

2019 State of Alaska Incident Business Management Handbook



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Statement of Purpose

This State of Alaska Incident Business Management Handbook (AIBMH) is intended to be supplementary and augment the NWCG Standards for Interagency Incident Business Management (SIIBM), and is primarily for the use of State of Alaska employees.

An Administrative Briefing document emphasizes the critical financial and administrative procedures to be followed within the State of Alaska protection area so a field organization in support of State of Alaska fires has direction on rules and procedures specific to State of Alaska incident business management practices. This document is found on the same web page as the AIBMH. *Incident Management Teams should access the referenced chapters of the Alaska Incident Business Management Handbook (AIBMH) and/or Area/Regional Admin for greater detail.*

The AIBMH applies existing State of Alaska administrative, contracting, and financial regulations and Department procedures within the framework of fire business management operations, clarifying for staff the Forestry-specific applications, and is in effect until it is replaced.

In addition, the AIBMH is meant to speak on issues of concern where differences between State of Alaska incident business practices and those found in the SIIBM exist. Generally, where the AIBMH is silent on a topic and where any State of Alaska administrative policy or procedure is not contradicted, we abide by the SIIBM.

The information provided in this manual reflects the interpretation and application of collective bargaining agreements, personnel rules, the Fair Labor Standards Act (FLSA), regulations and statutes, etc.(resources), understood at the time of issuance. In no way shall this manual amend, add to, subtract from, or eliminate any of the terms as stated in the authorities listed or other applicable authorities. When a conflict exists between this manual and the authorities, the language of the authorities always supersedes the language of this manual. The information provided in this manual does not form or imply a contract or promise of any kind. Readers of this manual must consult applicable authorities before applying the information found in this manual to specific employees and circumstances.

This manual is a work-in-progress, and we are continually trying to make it a more useful tool. The perspective of others is welcome.



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2019 Summary of Changes

Administrative Briefing –

Changes throughout the Handbook

- Made footers for the appendices and forms sections consistent

Chapter 1 – Hiring

- Added the Purpose
- Updated formatting
- Rearranged some info
- Reworded info on EFF Classifications and THSPs/trainees
- **Added GSUL and EQMG to those needing to fill out Firearms Possession form**
- **Adjusted the approval procedure for Nepotism requests**
- **Changed the email of where to submit hiring paperwork to the Regional generic email rather than to the respective Office Assistants**
- Updated contact information
- Updated hiring forms
- EFF rates – 2 listings, one for rates prior to 5/16/19 and one for rates effective 5/16/19

Chapter 2 – Incident Payroll

- Added Purpose
- Updated formatting
- Reminder: if on assignment, all regular employees must turn in an OF-288 along with their regular timesheet
- Info was added as to what documentation will be mandatory for in-Area work on Function codes
- Moved info on Yukon, TCC, and UAF Crews to end of chapter
- Still getting clarification on Fatigue Management so there may be changes yet to come
- **Reworded and removed most contract language and timesheet entry references from Overtime, Shift Differential, Recall, Holidays, Standby, and Hazard Pay.**
- Reworded Meal Period info and removed parts that did not pertain to pay and that are covered in Chapter 9.
- Changed info about closing out timesheets/OF-288s to emphasize payroll deadlines and signatures needed.
- Revised timesheet checklist
- Changed to note the GGU Compensation LOA is valid only through 6/30/19; a new LOA is being written

- Moved info on Yukon, TCC, and UAF Crews to end of chapter.

Chapter 3 - Commissary

- Added Purpose
- Updated formatting
- Minor editing changes

Chapter 4 – Compensation for Injury

- Updated contact information of provider and state contact
- Moved serious injury/fatality notification info to the beginning of the chapter and listed contacts
- Added information on the routing of forms
- Updated worker's comp admin contacts
- Replaced Form 5 with revised form 9/26/18

Chapter 5 – Performance Evaluation

- Updated formatting
- Changed some wording to show that evals apply to reg state employees also, not just EFF
- Rearranged some info

Chapter 6 – Equipment Acquisition

- Added language in NERV rentals
- Added info about porta potties being under contract

Chapter 7 – Cooperator Fire Departments

- Removed Lump Sum method of payment
- Changed wording on IA and Extended Attack
- No increase in rates

Chapter 8 – Property Management

- Section on routing forms was added
- Added language that land/facility claims use the procedures in this chapter

Chapter 9 – Meals, Lodging, and Travel

- **Changed wording on POV approvals**
- Replaced TA form with the Fire Trip-Details w/ Closure Form in Forms

Chapter 10 – Vehicle Accidents

- Some changes in organization of chapter
- Added info on NERV procedures for reporting accidents
- Rearranged the Forms Section to follow the list of forms in the chapter

Chapter 11 – Contractor and Employee Property Claims

- Added that this chapter covers land/facilities under an Agreement

Chapter 12 – Cost Calculation and Reporting

- Minor rearranging and removed year reference in last sentence of chapter
- Updated contacts

Chapter 13 – Suppression Component Coding

- Updated codes to 2019
- Updated formatting
- Couple of edits in the coding tables to clarify usage

Chapter 14 – Procurement

- Updated formatting
- Changed submission/approval process in #1 and the approval table
- Removed references to AROs; new process for aircraft procurement is through DNR Procurement
- Added language that porta potties are under Master Agreements
- Changed wording of Activity: FIRE

Chapter 15 – Allowable Fire Activity Cost

- Changed wording of Activity: FIRE
- Updated formatting

Chapter 16 – Land Use and Facility Rental Agreements

- Added info on claim procedure – to see Chapter 11
- Added info on who should sign as Warranted Contracting Officers
- Updated formatting

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Administrative Briefing for IMTs

Alaska Division of Forestry

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Alaska Division of Forestry

Welcome to Alaska!

Thank you for coming up to help us protect the lives and property of Alaskans. We appreciate your efforts on our behalf and will provide you with the information and guidance necessary to complete your mission. This Administrative Briefing emphasizes the critical financial and administrative procedures to be followed within the State of Alaska protection area. Greater detail can be found in the referenced chapters of the Alaska Incident Business Management Handbook (AIBMH). Please feel free to contact the Area Admin Assistant or Regional Admin Officer if you have questions about anything related to incident business management practices of the State of Alaska.

Primary State of Alaska Incident Business Management Contact:

Regional Administrative Officer

3700 Airport Way
Fairbanks, AK 99709
907-451-2663

Other Contact

Admin Operations Manager
550 W. 7th Ave. Suite 1450
Anchorage, AK 99501
907-269-8477

Upon arrival acquire the following:

- Thumb drive with the AIBMH (Alaska Incident Business Management Handbook) and other helpful information and forms
- Alaska – Type II Crew Management Guide
- Area Orientation (dispatch) Guide
- Local phone book
- Incident Business Procedures

The land and resources to be protected on this incident may involve multiple agencies (NPS, BIA, F&WS, BLM, USFS, and State of Alaska), however, due to interagency agreements, no cost share agreements between these agencies are necessary. Fire on military lands may have different requirements; check with the administering office. State Area Offices are responsible for cooperative agreements between the State and the individual fire departments (road system fires). Be sure to coordinate with the administering office to obtain copies of pertinent agreements.

