

EQUIPMENT CHECK-IN SHEET

Request Number: E-301
Equipment: ABC DOZER

Company Name: ABC ENTERPRISES

Kind: DOZ2 Agency: PVT

Agreement #: 34-IBET-05-223

Primary Operator's Name: DAN SMITH

Check-In Date: 07/14/2003 Check-In Time: 0730

If ordered for a double shift, is there a relief operator available? **YES** **NO**

FINANCE INFORMATION

Relief Operator's Name: _____

Casual (AD/EFF) Employees Only:

Vehicle or Equipment ID: SN 12T4756
(Serial #)

Is this your first assignment for the calendar year? **YES** **NO**

Demob City/State: GRASS VALLEY, CA

Employee Name: _____

Were you reassigned directly from another incident? **YES** **NO**
If Yes: Original Request #: _____ Name of Incident: _____

Check Mailing Address: _____

First day of first assignment for calculation of 14-day tour: _____

Social Security Number: _____

Is there another operator available after the primary operator reaches the 14-day limit? **YES** **NO**

AD Position Held on Fire: _____

For Heavy Equipment:

Make & Model: CAT D6-C **Light** **Medium** **Heavy**

Is there a lowboy with your equipment? **YES** **NO** If yes: E# E-301

Is lowboy staying at incident? **YES** **NO**

Does the equipment have lights for night operation? **YES** **NO**

Does the equipment have four-wheel-drive? **YES** **NO**

AD Classification: _____ AD Pay Rate: _____

For Water Tenders and other equipment with water tanks: Tank Capacity: _____ Gal.

Type I Type II Type III

SK-1 SK-2 SK-3 SK-4 SK-5

For Sawyers: Faller qualifications: Class A Class B Class C

Other special capabilities/specifications of equipment: INCLUDES BLADE, WINCH, 6 LIGHTS, TILT BLADE AND SCREENED CANOPY

TO BE COMPLETED BY PLANS

Mobilization Date: <u>07/14/2003</u>	<input type="radio"/> Red Card Checked
Length of Assignment: _____	<input type="radio"/> T-Card Completed
Checked in by (initials): _____	<input type="radio"/> Entered into IRSS

TO BE COMPLETED BY FINANCE

<input type="radio"/> Employee Information Received and Complete
<input type="radio"/> Entered into ITS by (initials): _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address) USDA FOREST SERVICE IBET PROVINCE – TAHOE NATIONAL FOREST 100 FORNI ROAD PLACERVILLE, CA 95667		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 34-IBET-05-223 AMEND 5/19/03				
		3. EFFECTIVE DATES a. beginning 05-01-2002		b. ending 04-30-2005		
4. CONTRACTOR a. name and address ABC ENTERPRISES DANIEL G. SMITH 2231 PARADISE DRIVE GRASS VALLEY, CA 95678		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE				
b. SSN or Tax ID#		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)	d. telephone number (night)	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"/> LOCAL GOVT.						
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit		12. SPECIAL a. rate b. unit	
DOZER (CLASS II E) 1976 CAT D6-C, SN:12T4756, W/BLADE, WINCH, 6 LIGHTS, TILT BLADE, SCREENED IN CANOPY, 2ND OPERATOR RATE \$1100.00/DAY		1	\$106.00 HOUR		852.00/DAY	
CHAINSAW (67 TO 89 CC) FALLER UNIT STIHL 046, SN: 23454412, 36" BAR, STIHL 046, SN: 345543332, 36: BAR, TRANSPORTATION OF FALLER UNIT IS INCLUDED IN RATE			\$71.00 HOUR		\$568.00/DAY	
14. SPECIAL PROVISIONS THE RATES "WITH 2 OPERATORS" WILL ONLY APPLY WHEN EQUIPMENT IS ORDERED WITH 2 OPERATORS AND 2 OPERATORS ARE FURNISHED. SE PLATED EQUIPMENT INSPECTION DATED: 04/07/2003 GOOD THRU: 04/08/2004 THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. 5/19/03 AMEND TO DROP SWAMPER REQUIREMENT AND CORRECT MAKE OF WATER TENDER TRANSPORTATION FOR CHAINSAW FALLER UNIT IS INCLUDED IN UNIT RATE						
15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ DANIEL G. SMITH		16. DATE 5-23-2003	17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN		18. DATE 05-24-2003	
19. PRINT NAME AND TITLE DANIEL G. SMITH, OWNER			20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER			

