMH, geographic area supplements, and agency-specific guidelines should always be included.

Form quantities for the initial 48 hours will vary depending on the type of incident and resources assigned (recommended minimum forms are indicated in the kit content list below).

The IIBMH and additional forms are available online at www.nifc.gov/nicc/ and www.nwcg.gov.

A. Kit Content List

1. Supplies

Pens, pencils, post-it note pads, stapler, staples, staple remover, notepad, calculator, batteries, tape, envelopes, clipboard, etc.

2. Reference material

- Interagency Incident Business Management Handbook, PMS 902
- Agency-specific guidelines
- Geographic area supplements

3. General forms

- General Message, ICS-213 (10 each)
- Emergency Firefighter Time Report, OF-288 (own use) (1 each)
- Crew Time Report, SF-261 (own use) (1 book)

4. PTRC kit

- Emergency Firefighter Time Report, OF-288 (50 each)
- Crew Time Report, SF-261 (5 books)
- Employment Eligibility Verification, I-9 (20 each)
- Casual Hire, PMS 934 (20 each)
- Incident Behavior Form, PMS 935 (20 each)
- W-4 (20 each)
- Pay Plan for Emergency Workers (AD Pay Plan)
- Geographic area supplements
- Agency-specific forms

5. CLMS kit

- Claim for Damage, Injury or Death, SF-95 (10 each)
- Employee Claim for Loss or Damage to Personal Property, DI-570 or AD-382 (25 each)
- Incident Claims and Accident Log
- Incident Claims Case File Envelope (25 each)
- Camera and film
- Agency-specific forms

6. INJR kit

- Report of Traumatic Injury and Claim for Continuation of Pay/ Compensation, CA-1 (10 each)
- Notice of Occupational Disease and Claim for Compensation, CA-2 (5 each)
- APMC Authorization and Medical Report, FS-6100-16 (10 each)
- Request for Examination and Treatment, CA-16 (10 each)
- Attending Physician's Report, CA-20 (5 each)
- Duty Status Report, CA-17 (5 each)
- Incident Injury Case File Envelope (20 each)
- Injury/Illness Log
- APMC Treatment Log

- OWCP District Office Listing (mailing address and telephone numbers)
- Agency-specific forms

7. EQTR kit

- Emergency Equipment Rental Agreement, OF-294 (10 each)
- Emergency Equipment Use Invoice, OF-286 (25 each)
- Emergency Equipment Shift Ticket, OF-297 (5 books)
- Emergency Equipment Rental-Use Envelope, OF-305 (25 each)
- Emergency Equipment Fuel and Oil Issue, OF-304 (5 books)
- Emergency Firefighter Time Report, OF-288 (10 each)
- Crew Time Report, SF-261 (1 book)
- Casual Hire, PMS 934 (20 each)
- Incident Behavior Form, PMS 935 (20 each)
- W-4 (20 each)
- Pay Plan for Emergency Workers (AD Pay Plan)
- Geographic area equipment rate supplement
- Agency-specific forms

B. Weight Limitation

The kit must be easily transportable and within agency weight limitation per the National Mobilization Guide (NFES 2092). As of the course publication date, the weight limitations for personal gear and kits are:

- One frameless soft pack (for personal gear) not to exceed 45 pounds.
- Web gear or briefcase (not both) not to exceed 20 pounds.

II. MOBILIZATION

A resource order is required for all mobilizations.

III. INCIDENT ACTIVITIES

Positions described in the units of this course are assumed to be working under the supervision of a unit leader.

A. Finance Section

1. Chain of command

All personnel assigned to incidents follow the chain of command to communicate information, problems, issues, and order resources.

2. The size and complexity of the incident determine the chain of command.

- The chain of command is through your incident supervisor. For example:
 - Type 1 incidents will usually have all section chief and unit leader positions filled.

- Type 2 incidents will usually have all section chief and most unit leader positions filled.
- Type 3 incidents will have some section chief and some unit leader positions filled.
- The incident supervisor at the Type 3 level may not have specific knowledge of your duties and responsibilities. For example:
 - You could be assigned to a Type 3 incident as a PTRC (5 crews, 10 overhead in a remote location).
 - There would be no Time Unit Leader or Finance/Administration Section Chief.
 - You would report directly to the incident commander, who may have little or no administrative or finance background.

3. Coordination and communication

It is important at all incident levels to:

- Take the initiative to gather pertinent information.
- Coordinate with other incident and incident agency personnel as appropriate.
- Communicate through the chain of command.

B. Initial Briefing

Upon arrival at the incident, complete the check-in process with the planning section using your resource order.

1. General information

When obtaining or giving a briefing, follow the information about common responsibilities in the PMS 210 (Chapter 3).

Be sure to obtain this information when receiving an in-briefing from your incident supervisor. If you are unsure of anything, ASK!

2. Position-specific information

Use the position checklist for PTRC, EQTR, INJR, and CLMS to assist you when performing your incident assignment (PMS 210, Chapter 3). Position specific tasks can also be found in the Position Task Book.

3. Incident Action Plan (IAP)

The IAP contains objectives reflecting the overall incident strategy and specific tactical actions and supporting information for the next operational period.

The IAP:

- Is prepared per operational period by the planning section.
- Provides essential information relative to the location and use of incident resources, such as:
 - Personnel and equipment assigned
 - Shift lengths
 - Medical plan

C. Special Teams

1. Buying Teams work for the incident Agency Administrator (AA) to support the incident acquisition effort.

Buying Teams are responsible for ensuring:

- Goods and services are purchased in accordance with agency policy.
- Records are complete.

Acquisitions are tracked from the resource order request through payment.

2. Payment Teams work for the incident Agency Administrator to make payment for:

- Supplies
- Services
- Emergency rental equipment
- Casuals

Payment Teams may be referred to as an Administrative Payment Team (APT).

3. Expanded dispatch operations are established when incident activity exceeds the local unit capability.

Expanded dispatch works for the incident agency and facilitates the ordering process.

D. Geographic Area Supplements

Ten geographic areas have been designated by wildland fire protection agencies to coordinate and effectively utilize resources within these areas.

- Geographic Area Coordination Centers (GACCs) act as focal points for internal and external resource requests not filled at the local level.
- Geographic area supplements to the IIBMH are developed by interagency business management groups.
 - Supplements usually encompass emergency equipment rental rates, AD rates, cost accounting, etc.
 - Supplements can be obtained from the administrative staff on your unit.
 - For assignments outside the geographic area, supplements can be obtained from your incident supervisor or the incident agency.
 - Supplements can usually be obtained from the website for each GACC or Coordinating Group Incident Business Committee.

E. Brief Incident Supervisor

Provide a daily briefing to your incident supervisor. Include information about:

- Work status
- Issues
- Problems and concerns from the previous operational period.

F. Brief Replacement/Incident Agency Personnel

You may be required to brief the individual who is assigned to the next operational period, your replacement, or when closing out with the incident agency.

Include information about:

- Work status
- Issues
- Problems
- Concerns
- Necessary follow-up

G. Incident Business Advisor (IBA)

A liaison and advisor to the Agency Administrator (AA) or Area Commander (AC) who works directly with the AA or AC.

- The IBA serves as a bridge to the AA, Incident Management Team, and other incident support functions.
- There are times you will work with an IBA.

IV. DEMOBILIZATION

The planning section develops a demobilization plan that outlines resource release priorities and demobilization procedures.

- Your incident supervisor determines your date and time of release and notifies the demobilization unit.
- The demobilization unit arranges transportation and notifies your home unit, through the dispatch system, of your estimated date and time of arrival.
- Prior to your release from an incident, you will be given an ICS 221 Demobilization Checkout form to complete.

To complete the ICS 221, you must obtain signatures of each section/unit identified on the form.

The signatures indicate that you:

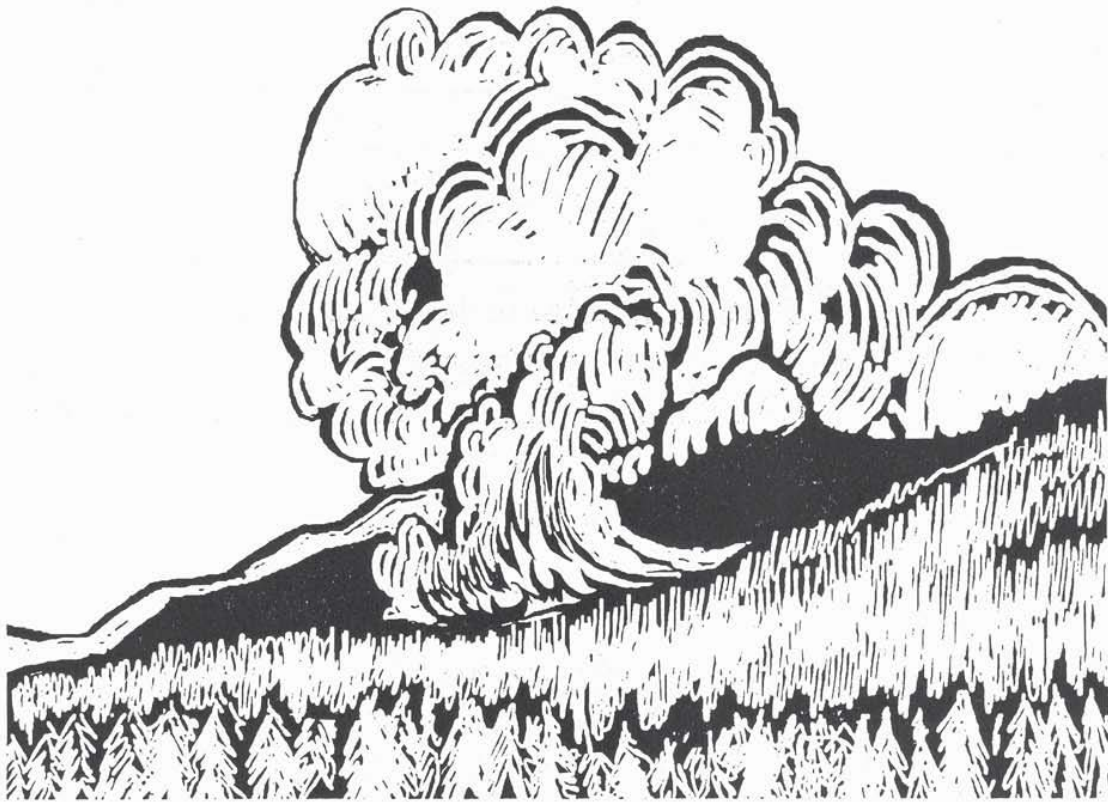
- Have nothing outstanding (unreturned property, etc.)

Incident Action Plan

South Fork Incident

0700-1900 Operational Period

9/10/XX



INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. OPERATIONAL PERIOD (DATE/TIME) 9/10/XX 0700-1900			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)			
1. Provide for extremely high levels of both firefighter and public safety.			
2. Protect private property.			
3. Protect fisheries values and potable water sources.			
4. Protect cultural resource values.			
5. Keep fires within established control lines.			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
Early morning fog and then partly cloudy with 50% chance of showers.			
High temp. 85 to 88 lower elevations and 70 to 73 on ridges at 8000 feet.			
Minimum RH 28 to 38% and 38 to 48% at 8000 feet. Winds S to SE 5 to 10 mph.			
7. GENERAL SAFETY MESSAGE			
In the event of thunderstorms, SEEK SHELTER IN VEHICLES!			
Stay dry, seek shelter during showers. Watch footing on wet slopes.			
8. ATTACHMENTS (✓ IF ATTACHED)			
<input checked="" type="checkbox"/> ORGANIZATION LIST (ICS 203) <input checked="" type="checkbox"/> ASSIGNMENT LIST (ICS 204) <input checked="" type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input checked="" type="checkbox"/> MEDICAL PLAN (ICS 206) <input checked="" type="checkbox"/> INCIDENT MAP <input checked="" type="checkbox"/> TRAFFIC PLAN	<input checked="" type="checkbox"/> Safety Message _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
9. PREPARED BY (PLANNING SECTION CHIEF) /s/ Sally Rand		10. APPROVED BY (INCIDENT COMMANDER) /s/ Brian Jones	

1. BRANCH		2. DIVISION/GROUP A		ASSIGNMENT LIST			
3. INCIDENT NAME South Fork			4. OPERATIONAL PERIOD DATE <u>9/10/XX</u> TIME <u>0700-1900</u>				
5. OPERATIONAL PERSONNEL							
OPERATIONS CHIEF <u>G. Brunner</u>			DIVISION/GROUP SUPERVISOR <u>Jim Williams</u>				
BRANCH DIRECTOR _____			AIR TACTICAL GROUP SUPERVISOR <u>B. Zink</u>				
6. RESOURCES ASSIGNED THIS PERIOD							
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME	
Salmon/Challis HS	X	H. Bloemeke	20	No	0700	1830	
SRV 23		G. Perez	19	Yes	0700	1830	
STEN		B. Jones	15	No	0700	1830	
Water Tender 15		F. Barlet	1	No	0700	1830	
7. CONTROL OPERATIONS Continue to mop-up and patrol 300 feet from control line. Direct bucket operations as needed. SRV 23 to drop point 1 by 1830. Water tender 15 return to base at 1830.							
8. SPECIAL INSTRUCTIONS Be aware of wet slopes and uneven footing. Take shelter in vehicles when lightning is observed.							
9. DIVISION/GROUP COMMUNICATIONS SUMMARY							
FUNCTION	FREQ.	SYSTEM	CHAN.	FUNCTION	FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	Rx 168.775	King	SUPPORT	LOCAL		
	REPEAT	Tx 164.9125	NIFC		REPEAT		
DIV./GROUP	Rx 171.525	King	Ch. 3	GROUND TO AIR	Rx 169.200	King	Ch. 6
TACTICAL	Tx 171.525	NIFC			Tx 169.200	NIFC	
PREPARED BY (RESOURCE UNIT LEADER) /s/ Bert Peters			APPROVED BY (PLANNING SECT. CH.) /s/ Sally Rand		DATE 9/9/XX	TIME 1800	

1. BRANCH		2. DIVISION/GROUP B		ASSIGNMENT LIST			
3. INCIDENT NAME South Fork				4. OPERATIONAL PERIOD DATE <u>9/10/xx</u> TIME <u>1700-1900</u>			
5. OPERATIONAL PERSONNEL							
OPERATIONS CHIEF <u>G. Brunner</u>				DIVISION/GROUP SUPERVISOR <u>A. James</u>			
BRANCH DIRECTOR _____				AIR TACTICAL GROUP SUPERVISOR <u>B. Zink</u>			
6. RESOURCES ASSIGNED THIS PERIOD							
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME	
Payette Regs.	X	T. Roy	20	Yes	0700	1830	
SOF2		M. England	1	No	0700	1830	
Water Tender 51		M. Sithe	1	No	0700	1830	
Engine 16		T. Jones	3	No	0700	1830	
Engine 45		J. Organ	3	No	0700	1830	
7. CONTROL OPERATIONS Continue to mop-up and patrol 300 feet from control line. Direct bucket operations as needed. Focus on small spot fires outside the main lines. Payette to DP 2 by 1830.							
8. SPECIAL INSTRUCTIONS Be aware of wet slopes and uneven footing. Take shelter in vehicles when lightning is observed. Water tender return to ICP at the end of operational period.							
9. DIVISION/GROUP COMMUNICATIONS SUMMARY							
FUNCTION	FREQ.	SYSTEM	CHAN.	FUNCTION	FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	Rx 168.775	King	Ch. 1	SUPPORT		
	REPEAT	Tx 164.9125	NIFC			REPEAT	
DIV./GROUP TACTICAL	Rx 163.8375 Tx 163.8375	King NIFC	Ch. 4	GROUND TO AIR	Rx 169.200 Tx 169.200	King NIFC	Ch. 6
PREPARED BY (RESOURCE UNIT LEADER) /s/ Bert Peters			APPROVED BY (PLANNING SECT. CH.) /s/ Sally Rand		DATE 9/9/XX	TIME 1800	

