**Incident #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CREW CHECK-IN SHEET C# \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plans Information**

Crew Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Item Code: \_\_\_\_\_\_\_\_\_\_\_\_

Home Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

 (Listed on Red Card) (E.g. FS, BIA, City, State, Cooperator)

Check in Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Check in Time: \_\_\_\_\_\_\_\_\_\_\_\_ Jet Port Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Full Shift Worked:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Coming from another fire? Y / N If Yes, Fire Name & 1st Day Worked:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Leader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self Sufficient (with credit card)? Y / NAvailable for Reassignment Y / N (Agency Only)

Travel Method: AOV Contract-Vehicle AIR RENTAL BUS/E#\_\_\_\_\_\_\_ Is bus staying? Y / N

Vehicle Type/ID/License No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any ATV’s / UTV’s? Y / N If yes, E# \_\_\_\_\_\_\_\_\_\_\_\_\_ □ Obtain ATV/UTV Approval From IC

Any Crew Training Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Of Crew members with Medical Training? 1st Responder\_\_\_\_\_\_\_\_ EMTB:\_\_\_\_\_\_ EMTI:\_\_\_\_\_\_\_ EMTP:\_\_\_\_\_\_\_

Medical Equipment with you? Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be swapping out crewmembers during their assignment or when they reach their 14-day limit? Y / N (Tell them if they are, they need to notify check-in when switching)

I understand that it is my responsibility to let Ops/Supervisor know the status of my work/rest ratio when I check in with them \_\_\_\_\_\_ (initial)

**Finance Information**

**AGENCY CREW**

Home Unit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Unit Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Unit Email (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Verify Crew Manifest (names) and Employee Status

 of all crewmembers (Fed/State/AD/Other).

□ Verify ECI for AD crewmembers.

□ e-ISuite Employee Common Identifier (**AD only**)

□ Cooperator Rate Agreement Required? Y **/**  N

□ AD position/pay rate listed on Crew manifest.

□ Chainsaw Inspection Completed

□ Vehicle Inspection Completed

**CONTRACT CREW**

Company Crew Designator #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Complete Copy of Contract

□ Qualifying Travel Receipts (e-ISuite Add)

□ Chainsaw Inspection Completed

□ Vehicle Inspection Completed

 Demob City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Demob State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Final Destination) (Final Destination)

**SCKN \_\_\_\_\_\_ Red Card \_\_\_\_\_\_ Manifest\_\_\_\_\_ eISUITE \_\_\_\_\_\_\_ DMOB \_\_\_\_\_\_\_\_\_**

**DMOB Section**

DMOB Date/Time (Actual): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ETA Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RON Location(s) /Dates & Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Reassigned, Fire Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ETA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expanded Dispatch Notified of DMOB/Travel Y / NDate/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DMOB SIGN-OFF LIST

\_\_\_\_\_\_ Supply Unit \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Time/Finance\_\_\_\_\_\_\_\_\_\_\_ (Go here 1st to save time)

\_\_\_\_\_\_ Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Communications \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Weed Wash\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_Ground Support \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ DMOB\_\_\_\_\_\_\_\_\_ Last Stop! \_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_

Form Version

5/7/2018

**Work / Rest and Last Day Worksheet**

**TRAVEL, REST AND WORK**

*Fill in the following times from CTR or provide a copy.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Start Time** | **Stop Time** | **Total Work** | **Total Rest** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  **Total Hours** Work Rest 2:1 **Mitigation Hours Required** **DOT/non-DOT Driving Compliant** |  |  |
|  **-** |
|  |
|  **YES NO** |