



CERTIFICATION STATEMENT

on behalf of the

NATIONAL WILDFIRE COORDINATING GROUP

The following training material attains the standards prescribed for courses developed under the interagency curriculum established and coordinated by the National Wildfire Coordinating Group. The instruction is certified for interagency use and is known as:

Applied Interagency Incident Business Management, S-261
Certified at Level I

This product is part of an established NWCG curriculum. It meets the requirements of the NWCG Curriculum Management Plan and has received a technical review and a professional edit.



NWCG Executive Board Chair



Training Committee Chair

Date 8/19/14

Date 8/26/14

NWCG OPERATIONS AND WORKFORCE DEVELOPMENT COMMITTEE POSITION ON COURSE PRESENTATION AND MATERIALS

The recommended hours listed in the FMCG are developed by Subject Matter Experts based on their estimation of the time required to present all material needed to adequately teach the unit and course objectives. The hours listed may vary slightly due to factors such as number of students, types and complexity of course activities, and the addition of local materials.

NWCG does not approve of course delivery varying greatly from the recommended course hours. Instructors and students are cautioned that in order to be recognized as an NWCG-certified course, certain guidelines must be followed:

- Lead instructors are encouraged to enhance course materials to reflect the conditions, resources, and policies of the local unit and area as long as the objectives of the course and each unit are not compromised.
- Exercises can be modified to reflect local fuel types, resources, and conditions at the location where the student will likely fill incident assignments. The objectives and intent of the exercises must remain intact.
- Test questions may be added that reflect any local information that may have been added to the course. However, to ensure the accurate testing of course and unit objectives, test questions in the certified course materials should not be deleted.
- Test grades, used to determine successful completion of the course, shall be based only on the questions presented in the certified course materials.

If lead instructors feel that any course materials are inaccurate, information should be submitted either by accessing the online feedback form at <http://training.nwcg.gov> (select the “NWCG EVAL” button in the upper right corner) or by sending an email to the NWCG Training Branch at BLM_FA_NWCG_training@blm.gov. Materials submitted will be evaluated and, where and when appropriate, incorporated into the appropriate courses.

COURSE LENGTH FOR NWCG COURSES

Recommended course hours and the “NWCG Position on Course Presentation and Materials” above will be adhered to by the course instructors (see below for exception for criteria-based courses).

- Recommended unit times represent the allotted time to teach the unit and complete the exercises, simulations, and tests.
- Recommended course hours are provided to help the students and the course coordinator plan for travel, room reservations, and facilities usage. The recommended course hours represent the time estimated to present the NWCG-provided materials including time for breaks, lunch periods, to set up for field exercises or simulations, etc.
- Actual times for both the unit(s) and the course may vary based on number of students, types and complexity of course activities, and the addition of local instructional materials.

If the course is criteria based, e.g., L-380, and has been developed using NWCG course criteria, minimum course hour requirements have been established and must be adhered to by the course developer and course instructors.

Course hours for all NWCG courses can be found in the Field Manager’s Course Guide at www.nwcg.gov/pms/training/training.htm. If the hours are a minimum versus recommended, they will be stated as such.

Applied Interagency Incident Business Management S-261

**Instructor Guide
August 2014
NFES 001931**

Sponsored for National Wildfire Coordinating Group (NWCG) publication by the NWCG Training Committee. Comments regarding the content of this publication should be directed to the NWCG Training Branch at BLM_FA_NWCG_Training@blm.gov.

For additional copies of this publication, go to Publications at <http://www.nwcg.gov>.

Previous editions: this product replaces NFES 2937, Applied Interagency Incident Business Management, December 2007.

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PREFACE

Applied Interagency Incident Business Management, S-261 is a suggested training course in the National Interagency Incident Management System: Wildland Fire Qualification System Guide (PMS 310-1).

This course was developed by an interagency group of subject matter experts with direction and guidance from the National Wildfire Coordinating Group (NWCG) Training Branch. The primary participants in this development effort were:

NWCG INCIDENT BUSINESS COMMITTEE

NWCG TRAINING BRANCH

The NWCG appreciates the efforts of these personnel and all those who have contributed to the development of this training product.

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INSTRUCTIONAL UNITS

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The following appendixes are located on the Course Materials CD:

- Appendix A – Course Ordering and Support Information
- Appendix B – PowerPoint Presentations
- Appendix C – Student Assessment
- Appendix D – Course Evaluation Forms

COURSE INSTRUCTIONS

This section contains instructions and information essential to the course coordinator and instructors in making an effective presentation. Cadre members must read this section and be thoroughly familiar with course procedures and material before presentation.

I. INTRODUCTION

The S-261, Applied Interagency Incident Business Management, course requires 16-20 hours for presentation. This course is designed to meet the training needs of the entry level finance positions (Personnel Time Recorder (PTRC), Equipment Time Recorder (EQTR), Compensation For Injury Specialist (INJR), Claims Specialist (CLMS) (on an incident as outlined in the Interagency Incident Management System: Wildland Fire Qualification System Guide (PMS 310-1) and the position task book developed for the position.

The National Interagency Incident Management System Wildland Fire Qualification System Guide (PMS 310-1), developed under the sponsorship of the National Wildfire Coordinating Group (NWCG), is designed to establish minimum requirements for training, experience, physical fitness level, and currency standards for wildland fire positions, which all participating agencies have agreed to meet for national mobilization.

To ensure that the most up-to-date material is being presented, instructors are encouraged to refer to the NWCG Training and Qualifications website. This website contains current updates for all NWCG courses (go to <http://training.nwcg.gov/>).

This course is designed to be interactive in nature. It contains several exercises designed to facilitate group and class discussion. The exercises are designed to demonstrate the student's ability to meet the objectives for each unit.

Upon completion of the instructor led training, students must then take and pass a final assessment to receive credit for the course. Test questions may be added to reflect any local information that may have been added to the course. However, test questions in the certified course materials cannot be deleted to ensure accurate testing of the course and unit objectives.

II. COURSE OBJECTIVES

Course objectives are stated in broad terms that define what students will be able to accomplish after completing the course.

At the successful completion of this course, students will be able to describe roles and responsibilities, and demonstrate proficiency in the skills/knowledge required to perform the tasks of the following positions:

- Personnel Time Recorder (PTRC)
- Equipment Time Recorder (EQTR)
- Compensation for Injury Specialist (INJR)
- Claims Specialist (CLMS)

III. MINIMUM INSTRUCTOR QUALIFICATIONS

Refer to the Field Manager's Course Guide (PMS 901-1) for instructor prerequisites specific to this course (online at <http://training.nwcg.gov/>).

IV. INSTRUCTOR PREPARATION AND COURSE COORDINATION

A. General Information

The Course Coordinator's Guide (PMS 907) contains general information for presentation of NWCG courses. The course coordinator and instructors should be thoroughly familiar with this guide (online at <http://training.nwcg.gov/>).

B. Exercises and Other Pertinent Information

The Interagency Incident Business Management Handbook (IIBMH), PMS 902 is required for presentation of this course. The IIBMH provides policy and direction for incident business management.

Given the dynamic nature of incident business management, please visit the Incident Business Committee website for the most current material and adjust accordingly (<http://www.nwcg.gov/branches/committees.htm>).

The lessons in Units 2 – 5 require instructors to teach from the Instructor Guide, IIBMH, and PowerPoint slides. It is strongly recommended that instructors thoroughly review these lessons before presenting them.

- The lessons in Units 2 – 5 are only an overview of the topics to be discussed using the IIBMH. Instructors must refer to the IIBMH to discuss the topics in more detail.
- The lessons will direct instructors when to show the PowerPoint slides that corresponds with the topics being discussed.

C. Course Agenda

A sample agenda is on page 13. Revise the agenda as appropriate. The agenda can be inserted into the Student Workbook before the beginning of class. Consider removing timeframes from the agenda that is given to students.

V. COURSE MATERIALS

The Course Materials CD contains the Instructor Guide, Student Workbook, and Appendixes in bookmarked files in portable document format (PDF).

As of the course publication date, the forms referenced in these course materials are current. It is the responsibility of the instructor cadre to keep the course current by using up-to-date forms and other publications. Some materials will have to be printed from the Internet before the start of the course.

A. Instructor Guide

The Instructor Guide is designed as a teaching aid to assist instructors in presenting the course.

Each unit begins with a Unit Overview that outlines the lesson's approximate delivery time, objectives, learning strategy, instructional methods, required materials (instructional aids), and evaluation criteria.

The Unit Presentation follows the Unit Overview, and contains the lesson plan for each unit, shown in a two-column format:

- The Outline column contains the lesson content that supports the learning objectives. The column also contains notes to the instructor (directions for conducting an exercise, questions to ask students, etc.), which are in **bold boxes**.
- The Aids & Cues column lists references (slide numbers, handouts, publications, etc.) that remind instructors to display or refer to specific materials.

B. Appendixes

The following appendixes are on the Course Materials CD:

- Appendix A – Course Ordering and Support Information

This appendix tells you how to order required components of the course and what additional support materials are needed for course presentation.

- Appendix B – PowerPoint Presentations

Test the equipment before the start of class to ensure compatibility with software.

Refer to the READ ME file, located on the CD, which provides information on:

- Minimum System Requirements to Successfully Run Microsoft PowerPoint 2010 Presentations

- Editing the original PowerPoint 2010 Files
- Troubleshooting
- Microsoft PowerPoint Viewer 2010
- References on Creating PowerPoint Slides

- Appendix C – Student Assessment

This appendix contains the Final Examination and Answer Key. Duplicate enough copies of the final examination for every student to have one copy.

- Appendix D – Course Evaluation Forms

The Student Training Course Evaluation Form allows the students an opportunity to comment on the course and the instructors for the purpose of improving future training sessions. Distribute the form at the beginning or end of the course.

The Training Course Evaluation Form is an opportunity for the course coordinator and instructors to comment on course design. These comments are used by NWCG Training to identify potential problems with courses and as a resource during the course revision process.

The Online Course Evaluation Form also allows for feedback. Comments can also be submitted online at <http://training.nwcg.gov> by selecting the NWCG EVAL button in the upper right corner.

C. Student Workbook

In most cases, the Student Workbook contains the same course information as the Instructor Guide but without the instructor notes, aids and cues, and exercise answers. Student Workbooks should be ordered before the beginning of the course, one for each student.

VI. STUDENT TARGET GROUP

This course supports development of knowledge and skills for personnel desiring to be qualified as one or more of the financial positions: Personnel Time Recorder, Equipment Time Recorder, Compensation for Injury Specialist, Claims Specialist.

VII. COURSE PREREQUISITES

Refer to the Field Manager's Course Guide (PMS 901-1) for current course prerequisites.

IX. COURSE SELECTION LETTER

Send a course selection letter to students who are selected to attend the course. This letter congratulates selected students and should explain class times, dates, and location. Refer to the Course Coordinator's Guide (PMS 907) for more information on selection letters. An example course selection letter is located on page 11.

X. CADRE MEETINGS

Cadre meetings are an opportunity for instructors to meet, review the material, and discuss concerns with the course coordinator or lead instructor. The meetings are critical for instructors who do not have previous experience with the course. A cadre meeting checklist is located in the Course Coordinator's Guide (PMS 907).

A cadre meeting before each day's course presentation is recommended because of the interrelationship of the unit material (changing instructional materials in one unit may impact a later unit).

After each day's presentation, hold a cadre meeting to discuss concerns and progress. At the end of the course, conduct a final cadre meeting to evaluate instructor performance and suggest modifications for future courses.

XI. RECOMMENDED CLASS SIZE

The recommended class size is 25 to 30 students. The recommended student-to-instructor ratio is 5:1. Cadre members should be present for all instructional sessions. A minimum of three instructors should present this course; however, more instructors are required if a field exercise is incorporated. This is to enable strong mentorship by the cadre to the students.

XII. SPACE AND CLASSROOM REQUIREMENTS

The characteristics of the classroom and supportive facilities have a significant impact on the learning environment. The classroom should be chosen and viewed well in advance of the presentation.

The following characteristics should be considered when choosing a location and classroom:

- The classroom should be free from outside interruptions and interferences.
- Provide adequate room and flexibility for student work groups and equipment, including supportive facilities such as break areas, restrooms, etc.
- The classroom should have controlled lighting, good acoustics, and good ventilation.
- Provide adequate access to copy and printing services.
- Provide adequate desk space and power outlets for laptop computers (one power strip for each table).
- Be sure a computer with projector and screen is available to show electronic presentations.
- If printing in the classroom, a laptop and driver for the printer will be needed.

Refer to the Course Coordinator's Guide (PMS 907) for more information.

XIII. STUDENT ASSESSMENT AND CERTIFICATION

Students must obtain a score of 70% or higher on the student assessment evaluation method chosen to receive a certificate of completion for the course.

A. Exercises and Quizzes

Exercises and quizzes are designed to demonstrate students' ability to meet lesson objectives. They are not graded but should be discussed upon completion by the entire class.

B. Final Exam

The final exam consists of 24 questions and should be completed within 2 hour(s). The final exam and answer key are in Appendix C.

Applied Interagency Incident Business Management, S-261
Sample Course Selection Letter

To: *Student's Name*

From: *Course Coordinator's Name*

Subject: Applied Interagency Incident Business Management, S-261

Congratulations, you have been selected to attend Applied Interagency Incident Business Management, S-261, to be held at (*location*). The course will begin promptly at (*time and date*) and end at (*time and date*).

The primary emphasis of this course focuses on duties of: Personnel Time Recorder (PTRC), Compensation for Injury Specialist (INJR), Claims Specialist (CLMS), Equipment Time Recorder (EQTR), within the Incident Command System.

Please bring the following references to class:

- Position Task Book (initiated at the home unit), located at <http://www.nwccg.gov/pms/pms.htm>.
- Incident Response Pocket Guide (PMS 461, NFES 1077), located at <http://www.nwccg.gov/pms/pubs/pubs.htm>.

If you wish to receive a certificate of completion for the course, please do not make travel arrangements to arrive after the scheduled start time or to depart before the scheduled course completion time.

In the event you cannot attend the course, please contact the course coordinator before the beginning of the class. This allows time for notifying students who may who may be on the waiting list to be contacted to fill the vacancy.

If you have any questions please contact the course coordinator, *Name*, at *phone number*, or *email address*.

Applied Interagency Incident Business Management, S-261 Sample Agenda

Day 1

Unit 0 – Introduction30 minutes

Unit 1 – General Information..... 1 hour

Unit 2 – Personnel Time Recorder2 hours

Lunch

Unit 2 – Personnel Time Recorder (con't)3 hours

Unit 3 – Compensation for Injury Specialist 1 hour

Cadre Meeting (Course Review)

Day 2

Unit 3 – Compensation for Injury Specialist (con't) 1 hour

Unit 4 – Claims Specialist 1 hour

Unit 5 – Equipment Time Recorder.....2 hours

Lunch

Unit 5 – Equipment Time Recorder (con't).....2 hours

Final Exam2 hours

Issue Course Certificates

Cadre Meeting (Course Closeout)

UNIT OVERVIEW

Course Applied Interagency Incident Business Management, S-261

Unit 0 – Introduction

Time 30 minutes

Objectives

1. Facilitate introductions.
2. Discuss course logistics.
3. Present an overview of the course.

Strategy

This unit is an introduction to the course. It involves student and cadre interaction through introductions and class discussions.

Instructional Method(s)

- Informal lecture
- Classroom discussion

Instructional Aids

- ☐ Computer with projector, presentation software, and screen
- ☐ Course agenda (1 per student)
- ☐ Interagency Incident Business Management Handbook (1 per student)
- ☐ Current copy of a local geographic area supplement (1 per student)
- ☐ Wildland Fire Incident Management Field Guide, PMS 210 (1 per student)
- ☐ Course evaluation forms (1 per student).

Exercise(s)

- None

Evaluation Method(s)

- Participation

Outline

- I. Welcome and Introductions
- II. Course Logistics
- III. Course Overview

Aids and Cues Codes

The codes in the Aids and Cues column are defined as follows:

IG – Instructor Guide	IR – Instructor Reference
SW – Student Workbook	SR – Student Reference
HO – Handout	Slide – PowerPoint

UNIT PRESENTATION

Course Applied Interagency Incident Business Management, S-261

Unit 0 – Introduction

OUTLINE	AIDS & CUES
NWCG Mission Statement slide.	Slide 0-1
Course title slide.	Slide 0-2
Unit title slide.	Slide 0-3
I. WELCOME AND INTRODUCTIONS	Slide 0-4
Ask instructors and students to present the following information:	
<ul style="list-style-type: none"> • Name • Home unit (agency, station, etc.) • Job title and duties • Incident qualifications and incident experience 	
II. COURSE LOGISTICS	Slide 0-5
Hand out agenda and discuss:	
<ul style="list-style-type: none"> • Course hours • Lodging • Transportation 	

OUTLINE	AIDS & CUES
<p data-bbox="298 281 682 317">B. Reference Material</p> <div data-bbox="207 369 1052 428" style="border: 1px solid black; padding: 2px;"> <p data-bbox="220 380 1008 415">Provide each student with copies of the following:</p> </div> <ol style="list-style-type: none"> <li data-bbox="396 474 1052 1318"> <p data-bbox="396 474 1003 594">1. Interagency Incident Business Management Handbook (IIBMH), PMS 902</p> <ul style="list-style-type: none"> <li data-bbox="493 646 1052 852"> <p data-bbox="493 646 1052 852">• The IIBMH is the primary job aid for interagency incident business management and the primary reference for this course.</p> <li data-bbox="493 905 1052 1066"> <p data-bbox="493 905 1052 1066">• The IIBMH, in conjunction with the instructor guide and student workbook, is the foundation to this course.</p> <li data-bbox="493 1119 1052 1318"> <p data-bbox="493 1119 1052 1318">• Upon completion of this course, students should have a thorough understanding of the organization and content of the handbook.</p> <li data-bbox="396 1371 1052 1451"> <p data-bbox="396 1371 1052 1451">2. Wildland Fire Incident Management Field Guide (PMS 210)</p> <li data-bbox="396 1503 1052 1539"> <p data-bbox="396 1503 1052 1539">3. Geographic Area Supplements</p> 	<p data-bbox="1081 281 1218 317">Slide 0-8</p>

UNIT OVERVIEW

Course Applied Interagency Incident Business Management, S-261

Unit 1 – General Information

Time 1 hour

Objectives

1. Describe common kit items.
2. List information to obtain at the initial briefing.
3. Describe daily briefing provided to supervisor.
4. Describe the incident check-in and demobilization process.

Strategy

This unit covers the general information related to the tasks that personnel will encounter while on an assignment: kit building, briefings, check-in and demobilization.

Instructional Method(s)

- Instructor led training
- Classroom and small group discussion

Instructional Aids

- ☐ Computer with projector, presentation software, and screen.

Exercise(s)

- Unit quiz

Evaluation Method(s)

- Participation
- Unit quiz

Outline

- I. Prepare Your Incident Kit
- II. Mobilization
- III. Incident Activities
- IV. Demobilization

Aids and Cues Codes

The codes in the Aids and Cues column are defined as follows:

IG – Instructor Guide	IR – Instructor Reference
SW – Student Workbook	SR – Student Reference
HO – Handout	Slide – PowerPoint

UNIT PRESENTATION

Course Applied Interagency Incident Business Management, S-261

Unit 1 – General Information

OUTLINE	AIDS & CUES
Present unit title slide.	Slide 1-1
Present unit objectives.	Slide 1-2
I. PREPARE YOUR INCIDENT KIT	Slide 1-3
<p>A kit will be assembled and prepared prior to receiving an assignment.</p> <p>The kit should contain:</p> <ul style="list-style-type: none"> • Essential items needed for the assignment. • Items needed to function during the first 48 hours. • Basic office supplies, forms, and reference materials. • A copy of the IIBMH, geographic area supplements, and agency-specific guidelines should always be included. <p>Form quantities for the initial 48 hours will vary depending on the type of incident and resources assigned (recommended minimum forms are indicated in the kit content list below).</p> <p>The IIBMH and additional forms are available online at www.nifc.gov/nicc/ and www.nwcg.gov.</p>	Slide 1-4

OUTLINE	AIDS & CUES
<p>A. Kit Content List</p> <ol style="list-style-type: none"> 1. Supplies <p>Pens, pencils, post-it note pads, stapler, staples, staple remover, notepad, calculator, batteries, tape, envelopes, clipboard, etc.</p> 2. Reference material <ul style="list-style-type: none"> • Interagency Incident Business Management Handbook, PMS 902 • Agency-specific guidelines • Geographic area supplements 3. General forms <ul style="list-style-type: none"> • General Message, ICS-213 (10 each) • Emergency Firefighter Time Report, OF-288 (own use) (1 each) • Crew Time Report, SF-261 (own use) (1 book) <div data-bbox="207 1522 1052 1665" style="border: 2px solid black; padding: 5px; margin-top: 20px;"> <p>Briefly discuss kit contents relevant to the specific positions. Forms should be discussed more thoroughly in units 2-5.</p> </div>	

OUTLINE	AIDS & CUES
<p>4. PTRC kit</p> <ul style="list-style-type: none"> • Emergency Firefighter Time Report, OF-288 (50 each) • Crew Time Report, SF-261 (5 books) • Employment Eligibility Verification, I-9 (20 each) • Casual Hire, PMS 934 (20 each) • Incident Behavior Form, PMS 935 (20 each) • W-4 (20 each) • Pay Plan for Emergency Workers (AD Pay Plan) • Geographic area supplements • Agency-specific forms <p>5. CLMS kit</p> <ul style="list-style-type: none"> • Claim for Damage, Injury or Death, SF-95 (10 each) • Employee Claim for Loss or Damage to Personal Property, DI-570 or AD-382 (25 each) • Incident Claims and Accident Log 	

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Incident Claims Case File Envelope (25 each) • Camera and film • Agency-specific forms <p>6. INJR kit</p> <ul style="list-style-type: none"> • Report of Traumatic Injury and Claim for Continuation of Pay/ Compensation, CA-1 (10 each) • Notice of Occupational Disease and Claim for Compensation, CA-2 (5 each) • APMC Authorization and Medical Report, FS-6100-16 (10 each) • Request for Examination and Treatment, CA-16 (10 each) • Attending Physician's Report, CA-20 (5 each) • Duty Status Report, CA-17 (5 each) • Incident Injury Case File Envelope (20 each) • Injury/Illness Log • APMC Treatment Log 	

