

EMERGENCY EQUIPMENT SHIFT TICKET					RESOURCE ORDER #	
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	
9. SERIAL NUMBER			10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY	
12. DATE MO/DA/YR	13. EQUIPMENT USE				14. REMARKS (released, down time and cause, problems, etc)	
	START	STOP	HRS/DAYS/MILES (circle one)			
WORK			SPECIAL			
					15. EQUIPMENT STATUS	
					<input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor	
					16. INVOICE POSTED BY (Recorder's Initials)	
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE					15. 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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