1. BRANCH		2. DIVISION/GROUP C		ASSIGNMENT LIST			
3. INCIDENT NAME			4. OPERATIONAL PERIOD DATE <u>9/10/XX</u> TIME <u>0700-1900</u>				
5. OPERATIONAL PERSONNEL							
OPERATIONS CHIEF <u>G. Brunner</u>			DIVISION/GROUP SUPERVISOR <u>P. Fields</u>				
BRANCH DIRECTOR _____			AIR TACTICAL GROUP SUPERVISOR _____				
6. RESOURCES ASSIGNED THIS PERIOD							
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME	
Targhee Reg	X	S. Johnson	20		0700	1830	
SRV 51		B. Jones	17		0700	1830	
SOF2		B. Lemon	1		0700	1830	
7. CONTROL OPERATIONS Continue to mop-up and patrol 300 feet from control line. Work toward forest road 161. Return to ridge camp at the end of the operational period.							
8. SPECIAL INSTRUCTIONS Be aware of wet slopes and uneven footing. Take shelter in vehicles when lightning is observed.							
9. DIVISION/GROUP COMMUNICATIONS SUMMARY							
FUNCTION	FREQ.	SYSTEM	CHAN.	FUNCTION	FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	Rx 168.775	King	SUPPORT			
	REPEAT	Tx 164.9125	NIFC				
DIV./GROUP	Rx 163.100	King	Ch. 5	GROUND	Rx 169.200	King	Ch. 6
TACTICAL	Tx 163.100	NIFC		TO AIR	Tx 169.200	NIFC	
PREPARED BY (RESOURCE UNIT LEADER) /s/ Bert Peters			APPROVED BY (PLANNING SECT. CH.) /s/ Sally Rand		DATE 9/9/XX	TIME 1800	

INCIDENT RADIO COMMUNICATIONS PLAN		1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME	
		South Fork	9/9/XX 2000	9/10/XX 0700-1900	
4. BASE RADIO CHANNEL UTILIZATION					
SYSTEM/CACHE	CHANNEL	FUNCTION	FREQUENCY/TONE	ASSIGNMENT	REMARKS
King NIFC	1	Command Repeat	Rx 168.775 Tx 164.9125	Command Repeat	Div A, B, C, ICP
King NIFC	2	Command Direct	Rx 168.775 Tx 168.775	Command Direct	Div A, B, C,
King NIFC	3	TAC	Rx 171.525 Tx 171.525	Tactical	Div A
King NIFC	4	TAC	Rx 163.8375 Tx 163.8375	Tactical	Div B
King NIFC	5	Air/Ground	Rx 169.200 Tx 169.200	Air to ground	Div A, B, C
King NIFC	6	Logistics	Rx 158.225 Rx 158.225	Logistics	ICP/Base
5. PREPARED BY (COMMUNICATIONS UNIT)					
/s/ Robert Robertson					

NFES 13.3A

205 ICS (9/66)

MEDICAL PLAN	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD					
	South Fork	9/9/XX	1800	9/10/XX	0700-1900				
5. INCIDENT MEDICAL AID STATIONS									
MEDICAL AID STATIONS	LOCATION			PARAMEDICS					
				YES	NO				
South Fork	ICP				X				
6. TRANSPORTATION									
A. AMBULANCE SERVICES									
NAME	ADDRESS		PHONE	PARAMEDICS					
				YES	NO				
A-1 Ambulance Service	205 Courthouse-Challis			208-788-4200	X				
B. INCIDENT AMBULANCES									
NAME	LOCATION			PARAMEDICS					
				YES	NO				
645 Helicopter	South Fork Helibase				X				
7. HOSPITALS									
NAME	ADDRESS		TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
			AIR	GRND		YES	NO	YES	NO
Challis Hospital	900 E.Main, Challis		.75	2.5	208-788-5515	X			X
St. Alphonsis Hospital	1055 N. Curtis, Boise		1.0	3.25	208-367-2111		X		X
University Hospital	50 N. Medical Dr. Salt Lake City		2.5	7	801-581-2121	X		X	
8. MEDICAL EMERGENCY PROCEDURES									
Local transportation by air to hospital in Challis. For burn center - University Hospital									
Lat N40-49.5, Long W111-50.1. In an emergency contact division supervisor or safety officer.									
The DIVS or SOF will then contact ICP for instructions.									
206 ICS 8/78		9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)				
		/s/ Tim Peters			/s/ Fred Smith				

NFES 1331

AIR OPERATIONS SUMMARY

PREPARED BY: Brent Cook		PREPARED DATE/TIME: 9/9/XX 2000		SUNRISE: 0635		SUNSET: 2056							
1. INCIDENT NAME South Fork		2. OPERATIONAL PERIOD DATE: 9/10/XX		START TIME: 0715		END TIME: 2115							
3. REMARKS (Safety Notes, Hazards, Air Operations Special Equipment, etc.):													
4. MEDEVAC A/C: 5. TFR: Radius: _____ NM Altitude: _____ MSL Centerpoint: Lat: _____ Long: _____													
6. PERSONNEL		7. FREQUENCIES		8. FIXED-WING		#Available/ Type/ Make-Model/ FAA N#/ Bases							
AOBD:		Phone		AM		FM							
ATGS:		AIR/AIR FW:		AIR/AIR RW:		Airtankers							
HICO:		AIR/GROUND:		169.200		Leadplanes							
ASGS:		COMMAND: (Simplex)		Rx: 168.775 Tx: 164.9125		Base FAX#							
HEBM:		COMMAND RPT		ATGS Aircraft		Potterville Airport							
ATB MGR:		DECK FREQ.:		Cessna 210 - 3KA		208-779-9987							
		TOLC FREQ.:		Other									
9. HELICOPTERS (Use Additional Sheets As Necessary)													
FAA N#	TY	MAKE/MODEL	BASE	AVAIL	START	REMARKS	FAA N#	TY	MAKE/MODEL	BASE	AVAIL	START	REMARKS
N645	L3	Long Range II		0700	0930	Bucket							
				0700	0845	Recon							

Safety Message

It has been an accident free fire so far. Lets Keep it That Way!

Be careful of your footing on the line. The rain will make it slick!

Be heads up for lightning in the area.

Take shelter in vehicles if it is observed in the area!

Because of the bear problem ...

Keep Your Camp Clean!

Don't take food to your sleeping area; you may have an uninvited guest during the night!

Fred Smith
Safety Officer

FIRE BEHAVIOR FORECAST

FORECAST NO: 6

NAME OF FIRE: *South Fork* **PREDICTION FOR:** *Day Operational Period*

UNIT: *Challis NF* **OPERATIONAL PERIOD:** *9/10/XX*

TIME AND DATE SIGNED: 1900 9/9/XX

FORECAST ISSUED: 1800- 9/9/XX **Fire Behavior Analyst**

WEATHER SUMMARY: *Same weather pattern continues. Partly cloudy with 30% chance of showers and thunderstorms. High temp. 76-83°, RH 25-35%, 20 foot winds SW 10-20 mph, stronger near thunderstorms. LAL - 3, Haines Index - 4 low. Increasing winds SW overnight and Wednesday.*

FIRE BEHAVIOR

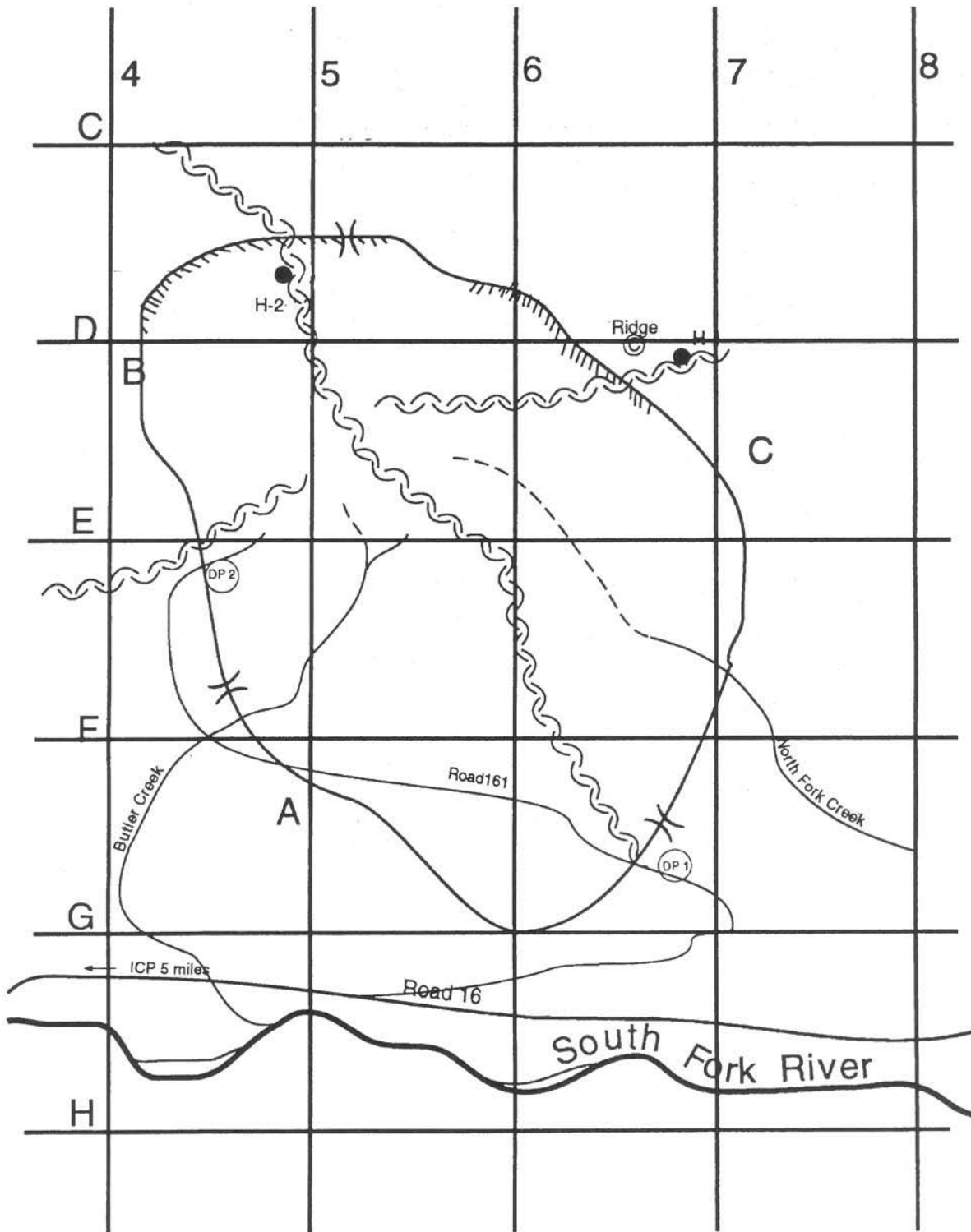
GENERAL: *Wetter cooler weather will moderate fire behavior. Expect low rates of spread on new starts, they should be associated with wet thunderstorms.*

SPECIFIC: *Divisions A, B, C should expect little activity. Could still be some minor torching.*

AIR OPERATIONS: *Patchy valley fog in the morning may limit visibility. Possible gusty winds near ridge tops in the afternoon.*

SAFETY: *Be alert for thunderstorms and associated winds and rain. Be prepared to stay dry. Watch footing on wet slopes.*

South Fork Fire 9/10/XX



DEMOBILIZATION CHECKOUT		ICS-221
1. INCIDENT NAME/NUMBER Sand Creek ID-BOF-267	2. DATE/TIME 8/25 1200	3. DEMOB. NO. ID-BOF-267-13
4. UNIT/PERSONNEL RELEASED Barbara Moore, PTRC		
5. TRANSPORTATION TYPE/NO. Government vehicle A-126931		
6. ACTUAL RELEASE DATE/TIME 8/25 1800	7. MANIFEST YES <input checked="" type="radio"/> NO NUMBER _____	
8. DESTINATION Boise, Idaho	9. AGENCY/REGION/AREA NOTIFIED NAME BOF SO DATE 8/25	
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING <i>/s/ Pete Smith, DOCL</i>		
11. UNIT/PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: (DEMOB. UNIT LEADER CHECK <input checked="" type="checkbox"/> APPROPRIATE BOX)		
<u>LOGISTICS SECTION</u>		
<input checked="" type="checkbox"/> SUPPLY UNIT <i>/s/ Jim King</i>		
<input checked="" type="checkbox"/> COMMUNICATIONS UNIT <i>/s/ Monte Gonzales</i>		
<input checked="" type="checkbox"/> FACILITIES UNIT <i>/s/ Tim Grey</i>		
<input checked="" type="checkbox"/> GROUND SUPPORT UNIT LEADER <i>/s/ Dave Engle</i>		
<u>PLANNING SECTION</u>		
<input checked="" type="checkbox"/> DOCUMENTATION UNIT <i>/s/ Fred White</i>		
<u>FINANCE SECTION</u>		
<input checked="" type="checkbox"/> TIME UNIT <i>/s/ Betty Zims</i>		
<u>OTHER</u>		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
12. REMARKS Checkout with time unit last. Turn Demob Checkout Form into time unit.		
221 ICS 1-83		

INSTRUCTIONS FOR COMPLETING THE DEMOBILIZATION CHECKOUT
(ICS FORM 221)

Prior to actual Demob Planning Section (Demob Unit) should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demob and release. If any, add to line Number 11.

Item Number	Item Title	Instructions
1.	Incident Name/No.	Print Name and/or Number of incident.
2.	Date & Time	Enter Date and Time prepared.
3.	Demob No.	Enter Agency Request Number, Order Number, or Agency Demob Number if applicable.
4.	Unit/Personnel Released	Enter appropriate vehicle or Strike Team/Task Force I.D. Number(s) and Leader's name or individual over-head or staff personnel being released.
5.	Transportation	Method and vehicle I.D. Number for transportation back to home unit. Enter N/A if own transportation is provided. *Additional specific details should be included in Remarks, block #12.
6.	Actual Release Date/Time	To be completed at conclusion of Demob at time of actual release from incident. Would normally be last item of form to be completed.
7.	Manifest	Mark appropriate box. If yes, enter manifest number. Some agencies require a manifest for air travel.
8.	Destination	Location to which Unit or personnel have been released, i.e., Area, Region, Home base, Airport, Mobilization Center, etc.
9.	Area/Agency/Region Notified	Identify Area, Agency, or Region notified and enter date & time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. Note, not all agencies require these ratings.
11.	Resource Supervision	Demob Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check, (unit requirements as needed), i.e. Safety Officer, Agency Rep., etc.
12.	Remarks	Any additional information pertaining to demob or release.

*GPO 1985-0-593-005/14032

UNIT 1 QUIZ

1. List two reference items that should always be included in your kit.
2. List five items of information you should obtain during the initial briefing from your unit supervisor.
3. List two items of information you should provide to your incident supervisor on a daily basis.
4. Upon arriving at the incident, you should first check in with the _____ and then report to your _____.
5. Who determines your date and time of release from the incident?

Applied Interagency Incident Business Management, S-261

Unit 2 – Personnel Time Recorder

OBJECTIVES:

Upon completion of this unit, students will be able to:

1. Demonstrate proficiency in the accurate completion of incident personnel time records.
2. Establish, post and maintain time record files.
3. Apply appropriate pay regulations when posting personnel time.
4. Identify personnel and coordination necessary in the time recording process.
5. Identify process necessary to demobilize incident personnel.