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • OWCP District Office Listing (mailing address and telephone numbers) • Agency-specific forms <p>7. EQTR kit</p> <ul style="list-style-type: none"> • Emergency Equipment Rental Agreement, OF-294 (10 each) • Emergency Equipment Use Invoice, OF-286 (25 each) • Emergency Equipment Shift Ticket, OF-297 (5 books) • Emergency Equipment Rental-Use Envelope, OF-305 (25 each) • Emergency Equipment Fuel and Oil Issue, OF-304 (5 books) • Emergency Firefighter Time Report, OF-288 (10 each) • Crew Time Report, SF-261 (1 book) • Casual Hire, PMS 934 (20 each) • Incident Behavior Form, PMS 935 (20 each) • W-4 (20 each) 	

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Pay Plan for Emergency Workers (AD Pay Plan) • Geographic area equipment rate supplement • Agency-specific forms <p>B. Weight Limitation</p> <p>The kit must be easily transportable and within agency weight limitation per the National Mobilization Guide (NFES 2092). As of the course publication date, the weight limitations for personal gear and kits are:</p> <ul style="list-style-type: none"> • One frameless soft pack (for personal gear) not to exceed 45 pounds. • Web gear or briefcase (not both) not to exceed 20 pounds. 	<p>Slide 1-5</p>
<p>II. MOBILIZATION</p> <p>A resource order is required for all mobilizations.</p>	<p>Slide 1-6</p>
<div style="border: 2px solid black; padding: 5px;"> <p>Review the example resource order. Discuss the policy regarding cell phones, car rentals, etc., as directed by the IIBMH.</p> </div>	<p>Slides 1-7 to 1-8</p>
<p>III. INCIDENT ACTIVITIES</p> <p>Positions described in the units of this course are assumed to be working under the supervision of a unit leader.</p>	<p>Slide 1-9</p>

OUTLINE	AIDS & CUES
<p data-bbox="300 283 634 317">A. Finance Section</p> <div data-bbox="207 369 1052 470" style="border: 2px solid black; padding: 5px; margin: 10px 0;"> <p data-bbox="224 380 979 457">Review the Finance Organization Chart on slide 1-10.</p> </div> <ol style="list-style-type: none"> <li data-bbox="396 516 776 550">1. Chain of command <p data-bbox="492 602 1036 768">All personnel assigned to incidents follow the chain of command to communicate information, problems, issues, and order resources.</p> <li data-bbox="396 816 954 936">2. The size and complexity of the incident determine the chain of command. <ul style="list-style-type: none"> <li data-bbox="492 989 963 1108">• The chain of command is through your incident supervisor. For example: <ul style="list-style-type: none"> <li data-bbox="586 1157 1027 1323">– Type 1 incidents will usually have all section chief and unit leader positions filled. <li data-bbox="586 1371 1027 1537">– Type 2 incidents will usually have all section chief and most unit leader positions filled. <li data-bbox="586 1585 1040 1751">– Type 3 incidents will have some section chief and some unit leader positions filled. 	<p data-bbox="1081 369 1235 403">Slide 1-10</p> <p data-bbox="1081 489 1230 522">Slide 1-11</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • The incident supervisor at the Type 3 level may not have specific knowledge of your duties and responsibilities. For example: <ul style="list-style-type: none"> – You could be assigned to a Type 3 incident as a PTRC (5 crews, 10 overhead in a remote location). – There would be no Time Unit Leader or Finance/Administration Section Chief. – You would report directly to the incident commander, who may have little or no administrative or finance background. 	Slide 1-12
<p>3. Coordination and communication</p> <p>It is important at all incident levels to:</p> <ul style="list-style-type: none"> • Take the initiative to gather pertinent information. • Coordinate with other incident and incident agency personnel as appropriate. • Communicate through the chain of command. 	Slide 1-13

OUTLINE	AIDS & CUES
<p>B. Initial Briefing</p> <p>Upon arrival at the incident, complete the check-in process with the planning section using your resource order.</p> <p>1. General information</p> <p>When obtaining or giving a briefing, follow the information about common responsibilities in the PMS 210 (Chapter 3).</p> <p>Be sure to obtain this information when receiving an in-briefing from your incident supervisor. If you are unsure of anything, ASK!</p> <p>2. Position-specific information</p> <p>Use the position checklist for PTRC, EQTR, INJR, and CLMS to assist you when performing your incident assignment (PMS 210, Chapter 3). Position specific tasks can also be found in the Position Task Book.</p> <p>3. Incident Action Plan (IAP)</p> <p>The IAP contains objectives reflecting the overall incident strategy and specific tactical actions and supporting information for the next operational period.</p>	<p>Slide 1-14</p> <p>Slide 1-15</p> <p>Slide 1-16</p>
<p>Refer students to the IAP (SW pages 1.15–1.27, IG pages 1.17-1.29).</p>	<p>IR/SR 1-1</p>

OUTLINE	AIDS & CUES
<p>The IAP:</p> <ul style="list-style-type: none"> • Is prepared per operational period by the planning section. • Provides essential information relative to the location and use of incident resources, such as: <ul style="list-style-type: none"> – Personnel and equipment assigned – Shift lengths – Medical plan <p>C. Special Teams</p> <p>1. Buying Teams work for the incident Agency Administrator (AA) to support the incident acquisition effort.</p> <p>Buying Teams are responsible for ensuring:</p> <ul style="list-style-type: none"> • Goods and services are purchased in accordance with agency policy. • Records are complete. <p>Acquisitions are tracked from the resource order request through payment.</p>	<p>Slide 1-17</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> – Supplements usually encompass emergency equipment rental rates, AD rates, cost accounting, etc. – Supplements can be obtained from the administrative staff on your unit. – For assignments outside the geographic area, supplements can be obtained from your incident supervisor or the incident agency. – Supplements can usually be obtained from the website for each GACC or Coordinating Group Incident Business Committee. 	
<div style="border: 2px solid black; padding: 5px;"> <p>Encourage students to download information prior to departure for an incident rather than obtaining from incident agency upon arrival. If web access is available, show appropriate examples.</p> </div>	
<p>E. Brief Incident Supervisor</p> <p>Provide a daily briefing to your incident supervisor. Include information about:</p> <ul style="list-style-type: none"> • Work status • Issues • Problems and concerns from the previous operational period. 	<p>Slide 1-22</p>

OUTLINE	AIDS & CUES
<p>F. Brief Replacement/Incident Agency Personnel</p> <p>You may be required to brief the individual who is assigned to the next operational period, your replacement, or when closing out with the incident agency.</p> <p>Include information about:</p> <ul style="list-style-type: none"> • Work status • Issues • Problems • Concerns • Necessary follow-up 	<p>Slide 1-23</p>
<p>G. Incident Business Advisor (IBA)</p> <p>A liaison and advisor to the Agency Administrator (AA) or Area Commander (AC) who works directly with the AA or AC.</p> <ul style="list-style-type: none"> • The IBA serves as a bridge to the AA, Incident Management Team, and other incident support functions. • There are times you will work with an IBA. 	<p>Slide 1-24</p>
<p>IV. DEMOBILIZATION</p> <p>The planning section develops a demobilization plan that outlines resource release priorities and demobilization procedures.</p>	<p>Slide 1-25</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Your incident supervisor determines your date and time of release and notifies the demobilization unit. • The demobilization unit arranges transportation and notifies your home unit, through the dispatch system, of your estimated date and time of arrival. • Prior to your release from an incident, you will be given an ICS 221 Demobilization Checkout form to complete. <div data-bbox="207 835 1052 940" style="border: 1px solid black; padding: 5px;"> Refer students to the Demobilization Checkout form (SW pages 1.29–1.30, IG pages 1.31-1.32). </div> <p>To complete the ICS 221, you must obtain signatures of each section/unit identified on the form.</p> <p>The signatures indicate that you:</p> <ul style="list-style-type: none"> – Have nothing outstanding (unreturned property, etc.) <div data-bbox="207 1415 1052 1474" style="border: 1px solid black; padding: 5px;"> Review unit objectives. </div> <div data-bbox="207 1522 1052 1707" style="border: 1px solid black; padding: 5px;"> ADMINISTER UNIT 1 QUIZ: Allow students five minutes to complete the quiz starting on page 1.31 of their student workbook (IG page 1.33). Review answers in class. </div>	<p>IR/SR 1-2</p> <p>Slide 1-26</p> <p>IR/SR 1-3</p>

Incident Action Plan

South Fork Incident

0700-1900 Operational Period

9/10/XX



INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
	South Fork Fire	9/9/XX	1600
4. OPERATIONAL PERIOD (DATE/TIME) 9/10/XX 0700-1900			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)			
1. Provide for extremely high levels of both firefighter and public safety.			
2. Protect private property.			
3. Protect fisheries values and potable water sources.			
4. Protect cultural resource values.			
5. Keep fires within established control lines.			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
Early morning fog and then partly cloudy with 50% chance of showers.			
High temp. 85 to 88 lower elevations and 70 to 73 on ridges at 8000 feet.			
Minimum RH 28 to 38% and 38 to 48% at 8000 feet. Winds S to SE 5 to 10 mph.			
7. GENERAL SAFETY MESSAGE			
In the event of thunderstorms, SEEK SHELTER IN VEHICLES!			
Stay dry, seek shelter during showers. Watch footing on wet slopes.			
8. ATTACHMENTS (✓ IF ATTACHED)			
<input checked="" type="checkbox"/> ORGANIZATION LIST (ICS 203)	<input checked="" type="checkbox"/> MEDICAL PLAN (ICS 206)	<input checked="" type="checkbox"/> Safety Message	
<input checked="" type="checkbox"/> ASSIGNMENT LIST (ICS 204)	<input checked="" type="checkbox"/> INCIDENT MAP	<input type="checkbox"/> _____	
<input checked="" type="checkbox"/> COMMUNICATIONS PLAN (ICS 205)	<input checked="" type="checkbox"/> TRAFFIC PLAN	<input type="checkbox"/> _____	
9. PREPARED BY (PLANNING SECTION CHIEF) /s/ Sally Rand		10. APPROVED BY (INCIDENT COMMANDER) /s/ Brian Jones	

[illegible]

1. BRANCH		2. DIVISION/GROUP <div style="text-align: center;">A</div>		<h2 style="margin: 0;">ASSIGNMENT LIST</h2>					
3. INCIDENT NAME <div style="text-align: center;">South Fork</div>				4. OPERATIONAL PERIOD DATE <u>9/10/XX</u> TIME <u>0700-1900</u>					
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF <u>G. Brunner</u>				DIVISION/GROUP SUPERVISOR <u>Jim Williams</u>					
BRANCH DIRECTOR _____				AIR TACTICAL GROUP SUPERVISOR <u>B. Zink</u>					
6. RESOURCES ASSIGNED THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME			
Salmon/Challis HS	X	H. Bloemeke	20	No	0700	1830			
SRV 23		G. Perez	19	Yes	0700	1830			
STEN		B. Jones	15	No	0700	1830			
Water Tender 15		F. Barlet	1	No	0700	1830			
7. CONTROL OPERATIONS									
Continue to mop-up and patrol 300 feet from control line. Direct bucket operations as needed. SRV 23 to drop point 1 by 1830. Water tender 15 return to base at 1830.									
8. SPECIAL INSTRUCTIONS									
Be aware of wet slopes and uneven footing. Take shelter in vehicles when lightning is observed.									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	Rx 168.775	King	Ch. 1	SUPPORT	LOCAL			
	REPEAT	Tx 164.9125	NIFC			REPEAT			
DIV./GROUP		Rx 171.525	King	Ch. 3	GROUND		Rx 169.200	King	Ch. 6
TACTICAL		Tx 171.525	NIFC		TO AIR		Tx 169.200	NIFC	
PREPARED BY (RESOURCE UNIT LEADER) /s/ Bert Peters				APPROVED BY (PLANNING SECT. CH.) /s/ Sally Rand			DATE 9/9/XX		TIME 1800

1. BRANCH		2. DIVISION/GROUP <div style="text-align: center;">B</div>		<h2 style="margin: 0;">ASSIGNMENT LIST</h2>					
3. INCIDENT NAME <div style="text-align: center;">South Fork</div>				4. OPERATIONAL PERIOD DATE <u>9/10/xx</u> TIME <u>1700-1900</u>					
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF <u>G. Brunner</u>				DIVISION/GROUP SUPERVISOR <u>A. James</u>					
BRANCH DIRECTOR _____				AIR TACTICAL GROUP SUPERVISOR <u>B. Zink</u>					
6. RESOURCES ASSIGNED THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME			
Payette Regs.	X	T. Roy	20	Yes	0700	1830			
SOF2		M. England	1	No	0700	1830			
Water Tender 51		M. Sithe	1	No	0700	1830			
Engine 16		T. Jones	3	No	0700	1830			
Engine 45		J. Organ	3	No	0700	1830			
7. CONTROL OPERATIONS Continue to mop-up and patrol 300 feet from control line. Direct bucket operations as needed. Focus on small spot fires outside the main lines. Payette to DP 2 by 1830.									
8. SPECIAL INSTRUCTIONS Be aware of wet slopes and uneven footing. Take shelter in vehicles when lightning is observed. Water tender return to ICP at the end of operational period.									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	Rx 168.775	King	Ch. 1	SUPPORT	LOCAL			
	REPEAT	Tx 164.9125	NIFC			REPEAT			
DIV./GROUP TACTICAL		Rx 163.8375 Tx 163.8375	King NIFC	Ch. 4	GROUND TO AIR		Rx 169.200 Tx 169.200	King NIFC	Ch. 6
PREPARED BY (RESOURCE UNIT LEADER) <div style="text-align: center;">/s/ Bert Peters</div>				APPROVED BY (PLANNING SECT. CH.) <div style="text-align: center;">/s/ Sally Rand</div>			DATE <div style="text-align: center;">9/9/XX</div>		TIME <div style="text-align: center;">1800</div>

1. BRANCH		2. DIVISION/GROUP <div style="text-align: center;">C</div>		<h2 style="margin: 0;">ASSIGNMENT LIST</h2>					
3. INCIDENT NAME				4. OPERATIONAL PERIOD DATE <u>9/10/XX</u> TIME <u>0700-1900</u>					
5. OPERATIONAL PERSONNEL									
OPERATIONS CHIEF <u>G. Brunner</u>				DIVISION/GROUP SUPERVISOR <u>P. Fields</u>					
BRANCH DIRECTOR _____				AIR TACTICAL GROUP SUPERVISOR _____					
6. RESOURCES ASSIGNED THIS PERIOD									
STRIKE TEAM/TASK FORCE/ RESOURCE DESIGNATOR	EMT	LEADER	NUMBER PERSONS	TRANS. NEEDED	PICKUP PT.-TIME	DROP OFF PT./TIME			
Targhee Reg	X	S. Johnson	20		0700	1830			
SRV 51		B. Jones	17		0700	1830			
SOF2		B. Lemon	1		0700	1830			
7. CONTROL OPERATIONS Continue to mop-up and patrol 300 feet from control line. Work toward forest road 161. Return to ridge camp at the end of the operational period.									
8. SPECIAL INSTRUCTIONS Be aware of wet slopes and uneven footing. Take shelter in vehicles when lightning is observed.									
9. DIVISION/GROUP COMMUNICATIONS SUMMARY									
FUNCTION		FREQ.	SYSTEM	CHAN.	FUNCTION		FREQ.	SYSTEM	CHAN.
COMMAND	LOCAL	Rx 168.775	King	Ch. 1	SUPPORT	LOCAL			
	REPEAT	Tx 164.9125	NIFC			REPEAT			
DIV./GROUP		Rx 163.100	King	Ch. 5	GROUND		Rx 169.200	King	Ch. 6
TACTICAL		Tx 163.100	NIFC		TO AIR		Tx 169.200	NIFC	
PREPARED BY (RESOURCE UNIT LEADER) /s/ Bert Peters				APPROVED BY (PLANNING SECT. CH.) /s/ Sally Rand			DATE 9/9/XX		TIME 1800

INCIDENT RADIO COMMUNICATIONS PLAN				1. INCIDENT NAME	2. DATE/TIME PREPARED	3. OPERATIONAL PERIOD DATE/TIME
				South Fork	9/9/XX 2000	9/10/XX 0700-1900
4. BASE RADIO CHANNEL UTILIZATION						
SYSTEM/CACHE	CHANNEL	FUNCTION	FREQUENCY/TONE	ASSIGNMENT	REMARKS	
King NIFC	1	Command Repeat	Rx 168.775 Tx 164.9125	Command Repeat	Div A, B, C, ICP	
King NIFC	2	Command Direct	Rx 168.775 Tx 168.775	Command Direct	Div A, B, C,	
King NIFC	3	TAC	Rx 171.525 Tx 171.525	Tactical	Div A	
King NIFC	4	TAC	Rx 163.8375 Tx 163.8375	Tactical	Div B	
King NIFC	5	Air/Ground	Rx 169.200 Tx 169.200	Air to ground	Div A, B, C	
King NIFC	6	Logistics	Rx 158.225 Rx 158.225	Logistics	ICP/Base	
5. PREPARED BY (COMMUNICATIONS UNIT) /s/ Robert Robertson						

NFES 1334

205 ICS (9/66)

MEDICAL PLAN	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED	4. OPERATIONAL PERIOD				
	South Fork	9/9/XX	1800	9/10/XX 0700-1900				
5. INCIDENT MEDICAL AID STATIONS								
MEDICAL AID STATIONS	LOCATION	PARAMEDICS						
		YES	NO					
South Fork	ICP		X					
6. TRANSPORTATION								
A. AMBULANCE SERVICES								
NAME	ADDRESS	PHONE	PARAMEDICS					
			YES	NO				
A-1 Ambulance Service	205 Courthouse-Challis	208-788-4200		X				
B. INCIDENT AMBULANCES								
NAME	LOCATION	PARAMEDICS						
		YES	NO					
645 Helicopter	South Fork Helibase		X					
7. HOSPITALS								
NAME	ADDRESS	TRAVEL TIME		PHONE	HELIPAD		BURN CENTER	
		AIR	GRND		YES	NO	YES	NO
Challis Hospital	900 E.Main, Challis	.75	2.5	208-788-5515	X			X
St. Alphonsis Hospital	1055 N. Curtis, Boise	1.0	3.25	208-367-2111		X		X
University Hospital	50 N. Medical Dr. Salt Lake City	2.5	7	801-581-2121	X		X	
8. MEDICAL EMERGENCY PROCEDURES								
Local transportation by air to hospital in Challis. For burn center - University Hospital								
Lat N40-49.5, Long W111-50.1. In an emergency contact division supervisor or safety officer.								
The DIVS or SOF will then contact ICP for instrctions.								
206 ICS 8/78		9. PREPARED BY (MEDICAL UNIT LEADER)			10. REVIEWED BY (SAFETY OFFICER)			
		/s/ Tim Peters			/s/ Fred Smith			

NFES 1331

Safety Message

It has been an accident free fire so far. Lets Keep it That Way!

Be careful of your footing on the line. The rain will make it slick!

Be heads up for lightning in the area.

Take shelter in vehicles if it is observed in the area!

Because of the bear problem ...

Keep Your Camp Clean!

Don't take food to your sleeping area; you may have an uninvited guest during the night!