EQUIPMENT CHECK-IN SHEET

Request Number: E-302
Equipment: JONES TRANSPORT

Company Name: JONES TRUCKING

Kind: TR Agency: PVT

Agreement #: 55-IBET-02-048

Primary Operator's Name: FRANK JONES

Check-In Date: 07/14/2003 Check-In Time: 0730

If ordered for a double shift, is there a relief operator available? YES **NO**

FINANCE INFORMATION

Relief Operator's Name: _____

Casual (AD/EFF) Employees Only:

Vehicle or Equipment ID: LN 7YEIURR
(Serial #)

Is this your first assignment for the calendar year? YES NO

Demob City/State: NORTH SAN JUAN, CA

Employee Name: _____

Were you reassigned directly from another incident? YES **NO**
If Yes: Original Request #: _____ Name of Incident: _____

Check Mailing Address: _____

First day of first assignment for calculation of 14-day tour: _____

Social Security Number: _____

Is there another operator available after the primary operator reaches the 14-day limit? **YES** NO

AD Position Held on Fire: _____

For Heavy Equipment:

AD Classification: _____ AD Pay Rate: _____

Make & Model: KENWORTH 3S2 COMBO Light Medium Heavy
Is there a lowboy with your equipment? YES **NO** If yes: E# _____
Is lowboy staying at incident? **YES** NO

Does the equipment have lights for night operation? **YES** NO

Does the equipment have four-wheel-drive? YES **NO**

For Water Tenders and other equipment with water tanks: Tank Capacity: _____ Gal.

Type I Type II Type III

For Sawyers: Faller qualifications: Class A Class B Class C

SK-1 SK-2 SK-3 SK-4 SK-5

Other special capabilities/specifications of equipment: THIS IS TRANSPORT FOR E-300 ABC DOZER

TO BE COMPLETED BY PLANS

TO BE COMPLETED BY FINANCE

Mobilization Date: <u>07/14/2003</u> Length of Assignment: _____ Checked in by (initials): _____	<input type="radio"/> Red Card Checked <input type="radio"/> T-Card Completed <input type="radio"/> Entered into IRSS
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<input type="radio"/> Employee Information Received and Complete <input type="radio"/> Entered into ITS by (initials): _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address) USDA FOREST SERVICE IBET PROVINCE – TAHOE NATIONAL FOREST 100 FORNI ROAD PLACERVILLE, CA 95667		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 55-IBET-02-048					
		3. EFFECTIVE DATES a. beginning 05-01-2002		b. ending 04-30-2005			
4. CONTRACTOR a. name and address JONES TRUCKING FRANK M. JONES PO BOX 349 NORTH SAN JUAN, CA 95961		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE					
b. SSN or Tax ID#		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)	d. telephone number (night)	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"/> LOCAL GOVT.							
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY		12. SPECIAL		13. GUARANTEE (8 or more hours)
			a. rate	b. unit	a. rate	b. unit	
3S2 COMBINATION (18 WHEELS) KENWORTH, VIN: 1HTYK209XXSM298798, LIC: 7YEIURR 1966 CALLAHAN BEVERTAIL LOWBED, VIN: 32233, LIC: 7YU9009 1999 CPS END DUM, LIC: 9YH2298		1	\$2.95	MILE			1033.00/DAY
14. SPECIAL PROVISIONS MILAGE FOR TRANSPORT PAID ONLY FOR HAUL-IN & HAUL-OUT. ONCE EQUIPMENT IS UNLADED THE TRANSPORT WILL BE RELEASED UNLESS DIRECTED, IN WRITING, TO REMAIN. THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. (REV. 4-9-03)							
15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ FRANK M. JONES		16. DATE 06-10-2002	17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN			18. DATE 06-10-2002	
19. PRINT NAME AND TITLE FRANK M. JONES, OWNER			20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER				

