

INCIDENT ACTION PLAN

SAND INCIDENT

CA-LNU-009880

Wednesday



6/12/2019 0700
to
6/13/2019 0700



INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: <p style="text-align: center;">SAND</p>	2. Operational Period: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Date From:</td> <td style="border: none;">6/12/2019</td> <td style="border: none;">Date To:</td> <td style="border: none;">6/13/2019</td> </tr> <tr> <td style="border: none;">Time From:</td> <td style="border: none;">0700</td> <td style="border: none;">Time To:</td> <td style="border: none;">0700</td> </tr> </table>	Date From:	6/12/2019	Date To:	6/13/2019	Time From:	0700	Time To:	0700
Date From:	6/12/2019	Date To:	6/13/2019						
Time From:	0700	Time To:	0700						

3. Objective(s):

Management Objectives

- Provide for emergency personnel and public safety at all times.
- Protect property, improvements, and infrastructure.
- Ensure coordinated, timely and accurate release of public information.
- Foster and maintain relationships with all cooperators and stakeholders.
- Protect economic, natural, cultural and heritage resources.
- Maintain fiscal accountability and keep costs commensurate with values at risk.

Control Objectives

- Keep the fire North of the Town of Rumsey
- Keep the fire South of Glasscock Mountain
- Keep the fire West of Cortina Creek
- Keep the fire East of Blue Ridge

General Situational Awareness:

Steep and rugged terrain, critically dry and receptive fuel beds, active area for fire history and drought stressed trees.

5. Site Safety Plan Required? Yes No


Approved Site Safety Plan(s) Located at:

6. Incident Action Plan

<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 215A	<input type="checkbox"/> Phone List	<input type="checkbox"/> Fire Suppression Repair Plan
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 220	<input type="checkbox"/> Training Message	<input checked="" type="checkbox"/> Shift Ticket Example
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Incident Map	<input checked="" type="checkbox"/> Travel Map	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> Weather Forecast	<input type="checkbox"/> Demob Plan	<input type="checkbox"/>
<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> Fire Behavior	<input type="checkbox"/> Finance Message	<input checked="" type="checkbox"/> ICS 214

7. Prepared By: Gabe Garcia	Position/Title: PSC	Signature:
8. Approved by Incident Commander:	Ben Nicholls	Signature:

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: SAND		2. Operational Period: Date From: 6/12/2019 Time From: 0700		Date To: 6/13/2019 Time To: 0700	
3. Incident Commander(s) and Command Staff:			7. Operation Section:		
IC/UC's	Ben Nicholls	Operations	Aaron Latta		
Deputy	Dave Jeffries	Deputy Operations			
Safety Officer	Lucas Lambert	Night Ops			
Information Officer	Sandy Wargo	Staging Area			
Liaison Officer		Branch			
4. Agency/Organization Representatives:		Division/Group	A/Y	Rich Lawler (Day) / Tom Stroing (Night)	
Agency/Organization	Name	Division/Group	C	JC Greenberg	
Yolo County OES	Dana Carey	Division/Group	M	Steve Milosovich/ Donnie Privett (T)	
BLM	Rob Winkler	Division/Group	W	Seth Pendel	
PG&E	Dave Hotchkiss	Division/Group	Supp. Repair	Brandon Rodgers FOBS	
Wintun Nation/ Yocha Dehe Fire Dept.	Issac Bojorquez	Branch			
Cal Trans	Franco Bargagliotti	Division/Group			
CHP	Sgt. David Barker	Division/Group			
Yolo County SO	Captain Dale Johnson	Division/Group			
USFS	Tyler Otterson	Division/Group			
CCC	Ken Mc Donald	Division/Group			
		Branch			
		Division/Group			
		Division/Group			
		Division/Group			
		Division/Group			
		Branch			
		Division/Group			
5. Planning Section:		Division/Group			
Chief	Gabe Garcia	Division/Group			
Deputy		Division/Group			
Resource Unit	Matt Selzer/Dan Mahoney	Division/Group			
Situation Unit		Branch			
Documentation Unit		Division/Group			
Demobilization Unit		Division/Group			
GISS	Brett Agler (T)/Spencer Robert (T)	Division/Group			
FBAN		Division/Group			
IMET		Division/Group			
Training Tech Spec		Air Operations Branch		Director:	
		Air Support Group Supervisor			
		Air Tactical Group Supervisor			
6. Logistics Section		Helibase Manager		Niko Matteoli	
Chief	Mike Gutierrez				
Supply Unit		8. Finance/Administration Section:			
Facilities Unit	Josh Usry (T)	Chief	Michael Borelli		
Ground Support Unit	Rod Cavanaugh	Time Unit	Gregory Tunzi		
Communications Unit		Procurement Unit			
Medical Unit		Comp/Claims Unit			
Motels	Kelly Blue	Cost Unit			
Prepared By: Name: Gabe Garcia		Position/Title: PSC		Signature: 	
ICS 203		Date/Time: 6/11/2019 2300 hours		<small>NIMS IAP</small>	