Fred Smith
Safety Officer

FIRE BEHAVIOR FORECAST

FORECAST NO: 6

NAME OF FIRE: *South Fork*

PREDICTION FOR: *Day Operational Period*

UNIT: *Challis NF*

OPERATIONAL PERIOD: *9/10/XX*

TIME AND DATE SIGNED: *1900 9/9/XX*

FORECAST ISSUED: *1800- 9/9/XX* **Fire Behavior Analyst**

WEATHER SUMMARY: *Same weather pattern continues. Partly cloudy with 30% chance of showers and thunderstorms. High temp. 76-83°, RH 25-35%, 20 foot winds SW 10-20 mph, stronger near thunderstorms. LAL - 3, Haines Index - 4 low. Increasing winds SW overnight and Wednesday.*

FIRE BEHAVIOR

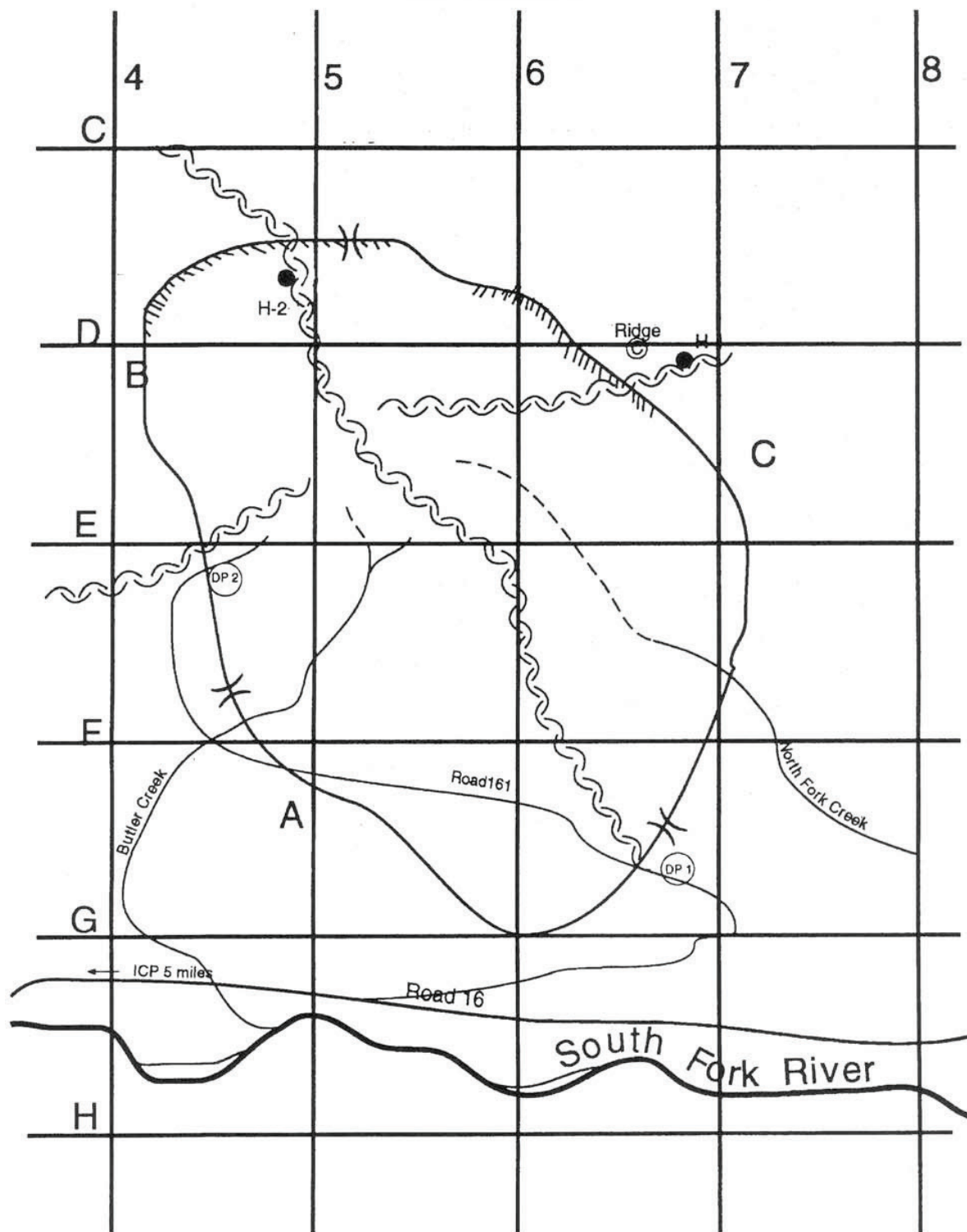
GENERAL: *Wetter cooler weather will moderate fire behavior. Expect low rates of spread on new starts, they should be associated with wet thunderstorms.*

SPECIFIC: *Divisions A, B, C should expect little activity. Could still be some minor torching.*

AIR OPERATIONS: *Patchy valley fog in the morning may limit visibility. Possible gusty winds near ridge tops in the afternoon.*

SAFETY: *Be alert for thunderstorms and associated winds and rain. Be prepared to stay dry. Watch footing on wet slopes.*

South Fork Fire 9/10/XX



DEMOBILIZATION CHECKOUT		ICS-221
1. INCIDENT NAME/NUMBER <div style="text-align: center;">Sand Creek ID-BOF-267</div>	2. DATE/TIME <div style="text-align: center;">8/25 1200</div>	3. DEMOB. NO. <div style="text-align: center;">ID-BOF-267-13</div>
4. UNIT/PERSONNEL RELEASED <div style="text-align: center;">Barbara Moore, PTRC</div>		
5. TRANSPORTATION TYPE/NO. <div style="text-align: center;">Government vehicle A-126931</div>		
6. ACTUAL RELEASE DATE/TIME <div style="text-align: center;">8/25 1800</div>	7. MANIFEST YES <input checked="" type="checkbox"/> NO NUMBER _____	
8. DESTINATION <div style="text-align: center;">Boise, Idaho</div>	9. AGENCY/REGION/AREA NOTIFIED NAME <div style="text-align: center;">BOF SO</div> DATE <div style="text-align: center;">8/25</div>	
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING <div style="text-align: center;"><i>/s/ Pete Smith, DOCL</i></div>		
11. UNIT/PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: <div style="text-align: center;">(DEMOB. UNIT LEADER CHECK ✓ APPROPRIATE BOX)</div>		
<div>LOGISTICS SECTION</div> <div style="text-align: center;"><i>/s/ Jim King</i></div> <div><input checked="" type="checkbox"/> SUPPLY UNIT _____</div> <div><input checked="" type="checkbox"/> COMMUNICATIONS UNIT <i>/s/ Monte Gonzales</i></div> <div><input checked="" type="checkbox"/> FACILITIES UNIT <i>/s/ Tim Grey</i></div> <div><input checked="" type="checkbox"/> GROUND SUPPORT UNIT LEADER <i>/s/ Dave Engle</i></div> <div>PLANNING SECTION</div> <div><input checked="" type="checkbox"/> DOCUMENTATION UNIT <i>/s/ Fred White</i></div> <div>FINANCE SECTION</div> <div><input checked="" type="checkbox"/> TIME UNIT <i>/s/ Betty Zims</i></div> <div>OTHER</div> <div><input type="checkbox"/> _____</div> <div><input type="checkbox"/> _____</div>		
12. REMARKS <div style="text-align: center;">Checkout with time unit last. Turn Demob Checkout Form into time unit.</div>		
<div style="display: flex; justify-content: space-between;"> 221 ICS 1-83 INSTRUCTIONS ON BACK </div>		

INSTRUCTIONS FOR COMPLETING THE DEMOBILIZATION CHECKOUT
(ICS FORM 221)

Prior to actual Demob Planning Section (Demob Unit) should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demob and release. If any, add to line Number 11.

Item Number	Item Title	Instructions
1.	Incident Name/No.	Print Name and/or Number of incident.
2.	Date & Time	Enter Date and Time prepared.
3.	Demob No.	Enter Agency Request Number, Order Number, or Agency Demob Number if applicable.
4.	Unit/Personnel Released	Enter appropriate vehicle or Strike Team/Task Force I.D. Number(s) and Leader's name or individual over-head or staff personnel being released.
5.	Transportation	Method and vehicle I.D. Number for transportation back to home unit. Enter N/A if own transportation is provided. *Additional specific details should be included in Remarks, block #12.
6.	Actual Release Date/Time	To be completed at conclusion of Demob at time of actual release from incident. Would normally be last item of form to be completed.
7.	Manifest	Mark appropriate box. If yes, enter manifest number. Some agencies require a manifest for air travel.
8.	Destination	Location to which Unit or personnel have been released, i.e., Area, Region, Home base, Airport, Mobilization Center, etc.
9.	Area/Agency/Region Notified	Identify Area, Agency, or Region notified and enter date & time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. Note, not all agencies require these ratings.
11.	Resource Supervision	Demob Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check, (unit requirements as needed), i.e. Safety Officer, Agency Rep., etc.
12.	Remarks	Any additional information pertaining to demob or release.

*GPO 1985-0-593-005/14032

UNIT 1 QUIZ SOLUTION

1. List two reference items that should always be included in your kit.
 - **Interagency Incident Business Management Handbook**
 - **Geographic area supplements**
 - **Agency-specific guidelines**
2. List five items of information you should obtain during the initial briefing from your unit supervisor.

Any five of the following:

- **Work schedule**
 - **Work location**
 - **Eating and sleeping arrangements**
 - **How to obtain additional supplies and services**
 - **Role and responsibilities**
 - **Performance standards**
 - **Incident agency forms, guidelines and requirements**
 - **Work priorities**
 - **Operating procedures**
 - **Incident Action Plan**
 - **Geographic area supplements**
3. List two items of information you should provide to your incident supervisor on a daily basis.

Any two of the following:

- **Work status**
- **Issues**
- **Problems**
- **Concerns**
- **Anything out of the ordinary**

4. Upon arriving at the incident, you should first check in with the **planning section** and then report to your **incident supervisor**.
5. Who determines your date and time of release from the incident?

Incident supervisor

UNIT OVERVIEW

Course Applied Interagency Incident Business Management, S-261

Unit 2 – Personnel Time Recorder

Time 5 hours

Objectives

1. Demonstrate proficiency in the accurate completion of incident personnel time records.
2. Establish, post and maintain time record files.
3. Apply appropriate pay regulations when posting personnel time.
4. Identify personnel and coordination necessary in the time recording process.
5. Identify process necessary to demobilize incident personnel.

Strategy

This lesson requires instructors to teach from the Instructor Guide, IIBMH, and PowerPoint slides. It is strongly recommended that instructors thoroughly review this lesson before presenting it. Students will follow along in the student workbook for part of the lesson and then move strictly to the IIBMH. The transitions are noted in the lesson plan. This lesson contains an overview of the topics to be discussed using the IIBMH. Instructors must refer to the IIBMH to discuss the topics in more detail.

Instructional Method(s)

- Instructor led training
- Classroom and small group discussion

Instructional Aids

- ☐ Current AD/Emergency Pay Plan (1 per student; refer to http://www.nwcg.gov/branches/pre/ibc/documents/personnel/doi_ad_payplan.pdf)
- ☐ Wildland Fire Incident Management Field Guide (PMS 210)
- ☐ Computer with projector, presentation software, and screen

Exercise(s)

- Exercise 1: Recruitment/Pay/Time
- Exercise 2: Pay Provisions
- Exercise 3: Personnel Timekeeping
- Exercise 4: Firefighter Time Report
- Exercise 5: Crew Time Report

Evaluation Method(s)

- Participation
- Unit Quiz

Outline

- I. Incident Assignment
- II. Establish and Maintain Personnel Time Records
- III. Recruitment/Pay/Time
- IV. Commissary
- V. Demobilization

Aids and Cues Codes

The codes in the Aids and Cues column are defined as follows:

IG – Instructor Guide
SW – Student Workbook
HO – Handout

IR – Instructor Reference
SR – Student Reference
Slide – PowerPoint

UNIT PRESENTATION

Course Applied Interagency Incident Business Management, S-261

Unit 2 – Personnel Time Recorder

OUTLINE	AIDS & CUES
Present unit title slide.	Slide 2-1
Present unit objectives.	Slides 2-2 to 2-3
I. INCIDENT ASSIGNMENT You are assigned to the time unit as a Personnel Time Recorder (PTRC). The PTRC establishes, records, and maintains incident personnel time records. On most incidents the time unit utilizes Time Module, a component of I-Suite, for time recording. Refer to the training materials on the I-Suite website for current procedures: http://isuite.nwcg.gov/	Slide 2-4
Refer students to the Wildland Fire Incident Management Field Guide for an overview of PTRC duties.	

OUTLINE	AIDS & CUES
<p data-bbox="300 283 808 321">A. Initial Supervisory Briefing</p> <p data-bbox="394 367 1040 489">The PTRC gathers incident specific information from the incident supervisor to include:</p> <ol data-bbox="394 535 1040 875" style="list-style-type: none"> <li data-bbox="394 535 1040 615">1. Copy of the IAP; the PTRC reviews for current incident status. <li data-bbox="394 661 1040 741">2. Resources on, or ordered for the incident. <li data-bbox="394 787 1040 875">3. Incident agency requirements regarding documentation, forms, etc. <p data-bbox="300 921 915 959">B. Personnel Assigned to the Incident</p> <p data-bbox="394 1005 1040 1173">The PTRC gathers information regarding number and the types of resources assigned to the incident and the time recording requirements for each.</p> <p data-bbox="394 1220 1040 1346">The planning section can provide a listing of personnel by category (Federal, state, county).</p> <p data-bbox="300 1392 740 1430">C. Working Relationships</p> <ol data-bbox="394 1476 1040 1854" style="list-style-type: none"> <li data-bbox="394 1476 1040 1854">1. The PTRC is assigned a work area in the time unit. This facilitates coordination necessary to: <ul data-bbox="492 1644 1024 1854" style="list-style-type: none"> <li data-bbox="492 1644 919 1682">• Obtain personnel time <li data-bbox="492 1728 1024 1766">• Ensure document completion <li data-bbox="492 1812 808 1854">• Perform audits 	

OUTLINE	AIDS & CUES
<p data-bbox="396 283 1055 447">2. To ensure communication and receipt of documentation, the PTRC establishes a cooperative working relationship with the:</p> <ul data-bbox="492 495 979 831" style="list-style-type: none"> <li data-bbox="492 495 833 531">• Time unit leader <li data-bbox="492 579 979 657">• Compensation/claims unit leader <li data-bbox="492 705 906 741">• Resources unit leader <li data-bbox="492 789 886 831">• Incident supervisors <p data-bbox="203 879 1011 957">II. ESTABLISH AND MAINTAIN PERSONNEL TIME RECORDS</p> <p data-bbox="300 1005 716 1041">A. Collect Time Reports</p> <p data-bbox="396 1089 691 1125">1. PTRC duties:</p> <ul data-bbox="492 1173 1049 1686" style="list-style-type: none"> <li data-bbox="492 1173 1032 1392">• Arriving personnel check in with the status/check-in recorder (normally co-located with the planning section), then report to the time unit. <li data-bbox="492 1440 1049 1686">• Resources supplies time unit with information to start Emergency Firefighter Time Report (OF-288) and turn in a Crew Time Report (CTR) with travel time. 	<p data-bbox="1079 879 1218 915">Slide 2-5</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • PTRC initiates a time record for each employee in the time module of I-Suite. <p>Crews turn in a crew manifest which will be used to assist with creating the time record in the time module of I-Suite.</p> <ul style="list-style-type: none"> • If applicable, the PTRC obtains a copy of the crew agreement from the crew boss or crew representative. <p>The PTRC reviews the agreement to ensure that the terms are met.</p> <ul style="list-style-type: none"> • The PTRC collects and reviews CTRs daily to ensure all personnel information is accurate and complete. <ul style="list-style-type: none"> • The PTRC compares time records on file with a listing of incident resources to ensure all personnel are submitting CTRs and are assigned to the incident. <p>The planning section can provide this information. The IAP or I-Suite is a source of information regarding personnel and crews assigned to the incident.</p>	

OUTLINE	AIDS & CUES
<p>2. PTRC is responsible for:</p> <ul style="list-style-type: none"> • Applying appropriate pay regulations. • Recognizing and resolving posting problems. • Performing audits on time records. • Referring discrepancies to the time unit leader. • Posting prescription, medical, and other deductions. • Faxing OF-288s (if circumstances permit). • Closing out time records. 	Slide 2-6
<p>B. Resource Order Number</p>	Slide 2-7
<div data-bbox="207 1308 1052 1407" style="border: 2px solid black; padding: 5px;"> <p>Refer students to the completed resource order (SW page 2.21, IG page 2.25).</p> </div> <p>All incident resources are assigned a resource order number. Incident resources are ordered and released by this number.</p> <ol style="list-style-type: none"> 1. Overhead are assigned an “O” number, such as O-10, O-15. 2. Crews are assigned a “C” number, such as C-20, C-31. 	IR/SR 2-1

OUTLINE	AIDS & CUES
<p>3. Equipment are assigned an “E” number, such as E-32, E-140.</p> <p>C. Contract Time</p> <p>Contractors and contract crews submit their paperwork to the procurement unit.</p> <p>III. RECRUITMENT/PAY/TIME (IIBMH, CHAPTER 10)</p>	
<p>Have students follow along in their IIBMH as you expand on these topics:</p>	
<p>A. Recruitment</p>	Slide 2-8
<p>1. Responsibilities</p>	
<p>2. Organized crews</p>	Slide 2-9
<p>3. Casuals</p>	Slide 2-10
<p>Discuss the following forms and direct deposit requirements. Provide a copy of a current pay plan for emergency workers and discuss.</p>	
<p>Forms (Chapter 10, Exhibits)</p> <ul style="list-style-type: none"> • Employment Eligibility Verification, Form I-9 • Single Resource Casual Hire Information, PMS 934 • Incident Behavior, PMS 935-1 • W-4 Form 	Slide 2-11

OUTLINE	AIDS & CUES
<p>4. Cooperators</p> <ul style="list-style-type: none"> • Military personnel • National Guard • State and local cooperators • Federal cooperators • Permittees 	Slide 2-12
<p>EXERCISE 1: Recruitment/Pay/Time</p> <p><u>Time:</u> Allow students 5 minutes to answer the questions then review answers.</p> <p>1. The time unit leader brings over three local area individuals who need to be hired as casuals. Two will be assigned to the camp crew and one will be a status/check-in recorder. You (as the PTRC) are asked to review the hiring forms. What pay rates will be assigned to:</p> <p>a. Camp crew? AD-A</p> <p>b. Firefighter Type 2? AD-C</p>	Slide 2-13

OUTLINE	AIDS & CUES
<p>2. Jorge L. Chavez, Jr. (a FFT2) has a state issued driver's license and a social security card in his possession. All other identification is at home. Can you complete the Employment Eligibility Verification, I-9 with this information? If yes, why? If no, why not?</p> <p>Yes, the I-9 can be completed with the documentation Jorge has in his possession. The state-issued driver license and social security card are acceptable documents under List B and List C.</p> <p>3. Complete Sections 1 and 2 of the I-9 (SW pages 2.23-2.24, IG pages 2.27-2.28) for Jorge (students can make up an address, date of birth, social security number, etc.).</p> <p>Show solution on slide 14.</p> <p>4. What documents should a casual complete to avoid being taxed at the highest rate?</p> <p>Federal and state income tax withholding forms (W-4 and applicable state tax form).</p> <p><u>End of Exercise.</u></p>	<p></p> <p>IR/SR 2-2</p> <p>Slide 2-14</p>

OUTLINE	AIDS & CUES
<p>B. Pay Provisions</p> <ol style="list-style-type: none"> 1. Responsibilities 2. One day assignments 3. Multiple day assignments <ul style="list-style-type: none"> • Guaranteed hours • Spot change tour of duty • Differentials 	Slide 2-15
<div style="border: 2px solid black; padding: 5px;">Explain guaranteed hours and differentials.</div>	Slide 2-16
<div style="border: 2px solid black; padding: 5px;">Explain PTRC's role vs. Home unit's role as it relates to differentials.</div>	
<ol style="list-style-type: none"> 4. Last day of incident 5. Detail assignments 6. Off-site / remote incident 7. On-shift time 8. Travel and related waiting time 9. Ordered Standby 10. On-call 11. Off-shift time 12. Meal periods 	Slide 2-17

OUTLINE	AIDS & CUES
Stress the importance of documenting compensable meal breaks on the CTR.	
13. Work/Rest	Slide 2-18
Refer students to the work/rest document examples (SW pages 2.25–2.26, IG pages 2.29-2.30).	IR/SR 2-3
14. Incident operations driving	
15. Length of assignment	
16. Management directed days off at home unit	
17. Supervisory personnel	Slide 2-19
18. Holiday pay	
19. Inadequate food and lodging	
20. Callback provisions	
21. Sickness	
22. Medical treatment	
23. Hazard pay	Slide 2-20
24. Environmental differential	
It is important to document hazard pay and environmental differential exposure on the CTR.	
25. FLSA exemption modifications	

OUTLINE	AIDS & CUES
<p>EXERCISE 2: Pay Provisions</p> <p><u>Time:</u> Allow students 5 minutes to answer the questions then review answers.</p> <ol style="list-style-type: none"> When does travel time begin? Travel time begins when the individual starts travel or when they report to a point of departure. Are individuals compensated from the time they are notified by dispatch of an incident assignment? No. Travel time begins when the individual starts travel or when they report to a point of departure. Are individuals compensated for time spent packing their personal gear at home? No. Time spent at home preparing for assignment is not compensable. Are regular government employees compensated for all time in travel status? No. Meal breaks and travel interruptions of more than three hours where individuals are free to pursue personal activities are not compensable. Are casuals compensated for all time in travel status? No. Meal breaks and travel interruptions of more than three hours where individuals are free to pursue personal activities are not compensable. 	<p>Slide 2-21</p>

OUTLINE	AIDS & CUES
<p>6. Are meal breaks required to be shown during travel? Yes, except for certain conditions (see explanation in answer to question #7).</p> <p>7. What constitutes a meal break while in travel status? Time spent eating during travel interruptions is considered a meal break and is non-compensable, such as eating in an airport. Time spent eating while traveling in a vehicle is not considered a meal break and is compensable, such as eating in an airplane.</p> <p>8. What is the maximum shift length, after the first operational period that can be worked without requiring a written justification? 16 hours</p> <p>9. What limitations are placed on drivers to perform their duties? No driver will drive more than 10 hours (behind the wheel) within any duty day, multiple drivers cannot exceed the 10 hour driving time in a 16 hour duty day, and each driver must have 8 hours off between shifts.</p> <p>10. List three items to be included in a personnel time recorder kit. Any three of the following: <ul style="list-style-type: none"> • OF-288 • Crew Time Report, SF-261 • Employment Eligibility Verification, I-9 • AD Pay Plan • Agency-specific forms </p> <p><u>End of Exercise.</u></p>	

OUTLINE	AIDS & CUES
<p>C. Personnel Timekeeping/Recording</p> <ol style="list-style-type: none"> 1. Objective 2. Responsibilities 3. Definitions (SF-261 vs. OF-288) 	<p>Slide 2-22</p> <p>Slide 2-23</p> <p>Slide 2-24</p>
<div style="border: 2px solid black; padding: 5px; text-align: center;"> Review the Crew Time Report and Emergency Firefighter Time Report forms. </div>	
<ol style="list-style-type: none"> 4. Crew Time Report, SF-261 5. Emergency Firefighter Time Report, OF-288 6. Closing out Emergency Firefighter Time Reports <ul style="list-style-type: none"> • Time Unit reviews • Resources signs • PRTC maintains copy for files • Original to home unit 7. Common timekeeping issues <ul style="list-style-type: none"> • Local residents on site • Multiple camps • Crossing time zones 	<p>Slide 2-25</p> <p>Slide 2-26</p> <p>Slide 2-27</p> <p>Slide 2-28</p>

OUTLINE	AIDS & CUES
<p>EXERCISE 3: Personnel Timekeeping</p> <p><u>Time:</u> Allow students 5 minutes to answer the questions then review answers.</p> <ol style="list-style-type: none"> List three items that should be indicated on a Crew Time Report, SF-261. <p>Any three of the following:</p> <ul style="list-style-type: none"> • Employee name • Incident number • GS/WG/AD classification • Dates • Crew name • On-shift time • Travel time • Hazard • Environmental differential • Incident name <ol style="list-style-type: none"> List three items that should be noted in the remarks section of the Crew Time Report. <p>Any three of the following:</p> <ul style="list-style-type: none"> • Transfers • Position or rate change • Reason discharged • Reason quit • Reason for compensable meal period • Environmental differential with percentage of entitlement 	<p>Slide 2-29</p>

