

Incident #: \_\_\_\_\_

**EQUIPMENT CHECK-IN SHEET**

E# \_\_\_\_\_

**Plans Information**

Equipment Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Item Code: \_\_\_\_\_ Home Unit ID: \_\_\_\_\_ Agency: \_\_\_\_\_  
(e.g., BLM, FS, State, City, Contractor, Cooperator)

Mob Date: \_\_\_\_\_ Check in Date: \_\_\_\_\_ Check in Time: \_\_\_\_\_

Demob City: \_\_\_\_\_ Demob State: \_\_\_\_\_

Travel Method: \_\_\_\_\_ Jetport: \_\_\_\_\_ # Personnel: \_\_\_\_\_

1<sup>st</sup> Full Shift Worked: \_\_\_\_\_ Available for Reassignment? Y / N (Agency only)

Coming from another Fire? Y / N Fire Name & Start Date: \_\_\_\_\_

If the Equipment is a Crew Bus, Identify Crew Name and Resource #: \_\_\_\_\_

Primary Operator's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If ordered for a double shift, list relief operator's name: \_\_\_\_\_

Cell Phone of relief operator: \_\_\_\_\_

Equipment VIN/Lic#: \_\_\_\_\_

Trailer VIN/Lic#: \_\_\_\_\_

Any ATV's / UTV's? Y / N If yes, E# \_\_\_\_\_  Obtain ATV/UTV Approval from IC

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)

**For Heavy Equipment** Make & Model: \_\_\_\_\_

T1 T2 T3 SK1 SK2 SK3 SK4 SK5 (circle one)

Is there a transport with your equipment? Y / N

If YES is there a separate operator? Y\* / N

\*Name of Transport Operator: \_\_\_\_\_

Does equipment have: lights for night operation? Y / N

**For Water Tenders & equipment with water tanks**

Tank Capacity / Gallons: \_\_\_\_\_

Operations or Logistics Potable or Non-Potable

**Finance Information**

Contractor/Cooperator Name: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Point of Hire: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Will the transport be retained at incident? Y\*\* / N  
(\*\*NOTE: Ops must designate transport to stay with equipment.)

Complete Copy of Contract or Cooperator Rate Agreement

Copy of Pre-Inspection

Contracting Officer: \_\_\_\_\_

Contracting Officer Phone / Email: \_\_\_\_\_

**DMOB Section**

DMOB Date/Time (Actual): \_\_\_\_\_

ETD from camp: \_\_\_\_\_

Destination: \_\_\_\_\_

ETA Home: \_\_\_\_\_

RON Location(s) /Dates & Times: \_\_\_\_\_

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

ETA: \_\_\_\_\_

Expanded Dispatch Notified of DMOB/Travel Y / N

Date/Time: \_\_\_\_\_

**DMOB SIGN-OFF LIST**

\_\_\_\_\_ Time/Finance \_\_\_\_\_ (Go here 1<sup>st</sup> to save time)

\_\_\_\_\_ Supply Unit \_\_\_\_\_ Training \_\_\_\_\_

\_\_\_\_\_ Communications \_\_\_\_\_ Weed Wash \_\_\_\_\_

\_\_\_\_\_ Ground Support \_\_\_\_\_ DMOB \_\_\_\_\_ Last Stop!

\_\_\_\_\_ Other \_\_\_\_\_

SCKN: \_\_\_\_\_

Red Card: \_\_\_\_\_

Manifest: \_\_\_\_\_

JSUTTE: \_\_\_\_\_

DMOB: \_\_\_\_\_