Weather Forecast	Latitude: 38.8292	Longitude: -122.1929	NWS Fire Weather	Update
1. Incident Name: SAND	2. Operational Period:	Date From: 6/12/19 Time From: 0700	Date To: 6/13/19 Time To: 0700	Last Update 6/11/2019 17:16:33

FNUS76 KSTO 111900
FWSSTO

SPOT FORECAST for Sand Fire...NBIMT for CAL FIRE
National Weather Service SACRAMENTO CA
1200 PM PDT Tue Jun 11 2019

Forecast is based on forecast start time of 0800 PDT on June 12.
If conditions become unrepresentative...contact the National Weather Service.

.DISCUSSION...
Conditions around the Sand Fire will remain anomalously hot with daily highs in the low 100s accompanied by low daytime relative humidities. Do not expect too much recovery overnight as values Wednesday night stay in the 40 to 50 percent range. Relative to yesterday's observations, wind gusts are expected to be a bit lighter. Wind direction is variable at times, generally changing diurnally. Looking beyond Thursday, temperatures cool off some falling back into the mid 90s.

.WEDNESDAY...

Sky/weather.....Mostly sunny.
Max temperature.....103-107.
Min humidity.....12-17 percent.
Wind (20 ft).....
Slope/valley.....West-northwest less than 5 mph becoming southeast up to 5 mph in the afternoon.
Ridgetop.....West around 7 mph.
Mixing height.....300 ft AGL increasing to 9000-9500 ft AGL by the early afternoon.
Transport winds....West around 5 mph.
CWR.....0 percent.
LAL.....1.

.WEDNESDAY NIGHT...

Sky/weather.....Clear.
Min temperature.....67-71.
Max humidity.....42-47 percent.
Wind (20 ft).....
Slope/valley.....Southwest winds up to 8 mph.
Ridgetop.....North-northwest around 10 mph.
Mixing height.....9500 ft AGL decreasing to 100-200 ft AGL early in the evening.
Transport winds....West around 7 mph.
CWR.....0 percent.
LAL.....1.

.THURSDAY...

Sky/weather.....Sunny.
Max temperature.....99-103.
Min humidity.....14-19 percent.
Wind (20 ft).....
Slope/valley.....Variable less than 5 mph becoming east up to 5 mph in the afternoon.
Ridgetop.....South-southwest around 7 mph.
Mixing height.....100-700 ft AGL increasing to 7700-9000 ft AGL by the early afternoon.
Transport winds....North around 5 mph.
CWR.....0 percent.
LAL.....1.

PREPARED BY:	Date/Time:
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ASSIGNMENT LIST (ICS 204 WF)

CONTROLLED UNCLASSIFIED
INFORMATION//BASIC

1. Incident Name: <p style="text-align: center; font-size: 1.2em;">SAND</p>	2. Operational Period: Date From: 06/12/19 Date To: 06/13/19 Time From: 0700 Time To: 0700	3. Branch Division <p style="text-align: center; font-size: 1.5em;">W</p>
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4. Operations Personnel:		Page 1 of 1	Whiskey
Operations Section Chief: Aaron Latta	Night Ops:		
Branch Director:	Branch Safety:		
Division/Group Supervisor: Seth Pendel	#ERROR!		