OUTLINE	AIDS & CUES
<p>3. List three items of information you (as the PTRC) should provide to Jorge (casual employee) during the hiring process.</p> <p>Any three of the following:</p> <ul style="list-style-type: none"> • Pay rate • Payment procedures • Not entitled to overtime, sick leave, or annual leave • No life insurance coverage • Covered under worker's compensation • Wages not reported to state employment office • Subsistence/lodging provisions • On-shift/off-shift time <p>Note: The incident supervisor will provide information regarding shift times, meal breaks, sleeping area, eating facilities, and job specific requirements (clothing).</p> <p>EXERCISE 4: Firefighter Time Report</p> <p><u>Time:</u> Allow students 5 minutes to complete the exercise then review answers.</p> <p>Jorge Chavez (from Exercise 1) was contacted 8/1 at 1800, left home at 2000, and arrived at the incident at 0130. He was told to report for duty 8/2 at 1800.</p> <p>1. Establish an Emergency Firefighter Time Report, OF-288 for Jorge (students can make up information as necessary, SW page 2.27, IG page 2.31).</p>	<p>Slide 2-30</p> <p>IR/SR 2-4</p>

OUTLINE	AIDS & CUES
<p>2. Record the travel time.</p> <p>Show solution on slide 31.</p> <p>EXERCISE 5: Crew Time Report</p> <p><u>Exercise Preparation:</u> For this exercise, students will use the forms on pages SW 2.29–2.33, IG 2.33–2.37. They will also use the Emergency Firefighter Time Report from Exercise 4.</p> <p><u>Time:</u> Allow 10 minutes for completion then review answers.</p> <p>1. The Crew Time Report shows hazard pay for Jorge L. Chavez, Jr. Is Jorge entitled to hazard pay? Why or why not?</p> <p>Jorge is a casual and not entitled to hazard pay.</p> <p>2. If Jorge is not entitled to hazard pay, show how this would be documented on his Crew Time Report.</p> <p>Show solution on slide 33.</p> <p>Refer this situation to either the employee or the supervisor and make a note on the CTR that Jorge is not entitled to hazard pay.</p> <p>The CTR should have PTRC’s signature and date.</p>	<p>Slide 2-31</p> <p>Slide 2-32</p> <p>IR/SR 2-5</p> <p>Slide 2-33</p>

OUTLINE	AIDS & CUES
<p>3. Post the Crew Time Report for Jorge to the Emergency Firefighter Time Report from Exercise 4. Complete all steps of the posting process.</p> <p>Show solution on slide 34.</p> <p>4. There are only six hours of work time recorded for Jorge on 8/2. What actions should be taken?</p> <p>Six hours of work time plus 1.5 hours of travel time on 8/2 equal 7.5 hours. Record .5 hours of guarantee on the OF-288 to equal eight hours for this day.</p> <p>5. All members of the crew for Engine 206 worked 16 hours on 8/3 (this was their third shift on the incident). What documentation is required for work shifts exceeding 16 hours after the first operational period?</p> <p>Justification for work shifts exceeding 16 hours, including travel time after the first operational period shall be documented, approved, and included in the daily incident records. For one or several individuals documentation could be made on the Crew Time Report. A letter or justification form listing all individuals and excess hours may be more advantageous.</p> <p>Who approves the excess hours?</p> <p>The incident commander or agency administrator approves the excess hours.</p>	<p>Slide 2-34</p>

OUTLINE	AIDS & CUES
<p>6. Samantha Snyder, engine crew boss, consistently shows more work time than any of the other engine personnel. Is this cause for concern? Why or why not?</p> <p>As a crew supervisor, Samantha may participate in briefing sessions and complete paperwork required of a supervisor, both before and after the engine crew shift. This time is compensable.</p> <p>7. No meal breaks are shown on the Crew Time Report for Engine 206 on 8/04. What action should be taken?</p> <p>Explain criteria for compensable meal breaks to incident supervisor. If the supervisor verifies that the criteria have been met, request documentation on the Crew Time Report.</p> <p>8. Indicate on the Crew Time Report for Engine 206, if anything else is missing.</p> <p>Show solution on slide 35.</p> <p>Environmental differential category for Alexander Smith and the incident supervisor signature. If compensable meal break is justified (question 7) it should be documented also.</p> <p>9. Post the Crew Time Report for all members of Engine 206 to their Emergency Incident Time Report. Complete all steps of the posting process.</p> <p>Show solution starting on slide 2-36.</p>	<p>Slide 2-35</p> <p>Slide 2-36 to 2-38</p>

OUTLINE	AIDS & CUES
<p>The PTRC audits the Crew Time Report and Emergency Firefighter Time Report each time posting occurs. Missing information should be completed at this time.</p> <p><u>End of exercise.</u></p> <div style="border: 2px solid black; padding: 5px; margin-top: 10px;"> <p>Instruct students to return to the student workbook for the remainder of the unit.</p> </div>	
<p>IV. COMMISSARY</p> <p>Commissaries may be hired locally under an Incident Only EERA. In addition, some states may utilize an agency-provided commissary. Follow local guidelines for implementation of agency-provided commissary units and contract provisions for EERA commissaries.</p> <p>A. Personal Purchase</p> <p>An employee may have a need for a critical item to be purchased while on the incident. Possible examples:</p> <ul style="list-style-type: none"> • Boot replacement • Eye glass repair • Prescription refill 	<p>Slide 2-39</p>
<p>B. Process</p> <ol style="list-style-type: none"> 1. Employee completes request for the purchase with specific details of item. If the Commissary Issue Record (OF-287) form is not available, General Message Form, ICS-213 is acceptable. 	<p>Slide 2-40</p>

OUTLINE	AIDS & CUES
<ol style="list-style-type: none"> 2. Time Unit Leader (or designee) submits the request to the Ordering Manager to fill. It should be clearly identified that it is a personal commissary purchase. 3. If employee is a contractor, the individual must obtain contract owner approval. 4. PTRC will make a deduction on the OF-288. If contracted employee, PTRC provides documentation to EQTR to make a deduction on the OF-286. 5. The home unit is responsible for making the commissary deduction for regular government employees in their applicable time keeping system. 	
<p>V. DEMOBILIZATION</p>	<p>Slide 2-41</p>
<p>A. Demobilization Plan</p> <ol style="list-style-type: none"> 1. The demobilization unit provides a demobilization schedule. A copy is given to the time unit. <p>The demobilization schedule lists crews and single resource demobilization dates and times.</p>	
<ol style="list-style-type: none"> 2. The demobilization unit provides each crew or single resource with a Demobilization Checkout, ICS 221. 	<p>Slide 2-42</p>

OUTLINE	AIDS & CUES
<p data-bbox="488 281 1024 443">The time unit leader may designate the PTRC to complete the demobilization process and sign the Demobilization Checkout.</p> <p data-bbox="298 493 992 533">B. Checklist for Closing Out Time Reports</p> <ol data-bbox="396 579 1045 1682" style="list-style-type: none"> <li data-bbox="396 579 1045 831">1. Time unit requests crew bosses review time records prior to demobilization. This allows for early resolution of problems. If applicable, time unit ensures commissary purchases are deducted from OF-288 <li data-bbox="396 877 964 1045">2. Upon completion of the final operational period, the incident supervisor submits the CTR, including beginning travel time. <li data-bbox="396 1092 1045 1218">3. The PTRC posts work and beginning travel time in accordance with IIBMH guidelines. <li data-bbox="396 1264 1019 1390">4. Demobilizing personnel review the time report to ensure accuracy. All resources must sign the time report. <li data-bbox="396 1436 1019 1682">5. The PTRC distributes Emergency Firefighter Time Reports and CTRs in accordance with IIBMH and incident agency guidelines. The PTRC ensures all other appropriate documentation is attached. <p data-bbox="298 1728 992 1768">C. Incident Finance Package and Payments</p> <ol data-bbox="396 1814 1003 1896" style="list-style-type: none"> <li data-bbox="396 1814 1003 1896">1. Follow incident agency guidelines for final incident finance package. 	

OUTLINE	AIDS & CUES
<p>2. If there are casualties to be paid, submit the OF-288 and original hiring forms (if applicable) to the incident agency or payment center as appropriate.</p>	
<p>Review unit objectives.</p>	<p>Slide 2-43 to 2-44</p>
<p>ADMINISTER UNIT 2 QUIZ: Allow students five minutes to complete the quiz on pages 2.35–2.37 of their student workbook (IG pages 2.39–2.41). Review answers in class.</p>	<p>IR/SR 2-6</p>

RESOURCE ORDER		Initial Date/Time		2. Incident / Project Name				3. Incident / Project Order Number		Financial Codes									
OVERHEAD		07/30/12 1438		Large Fire Support 2012				ID-SCF-000012		P4EK5C [P]									
5. Descriptive Location				6. TWIN		SEC		Base MDM		9. Jurisdiction / Agency									
Salmon				21N		06		Boise, ID		National Forest									
				LAT: 45 10 50 N				Expanded Supply 208-756-5280		10. Ordering Office									
				LONG: 113 53 40 W				Expanded Equipment 208-409-5580		Central Idaho Interagency Fire Center									
								Expanded Overhead 208-756-5582											
11. Aircraft Information																			
Beating	Distance	VOR	Contact Name	Frequency Type		Assigned Frequency		Reland Base		Other Aircraft / Hazards									
24	13	LKT		Air to Air		124.225		MYL		IFixed Hazard N/A (See Documental - 45 10 50 N 113 51 49 W									
250	57	DLN		Air to Ground		172.400		MSO		IFixed Hazard N/A (See Documental - 45 11 43 N 113 52 09 W									
209	70	CPN		Flight Following		188.650		WYS											
								BOI											
								PIH											
12 Request Number	Ordered Date/Time	From	To	Qty	Resource Requested	Needed Date/Time	Deliver To	From Unit	To Unit	Assigned Date/Time	Resource Assigned Unit ID	Resource Assigned	WFO Ind	Estimated Time Of Departure	Estimated Time Of Arrival	Released Date	Released To		
O-58	09/07/12 1706 MST	208-756-5157	ID-CIC	1	AIRCRAFT DISPATCHER (ACDP) (Smith, George W (OR-VAC)) (T-R)	09/09/12 0805 MST	Salmon	OR-VAC	ID-CIC	09/07/12 1745 MST	OR-VAD	Smith, George W (OR-VAC) (T)	D	09/23/12 0900 MST	09/23/12 1700 MST	09/23/12 0850 MST	Vale District Dispatch (OR-VAC)		
Travel Mode ROV		Financial Code P4EK5C		Special Needs		Priority trainee for ACDP AOV or ROV, Cell, Laptop approved		Reporting Instructions											
13. User Documentation																			
Req. No.		Documentation																Entered By	
O-58		Request O-58 - AIRCRAFT DISPATCHER (ACDP) - [ID-SCF-000012] Large Fire Support 2012 has been filled with Smith, George W (OR-VAC) by George Smith@OR-VAC ROSS.																George Smith (OR-VAC) 09/07/2012 1745 MST	
O-58		George Smith Cell # 208-286-8946																George Smith (OR-VAC) 09/08/2012 1008 MST	



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment , but not before accepting a job offer.)					
Last Name (Family Name) Chavez, Jr.		First Name (Given Name) Jorge		Middle Initial L	Other Names Used (if any) N/A
Address (Street Number and Name) 101 S. Main Street		Apt. Number	City or Town Nampa		State ID Zip Code 83651
Date of Birth (mm/dd/yyyy) 06/11/1972	U.S. Social Security Number 555-22-3333	E-mail Address jorgefirefighter@yaha.com			Telephone Number 208-555-8888

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: Jorge L Chavez, Jr.	Date (mm/dd/yyyy): 08/01/xxxx
---	--------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: Barbara Sylte		Date (mm/dd/yyyy): 08/01/xxxx	
Last Name (Family Name) Sylte		First Name (Given Name) Barbara	
Address (Street Number and Name) 323 Hwy 5		City or Town Grangeville	State ID Zip Code 83702



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Idaho Driver's License		Document Title: Social Security Card
Issuing Authority:		Issuing Authority: Department of Licensing		Issuing Authority: SS Administration
Document Number:		Document Number: #049261		Document Number: 555-222-333
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 06/11/xxxx		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>3-D Barcode Do Not Write in This Space</div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): **08/01/xxxx** (See instructions for exemptions.)

Signature of Employer or Authorized Representative Barbara Sylte		Date (mm/dd/yyyy) 08/01/xxxx	Title of Employer or Authorized Representative Personnel Clerk	
Last Name (Family Name) Sylte		First Name (Given Name) Barbara	Employer's Business or Organization Name USFS	
Employer's Business or Organization Address (Street Number and Name) 323 Hwy 5		City or Town Grangeville	State ID	Zip Code 83702

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

**Official Document for Extended Work Shift
and/or**

Deviation From 2:1 Work Rest Policy

Date:	Time:	Incident Number:	Incident Name:	Unit:
Incident Type:	Operational Period:	Incident Commander:	IC Type (1-5)	
Justification				
Name of Individual(s) or Crew:				
Description of Situation: (Y)				
Shifts in excess of 16 hours on _____ was due to:				
<input type="checkbox"/> Travel Time not administratively controllable. <input type="checkbox"/> Mobilization and travel of resources to incident location or relocation to incident facilities. <input type="checkbox"/> Establishing and maintaining administrative, planning, and logistical support for incident. <input type="checkbox"/> Evacuation, triage, structure protection, or emergency rescue. <input type="checkbox"/> Establishing initial control of lines of the fire. <input type="checkbox"/> Extended attack efforts to control potentially devastating incident activity. <input type="checkbox"/> Incident unable to provide personnel with adequate food and lodging. <input type="checkbox"/> Other/Additional:				
Extended hour(s)	Date:	Work Hours:	Total Hours:	
Rational: (Y)				
<input type="checkbox"/> Emergency mobilization of resources to and from incident or facilities. <input type="checkbox"/> Efforts required setting up, supporting, and undertaking incident control actions. <input type="checkbox"/> Imperative operational defensive actions to prevent loss of life, resources and property damage. <input type="checkbox"/> Extenuating circumstances resulted in personnel being left on-location without food and lodging. <input type="checkbox"/> Other/Additional:				
Mitigation Measures				
Actions taken to reduce impact on firefighter safety and reduce fatigue: (Y)				
<input type="checkbox"/> Rest extended into the following operational period. Hours adjusted _____ On shift by: <input type="checkbox"/> Other:				
Mitigation hour(s)	Date:	Hours:	Total Hours:	

Blue Mtn Incident Management Team
Columbia Shuttle Recovery
Excessive Hours/Work Rest Documentation

Date	Name	Position	Exc Hrs	W/R	*Hrs Exc Hrs Short	Justification and/or Mitigation

*Hrs Exc = Hours exceeding 16; Hrs Short = Hours short of meeting 2:1 Work Rest guidelines

Notes:

Incident Commander Approval _____

EMERGENCY FIREFIGHTER TIME REPORT															1. Identification Number F 8540364																				
2. Social Security Number					3. Initial Employment (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No					4. Type of Employment (X one) <input type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't Employee <input type="checkbox"/> Other																									
5. Transferred From					6. Hired At					7. Employee Has (X one) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Quit					8. Entitled To Return Travel Time (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Entitled To Return Transportation (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No																		
ZIP CODE MUST BE ENTERED BELOW																		IN CASE OF ACCIDENT NOTIFY																	
10. Name (First, Middle, Last)										15. Name																									
11. Street Address										16. Street Address																									
12. City					13. State		14. Zip Code			17. City					18. State		19. Telephone No. (Include Area Code)																		
20. FIRE LOCATION IDENTIFICATION																																			
Column A						Column B						Column C						Column D																	
1. Fire Name						1. Fire Name						1. Fire Name						1. Fire Name																	
2. Fire No.			3. Unit Code			2. Fire No.			3. Unit Code			2. Fire No.			3. Unit Code			2. Fire No.			3. Unit Code														
4. Fire Location				5. State		4. Fire Location				5. State		4. Fire Location				5. State		4. Fire Location				5. State													
6. Firefighter Classification						7. Rate						6. Firefighter Classification						7. Rate						6. Firefighter Classification						7. Rate					
8. Date and Time a. Year						8. Date and Time a. Year						8. Date and Time a. Year						8. Date and Time a. Year																	
Mo. b.	Day c.	Start d.	Stop e.	Hours f.		Mo. b.	Day c.	Start d.	Stop e.	Hours f.		Mo. b.	Day c.	Start d.	Stop e.	Hours f.		Mo. b.	Day c.	Start d.	Stop e.	Hours f.													

CREW TIME REPORT							
(1) CREW NAME Engine 206				(1) CREW NUMBER #2			
(3) OFFICE RESPONSIBLE FOR FIRE Payette NF			(4) FIRE NAME River Road		(5) FIRE NUMBER ID-PNF-030		
(6)	(7)	(8)	(9)		(10)		
RE- MARKS NO.	NAME OF EMPLOYEE	CLASSIF- ICATION	DATE 8/03		DATE 8/04		
			Military Time		Military Time		
			ON	OFF	ON	OFF	
H	Samantha Snyder	GS	0500	1200	0600	2200	
			1230	1830			
			1900	2300			
H	Michael George	GS	0530	1200	0630	2130	
			1230	1830			
			1900	2230			
E	Alexander Smith	WG	0530	1200	0630	2130	
			1230	1830			
			1900	2230			
(11) REMARKS							
(12) OFFICER-IN-CHARGE (Signature)			(13) TITLE (Officer-in-Charge)				
(14) NAME (Person Posting to Emergency Time Report)					(15) DATE		

261-101

STANDARD FORM 261 (5/78)
 Prescribed by USDA-USDI (NWCG Handbook No. 2)

UNIT 2 QUIZ SOLUTION

1. A regular government employee submits a Crew Time Report for 10 hours of work and rest. You, as the PTRC, question the 10 hours and he informs you that his tour of duty at his home is Monday through Thursday, 10 hours each day; therefore, he is guaranteed 10 hours per day, Monday through Thursday. He wants you to record 10 hours for his R&R day. How do you respond?

The home unit is responsible for applying emergency pay regulations regarding the tour of duty. The PTRC only records 'day off' on the Emergency Firefighter Time Report.

2. Who is entitled to be in pay status when in an inadequate food and lodging situation?

Nonexempt regular government employees and casuals.

3. List two examples of off shift time.

**Sleeping
Eating**

4. How many hours are guaranteed to casuals?

Eight hours per day (when away from the point of hire).

5. Who is responsible for maintaining the filing system in the time unit?

PTRC

6. List three sections/units/positions the PTRC coordinates with. Specify what coordination occurs.

Any three of the following:

- **Time unit leader to obtain operating procedures, briefing, incident priorities.**
 - **Planning section (resource unit leader) to obtain listing of personnel and crews.**
 - **Incident supervisors (all sections) to obtain personnel time and provide information on pay regulations.**
 - **Compensation/claims unit for injury compensation documents.**
7. AD rates are established at the point of hire and will not change if the individual is sent to a different geographical rate area.
- a. **True**
b. **False**
8. Individuals may sign their Crew Time Report with permission of the incident supervisor.
- a. **True**
b. **False**
9. Crew supervisors get paid for attending briefings.
- a. **True**
b. **False**
10. PTRC should only audit time records prior to demobilization.
- a. **True**
b. **False**

11. The time unit leader resolves all personnel time posting problems.
- a. True
 - b. False**
12. Casuals must sign the OF-288 during the demobilization process.
- a. True**
 - b. False
13. Casuals must be given the opportunity to complete income tax withholding forms before they are hired.
- a. True**
 - b. False

UNIT OVERVIEW

Course Applied Interagency Incident Business Management, S-261

Unit 3 – Compensation for Injury Specialist

Time 2 hours

Objectives

1. Demonstrate proficiency in the accurate completion and distribution of compensation for injury forms.
2. Establish and maintain compensation for injury records.
3. Identify categories of appropriate medical treatment.
4. Identify personnel involved in the injury/illness reporting and documentation process.

Strategy

This lesson requires instructors to teach from the Instructor Guide, IIBMH, and PowerPoint slides. It is strongly recommended that instructors thoroughly review this lesson before presenting it. Students will follow along in the student workbook for part of the lesson and then move strictly to the IIBMH. The transitions are noted in the lesson plan. This lesson contains an overview of the topics to be discussed using the IIBMH. Instructors must refer to the IIBMH to discuss the topics in more detail.

Instructional Method(s)

- Instructor led training
- Classroom and small group discussion

Instructional Aids

- ☐ Wildland Fire Incident Management Field Guide (PMS 210)

Exercise(s)

- Exercise 1: Injury Specialist
- Exercise 2: Compensation for Injury/Illness
- Exercise 3: Pay Provisions

Evaluation Method(s)

- Participation
- Unit Quiz

Outline

- I. Incident Assignment
- II. Compensation for Injury/Illness
- III. Pay Provisions for Injuries and Illnesses
- IV. Demobilization

Aids and Cues Codes

The codes in the Aids and Cues column are defined as follows:

IG – Instructor Guide	IR – Instructor Reference
SW – Student Workbook	SR – Student Reference
HO – Handout	Slide – PowerPoint

UNIT PRESENTATION

Course Applied Interagency Incident Business Management, S-261

Unit 3 – Compensation for Injury Specialist

OUTLINE	AIDS & CUES
Present unit title slide.	Slide 3-1
Present unit objectives.	Slide 3-2
<p>I. INCIDENT ASSIGNMENT</p> <p>You are assigned to and supervised by the Compensation/Claims Unit Leader (COMP) as a Compensation for Injury Specialist (INJR).</p> <p>The INJR is responsible for authorizing medical treatment and ensuring that necessary paperwork is completed. Close coordination is required with the Medical Unit.</p>	Slide 3-3
<p>Refer students to the Wildland Fire Incident Management Field Guide (PMS 210) for an overview of INJR duties.</p>	Slide 3-4
<p>A. Initial Supervisory Briefing</p> <p>Additional incident specific information to obtain from your incident supervisor include:</p> <ol style="list-style-type: none"> 1. Copy of the IAP; the INJR reviews for current incident status. 	Slide 3-5

OUTLINE	AIDS & CUES
<ol style="list-style-type: none"> 2. Medical plan; the INJR reviews for: <ul style="list-style-type: none"> • Information on medevacs • Nearest medical facility • Nearest burn unit 3. Information regarding injuries/illnesses reported to date. 4. Information regarding potential for injury/illness <ul style="list-style-type: none"> • Steep terrain may precipitate sprains • Weather changes may precipitate cold/flu symptoms 5. Names and locations of safety officer and medical unit personnel. 6. Availability of Agency Provided Medical Care (APMC). 7. Incident agency requirements regarding documentation, forms, etc. <p>The incident agency confirms the process for:</p> <ul style="list-style-type: none"> • Submitting original documentation to home units. • Documentation and treatment authorization requirements for personnel covered under state workers' compensation. 	