Protection Responsibility

The State of Alaska is divided among three agencies:

- The Northern part of the State is protected by the BLM - Alaska Fire Service
- The Southern part of the State is protected by State of Alaska, Department of Natural Resources, Division of Forestry (except the Chugach National Forest)

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- The Southeastern part of the State is protected by Department of Agriculture, US Forest Service except for the Haines State Forest which falls under the Division of Forestry. The State's Jurisdictional Agency Administrator is the Regional Forester but responsibilities may be delegated to an Area Forester. There is a Central Office located in Anchorage. The State area is further divided into individual Area Offices as follows:

- Northern Region includes Fairbanks/Delta and Tok/Glennallen (Valdez/Copper River)
- Coastal Region includes Palmer (Mat-Su)/McGrath (Southwestern), Haines (NSE), Ketchikan (SSE), Soldotna (Kenai-Kodiak)

Crews – There are both State and Federally-administered crews in Alaska – a list showing all designated crews, their administering agency, and Area/Zone affiliation are in AIBMH Chapter 1, Appendix A & B.

State-managed crews are:

Pioneer Peak Type 1 crew, State employees
Gannett Glacier Type 2 IA crew, State employees
White Mountain Type 2 IA crew, State employees
University of Alaska, Fairbanks, Type 2 agency crew, State employees

Contract Crews:

Chugachmiut (Yukon) Crew Type 2 IA - State sponsored contract crew, Chugachmiut employees
Tanana Chiefs Type 2 IA- State sponsored contract crew, Tanana Chiefs Conference employees

All forms can be found in the Forms Section of the relevant chapter of the AIBMH. All appendices can be found in the Appendices Section of the relevant chapter of the AIBMH.

EFF HIRING – See AIBMH Chapter 1

A Social Security Card must be presented in order to be hired. Two alternatives to presenting a physical card are possible but may delay hiring and deployment.

State of Alaska casual hire employees are referred to as EFF and are hired either as a member of a Type II Crew or as a non-crew EFF (single resource).

Type II crews are hired, managed, and paid by the State of Alaska under the guidelines set forth in the Alaska Emergency Firefighter Type II Crew Management Guide. EFF must be a minimum of 18 to be eligible for employment.

Hiring is typically done in the Area or Regional Offices unless delegated otherwise. If delegated, check with the Area office to ensure that the correct forms are used and that the procedures for hiring are understood. An application must be included with any hiring packet and can be obtained at the Area or Regional Office. The AIBMH contains a list of the required forms.

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Any EFF hired as a warehouse worker, driver, EQMG, or GSUL is required to fill out a Qualification Inquiry – Firearms Possession form.

Any EFF hired as a driver must bring a copy of their driving record obtained from their local Department of Motor Vehicles.

Pay/Qualifications – State of Alaska adheres to the red card requirements as outlined in the 310-1, the AIBMH, and the NWCG Standards for Interagency Incident Business Management (SIIBMH). Pay rates for positions requiring red cards will not be honored unless the red card indicating the appropriate qualifications for the pertinent position is in the employee's possession. In addition, by statute Forestry is mandated to pay only the rate commensurate with the job title as quoted in the List of EFF Classifications in Appendix 1. **PAY FOR ANY POSITION NOT SHOWN IN SAID LIST MUST BE DETERMINED BY THE STATE OF ALASKA TRAINING OFFICER AND STATE FIRE OPERATIONS FORESTER.**

INCIDENT PAYROLL - See AIBMH, Chapter 2

EFF (Emergency Fire Fighter) versus Casual/AD - State of Alaska casual hire employees have a different pay plan than Casual/ADs. EFF are paid overtime after completing a 40-hour work week. The work week begins at 0001 Monday and ends at 2400 Sunday.

Pay/Time - CTR's & OF-288s are required on all personnel assigned to the incident and must be recorded in half-hour increments for EFF and quarter hour increments for regular state employees. The CTR must be signed by a supervisor within the incident chain of command and all OF-288s must be signed off by an incident timekeeper. All employees must sign their OF-288s before turning them in to their home unit. All timesheets signed off by timekeepers and employees must be done in blue ink. **USE ONLY LEGAL NAMES, NOT NICKNAMES.**

Pay periods end on the 15th and last day of each month. Regular state employees must have a signable OF-288 along with their regular timesheet turned in to their Home Unit per payroll deadlines. If feasible, single resource EFF are paid on the same schedule. EFF crewmembers are generally paid at the end of an assignment. **Time closeout is mandatory for regular and EFF employees on June 30th due to the end of the State fiscal year.**

Mandatory Day Off/Fatigue Management

- For in-State assignments, 1 day of rest is required within 21 days.
- A regular or mandatory day off is a calendar day, not a 24-hour period. An employee may not be in pay status.
- An employee cannot be placed on standby when taking a mandatory day off.
- When on assignment and assigned a day off, that day will be uncompensated. State employees and EFF must show zero hours on State timesheets and/or the OF-288 for that calendar day.

Excess Hours – all hours in excess of 16 hours after the first shift must have a written justification signed off by a supervisor and approved (in writing) by the IC until containment. Excess hours should be mitigated as soon as conditions allow.

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Closing Out OF-288s

Regular State Government – Travel time started and left open – it will be closed out by the employee's home unit.

Crew/Single Resource EFF - When the arrival time at the home unit can be reliably predicted, the incident may close out the timesheet or leave it open. If crew members are traveling home on different aircraft, end times for the same crew will vary. Where practical, start a new column for travel time home.

Federal (AD) – Travel time is left open and the timesheet is sent with the employee crew boss to be turned in at their point of hire (home unit) IMMEDIATELY upon their return. Dispatch at the home unit should be notified of return travel arrangements.

Regular Federal Government – Travel time started and left open – it will be closed out by the employee's home unit.

Other Agency Personnel – Project travel time to home unit, close out OF-288 and give original to agency person.

COMMISSARY– See AIBMH Chapter 3

The State of Alaska does NOT have contract commissary. Purchases are made for emergency commissary only and are arranged by Agency personnel. Coordinate with the Regional Admin Officer to verify compliance with the State of Alaska policies and procedures. Locals cannot order emergency commissary unless they are camped at the incident and cannot go home. All commissary for State employees is paid for by the individual or through payroll deduction (posted to the employee's OF-288). All commissary purchases must be documented.

INJURY - See AIBMH Chapter 4

Any event involving death or in-patient hospitalization must be reported to the Regional Forester at _____ and the Division's Safety Officer Thomas Greiling at 907-414-0994 or Designee within 8 hours. Designees are the State Prevention Officer at 907-355-2328 and the Administrative Officer at 907-987-0231.

The State of Alaska worker's compensation insurance adjuster is Penser. The State of Alaska does not have any type of Agency-provided Medical Care (APMC) available.

Burn Injury Protocol – refer to Appendix D in Chapter 4

Any Alaska EFF (crew or single resource) traveling to a medical facility for treatment of an injury or illness will have someone accompany them to the facility and remain with them until their return to camp/duty station. The local Area dispatch office is to be notified when someone is brought in to a medical facility. Area Admin may request notification as well and this can be coordinated as appropriate.