5. Resources Assigned:		** Resources Below in Bold are 12 Hour **					
Resource Identifier	ALS	LWD	Leader	Personnel	Request #	Hours	Reporting Location
STC SAND 1			Weese, Scott	19	E-9000	0700-1900	CAMP HASWELL
ENG 1469			Bridges, Jake	3	E-6	0700-1900	CAMP HASWELL
ENG 1478			Hoff, Adam	3	E-140	0700-1900	CAMP HASWELL
ENG 1479			Cherry, Steven	3	E-5	0700-1900	CAMP HASWELL
ENG 1485			Pena, David	3	E-4	0700-1900	CAMP HASWELL
ENG 1489			Acosta, Victor	3	E-7	0700-1900	CAMP HASWELL
STG TGU 9257G			Pederson, Travis	33	C-2	0700-0700	CAMP HASWELL
STG TCU 9444G				33	C-3	0700-0700	CAMP HASWELL
CRW MENDO IHC			Lopez, Manuel Vargas	15	C-6	0700-1900	CAMP HASWELL
CRW EDH IHC					C-17	0700-1900	CAMP HASWELL
WT PVT E-30					E-30	0700-1900	CAMP HASWELL
FLMP MICKLESON			Chris Mickleson	1	O-87	0700-0700	CAMP HASWELL
FLMP LACY			Mike Lacy	1	O-88	0700-0700	CAMP HASWELL

6. Work Assignments:
 Construct direct line utilizing natural barriers where necessary.
 Mop up 300'.
 Backhaul all trash to Division Whiskey LZ.

7. Special Instructions:

8. Communications

Name	Ch	Function	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
CDF C2	1	COMMAND	151.2650	103.5 (T8)	159.3300	141.3 (T13)	BERRYESSA PEAK TONE 13
CDF T29	7	TACTICAL	151.3475	192.8 (T16)	151.3475	192.8 (T16)	
A/G CDF T24	14	TACTICAL	151.3325	192.8 (T16)	151.3325	192.8 (T16)	AIR TO GROUND
CALCORD	15	MEDICAL	156.0750	156.7 (T6)	156.0750	156.7 (T6)	
GUARD	16	EMERGENCY	168.6250		168.6250	110.9 (T1)	EMERGENCY USE ONLY

9. Prepared by: Name: Matt Selzer RESL Signature:

ICS 204 Date/Time: 6/11/2019 2200 Personnel Count: 117

AIR OPERATIONS SUMMARY ICS-220

Incident Name SAND / CA-LNU-009880	Sunrise 5:44	Sunset 6:14	Cutoff 20:04	Pumpkin 21:04	Time Prepared 2000	Date Prepared Tuesday, June 11, 2019	Prepared By Niko Matteoli
General Remarks, Safety Notes, Hazards, Air Operations Special Equipment, etc. TRACK ALL DIPSITE LOCATIONS / NUMBER OF DIPS / GALLONS TAKEN. TRACK ALL DROP LOCATIONS / NUMBER OF DROPS / GALLONS DROPPED. ALL GPS DATA TO BE COLLECTED IN DEGREES, MINUTES, DECIMAL MINUTES, FORMAT. Retardant Avoidance Area 300' of Waterways. Notify the AOB/D and Provide: Lat / Long, Estimated Number of Gallons and a Map Detailing The Area.							
Helibase Information		Request #		Operational Period - Date		Operational Period - Time	
Name 7M		5 NM		Wednesday, June 12, 2019		0800-2100	
Latitude 38.43.76		12000 MSL		TFR Information		Rescue Ship Information	
Longitude 122.33.24		38 55.26 Lat		Request #		Hoist/Rescue	
Name		122 15.40 Long		Centerpoint: 9/1420		C101	
Longitude		NOTAMS: 9/1420		Request Procedure for These Aircraft:		Name	
(use page 2 for if needed)		See Medical Plan For Additional Info		Incident Communications		Phone	
Position		Name		Phone		Trainee Name	
AOBD							
ASGS							
HEBM		Niko Matteoli		704-488-2460		Spenser Scott	
ATGS							
HLCO		Val Linch				Kyle Lunsted	
HLCO							