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Incident finance package requirements. <p>B. Personnel Assigned to the Incident</p> <p>The INJR gathers information regarding the types of resources assigned to the incident and the workers' compensation requirements for each.</p> <ol style="list-style-type: none"> 1. The planning section, or I-Suite, can provide a listing of personnel by category (federal, state, county, etc.). 2. The incident is required to provide emergency medical treatment to all assigned resources, including contractors and military personnel. 3. Agreements and contracts specify responsibility of medical cost repayment. <ul style="list-style-type: none"> • Contractors are responsible for providing workers' compensation coverage to their employees. <p>The incident may provide emergency medical treatment and will deduct the cost from the contractor invoice.</p> <p>Documentation will be provided to the procurement unit from INJR.</p>	<p>Slide 3-6</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Military support units usually provide medical facilities and treatment to military personnel assigned to an incident. <p style="padding-left: 40px;">Coverage is under the Department of Defense.</p> <p>C. Working Relationships</p> <p>The INJR is usually assigned a work area in or adjacent to the Medical Unit.</p> <p>This facilitates coordination necessary to track injuries/illness, and ensure document completion and follow-up.</p> <p>1. To ensure communication and receipt of documentation, the INJR establishes a cooperative working relationship with the:</p> <ul style="list-style-type: none"> • Compensation/Claims Unit Leader • Medical Unit • Safety Officer • Medical Facilities • Time Unit Leader • Facilities Unit Leader • Ground Support Unit Leader • Supply Unit 	<p>Slide 3-7</p>

OUTLINE	AIDS & CUES
<p data-bbox="396 285 646 317">2. The INJR:</p> <ul style="list-style-type: none"> <li data-bbox="493 369 1029 527">• Notifies the COMP and Medical Unit of sleeping area location in the event of night medevacs. <li data-bbox="493 579 1029 999">• Supports the SOF with the initial investigation and initial documents for: <ul style="list-style-type: none"> <li data-bbox="591 747 997 789">– Serious injury/illness <li data-bbox="591 831 802 873">– Fatality <li data-bbox="591 915 1029 999">– Motor vehicle accident with personal injury <p data-bbox="586 1052 1029 1167">Law Enforcement and special teams may be called in to complete the investigation.</p> <li data-bbox="493 1220 1013 1335">• Provides information to the SOF regarding injury/illness trends. <p data-bbox="586 1388 1045 1766">Example: Five people working in Division C on the day shift have reported being stung by yellow jackets. INJR would notify the safety officer. Safety officer would investigate, and if warranted, would notify incident personnel, through the IAP, of the hazard.</p>	

OUTLINE	AIDS & CUES
<p>EXERCISE 1: Injury Specialist</p> <p><u>Time:</u> Allow students 5 minutes to answer the questions then review answers.</p> <p>1. List five items to be included in the INJR kit.</p> <p>Any five of the following:</p> <ul style="list-style-type: none"> • Report of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1 • Notice of Occupational Disease and Claim for Compensation, CA-2 • APMC Authorization and Medical Report, FS-6100-16 • Authorization for Examination and/or Treatment, CA-16 • Attending Physician's Report, CA-20 • Duty Status Report, CA-17 • Incident Injury Case File Envelope • Injury/Illness Log • APMC Treatment Log • OWCP District Office Listing (mailing addresses and telephone numbers) • Agency specific forms <p>2. How do you determine what resources are assigned to the incident?</p> <p>Obtain a list of resources from the planning section (resource unit), or look in I-Suite.</p> <p>Why is this necessary?</p> <p>To determine the types of resources and the compensation requirements for each.</p>	<p>Slide 3-8</p>

OUTLINE	AIDS & CUES
<p>D. Federal Workers' Compensation</p> <ul style="list-style-type: none"> • The Federal Employees' Compensation Act (FECA) <ul style="list-style-type: none"> – Provides compensation benefits to civilian employees • Coverage under FECA <ul style="list-style-type: none"> – Covered: civilian federal employees – Not covered: contractors, inmate crews, military personnel 	<p>Slide 3-14</p>
<p>E. Authorizing Medical Care</p> <ul style="list-style-type: none"> • Traumatic Injuries <ul style="list-style-type: none"> – OWCP has authorized agencies to issue form CA-16 (Request for Examination and/or Treatment) • Occupational Disease or Illness <ul style="list-style-type: none"> – OWCP rarely allows treatment related to disease/illness 	<p>Slide 3-15</p>
<p>F. Continuation of Pay (COP)</p> <ul style="list-style-type: none"> • Definition and entitlement <ul style="list-style-type: none"> – Intent of COP is to avoid interruption of income 	<p>Slide 3-16</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> – 45 day maximum • Controvert • COP recording procedures <ul style="list-style-type: none"> – Begins the day following injury – Document on OF-288 G. Selection of Physician <ul style="list-style-type: none"> • FECA entitles employee to select physician of their choice • Emergency incident based on proximity of services H. Agency Provided Medical Care (APMC) <ul style="list-style-type: none"> • Separate from the provisions of FECA • COMP/INJR is responsible to counsel employee • Authority for APMC <ul style="list-style-type: none"> – Department of Agriculture Organic Act – Granger-Thye Act • APMC coverage <ul style="list-style-type: none"> – Medical visit and one follow-up 	<p>Slide 3-17</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Employee choice of processes <ul style="list-style-type: none"> – Use of APMC instead of FECA is voluntary • APMC use for traumatic injuries does not cover non-first aid treatments • APMC should not be authorized for non-work related injuries/illness (including dental treatment) • Contractors may not use APMC • State <i>may</i> not utilize APMC • Military medical units provide treatment for military personnel • The FSC coordinates with incident agency to establish APMC • Incident personnel/agency pays authorized costs • M# assigned for treatment under APMC • Authorize medical treatment with FS-6100-16 • Document APMC and M# on all injury forms • Document services on Incident Injury/Illness Log 	<p>Slide 3-18</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Do not issue CA-16 form for APMC <p>I. Procedures and Documentation Required for FECA or APMC</p> <ul style="list-style-type: none"> • Traumatic Injury (laceration, back strain from picking up one heavy box, etc.) <ul style="list-style-type: none"> – Form required: CA-1 – Complete as soon as possible • Occupational Illness/Disease (camp crud, smoke inhalation over several shifts, etc.) <ul style="list-style-type: none"> – Form required: CA-2 – Complete as soon as possible • Prescriptions should be obtained using local pharmacies that accept OWCP • Fatality <ul style="list-style-type: none"> – Home unit processes claim – Forms: CA-1, CA-16 	Slide 3-19
<p>J. Forms Distribution</p> <ul style="list-style-type: none"> • Submit to OWCP within 10 days of signing • COMP utilizes the Incident Injury Case File Envelope for forms 	Slide 3-20

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Incident Injury/Illness Log should be used to document injuries/illnesses • ALL compensation for injury documents are protected by the Privacy Act <p>K. State and Cooperators Workers' Compensation Coverage</p> <ul style="list-style-type: none"> • State workers' compensation <ul style="list-style-type: none"> – Utilize state specific injury/illness form – If state form is not initially available, appropriate CA-1 or CA-2 can be used – State employee is responsible to contact home unit – Do not issue CA-16 • Cooperators <ul style="list-style-type: none"> – Usually covered under home unit workers' compensation program (state, county, etc.) – Utilize home unit specific forms – Follow FECA or APMC if cooperator is hired as federal casual 	<p>Slide 3-21</p>

OUTLINE	AIDS & CUES
<p>L. Example Forms</p> <div data-bbox="207 367 1052 556" style="border: 1px solid black; padding: 5px;"> <p>Refer students to the Exhibits section in Compensation for Injury/Illness (IIBMH, Chapter 10). Explain which forms to complete for reporting and authorizing treatment.</p> </div> <ul style="list-style-type: none"> • Examples of the following forms are located at Chapter 10, Exhibits: <ul style="list-style-type: none"> – CA-1 – CA-2 – CA-16 – FS-6100-16 – Incident Injury/Illness Log – OF-288 (showing COP) – OF-313 	<p>Slide 3-22</p>
<p>EXERCISE 2: Compensation for Injury/Illness</p> <p><u>Time:</u> Allow students 5 minutes to answer the questions then review answers.</p> <p>1. When does COP terminate for a casual?</p> <ul style="list-style-type: none"> • Complete recovery is realized. • The 45 calendar days are complete. • They are released from the incident assignment because the incident is over and/or their crew is demobilized to the home unit. 	<p>Slide 3-23</p>

OUTLINE	AIDS & CUES
<p>2. For each example below, indicate whether it would be classified as a “T” for Traumatic Injury or “O” for Occupational Disease/Illness.</p> <p><u>T</u> Finger laceration</p> <p><u>O</u> Bronchitis</p> <p><u>T</u> Broken arm</p> <p><u>O</u> Back strain (moving furniture for three days)</p> <p><u>O</u> Tendonitis (loading airplanes on 14 day incident assignment)</p> <p><u>T</u> Sprained ankle</p> <p><u>T</u> Smoke inhalation (one day exposure to smoky conditions)</p> <p><u>T</u> Metal particle in eye</p> <p><u>O</u> Carpal tunnel syndrome (operating chain saw over an eight week period)</p> <p>3. Who is involved in the <u>initial</u> injury/illness documentation process?</p> <ul style="list-style-type: none"> • Injured individual • Supervisor • Witness • INJR <p><u>End of Exercise.</u></p> <div style="border: 2px solid black; padding: 5px; margin-top: 10px;"> <p>Instruct students to return to the student workbook for the remainder of the unit.</p> </div>	

OUTLINE	AIDS & CUES
<p data-bbox="203 283 943 359">III. PAY PROVISIONS FOR INJURIES AND ILLNESSES</p> <p data-bbox="298 411 553 445">A. Time Loss</p> <p data-bbox="394 497 1032 573">The INJR coordinates with the time unit to ensure documentation of time loss.</p> <p data-bbox="394 625 802 659">1. Light or limited duty</p> <p data-bbox="490 711 1044 875">Incident personnel may be afforded light or limited duty at the incident based on medical documentation and the availability of light duty.</p> <ul data-bbox="490 926 1044 1430" style="list-style-type: none"> <li data-bbox="490 926 1044 1001">• This does not apply to contract personnel. <li data-bbox="490 1052 1044 1173">• The INJR, incident supervisor, and medical unit coordinate this effort. <li data-bbox="490 1224 1044 1430">• The incident supervisor documents light duty and hours on the individual's CTR and the individual is paid accordingly. <p data-bbox="394 1480 646 1514">2. Sick leave</p> <ul data-bbox="490 1564 1044 1812" style="list-style-type: none"> <li data-bbox="490 1564 1044 1812">• A regular government employee, who is incapacitated for incident work due to illness, receives guarantee hours on the first day. 	<p data-bbox="1079 283 1235 317">Slide 3-24</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> – Sick leave is taken for subsequent days, if within the normal tour of duty. – The incident supervisor documents sick leave/guarantee on the individual's CTR. • Casuals are not entitled to sick leave. <ul style="list-style-type: none"> – Casuals receive eight guarantee hours for each day held at the incident. – The incident supervisor documents guarantee hours on the casual's CTR. <p>3. Continuation of pay (federal)</p> <ul style="list-style-type: none"> • Regular government employees and casuals are entitled to Continuation of Pay (COP) if incapacitated for duty as the result of a traumatic injury. <ul style="list-style-type: none"> – COP begins the day after the date of injury. – The incident supervisor documents COP on the individual's CTR. 	

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> - Generally, personnel in COP status are released from the incident. <p>B. Travel and Waiting Time for Medical Treatment</p> <ul style="list-style-type: none"> • Time spent traveling to/from medical facility is considered compensable travel time. • Time spent receiving medical attention is also compensable. 	<p>Slide 3-25</p>
<p>EXERCISE 3: Pay Provisions</p> <p><u>Time:</u> Allow students 15 minutes to answer the questions then review answers.</p> <ol style="list-style-type: none"> 1. An eight-person camp crew from the Riggins Ranger District consisting of federal casuals and federal regular government employees is assigned to the Rocky Road (#1001) incident. The camp crew is exposed to an influenza virus and becomes ill. APMC is authorized at a local clinic. The physician recommends light duty for eight hours, then return to regular duty. <ol style="list-style-type: none"> a. What form is necessary to document the illness? <p>CA-2</p> <ol style="list-style-type: none"> b. What form is used to authorize agency provided medical care at the local clinic? <p>APMC Authorization and Medical Report (FS-6100-16), APMC Treatment Log (M#)</p> 	<p>Slide 3-26</p>

OUTLINE	AIDS & CUES
<p>c. How is the light duty noted on the Crew Time Report, SF-261?</p> <p>Incident supervisor documents eight hours light duty for both the regular government employees and the casualties in remarks (block 11).</p> <p>d. How many “M” numbers will you need to authorize APMC treatment for all affected crew members?</p> <p>Eight “M” numbers, one for each person.</p> <p>e. Complete the APMC Treatment Log (SW page 3.21, IG page 3.25.) for three of the camp crew members: John Black, Sally Morgan, and Isaac Winters (students can make up information as necessary). Start with M#1.</p> <p>(EXPLAIN TO STUDENTS THAT THE ‘TREATMENT’ COLUMN IS THE NAME OF THE MEDICAL PROVIDER, I.E., NAME OF CLINIC)</p> <p>Show solution on slide 27.</p> <p>f. On what documents do you record the “M” number?</p> <ul style="list-style-type: none"> • Notice of Occupational Disease and Claim for Compensation, CA-2 • APMC Authorization and Medical Reports, FS-6100-16 • APMC Treatment Log • Incident Injury Case File Envelope • Billing documents 	<p>IR/SR 3-1</p> <p>Slide 3-27</p>

OUTLINE	AIDS & CUES
<p>2. Kathy March, status/check-in recorder (from the Riggins Ranger District), fell and injured her right hand. She is being treated in the medical unit. You are the only person, other than the medical unit leader and the witness that is aware of the injury.</p> <p>a. Who should be contacted?</p> <p>Report the injury to Kathy's incident supervisor. The severity of the injury determines if you immediately notify the compensation/claims unit leader and safety officer.</p> <p>b. What form should be completed to document Kathy's injury?</p> <p>Report of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1.</p> <p>c. The medical unit leader does not think the hand is broken, but it is severely bruised. X-rays are necessary to confirm this suspicion. The incident is using APMC. What do you need to consider before authorizing APMC?</p> <p>Number of potential medical treatments. Potential time loss or COP.</p> <p>d. The physician advises Kathy not to return to work for two days. Since Kathy is right-handed, she is not able to perform her duties, and wants to be released from the incident if she cannot work. What forms should you issue to authorize medical treatment?</p>	

OUTLINE	AIDS & CUES
<p>Due to the potential for time loss beyond the date of injury, and the potential for more than two medical appointments, issue an Authorization for Examination and Treatment, CA-16.</p>	
<p>e. Assist Kathy in completing the employee portion of the CA-1 (SW page 3.23, IG page 3.27), as she is unable to write. Make up information as necessary.</p>	<p>IR/SR 3-2</p>
<p>Show solution on slide 28.</p>	<p>Slide 3-28</p>
<p>f. Authorize medical treatment on the Authorization for Examination and/or Treatment, CA-16 (SW page 3.25, IG page 3.29). The medical provider is Memorial Hospital. Make up information as necessary.</p>	<p>IR/SR 3-3</p>
<p>Show solution on slide 29.</p>	<p>Slide 3-29</p>
<p>g. Establish an Incident Injury Case File Envelope (SW page 3.27, IG page 3.31) for Kathy March.</p>	<p>IR/SR 3-4</p>
<p>Show solution on slide 30.</p>	<p>Slide 3-30</p>
<p>h. Document the injury on the Injury/Illness Log (SW page 3.29, IG page 3.33).</p>	<p>IR/SR 3-5</p>
<p>Show solution on slide 31.</p>	<p>Slide 3-31</p>
<p><u>End of Exercise.</u></p>	

OUTLINE	AIDS & CUES
<p>IV. DEMOBILIZATION</p> <p>A. Demobilization Plan</p> <p>The demobilization unit provides a demobilization schedule to the Finance section.</p> <p>The demobilization schedule lists incident resource demobilization dates and times.</p> <p>B. Closing Injury Compensation Records</p> <p>The INJR completes reporting forms, finalizes logs, and notes follow-up needed (hospitalized personnel, outstanding medical treatment documents).</p> <p>C. Incident Finance Package</p> <p>Compensation for injury documents are protected by the Privacy Act and documents should be handled accordingly. The Incident Injury/Illness Log should be retained in the incident records.</p>	<p>Slide 3-32</p>
<div data-bbox="207 1392 1052 1451" style="border: 1px solid black; padding: 5px;"> Review unit objectives. </div>	<p>Slide 3-33</p>
<div data-bbox="207 1497 1052 1682" style="border: 1px solid black; padding: 5px;"> ADMINISTER UNIT 3 QUIZ: Allow students five minutes to complete the quiz on pages 3.31–32 of their student workbook (IG pages 3.35–3.37). Review answers in class. </div>	<p>IR/SR 3-6</p>

COMPLETE FORM FOR QUESTION 1e

AGENCY PROVIDED MEDICAL CARE (APMC) TREATMENT LOG

INCIDENT NAME		INCIDENT NO.	CONTRACT AGREEMENT NO.	COMPENSATION SPECIALIST	HOME UNIT ADDRESS/PHONE	
M # & DATE	NAME & SSN	HOME UNIT	NATURE OF INJURY/ILLNESS	TREATMENT	FORMS PREPARED	DISPOSITION AND DATE

COMPLETE FORM FOR QUESTION 2e

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.

Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data			
1. Name of employee (Last, First, Middle)			2. Social Security Number
3. Date of birth Mo. Day Yr.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone	6. Grade as of date of injury Level Step
7. Employee's home mailing address (Include city, state, and ZIP code)			8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other

Description of Injury			
9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)			
10. Date injury occurred Mo. Day Yr.	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr.	12. Employee's occupation
13. Cause of injury (Describe what happened and why)			

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)	a. Occupation code	
	b. Type code	c. Source code
	OWCP Use - NOI Code	

Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

- ☐ b. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.
- ☐ a. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ Date _____

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Name of witness	Signature of witness	Date signed
Address	City	State ZIP Code

Form CA-1
Rev. Apr. 1999

COMPLETE FORM FOR QUESTION 2f

Authorization for Examination
And/Or Treatment

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs



The following request for information is authorized by law (5 USC 8101 et. seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974, and OMB Cir. No. A-108.

OMB No: 1215-0103
Expires: 09-30-91

PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service:

2. Employee's Name (last, first, middle)

3. Date of Injury (mo,day,yr)

4. Occupation

5. Description of Injury or Disease:

6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 11, subject to the condition stated in item A and to the condition indicated either 1 or 2, in item B.

A. Your signature in item 35 Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services.

B. ☐ 1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.

☐ 2. There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be to the injury or the employment.

7. If a disease or illness is involved, OWCP Approval for issuing Authorization was Obtained from: (Type Name and Title of OWCP Official).

8. Signature of Authorizing Official:

9. Name and Title of Authorizing Official: (Type or print clearly)

10. Local Employing Agency, Telephone Number:

11. Date (mo, day, year)

12. Send one copy of your report: (Fill in remainder of address)

13. Name and Address of Employee's Place of Employment:

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs

Department or Agency

Bureau or Office

Local Address (including Zip Code)

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to the Office of Information Management, Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Form CA-16
Rev. Oct. 1988

COMPLETE FORM FOR QUESTION 2g

NAME OF CLAIMANT	DATE OF INJURY OR ILLNESS	FIRST AID AMPC [] FIRST AID OWCP [] INCIDENT BASE TREATMENT []
INCIDENT NAME	INCIDENT NUMBER	RESOURCE ORDER NUMBER M -

CHECK LIST FOR CASE FILES

(Indicate Whether Completed)	YES (Date)	NO
*CA-1 - Report of Injury		
*CA-2 - Report of Illness		
CA-16 - Request for Examination and/or Treatment		
FS-6100-16 - Agency Provided Medical Care Authorization and Medical Report		
CA-17 - Duty Status Report		

CLAIMANT ASSIGNED TO: _____
(Claimant Name or OH Section)

CLAIMANT'S HOME UNIT: _____
(Agency)

(Address)

(Telephone No. with Area Code)

SUPERVISOR ON INCIDENT: _____

SUPERVISOR'S HOME UNIT: _____
(Agency)

(Address)

(Telephone No. with Area Code)

*NOTE: *ORIGINAL* of all medical forms must go to the employee's home (or hiring) unit. Retain *COPY* in the Incident Finance file.

Follow-up Needs/Comments: _____

COMPENSATION FOR INJURY SPECIALIST/UNIT LEADER	HOME UNIT TELEPHONE NUMBER	FINANCE SECTION CHIEF'S INITIALS
--	----------------------------	----------------------------------

INCIDENT INJURY CASE FILE ENVELOPE

INJURY/ILLNESS LOG

INCIDENT NAME # _____ PAGE _____ of _____

COMPLETE FORM FOR QUESTION 2h

DATE OF INJURY	NAME & HOME UNIT ADDRESS	CREW NAME	SUPERVISOR NAME	APMC M#	CA-1	CA16	1500	CA17	CA20	CA-2	CA35	NATURE OF INJURY/REMARKS

UNIT 3 QUIZ SOLUTION

1. List five things the INJR must consider when closing out compensation for injury records.

Any five of the following:

- **Ensure reporting forms are complete.**
- **Finalize logs.**
- **Follow-up on hospitalized personnel.**
- **Provide documents to time unit to attach to time records.**
- **Provide medical treatment cost to procurement unit for contractor invoice deductions.**
- **Document any follow-up needed.**
- **Submit receipts and APMC documentation to incident agency.**
- **Advise injured/ill incident personnel to notify home unit compensation specialist.**

2. Place the corresponding letter of the position next to the appropriate statement on the following page. A position may be used more than once.