All State employees must use State forms:

- Form 07-6100, Employee Report of Occupational Injury or Illness to Employer
- Form 02-932 Supervisor's Accident Investigation Report

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- Form 07-6102 Physician's Report
- Authorization for Treatment memo
- Worker's Compensation Injury/Illness Information
- Form 07-6101 Employer Report of Occupational Injury or Illness (filled out by the employee's home unit).

Emergency Medical Care

Emergency medical care should be obtained from the nearest qualified physician or hospital. Employees will be responsible for all medical expenses if the injury/illness is not covered by worker's compensation. Before leaving the medical treatment facility, the employee or accompanying Admin will need to obtain a doctor's work release.

Non-work-related Medical Treatment for Alaska Natives (including American Indians)

Prior to seeking treatment, be sure to notify the employee that:

Worker's compensation does not cover non-work-related medical treatment

Their contract health organization will only cover emergency care

The employee may ultimately be responsible for all expenses incurred

In addition, the two contract health agencies, ANMC and Tanana Chiefs have strict guidelines for what they will cover and what they will not cover. Documents with these guidelines can be found in the Appendices A and B.

If a non-work-related injury, illness, dental problem interferes with the capacity to work and medical attention is warranted, reasonable effort should be made to find the closest Indian Health Care provider where services may be obtained. Call the provider to be certain the employee's visit will be covered. If not, a non-Indian Health Care Provider, dentist or doctor can be utilized, but the charge for the visit and any medications or prosthetic devices will be paid by the employee or paid by P-Card or other means and deducted from the employee's pay via commissary.

When receiving treatment by a non-Indian Health Services Provider, or as soon as possible afterwards, contact the Tanana Chiefs Contract Health or the Alaska Native Medical Center Contract, depending on the residence of the employee to notify them of the treatment being provided to their client to see if the treatment will be covered by ANMC or TCC. If the medical treatment is being sought on a weekend or after hours, call the appropriate Native health agency at the numbers shown below as soon as possible during their normal business hours. Both contract health agencies in Alaska will only pay for emergency medical treatment.

Tanana Chiefs Contract Health

(907) 451-6682, ext. 3613 or 1-800-770-8254, ext. 3613

Alaska Native Medical Center Contract Health

(907) 563-2662 or 1-800 478-1636

Non-work-related Medical Treatment for Non-Natives

If the employee is not an American Indian or Alaska Native, seek medical treatment in the most practical and expedient manner. The employee should be informed that worker's compensation does not cover non-work-related problems and they will be responsible for all medical expenses

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if their claim is denied by the Worker's Compensation Adjustor. A Report of State of Alaska Report of Occupational Injury or Illness must be completed and submitted.

Timekeeping Adjustments – For non-crew EFF, time ends at the time of arrival at the medical facility. For crew EFF, time ends at the time of arrival at the medical facility or eight hours into shift time to meet the Crew Management Guide guarantee (whichever is greater). Time spent receiving care is non-compensable unless required to meet guaranteed hours. Any crew personnel unable to work on the line may be assigned to camp duty not to exceed three days if light duty is assigned. Camp time must be noted as such and the crewmember will be paid their guaranteed eight hours. An injury log must be kept.

Medical Unit - Most incidents will order a medical kit that comes with an EMT (or two) to provide incident medical care. Most EMTs hired with kit are hired and paid as EFF, per their training and classification.

Pharmacy – Work related pharmacy charges will be billed to Penser, the State of Alaska Area office, or a PCard. If Penser is not charged and the employee is unable to pay for the charge, the cost of the medicine or medical supplies will be charged to the employee as a commissary item for which they can seek reimbursement from the adjustors. Non-work-related pharmacy charges can be paid by the employee or charged to their payroll as a commissary item.

Vision – Eye injuries received on the job will be treated like any other worker's compensation claim. Eye care not related to an injury will be direct billed to the State of Alaska Area office or charged on a PCard and charged back to the employee via commissary deduction. Compensation may be sought by the employee through the workers' compensation carrier.

Dental – Charges for dental services will be paid by the employee or billed directly to the State of Alaska Area office. Because dental charges are frequently NOT approved by worker's compensation, all dental charges will be charged to the employee's commissary and they may seek reimbursement through the worker's compensation carrier.

Paperwork is to be submitted as soon as possible to the contacts in the table below.

<u>OFFICE</u>	<u>PHONE</u>	<u>PRIMARY</u>	<u>ALTERNATE</u>
COASTAL	(907) 761-6289	Will Pace	RaDonna Turner
AMSO/Palmer	(907) 761-6389	Lisa Vietmeier	Lezelda Fiebig
KKAO/Soldotna	(907) 260-4200	Becky Howard	Jody Fenton
SWAO/McGrath	(907) 414-9349	Lezelda Fiebig	Lisa Vietmeier
VCRAO/Glennallen	(907) 822-5534	Tammy Mauden	Mike Trimmer
NORTHERN	(907) 451-2663	Beth Cender	VACANT
FAO/Fairbanks	(907) 451-2600	Tina Donahue	Cecelia Simon
DAO/Delta	(907) 895-4225	Angi Tucker	Mike Goyette
TAO/Tok	(907) 883-1400	Sylvia Jacobson	Peter Talus
SER/Ketchikan	(907) 225-3070	Mindy Byron	Greg Staunton
Statewide Aviation	(907) 761-6270	Candy Simmons	Will Pace
Statewide Fire	(907) 451-2611	Sarah Burnett	Lynn Crance

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Procedures for Contract/Agency Crews

Chugachmiut Crew

Report of Occupational Injury or Illness forms for Chugachmiut crew members will be completed to the extent we are aware of the information. This form, along with any physician's reports or medic forms from the incident, will be faxed to Chugachmiut attention of Phyllis Wimberley at (907)743-0644 and then mailed to:

Selma Gabbert
Human Resources & Administration Division Director
1840 Bragaw St. Suite 110
Anchorage, AK 99508-3463
PH: (907)562-4155
FAX: (907)743-0644

Any questions during normal work hours should go to Selma at (907)562-4155, Selma@chugachmiut.org. After hours or on weekends, call Robert Lacy at (907)562-4155, robert@chugachmiut.org.

Tanana Chiefs Crew

After initial medical treatment, management of the employee's care will be transferred to Tanana Chiefs Conference (TCC) staff. The injured firefighter is to call MEDCORE at 1(800)553-8041, to speak to a Registered Nurse (RN). The RN will give the TCC employee a case number and follow up instructions. The employee may wish to complete the Employee Report of Occupational Injury or Illness to Employer Form 07-6100, and scan to TCC, attention Holly Weaver at holly.weaver@tananachiefs.org, then mail original to:

Holly Weaver
122 First Avenue – Suite 600
Fairbanks, AK 99701

Any questions during normal work hours should go to Holly at (907)452-8251 ext. 3282. After hours or on weekends, please call in the following order:

Clinton Northway (907)978-0075
Will Putman (907)347-8068

University of Alaska Fairbanks Crew

Notify Bryan Uher of any injury.