EQUIPMENT CHECK-IN SHEET

Request Number: E-303
Equipment: WATER WORKS WT

Company Name: WATER WORKS

Kind: WAT1 Agency: PVT

Agreement #: 54-IBET-02-099

Primary Operator's Name: JANET ROBINSON

Check-In Date: 07/13/2003 Check-In Time: 1830

If ordered for a double shift, is there a relief operator available? YES NO

FINANCE INFORMATION

Relief Operator's Name: _____

Casual (AD/EFF) Employees Only:

Vehicle or Equipment ID: LN 5T99890
(Serial #)

Is this your first assignment for the calendar year? YES NO

Demob City/State: GRASS VALLEY, CA

Employee Name: _____

Were you reassigned directly from another incident? YES NO
If Yes: Original Request #: _____ Name of Incident: _____

Check Mailing Address: _____

First day of first assignment for calculation of 14-day tour: _____

Social Security Number: _____

Is there another operator available after the primary operator reaches the 14-day limit? YES NO

AD Position Held on Fire: _____

For Heavy Equipment:

Make & Model: INTERNATIONAL 4000 GAL Light Medium Heavy
Is there a lowboy with your equipment? YES NO If yes: E# _____

AD Classification: _____ AD Pay Rate: _____

Is lowboy staying at incident? YES NO

Does the equipment have lights for night operation? YES NO

Does the equipment have four-wheel-drive? YES NO

For Water Tenders and other equipment with water tanks: Tank Capacity: 4000 Gal. Type I Type II Type III

SK-1 SK-2 SK-3 SK-4 SK-5

For Sawyers: Faller qualifications: Class A Class B Class C

Other special capabilities/specifications of equipment: _____

TO BE COMPLETED BY PLANS

Mobilization Date: <u>07/13/2003</u> Length of Assignment: _____ Checked in by (initials): _____	<input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into IRSS
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TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Employee Information Received and Complete <input type="checkbox"/> Entered into ITS by (initials): _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address) USDA FOREST SERVICE IBET PROVINCE – TAHOE NATIONAL FOREST 100 FORNI ROAD PLACERVILLE, CA 95667		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 54-IBET-02-099 CDF NEU-33-3344					
		3. EFFECTIVE DATES a. beginning 05-01-2002		b. ending 04-30-2005			
4. CONTRACTOR a. name and address WATER WORKS JANET ROBINSON 13344 DILLON ROAD GRASS VALLEY, CA 95945		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE					
b. SSN or Tax ID#		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)	d. telephone number (night)	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 checked="" type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> LOCAL GOVT.							
9. ITEM DESCRIPTION (Include make, model, year, serial # 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)
WATER TENDER (2500+ GAL) 4000 GAL, 1991 INTERNATIONAL, LIC: 5T99890, 2ND OPERATOR RATE \$2496.00/DAY		1	\$1611.00 DAY		\$150.00 DAY		COMM PLATE
14. SPECIAL PROVISIONS THE RATES "WITH 2 OPERATORS" WILL ONLY APPLY WHEN EQUIPMENT IS ORDERED WITH 2 OPERATORS AND 2 OPERATORS ARE FURNISHED. THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT. CDF AGREEMENT NO: NEU-33-3344 WATER TENDERS: FULLY LICENSED VEHICLES, ADD \$150.00 TO THE DAILY RATE. THE RATE IS PRO-RATED ON FIRST AND LAST DAY.							
15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ JANET ROBINSON		16. DATE 05-13-2002	17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN			18. DATE 05-28-2003	
19. PRINT NAME AND TITLE JANET ROBINSON, OWNER			20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER				

EQUIPMENT CHECK-IN SHEET

Request Number: E-304
Equipment: MARTIN PICKUP

Company Name: RICHARD MARTIN

Kind: PU Agency: PVT

Agreement #: 54-IBET-02-048

Primary Operator's Name: RICHARD MARTIN

Check-In Date: 07/14/2003 Check-In Time: 1430

If ordered for a double shift, is there a relief operator available? **YES** **NO**

FINANCE INFORMATION

Relief Operator's Name: _____

Casual (AD/EFF) Employees Only:

Vehicle or Equipment ID: LN 3P38744
(Serial #)

Is this your first assignment for the calendar year? **YES** **NO**

Demob City/State: CAMPTONVILLE, CA

Employee Name: RICHARD MARTIN

Were you reassigned directly from another incident? **YES** **NO**

Check Mailing Address: P.O. BOX 33

If Yes: Original Request #: _____ Name of Incident: _____

CAMPTONVILLE, CA 95922

First day of first assignment for calculation of 14-day tour: _____

Social Security Number: 999-99-9999

Is there another operator available after the primary operator reaches the 14-day limit? **YES** **NO**

AD Position Held on Fire: DRIVER

For Heavy Equipment:

AD Classification: AD-2 AD Pay Rate: 11.68

Make & Model: FORD F250 4X4 **Light** **Medium** **Heavy**
Is there a lowboy with your equipment? **YES** **NO** If yes: E# _____
Is lowboy staying at incident? **YES** **NO**

Does the equipment have lights for night operation? **YES** **NO**

Does the equipment have four-wheel-drive? **YES** **NO**

For Water Tenders and other equipment with water tanks: Tank Capacity: _____ Gal.

Type I Type II Type III

SK-1 SK-2 SK-3 SK-4 SK-5

For Sawyers: Faller qualifications: Class A Class B Class C

Other special capabilities/specifications of equipment: _____

TO BE COMPLETED BY PLANS

Mobilization Date: <u>07/14/2003</u>	<input type="radio"/> Red Card Checked
Length of Assignment: _____	<input type="radio"/> T-Card Completed
Checked in by (initials): _____	<input type="radio"/> Entered into IRSS

TO BE COMPLETED BY FINANCE

<input type="radio"/> Employee Information Received and Complete
<input type="radio"/> Entered into ITS by (initials): _____

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address) USDA FOREST SERVICE IBET PROVINCE – TAHOE NATIONAL FOREST 100 FORNI ROAD PLACERVILLE, CA 95667		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT 2. AGREEMENT NUMBER 54-IBET-02-048				
		3. EFFECTIVE DATES a. beginning 05-01-2002		b. ending 04-30-2005		
4. CONTRACTOR a. name and address RICHARD MARTIN PO BOX 33 CAMPTONVILLE, CA 95922		5. POINT OF HIRE (location when hired) LOCATION AT TIME OF HIRE				
b. SSN or Tax ID#		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)	d. telephone number (night)	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"/> LOCAL GOVT.						
9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)		10. NUMBER OF OPERATORS	11. WORK OR DAILY a. rate b. unit		12. SPECIAL a. rate b. unit	
PU 4X4 (3/4 TON) 1967 FORD, F-250 VIN: R49HRE98908, LIC: 3P38744			\$1.03 MILE		\$103.00/DAY	
PU 4X4 (3/4 TON) 1978 FORD, F-250, VIN: R59RMII3455, LIC: 3R90401			\$1.03 MILE		\$103.00/DAY	
14. SPECIAL PROVISIONS 5) PICKUPS/SEDANS/STAKESIDES/VANS/SUBURBANS: MILEGAGE RATES ARE WET AND WITHOUT OPERATOR. THE CONTRACTOR IS RESPONSIBLE FOR FUEL AND MAINTENANCE. THE CONTRACTOR SHALL COMPLY WITH ALL INSURANCE AND LICENSE REQUIREMENTS OF THE STATE OF CALIFORNIA. 2) DRIVERS WILL BE HIRED AT AD-2 RATE. 6) THE ATTACHED GENERAL PROVISIONS AND R-5 SUPPLEMENT ARE PART OF THIS AGREEMENT.						
15. CONTRACTOR'S OR AUTHORIZED AGENTS SIGNATURE /s/ RICHARD MARTIN		16. DATE 05-18-2002	17. CONTRACTING OFFICER'S SIGNATURE /s/ KATHRYN GRIFFIN		18. DATE 07-03-2003	
19. PRINT NAME AND TITLE RICHARD MARTIN, OWNER/DRIVER			20. PRINT NAME AND TITLE KATHRYN GRIFFIN, CONTRACTING OFFICER			