HELICOPTERS (Use page 2 if Needed)													
FAA #	Type	Make/Model	Helibase	Avail	Start	Remarks	FAA #	Type	Make/Model	Helibase	Avail	Start	Remarks
N2095B	I	Sikorsky/64E	7M	730		Restricted							
C101	II	UH-1H	7M	730		Hoist/Rescue							
C104	II	UH-1H	7M	730		Standard							
N873HL	II	Bell 212	7M	730		Standard							
N212TH	II	Bell 212	7M	730		Standard							
N555AS	III	Bell 407	7M	730		Standard							

FIXED WING (Use Page 2 if Needed)													
FAA #	Type	Make/Model	Base	Avail	Start	Remarks	FAA #	Type	Make/Model	Base	Avail	Start	Remarks

ICS 205 - INCIDENT RADIO COMMUNICATIONS PLAN

1. Incident Name: SAND
2. Date/Time Prepared: Date: 06/11/2019 Time: 1930
3. Operational Period: Date From: 06/12/19 Date To: 06/13/19
 Time From: 0700 Time To: 0700

4. Communications		Name	Assigned To	Rx Freq	Rx Tone	Tx Freq	Tx Tone	Notes
Ch#	Function							
1	COMMAND	CDF C2	ALL DIVS	151.2650	103.5 (T8)	159.3300	141.3 (T13)	BERRYESSA PEAK TONE 13
2								
3								
4	TACTICAL	CDF T26	DIVISION A/Y	159.2925	192.8 (T16)	159.2925	192.8 (T16)	
5	TACTICAL	CDF T27	DIVISION C	159.3075	192.8 (T16)	159.3075	192.8 (T16)	
6	TACTICAL	CDF T28	DIVISION M	151.1825	192.8 (T16)	151.1825	192.8 (T16)	
7	TACTICAL	CDF T29	DIVISION W	151.3475	192.8 (T16)	151.3475	192.8 (T16)	
8								
9								
10								
11								
12								
13								
14	TACTICAL	A/G CDF T24	AIR TO GROUND	151.3325	192.8 (T16)	151.3325	192.8 (T16)	AIR TO GROUND
15	MEDICAL	CALCORD	ALL DIVS	156.0750	156.7 (T6)	156.0750	156.7 (T6)	
16	EMERGENCY	GUARD	EMERGENCY	168.6250		168.6250	110.9 (T1)	EMERGENCY USE ONLY
17								
18								
19								
20	EMERGENCY	GUARD	EMERGENCY	168.6250		168.6250	110.9 (T1)	EMERGENCY USE ONLY

5. Special Instructions

**** CURRENT CLONE IS "SAND 1" ****

6. Prepared by (Communications Unit Leader): Name: Mike Gutierrez NBIMT
 Signature: 
 Date/Time: 06/11/19 1930
NIMS IAP

MEDICAL PLAN (ICS 206)

1. Incident Name: <p style="text-align: center; margin: 0;">SAND</p>	2. Operational Period: Date From: 6/12/19 Date To: 6/13/19 Time From: 0700 Time To: 0700
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3. Medical Aid Stations:			
Name	Location	Contact Number/Freq	Paramedics

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number	Level of Service
AMR	Station 23		ALS
REACH 6	SANTA ROSA/LAKEPORT	800-644-4045	ALS
NOR-CAL	REDDING	530-229-3979	ALS
CALSTAR	Ukiah (dispatch)	800-252-5050	ALS
CHP Copter H30/H32 (with hoist)	3500 Airport Rd. Napa, CA 94558	707-257-0103	ALS