- A. Injured/ill government employee/casual
- B. Safety officer
- C. Incident agency
- D. Medical providers
- E. Compensation/claims unit leader
- F. Medical unit leader/personnel
- G. Incident procurement unit
- H. Incident time unit
- I. Incident supervisor
- J. INJR
- K. Home unit or hiring agency

- D** Completes medical documentation forms.
- A** Reports injury/illness to incident supervisor.
- B** Obtains information from the INJR on injury/illness trends.
- J** Communicates with medical providers to ensure prompt completion of paperwork.
- K** Submits reportable cases to OWCP/state workers' compensation office.
- D** Bills incident agency for APMC treatment expenses.
- J** Advises incident personnel of their compensation rights and responsibilities.
- E** Supervises the INJR.
- F** Provides first aid to incident personnel.
- G** Deducts medical treatment costs from contractor invoices.
- H** Records COP, time loss, sick leave on personnel time reports.
- I** Completes required reporting documents for subordinates.
- C** Processes final payment to APMC providers.
- J** Follows up on hospitalized incident personnel.
- F** Recommends additional medical treatment (beyond what the incident can provide).
- J** Authorizes off-incident medical treatment.
- C** Establishes APMC agreements with local medical providers.
- B** Coordinates investigation of serious injuries, motor vehicle accidents, fatalities.

UNIT OVERVIEW

Course Applied Interagency Incident Business Management, S-261

Unit 4 – Claims Specialist

Time 1 hour

Objectives

1. Identify types of claims.
2. Identify claim forms and supporting documentation required to submit a claim.
3. Identify personnel and coordination necessary in the claims investigation process.

Strategy

This lesson requires instructors to teach from the Instructor Guide, IIBMH, and PowerPoint slides. It is strongly recommended that instructors thoroughly review this lesson before presenting it. Students will follow along in the student workbook for part of the lesson and then move strictly to the IIBMH. The transitions are noted in the lesson plan. This lesson contains an overview of the topics to be discussed using the IIBMH. Instructors must refer to the IIBMH to discuss the topics in more detail.

Instructional Method(s)

- Instructor led training
- Classroom and small group discussion

Instructional Aids

- ☐ Wildland Fire Incident Management Field Guide (PMS 210)

Exercise(s)

- Claims

Evaluation Method(s)

- Participation
- Unit Quiz

Outline

- I. Incident Assignment
- II. Claims

Aids and Cues Codes

The codes in the Aids and Cues column are defined as follows:

IG – Instructor Guide	IR – Instructor Reference
SW – Student Workbook	SR – Student Reference
HO – Handout	Slide – PowerPoint

UNIT PRESENTATION

Course Applied Interagency Incident Business Management, S-261

Unit 4 – Claims Specialist

OUTLINE	AIDS & CUES
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Present unit title slide. </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Present unit objectives. </div> <p>I. INCIDENT ASSIGNMENT</p> <p style="padding-left: 40px;">You are assigned to and supervised by the Compensation/Claims Unit Leader (COMP) as a Claims Specialist (CLMS).</p> <p style="padding-left: 40px;">The CLMS is responsible for managing all claims- related activities (other than injury) for an incident.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Refer students to the PMS 210 for an overview of CLMS duties. </div> <p>A. Initial Supervisory Briefing</p> <p style="padding-left: 40px;">Additional incident specific information from the incident supervisor to include:</p> <p style="padding-left: 40px;">1. Copy of the IAP. The CLMS reviews for:</p> <ul style="list-style-type: none"> • Number of resources • Contractors/Agency • Current incident status 	<p>Slide 4-1</p> <p>Slide 4-2</p> <p>Slide 4-3</p> <p>Slide 4-4</p>

OUTLINE	AIDS & CUES
<p>2. Information regarding existing and potential claims.</p> <p>3. Incident agency requirements regarding claims.</p> <p>B. Working Relationships</p> <p>The CLMS is assigned a work area in the compensation/claims unit. This facilitates communication with the compensation/claims unit leader.</p> <p>The CLMS establishes a cooperative working relationship with the:</p> <ul style="list-style-type: none"> • COMP • Procurement Unit Leader • Safety Officer • Security/law enforcement • Ground Support Unit Leader • Facilities Unit Leader • Supply Unit Leader 	<p>Slide 4-5</p>
<p>II. CLAIMS (IIBMH, CHAPTER 70)</p>	<p>Slide 4-6</p>
<p>Have students follow along in their IIBMH as you expand on these topics:</p>	
<p>A. Authorities</p> <ul style="list-style-type: none"> • Contract Disputes Act of 1978 • Federal Tort Claims Act • Non-Tort Act of May 27, 1930 (Property Damage) 	<p>Slide 4-7</p>

OUTLINE	AIDS & CUES
<p>2. Tort/Non-Tort Claims</p> <ul style="list-style-type: none"> • Provide SF-95 to claimant when requested. • DO NOT assist claimant with form. • Compile claims package. • Submit claim to incident agency. • Claim must be filed within two years. • Tort claim example: Private citizen is involved in a motor vehicle accident with a government vehicle. The private citizen would file a tort claim to seek reimbursement for damages. • Non-tort claim example: Government contracted dozer destroys a fence owned by private party while accessing a fire. Non-Tort Claims apply only to the Forest Service. 	<p>Slide 4-12</p>
<p>3. Employee Claims</p> <ul style="list-style-type: none"> • Employee completes AD-382 or DI-570 and attaches supporting documentation such as receipt, two repair estimates, etc. 	<p>Slide 4-13</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> Employee must file a claim according to home unit procedures to document loss and request reimbursement. Compile claims package. Employee claim example: A crew member's gear is stolen. The individual may file an employee claim to seek compensation. 	
<p>4. Government Claims</p> <ul style="list-style-type: none"> Document the damage. Compile claims package. Process according to incident agency procedures and policy. Government claim example: A private vehicle damages a government vehicle. 	Slide 4-14
<p>5. Government Property Damage</p> <ul style="list-style-type: none"> Employee documents property damage (OF-289 or appropriate incident or home unit form) Submit to logistics for approval. 	Slide 4-15

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Item may be replaced by the incident cache, by incident personnel that have been given proper authority, or upon return to home unit. • Government property damage example: Government GPS unit damaged while on fireline. Document on AD-112 and submit to logistics section. 	
<div style="border: 2px solid black; padding: 5px;"> Refer students to the AD-112 example (SW page 4.9; IG page 4.11). </div>	IR/SR 4-1
<p>EXERCISE: Claims</p> <p><u>Exercise Instructions:</u> Students are to place the corresponding letter of the claim type next to the appropriate description.</p> <p><u>Time:</u> Allow five minutes to complete the exercise then review solutions.</p>	Slide 4-16
<p>E = Employee Claim, C = Contract Claim, T = Tort Claim, N=Non-Tort</p> <p><u>T</u> A landowner has irrigation pipes damaged by incident personnel backing up without a spotter.</p> <p><u>E</u> A casual loses an expensive portable electronic device.</p> <p><u>C</u> Contract water tender transmission becomes inoperable and the owner wants it replaced.</p>	Slide 4-17

OUTLINE	AIDS & CUES
<p><u>T/C</u> Dozer rollover results in the death of an owner/operator during team transition. The widow files a claim for the death of her spouse.</p> <p>Note: Contract claims are for equipment damage. A tort claim would be filed for the dozer operator (private citizen).</p> <p><u>N</u> On a Forest Service incident a landowner files a claim for a burnt fence.</p> <p><u>E</u> Employee's personal tent is damaged in a wind event.</p> <p><u>C</u> A contract sawyer's chain saw is left on the fireline and is burned over.</p> <p><u>E</u> Casual's personal pack is dropped out of a helicopter sling load in remote area and not recovered.</p> <p><u>E</u> Regular government employee's laundry is not returned from the laundry contractor.</p> <p><u>C</u> A refrigeration unit on the catering truck burns out and the owner wants it to be repaired or replaced.</p>	
<p><u>End of Exercise.</u></p>	
<div style="border: 1px solid black; padding: 5px;">Review unit objectives.</div>	Slide 4-18
<div style="border: 1px solid black; padding: 5px;"> ADMINISTER UNIT 4 QUIZ: Allow students five minutes to complete the quiz on pages 4.11–4.12 of their student workbook (IG pages 4.13–4.14). Review answers in class. </div>	IR/SR 4-2

U.S. DEPARTMENT OF AGRICULTURE		PROPERTY REPORT NO.	DATE
REPORT OF UNSERVICEABLE, LOST, STOLEN DAMAGED OR DESTROYED PROPERTY			
SECTION I - ACCOUNTABLE PROPERTY OFFICER'S REPORT			
1. STATUS OF PROPERTY (Check only one - report each type separately)		2. REPORTING ACTIVITY (Show agency, unit, and address)	
<input type="checkbox"/> Unserviceable <input type="checkbox"/> Obsolete <input type="checkbox"/> Damaged		<input type="checkbox"/> Lost or stolen <input type="checkbox"/> Cannibalized for parts <input type="checkbox"/> Destroyed <input type="checkbox"/> Others	
3. PROPERTY ITEMS (See attachment for additional entries)			
QUANTITY (Or property no.) (A)	ITEM DESCRIPTION AND OTHER DETAILS, INCLUDING SERIAL NUMBERS AND ACQUISITION DATE (Give present condition and estimated cost of repair) (B)	ACQUISITION COST (C)	EXPLANATION/DISPOSAL INSTRUCTIONS (If lost, stolen, or destroyed, give detail. Was this reported to proper authorities?) (D)
4. NAME IN PRINT AND SIGNATURE OF CUSTODIAN		5. NAME IN PRINT AND SIGNATURE OF ACCOUNTABLE PROPERTY OFFICER	
DATE		DATE	
SECTION II - PROPERTY MANAGEMENT OFFICER'S REVIEW AND RECOMMENDATION DETERMINATION FOR LOST, STOLEN, DAMAGED, OR DESTROYED PROPERTY			
1. After due consideration of all known facts and circumstances in this case, it is determined that:			
<input type="checkbox"/> a. The loss, theft, damage, or destruction did not result from employee negligence and any involved employees are hereby relieved of liability. <input type="checkbox"/> b. There appears to be gross negligence involved; therefore, the case is returned to agency officials for appropriate action under the Debt Collection Act. <input type="checkbox"/> c. There appears to be negligence involved; therefore, the case is returned to agency personnel officials for consideration of disciplinary action.			
2. NAME IN PRINT AND SIGNATURE OF PROPERTY MANAGEMENT OFFICER			3. DATE
SECTION III - AUTHORIZATION FOR CANNIBALIZATION, ABANDONMENT, OR DESTRUCTION OF UNSERVICEABLE PROPERTY			
1. Unserviceable property listed above is hereby authorized for cannibalization, abandonment, or destruction in accordance with FPMR 101-45.9 based on any of the following determinations as further explained in section I-3 (D):			
<input type="checkbox"/> a. Property has no commercial value. <input type="checkbox"/> b. Health, safety, or security considerations require immediate abandonment or destruction. <input type="checkbox"/> c. Costs of care and handling exceed expected small lot sales proceeds. <input type="checkbox"/> d. Regulation or directive requires abandonment or destruction.			
<input type="checkbox"/> e. Property is uneconomical to repair/not needed by another user and may be cannibalized for parts. (Cannibalization is a form of use and property management regulations shall apply. Remainder of property must be disposed of through usual procedures.)			
2. SIGNATURE OF PROPERTY MANAGEMENT OFFICER			3. DATE
SECTION IV - CERTIFICATION FOR COMPLETION OF CANNIBALIZATION, ABANDONMENT, OR DESTRUCTION:			
<i>I certify that cannibalization, abandonment, or destruction action for the items authorized under Section III was completed on this date in accordance with I-3 (D).</i>			
1. SIGNATURE OF ACCOUNTABLE PROPERTY OFFICER			2. DATE
3. SIGNATURE OF WITNESS			4. DATE
SECTION V - CERTIFICATIONS OF PROPERTY AND FISCAL OFFICERS			
1. SIGNATURE OF PROPERTY MANAGEMENT OFFICER (The necessary entries have been made to adjust property records.)			2. DATE
SIGNATURE OF FISCAL OFFICER (The necessary action has been taken to adjust the accounting records and, where required by a determination made under Section II above, to effect collection from involved employee(s).)			4. DATE

UNIT 4 QUIZ SOLUTION

1. List two items to be included in a claims specialist kit.

Any two of the following:

- **Claim for Damage, Injury or Death, SF-95**
- **Employee Claim for Loss or Damage to Personal Property, DI-570 or AD-382**
- **Incident Claims and Accident Log**
- **Incident Claims Case File Envelope**
- **Camera and film**

2. List two individuals the CLMS would coordinate with regarding claims investigations. Explain their responsibilities in the investigation process.

Any two of the following:

- **Security/law enforcement conducts investigations and provides security.**
- **Safety officer coordinates investigations with security personnel.**
- **Investigation teams lead investigations, review procedures, and provide written documentation of findings.**

3. List three supporting documents for an employee claim.

Any three of the following:

- **Purchase receipt**
- **Receipt for repair or replacement**
- **Repair estimates**
- **Copies of catalog descriptions for same or like items**
- **Witness statement**
- **Supervisor statement**
- **Investigation reports**
- **Photographs**

4. All claims and potential claims must be promptly investigated and reported.

a. **True**

b. False

5. Incident personnel should advise individuals to file a claim if they feel reimbursement will be made.

a. True

b. **False**

6. Incident-related claims must be filed at the incident site.

a. True

b. **False**

7. What form (name and number) would a Department of Interior employee use to file an employee claim?

Employee Claim for Loss or Damage to Personal Property, DI-570.

8. Match the type of claim with the claimant.

T = Tort/Non Tort

C = Contract

E = Employee

G = Government Claim or Property Damage

E Casual

T Landowner NOT working on the incident

C Caterer

E Regular government employee

G Government employee with damaged government GPS unit

UNIT OVERVIEW

Course Applied Interagency Incident Business Management, S-261

Unit 5 – Equipment Time Recorder

Time 4 hours

Objectives

1. Demonstrate the ability to accurately initiate and complete incident equipment time records.
2. List forms required to document contract usage.
3. Apply applicable contract provisions when posting equipment time.
4. Identify personnel and coordination necessary in the contract use/payment process.
5. Describe the process to close out records and demobilize contractors.

Strategy

This lesson requires instructors to teach from the Instructor Guide, IIBMH, and PowerPoint slides. It is strongly recommended that instructors thoroughly review this lesson before presenting it. Not all of the information in Section III. Acquisition, applies to the EQTR; however, students need to comprehend the acquisition process. Students will follow along in the student workbook for part of the lesson and then move strictly to the IIBMH. The transitions are noted in the lesson plan. This lesson contains an overview of the topics to be discussed using the IIBMH. Instructors must refer to the IIBMH to discuss the topics in more detail.

Instructional Method(s)

- Instructor led training
- Classroom and small group discussion

Instructional Aids

- ☐ Wildland Fire Incident Management Field Guide (PMS 210)

Exercise(s)

- Exercise 1: Contract Records
- Exercise 2: Document Submission
- Exercise 3: Emergency Equipment

Evaluation Method(s)

- Participation
- Unit Quiz

Outline

- I. Incident Assignment
- II. Establish and Maintain Contract Records
- III. Acquisition
- IV. Demobilization

Aids and Cues Codes

The codes in the Aids and Cues column are defined as follows:

IG – Instructor Guide
SW – Student Workbook
HO – Handout

IR – Instructor Reference
SR – Student Reference
Slide – PowerPoint

UNIT PRESENTATION

Course Applied Interagency Incident Business Management, S-261

Unit 5 – Equipment Time Recorder

OUTLINE	AIDS & CUES
Present unit title slide.	Slide 5-1
Present unit objectives.	Slide 5-2 to 5-3
I. INCIDENT ASSIGNMENT	Slide 5-4
<p>You are assigned to and supervised by the Procurement Unit Leader (PROC) as an Equipment Time Recorder (EQTR).</p> <p>The EQTR is responsible for the recording of time for all equipment assigned to an incident.</p>	
Refer students to the PMS 210 for an overview of EQTR duties.	
<p>On most incidents the procurement unit utilizes the time module of I-Suite for time recording. There may be times, due to the size of the incident (Type 2 or below) when there is no procurement unit leader on the incident.</p> <p>The Finance/Administration Section Chief (FSC) or other incident supervisor will designate the location and reporting chain of the EQTR.</p>	

OUTLINE	AIDS & CUES
<p>A. Initial Supervisory Briefing</p> <p>Additional incident specific information from the incident supervisor to include:</p> <ol style="list-style-type: none"> 1. Copy of the IAP; the EQTR reviews for current incident status. 2. Information regarding contract resources ordered and assigned. 3. Copy of geographic area equipment rates which provide information regarding equipment rates, payment procedures, etc. 4. Incident agency requirements regarding contract documentation, forms, etc. <p>The incident agency identifies the process for submitting payment documentation and incident finance package requirements.</p>	<p>Slide 5-5</p>
<p>B. Personnel Assigned to the Incident</p> <p>The EQTR gathers information regarding contract resources assigned to the incident, and the timekeeping and recording requirements for each. The planning section or I-Suite can provide this listing.</p>	<p>Slide 5-6</p>

OUTLINE	AIDS & CUES
<p>C. Working Relationships</p> <p>The EQTR is assigned a work area in the procurement unit. This facilitates coordination necessary to obtain contractor time, ensure document completion and follow-up.</p> <p>To ensure communication and receipt of documentation, the EQTR establishes a cooperative working relationship with:</p> <ul style="list-style-type: none"> • Procurement unit leader • Time unit leader • Resource unit leader • Ground support unit • Facility unit personnel 	<p>Slide 5-7</p>
<p>II. ESTABLISH AND MAINTAIN CONTRACT RECORDS</p> <p>A. Collect Contract Documentation</p> <p>1. Arriving contractors:</p> <ul style="list-style-type: none"> • Check in with the status/check-in recorder. • Report to the appropriate unit for inspections before reporting to the procurement unit. 	<p>Slide 5-8</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Supply the procurement unit with contract paperwork to start OF-286 and turn in a shift ticket with travel time. <p>2. The EQTR:</p> <ul style="list-style-type: none"> • Initiates OF-286 for each contractor. • Initiates the equipment envelope, if necessary. • Collects and reviews shift tickets daily to ensure all information is accurate and complete. • Compares contract records on file with a listing of incident resources to ensure all resources are submitting shift tickets and are assigned to the incident. <p>The planning section or I-Suite can provide this information. The IAP is a source of information regarding resources assigned to the incident.</p>	

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Directs contractors without appropriate paperwork to the procurement unit leader. <p>The EQTR does not have the authority to establish a contract without delegated procurement authority.</p> <ul style="list-style-type: none"> • Applies appropriate contract terms and conditions. • Recognizes and resolves posting problems. • Performs audits on time records. • Refers discrepancies to the procurement unit leader. • Posts prescription, medical, and other deductions. • Closes out time records. 	
<p>3. Documentation forms</p>	<p>Slide 5-9</p>
<div data-bbox="207 1476 1052 1581" style="border: 2px solid black; padding: 5px;"> <p>Briefly explain the use of each form. Mention that the forms will be covered in detail later in the unit.</p> </div> <ul style="list-style-type: none"> • Incident Blanket Purchase Agreement (I-BPA), SF-1449 • Emergency Equipment Rental Agreement (EERA), OF-294 	

OUTLINE	AIDS & CUES
<p data-bbox="492 283 1011 405">c. Services are assigned an “S” number (telephone systems, laundry, etc.).</p> <p data-bbox="492 451 1003 573">The EQTR obtains a listing of resources and order numbers from the logistics section (supply unit).</p> <p data-bbox="492 619 1044 787">Incident agency expanded dispatch and/or the buying team can provide a listing of resources processed through those functions.</p> <p data-bbox="492 833 1044 917">This listing is used to determine if arriving equipment has been ordered.</p> <p data-bbox="492 963 1052 1131">Equipment may arrive without a resource order number, or have a duplicate resource order number with another piece of equipment.</p>	

OUTLINE	AIDS & CUES
<p>EXERCISE 1: CONTRACT RECORDS</p> <p><u>Time:</u> Allow students 5 minutes to answer the questions. Review answers.</p> <ol style="list-style-type: none"> List five forms to be included in an equipment time recorder kit. <p>Any five of the following:</p> <ul style="list-style-type: none"> Emergency Equipment Rental Agreement, OF-294. Emergency Equipment Use Invoice, OF-286. Vehicle/Heavy Equipment Inspection Checklist, OF-296. Emergency Equipment Shift Ticket, OF-297. Emergency Equipment Rental-Use Envelope, OF-305. Emergency Equipment Fuel and Oil Issue, OF-304. Emergency Equipment Rental Log. Emergency Firefighter Time Report, OF-288. <ol style="list-style-type: none"> List two specific pieces of information an equipment time recorder should obtain at the initial briefing. <p>Any two of the following:</p> <ul style="list-style-type: none"> Copy of the Incident Action Plan. Information regarding contract resources ordered and assigned. Incident agency requirements regarding documentation, forms, etc. Geographic area equipment rate supplement to IIBMH. 	<p>Slide 5-11</p>

OUTLINE	AIDS & CUES
<p>3. What forms should the equipment hiring official initiate or complete and forward to the incident procurement unit with the contractor?</p> <ul style="list-style-type: none"> • Emergency Equipment Rental Agreement, OF-294. • Emergency Equipment Use Invoice, OF-286. • Vehicle/Heavy Equipment Inspection Checklist, OF-296. • Emergency Equipment Shift Ticket, OF-297. • Emergency Equipment Rental-Use Envelope, OF-305. • Emergency Firefighter Time Report, OF-288. <p>4. Should a contractor start work without an inspection?</p> <p>No.</p> <p>Why?</p> <p>Due to potential claims and/or safety concerns.</p> <p>5. An equipment contactor arrives at the procurement unit to check in. The contractor tells you that he had received a call from dispatch and was told to report to the incident. The contractor has no hiring paperwork, but does have an Emergency Equipment Rental Agreement, OF-294, that expired last year and is willing to complete a new agreement. Ground support did not complete an inspection since his contract was not current. The contractor does not have the name of the person that contacted him or an “E” number.</p>	