I. INCIDENT ASSIGNMENT

You are assigned to the time unit as a Personnel Time Recorder (PTRC).

The PTRC establishes, records, and maintains incident personnel time records.

On most incidents the time unit utilizes Time Module, a component of I-Suite, for time recording. Refer to the training materials on the I-Suite website for current procedures: <http://isuite.nwcg.gov/>

A. Initial Supervisory Briefing

The PTRC gathers incident specific information from the incident supervisor to include:

1. Copy of the IAP; the PTRC reviews for current incident status.
2. Resources on, or ordered for the incident.
3. Incident agency requirements regarding documentation, forms, etc.

B. Personnel Assigned to the Incident

The PTRC gathers information regarding number and the types of resources assigned to the incident and the time recording requirements for each.

The planning section can provide a listing of personnel by category (Federal, state, county).

C. Working Relationships

1. The PTRC is assigned a work area in the time unit. This facilitates coordination necessary to:
 - Obtain personnel time
 - Ensure document completion
 - Perform audits

2. To ensure communication and receipt of documentation, the PTRC establishes a cooperative working relationship with the:
 - Time unit leader
 - Compensation/claims unit leader
 - Resources unit leader
 - Incident supervisors

II. ESTABLISH AND MAINTAIN PERSONNEL TIME RECORDS

A. Collect Time Reports

1. PTRC duties:

- Arriving personnel check in with the status/check-in recorder (normally co-located with the planning section), then report to the time unit.
- Resources supplies time unit with information to start Emergency Firefighter Time Report (OF-288) and turn in a Crew Time Report (CTR) with travel time.
- PTRC initiates a time record for each employee in the time module of I-Suite.

Crews turn in a crew manifest which will be used to assist with creating the time record in the time module of I-Suite.

- If applicable, the PTRC obtains a copy of the crew agreement from the crew boss or crew representative.

The PTRC reviews the agreement to ensure that the terms are met.

- The PTRC collects and reviews CTRs daily to ensure all personnel information is accurate and complete.
- The PTRC compares time records on file with a listing of incident resources to ensure all personnel are submitting CTRs and are assigned to the incident.

The planning section can provide this information. The IAP or I-Suite is a source of information regarding personnel and crews assigned to the incident.

2. PTRC is responsible for:

- Applying appropriate pay regulations.
- Recognizing and resolving posting problems.
- Performing audits on time records.
- Referring discrepancies to the time unit leader.
- Posting prescription, medical, and other deductions.
- Faxing OF-288s (if circumstances permit).
- Closing out time records.

B. Resource Order Number

All incident resources are assigned a resource order number. Incident resources are ordered and released by this number.

1. Overhead are assigned an “O” number, such as O-10, O-15.
2. Crews are assigned a “C” number, such as C-20, C-31.
3. Equipment are assigned an “E” number, such as E-32, E-140.

C. Contract Time

Contractors and contract crews submit their paperwork to the procurement unit.

III. RECRUITMENT/PAY/TIME (IIBMH, CHAPTER 10)

A. Recruitment

1. Responsibilities
2. Organized crews
3. Casuals

Forms (Chapter 10, Exhibits)

- Employment Eligibility Verification, Form I-9
 - Single Resource Casual Hire Information, PMS 934
 - Incident Behavior, PMS 935-1
 - W-4 Form
4. Cooperators
 - Military personnel
 - National Guard
 - State and local cooperators
 - Federal cooperators
 - Permittees

EXERCISE 1: Recruitment/Pay/Time

Time: Allow students 5 minutes to answer the questions then review answers.

1. The time unit leader brings over three local area individuals who need to be hired as casuals. Two will be assigned to the camp crew and one will be a status/check-in recorder. You (as the PTRC) are asked to review the hiring forms. What pay rates will be assigned to:
 - a. Camp crew?
 - b. Firefighter Type 2?
2. Jorge L. Chavez, Jr. (a FFT2) has a state issued driver's license and a social security card in his possession. All other identification is at home. Can you complete the Employment Eligibility Verification, I-9 with this information? If yes, why? If no, why not?
3. Complete Sections 1 and 2 of the I-9 (SW page 2.23) for Jorge (make up an address, date of birth, social security number, etc.).
4. What documents should a casual complete to avoid being taxed at the highest rate?

End of Exercise.

B. Pay Provisions

1. Responsibilities
2. One day assignments
3. Multiple day assignments
 - Guaranteed hours
 - Spot change tour of duty
 - Differentials
4. Last day of incident
5. Detail assignments
6. Off-site / remote incident
7. On-shift time
8. Travel and related waiting time
9. Ordered Standby
10. On-call
11. Off-shift time
12. Meal periods
13. Work/Rest
14. Incident operations driving
15. Length of assignment
16. Management directed days off at home unit

17. Supervisory personnel
18. Holiday pay
19. Inadequate food and lodging
20. Callback provisions
21. Sickness
22. Medical treatment
23. Hazard pay
24. Environmental differential

It is important to document hazard pay and environmental differential exposure on the CTR.

25. FLSA exemption modifications

EXERCISE 2: Pay Provisions

1. When does travel time begin?
2. Are individuals compensated from the time they are notified by dispatch of an incident assignment?
3. Are individuals compensated for time spent packing their personal gear at home?
4. Are regular government employees compensated for all time in travel status?
5. Are casuals compensated for all time in travel status?
6. Are meal breaks required to be shown during travel?

7. What constitutes a meal break while in travel status?

8. What is the maximum shift length, after the first operational period that can be worked without requiring a written justification?

9. What limitations are placed on drivers to perform their duties?

10. List three items to be included in a personnel time recorder kit.

End of Exercise.

C. Personnel Timekeeping/Recording

1. Objective
2. Responsibilities
3. Definitions (SF-261 vs. OF-288)
4. Crew Time Report, SF-261
5. Emergency Firefighter Time Report, OF-288
6. Closing out Emergency Firefighter Time Reports
 - Time Unit reviews
 - Resources signs
 - PRTC maintains copy for files
 - Original to home unit
7. Common timekeeping issues
 - Local residents on site
 - Multiple camps
 - Crossing time zones

EXERCISE 3: Personnel Timekeeping

Time: Allow students 5 minutes to answer the questions then review answers.

1. List three items that should be indicated on a Crew Time Report, SF-261.
2. List three items that should be noted in the remarks section of the Crew Time Report.
3. List three items of information you (as the PTRC) should provide to Jorge (casual employee) during the hiring process.

EXERCISE 4: Firefighter Time Report

Jorge Chavez (from Exercise 1) was contacted 8/1 at 1800, left home at 2000, and arrived at the incident at 0130. He was told to report for duty 8/2 at 1800.

1. Establish an Emergency Firefighter Time Report, OF-288 for Jorge (make up information as necessary, SW page 2.27).
2. Record the travel time.

EXERCISE 5: Crew Time Report

Exercise Preparation: For this exercise, use the forms on pages 2.29 – 2.33. You will also use the Emergency Firefighter Time Report from Exercise 4.

1. The Crew Time Report shows hazard pay for Jorge L. Chavez, Jr. Is Jorge entitled to hazard pay? Why or why not?
2. If Jorge is not entitled to hazard pay, show how this would be documented on his Crew Time Report.
3. Post the Crew Time Report for Jorge to the Emergency Firefighter Time Report from Exercise 4. Complete all steps of the posting process.
4. There are only six hours of work time recorded for Jorge on 8/2. What actions should be taken?

5. All members of the crew for Engine 206 worked 16 hours on 8/3 (this was their third shift on the incident). What documentation is required for work shifts exceeding 16 hours after the first operational period?

Who approves the excess hours?

6. Samantha Snyder, engine crew boss, consistently shows more work time than any of the other engine personnel. Is this cause for concern? Why or why not?
7. No meal breaks are shown on the Crew Time Report for Engine 206 on 8/04. What action should be taken?
8. Indicate on the Crew Time Report for Engine 206, if anything else is missing.
9. Post the Crew Time Report for all members of Engine 206 to their Emergency Incident Time Report. Complete all steps of the posting process.

End of exercise.

IV. COMMISSARY

Commissaries may be hired locally under an Incident Only EERA. In addition, some states may utilize an agency-provided commissary. Follow local guidelines for implementation of agency-provided commissary units and contract provisions for EERA commissaries.

A. Personal Purchase

An employee may have a need for a critical item to be purchased while on the incident. Possible examples:

- Boot replacement
- Eye glass repair
- Prescription refill

B. Process

1. Employee completes request for the purchase with specific details of item. If the Commissary Issue Record (OF-287) form is not available, General Message Form, ICS-213 is acceptable.
2. Time Unit Leader (or designee) submits the request to the Ordering Manager to fill. It should be clearly identified that it is a personal commissary purchase.
3. If employee is a contractor, the individual must obtain contract owner approval.
4. PTRC will make a deduction on the OF-288. If contracted employee, PTRC provides documentation to EQTR to make a deduction on the OF-286.
5. The home unit is responsible for making the commissary deduction for regular government employees in their applicable time keeping system.

V. DEMOBILIZATION

A. Demobilization Plan

1. The demobilization unit provides a demobilization schedule. A copy is given to the time unit.

The demobilization schedule lists crews and single resource demobilization dates and times.

2. The demobilization unit provides each crew or single resource with a Demobilization Checkout, ICS 221.

The time unit leader may designate the PTRC to complete the demobilization process and sign the Demobilization Checkout.

B. Checklist for Closing Out Time Reports

1. Time unit requests crew bosses review time records prior to demobilization. This allows for early resolution of problems. If applicable, time unit ensures commissary purchases are deducted from OF-288
2. Upon completion of the final operational period, the incident supervisor submits the CTR, including beginning travel time.
3. The PTRC posts work and beginning travel time in accordance with IIBMH guidelines.
4. Demobilizing personnel review the time report to ensure accuracy. All resources must sign the time report.
5. The PTRC distributes Emergency Firefighter Time Reports and CTRs in accordance with IIBMH and incident agency guidelines. The PTRC ensures all other appropriate documentation is attached.

C. Incident Finance Package and Payments

1. Follow incident agency guidelines for final incident finance package.
2. If there are casualties to be paid, submit the OF-288 and original hiring forms (if applicable) to the incident agency or payment center as appropriate.

RESOURCE ORDER		Initial Date/Time 07/30/12 1438		2. Incident / Project Name Large Fire Support 2012		3. Incident / Project Order Number ID-SCF-000012		Financial Codes P4EK5C [P]								
OVERHEAD						4. Office Reference Number		9. Jurisdiction / Agency Salmon-Challis National Forest								
5. Descriptive Location Salmon		6. TWN 21N		RNG 22E		SEC 06		10. Ordering Office Central Idaho Interagency Fire Center								
		LAT. 45 10 50 N		Base MDM Boise, ID		B. Incident Base / Phone Number Aircraft 208-756-5157 Central Idaho Dispatch 208-756-5157 Expanded Supply 208-756-5280 Expanded Equipment 208-409-5580 Expanded Overhead 208-756-5582										
		LONG. 113 53.40 W														
11. Aircraft Information																
Bearing	Distance	VOR	Contact Name	Frequency Type	Assigned Frequency	Reload Base	Other Aircraft / Hazards									
24	13	LKT		Air to Air	124.225	MYL	IFixed Hazard N/A (See Documentat - 45 10 50 N 113 51 49 W									
250	57	DLN		Air to Ground	172.400	MSO	IFixed Hazard N/A (See Documentat - 45 11 43 N 113 52 09 W									
209	70	CPN		Flight Following	168.650	WYS	BOI									
						PIH										
12. Request Number																
Ordered Date/Time	From	To	Qty	Resource Requested	Needed Date/Time	Deliver To	From Unit	To Unit	Assigned Date/Time	Resource Assigned Unit ID	Resource Assigned	M/D In'd	Estimated Time Of Departure	Estimated Time Of Arrival	Released Date	Released To
09/07/12 1706 MST	208-756- 5157	ID-CIC	1	AIRCRAFT DISPATCHER (ACDP) (Smith, George W (OR-VAC)) (T-R)	09/09/12 0805 MST	Salmon	OR-VAC	ID-CIC	09/07/12 1745 MST	OR-VAD	Smith, George W (OR-VAC) (T)	D	09/23/12 0900 MST	09/23/12 1700 MST	09/23/12 0850 MST	Vale District Dispatch (OR-VAC)
Travel Mode ROV										Financial Code P4EK5C		Special Needs Priority trainee for ACDP AOV or ROV, Cell, Laptop approved				
13. User Documentation										Reporting Instructions						
Req. No.										Documentation						
O-58										Request O-58 - AIRCRAFT DISPATCHER (ACDP) - [ID-SCF-000012] Large Fire Support 2012 has been filled with Smith, George W (OR-VAC) by George Smith@OR-VAC ROSS.						
O-58										George Smith Cell # 208-286-8946						
										Entered By George Smith (OR-VAC) 09/07/2012 1745 MST George Smith (OR-VAC) 09/08/2012 1008 MST						



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

**3-D Barcode
Do Not Write in This Space**

Signature of Employee: _____	Date (mm/dd/yyyy): _____
------------------------------	--------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: _____		Date (mm/dd/yyyy): _____		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
---	--	----------------	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

**Official Document for Extended Work Shift
and/or
Deviation From 2:1 Work Rest Policy**

Date:	Time:	Incident Number:	Incident Name:	Unit:
Incident Type:	Operational Period:	Incident Commander:	IC Type (1-5)	
Justification				
Name of Individual(s) or Crew:				
Description of Situation: (Y)				
Shifts in excess of 16 hours on _____ was due to:				
<input type="checkbox"/> Travel Time not administratively controllable. <input type="checkbox"/> Mobilization and travel of resources to incident location or relocation to incident facilities. <input type="checkbox"/> Establishing and maintaining administrative, planning, and logistical support for incident. <input type="checkbox"/> Evacuation, triage, structure protection, or emergency rescue. <input type="checkbox"/> Establishing initial control of lines of the fire. <input type="checkbox"/> Extended attack efforts to control potentially devastating incident activity. <input type="checkbox"/> Incident unable to provide personnel with adequate food and lodging. <input type="checkbox"/> Other/Additional:				
Extended hour(s)	Date:	Work Hours:	Total Hours:	
Rational: (Y)				
<input type="checkbox"/> Emergency mobilization of resources to and from incident or facilities. <input type="checkbox"/> Efforts required setting up, supporting, and undertaking incident control actions. <input type="checkbox"/> Imperative operational defensive actions to prevent loss of life, resources and property damage. <input type="checkbox"/> Extenuating circumstances resulted in personnel being left on-location without food and lodging. <input type="checkbox"/> Other/Additional:				
Mitigation Measures				
Actions taken to reduce impact on firefighter safety and reduce fatigue: (Y)				
<input type="checkbox"/> Rest extended into the following operational period. Hours adjusted _____ On shift by: <input type="checkbox"/> Other:				
Mitigation hour(s)	Date:	Hours:	Total Hours:	

Blue Mtn Incident Management Team
 Columbia Shuttle Recovery
 Excessive Hours/Work Rest Documentation

Date	Name	Position	Exc Hrs	W/R	*Hrs Exc Hrs Short	Justification and/or Mitigation

*Hrs Exc = Hours exceeding 16; Hrs Short = Hours short of meeting 2:1 Work Rest guidelines

Notes:

Incident Commander Approval _____

EMERGENCY FIREFIGHTER TIME REPORT										1. Identification Number F12345				
2. Social Security Number XXX-XX-XXXX			3. Initial Employment (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No			4. Type of Employment (X one) <input type="checkbox"/> Casual <input checked="" type="checkbox"/> Regular Gov't Employee <input type="checkbox"/> Other								
5. Transferred From			6. Hired At			7. Employee Has (X one) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Quit		8. Entitled To Return Travel Time (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Entitled To Return Transportation (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No				
ZIP CODE MUST BE ENTERED BELOW										IN CASE OF ACCIDENT NOTIFY				
10. Name (First, Middle, Last) Samantha Snyder						15. Name Mike Snyder								
11. Street Address Vale District BLM						16. Street Address 3000 W. 122nd								
12. City Vale		13. State OR		14. Zip Code 83704		17. City Seattle		18. State WA	19. Telephone No. (Include Area Code) (206)111-2222					
20. FIRE LOCATION IDENTIFICATION														
Column A			Column B			Column C			Column D					
1. Fire Name River Road			1. Fire Name			1. Fire Name			1. Fire Name					
2. Fire Number ID-PNF-030		3. Unit Code	2. Fire Number		3. Unit Code	2. Fire Number		3. Unit Code	2. Fire Number		3. Unit Code			
4. Fire Location Payette District		5. State ID	4. Fire Location		5. State	4. Fire Location		5. State	4. Fire Location		5. State			
6. Firefighter Classification Engine CB		7. Rate GS	6. Firefighter Classification		7. Rate	6. Firefighter Classification		7. Rate	6. Firefighter Classification		7. Rate			
8. Date and Time a. Year XX			8. Date and Time a. Year			8. Date and Time a. Year			8. Date and Time a. Year					
Mo. b	Day c	Start d	Stop e	Hours f	Mo. b	Day c	Start d	Stop e	Hours f	Mo. b	Day c	Start d	Stop e	Hours f
08	02	1500	1800	3.00 ^T										
08	02	1830	2030	4.00 ^T										
08	02	2100	2300	2.00										
9. Total Hours →					9. Total Hours →					9. Total Hours →				
10. Gross Amount (item 7 x item 9) →					10. Gross Amount (item 7 x item 9) →					10. Gross Amount (item 7 x item 9) →				
11. Inclusive Dates →					11. Inclusive Dates →					11. Inclusive Dates →				
12. Time Officer's Signature					12. Time Officer's Signature					12. Time Officer's Signature				
13. Date Signed					13. Date Signed					13. Date Signed				
21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.										22. Commissary Record				
										a. Date	b. Item		c. Amount	
A Comm. BC2800	B. Rate	C. Miles/ Hours	D. Accounting Classification			E. Object Class			F. Amount					
			(a)	(b)	(c)	(a)	(b)	(c)						
										Gross Salary or Equip Rental				
										Total →				
23. Remarks										24. ADO Check Number and Stamp				
										Gross Earning				
										Comm Deduct				
										Net Earning				
NOTE: The above items are correct and proper for payment from available appropriations.														
25. Employee (Signature)					26. Time Officer (Signature)									

EMERGENCY FIREFIGHTER TIME REPORT										1. Identification Number F12346					
2. Social Security Number XXX-XX-XXXX			3. Initial Employment (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No			4. Type of Employment (X one) <input type="checkbox"/> Casual <input checked="" type="checkbox"/> Regular Gov't Employee <input type="checkbox"/> Other									
5. Transferred From			6. Hired At			7. Employee Has (X one) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Quit		8. Entitled To Return Travel Time (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Entitled To Return Transportation (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No					
ZIP CODE MUST BE ENTERED BELOW						IN CASE OF ACCIDENT NOTIFY									
10. Name (First, Middle, Last) Michael George						15. Name Alice George									
11. Street Address Vale District BLM						16. Street Address 100 First Avenue									
12. City Vale		13. State OR		14. Zip Code 83704		17. City Vale		18. State OR		19. Telephone No. (Include Area Code) (206)888-1234					
20. FIRE LOCATION IDENTIFICATION															
Column A			Column B			Column C			Column D						
1. Fire Name			1. Fire Name			1. Fire Name			1. Fire Name						
2. Fire Number		3. Unit Code	2. Fire Number		3. Unit Code	2. Fire Number		3. Unit Code	2. Fire Number		3. Unit Code				
4. Fire Location		5. State	4. Fire Location		5. State	4. Fire Location		5. State	4. Fire Location		5. State				
6. Firefighter Classification		7. Rate	6. Firefighter Classification		7. Rate	6. Firefighter Classification		7. Rate	6. Firefighter Classification		7. Rate				
8. Date and Time a. Year XX			8. Date and Time a. Year _____			8. Date and Time a. Year _____			8. Date and Time a. Year _____						
Mo. b	Day c	Start d	Stop e	Hours f	Mo. b	Day c	Start d	Stop e	Hours f	Mo. b	Day c	Start d	Stop e	Hours f	
08	02	1500	1800	3.00 ^T											
08	02	1830	2030	4.00 ^T											
9. Total Hours →				9. Total Hours →				9. Total Hours →				9. Total Hours →			
10. Gross Amount (item 7 x item 9) →				10. Gross Amount (item 7 x item 9) →				10. Gross Amount (item 7 x item 9) →				10. Gross Amount (item 7 x item 9) →			
11. Inclusive Dates →				11. Inclusive Dates →				11. Inclusive Dates →				11. Inclusive Dates →			
12. Time Officer's Signature				12. Time Officer's Signature				12. Time Officer's Signature				12. Time Officer's Signature			
13. Date Signed				13. Date Signed				13. Date Signed				13. Date Signed			
21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.										22. Commissary Record					
										a. Date		b. Item		c. Amount	
A Comm. BO2600	B. Rate	C. Miles/ Hours	D. Accounting Classification			E. Object Class			F. Amount						
			(a)	(b)	(c)	(a)	(b)	(c)							
										Gross Salary or Equip Rental					
										Total →					
23. Remarks										Gross Earning					
										Comm Deduct					
										Net Earning					
NOTE: The above items are correct and proper for payment from available appropriations.															
25. Employee (Signature)					26. Time Officer (Signature)							24. ADO Check Number and Stamp			

EMERGENCY FIREFIGHTER TIME REPORT											1. Identification Number F12347				
2. Social Security Number XXX-XX-XXXX			3. Initial Employment (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No			4. Type of Employment (X one) <input type="checkbox"/> Casual <input checked="" type="checkbox"/> Regular Gov't Employee <input type="checkbox"/> Other									
5. Transferred From N/A			6. Hired At Nampa, ID			7. Employee Has (X one) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Quit			8. Entitled To Return Travel Time (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Entitled To Return Transportation (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No				
ZIP CODE MUST BE ENTERED BELOW											IN CASE OF ACCIDENT NOTIFY				
10. Name (First, Middle, Last) Alexander Smith						15. Name Sasha Smith									
11. Street Address Vale District BLM						16. Street Address 842 West Avenue									
12. City Vale			13. State OR		14. Zip Code 83704		17. City Vale		18. State OR	19. Telephone No. (Include Area Code) (206)888-2314					
20. FIRE LOCATION IDENTIFICATION															
Column A			Column B			Column C			Column D						
1. Fire Name River Road			1. Fire Name			1. Fire Name			1. Fire Name						
2. Fire Number ID-PNF-030		3. Unit Code	2. Fire Number		3. Unit Code	2. Fire Number		3. Unit Code	2. Fire Number		3. Unit Code				
4. Fire Location Payette District		5. State ID	4. Fire Location		5. State	4. Fire Location		5. State	4. Fire Location		5. State				
6. Firefighter Classification Firefighter		7. Rate WG	6. Firefighter Classification		7. Rate	6. Firefighter Classification		7. Rate	6. Firefighter Classification		7. Rate				
8. Date and Time a. Year XX			8. Date and Time a. Year			8. Date and Time a. Year			8. Date and Time a. Year						
Mo. b	Day c	Start d	Stop e	Hours f	Mo. b	Day c	Start d	Stop e	Hours f	Mo. b	Day c	Start d	Stop e	Hours f	
08	02	1500	1800	3.00 ^T											
08	02	1830	2030	4.00 ^T											
9. Total Hours →			9. Total Hours →			9. Total Hours →			9. Total Hours →						
10. Gross Amount (item 7 x item 9) →			10. Gross Amount (item 7 x item 9) →			10. Gross Amount (item 7 x item 9) →			10. Gross Amount (item 7 x item 9) →						
11. Inclusive Dates →			11. Inclusive Dates →			11. Inclusive Dates →			11. Inclusive Dates →						
12. Time Officer's Signature			12. Time Officer's Signature			12. Time Officer's Signature			12. Time Officer's Signature						
13. Date Signed			13. Date Signed			13. Date Signed			13. Date Signed						
21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.						22. Commissary Record									
A. Comm. BO2800						a. Date									
B. Rate						b. Item									
C. Miles/Hours						c. Amount									
D. Accounting Classification (a) (b) (c)						E. Object Class (a) (b) (c)									
F. Amount						Gross Salary or Equip Rental									
						Total →									
23. Remarks						24. ADO Check Number and Stamp									
NOTE: The above items are correct and proper for payment from available appropriations.						Gross Earning									
						Comm Deduct									
						Net Earning									
25. Employee (Signature)						26. Time Officer (Signature)									

UNIT 2 QUIZ

1. A regular government employee submits a Crew Time Report for 10 hours of work and rest. You, as the PTRC, question the 10 hours and he informs you that his tour of duty at his home is Monday through Thursday, 10 hours each day; therefore, he is guaranteed 10 hours per day, Monday through Thursday. He wants you to record 10 hours for his R&R day. How do you respond?
2. Who is entitled to be in pay status when in an inadequate food and lodging situation?
3. List two examples of off shift time.
4. How many hours are guaranteed to casuals?
5. Who is responsible for maintaining the filing system in the time unit?

6. List three sections/units/positions the PTRC coordinates with. Specify what coordination occurs.

7. AD rates are established at the point of hire and will not change if the individual is sent to a different geographical rate area.
 - a. True
 - b. False

8. Individuals may sign their Crew Time Report with permission of the incident supervisor.
 - a. True
 - b. False

9. Crew supervisors get paid for attending briefings.
 - a. True
 - b. False

10. PTRC should only audit time records prior to demobilization.
 - a. True
 - b. False

11. The time unit leader resolves all personnel time posting problems.
 - a. True
 - b. False

12. Casuals must sign the OF-288 during the demobilization process.
 - a. True
 - b. False

13. Casuals must be given the opportunity to complete income tax withholding forms before they are hired.
 - a. True
 - b. False

Applied Interagency Incident Business Management, S-261

Unit 3 – Compensation for Injury Specialist

OBJECTIVES:

Upon completion of this unit, students will be able to:

1. Demonstrate proficiency in the accurate completion and distribution of compensation for injury forms.
2. Establish and maintain compensation for injury records.
3. Identify categories of appropriate medical treatment.
4. Identify personnel involved in the injury/illness reporting and documentation process.

I. INCIDENT ASSIGNMENT

You are assigned to and supervised by the Compensation/Claims Unit Leader (COMP) as a Compensation for Injury Specialist (INJR).

The INJR is responsible for authorizing medical treatment and ensuring that necessary paperwork is completed. Close coordination is required with the Medical Unit.

A. Initial Supervisory Briefing

Additional incident specific information to obtain from your incident supervisor include:

1. Copy of the IAP; the INJR reviews for current incident status.
2. Medical plan; the INJR reviews for:
 - Information on medevacs
 - Nearest medical facility
 - Nearest burn unit
3. Information regarding injuries/illnesses reported to date.
4. Information regarding potential for injury/illness
 - Steep terrain may precipitate sprains
 - Weather changes may precipitate cold/flu symptoms
5. Names and locations of safety officer and medical unit personnel.
6. Availability of Agency Provided Medical Care (APMC).

7. Incident agency requirements regarding documentation, forms, etc.

The incident agency confirms the process for:

- Submitting original documentation to home units.
- Documentation and treatment authorization requirements for personnel covered under state workers' compensation.
- Incident finance package requirements.

B. Personnel Assigned to the Incident

The INJR gathers information regarding the types of resources assigned to the incident and the workers' compensation requirements for each.

1. The planning section, or I-Suite, can provide a listing of personnel by category (federal, state, county, etc.).
2. The incident is required to provide emergency medical treatment to all assigned resources, including contractors and military personnel.
3. Agreements and contracts specify responsibility of medical cost repayment.
 - Contractors are responsible for providing workers' compensation coverage to their employees.

The incident may provide emergency medical treatment and will deduct the cost from the contractor invoice.

Documentation will be provided to the procurement unit from INJR.

- Military support units usually provide medical facilities and treatment to military personnel assigned to an incident.

Coverage is under the Department of Defense.

C. Working Relationships

The INJR is usually assigned a work area in or adjacent to the Medical Unit.

This facilitates coordination necessary to track injuries/illness, and ensure document completion and follow-up.

1. To ensure communication and receipt of documentation, the INJR establishes a cooperative working relationship with the:
 - Compensation/Claims Unit Leader
 - Medical Unit
 - Safety Officer
 - Medical Facilities
 - Time Unit Leader
 - Facilities Unit Leader
 - Ground Support Unit Leader
 - Supply Unit

2. The INJR:

- Notifies the COMP and Medical Unit of sleeping area location in the event of night medevacs.
- Supports the SOF with the initial investigation and initial documents for:
 - Serious injury/illness
 - Fatality
 - Motor vehicle accident with personal injury

Law Enforcement and special teams may be called in to complete the investigation.

- Provides information to the SOF regarding injury/illness trends.

Example: Five people working in Division C on the day shift have reported being stung by yellow jackets. INJR would notify the safety officer. Safety officer would investigate, and if warranted, would notify incident personnel, through the IAP, of the hazard.

EXERCISE 1: Injury Specialist

1. List five items to be included in the INJR kit.

2. How do you determine what resources are assigned to the incident?

Why is this necessary?

3. All personnel assigned to an incident are provided first aid treatment at no cost.
 - a. True
 - b. False

End of Exercise.