Bryan Uher
4280 Geist Rd
Fairbanks, Alaska 99709
bmuh@alaska.edu
Phone: (907)474-2613
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Administrative Briefing for IMTs

Alaska Division of Forestry

PERFORMANCE EVALUATIONS & DISCIPLINE – See AIBMH – Chapter 5

State of Alaska uses performance evaluations to keep personnel qualifications current. Employees should seek to have an evaluation completed and submitted for every assignment.

Evaluation Routing

EFF Crew/Non Crew

- One copy will be given to the Crew Superintendent/Crew Boss (or individual if non-crew) prior to release
- One copy will be given to the incident's Plans function, if applicable, or the administrative unit in charge of the assignment
- One copy will be sent to the crew/non-crew local governing body, contractor or home unit (whichever is applicable) as soon as possible.

State employee

- A copy given to the individual
- A copy given to plans (to be forwarded to the individual's home unit)

EFF Conduct and Discipline

The basis for conduct and discipline for crew and non-crew EFF is found in the Alaska Emergency Firefighter Type 2 Crew Management Guide. It is the intent of Forestry to ensure all EFF are held to the same standard of conduct.

Government Employee Conduct and Discipline

It is the intent of Forestry that all government employees, regular state employees as well as EFF, are held to the same standard of conduct. However, union agreements, personnel rules, and Human Resources' direction dictate response in many aspects of discipline.

Government employees can be terminated from an assignment for cause and required to return to their home unit. The administrative unit in charge of the assignment shall forward to the home unit any evaluations, investigations, reports, etc., done on an employee.

EQUIPMENT ACQUISITION – See AIBMH Chapter 6

Equipment can be hired through Master Agreements (MA), as an employee POV, or through an EERA.

Vehicles hired through MAs: State Logistics Center (SLC) orders vehicles for IMTs and the Coastal or Northern Transportation Unit will create packets, do inspections, and give fill information to SLC.

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MA Equipment Packets are BLUE and include:

- The rental car company contract
- Rental car company inspection diagram card OR a copy of form OF-296, Vehicle/Heavy Equipment Safety Inspection Checklist (the pre-use inspection) to include marking the relevant diagrams on the back side of the form showing any damage upon receipt of the vehicle
- Emergency Equipment Shift Ticket (OF-297) showing the time of hire
- copy of the Resource Order
- Finance Section Cost Form

Ground Support Section, along with Finance Section, will maintain shift tickets, process any damage paperwork, and ensure that the vehicle and original packet are returned to the Mobilization Center or Transportation Unit that originally hired the vehicle. Copies of time records are to be kept in the final fire package.

If repairs are needed, the rental company must be contacted to authorize repairs prior to the repairs being made.

Use of POVs

Use of POVs is the exception and must be pre-authorized. For in-State assignments pre-approval is by the IC/Area Forester/FMO of the requesting unit. For out-of-State assignments pre-approval is by the home unit Area Forester. If an employee elects to use their POV, no reimbursement is allowed. Authorized POVs are to be used only for official business and the employee is responsible for insurance and fuel. Once on the assignment, the employee should ride with others or use vehicles assigned to the incident, where possible.

EERAs

Equipment hired under an EERA is acquired through the On-Line Application System (OLAS). OLAS allows vendors to add, edit or delete equipment. OLAS is used by dispatchers to search for and hire EERA equipment. Cooperator Fire Department equipment is also registered in OLAS and information can be found in AIBMH Chapter 7.

Forestry employees are prohibited from contracting with the Division of Forestry under any circumstance. See Chapter 6 for Forestry provisions for contracting with family members.

Most equipment is hired at a daily rate except for first and last days. Reference Appendix A for equipment rates. Note the deduction for transports/equipment with one operator.

If a piece of equipment will be used 24 hours per day (a rare circumstance), the Resource Order must reflect the “double-shift” need and the equipment will be paid at the double-shift rate. Hiring equipment at the double shift rate requires Incident Commander or Section Chief approval.

“Under hire” is defined as when a piece of equipment has an active Resource Order and has passed inspection. It remains under hire until it is released. A shift is the shift hours as defined by the IAP or by the dispatch office if not on an incident. Being “on shift” is defined as working or being in a state of readiness during the IAP or dispatch-defined shift.

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Equipment hired in the Area is generally limited to local equipment. Pre-use and post-use inspections are required.

All CDL (Commercial Driver's License) requirements with respect to necessary forms and inclusion in the State's drug testing pool are necessary before hiring a CDL driver. In addition, all applicable endorsements must be met.

All original documentation should be turned in to the local Area office for processing with a copy retained in the final fire package.

Equipment Hired as E#

If the equipment is under hire less than 8 hours (equipment hired after 1600) on the first day of hire, the vendor will receive payment for ½ the daily rate shall receive ½ the daily rate.

If the equipment is under hire less than 8 hours (equipment released before 0800) on the last day of hire, the vendor will receive payment for ½ of the daily rate. On the final day of hire, the release time will be used to determine the payment due. The release time should be documented on the shift ticket and should be calculated to allow the vendor to return to the point of hire. Vendors will not be paid for additional time if they elect or are unable to demobilize equipment that has been released.

If the equipment is not operable due to mechanical reasons or staffing issues for the full shift, a deduction from the daily rate is calculated by converting the length of shift to determine the hourly rate and paying the Contractor the prorated amount for the number of hours worked during the shift (not to exceed the daily rate).

The State of Alaska pays for fuel for equipment hired under an E#. Vendors provide all other operating supplies when equipment is hired with operator; the State provides operating supplies when equipment is hired without operator. Exception: the State will provide fuel and oil for boats.

Equipment Hired as an S#

Point-to-Point Hires

Vehicle inspections are not required except for buses.

The State does not accept damage claims.

Vendors will be paid the daily rate if they are under hire for six hours or more in a calendar day. Vendors will receive half the daily rate if they are under hire for less than six hours.

Fuel costs for transports or buses hired under an S# are included in the rate.

Services

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An S-number can be issued for a company to provide porta-potties with servicing to an incident. Subsequent port-a-potties can be ordered using the same S-number, and a complete documentation package must be maintained showing number of units in service on each day, copies of the Resource Orders, daily shift tickets that can show the rental fees for the port-a-potties, servicing/pumping fees, and any additional fees such as relocation fees.

As the incident begins to wind down, porta-potties are often removed incrementally and this affects the daily rental and servicing fees. This situation would hold true for dumpster services as well.

Porta-potties are now ordered through a Master Agreement.

Most of the paperwork requirements regarding Hiring Equipment Under an EERA would apply with the following exceptions: executed vendor contract may be substituted for Emergency Equipment Rental Agreement, Form OF-294; agreed-upon rate will be listed on the Resource Order; mobilization inspections are not required; Emergency Equipment Use Invoice Form OF-286 may be used as backup documentation, but vendor is required to submit an invoice; and final equipment packet is forwarded to the billing office to be “married up” with the vendor-provided invoice.

