EMERGE	NCY EQUI	PMENT SHI	FT TICKET					
NOTE: The	responsible G	overnment Of	ficer will update th	nis form each day	or shift and make	e initial and final equipment inspec	tions.	
1. AGREEMENT NUMBER						2. CONTRACTOR (name)		
3. INCIDENT	OR PROJEC	T NAME	4. INCIDENT NUMBER			5. OPERATOR (name)		
6. EQUIPME	NT MAKE		7. EQUIPMENT MODEL			8. OPERATOR FURNISHED BY CONTRACTOR GOVERNMENT		
9. SERIAL N	UMBER		10. LICENSE NUMBER			11. OPERATING SUPPLIES FURNISHED BY		
						CONTRACTOR (wet)	GOVERNMENT (dry)	
12. DATE	13. EQUIPMENT USE					14. REMARKS (released, down time and cause, problems, etc.)		
MO/DAY/YR	START	STOP	HOURS DAYS MILES					
			WORK SPECIAL					
						15. EQUIPMENT STATUS		
						a Inspect	a. Inspected and under agreement	
						b. Released by Government		
							c. Withdrawn by Contractor	
						16. INVOICE POSTED BY (Recorder's initials)		
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 18. GOVERNMENT OFFICE						CER'S SIGNATURE	19. DATE SIGNED	
	440 5000							
NSN 7540-01	-119-5628						OPTIONAL FORM 297	