II. COMPENSATION FOR INJURY/ILLNESS (IIBMH, CHAPTER 10)

A. Authorities

- Federal workers' compensation program
- Agency Provided Medical Care (APMC)
- State workers' compensation program

B. Responsibilities

- Incident Agency
- Incident Management Team
- Finance/Administration Section Chief
- COMP or INJR
- Supervisor
- Employee
- Home Unit

C. Definitions

- First Aid Case
- Medical Care
- Occupational Illness/Disease
- Physician
- Third-Party Cases
- Submission Requirements
- Traumatic Injury

D. Federal Workers' Compensation

- The Federal Employees' Compensation Act (FECA)
 - Provides compensation benefits to civilian employees
- Coverage under FECA
 - Covered: civilian federal employees
 - Not covered: contractors, inmate crews, military personnel

E. Authorizing Medical Care

- Traumatic Injuries
 - OWCP has authorized agencies to issue form CA-16 (Request for Examination and/or Treatment)
- Occupational Disease or Illness
 - OWCP rarely allows treatment related to disease/illness

F. Continuation of Pay (COP)

- Definition and entitlement
 - Intent of COP is to avoid interruption of income
 - 45 day maximum
- Controversy
- COP recording procedures
 - Begins the day following injury
 - Document on OF-288

G. Selection of Physician

- FECA entitles employee to select physician of their choice
- Emergency incident based on proximity of services

H. Agency Provided Medical Care (APMC)

- Separate from the provisions of FECA
- COMP/INJR is responsible to counsel employee
- Authority for APMC
 - Department of Agriculture Organic Act
 - Granger-Thye Act
- APMC coverage
 - Medical visit and one follow-up
- Employee choice of processes
 - Use of APMC instead of FECA is voluntary
- APMC use for traumatic injuries does not cover non-first aid treatments
- APMC should not be authorized for non-work related injuries/illness (including dental treatment)
- Contractors may **not** use APMC
- State *may* not utilize APMC
- Military medical units provide treatment for military personnel
- The FSC coordinates with incident agency to establish APMC

- Incident personnel/agency pays authorized costs
- M# assigned for treatment under APMC
- Authorize medical treatment with FS-6100-16
- Document APMC and M# on all injury forms
- Document services on Incident Injury/Illness Log
- Do **not** issue CA-16 form for APMC

I. Procedures and Documentation Required for FECA or APMC

- Traumatic Injury (laceration, back strain from picking up one heavy box, etc.)
 - Form required: CA-1
 - Complete as soon as possible
- Occupational Illness/Disease (camp crud, smoke inhalation over several shifts, etc.)
 - Form required: CA-2
 - Complete as soon as possible
- Prescriptions should be obtained using local pharmacies that accept OWCP
- Fatality
 - Home unit processes claim
 - Forms: CA-1, CA-16

J. Forms Distribution

- Submit to OWCP within 10 days of signing
- COMP utilizes the Incident Injury Case File Envelope for forms
- Incident Injury/Illness Log should be used to document injuries/illnesses
- **ALL** compensation for injury documents are protected by the Privacy Act

K. State and Cooperators Workers' Compensation Coverage

- State workers' compensation
 - Utilize state specific injury/illness form
 - If state form is not initially available, appropriate CA-1 or CA-2 can be used
 - State employee is responsible to contact home unit
 - Do not issue CA-16
- Cooperators
 - Usually covered under home unit workers' compensation program (state, county, etc.)
 - Utilize home unit specific forms
 - Follow FECA or APMC if cooperator is hired as federal casual

L. Example Forms

- Examples of the following forms are located at Chapter 10, Exhibits:
 - CA-1
 - CA-2
 - CA-16
 - FS-6100-16
 - Incident Injury/Illness Log
 - OF-288 (showing COP)
 - OF-313

EXERCISE 2: Compensation for Injury/Illness

1. When does COP terminate for a casual?

2. For each example below, indicate whether it would be classified as a “T” for Traumatic Injury or “O” for Occupational Disease/Illness.
 - ___ Finger laceration
 - ___ Bronchitis
 - ___ Broken arm
 - ___ Back strain (moving furniture for three days)
 - ___ Tendonitis (loading airplanes on 14 day incident assignment)
 - ___ Sprained ankle
 - ___ Smoke inhalation (one day exposure to smoky conditions)
 - ___ Metal particle in eye
 - ___ Carpal tunnel syndrome (operating chain saw over an eight week period)

3. Who is involved in the initial injury/illness documentation process?

End of Exercise.

III. PAY PROVISIONS FOR INJURIES AND ILLNESSES

A. Time Loss

The INJR coordinates with the time unit to ensure documentation of time loss.

1. Light or limited duty

Incident personnel may be afforded light or limited duty at the incident based on medical documentation and the availability of light duty.

- This does not apply to contract personnel.
- The INJR, incident supervisor, and medical unit coordinate this effort.
- The incident supervisor documents light duty and hours on the individual's CTR and the individual is paid accordingly.

2. Sick leave

- A regular government employee, who is incapacitated for incident work due to illness, receives guarantee hours on the first day.
 - Sick leave is taken for subsequent days, if within the normal tour of duty.
 - The incident supervisor documents sick leave/guarantee on the individual's CTR.

- Casuals are not entitled to sick leave.
 - Casuals receive eight guarantee hours for each day held at the incident.
 - The incident supervisor documents guarantee hours on the casual's CTR.

3. Continuation of pay (federal)

- Regular government employees and casuals are entitled to Continuation of Pay (COP) if incapacitated for duty as the result of a traumatic injury.
 - COP begins the day after the date of injury.
 - The incident supervisor documents COP on the individual's CTR.
 - Generally, personnel in COP status are released from the incident.

B. Travel and Waiting Time for Medical Treatment

- Time spent traveling to/from medical facility is considered compensable travel time.
- Time spent receiving medical attention is also compensable.

EXERCISE 3: Pay Provisions

1. An eight-person camp crew from the Riggins Ranger District consisting of federal casuals and federal regular government employees is assigned to the Rocky Road (#1001) incident. The camp crew is exposed to an influenza virus and becomes ill. APMC is authorized at a local clinic. The physician recommends light duty for eight hours, then return to regular duty.
 - a. What form is necessary to document the illness?
 - b. What form is used to authorize agency provided medical care at the local clinic?
 - c. How is the light duty noted on the Crew Time Report, SF-261?
 - d. How many “M” numbers will you need to authorize APMC treatment for all affected crew members?
 - e. Complete the APMC Treatment Log for three of the camp crew members: John Black, Sally Morgan, and Isaac Winters (students can make up information as necessary). Start with M#1.
 - f. On what documents do you record the “M” number?

- e. Assist Kathy in completing the employee portion of the CA-1 as she is unable to write. Make up information as necessary.

- f. Authorize medical treatment on the Authorization for Examination and/or Treatment, CA-16. The medical provider is Memorial Hospital. Make up information as necessary.

- g. Establish an Incident Injury Case File Envelope for Kathy March.

- h. Document the injury on the Injury/Illness Log.

End of Exercise.

IV. DEMOBILIZATION

A. Demobilization Plan

The demobilization unit provides a demobilization schedule to the Finance section.

The demobilization schedule lists incident resource demobilization dates and times.

B. Closing Injury Compensation Records

The INJR completes reporting forms, finalizes logs, and notes follow-up needed (hospitalized personnel, outstanding medical treatment documents).

C. Incident Finance Package

Compensation for injury documents are protected by the Privacy Act and documents should be handled accordingly. The Incident Injury/Illness Log should be retained in the incident records.

COMPLETE FORM FOR QUESTION 1e

AGENCY PROVIDED MEDICAL CARE (APMC) TREATMENT LOG

INCIDENT NAME	INCIDENT NO.	CONTRACT AGREEMENT NO.	COMPENSATION SPECIALIST	HOME UNIT ADDRESS/PHONE		
M # & DATE	NAME & SSN	HOME UNIT	NATURE OF INJURY/ILLNESS	TREATMENT	FORMS PREPARED	DISPOSITION AND DATE

COMPLETE FORM FOR QUESTION 2e

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data			
1. Name of employee (Last, First, Middle)			2. Social Security Number
3. Date of birth Mo. Day Yr.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone	6. Grade as of date of injury Level Step
7. Employee's home mailing address (Include city, state, and ZIP code)			8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other

Description of Injury			
9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)			

10. Date injury occurred Mo. Day Yr.	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr.	12. Employee's occupation
---	--	--	---------------------------

13. Cause of injury (Describe what happened and why)

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)	a. Occupation code	
	b. Type code	c. Source code
	OWCP Use - NOI Code	

Employee Signature	
---------------------------	--

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

- b. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.
- a. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ **Date** _____

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Witness Statement	
--------------------------	--

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Name of witness	Signature of witness	Date signed
Address	City	State ZIP Code

Form CA-1
Rev. Apr. 1999

COMPLETE FORM FOR QUESTION 2f

Authorization for Examination
And/Or Treatment

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



The following request for information is authorized by law (5 USC 8101 et. seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974, and OMB Cir. No. A-108.

OMB No: 1215-0103
Expires: 09-30-91

PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service:

2. Employee's Name (last, first, middle)

3. Date of Injury (mo,day,yr)

4. Occupation

5. Description of Injury or Disease:

6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 11, subject to the condition stated in item A and to the condition indicated either 1 or 2, in item B.

A. Your signature in item 35 Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services.

B. 1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.

2. There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be to the injury or the employment.

7. If a disease or illness is involved, OWCP Approval for issuing Authorization was Obtained from: (Type Name and Title of OWCP Official).

8. Signature of Authorizing Official:

9. Name and Title of Authorizing Official: (Type or print clearly)

10. Local Employing Agency, Telephone Number:

11. Date (mo, day, year)

12. Send one copy of your report: (Fill in remainder of address)

13. Name and Address of Employee's Place of Employment:

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs

Department or Agency

Bureau or Office

Local Address (including Zip Code)

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to the Office of Information Management, Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Form CA-16
Rev. Oct. 1988

COMPLETE FORM FOR QUESTION 2g

NAME OF CLAIMANT	DATE OF INJURY OR ILLNESS	FIRST AID AMPC [] FIRST AID OWCP [] INCIDENT BASE TREATMENT []	RESOURCE ORDER NUMBER M -
INCIDENT NAME	INCIDENT NUMBER		

CHECK LIST FOR CASE FILES

(Indicate Whether Completed)	YES (Date)	NO
*CA-1 - Report of Injury		
*CA-2 - Report of Illness		
CA-16 - Request for Examination and/or Treatment		
FS-6100-16 - Agency Provided Medical Care Authorization and Medical Report		
CA-17 - Duty Status Report		

CLAIMANT ASSIGNED TO: _____
(Claimant Name or OH Section)

CLAIMANT'S HOME UNIT: _____
(Agency)

(Address)

(Telephone No. with Area Code)

SUPERVISOR ON INCIDENT: _____

SUPERVISOR'S HOME UNIT: _____
(Agency)

(Address)

(Telephone No. with Area Code)

*NOTE: ORIGINAL of all medical forms must go to the employee's home (or hiring) unit. Retain COPY in the Incident Finance file.

Follow-up Needs/Comments: _____

COMPENSATION FOR INJURY SPECIALIST/UNIT LEADER	HOME UNIT TELEPHONE NUMBER	FINANCE SECTION CHIEF'S INITIALS
--	----------------------------	----------------------------------

INCIDENT INJURY CASE FILE ENVELOPE

COMPLETE FORM FOR QUESTION 2h

INJURY/ILLNESS LOG

INCIDENT NAME # _____ PAGE _____ of _____

DATE OF INJURY	NAME & HOME UNIT ADDRESS	CREW NAME	SUPERVISOR NAME	APMC M#	CA-1	CA16	1500	CA17	CA20	CA-2	CA35	NATURE OF INJURY/REMARKS

- Completes medical documentation forms.
- Reports injury/illness to incident supervisor.
- Obtains information from the INJR on injury/illness trends.
- Communicates with medical providers to ensure prompt completion of paperwork.
- Submits reportable cases to OWCP/state workers' compensation office.
- Bills incident agency for APMC treatment expenses.
- Advises incident personnel of their compensation rights and responsibilities.
- Supervises the INJR.
- Provides first aid to incident personnel.
- Deducts medical treatment costs from contractor invoices.
- Records COP, time loss, sick leave on personnel time reports.
- Completes required reporting documents for subordinates.
- Processes final payment to APMC providers.
- Follows up on hospitalized incident personnel.
- Recommends additional medical treatment (beyond what the incident can provide).
- Authorizes off-incident medical treatment.
- Establishes APMC agreements with local medical providers.
- Coordinates investigation of serious injuries, motor vehicle accidents, fatalities.

Applied Interagency Incident Business Management, S-261

Unit 4 – Claims Specialist

OBJECTIVES:

Upon completion of this unit, students will be able to:

1. Identify types of claims.
2. Identify claim forms and supporting documentation required to submit a claim.
3. Identify personnel and coordination necessary in the claims investigation process.

I. INCIDENT ASSIGNMENT

You are assigned to and supervised by the Compensation/Claims Unit Leader (COMP) as a Claims Specialist (CLMS).

The CLMS is responsible for managing all claims- related activities (other than injury) for an incident.

A. Initial Supervisory Briefing

Additional incident specific information from the incident supervisor to include:

1. Copy of the IAP. The CLMS reviews for:
 - Number of resources
 - Contractors/Agency
 - Current incident status
2. Information regarding existing and potential claims.
3. Incident agency requirements regarding claims.

B. Working Relationships

The CLMS is assigned a work area in the compensation/claims unit. This facilitates communication with the compensation/claims unit leader.

The CLMS establishes a cooperative working relationship with the:

- COMP
- Procurement Unit Leader
- Safety Officer
- Security/law enforcement
- Ground Support Unit Leader
- Facilities Unit Leader
- Supply Unit Leader

II. CLAIMS (IIBMH, CHAPTER 70)

A. Authorities

- Contract Disputes Act of 1978
- Federal Tort Claims Act
- Non-Tort Act of May 27, 1930 (Property Damage)
- Military Personnel and Civilian Employees Claims Act

B. Responsibilities

- Agency Administrator
- Incident Commander
- Finance/Administration Section Chief
- Compensation/Claims Unit Leader
- Incident personnel
- Supervisor
- Safety Officer
- Contracting Officer
- Claimant

C. Definitions

- Claim
- Claimant
- Contract
- Government vehicle
- Negligence
- Solicitor/Office of the General Counsel
- Tort and Non-Tort

D. Claims Investigations

Ideally, the investigation is completed by law enforcement personnel coordinated with SOF. Serious accidents will be investigated by an investigation team.

E. Claims Filing

1. Contract Claims

- No specific form is required for Contract Claims but must be documented by contractor.
- Incident Contracting Officer can adjudicate on site and compensate or deduct from OF-286.
- Must be filed within six years. (Contract Disputes Act of 1978)
- Example: Contract water tender transmission becomes inoperable and vendor wants it repaired.

2. Tort/Non-Tort Claims

- Provide SF-95 to claimant when requested.
- DO NOT assist claimant with form.
- Compile claims package.
- Submit claim to incident agency.
- Claim must be filed within two years.
- Tort claim example: Private citizen is involved in a motor vehicle accident with a government vehicle. The private citizen would file a tort claim to seek reimbursement for damages.
- Non-tort claim example: Government contracted dozer destroys a fence owned by private party while accessing a fire. **Non-Tort Claims apply only to the Forest Service.**

3. Employee Claims

- Employee completes AD-382 or DI-570 and attaches supporting documentation such as receipt, two repair estimates, etc.
- Employee must file a claim according to home unit procedures to document loss and request reimbursement.
- Compile claims package.
- Employee claim example: A crew member's gear is stolen. The individual may file an employee claim to seek compensation.

4. Government Claims

- Document the damage.
- Compile claims package.
- Process according to incident agency procedures and policy.
- Government claim example: A private vehicle damages a government vehicle.

5. Government Property Damage

- Employee documents property damage (OF-289 or appropriate incident or home unit form)
- Submit to logistics for approval.
- Item may be replaced by the incident cache, by incident personnel that have been given proper authority, or upon return to home unit.
- Government property damage example: Government GPS unit damaged while on fireline. Document on AD-112 and submit to logistics section.

EXERCISE: Claims

Exercise Instructions: Students are to place the corresponding letter of the claim type next to the appropriate description.

Time: Allow five minutes to complete the exercise then review solutions.

E = Employee Claim, C = Contract Claim, T = Tort Claim, N=Non-Tort

- A landowner has irrigation pipes damaged by incident personnel backing up without a spotter.
- A casual loses an expensive portable electronic device.
- Contract water tender transmission becomes inoperable and the owner wants it replaced.
- Dozer rollover results in the death of an owner/operator during team transition. The widow files a claim for the death of her spouse.
Note: Contract claims are for equipment damage. A tort claim would be filed for the dozer operator (private citizen).
- On a Forest Service incident a landowner files a claim for a burnt fence.
- Employee's personal tent is damaged in a wind event.
- A contract sawyer's chain saw is left on the fireline and is burned over.
- Casual's personal pack is dropped out of a helicopter sling load in remote area and not recovered.
- Regular government employee's laundry is not returned from the laundry contractor.
- A refrigeration unit on the catering truck burns out and the owner wants it to be repaired or replaced.

End of Exercise.