Fuel Slips – Most State and some FEPP vehicles have assigned credit cards to be used for fueling. These assigned credit cards have a vehicle number noted in the bottom left corner of the card that generally is the same as the vehicle plate number. For vehicles that do NOT have assigned cards and for general fueling purposes, general use fuel cards are used and are identifiable by the notation in the bottom left corner specifying vehicle # followed by the TDN#. When using fuel cards, the operator must write the following on the fuel slips:

- the vehicle or TDN #/info noted in the bottom left corner (charges are eventually cross matched with the card used)
- printed name of individual using the card (in case there are questions)
- fire number the fuel is to be charged to

The machine printout of the receipt should CLEARLY and LEGIBLY show the date, gallons, vendor, and cost.

Use of ATVs/UTVs

The following procedures are to be followed to help reduce damages and tighten up property management.

1. Resource Ordering: The person ordering the ATVs/UTVs needs to specify who the equipment will be issued to. This could be the Ground Support or Facility Unit Leader if the equipment was going to be used in logistics, or the Operations Section Chief or Division Supervisor if the equipment was being assigned to Operation. The Incident Commander could elect to have the equipment issued in their name. At no time can 3-wheelers be hired.

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2. Daily Field Inspection Tag (Form): ATVs and UTVs will be inspected daily on a field inspection tag which is attached. The primary goal is to have the operator consciously look at the equipment before they ride off without ever paying attention to deteriorating condition of the equipment. The tags will be zip-tied to the equipment and completed tags will be kept in the equipment packet.
3. ATV/UTV Operator Responsibilities (Form): Everyone operating ATVs/UTVs must do so in a responsible manner and should exercise due care when operating in rough terrain. The copy of the ATV/UTV List of Driver/Operator responsibilities will be signed by incident personnel prior to operating the equipment. The goal is for everyone to take more responsibility for the condition of the equipment so that ATVs/UTVs will continue to be a useful tool for field personnel. Management personnel on the incident should determine who should be the authorized user of the equipment.

COOPERATOR EQUIPMENT HIRE – See AIBMH Chapter 7

Cooperators ALWAYS take the original completed equipment packet, including the final inspection checklist, back to their home unit for processing.

Cooperator Fire Departments (CFDs) are required to register their fire department under the Online Application System (OLAS) and enter information regarding equipment the CFD wishes to make available for fire assignments. Other vehicles/equipment owned by the CFD such as boats, ATVs and trailers will be signed up using the regular Emergency Equipment Rental Agreement (EERA); this equipment is also registered under OLAS.

On the first and last shift of hire or assignment, the Cooperator shall be paid at the half day or daily rate, provided the apparatus is operable and available. The half day rate will be paid if the apparatus is hired after 1600 hours or released before 0800 hours (depending on estimated time of arrival at home unit). The daily rate will be paid if the apparatus is hired before 1600 hours or released after 0800 hours.

If the apparatus is inoperable or unavailable during an on-shift period, this will be considered down time, and charges will not accrue.

There are 2 methods the CFDs may choose from to be reimbursed (determined by Dispatch and CFD at time of hire. Rates are located in the Appendix.

1. Cooperator Reimbursement
2. Direct Payment: under this method, the personnel are hired as EFF and therefore their OF-288s are handled like other single-resource EFF except that a copy of their OF-288 is also put in the Equipment Packet to go back to the Home Unit.

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Regardless of the method chosen, the following items make up the payment packet:

- Cooperator's Use Invoice or invoice on their CFD letterhead
- Emergency Equipment Use Invoice (OF-286) -originals
- Completed Equipment Shift Tickets - originals
- Completed OF-288s - originals, unless Direct Payment method (then copies)
- Any receipts documenting reimbursable expenses accrued on the assignment - originals
- Emergency Equipment Rental Agreement (OF-294)
- Vehicle/Heavy Equipment Safety Inspection Checklist - original
- Resource Order

GOVERNMENT PROPERTY MANAGEMENT – See AIBMH Chapter 8

Damage/Loss - All employees shall provide an adequate explanation when damage or loss occurs. Explanations are documented on a Federal Property Loss or Damage Report, Fire Suppression (OF-289). The employee, supervisor or a witness must include any appropriate comments or statements on the form. The Incident Commander, Logistics Section Chief or Area Forester, as appropriate, shall include written comments and sign the form. A SOA Lost-Stolen-Damaged Property Review form (02-627) may also need to be filled out for non-Cache accountable property. Damage claims should be submitted to the administering agency as soon as the forms are completed.

MEALS / LODGING – See AIBMH Chapter 9

Lodging

Any lodging not provided at the Incident must be pre-approved by the administering office. Lodging vendors will be paid ONLY for lodging. All other charges (phone calls, room service, meals charged to rooms, cost of a safe, etc.) are the responsibility of the individual. Because the Areas already have agreements in place, work with the Area dispatch or logistics office prior to setting up any lodging.

Meals

The State of Alaska will subsidize incident staff in most cases.

Meal subsistence for Resource Ordered personnel assigned to Incidents may be provided by:

- Sack Lunches
- Contract meals - Contract meals are sometimes provided as an alternative to per diem or catered meals and may be delivered to fire camps or provided in restaurants.
- Meals in the McGrath dining hall - Personnel staged at the McGrath DOF station are provided meals in the station Dining Hall. At each meal, personnel provide their name, RO#, and incident #. Personnel whose Home Unit is McGrath will reimburse the State for meals eaten by payroll deduction or personal check.
- Meals Ready to Eat (MREs)
- Fresh food boxes - When it is determined that an incident will extend past three (3) days, the incident may order fresh food boxes on a Supply Resource Order. Subsequently ordered personnel may need to eat MREs until such time an additional fresh food box order is placed and ordered.

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- Catered meal - Once incident personnel numbers reach 150 and are expected to remain at that level or higher for three days or more, the State may choose to contract with a Mobile Food Service Unit to provide hot meals at the incident at rates in accordance with the individual contract.

ACCIDENTS – See AIBMH Chapter 10

In the case of damage to a vehicle, the applicable forms are to be filled out:

1. Police Report (over \$2,000.00 damage or bodily injury)
Or State of Alaska Vehicle Accident Report Form #12-209 if law enforcement officer is not present (under \$2,000.00 damage and no bodily injury). The report must be filed within 10 days with the local police department or State Troopers
2. Must always be filled out, Liability Accident Notice Form #02-919 (03/06) sent to the Area and Risk Management
3. Supervisor's Accident Investigation Report Form #02-932 filled out by an immediate supervisor
4. Certification of Insurance – Form #466 (03/11). List owner as State of Alaska
5. If damaged government equipment is a total loss, a Lost-Stolen-Damaged Form #02-627 must be used

State-owned Vehicles in an accident – Fill out items # 1, 2, 3, and 4.

Leased Vehicles in an accident – Fill out items # 1, 2, 3, and 4. A leased vehicle would be defined as a vehicle with a long-term lease from a dealer in lieu of a State-owned vehicle. The State of Alaska does not provide Collision Coverage for State-leased vehicles. The repairs of State-leased vehicles are the responsibility of the Department/Division assigned the vehicle.

