EMERGENCY EQUIPMENT SHIFT REPORT

AGREEMENT NUMBER:	CONTRACTOR NAME:	E #:
INCIDENT NUMBER	INCIDENT NAME	FINANCIAL CODE

EQUIPMENT MAKE:	EQUIPMENT MODEL:	Check box to confirm data is entered in one or both fields: ☐ SERIAL NUMBER/VIN:	LICENSE NUMBER:

OPERATOR(S) FURNISHED BY: CONTRACTOR ◯ GOVERNMENT ◯

OPERATING SUPPLIES FURNISHED BY: CONTRACTOR ◯ GOVERNMENT ◯

EQUIPMENT STATUS: INSPECTED & UNDER AGREEMENT ◯ RELEASED BY GOVERNMENT ◯ WITHDRAWN BY CONTRACTOR ◯

Applies regardless of rate type paid MILITARY TIME				MILES ☐ or HOURS ☐ If applicable, indicate above And complete boxes below			Indicate type and quantity SPECIAL RATES		For initial and/or final travel, check box(es) below:
DATE	ON	OFF	TOTAL	START	STOP	TOTAL	TYPE	QUANTITY	
									☐
									☐
									☐
									☐
									☐

REMARKS – Provide details of any equipment breakdown or operating issues. Include other information as necessary.

LIST ASSIGNED OPERATOR(S) / MODULE MEMBERS (Include first and last names for each):	POINT OF CONTACT NAME (First and Last):
	Business Cell #:
	Business Email:
CONTRACTOR OR AUTHORIZED AGENT (Name & Title)	CONTRACTOR OR AUTHORIZED AGENT (Signature)
INCIDENT SUPERVISOR (Name & Postition)	INCIDENT SUPERVISOR (Signature)

Posted by:	Posted date:	Clear	File / Submit