U.S. DEPARTMENT OF AGRICULTURE REPORT OF UNSERVICEABLE, LOST, STOLEN DAMAGED OR DESTROYED PROPERTY	PROPERTY REPORT NO.	DATE
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SECTION I - ACCOUNTABLE PROPERTY OFFICER'S REPORT

STATUS OF PROPERTY (Check only one - report each type separately) <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Unserviceable <input type="checkbox"/> Obsolete <input type="checkbox"/> Damaged </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Lost or stolen <input type="checkbox"/> Cannibalized for parts <input type="checkbox"/> Destroyed <input type="checkbox"/> Others </td> </tr> </table>	<input type="checkbox"/> Unserviceable <input type="checkbox"/> Obsolete <input type="checkbox"/> Damaged	<input type="checkbox"/> Lost or stolen <input type="checkbox"/> Cannibalized for parts <input type="checkbox"/> Destroyed <input type="checkbox"/> Others	2. REPORTING ACTIVITY (Show agency, unit, and address)
<input type="checkbox"/> Unserviceable <input type="checkbox"/> Obsolete <input type="checkbox"/> Damaged	<input type="checkbox"/> Lost or stolen <input type="checkbox"/> Cannibalized for parts <input type="checkbox"/> Destroyed <input type="checkbox"/> Others		

3. PROPERTY ITEMS (See attachment for additional entries)

QUANTITY (Or property no.) (A)	ITEM DESCRIPTION AND OTHER DETAILS, INCLUDING SERIAL NUMBERS AND ACQUISITION DATE (Give present condition and estimated cost of repair) (B)	ACQUISITION COST (C)	EXPLANATION/DISPOSAL INSTRUCTIONS (If lost, stolen, or destroyed, give detail. Was this reported to proper authorities?) (D)

4. NAME IN PRINT AND SIGNATURE OF CUSTODIAN	DATE	5. NAME IN PRINT AND SIGNATURE OF ACCOUNTABLE PROPERTY OFFICER	DATE
---	------	--	------

**SECTION II - PROPERTY MANAGEMENT OFFICER'S REVIEW AND RECOMMENDATION
DETERMINATION FOR LOST, STOLEN, DAMAGED, OR DESTROYED PROPERTY**

1. After due consideration of all known facts and circumstances in this case, it is determined that:

a. The loss, theft, damage, or destruction did not result from employee negligence and any involved employees are hereby relieved of liability.

b. There appears to be gross negligence involved; therefore, the case is returned to agency officials for appropriate action under the Debt Collection Act.

c. There appears to be negligence involved; therefore, the case is returned to agency personnel officials for consideration of disciplinary action.

2. NAME IN PRINT AND SIGNATURE OF PROPERTY MANAGEMENT OFFICER	3. DATE
---	---------

SECTION III - AUTHORIZATION FOR CANNIBALIZATION, ABANDONMENT, OR DESTRUCTION OF UNSERVICEABLE PROPERTY

1. Unserviceable property listed above is hereby authorized for cannibalization, abandonment, or destruction in accordance with FPMR 101-45.9 based on any of the following determinations as further explained in section I-3 (D):

<input type="checkbox"/> a. Property has no commercial value. <input type="checkbox"/> b. Health, safety, or security considerations require immediate abandonment or destruction. <input type="checkbox"/> c. Costs of care and handling exceed expected small lot sales proceeds. <input type="checkbox"/> d. Regulation or directive requires abandonment or destruction.	<input type="checkbox"/> e. Property is uneconomical to repair/not needed by another user and may be cannibalized for parts. (Cannibalization is a form of use and property management regulations shall apply. Remainder of property must be disposed of through usual procedures.)
---	--

2. SIGNATURE OF PROPERTY MANAGEMENT OFFICER	3. DATE
---	---------

**SECTION IV - CERTIFICATION FOR COMPLETION OF CANNIBALIZATION, ABANDONMENT, OR DESTRUCTION:
I certify that cannibalization, abandonment, or destruction action for the items authorized under Section III was completed on this date in accordance with I-3 (D).**

1. SIGNATURE OF ACCOUNTABLE PROPERTY OFFICER	2. DATE
3. SIGNATURE OF WITNESS	4. DATE

SECTION V - CERTIFICATIONS OF PROPERTY AND FISCAL OFFICERS

1. SIGNATURE OF PROPERTY MANAGEMENT OFFICER (The necessary entries have been made to adjust property records.)	2. DATE
SIGNATURE OF FISCAL OFFICER (The necessary action has been taken to adjust the accounting records and, where required by a determination made under Section II above, to effect collection from involved employee(s).)	4. DATE

UNIT 4 QUIZ

1. List two items to be included in a claims specialist kit.

2. List two individuals the CLMS would coordinate with regarding claims investigations. Explain their responsibilities in the investigation process.

3. List three supporting documents for an employee claim.

4. All claims and potential claims must be promptly investigated and reported.
 - a. True
 - b. False

5. Incident personnel should advise individuals to file a claim if they feel reimbursement will be made.
 - a. True
 - b. False

6. Incident-related claims must be filed at the incident site.
 - a. True
 - b. False

7. What form (name and number) would a Department of Interior employee use to file an employee claim?

8. Match the type of claim with the claimant.

T = Tort/Non Tort

C = Contract

E = Employee

G = Government Claim or Property Damage

- Casual
- Landowner NOT working on the incident
- Caterer
- Regular government employee
- Government employee with damaged government GPS unit

Applied Interagency Incident Business Management, S-261

Unit 5 – Equipment Time Recorder

OBJECTIVES:

Upon completion of this unit, students will be able to:

1. Demonstrate the ability to accurately initiate and complete incident equipment time records.
2. List forms required to document contract usage.
3. Apply applicable contract provisions when posting equipment time.
4. Identify personnel and coordination necessary in the contract use/payment process.
5. Describe the process to close out records and demobilize contractors.

I. INCIDENT ASSIGNMENT

You are assigned to and supervised by the Procurement Unit Leader (PROC) as an Equipment Time Recorder (EQTR).

The EQTR is responsible for the recording of time for all equipment assigned to an incident.

On most incidents the procurement unit utilizes the time module of I-Suite for time recording. There may be times, due to the size of the incident (Type 2 or below) when there is no procurement unit leader on the incident.

The Finance/Administration Section Chief (FSC) or other incident supervisor will designate the location and reporting chain of the EQTR.

A. Initial Supervisory Briefing

Additional incident specific information from the incident supervisor to include:

1. Copy of the IAP; the EQTR reviews for current incident status.
2. Information regarding contract resources ordered and assigned.
3. Copy of geographic area equipment rates which provide information regarding equipment rates, payment procedures, etc.
4. Incident agency requirements regarding contract documentation, forms, etc.

The incident agency identifies the process for submitting payment documentation and incident finance package requirements.

B. Personnel Assigned to the Incident

The EQTR gathers information regarding contract resources assigned to the incident, and the timekeeping and recording requirements for each. The planning section or I-Suite can provide this listing.

C. Working Relationships

The EQTR is assigned a work area in the procurement unit. This facilitates coordination necessary to obtain contractor time, ensure document completion and follow-up.

To ensure communication and receipt of documentation, the EQTR establishes a cooperative working relationship with:

- Procurement unit leader
- Time unit leader
- Resource unit leader
- Ground support unit
- Facility unit personnel

II. ESTABLISH AND MAINTAIN CONTRACT RECORDS

A. Collect Contract Documentation

1. Arriving contractors:

- Check in with the status/check-in recorder.
- Report to the appropriate unit for inspections before reporting to the procurement unit.
- Supply the procurement unit with contract paperwork to start OF-286 and turn in a shift ticket with travel time.

2. The EQTR:

- Initiates OF-286 for each contractor.
- Initiates the equipment envelope, if necessary.
- Collects and reviews shift tickets daily to ensure all information is accurate and complete.
- Compares contract records on file with a listing of incident resources to ensure all resources are submitting shift tickets and are assigned to the incident.

The planning section or I-Suite can provide this information. The IAP is a source of information regarding resources assigned to the incident.

- Directs contractors without appropriate paperwork to the procurement unit leader.

The EQTR does not have the authority to establish a contract without delegated procurement authority.

- Applies appropriate contract terms and conditions.
- Recognizes and resolves posting problems.
- Performs audits on time records.
- Refers discrepancies to the procurement unit leader.
- Posts prescription, medical, and other deductions.
- Closes out time records.

3. Documentation forms

- Incident Blanket Purchase Agreement (I-BPA), SF-1449
- Emergency Equipment Rental Agreement (EERA), OF-294
- Vehicle/Heavy Equipment Inspection Checklist, OF-296
- Resource Order
- Emergency Equipment Rental-Use Envelope, OF-305
- Contracts as applicable
 - Contract crews
 - National interagency contractors

4. Resource Order number

All incident resources are assigned a resource order number. Incident resources are ordered and released by this number.

- a. Equipment is assigned an “E” number, such as E-32, E-140.

“E” numbers are posted on the equipment (usually on the windshield).
- b. Contract crews are assigned a “C” number, such as C-20, C-31.
- c. Services are assigned an “S” number (telephone systems, laundry, etc.).

The EQTR obtains a listing of resources and order numbers from the logistics section (supply unit).

Incident agency expanded dispatch and/or the buying team can provide a listing of resources processed through those functions.

This listing is used to determine if arriving equipment has been ordered.

Equipment may arrive without a resource order number, or have a duplicate resource order number with another piece of equipment.

EXERCISE 1: CONTRACT RECORDS

1. List five forms to be included in an equipment time recorder kit.
2. List two specific pieces of information an equipment time recorder should obtain at the initial briefing.
3. What forms should the equipment hiring official initiate or complete and forward to the incident procurement unit with the contractor?

4. Should a contractor start work without an inspection?

Why?

5. An equipment contractor arrives at the procurement unit to check in. The contractor tells you that he had received a call from dispatch and was told to report to the incident. The contractor has no hiring paperwork, but does have an Emergency Equipment Rental Agreement, OF-294, that expired last year and is willing to complete a new agreement. Ground support did not complete an inspection since his contract was not current. The contractor does not have the name of the person that contacted him or an "E" number.

What actions would you take?

End of Exercise.

B. Time Reporting Procedures

1. The procurement unit leader:

Establishes contract time/use submission procedures and designates a drop-off point for the shift tickets (“In Box”) in the procurement unit area.

2. The EQTR:

- Informs contractors of time submission procedures.
 - The government official supervising the equipment is responsible to submit contract equipment and operator time.
 - Contract equipment time is submitted on an Emergency Equipment Shift Ticket, OF-297 (Shift Ticket).
 - CTR is not required for an equipment operator when the equipment is under contract and the operator is provided.
 - Contract crews submit time or use per contract provisions (on CTR, SF-261).
- Reviews agreement provisions with the contractor and the contractor’s incident supervisor to facilitate correct recording of time/use on the shift ticket.
 - Shift tickets and CTRs must be signed and submitted daily.
 - Contractors and the government official supervising the equipment must sign the shift ticket.
 - Ground support unit supervises transportation related equipment (buses, pickups, fuel trucks).

- Operations personnel supervise equipment assigned to the operations section (dozers, lowboys, tenders, engines).
- Facilities unit supervises contractor services (portable toilets, shower units, potable water, laundry service.)
- Food unit supervises caterer.
- Audits shift ticket/CTR prior to posting to ensure complete information and adherence to contract terms and pay regulations.
- Notifies procurement unit leader of excessive shift lengths.
 - Excessive shift lengths will be documented in accordance with the IIBMH.

C. Maintaining Contract Records

The procurement unit leader establishes the unit filing system. In the absence of, or as requested by the procurement unit leader, the EQTR sets up the filing system.

1. The filing system:

- Facilitates the posting process, information retrieval, and the demobilization process.
- Provides documentation for the incident finance package.

Files will be easily transportable if it becomes necessary to move the camp or if a weather event occurs.

2. The contract filing system includes:
 - Emergency Equipment Use Envelope, OF-305, and all contents.
 - Filed alphabetically by contractor name or by E-number.
 - Depending on incident size, envelopes may be grouped by type of equipment and filed alphabetically (buses, suppression equipment, pickups).
 - Logs and other supporting documents.

EXERCISE 2: DOCUMENT SUBMISSION

Time: Allow students 5 minutes to answer the questions. Review answers.

1. Four pickup trucks (with operators) have been contracted from Mistletoe Construction. The Emergency Equipment Rental Agreement, OF-294, specifies a mileage rate plus guarantee. What document is submitted to report time/use for the pickups?

What document is submitted to report time for the drivers?

2. A dozer and transport have been hired from TW Trucking. Incident Blanket Purchase Agreement, SF-1449, specifies a daily rate for the dozer and a mileage rate and guarantee for the transport. The transport driver will also operate the dozer. Can time/use for both pieces of equipment be reported on the same document?

What document(s) are submitted to report time/use?

3. List three sections/units/positions the EQTR coordinates with. Specify what coordination occurs.

End of Exercise.

III. ACQUISITION (IIBMH, CHAPTER 20)

Have students follow along in their IIBMH as you expand on these topics:

A. Authority

- Federal agencies authority is derived from the Federal Property and Administrative Services Act of 1949, 41 U.S.C. 253 as amended.
- State authorities are derived under the specific statutes for each state.

B. Policy

- Promote competition to the maximum extent possible.
- Request quotations/offers from as many potential sources as is practical.
- Federal agencies shall use simplified acquisition procedures.

C. Responsibilities

- Incident Agency
- Procurement Unit leader
- Buying Team

D. Definitions

- Contracting Officer's *Technical* Representative (COTR or COR)
- Dry
- Emergency Equipment Rental Agreement (EERA)
- Incident Blanket Purchase Agreement (I-BPA)
- Incident Contract Project Inspector (ICPI)
- Wet
- Work Rate
 - Daily rate
 - Single shift
 - Double shift

E. Requisitioning Procedure

- Incident Agency Procedures (Requisition or Resource Order)
- Incident Requisitioning Procedures (Resource Order)

F. Incident Agency Service and Supply Plan

- I-BPA and Dispatch Priority List (DPL)
- Land Use and Facility Rental Agreements
- Blanket Purchase Agreements
- Other agency contracts
- Available local open-market sources
- Local interagency agreements and annual operating plans
- Geographic area supplement for rates
- Geographic area supplemental food policy
- Geographic area AD rates

G. Sources of Supply

- National Cache System
- General Services Administration (GSA)
- Defense Logistics Agency (DLA)
- National Interagency Fire Center Contracts

H. Acquisition Methods

- Government charge cards and convenience checks
- Land Use and Facility Rental Agreements
- Equipment rental
- Ordering equipment (EERA/I-BPA)
- General guidelines for equipment hire

- Hiring methods

I. Unique Items

- Government telephone systems
- Agency Provided Medical Care (APMC)
- Subsistence and lodging provisions
- Military
- Water
- Awards

J. EERA and I-BPA Administration

1. Ordering
2. Inspections
3. Documentation

Record resource order number (E#) on all contractor documents, even if block is not provided on the form.

- Forms
 - I-BPA, SF-1449
 - EERA, OF-294
 - Vehicle/Heavy Equipment Inspection Checklist, OF-296
 - Emergency Equipment Shift Ticket, OF-297
 - Emergency Equipment Use Invoice, OF-286

- Emergency Equipment Fuel And Oil Issue, OF-304
- Other supporting documents
 - Resource Order form
 - Repairs, parts, and supply invoices
 - Contract claim documentation
 - OF-288 (if applicable)
 - Performance evaluations
 - Equipment Vendor Deduction Log
 - Fuel receipts
- Emergency Equipment Rental-Use Envelope, OF-305

4. Forms distribution

5. Equipment release

6. Contract claims

K. Payments

- EERA
- I-BPA
- National Contracts

EXERCISE 3: EMERGENCY EQUIPMENT

1. Prepare an Emergency Equipment Use Invoice, OF-286 for a BUS and an ENGINE using the provided information.
 - Emergency Equipment Rental Agreement, OF-294 (SW page 5.25)
 - Emergency Equipment Shift Tickets, OF-297:
 - Bus: SW page 5.26
 - Engine: SW page 5.28

Complete an OF-286 for each of the following:

Bus – page SW 5.27

Engine – page SW 5.29

(all equipment was hired in Twodot, MT)

2. What other information should have been included on the shift tickets?

3. After posting equipment use (time) to the Emergency Equipment Use Invoice, OF-286, what should the equipment time recorder indicate on the Emergency Equipment Shift Ticket, OF-297?