5. Hospitals:							
Hospital Name	Address,	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
	Lat & Long Helipad		Air	Ground			
COLUSA REGIONAL MED CNTR	199 E. WEBSTER STREET	707-994-6486	x	30 mins		<input type="checkbox"/>	<input type="checkbox"/>
UC Davis (adult burn)	4251 X Street. Sacramento	707-262-5000	30 mins	1.5 hrs	Level 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Shriners Hospital for Children	2425 Stockton Blvd, Sacramento	707-963-3611	30 mins	1.5 hrs		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ENLOE	1531 Esplanade, Chico	916-734-3636	30 mins	2 hours		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Woodland Memorial	1325 Cottonwood St. Woodland	530-662-3961		30-35 mins		<input type="checkbox"/>	<input type="checkbox"/>
Kaiser Vacaville Trauma Center	1 Quality Dr. Vacaville	707-624-4000		50 mins	Level 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6. Special Medical Emergency Procedures	
<p>Line Emergency Crew Supervisor will contact Division Supervisor with patient complaint/condition and location.</p> <p>- Division Group Supervisor Contacts:</p> <ol style="list-style-type: none"> 1. Closest EMS resource 2. Communications Unit <p>- Communications Unit Contacts:</p> <ol style="list-style-type: none"> 1. Ground or Air ambulance as requested. 2. Operations 3. Safety 4. Medical Unit <p>- Division Supervisor or designee will serve as point of contact and run medical emergency on assigned channel.</p> <ol style="list-style-type: none"> 1. A pre-assigned tactical frequency (i.e. CALCORD) should be used for IWI and only for duration of the emergency. <p>- Communications Unit will clear the Command channel for emergency traffic as needed for duration of the need.</p> <p>Camp Emergency Contact Medical Unit with patient complaint/condition and location. Medical staff will respond to stabilize the patient.</p> <p>- Medical Unit contacts</p> <ol style="list-style-type: none"> 1. Communications 2. Safety 3. Logistics 4. Operations 5. Crew Supervisor 6. Comp/Claims 	<p>Injury Reporting Procedures</p> <p>Nature of Injury: _____</p> <p>Location of Patient: _____</p> <p>Point of Contact: _____</p> <p>Transportation Requested by: Air _____ Ground _____</p> <p>Point of Pick-Up: _____</p> <p style="padding-left: 40px;">Lat: _____ Long: _____</p> <p>Patient Unit ID: _____</p> <p>Is an EMT with Patient: Yes _____ No _____</p> <p>Age: _____ Sex: Male _____ Female _____</p> <p style="text-align: center;">All Emergencies - Secure the area and identified witnesses for later investigation. Keep accurate log of events.</p>

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): <i>M. Gutierrez</i>	Signature: <i>[Signature]</i>
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8. Approved by (Safety Officer): Lucas Lambert	Signature: <i>[Signature]</i>
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ICS 206	Date/Time: _____
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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: SAND	2. Operational Period:	Date From: 6/12/19 Time From: 0700	Date To: 6/13/19 Time To: 0700
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Driving- Keep your speeds down on all roads. Watch out on loose, dusty roads, unstable shoulders and fire debris. Be alert for opposing traffic on narrow dirt roads. Use headlights when driving in reduced visibility. Wear your seatbelts!

Steep Terrain and Loose Footing- Plan your work and maintain LCES at all times. Have a plan for injured or ill personnel from steep and limited access areas. Communicate your plan.

Be aware of rolling material- Crews need to be aware of any material that can produce roll out and cause harm to those working below. Communicate to crews below if material begins to roll downhill.

Fatigue- Ensure adequate work to rest ratio. Consider long travel times and rest accommodations. Supervisors should adjust work times accordingly.

Medical Evacuation- Understand and follow ICS 206 Emergency procedures. Understand your primary and contingency plans for medical evacuation prior to an event happening.

Complacency- The strongest weapon against complacency is good leadership. Clearly communicate leader's intent, stay engaged and empower your subordinates.

Hazard Trees- Survey your work areas for hazard trees, flag and restrict access, use only qualified personnel for tree felling. Review and follow Hazard Tree Safety, pg. 22-23 in your IRPG.

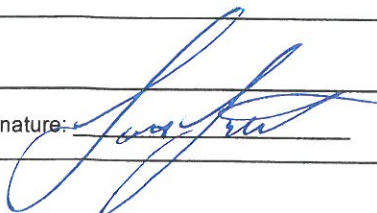
Be aware of ticks and snakes. Cover exposed skin and inspect PPE before returning from assignment.

Planning For Medical Emergencies

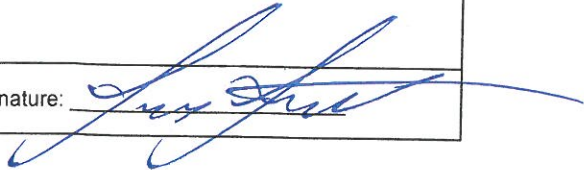
Supervisors and all wildland firefighters need to ask and be able to answer the following three questions:

- 1) What are we going to do if someone gets hurt?**
 - Is there personnel and equipment available to assist?
- 2) How will we get them out of here?**
 - What is your best extraction and transport method? Road, helispot, hoist?
- 3) How long will it take to get them to the hospital?**
 - Will you request air or ground resources?
 - Are helicopters able to fly?