Rental Vehicles in an accident – Fill out items # 1, 2, and 3 plus any rental agency accident forms. Rental vehicles are most often with a commonly recognized national auto rental company.

A non-mandatory contract exists for rental vehicles in the cities of Anchorage, Fairbanks, and Juneau with Budget. The contract specifies that the vendor will be responsible for both the physical damage and liability coverage (subject to their policy limits) for the rental vehicles. Not all vehicles rented from the contract holder are covered under these rules. They do include sedans and some small SUV's or a mini-van. Other vehicles and/or situations may be exempt from these contract requirements. Check specifically for off-road use limitations.

All other auto rentals either in-state or out-of-state are covered under the State self-insurance plan

Emergency Equipment Rentals With Operator

The vendor is responsible for filling out any paperwork that satisfies municipality or state requirements plus State forms listed in items #1, 2, and 3. A report to the police should be made if there are any injuries or if damage exceeds \$2,000. If a vehicle sustains damage, document the damage on the Vehicle/Heavy Equipment Inspection Checklist #OF-296 (or a separate piece of paper) and keep it with the equipment packet.

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Vehicle Damage Claims

Any damage to vehicles for which the owner wishes to submit a monetary claim must do so according to AIBMH Chapter 11.

Where to Submit Forms

All accidents or incidents involving State-owned, leased, or rented equipment (NOT equipment hired through an EERA), must be reported to:

- IMT, Finance
- Immediate supervisor
- Area FMO, Regional Admin Officer and Regional Forester
- Division of Forestry Procurement Specialist

All applicable forms will be routed through the Regional Administrative Officer.

VENDOR AND EMPLOYEE PROPERTY CLAIMS – See AIBMH Chapter 11

All claims must be filed at the incident, Area Office, or Regional Office within 30 days of release from an incident.

Procurement Unit Leader or a Finance Section Chief, may settle claims for equipment hired under an EERA up to \$1,000 via payment on the Emergency Equipment Use Invoice OF-286.

Procedures for Contractor Claims

- Claimant fills out DOF “Property Loss/Damage Report (Form 1)” within 30 days of release from incident
- If the claim involves an automobile accident, refer to Chapter 10 for the appropriate forms
- A Supervisor’s Accident Investigation Report must be completed
- Include narrative of events
- Signed witness statements (printed home unit names, addresses, and phone numbers)
- Owner/contractor will submit claim to the incident or administering Area Office
- Claims will be entered into Incident/Area/Region claims logs
- Incident/Area/SLC will attach any pre-use and post-use inspections, photos, and recommendations, then send to the Regional Admin Officer/Regional Forester

Procedures for all Employee Claims

- Claimant fills out DOF “Property Loss/Damage Report” (see Form 1)
- Any State employee may receive the claim and then give it to the Procurement Unit Leader/Finance Section Chief or Area Forester
- Signed witness statements (printed home unit names, addresses and phone numbers)
- Include narrative of events
- Make copies for the administering Area/Region files
- If on a non-State incident, make copies for the finance unit on the incident
- Additional incident administering agency paperwork may be required
- Employee submits the claim through their home unit within 30 days of release

GENERAL PURCHASING – See AIBMH Chapter 14

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Should the need arise to procure items locally, contact the local Area office BEFORE doing so. Original receipts with a copy of the Resource Order should be provided to the local administrative office within 24 hours after purchase (copy of invoice kept in final fire package) so that payment processing can begin. All charges/purchases require a Resource Order.

All invoices such as equipment use charges, etc., should be billed and submitted to the Area office. This allows the State to audit all billings prior to payment.

Federal Credit Cards can be used by authorized personnel if all the following conditions are met:

- No alternate method (direct billing to the State, State credit card, field warrant, etc.) to acquire goods and services is available
- Use is temporary until such time as an alternate method can be established by incident personnel in coordination with the Agency Administrator or the Administrative designee and approval has been given to proceed
- Documentation on all credit cards must be provided to the Agency Administrator or Administrative designee that shows all information and source backup required to document the acquisition and to document the use of the card for acquisition

LAND USE AND FACILITY RENTAL AGREEMENTS – See AIBMH Chapter 16

Temporary rental of property for fire purposes requires the same degree of good business judgment, including reasonable price determinations, as any other procurement action. In making the determinations, as to price fairness, consideration should be given, but not limited, to the following items:

- Fair market rental rates for the property in the area
- Costs to the property owner, loss of rental fees from other sources, disruption
- Alterations needed and who will make them
- Impacts on the property
- Costs of restoration, and who will do the restoration work
- Duration of the rental, (emphasis should be on weekly or monthly rates), with a limit on total costs
- Schools and other governmentally owned facilities should be compensated for operating costs only, since these facilities are funded by the taxpayers through tax revenues. Additional costs incurred will be paid for by the incident such as additional janitorial services or cleaning fees.
- A pre-inspection and post-inspection shall be made of the premises using the forms later on in this chapter. The inspections can be documented on separate inspection documents if additional details or information are needed. Pre- and post-inspection photographs are required showing where actual damages occur that may result in a claim.
- Such pre- and post-inspections shall note all improvements and conditions, including items such as fences, buildings, wells, crops, road conditions, etc. The rental documents shall indicate who will be responsible for providing services and utilities, if any are required.

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- Whenever possible, coordinate with the Division's Procurement Officer. The rental documents shall indicate whether site rehabilitation requirements exist, or a site rehabilitation plan must be signed by the owner/agent and the state prior to completion of the final inspection.

Any claims for damages are submitted using the process outlined in Chapter 11.

While admins or other personnel in the field may conduct negotiations with the land/facility owners, the Warranted Contracting Officer signing the Agreement should be the Area Forester, the IC, the Finance Section Chief or Procurement Unit Leader depending on their Delegation of Authority.

FINAL FIRE FINANCE PACKAGE

The incident prepares and completes the final finance package and gives it to the Area office.

How to arrange Final Finance Package

Timesheets

Crews filed alphabetically, crew boss on top, squad bosses next alphabetically, then the rest of the crew filed alphabetically – CTR's clipped to each crew's OF-288's

Single resources filed alphabetically – CTR's filed chronologically

Injury Files

Keep a completed injury log. Identify files that are complete and those that require follow-up.

Claims

Claims should be filed alphabetically. For any potential claims, provide narrative and verbally inform the Area Admin or the agency administrative contact. Maintain claim log. Provide written documentation on follow up, problems, and recommendations for solutions. Process per the directions in Chapter 11.

Equipment Procurement

Original equipment logs

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File emergency equipment invoice copies and backup documentation alphabetically by vendor. Identify files as ready for payment or follow-up required if turning over to a new team or back to the administering Area. Each file, (envelope) to contain (original or copy):

- Rental agreement
- Pre-use and release inspections plus any inspection notes and photos
- Copy of Resource Order
- Shift tickets in chronological order with E# in top right corner
- Copies of backup for any deductions (commissary, fuel, etc.)
- Completed and signed invoices
- Documentation of existing or potential claims
- Narrative of follow up required, provide recommendations for resolution
- Receipts – copies of all receipts with appropriate resource order number indicated

Original Land Use

Other agreement files Original agreement

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BUYING TEAM PROCEDURE

The USFS Region 10 sponsors one (1) National Interagency Buying Team in Alaska. AICC will mobilize this team or ad hoc buying team for use within Alaska before requesting a National Interagency Buying Team from NICC. The Regional Agency Administrator determines Buying Team need and submits an order with AICC for mobilization.