For question 4, refer to the Emergency Equipment Rental Agreement, OF-294 (page 5.25)

4. The following items are in the Emergency Equipment Rental-Use Envelope for the Dodge 4x4 pickup truck (MT Lic. No. 44-9795). What actions need to be taken for the following items?
 - a. Vehicle/heavy equipment inspection checklist (pre-use).
 - b. Sales receipt from local auto parts store for a battery.
 - c. Prescription for the driver of pickup truck.

End of Exercise.

IV. DEMOBILIZATION

A. Demobilization Plan

1. The demobilization unit establishes a demobilization schedule and a copy is given to the procurement unit. The demobilization schedule lists contractor demobilization dates and times.
2. The demobilization unit provides contractors a Demobilization Checklist, ICS-221, for each piece of equipment.

The procurement unit leader may designate the EQTR to complete the demobilization process and sign the Demobilization Checklist.

B. Closing Out Contractor Records

1. Upon completion of the final operational period, the incident supervisor submits the shift ticket/CTR including estimated return travel.

The EQTR posts work and travel time in accordance with IIBMH guidelines and agreement provisions (last day provisions for guarantee and daily rate apply).

2. Based on the demobilization schedule, the ground support unit restricts access to fuel/oil issues.

The EQTR records deduction total in block 26 of the Emergency Equipment Use Invoice.

3. The ground support unit performs a release inspection on all equipment.

The contractor submits the original inspection to the procurement unit. Contractors are not demobilized without a release inspection.

4. Have demobilizing contractor's review and sign payment documents.

Casuals must sign the Emergency Firefighter Time Report, OF-288.

5. Contract claims may be reported during demobilization.

The EQTR notifies the procurement unit leader of any reported or potential claims.

6. Obtain performance evaluation

Ensure evaluation is complete and given to Finance Section Chief. Provide a copy to the contractor and retain a copy for the incident documentation package.

7. Document distribution

The EQTR provides documentation for the incident finance package in accordance with incident agency guidelines.

The incident agency may specify pay procedures (payment team). The EQTR completes, signs and dates the Emergency Equipment Rental-Use Envelope, OF-305.

8. Equipment going to a new incident

Record in the Remarks block of the OF-286 (Use Invoice) that the resource has been reassigned. Document the new incident information (incident name, incident number, and resource order number.)

The resource is paid by the receiving incident for costs associated with the new incident (e.g., travel). Receiving incident is responsible for ensuring accurate costs.

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE <i>(name and address)</i>		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT					
		2. AGREEMENT NUMBER					
		3. EFFECTIVE DATES a. beginning _____ b. ending _____					
4. CONTRACTOR a. name and address		5. POINT OF HIRE <i>(location when hired)</i>					
		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT					
b. EIN/SSN:							
c. telephone number (day)		d. telephone number (night)		7. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
8. TYPE OF CONTRACTOR <i>("X" appropriate boxes)</i> <input 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"/> GOVERNMENT EMPLOYEE							
9. ITEM DESCRIPTION <i>(include make, model, year, serial number and accessories)</i>		10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE <i>(8 or more hours)</i>
			a. rate	b. unit	a. rate	b. unit	
a.							
b.							
c.							
d.							
e.							
f.							
g.							
14. SPECIAL PROVISIONS							
15. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE		16. DATE	17. CONTRACTING OFFICER'S SIGNATURE			18. DATE	
19. PRINT NAME AND TITLE				20. PRINT NAME AND TITLE			

NSN 7540-01-121-8825
PREVIOUS EDITION NOT USABLE

ORIGINAL CONTRACTOR

OPTIONAL FORM 294 (REV. 8-90)
USDA/USDI
50294-104

GENERAL CLAUSES TO EMERGENCY EQUIPMENT RENTAL AGREEMENT FORM OF-294 (11-30-2004)

Since the equipment needs of the Government and availability of Contractor's equipment during an emergency cannot be determined in advance, it is mutually agreed that, upon request of the Government, the Contractor shall furnish the equipment listed herein to the extent the Contractor is willing and able at the time of order. The following personnel are authorized to place orders against this agreement, Dispatchers, Buying Team Members, Finance Section Chiefs, Procurement Unit Leaders, Contracting Officers and Purchasing Agents. At time of dispatch, a resource order number will be assigned. The Contractor shall furnish the assigned resource order number upon arrival and check in at the incident. The Incident Commander or responsible Government Representative is authorized to administer the technical aspects of this agreement. Equipment furnished under this agreement may be operated and subjected to extreme environmental and/or strenuous operating conditions which could include but is not limited to unimproved roads, steep, rocky, hilly terrain, dust, heat, and smokey conditions. As a result, by entering into this agreement, the contractor agrees that what is considered wear and tear under this agreement is in excess of what the equipment is subjected to under normal operations and is reflected in the rates paid for the equipment. When such equipment is furnished to the Government, the following clauses shall apply:

CLAUSE 1. Condition of Equipment - All equipment furnished under this agreement shall be in acceptable condition. The Government reserves the right to reject equipment that is not in safe and operable condition. The Government may allow the Contractor to correct deficiencies within 24 hours. No payment for travel to an Incident or point of inspection, or return to the point of hire, will be made for equipment that does not pass inspection. No payment will be made for time that the equipment was not available.

CLAUSE 2. The time under hire shall start at the time the equipment begins traveling to the incident after being ordered by the Government, and end at the estimated time of arrival back to the point of hire after being released, except as provided in Clause 7 of these General Clauses.

CLAUSE 3. Operating Supplies - As identified in Block 7, operating supplies include fuel, oil, filters, lube/oil changes. Even though Block 7 may specify that all operating supplies are to be furnished by the Contractor (*wet*), the Government may, at its option, elect to furnish such supplies when necessary to keep the equipment operating. The cost of such supplies will be determined by the Government and deducted from payment to the Contractor.

CLAUSE 4. Repairs - Repairs to equipment shall be made and paid for by the Contractor. The Government may, at its option, elect to make such repairs when necessary to keep the equipment operating. The cost of such repairs will be determined by the Government and deducted from payment to the contractor.

CLAUSE 5. Timekeeping - Time will be verified and approved by the Government Agent responsible for ordering and/or directing use of each piece of equipment. Time will be recorded to the nearest quarter hour worked for daily/hourly rate, or whole mile for mileage.

CLAUSE 6. Payments

a. Rates of Payments - Rates for equipment hired with Contractor Furnished operator(s) shall include all operator(s) expenses. Payment will be at rates specified and, except as provided in Clause 7, shall be in accordance with the following:

1. **Work Rates** (*column 11*) (hourly or mileage) shall apply when equipment is under hire as ordered by the Government and on shift, including relocation of equipment under its own power.

ON-SHIFT: Includes time worked, time that equipment is held or directed to be in a state of readiness, and compensable travel (equipment traveling under its own power) that has a specific start and ending time.

2. **Special Rates** (*column 12*) shall apply when specified.

3. **Guarantee.** For each calendar day that equipment is under hire for at least 8 hours, the Government will pay not less than the amount shown in column 13. If equipment is under hire for less than 8 hours during a calendar day, the amount earned for that day will be not less than one-half the amount specified in column 13. The guarantee is not applicable to equipment hired under the Daily rate. Equipment under transport is time under hire and compensated through the Guarantee. If equipment is transported under its own power, it is compensated under the Work rate.
4. **Daily Rate** (*column 11*) - Payment will be made on basis of calendar days (0001 – 2400). For fractional days at the beginning and ending of time under hire, payment will be based on 50 percent of the Daily Rate for periods less than 8 hours. Under the daily rate equipment may be staffed with or without operator.

(a) **Shift Basis (Portion of calendar day)**

- 1) **Single Shift** - (SS) is staffed with one operator or one crew
- 2) **Double Shift** - (DS) is staffed with two operators or two crews (one per shift). The DS rate will apply any calendar day the DS was under hire, including travel. There will be no compensation for a double shift unless a separate operator(s) and or crew(s) is/are ordered in writing for the second shift.
- 3) Agency personnel at the Section Chief Level may, by resource order, authorize a second operator or crew (Double Shift), if needed during the assignment.

b. **Method of Payment.** Lump-sum payment will normally be processed at the end of the emergency assignment. However, partial payment may be authorized as approved by the incident agency. Payment for each calendar day will be made for (1) actual units ordered and performed under Work or Daily, shift basis and/or Special rates or (2) the guarantee earned, whichever is the greater amount.

CLAUSE 7. Exceptions

a. Daily Rate or Guarantee - No further payment under Clause 6 will accrue during any period that equipment under hire is not in a safe or operable condition or when Contractor furnished operator(s) is not available for the assigned shift or portions of the assigned shift. Payment will be based on the hours the equipment was operational during the assigned shift, as documented on the shift ticket versus the designated shift, as shown on the Incident Action Plan.

b. If the Contractor withdraws equipment and/or operator(s) prior to being released by the Government, no further payment under Clause 6 shall accrue and the Contractor shall bear all costs of returning equipment and/or operator(s) to the point of hire.

c. After inspection and acceptance for use, equipment and/or furnished operator(s) that cannot be replaced or equipment that cannot be repaired at the site of work by the Contractor or by the Government in accordance with Clause 4, within 24 hours, may be considered as being withdrawn by the Contractor in accordance with Paragraph B above, except that the Government will bear all costs of returning equipment and/or operator(s) to the point of hire as promptly as emergency conditions will allow.

d. No payment will accrue under Clause 6 when the contractor is off shift in compliance with the mandatory "Work/Rest" and "Length of Commitment" provisions. As an option to rotating personnel, or taking a mandatory day off, without pay, the contractor may be released from the incident.

CLAUSE 8. When Government subsistence incident camps are available, meals and bedding for Contractor's operator(s) will be furnished without charge. Government will furnish meals and lodging without cost if hotel/restaurant subsistence is the approved camp for incident personnel. Double occupancy of hotel rooms may be required. Contractors are not paid per diem or lodging expenses to and from incidents.

CLAUSE 9. Loss, Damage, or Destruction -

(a) For equipment furnished under this EERA **without** operator, the Government will assume liability for any loss, damage or destruction of such equipment, except that no reimbursement will be made for loss, damage or destruction due to (1) ordinary wear or tear, (2) mechanical failure, or (3) the fault or negligence of the Contractor or the Contractor's agents or employees or Government employee owned and operated equipment.

(b) For equipment furnished under this EERA **with** operator, the Government shall not be liable for any loss, damage or destruction of such equipment, except for loss, damage or destruction resulting from the negligence, or wrongful act(s) of Government employee(s) while acting within the scope of their employment. The operator is responsible for operating the equipment within its operating limits and responsible for safety of the equipment.

CLAUSE 10. Contractor's Responsibility for Property and Personal Damages - Except as provided in Clause 9, the Contractor will be responsible for all damages to property and to persons, including third parties, that occur as a result of Contractor or Contractor's agents or employee fault or negligence. The term "third parties" is construed to include employees of the Government.

CLAUSE 11. Deductions - Unless specifically stated elsewhere in this agreement the cost of any supplies, materials, or services, including commissary, provided for the Contractor by the Government will be deducted from the payment to the Contractor.

CLAUSE 12. Personal Protective Clothing and Equipment - The Government considers operators as fireline personnel who will use and wear specified articles of personal protective equipment.

a. The following mandatory items will be issued by the Government, when not required to be furnished by the Contractor, to operators performing within the scope of this agreement:

1. Clothing: (a) Flame resistant pants and shirts; (b) Gloves (*Either Nomex or chrome tanned leather*); (c) Hard hat; (d) Goggles or safety glasses.

2. Equipment: (a) Fire shelter; (b) Headlamp; (c) Individual First-Aid Kit;

3. Other items may be issued by the Government.

b. Operators shall wear the items of clothing issued and maintain the issued equipment in a usable and readily available condition. Upon completion of the contract assignment, all issued items of clothing or equipment shall be returned to the Government. Deductions will be made for all Government furnished protective clothing and equipment not returned by the Contractor.

CLAUSE 13. COMMERCIAL MOTOR VEHICLES: All commercial motor vehicles must meet all DOT requirements. The regulations can be found at the following website: www.fmcsa.dot.gov

CLAUSE 14. CLAIM SETTLEMENT AUTHORITY--For the purpose of settling claims, the successor contracting officer is any contracting officer acting within their delegated warrant authority, under the clauses of this agreement, and limits set by the incident agency.

CLAUSE 15. CHANGES TO EMERGENCY EQUIPMENT RENTAL AGREEMENTS

Changes to Emergency Equipment Rental Agreements (EERA's), OF294 may only be made by the original signing procurement official. If the original signing procurement official is not available and adjustments are deemed appropriate, a new EERA shall be executed at the incident and shall be applicable **only** for the duration of that incident. The agreement will include name and location of the incident.

CLAUSE 16. FIREARM - WEAPON PROHIBITION - The possession of firearms or other dangerous weapon (18 USC 930 (f)(2) are prohibited at all times while on Government Property and during performance of services, under this agreement. The term dangerous weapon does not include a pocket knives with a blade less than 2 ½ inches in length or a multi purpose tools such as a leatherman.

CLAUSE 17. WORK REST and LENGTH OF ASSIGNMENT: The Contractor is required to follow the work rest guidelines as established by the NWCG. Refer to website for the guidelines: www.nwcg.gov

CLAUSE 18. HARRASSMENT FREE WORKPLACE - Contractors shall abide by "U.S. Code, Title VII, Civil Rights Act of 1964, Executive Order EO-93-05, Secretary's Memorandum 4430-2 Workplace Violence Policy, and Harassment Free Workplace (29 CFR Part 1614)". Regulations can be found at www.gpoaccess.gov/

CLAUSE 19. Definitions - The following definitions for Block 8 of the EERA are added: Information about business size is collected for tracking purposes only.

a. SMALL BUSINESS is one that is independently owned and operated and is not dominate in the field for which it is being signed up, subject to the following size standards: (1) Motorcar and Truck Rental Without Operator - average annual receipts for its preceding 3 fiscal years do not exceed 12.5 million, (2) Equipment Rental With Operator - average annual receipts for its preceding 3 fiscal years do not exceed 3.5 million.

b. SMALL DISADVANTAGED OWNED BUSINESS is a small business concern that is at least 51 percent unconditionally owned by one or more individuals who are

both socially and economically disadvantaged, or a publicly owned business that has at least 51 percent of its stock unconditionally owned by one or more socially and economically disadvantaged individuals and that has its management and daily business controlled by one or more such individuals.

c. WOMEN-OWNED SMALL BUSINESS is one that is at least 51 percent owned, controlled, and operated by a woman or women.

d. HUBZone Small Business concern means a small business concern that appears on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration.

e. SERVICE DISABLED VETERAN OWNED SMALL BUSINESS ENTERPRISE is a small business concern--(i) Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and (ii) The management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran. Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).

NOTE: THE APPLICABLE FEDERAL ACQUISITION REGULATION CLAUSES AND TERMS AND CONDITIONS WILL BE INCORPORATED AS AN ATTACHMENT AND WILL BE A PART OF THIS AGREEMENT.