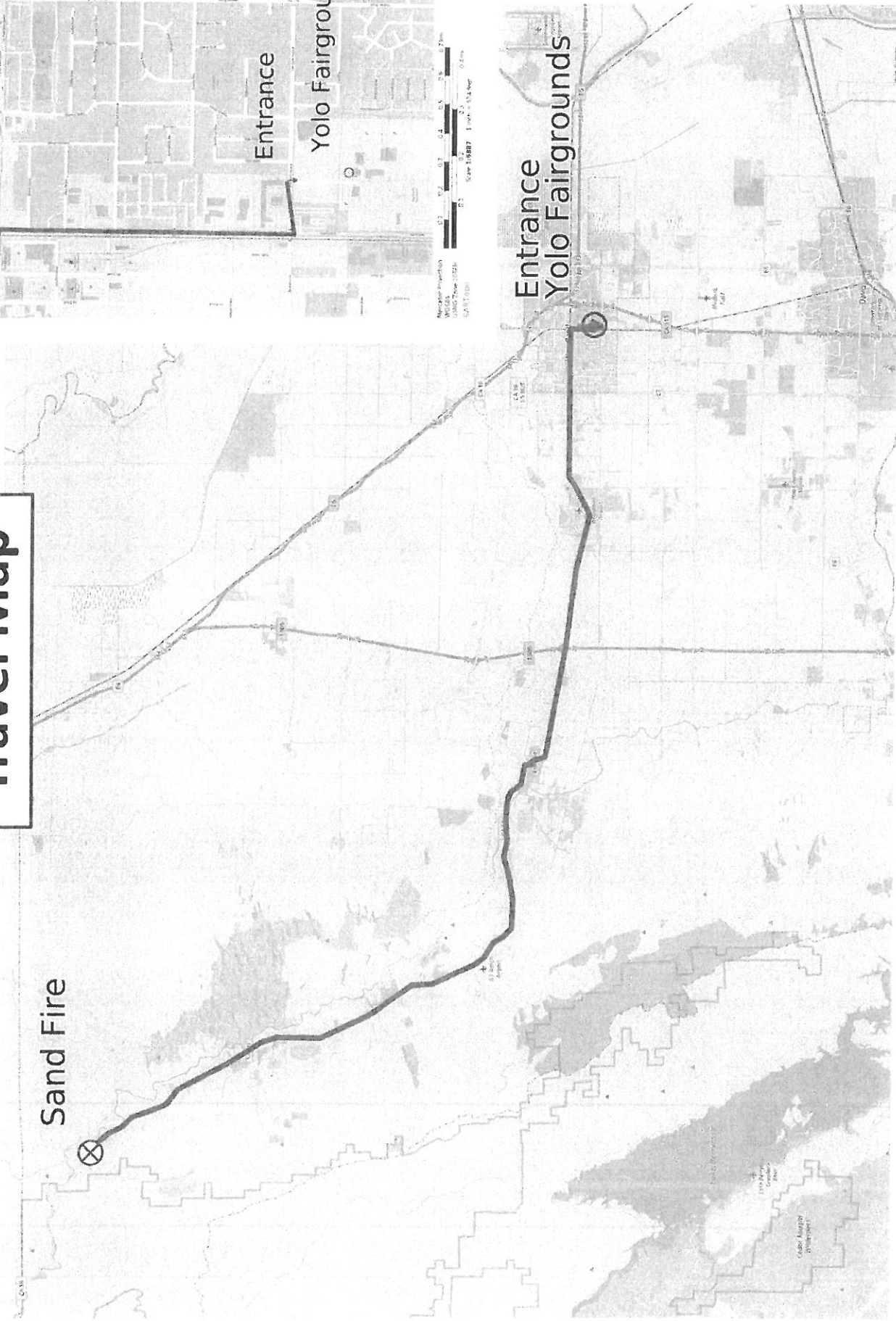
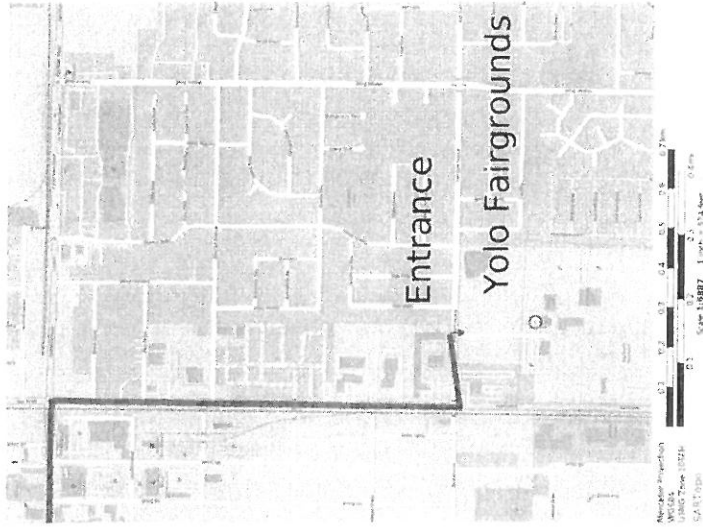
All operational activities should be based upon these questions (IRPG pg. 82)