OUTLINE	AIDS & CUES
<p>What actions would you take?</p> <p>Review the resource order listing to see if this contractor is listed. Brief the procurement unit leader on the situation and refer the contractor to the procurement unit leader. If there is no procurement unit leader at the incident brief your incident supervisor on the situation and refer the contractor to your incident supervisor.</p> <p><u>End of Exercise.</u></p>	
<p>B. Time Reporting Procedures</p> <p>1. The procurement unit leader:</p> <p>Establishes contract time/use submission procedures and designates a drop-off point for the shift tickets (“In Box”) in the procurement unit area.</p> <p>2. The EQTR:</p> <ul style="list-style-type: none"> • Informs contractors of time submission procedures. <ul style="list-style-type: none"> – The government official supervising the equipment is responsible to submit contract equipment and operator time. 	<p>Slide 5-12</p> <p>Slide 5-13</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> - Contract equipment time is submitted on an Emergency Equipment Shift Ticket, OF-297 (Shift Ticket). - CTR is not required for an equipment operator when the equipment is under contract and the operator is provided. - Contract crews submit time or use per contract provisions (on CTR, SF-261). • Reviews agreement provisions with the contractor and the contractor's incident supervisor to facilitate correct recording of time/use on the shift ticket. - Shift tickets and CTRs must be signed and submitted daily. - Contractors and the government official supervising the equipment must sign the shift ticket. 	<p>Slide 5-14</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> - Ground support unit supervises transportation related equipment (buses, pickups, fuel trucks). - Operations personnel supervise equipment assigned to the operations section (dozers, lowboys, tenders, engines). - Facilities unit supervises contractor services (portable toilets, shower units, potable water, laundry service.) - Food unit supervises caterer. • Audits shift ticket/CTR prior to posting to ensure complete information and adherence to contract terms and pay regulations. • Notifies procurement unit leader of excessive shift lengths. <ul style="list-style-type: none"> - Excessive shift lengths will be documented in accordance with the IIBMH. 	<p>Slide 5-15</p>

OUTLINE	AIDS & CUES
<p data-bbox="298 275 846 310">C. Maintaining Contract Records</p> <p data-bbox="394 348 1045 516">The procurement unit leader establishes the unit filing system. In the absence of, or as requested by the procurement unit leader, the EQTR sets up the filing system.</p> <p data-bbox="394 554 760 590">1. The filing system:</p> <ul data-bbox="492 630 1045 877" style="list-style-type: none"> <li data-bbox="492 630 1045 751">• Facilitates the posting process, information retrieval, and the demobilization process. <li data-bbox="492 793 1045 877">• Provides documentation for the incident finance package. <p data-bbox="492 917 1045 1039">Files will be easily transportable if it becomes necessary to move the camp or if a weather event occurs.</p> <p data-bbox="394 1079 1024 1115">2. The contract filing system includes:</p> <ul data-bbox="492 1155 1045 1890" style="list-style-type: none"> <li data-bbox="492 1155 1045 1780"> <ul data-bbox="589 1318 1045 1780" style="list-style-type: none"> <li data-bbox="589 1318 1045 1440">– Filed alphabetically by contractor name or by E-number. <li data-bbox="589 1482 1045 1780">– Depending on incident size, envelopes may be grouped by type of equipment and filed alphabetically (buses, suppression equipment, pickups). <li data-bbox="492 1812 1045 1890">• Logs and other supporting documents. 	<p data-bbox="1081 283 1235 319">Slide 5-16</p> <p data-bbox="1081 1108 1235 1144">Slide 5-17</p>

OUTLINE	AIDS & CUES
<p>EXERCISE 2: DOCUMENT SUBMISION</p> <p><u>Time:</u> Allow students 5 minutes to answer the questions. Review answers.</p> <ol style="list-style-type: none"> Four pickup trucks (with operators) have been contracted from Mistletoe Construction. The Emergency Equipment Rental Agreement, OF-294, specifies a mileage rate plus guarantee. What document is submitted to report time/use for the pickups? <p>Emergency Equipment Shift Ticket, OF-297, for each pickup.</p> <p>What document is submitted to report time for the drivers?</p> <p>Time for the drivers should be recorded on the Equipment Shift Ticket.</p> <ol style="list-style-type: none"> A dozer and transport have been hired from TW Trucking. Incident Blanket Purchase Agreement, SF-1449, specifies a daily rate for the dozer and a mileage rate and guarantee for the transport. The transport driver will also operate the dozer. Can time/use for both pieces of equipment be reported on the same document? <p>Yes, if they are on the same E#.</p>	<p>Slide 5-18</p>

OUTLINE	AIDS & CUES
<p>What document(s) are submitted to report time/use?</p> <p>Emergency Equipment Shift Ticket, OF-297. Since the transport is only paid for the mobilization (unless requested to remain at the incident) the mileage may be recorded on the shift ticket on a separate line or in the remarks block. It will generally have the same E-number as the dozer. If the two pieces of equipment have different E-numbers, separate forms must be completed.</p> <p>3. List three sections/units/positions the EQTR coordinates with. Specify what coordination occurs.</p> <p>Any three of the following:</p> <ul style="list-style-type: none"> • Ground support unit to obtain equipment time, inspection forms, fuel/oil issues, and repair/supply deductions. • Planning section to obtain resource information. • Procurement unit (leader and other personnel) to exchange information regarding contracts, equipment. • Supply unit to obtain resource order numbers and listing of equipment, crews, and services ordered for the incident. • Facilities unit to obtain time and inspection forms. • Time unit for contractor/agency crew coordination. • Operations section for equipment time. • Contractors for paperwork and time. <p><u>End of Exercise.</u></p>	

OUTLINE	AIDS & CUES
<p>III. ACQUISITION (IIBMH, CHAPTER 20)</p> <p>Have students follow along in their IIBMH as you expand on these topics:</p> <p>A. Authority</p> <ul style="list-style-type: none"> Federal agencies authority is derived from the Federal Property and Administrative Services Act of 1949, 41 U.S.C. 253 as amended. State authorities are derived under the specific statutes for each state. <p>B. Policy</p> <ul style="list-style-type: none"> Promote competition to the maximum extent possible. Request quotations/offers from as many potential sources as is practical. Federal agencies shall use simplified acquisition procedures. <p>C. Responsibilities</p> <ul style="list-style-type: none"> Incident Agency Procurement Unit Leader Buying Team 	<p>Slide 5-19</p> <p>Slide 5-20</p> <p>Slide 5-21</p> <p>Slide 5-22</p>

OUTLINE	AIDS & CUES
<p>D. Definitions</p> <ul style="list-style-type: none"> • Contracting Officer's <i>Technical</i> Representative (COTR or COR) • Dry • Emergency Equipment Rental Agreement (EERA) • Incident Blanket Purchase Agreement (I-BPA) • Incident Contract Project Inspector (ICPI) • Wet • Work Rate <ul style="list-style-type: none"> – Daily rate – Single shift – Double shift 	Slide 5-23
<p>E. Requisitioning Procedure</p> <ul style="list-style-type: none"> • Incident Agency Procedures (Requisition or Resource Order) • Incident Requisitioning Procedures (Resource Order) 	Slide 5-24
<p>F. Incident Agency Service and Supply Plan</p> <ul style="list-style-type: none"> • I-BPA and Dispatch Priority List (DPL) 	Slide 5-25

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Land Use and Facility Rental Agreements • Blanket Purchase Agreements • Other agency contracts • Available local open-market sources • Local interagency agreements and annual operating plans • Geographic area supplement for rates • Geographic area supplemental food policy • Geographic area AD rates 	
<p>G. Sources of Supply</p> <ul style="list-style-type: none"> • National Cache System • General Services Administration (GSA) • Defense Logistics Agency (DLA) • National Interagency Fire Center Contracts 	<p>Slide 5-26</p> <p>Slide 5-27</p>
<p>H. Acquisition Methods</p>	<p>Slide 5-28</p>
<div style="border: 2px solid black; padding: 5px;"> <p>Refer students to the Appendix Tool Kit, Chapter 20 - Exhibits (IIBMH), and Equipment and Method of Hire chart (Exhibit 23) when discussing the following:</p> </div>	

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Government charge cards and convenience checks • Land Use and Facility Rental Agreements • Equipment rental • Ordering equipment (EERA/I-BPA) • General guidelines for equipment hire • Hiring methods 	<p>Slide 5-29</p> <p>Slide 5-30</p>
<div> Explain guidelines for method of hire for specific pieces of equipment. </div>	<p>Slide 5-31</p>
<p>I. Unique Items</p> <ul style="list-style-type: none"> • Government telephone systems • Agency Provided Medical Care (APMC) • Subsistence and lodging provisions • Military • Water • Awards 	<p>Slide 5-32</p>
<p>J. EERA and I-BPA Administration</p> <p>1. Ordering</p>	<p>Slide 5-33 to 5-34</p>

OUTLINE	AIDS & CUES
<p data-bbox="394 281 659 321">2. Inspections</p> <div data-bbox="207 369 1052 470" style="border: 2px solid black; padding: 5px;"> <p data-bbox="220 380 1026 459">Ensure students understand who is responsible for completing inspections.</p> </div> <p data-bbox="394 516 721 556">3. Documentation</p> <p data-bbox="490 602 1029 726">Record resource order number (E#) on all contractor documents, even if block is not provided on the form.</p> <ul style="list-style-type: none"> <li data-bbox="490 772 680 812">• Forms <div data-bbox="207 858 1052 917" style="border: 2px solid black; padding: 5px;"> <p data-bbox="220 869 893 907">Slides 35 – 40 show examples of the forms.</p> </div> <ul style="list-style-type: none"> <li data-bbox="589 963 922 1003">– I-BPA, SF-1449 <li data-bbox="589 1050 911 1089">– EERA, OF-294 <li data-bbox="589 1136 1008 1260">– Vehicle/Heavy Equipment Inspection Checklist, OF-296 <li data-bbox="589 1306 1024 1386">– Emergency Equipment Shift Ticket, OF-297 <li data-bbox="589 1432 1024 1512">– Emergency Equipment Use Invoice, OF-286 <li data-bbox="589 1558 1040 1682">– Emergency Equipment Fuel And Oil Issue, OF- 304 	<p data-bbox="1079 953 1232 993">Slide 5-35</p> <p data-bbox="1079 1039 1235 1079">Slide 5-36</p> <p data-bbox="1079 1125 1235 1165">Slide 5-37</p> <p data-bbox="1079 1299 1235 1339">Slide 5-38</p> <p data-bbox="1079 1430 1235 1470">Slide 5-39</p> <p data-bbox="1079 1560 1235 1600">Slide 5-40</p>

OUTLINE	AIDS & CUES
<ul style="list-style-type: none"> • Other supporting documents <ul style="list-style-type: none"> – Resource Order form – Repairs, parts, and supply invoices – Contract claim documentation – OF-288 (if applicable) – Performance evaluations – Equipment Vendor Deduction Log – Fuel receipts 	Slide 5-41
<ul style="list-style-type: none"> • Emergency Equipment Rental-Use Envelope, OF-305 	Slide 5-42
4. Forms distribution	Slide 5-43
5. Equipment release	
6. Contract claims	
K. Payments <ul style="list-style-type: none"> • EERA • I-BPA • National Contracts 	Slide 5-44

OUTLINE	AIDS & CUES
<p>3. After posting equipment use (time) to the Emergency Equipment Use Invoice, OF-286, what should the equipment time recorder indicate on the Emergency Equipment Shift Ticket, OF-297?</p> <p>Initial block 16 (invoice posted by) on the Emergency Equipment shift Ticket.</p> <p>For question 4, refer to the Emergency Equipment Rental Agreement, OF-294 (page SW 5.25, IG 5.33)</p> <p>4. The following items are in the Emergency Equipment Rental-Use Envelope for the Dodge 4x4 pickup truck (MT Lic. No. 44-9795). What actions need to be taken for the following items?</p> <p>a. Vehicle/heavy equipment inspection checklist (pre-use).</p> <p>Review to ensure information is complete. Retain in envelope.</p> <p>b. Sales receipt from local auto parts store for a battery.</p> <p>Pickup truck is hired wet (operating supplies furnished by the contractor). Post the charge to the deduction log.</p> <p>c. Prescription for the driver of pickup truck.</p> <p>If the driver is a contractor, post the charge to the deduction log. If the driver is a casual, contact compensation claims unit leader for guidance.</p> <p><u>End of Exercise.</u></p>	

OUTLINE	AIDS & CUES
<div data-bbox="207 279 1052 378" style="border: 2px solid black; padding: 5px; margin-bottom: 10px;"> Instruct students to return to the student workbook for the remainder of the unit. </div> <p data-bbox="203 420 618 453">IV. DEMOBILIZATION</p> <p data-bbox="300 506 703 539">A. Demobilization Plan</p> <ol data-bbox="397 592 1047 1056" style="list-style-type: none"> <li data-bbox="397 592 1047 846">1. The demobilization unit establishes a demobilization schedule and a copy is given to the procurement unit. The demobilization schedule lists contractor demobilization dates and times. <li data-bbox="397 890 1047 1056">2. The demobilization unit provides contractors a Demobilization Checklist, ICS-221, for each piece of equipment. <p data-bbox="492 1102 1032 1266">The procurement unit leader may designate the EQTR to complete the demobilization process and sign the Demobilization Checklist.</p> <p data-bbox="300 1318 875 1352">B. Closing Out Contractor Records</p> <ol data-bbox="397 1404 1047 1869" style="list-style-type: none"> <li data-bbox="397 1404 1047 1608">1. Upon completion of the final operational period, the incident supervisor submits the shift ticket/CTR including estimated return travel. <p data-bbox="492 1654 1052 1869">The EQTR posts work and travel time in accordance with IIBMh guidelines and agreement provisions (last day provisions for guarantee and daily rate apply).</p>	<p data-bbox="1081 411 1235 445">Slide 5-50</p>

OUTLINE	AIDS & CUES
<p>2. Based on the demobilization schedule, the ground support unit restricts access to fuel/oil issues.</p> <p>The EQTR records deduction total in block 26 of the Emergency Equipment Use Invoice.</p> <p>3. The ground support unit performs a release inspection on all equipment.</p> <p>The contractor submits the original inspection to the procurement unit. Contractors are not demobilized without a release inspection.</p> <p>4. Have demobilizing contractors review and sign payment documents.</p> <p>Casuals must sign the Emergency Firefighter Time Report, OF-288.</p> <p>5. Contract claims may be reported during demobilization.</p> <p>The EQTR notifies the procurement unit leader of any reported or potential claims.</p> <p>6. Obtain performance evaluation</p> <p>Ensure evaluation is complete and given to Finance Section Chief. Provide a copy to the contractor and retain a copy for the incident documentation package.</p>	

OUTLINE	AIDS & CUES
<p>7. Document distribution</p> <p>The EQTR provides documentation for the incident finance package in accordance with incident agency guidelines.</p> <p>The incident agency may specify pay procedures (payment team). The EQTR completes, signs and dates the Emergency Equipment Rental-Use Envelope, OF-305.</p> <p>8. Equipment going to a new incident</p> <p>Record in the Remarks block of the OF-286 (Use Invoice) that the resource has been reassigned. Document the new incident information (incident name, incident number, and resource order number.)</p> <p>The resource is paid by the receiving incident for costs associated with the new incident (e.g., travel). Receiving incident is responsible for ensuring accurate costs.</p>	
<div>Review unit objectives.</div>	<p>Slide 5-51 to 5-52</p>
<div>ADMINISTER UNIT 5 QUIZ: Allow students five minutes to complete the quiz on pages 5.31-5.32 of their student workbook (IG pages 5.39-5.40). Review answers in class.</div>	<p>IR/SR 5-3</p>

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE <i>(name and address)</i>		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT					
		2. AGREEMENT NUMBER					
		3. EFFECTIVE DATES a. beginning _____ b. ending _____					
4. CONTRACTOR a. name and address		5. POINT OF HIRE <i>(location when hired)</i>					
		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT					
		7. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT					
b. EIN/SSN:							
c. telephone number (day)							
d. telephone number (night)							
8. TYPE OF CONTRACTOR <i>("X" appropriate boxes)</i> <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> GOVERNMENT EMPLOYEE							
9. ITEM DESCRIPTION <i>(include make, model, year, serial number and accessories)</i>		10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE <i>(8 or more hours)</i>
			a. rate	b. unit	a. rate	b. unit	
a.							
b.							
c.							
d.							
e.							
f.							
g.							
14. SPECIAL PROVISIONS							
15. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE			16. DATE	17. CONTRACTING OFFICER'S SIGNATURE			18. DATE
19. PRINT NAME AND TITLE				20. PRINT NAME AND TITLE			

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PREVIOUS EDITION NOT USABLE

ORIGINAL CONTRACTOR

OPTIONAL FORM 294 (REV.8-90)
USDA/USDI
50294-104

GENERAL CLAUSES TO EMERGENCY EQUIPMENT RENTAL AGREEMENT FORM OF-294 (11-30-2004)

Since the equipment needs of the Government and availability of Contractor's equipment during an emergency cannot be determined in advance, it is mutually agreed that, upon request of the Government, the Contractor shall furnish the equipment listed herein to the extent the Contractor is willing and able at the time of order. The following personnel are authorized to place orders against this agreement, Dispatchers, Buying Team Members, Finance Section Chiefs, Procurement Unit Leaders, Contracting Officers and Purchasing Agents. At time of dispatch, a resource order number will be assigned. The Contractor shall furnish the assigned resource order number upon arrival and check in at the incident. The Incident Commander or responsible Government Representative is authorized to administer the technical aspects of this agreement. Equipment furnished under this agreement may be operated and subjected to extreme environmental and/or strenuous operating conditions which could include but is not limited to unimproved roads, steep, rocky, hilly terrain, dust, heat, and smokey conditions. As a result, by entering into this agreement, the contractor agrees that what is considered wear and tear under this agreement is in excess of what the equipment is subjected to under normal operations and is reflected in the rates paid for the equipment. When such equipment is furnished to the Government, the following clauses shall apply:

CLAUSE 1. Condition of Equipment - All equipment furnished under this agreement shall be in acceptable condition. The Government reserves the right to reject equipment that is not in safe and operable condition. The Government may allow the Contractor to correct deficiencies within 24 hours. No payment for travel to an Incident or point of inspection, or return to the point of hire, will be made for equipment that does not pass inspection. No payment will be made for time that the equipment was not available.

CLAUSE 2. The time under hire shall start at the time the equipment begins traveling to the incident after being ordered by the Government, and end at the estimated time of arrival back to the point of hire after being released, except as provided in Clause 7 of these General Clauses.

CLAUSE 3. Operating Supplies - As identified in Block 7, operating supplies include fuel, oil, filters, lube/oil changes. Even though Block 7 may specify that all operating supplies are to be furnished by the Contractor (*wet*), the Government may, at its option, elect to furnish such supplies when necessary to keep the equipment operating. The cost of such supplies will be determined by the Government and deducted from payment to the Contractor.

CLAUSE 4. Repairs - Repairs to equipment shall be made and paid for by the Contractor. The Government may, at its option, elect to make such repairs when necessary to keep the equipment operating. The cost of such repairs will be determined by the Government and deducted from payment to the contractor.

CLAUSE 5. Timekeeping - Time will be verified and approved by the Government Agent responsible for ordering and/or directing use of each piece of equipment. Time will be recorded to the nearest quarter hour worked for daily/hourly rate, or whole mile for mileage.

CLAUSE 6. Payments

a. Rates of Payments - Rates for equipment hired with Contractor Furnished operator(s) shall include all operator(s) expenses. Payment will be at rates specified and, except as provided in Clause 7, shall be in accordance with the following:

1. **Work Rates** (*column 11*) (hourly or mileage) shall apply when equipment is under hire as ordered by the Government and on shift, including relocation of equipment under its own power.

ON-SHIFT: Includes time worked, time that equipment is held or directed to be in a state of readiness, and compensable travel (equipment traveling under its own power) that has a specific start and ending time.

2. **Special Rates** (*column 12*) shall apply when specified.

3. **Guarantee.** For each calendar day that equipment is under hire for at least 8 hours, the Government will pay not less than the amount shown in column 13. If equipment is under hire for less than 8 hours during a calendar day, the amount earned for that day will be not less than one-half the amount specified in column 13. The guarantee is not applicable to equipment hired under the Daily rate. Equipment under transport is time under hire and compensated through the Guarantee. If equipment is transported under its own power, it is compensated under the Work rate.
4. **Daily Rate** (*column 11*) - Payment will be made on basis of calendar days (0001 – 2400). For fractional days at the beginning and ending of time under hire, payment will be based on 50 percent of the Daily Rate for periods less than 8 hours. Under the daily rate equipment may be staffed with or without operator.

(a) **Shift Basis (Portion of calendar day)**

- 1) **Single Shift** - (SS) is staffed with one operator or one crew
- 2) **Double Shift** - (DS) is staffed with two operators or two crews (one per shift). The DS rate will apply any calendar day the DS was under hire, including travel. There will be no compensation for a double shift unless a separate operator(s) and/or crew(s) is/are ordered in writing for the second shift.
- 3) Agency personnel at the Section Chief Level may, by resource order, authorize a second operator or crew (Double Shift), if needed during the assignment.

b. **Method of Payment.** Lump-sum payment will normally be processed at the end of the emergency assignment. However, partial payment may be authorized as approved by the incident agency. Payment for each calendar day will be made for (1) actual units ordered and performed under Work or Daily, shift basis and/or Special rates or (2) the guarantee earned, whichever is the greater amount.

CLAUSE 7. Exceptions

a. Daily Rate or Guarantee - No further payment under Clause 6 will accrue during any period that equipment under hire is not in a safe or operable condition or when Contractor furnished operator(s) is not available for the assigned shift or portions of the assigned shift. Payment will be based on the hours the equipment was operational during the assigned shift, as documented on the shift ticket versus the designated shift, as shown on the Incident Action Plan.

b. If the Contractor withdraws equipment and/or operator(s) prior to being released by the Government, no further payment under Clause 6 shall accrue and the Contractor shall bear all costs of returning equipment and/or operator(s) to the point of hire.

c. After inspection and acceptance for use, equipment and/or furnished operator(s) that cannot be replaced or equipment that cannot be repaired at the site of work by the Contractor or by the Government in accordance with Clause 4, within 24 hours, may be considered as being withdrawn by the Contractor in accordance with Paragraph B above, except that the Government will bear all costs of returning equipment and/or operator(s) to the point of hire as promptly as emergency conditions will allow.

d. No payment will accrue under Clause 6 when the contractor is off shift in compliance with the mandatory "Work/Rest" and "Length of Commitment" provisions. As an option to rotating personnel, or taking a mandatory day off, without pay, the contractor may be released from the incident.