Buying Teams are ordered by the incident agency and report to the DOF Regional Administrative Officer or other designated Regional personnel. The Regional Administrative Officer may assign incident agency acquisition staff to assist the Buying Team.

The Buying Team will adhere to the State of Alaska's local policies and procedures outlined in the State of Alaska Incident Business Management Handbook, Chapter 14 (All Risk Emergency Procurement), and within the delegated authorities.

Each Buying Team Member will meet all mandatory training requirements. The Buying Team composition will be based on incident needs. The incident agency may assign a liaison between the Regional Administrative Officer and the Buying Team who will provide guidance regarding State of Alaska purchasing procedures and local purchasing.

The Buying Team Leader (BUYL) will establish lines of communication and coordinate Buying Team responsibilities with other incident functions (Administrative Staff, Dispatch, Finance Section, Logistics Section and all acquisition personnel involved in the incident acquisition activities).

Coordinates with the Ordering Manager and the local dispatch office on how the Buying Team will receive Resource Orders. Documents and shares the process with all applicable parties.

Ensures all orders placed are legal and consistent with agency policies. Consults with the INBA, Agency Administrator or Regional Administrative Officer when needed.

Upon arrival, the Buying Team will obtain an in-briefing by the Regional Administrative Officer or their liaison. This includes obtaining a delegation of authority, the incident agency's operating guidelines, status of all Resource Orders completed and outstanding to date, as well as initiating procedures for the handling of new acquisitions by the Buying Team.

The Buying Team will maintain records in accordance with the NIBTG (National Interagency Buying Team Guide (PMS 315,VI,C)). The Buying Team Leader will provide daily cost information to the designated Finance Sections. In addition to incident costs, the daily cost reports will include buying team cost (i.e., payroll, lodging, etc.). The BUYL will prepare a transition/closeout report and participate in the close-out meetings with the Regional Admin Officer and/or their liaison and other interested parties in the incident agency. The BUYL will prepare the close out documentation file to be consistent with the NIBTG (PMS 315,VI,M).

MOBILIZATION AND DEMOBILIZATION: Refer to the National Interagency Mobilization Guide, Chapter 20, Page 31 for mobilization and demobilization guidelines. The DOF Regional Administrative Officer will discuss release arrangements with the BUYL and will consult with the IMT, warehouse and expanded dispatch regarding Buying Team mobilization and demobilization.

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ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

CHAPTER 1
EMERGENCY FIREFIGHTER HIRING

PURPOSE: This chapter provides guidance on hiring of Emergency Firefighters (EFF) including specific forms needed under certain circumstances as well as distribution of the hiring paperwork. Timesheets and Pay is covered in Chapter 2 – Incident Payroll.

The Division of Forestry (DOF) employs two categories of EFF in its wildland fire program:

- Type II EFF crews
- Non-crew EFF

Type II EFF crews are hired, managed, and paid by the State of Alaska or BLM under the guidelines set forth in the Alaska Emergency Firefighter Type II Crew Management Guide. The list of crews with the appropriate Task is found on Appendix A. The Home Unit and key to acronyms for this list is also on Appendix A

All EFF, crew and non-crew, being considered for work are required to submit a *BLM or DNR Emergency Firefighter or Casual Support Worker* application (Form 1) annually so hiring personnel can tell if further action is warranted based on answers provided.

Access to Firearms

All incumbents of positions in the warehouse or as drivers are required to annually submit the *Applicant Qualification Inquiry – Firearms Possession* form. See Form 4.

Note: Firearms Inquiry forms should be accompanied by the definitions of “misdemeanor crime of domestic violence”, Select Portions of Title 18 United States Code at the following link: <https://www.justice.gov/usam/criminal-resource-manual-1117-restrictions-possession-firearms-individuals-convicted> (1117. Restrictions on the Possession of Firearms by Individuals Convicted of a Misdemeanor Crime of Domestic Violence | USAM | Department of Justice)

EFF EMPLOYMENT INFORMATION

General information about the EFF program, as well as an information packet and application for non-crew position’s, can be found at <http://www.forestry.alaska.gov/employ.htm>

Emergency Firefighters (EFF) must be 18 years of age to be eligible for employment. Individuals can receive crew training at age 16 or older.

HOURS OF WORK

EFF are hired as temporary emergency workers in response to hazardous wildfire situations. The State does not guarantee the length of employment, working schedules, or number of hours per day. EFF crews will be paid for no less than eight hours of work per day except for the first and last day of an assignment, mandatory day off, or when being terminated. Non-crew EFF has no similar guarantee.

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ALASKA JOB CENTER

Different Alaska Job Center offices throughout the state offer varying levels of assistance. DOF is responsible for coordinating with local Job Center offices to develop procedures for referring and recruiting applicants during fire season for their Area.

Non-crew EFF hires must be made through Alaska Job Center offices whenever possible. Area or Regional offices can hire from applications previously collected by Job Center offices and forwarded to Forestry in lieu of contacting Job Center first each time. All DOF offices will use standardized employment applications (BLM or DNR Emergency Firefighter or Casual Support Worker Form (Form 1)).

Previously employed EFF recommended for rehire with acceptable performance ratings may either be name requested from Alaska Job Center or contacted directly because of fire operational needs. Some Alaska Job Center offices only accept applications for a specific time-period. If not, an application can be filled out and kept on file in each Area office. If completed Job Center applications aren't at hand, regular job orders can be placed by phone for EFF from the Area file.

At the end of the season, a list of all EFF hires will be supplied to the Job Service through the Area or Regional office.

ALTERNATE HIRING PROCEDURES

Applications will be available at each DOF office and Alaska Job Center. Nothing in this procedure prohibits hiring additional workers when Alaska Job Center is unavailable such as weekends, holidays, after hours or when there is no Job Center office.

To support equitable hiring practices, documentation of all attempts, both successful and unsuccessful, to contact applicants by phone are recorded on a contact log by Dispatchers, noting date, time of call and name of person making the call. Logs will be kept on file for two years by the Area or Regional Administrative Office.

REQUESTING A NON-CREW EFF

All EFF hires will be initiated and documented on a Resource Order. Requests for non-crew EFF will be made utilizing the List of Approved EFF Classifications (see Appendix C) and will be submitted on a General Message form to the State Logistics Center or respective Area Dispatch office for processing with the following information:

- Non-crew EFF position requested
- Name
- Date and beginning time needed
- Whether they need to be fully qualified or if a trainee is acceptable
- Incident name and number
- Reporting location
- Any other special instructions (i.e.; computer, rental car, hotel, etc.)

State Logistics or the Area Dispatch will generate a Resource Order and fill the request.