4. Site Safety Plan Required?	<input type="checkbox"/> No	
Approved Site Safety Plan(s) Located At:		
5. Prepared By: <u>Lucas Lambert</u>	Position/Title: SOF3	Signature: 
ICS 208	Date/Time: 6/11/2019 / 2030	

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. Incident Name: SAND	2. Operational Period:	Date From: 6/12/19 Time From: 0700	Date To: 6/13/19 Time To: 0700
Incident Area	Hazard/Risks	Mitigations	
ALL	FATIGUE	Be alert for signs of fatigue and take breaks as necessary. Be aware for signs of heat disorder for yourself and others.	
ALL	DRIVING HAZARDS	Drive defensively! Expect the unexpected at all times. Drive with headlights on. Use backer at all times. Obey all speed limits.	
ALL	WEATHER	Be thoroughly familiar with weather predictions and monitor conditions on the ground for changes. Carry proper equipment	
ALL	DEHYDRATION	Drink water before, during, and after your shift.	
ALL	WILDLIFE	Keep distance from animals and identify aggressive animals. Be aware of ticks and snakes. Cover exposed skin and inspect PPE before returning from assignment.	
ALL	SNAGS	Identify, flag and mitigate any snags. Communicate to all crews in your division.	
ALL	TERRAIN	Watch for tripping hazards and steep terrain. Ensure secure footing on all terrain.	
5. Prepared By: <u>Lucas Lambert</u>		Position/Title: SOFR3	Signature: 
ICS 215A	Date/Time: 6/11/2019 / 2030		

Travel Map



Mercator Projection
WGS84
USNG 10SEH-10SFJ
SARTopo





CAL-FIRE SHIFT TICKET EXAMPLE



24HR LINE RESOURCE - 2 OPERATOR

EMERGENCY SHIFT TICKET and EVALUATION FORM
The responsible Government Officer will complete this form each shift.

Incident or Project Name: **MISSION**
Request Number: **E-444**

Contractor Name: **THE BEST DOZERS LLC**
Operator #1: **FIRST & LAST**
Operator #2: **FIRST & LAST**

Equipment Make: **1999 PETERBILT 379**
Equipment Model / Type: **TRANSPORT 18 WHEEL**
License Number: **12345A1**

Operator Furnished By: Contractor Government

Operating Supplies Furnished By: Contractor Government

Equipment Status: Inspected Under Agreement

Released by Government: Withdrawn by Contractor

Remarks/Comments: **2 OPERATORS**

Date Mo / Day	Start	Stop	Work	Days / Miles Assignment
9/5	0701	2400	17	DIV X
9/6	0001	0700	7	DIV X

Vendor Rating: **NO DAMAGE / NO CLAIM**

Govt. Rep. Name and Position - PRINT: **Print Your Name**

Govt. Rep. Signature: *Your Signature*

Contractor Signature: *Jahn Smith*

Date: **9/6/17** Time: **0700**

* NOTE: any rating of POOR requires an explanation in Comment Section.
** Final evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.

