EMERGENCY EQUIPMENT SHIFT TICKET

RESOURCE ORDER #

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.

1. AGREEMENT NUMBER					2. CONTRACTOR *(name)*
3. INCIDENT OR PROJECT NAME			4. INCIDENT NUMBER		5. OPERATOR *(name)*
6. EQUIPMENT MAKE			7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY ☐ CONTRACTOR ☐ GOVERNMENT
9. SERIAL NUMBER			10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY ☐ CONTRACTOR (wet) ☐ GOVERNMENT (dry)
12. DATE MO/DA/YR	13. EQUIPMENT USE		HRS/DAYS/MILES HRS		14. REMARKS *(released, down time and cause, problems, etc)*
	START	STOP	WORK	SPECIAL	
					15. EQUIPMENT STATUS ☐ a. Inspected and under agreement ☐ b. Released by Government ☐ c. Withdrawn by Contractor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 OFFICER'S SIGNATURE / 19. DATE SIGNED

NSN 7540-01-119-5628
50297-102

OPTIONAL FORM 297 (Rev. 7-90)
USDA/USDI

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