- 52.252-2 Clauses Incorporated by Reference
- 52.202-1 DEFINITIONS (APR 1984)
- 52.303-1 OFFICIALS NOT TO BENEFIT (APR 1984)
- 52.203-3 GRATUITIES (APR 1984)
- 52.203-5 COVENANT AGAINST CONTINGENT FEES (APR 1984)
- 52.222-3 CONVICT LABOR (APR 1984)
- 52.222-26 EQUAL OPPORTUNITY (APR 1984)
- 52.223-5 CERTIFICATION REGARDING A DRUG-FREE WORKPLACE (MAR 89)
- 52-232-1 PAYMENTS (APR 1984)
- 52.232-8 DISCOUNTS FOR PROMPT PAYMENT (APR 89)
- 52.232-11 EXTRAS (APR 1984)
- 52-232-17 INTEREST (APR 1984)
- 52.232.18 AVAILABILITY OF FUNDS (APR 1984)
- 52.232-25 PROMPT PAYMENT (APR 1989)
- 52.233-1 DISPUTES, ALTERNATE 1 (APR 1984)
- 52.236-7 PERMITS AND RESPONSIBILITIES (APR 1984)
- 52.204-6 DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER (OCT 2003)
- 52.252-6 AUTHORIZED DEVIATION IN CLAUSES (APR 1984)
- 52.232-33 PAYMENT BY ELECTRONIC FUNDS TRANSFER – CENTRAL CONTRACTOR REGISTRATION (Oct 2003)

THE FOLLOWING CLAUSES APPLY WHEN ACQUISITION EXCEEDS \$2,500

- 52.222-4 CONTRACT WORK HOURS SAFETY STANDARDS ACT – OVERTIME COMPENSATION (MAR 1986)
- 52.222-36 AFFIRMATIVE ACTION FOR HANDICAPPED WORKERS 9APR 1984)
- 52.222-41 SERVICE CONTRACT ACT – See applicable Wage Determination attached

THE FOLLOWING CLAUSES APPLY WHEN ACQUISITION EXCEEDS \$10,000

- 52.219-8 UTILIZATION OF SMALL BUSINESS CONCERNS & SMALL DISADVANTAGED BUSINESS CONCERNS (JUN 1985)
- 52.222-21 CERTIFICATION OF NONSEGREGATED FACILITIES (APR 1984)
- 52.222-35 AFFIRMATIVE ACTION FOR SPECIAL DISABLED & VIETNAM VETERANS (APR 1984)

THE FOLLOWING CLAUSES APPLY WHEN ACQUISITION EXCEEDS \$25,000

- 52.215-1 EXAMINATION OF RECORDS BY COMPTROLLER GENERAL (APR 1984)
- 52.219-13 UTILIZATION OF WOMAN-OWNED BUSINESS (AUG 1986)
- 52.220-3 UTILIZATION OF LABOR SURPLUS AREA CONCERNS (APR 1984)

ADDITIONAL TERMS AND CONDITIONS APPLICABLE IF EQUIPMENT UNDER AGREEMENT CONFORMS WITH THE DEFINITIONS PROVIDED BELOW:

"Leasing" as used in this subpart, means the acquisition of motor vehicles, other than by purchase from private or commercial sources, and includes the synonyms "hire" and "rent." "Motor vehicle" means an item of equipment, mounted on wheels and designed for highway and/or land use, that (a) derives power from a self-contained power unit or (b) is designed to be towed by and used in conjunction with self-propelled equipment. (FAR 8.1101)

- 52.208-4 VEHICLE LEASE PAYMENTS (APR 1984)
- 52.208-5 CONDITION OF LEASE VEHICLES (APR 1984)
- 52.208-6 MARKING OF LEASED VEHICLES (APR 1984)

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address) Lewis & Clark National Forest P.O. Box 869 1101 15th Street North Great Falls, MT 59403		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER AG-03K0-C-X-9295					
4. CONTRACTOR a. Name and Address DoRight Construction P.O. Box 1, 112 Main Street Twodot, MT 59085 b. EIN/SSN: 81-7766951		5. POINT OF HIRE (location when hired) Location at time of hire		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
		3. EFFECTIVE DATES a. Beginning 5/1/xx b. Ending Incident only					
c. Telephone Number (day) (406) 564-3146	d. Telephone Number (night) (406) 564-9367	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"/> GOVERNMENT EMPLOYEE							
9. ITEM DESCRIPTION <small>(include make, model, year, serial number and accessories)</small>		10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit		12. SPECIAL a. rate b. unit		13. GUARANTEE <small>(8 or more hours)</small>
a. Dozer, Caterpillar Model D6C SN: 47A19652		1	1534.00	DY			
b. Bus, 40 Passenger Lic. No.: 44-388 (Montana) VIN: 102057X072057		1	3.23	MI			850.00
c. Wildland Engine, Type 6 2004 GMC, Lic. No.:44-1051 (Montana) VIN: 2GFLP624CZ1299		3	1300.00	DY			
d. Transport, 30 Ton Flatbed 1999 Kenworth, Lic. No.:44-7928 (MT) VIN: 6BYZ3248A7		1	1300.00	DY			
e. Pickup Truck, 1/2 Ton, 4x4 Dodge 1500, Lic. No.: 44-9795 (MT) VIN: 2FXDY200BCD1396		1	250.00	DY	0.22	MI	
f.							
g.							
14. SPECIAL PROVISIONS (1) Bus is paid the mileage rate or the guarantee whichever is greater. (2) One Engine Boss and two firefighters for a total of three operators shall be provided to operate the engine one operational period. (3) If transport and Dozer are hired with one operator, the transport rate is reduced by \$447 for one operational period. (4) The pickup truck is paid a daily rate AND mileage.							
15. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Dudley DoRight		16. DATE 5/1/xx	17. CONTRACTING OFFICER'S SIGNATURE Wright Price		18. DATE 5/1/xx		
19. PRINT NAME AND TITLE Dudley DoRight , Owner			20. PRINT NAME AND TITLE Wright Price, Contracting Officer				

NSN 7540-01-121-8825
PREVIOUS EDITION NOT USABLE

ORIGINAL - CONTRACTOR; COPY 2 - ORDERING OFFICE FILE COPY; COPY 3 - FINANCE; COPY 4 - OPTIONAL

OPTIONAL FORM 294 (REV. 8-90)
USDA/USDI

EXERCISE 3, QUESTION #1 – SHIFT TICKETS FOR BUS

EMERGENCY EQUIPMENT SHIFT TICKET									
<small>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</small>									
1. AGREEMENT NUMBER AG-03K0-C-X-9295					2. CONTRACTOR (name) DoRight Construction				
3. INCIDENT OR PROJECT NAME Bad Bear			4. INCIDENT NUMBER MT-LCF-020		5. OPERATOR (name) Eager Beaver				
6. EQUIPMENT MAKE Bus			7. EQUIPMENT MODEL 40 pass		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				
9. SERIAL NUMBER			10. LICENSE NUMBER 44-388		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)				
12. DATE MO/DAY/YR	START	STOP	WORK	SPECIAL	14. REMARKS (released, down time and cause, problems, etc.) 0600 under hire E-3				
8/5/XX	101000	101201	201						
13. EQUIPMENT USE HOURS/DAYS (SMILES circle one)					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'S SIGNATURE <i>/s/ Eager Beaver</i>					18. GOVERNMENT OFFICER'S SIGNATURE <i>/s/ Jo North</i>			19. DATE SIGNED 8/05/XX	
<small>NSN 7540-01-119-5628 50297-102</small>					<small>OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI</small>				

EMERGENCY EQUIPMENT SHIFT TICKET									
<small>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</small>									
1. AGREEMENT NUMBER AG-03K0-C-X-9295					2. CONTRACTOR (name) DoRight Construction				
3. INCIDENT OR PROJECT NAME Bad Bear			4. INCIDENT NUMBER MT-LCF-020		5. OPERATOR (name) Eager Beaver				
6. EQUIPMENT MAKE Bus			7. EQUIPMENT MODEL 40 pass		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				
9. SERIAL NUMBER			10. LICENSE NUMBER 44-388		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)				
12. DATE MO/DAY/YR	START	STOP	WORK	SPECIAL	14. REMARKS (released, down time and cause, problems, etc.) E-3				
8/6/XX	101201	101402	201						
13. EQUIPMENT USE HOURS/DAYS (SMILES circle one)					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'S SIGNATURE <i>/s/ Eager Beaver</i>					18. GOVERNMENT OFFICER'S SIGNATURE <i>/s/ Jo North</i>			19. DATE SIGNED 8/06/XX	
<small>NSN 7540-01-119-5628 50297-102</small>					<small>OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI</small>				

EMERGENCY EQUIPMENT SHIFT TICKET									
<small>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</small>									
1. AGREEMENT NUMBER AG-03K0-C-X-9295					2. CONTRACTOR (name) DoRight Construction				
3. INCIDENT OR PROJECT NAME Bad Bear			4. INCIDENT NUMBER MT-LCF-020		5. OPERATOR (name) Eager Beaver				
6. EQUIPMENT MAKE Bus			7. EQUIPMENT MODEL 40 pass		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				
9. SERIAL NUMBER			10. LICENSE NUMBER 44-388		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)				
12. DATE MO/DAY/YR	START	STOP	WORK	SPECIAL	14. REMARKS (released, down time and cause, problems, etc.) E-3				
8/7/XX	101402	101607	205						
13. EQUIPMENT USE HOURS/DAYS (SMILES circle one)					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'S SIGNATURE <i>/s/ Eager Beaver</i>					18. GOVERNMENT OFFICER'S SIGNATURE <i>/s/ Jo North</i>			19. DATE SIGNED 8/07/XX	
<small>NSN 7540-01-119-5628 50297-102</small>					<small>OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI</small>				


EXERCISE 3, QUESTION #1 – SHIFT TICKETS FOR ENGINE

EMERGENCY EQUIPMENT SHIFT TICKET								
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.								
1. AGREEMENT NUMBER AG-03K0-C-X-9295			2. CONTRACTOR (name) DoRight Construction					
3. INCIDENT OR PROJECT NAME Bad Bear			4. INCIDENT NUMBER MT-LCF-020		5. OPERATOR (name) Bill Moore			
6. EQUIPMENT MAKE Engine			7. EQUIPMENT MODEL Type 6		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER			10. LICENSE NUMBER 44-1051		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 (circle one) START STOP WORK SPECIAL		14. REMARKS (released, down time and cause, problems, etc.)				
8/5/XX		1		Travel 1st day of fire E-4				
			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'S SIGNATURE <i>/s/ Bill Moore</i>			18. GOVERNMENT OFFICER'S SIGNATURE <i>/s/ Sam Sreed</i>			19. DATE SIGNED 8/05/XX		
NSN 7540-01-119-5628 50297-102						OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI		

EMERGENCY EQUIPMENT SHIFT TICKET								
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.								
1. AGREEMENT NUMBER AG-03K0-C-X-9295			2. CONTRACTOR (name) DoRight Construction					
3. INCIDENT OR PROJECT NAME Bad Bear			4. INCIDENT NUMBER MT-LCF-020		5. OPERATOR (name) Bill Moore			
6. EQUIPMENT MAKE Engine			7. EQUIPMENT MODEL Type 6		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER			10. LICENSE NUMBER 44-1051		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 (circle one) START STOP WORK SPECIAL		14. REMARKS (released, down time and cause, problems, etc.)				
8/6/XX		1		E-4				
			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'S SIGNATURE <i>/s/ Bill Moore</i>			18. GOVERNMENT OFFICER'S SIGNATURE <i>/s/ Sam Sreed</i>			19. DATE SIGNED 8/06/XX		
NSN 7540-01-119-5628 50297-102						OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI		

EMERGENCY EQUIPMENT SHIFT TICKET								
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.								
1. AGREEMENT NUMBER AG-03K0-C-X-9295			2. CONTRACTOR (name) DoRight Construction					
3. INCIDENT OR PROJECT NAME Bad Bear			4. INCIDENT NUMBER MT-LCF-020		5. OPERATOR (name) Bill Moore			
6. EQUIPMENT MAKE Engine			7. EQUIPMENT MODEL Type 6		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER			10. LICENSE NUMBER 44-1051		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 (circle one) START STOP WORK SPECIAL		14. REMARKS (released, down time and cause, problems, etc.)				
8/7/XX		1		E-4				
			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'S SIGNATURE <i>/s/ Bill Moore</i>			18. GOVERNMENT OFFICER'S SIGNATURE <i>/s/ Sam Sreed</i>			19. DATE SIGNED 8/07/XX		
NSN 7540-01-119-5628 50297-102						OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI		

EXERCISE 3, QUESTION #1 – INVOICE FOR ENGINE

EMERGENCY EQUIPMENT—USE INVOICE							PAGE ____ OF ____				
1. CONTRACTOR a. name and address				2. INCIDENT OR PROJECT NAME							
				3. AGREEMENT NUMBER (from OF-294)							
b. EIN/SSN				4. EFFECTIVE DATES OF AGREEMENT							
				a. beginning			b. ending				
5. EQUIPMENT (list make, model, serial number, etc.)				6. POINT OF HIRE (location when hired)							
				7. DATE OF HIRE			8. TIME OF HIRE				
				9. ADMINISTRATIVE OFFICE FOR PAYMENT							
				10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY							
				<input type="checkbox"/> CONTRACTOR (wet)			<input type="checkbox"/> GOVERNMENT (dry)				
				11. OPERATOR FURNISHED BY							
				<input type="checkbox"/> CONTRACTOR			<input type="checkbox"/> GOVERNMENT				
				12. RESOURCE ORDER NUMBER							
13. YEAR		14. WORK OR DAILY RATE			15. SPECIAL RATE			16. TOTAL AMOUNT EARNED (14c + 15c)	17. GUARANTEE	18. AMOUNT (COLUMN 16 OR 17, WHICHEVER IS GREATER)	
20____ MO	____ DA	a. UNITS WORKED (MI/HR/DA)	b. RATE	c. AMOUNT	a. UNITS WORKED (MI/HR/DA)	b. RATE	c. AMOUNT				
19. CHARGE CODE				20. OBJECT CODE			23. GROSS AMOUNT DUE				
20. EQUIPMENT WAS <input type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN				DATE:			TIME:			24. ITEM 23 FROM PREVIOUS PAGE	
22. REMARKS							25. TOTAL AMOUNT DUE				
							26. DEDUCTIONS (attach statement)				
							27. ADDITIONS (attach statement)				
							28. NET AMOUNT DUE				
29. NOTE: CONTRACT RELEASE FOR AND IN CONSIDERATION OF RECEIPT OF PAYMENT IN THE AMOUNT SHOWN ON "NET AMOUNT DUE" LINE 28. CONTRACTOR HEREBY RELEASES THE GOVERNMENT FROM ANY AND ALL CLAIMS ARISING UNDER THIS AGREEMENT EXCEPT AS RESERVED IN "REMARKS" BLOCK 22.											
30. CONTRACTOR'S SIGNATURE				31. DATE			32. RECEIVING OFFICER'S SIGNATURE			33. DATE	
34. PRINT NAME AND TITLE				35. PRINT NAME AND TITLE							
SN 7540-01-120-4062		50286-102				ORDERING OFFICE FILE COPY			OPTIONAL FORM 286 (REV. 1-00) USDA/USDI		

UNIT 5 QUIZ

1. List four equipment forms an EQTR uses.

2. Name three units the EQTR coordinates with to verify contract resources assigned to the incident.

3. What is assigned a resource order number?

4. The full guarantee applies to the first, second and last calendar days the equipment is assigned to the incident.
 - a. True
 - b. False

5. A dozer transported to an incident on a lowboy is compensated under the daily rate.
 - a. True
 - b. False

6. A piece of equipment may be paid both the guarantee and daily rate.
 - a. True
 - b. False

7. How does the EQTR determine if the contractor or government pays for fuel?

8. Check the steps below that apply to contractor record close-out.

___ Estimate travel time back to the point of hire.

___ Release inspection.

___ Verify equipment has resource order number.

___ Claims

___ Establish Emergency Equipment Rental-Use Envelope.

___ Post deductions.