12HR LINE RESOURCE - 1 OPERATOR

EMERGENCY SHIFT TICKET and EVALUATION FORM
The responsible Government Officer will complete this form each shift.

Incident or Project Name: **MISSION**
Request Number: **E-555**

Contractor Name: **THE BEST DOZERS LLC**
Operator #1: **FIRST & LAST**
Operator #2: **Operator #2**

Equipment Make: **2004 CAT**
Equipment Model / Type: **D6N / TYPE II E**
License Number: **MMU-0000015955**

Operator Furnished By: Contractor Government

Operating Supplies Furnished By: Contractor Government

Equipment Status: Inspected Under Agreement

Released by Government: Withdrawn by Contractor

Remarks/Comments: **1 OPERATOR**

Date Mo / Day	Start	Stop	Work	Days / Miles Assignment
9/7	0001	0700	7	OFF SHIFT
9/7	0701	1900	12	DIV X
9/7	1901	2400	5	OFF SHIFT

Vendor Rating: **NO DAMAGE / NO CLAIM**

Govt. Rep. Name and Position - PRINT: **Print Your Name**

Govt. Rep. Signature: *Your Signature*

Contractor Signature: *Jahn Smith*

Date: **9/5/17** Time: **1900**

* NOTE: any rating of POOR requires an explanation in Comment Section.
** Final evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.

24HR / 12HR TRANSITION SHIFT TICKET

EMERGENCY SHIFT TICKET and EVALUATION FORM
The responsible Government Officer will complete this form each shift.

Incident or Project Name: **MISSION**
Request Number: **E-444**

Contractor Name: **THE BEST DOZERS LLC**
Operator #1: **FIRST & LAST**
Operator #2: **FIRST & LAST**

Equipment Make: **1999 PETERBILT 379**
Equipment Model / Type: **TRANSPORT 18 WHEEL**
License Number: **12345A1**

Operator Furnished By: Contractor Government

Operating Supplies Furnished By: Contractor Government

Equipment Status: Inspected Under Agreement

Released by Government: Withdrawn by Contractor

Remarks/Comments: **2 OPERATORS**

Date Mo / Day	Start	Stop	Work	Days / Miles Assignment
9/6	0701	1900	12	DIV X
9/6	1901	2400	5	OFF SHIFT

Vendor Rating: **NO DAMAGE / NO CLAIM**

Govt. Rep. Name and Position - PRINT: **Print Your Name**

Govt. Rep. Signature: *Your Signature*

Contractor Signature: *Jahn Smith*

Date: **9/5/17** Time: **1900**

* NOTE: any rating of POOR requires an explanation in Comment Section.
** Final evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.

24HR IN CAMP RESOURCE

EMERGENCY SHIFT TICKET and EVALUATION FORM
The responsible Government Officer will complete this form each shift.

Incident or Project Name: **MISSION**
Request Number: **E-333**

Contractor Name: **THE BEST CAMP LLC**
Operator #1: **FIRST & LAST**
Operator #2: **Operator #2**

Equipment Make: **TENT**
Equipment Model / Type: **WESTERN SHELTER 19X35**
License Number: **MMU-0000015950**

Operator Furnished By: Contractor Government

Operating Supplies Furnished By: Contractor Government

Equipment Status: Inspected Under Agreement

Released by Government: Withdrawn by Contractor

Remarks/Comments: **(4) TENTS, CANOPY WISDES FLOOR & INSULATED ROOF 570sq ft NO DAMAGE / NO CLAIM**

Date Mo / Day	Start	Stop	Work	Days / Miles Assignment
9/2	0001	2400	24	ICP

Vendor Rating: **VENDOR RATING MUST BE DONE**

Govt. Rep. Name and Position - PRINT: **Print Your Name**

Govt. Rep. Signature: *Your Signature*

Contractor Signature: *Jahn Smith*

Date: **9/5/17** Time: **1900**

* NOTE: any rating of POOR requires an explanation in Comment Section.
** Final evaluation or for more documentation, use a CALFIRE Form 230 or equivalent.