CLAUSE 8. When Government subsistence incident camps are available, meals and bedding for Contractor's operator(s) will be furnished without charge. Government will furnish meals and lodging without cost if hotel/restaurant subsistence is the approved camp for incident personnel. Double occupancy of hotel rooms may be required. Contractors are not paid per diem or lodging expenses to and from incidents.

CLAUSE 9. Loss, Damage, or Destruction -

(a) For equipment furnished under this EERA **without** operator, the Government will assume liability for any loss, damage or destruction of such equipment, except that no reimbursement will be made for loss, damage or destruction due to (1) ordinary wear or tear, (2) mechanical failure, or (3) the fault or negligence of the Contractor or the Contractor's agents or employees or Government employee owned and operated equipment.

(b) For equipment furnished under this EERA **with** operator, the Government shall not be liable for any loss, damage or destruction of such equipment, except for loss, damage or destruction resulting from the negligence, or wrongful act(s) of Government employee(s) while acting within the scope of their employment. The operator is responsible for operating the equipment within its operating limits and responsible for safety of the equipment.

CLAUSE 10. Contractor's Responsibility for Property and Personal Damages - Except as provided in Clause 9, the Contractor will be responsible for all damages to property and to persons, including third parties, that occur as a result of Contractor or Contractor's agents or employee fault or negligence. The term "third parties" is construed to include employees of the Government.

CLAUSE 11. Deductions - Unless specifically stated elsewhere in this agreement the cost of any supplies, materials, or services, including commissary, provided for the Contractor by the Government will be deducted from the payment to the Contractor.

CLAUSE 12. Personal Protective Clothing and Equipment - The Government considers operators as fireline personnel who will use and wear specified articles of personal protective equipment.

a. The following mandatory items will be issued by the Government, when not required to be furnished by the Contractor, to operators performing within the scope of this agreement:

1. Clothing: (a) Flame resistant pants and shirts; (b) Gloves (*Either Nomex or chrome tanned leather*); (c) Hard hat; (d) Goggles or safety glasses.

2. Equipment: (a) Fire shelter; (b) Headlamp; (c) Individual First-Aid Kit;

3. Other items may be issued by the Government.

b. Operators shall wear the items of clothing issued and maintain the issued equipment in a usable and readily available condition. Upon completion of the contract assignment, all issued items of clothing or equipment shall be returned to the Government. Deductions will be made for all Government furnished protective clothing and equipment not returned by the Contractor.

CLAUSE 13. COMMERCIAL MOTOR VEHICLES: All commercial motor vehicles must meet all DOT requirements. The regulations can be found at the following website: www.fmcsa.dot.gov

CLAUSE 14. CLAIM SETTLEMENT AUTHORITY-For the purpose of settling claims, the successor contracting officer is any contracting officer acting within their delegated warrant authority, under the clauses of this agreement, and limits set by the incident agency.

CLAUSE 15. CHANGES TO EMERGENCY EQUIPMENT RENTAL AGREEMENTS

Changes to Emergency Equipment Rental Agreements (EERA's), OF294 may only be made by the original signing procurement official. If the original signing procurement official is not available and adjustments are deemed appropriate, a new EERA shall be executed at the incident and shall be applicable **only** for the duration of that incident. The agreement will include name and location of the incident.

CLAUSE 16. FIREARM - WEAPON PROHIBITION - The possession of firearms or other dangerous weapon (18 USC 930 (f)(2) are prohibited at all times while on Government Property and during performance of services, under this agreement. The term dangerous weapon does not include a pocket knives with a blade less than 2 ½ inches in length or a multi purpose tools such as a leatherman.

CLAUSE 17. WORK REST and LENGTH OF ASSIGNMENT: The Contractor is required to follow the work rest guidelines as established by the NWCG. Refer to website for the guidelines: www.nwcg.gov

CLAUSE 18. HARRASSMENT FREE WORKPLACE - Contractors shall abide by "U.S. Code, Title VII, Civil Rights Act of 1964, Executive Order EO-93-05, Secretary's Memorandum 4430-2 Workplace Violence Policy, and Harassment Free Workplace (29 CFR Part 1614)". Regulations can be found at www.gpoaccess.gov/

CLAUSE 19. Definitions - The following definitions for Block 8 of the EERA are added: Information about business size is collected for tracking purposes only.

a. **SMALL BUSINESS** is one that is independently owned and operated and is not dominate in the field for which it is being signed up, subject to the following size standards: (1) Motorcar and Truck Rental Without Operator - average annual receipts for its preceding 3 fiscal years do not exceed 12.5 million, (2) Equipment Rental With Operator - average annual receipts for its preceding 3 fiscal years do not exceed 3.5 million.

b. **SMALL DISADVANTAGED OWNED BUSINESS** is a small business concern that is at least 51 percent unconditionally owned by one or more individuals who are

both socially and economically disadvantaged, or a publicly owned business that has at least 51 percent of its stock unconditionally owned by one or more socially and economically disadvantaged individuals and that has its management and daily business controlled by one or more such individuals.

c. WOMEN-OWNED SMALL BUSINESS is one that is at least 51 percent owned, controlled, and operated by a woman or women.

d. HUBZone Small Business concern means a small business concern that appears on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration.

e. SERVICE DISABLED VETERAN OWNED SMALL BUSINESS ENTERPRISE is a small business concern--(i) Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and (ii) The management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran. Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).

NOTE: THE APPLICABLE FEDERAL ACQUISITION REGULATION CLAUSES AND TERMS AND CONDITIONS WILL BE INCORPORATED AS AN ATTACHMENT AND WILL BE A PART OF THIS AGREEMENT.

- 52.252-2 Clauses Incorporated by Reference
- 52.202-1 DEFINITIONS (APR 1984)
- 52.303-1 OFFICIALS NOT TO BENEFIT (APR 1984)
- 52.203-3 GRATUITIES (APR 1984)
- 52.203-5 COVENANT AGAINST CONTINGENT FEES (APR 1984)
- 52.222-3 CONVICT LABOR (APR 1984)
- 52.222-26 EQUAL OPPORTUNITY (APR 1984)
- 52.223-5 CERTIFICATION REGARDING A DRUG-FREE WORKPLACE (MAR 89)
- 52.232-1 PAYMENTS (APR 1984)
- 52.232-8 DISCOUNTS FOR PROMPT PAYMENT (APR 89)
- 52.232-11 EXTRAS (APR 1984)
- 52.232-17 INTEREST (APR 1984)
- 52.232.18 AVAILABILITY OF FUNDS (APR 1984)
- 52.232-25 PROMPT PAYMENT (APR 1989)
- 52.233-1 DISPUTES, ALTERNATE 1 (APR 1984)
- 52.236-7 PERMITS AND RESPONSIBILITIES (APR 1984)
- 52.204-6 DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER (OCT 2003)
- 52.252-6 AUTHORIZED DEVIATION IN CLAUSES (APR 1984)
- 52.232-33 PAYMENT BY ELECTRONIC FUNDS TRANSFER – CENTRAL CONTRACTOR REGISTRATION (Oct 2003)

THE FOLLOWING CLAUSES APPLY WHEN ACQUISITION EXCEEDS \$2,500

- 52.222-4 CONTRACT WORK HOURS SAFETY STANDARDS ACT – OVERTIME COMPENSATION (MAR 1986)
- 52.222-36 AFFIRMATIVE ACTION FOR HANDICAPPED WORKERS 9APR 1984)
- 52.222-41 SERVICE CONTRACT ACT – See applicable Wage Determination attached

THE FOLLOWING CLAUSES APPLY WHEN ACQUISITION EXCEEDS \$10,000

- 52.219-8 UTILIZATION OF SMALL BUSINESS CONCERNS & SMALL DISADVANTAGED BUSINESS CONCERNS (JUN 1985)
- 52.222-21 CERTIFICATION OF NONSEGREGATED FACILITIES (APR 1984)
- 52.222-35 AFFIRMATIVE ACTION FOR SPECIAL DISABLED & VIETNAM VETERANS (APR 1984)

THE FOLLOWING CLAUSES APPLY WHEN ACQUISITION EXCEEDS \$25,000

- 52.215-1 EXAMINATION OF RECORDS BY COMPTROLLER GENERAL (APR 1984)
- 52.219-13 UTILIZATION OF WOMAN-OWNED BUSINESS (AUG 1986)
- 52.220-3 UTILIZATION OF LABOR SURPLUS AREA CONCERNS (APR 1984)

ADDITIONAL TERMS AND CONDITIONS APPLICABLE IF EQUIPMENT UNDER AGREEMENT CONFORMS WITH THE DEFINITIONS PROVIDED BELOW:

"Leasing" as used in this subpart, means the acquisition of motor vehicles, other than by purchase from private or commercial sources, and includes the synonyms "hire" and "rent." "Motor vehicle" means an item of equipment, mounted on wheels and designed for highway and/or land use, that (a) derives power from a self-contained power unit or (b) is designed to be towed by and used in conjunction with self-propelled equipment. (FAR 8.1101)

- 52.208-4 VEHICLE LEASE PAYMENTS (APR 1984)
- 52.208-5 CONDITION OF LEASE VEHICLES (APR 1984)
- 52.208-6 MARKING OF LEASED VEHICLES (APR 1984)

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address) Lewis & Clark National Forest P.O. Box 869 1101 15th Street North Great Falls, MT 59403		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER AG-03K0-C-X-9295					
		3. EFFECTIVE DATES a. Beginning 5/1/xx		b. Ending Incident only			
4. CONTRACTOR a. Name and Address DoRight Construction P.O. Box 1, 112 Main Street Twodot, MT 59085 b. EIN/SSN: 81-7766951		5. POINT OF HIRE (location when hired) Location at time of hire 6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT					
c. Telephone Number (day) (406) 564-3146	d. Telephone Number (night) (406) 564-9367	7. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT					
8. TYPE OF CONTRACTOR ("X" appropriate boxes) <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> GOVERNMENT EMPLOYEE							
9. ITEM DESCRIPTION (include make, model, year, serial number and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate	b. unit	12. SPECIAL a. rate	b. unit	13. GUARANTEE (8 or more hours)
a. Dozer, Caterpillar Model D6C SN: 47A19652		1	1534.00	DY			
b. Bus, 40 Passenger Lic. No.: 44-388 (Montana) VIN: 102057X072057		1	3.23	MI			850.00
c. Wildland Engine, Type 6 2004 GMC, Lic. No.: 44-1051 (Montana) VIN: 2GFLP624CZ1299		3	1300.00	DY			
d. Transport, 30 Ton Flatbed 1999 Kenworth, Lic. No.: 44-7928 (MT) VIN: 6BYZ3248A7		1	1300.00	DY			
e. Pickup Truck, 1/2 Ton, 4x4 Dodge 1500, Lic. No.: 44-9795 (MT) VIN: 2FXDY200BCD1396		1	250.00	DY	0.22	MI	
f.							
g.							
14. SPECIAL PROVISIONS (1) Bus is paid the mileage rate or the guarantee whichever is greater. (2) One Engine Boss and two firefighters for a total of three operators shall be provided to operate the engine one operational period. (3) If transport and Dozer are hired with one operator, the transport rate is reduced by \$447 for one operational period. (4) The pickup truck is paid a daily rate AND mileage.							
15. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Dudley DoRight		16. DATE 5/1/xx	17. CONTRACTING OFFICER'S SIGNATURE Wright Price		18. DATE 5/1/xx		
19. PRINT NAME AND TITLE Dudley DoRight, Owner			20. PRINT NAME AND TITLE Wright Price, Contracting Officer				

NSN 7540-01-121-8825
PREVIOUS EDITION NOT USABLE

ORIGINAL - CONTRACTOR; COPY 2 - ORDERING OFFICE FILE COPY; COPY 3 - FINANCE; COPY 4 - OPTIONAL

OPTIONAL FORM 294 (REV. 8-90)
USDA/USDI

EXERCISE 3, QUESTION #1 – SHIFT TICKETS FOR BUS

EMERGENCY EQUIPMENT SHIFT TICKET									
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.									
1. AGREEMENT NUMBER AG-03K0-C-X-9295				2. CONTRACTOR (name) DoRight Construction					
3. INCIDENT OR PROJECT NAME Bad Bear			4. INCIDENT NUMBER MT-LCF-020			5. OPERATOR (name) Eager Beaver			
6. EQUIPMENT MAKE Bus			7. EQUIPMENT MODEL 40 pass			8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER			10. LICENSE NUMBER 44-388			11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)			
12. DATE MO/DAY/YR		13. EQUIPMENT USE HOURS/DAYS (S/MILES) (circle one) START STOP WORK SPECIAL		14. REMARKS (released, down time and cause, problems, etc.) 0600 under hire E-3					
8/5/XX		101000 101201 201		15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor					
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <i>/s/ Eager Beaver</i>				18. GOVERNMENT OFFICER'S SIGNATURE <i>/s/ Jo North</i>				19. DATE SIGNED 8/05/XX	
NSN 7540-01-119-5628 50297-102				OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI					

EMERGENCY EQUIPMENT SHIFT TICKET									
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.									
1. AGREEMENT NUMBER AG-03K0-C-X-9295				2. CONTRACTOR (name) DoRight Construction					
3. INCIDENT OR PROJECT NAME Bad Bear			4. INCIDENT NUMBER MT-LCF-020			5. OPERATOR (name) Eager Beaver			
6. EQUIPMENT MAKE Bus			7. EQUIPMENT MODEL 40 pass			8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER			10. LICENSE NUMBER 44-388			11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)			
12. DATE MO/DAY/YR		13. EQUIPMENT USE HOURS/DAYS (S/MILES) (circle one) START STOP WORK SPECIAL		14. REMARKS (released, down time and cause, problems, etc.) E-3					
8/6/XX		101201 101402 201		15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor					
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <i>/s/ Eager Beaver</i>				18. GOVERNMENT OFFICER'S SIGNATURE <i>/s/ Jo North</i>				19. DATE SIGNED 8/06/XX	
NSN 7540-01-119-5628 50297-102				OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI					

EMERGENCY EQUIPMENT SHIFT TICKET									
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.									
1. AGREEMENT NUMBER AG-03K0-C-X-9295				2. CONTRACTOR (name) DoRight Construction					
3. INCIDENT OR PROJECT NAME Bad Bear			4. INCIDENT NUMBER MT-LCF-020			5. OPERATOR (name) Eager Beaver			
6. EQUIPMENT MAKE Bus			7. EQUIPMENT MODEL 40 pass			8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER			10. LICENSE NUMBER 44-388			11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)			
12. DATE MO/DAY/YR		13. EQUIPMENT USE HOURS/DAYS (S/MILES) (circle one) START STOP WORK SPECIAL		14. REMARKS (released, down time and cause, problems, etc.) E-3					
8/7/XX		101402 101607 205		15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor					
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <i>/s/ Eager Beaver</i>				18. GOVERNMENT OFFICER'S SIGNATURE <i>/s/ Jo North</i>				19. DATE SIGNED 8/07/XX	
NSN 7540-01-119-5628 50297-102				OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI					

[illegible]

EXERCISE 3, QUESTION #1 – SHIFT TICKETS FOR ENGINE

EMERGENCY EQUIPMENT SHIFT TICKET									
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.									
1. AGREEMENT NUMBER		AG-03K0-C-X-9295		2. CONTRACTOR (name)					
				DoRight Construction					
3. INCIDENT OR PROJECT NAME			4. INCIDENT NUMBER		5. OPERATOR (name)				
Bad Bear			MT-LCF-020		Bill Moore				
6. EQUIPMENT MAKE			7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY				
Engine			Type 6		<input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				
9. SERIAL NUMBER			10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY				
			44-1051		<input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)				
12. DATE		13. EQUIPMENT USE							
MO/DAY/YR		START		STOP		HOURS		DAYS	
						WORK		SPECIAL	
8/5/XX		xx		xx		1		Travel	
14. REMARKS (released, down time and cause, problems, etc.)									
1 st day of fire E-4									
15. EQUIPMENT STATUS									
<input checked="" 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				18. GOVERNMENT OFFICER'S SIGNATURE			19. DATE SIGNED		
/s/ Bill Moore				/s/ Sam Sreed			8/05/XX		

NSN 7540-01-119-5628 50297-102

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

EMERGENCY EQUIPMENT SHIFT TICKET									
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.									
1. AGREEMENT NUMBER		AG-03K0-C-X-9295		2. CONTRACTOR (name)					
				DoRight Construction					
3. INCIDENT OR PROJECT NAME			4. INCIDENT NUMBER		5. OPERATOR (name)				
Bad Bear			MT-LCF-020		Bill Moore				
6. EQUIPMENT MAKE			7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY				
Engine			Type 6		<input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				
9. SERIAL NUMBER			10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY				
			44-1051		<input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)				
12. DATE		13. EQUIPMENT USE							
MO/DAY/YR		START		STOP		HOURS		DAYS	
						WORK		SPECIAL	
8/6/XX		xx		xx		1			
14. REMARKS (released, down time and cause, problems, etc.)									
E-4									
15. EQUIPMENT STATUS									
<input checked="" 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				18. GOVERNMENT OFFICER'S SIGNATURE			19. DATE SIGNED		
/s/ Bill Moore				/s/ Sam Sreed			8/06/XX		

NSN 7540-01-119-5628 50297-102

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

EMERGENCY EQUIPMENT SHIFT TICKET									
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.									
1. AGREEMENT NUMBER		AG-03K0-C-X-9295		2. CONTRACTOR (name)					
				DoRight Construction					
3. INCIDENT OR PROJECT NAME			4. INCIDENT NUMBER		5. OPERATOR (name)				
Bad Bear			MT-LCF-020		Bill Moore				
6. EQUIPMENT MAKE			7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY				
Engine			Type 6		<input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				
9. SERIAL NUMBER			10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY				
			44-1051		<input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)				
12. DATE		13. EQUIPMENT USE							
MO/DAY/YR		START		STOP		HOURS		DAYS	
						WORK		SPECIAL	
8/7/XX		xx		xx		1			
14. REMARKS (released, down time and cause, problems, etc.)									
E-4									
15. EQUIPMENT STATUS									
<input checked="" 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				18. GOVERNMENT OFFICER'S SIGNATURE			19. DATE SIGNED		
/s/ Bill Moore				/s/ Sam Sreed			8/07/XX		

NSN 7540-01-119-5628 50297-102

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

EXERCISE 3, QUESTION #1 – INVOICE FOR ENGINE

EMERGENCY EQUIPMENT—USE INVOICE										PAGE ____ OF ____			
1. CONTRACTOR a. name and address b. EIN/SSN					2. INCIDENT OR PROJECT NAME								
					3. AGREEMENT NUMBER (from OF-294)								
					4. EFFECTIVE DATES OF AGREEMENT a. beginning _____ b. ending _____								
5. EQUIPMENT (list make, model, serial number, etc.)					6. POINT OF HIRE (location when hired)								
					7. DATE OF HIRE				8. TIME OF HIRE				
9. ADMINISTRATIVE OFFICE FOR PAYMENT					10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)								
					11. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT								
					12. RESOURCE ORDER NUMBER								
13. YEAR 20____		14. WORK OR DAILY RATE			15. SPECIAL RATE			16. TOTAL AMOUNT EARNED (14c + 15c)		17. GUARANTEE		18. AMOUNT (COLUMN 16 OR 17, WHICHEVER IS GREATER)	
MO	DA	a. UNITS WORKED (MI/HR/DA)	b. RATE	c. AMOUNT	a. UNITS WORKED (MI/HR/DA)	b. RATE	c. AMOUNT						
19. CHARGE CODE					20. OBJECT CODE			23. GROSS AMOUNT DUE					
20. EQUIPMENT WAS <input type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN DATE: _____ TIME: _____								24. ITEM 23 FROM PREVIOUS PAGE					
22. REMARKS								25. TOTAL AMOUNT DUE					
								26. DEDUCTIONS (attach statement)					
								27. ADDITIONS (attach statement)					
								28. NET AMOUNT DUE					
19. NOTE: CONTRACT RELEASE FOR AND IN CONSIDERATION OF RECEIPT OF PAYMENT IN THE AMOUNT SHOWN ON "NET AMOUNT DUE" LINE 28. CONTRACTOR HEREBY RELEASES THE GOVERNMENT FROM ANY AND ALL CLAIMS ARISING UNDER THIS AGREEMENT EXCEPT AS RESERVED IN "REMARKS" BLOCK 22.													
30. CONTRACTOR'S SIGNATURE					31. DATE			32. RECEIVING OFFICER'S SIGNATURE				33. DATE	
34. PRINT NAME AND TITLE					35. PRINT NAME AND TITLE								
<div style="display: flex; justify-content: space-between; align-items: center;"> SN 7540-01-120-4062 50286-102 ORDERING OFFICE FILE COPY OPTIONAL FORM 286 (REV. 1-00) USDA/USDI </div>													

UNIT 5 QUIZ SOLUTION

1. List four equipment forms an EQTR uses.

Any four of the following:

- **Emergency Equipment Rental-Use Envelope, OF-305**
- **Emergency Equipment Use Invoice, OF-286**
- **Vehicle/Heavy Equipment Inspection Checklist, OF-296**
- **Emergency Equipment Shift Ticket, OF-297**
- **Emergency Equipment Fuel and Oil Issue, OF-304**
- **Incident Blanket Purchase Agreement, SF-1449**

2. Name three units the EQTR coordinates with to verify contract resources assigned to the incident.

Any three of the following:

- **Resource unit**
- **Supply unit**
- **Ground support unit**
- **Facilities unit**

3. What is assigned a resource order number?

All resources assigned to the incident (personnel, crews, equipment, services, supplies, aircraft).

4. The full guarantee applies to the first, second and last calendar days the equipment is assigned to the incident.

- a. True
- b. False**

5. A dozer transported to an incident on a lowboy is compensated under the daily rate.

- a. True**
- b. False

6. A piece of equipment may be paid both the guarantee and daily rate.
- a. True
 - b. False**
7. How does the EQTR determine if the contractor or government pays for fuel?

Review blocks 6 and 7 of the Emergency Equipment Rental Agreement, OF-294 or Section B of the Incident Blanket Purchase Agreement, SF-1449

8. Check the steps below that apply to contractor record close-out.

X Estimate travel time back to the point of hire.

X Release inspection.

 Verify equipment has resource order number.

X Claims

 Establish Emergency Equipment Rental-Use Envelope.

X Post deductions.

NOTE: Items not checked are done upon mobilization.