CREW TIME REPORT

(1) CREW NAME	(2) CREW NUMBER
Smokey Bear	O-29.51

(3) OFFICE RESPONSIBLE FOR FIRE	(4) FIRE NAME	(5) FIRE NUMBER
	OSC 2020 Staging	CA-OSC-000031

(6)	(7)	(8)	(9)		(10)	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIF-ICATION	DATE 9/4/20 Military Time		DATE 9/5/20 Military Time	
			ON	OFF	ON	OFF
	Bear, Smokey	TIME(T)	0700	1200	0700	1200
			1230	1930	1230	1930

(11) REMARKS

(12) OFFICER-IN-CHARGE (Signature)	(13) TITLE (Officer-in-Charge)

(14) NAME (Person Posting to Emergency Time Report)	(15) DATE

261-101

STANDARD FORM 261 (5/78)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

RESET SAVE