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In mobilization to the Lower 48 and Canada, there is the expectation regarding self-sufficiency for single resource, particularly EFF. Self-sufficiency is defined as providing for one's own needs without external assistance. Please see Single Resource Self Sufficiency memo dated August 5, 2014 (see Appendix D). Dispatchers should ensure employee meets self-sufficiency criteria.

FELONY AND MISDEMEANOR CONVICTIONS FOR EFF

When applications reveal a misdemeanor conviction within the preceding five years or a felony conviction regardless of the date it occurred (2 AAC 07.091), a hiring supervisor or manager may not make a job offer without DOA Human Resources' review of the conviction information and detailed duties of the position. Scan the request to hire to Corrie Reeves, Brian Blessington, and Theresa Godfrey. After receiving approval, the EFF can be offered the position. Felony and misdemeanor convictions regardless of date it occurred, require additional processing if access to Ft. Wainwright is necessary.

CLASSIFICATION OF EFF

Anyone not fully qualified is considered a trainee and will be paid one level lower than a fully IQS-qualified individual. When a trainee's task book is signed off, certain positions need certifying authority to become IQS qualified. Task books must be scanned to the Alaska Training Officer for processing and entered into IQS. See <http://int.dnr.alaska.gov/forestry/training/index> for task book authorizations chart (fifth bullet on page). If a trainee is signed off during an assignment, the original hire rate remains in effect until completion of current assignment or the qualifications are certified and processed per Forestry procedures (see previous sentence).

Applicants will be hired and paid at the appropriate EFF classification according to the current List of Approved EFF Classifications (Appendix C). For positions not on the List, hiring offices will work with the Training Specialist/Officer and Fire Support Forester to determine appropriate pay rate of EFF positions not shown on the List of Approved EFF Classifications, who are then ordered as Technical Specialists (THSPs).

If the work assignment changes, the worker's classification and pay will be appropriately changed to reflect the new duties. Any incidental changes in assignment that cause a rate change must be documented on the crew time report. Permanent or long-term changes require a General Message and new Resource Order.

At no time will an EFF, regardless of length of service or qualifications, be paid at a higher rate than the assigned work requires.

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

EFF HIRING PAPERWORK

FORM

Personnel Action – Emergency Firefighter*

*See Appendices E and F for example and instructions

Equal Employment Opportunity Survey

Designation of Beneficiary**

W-4***

I-9*** (Employment Eligibility Verification)

Conditions of Hire for Emergency Firefighters

Nepotism Waiver (Form 3)

Applicant Qualification Inquiry -

Firearms Possession (Form 4)

Email approval to hire from HR

Blood-borne Pathogens

OF-288 (Emergency Firefighter Time Report)

(Appendix J & K)

Direct Deposit (Paycheck)

Direct Deposit (Travel Reimbursement)

**If primary and contingent beneficiary are listed, each must total 100%; see Appendix I for example

*** **IMPORTANT:** DO NOT USE WHITEOUT, edit, or modify a W-4 or I-9. It will not be accepted by payroll.

Please use a new form if corrections are needed.

FREQUENCY

Once per season and any address change

Once per season, shred after scan to Region

Once per season unless changes occur

Once per season

Once per season

Once per season, maintain at hiring office

Only if non-crew EFF is related to regular

DNR employee or another non-crew EFF

Only if being hired as driver, warehouse worker, GSUL, or EQMG

Only if circle “Yes” to questions 3 and/or 5 on Application

Once per season, give to EFF

Kept current while under hire

Once per season

Once per season

USE LEGAL NAMES, NOT NICKNAMES ON ALL FORMS

Picture ID: Individuals must have picture ID issued by a state or federal government entity in their possession at the time of hire and for the duration of the assignment.

Social Security card: NEW THIS YEAR - Presenting a Social Security card is no longer a State of Alaska requirement in order to be hired. If choosing to use a Social Security card as a document to complete the I-9 the card must be presented for examination. The two alternatives possible to meet the previous State of Alaska Social Security Card requirements is not valid for completing the I-9 and have been discontinued.

Red Card: Individuals must possess a current Interagency Red Card if one is required for the position being hired. Check the Red Card for currency, an approved signature and appropriate fitness and work qualifications.

Inability to Perform Duties: If it appears that because of illness, injury or disorientation, an EFF's ability to do their job is compromised, notify hiring office Dispatch Coordinator immediately.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

Nepotism (See Form 3)

If a non-crew EFF is related to a DNR employee or another non-crew EFF, the following procedure is required:

1. BEFORE offering the position, get verbal approval from Area Forester for Area employee, State Support Forester for Warehouse/SLC/Transportation positions, Administrative Officer for Regional Office positions, and State Fire Support Forester for Statewide positions.
2. Complete Request for EFF Nepotism Waiver form (Form 3), including additional information for consideration, and an org chart showing each person's position in the chain of command.
3. Appropriate Area Forester or Unit Supervisor signs form.
4. Forward completed form and support information to the Regional Administrative Officer.
5. Regional Administrative Officer will forward to DOF Management Team Member in the supervisory chain for approval within three days of hire.
6. If denied, the Regional Administrative Officer or Management Team Member will notify the Area/Unit they must terminate the EFF immediately.
7. A log will be kept in the Regional Office of all nepotism requests.

CREW HIRING

The following items are needed in addition to those listed previously when hiring a crew:

- Passenger and Cargo Manifest (SOA form 10-3138 see Appendix G & H
- Crew Time Report (CTR) book given to Crew Boss or Crew Representative
- OF-288's with headers completed including Employee ID's and time started are given to Crew Boss or Crew Representative

If there are less than 18-20 people in the crew, notify Dispatch and determine if the crew will still be needed. Make sure each individual is wearing serviceable 8" leather lace-up boots.

Begin crew's time from when they were ordered to standby at the airstrip or pickup point, regardless of when transportation actually arrive to pick them up. The Crew Boss or occasionally Squad Boss, may have additional time on CTRs because of extra duties associated with crew management.

The Crew Boss or Crew Representative is responsible for getting time reports, CTRs and Passenger and Cargo Manifest to the incident Finance Section or when applicable to the Area office.

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

DISTRIBUTION OF HIRING PAPERWORK

Scan completed hiring paperwork immediately upon completion to the appropriate Regional Administrative office and maintain originals in hiring Area offices. Be sure to shred both the scanned copy and the original of the Equal Employment Opportunity Survey.

Coastal Region - Palmer
Phone (907)761-6289
forcoaregadm@alaska.gov

Northern Region - Fairbanks
Phone (907)451-2660
dnr.nroeff@alaska.gov

Regional Administrative offices will audit hiring packets before forwarding to Payroll.

Termination of Assignment or Employment Due to Documentation Insufficiencies

Termination of employment for non-crew EFF will occur for:

- Failure to obtain approval of a nepotism waiver
- Failure to submit a nepotism waiver within 3 days of hire

Termination of employment for any EFF will occur for:

- Failure to submit ID/documents for I-9 verification within 3 days of hire
- Just cause

AFS Hiring/Payroll Paperwork: If out of area, please FED EX original OF-288's and hire paperwork to below address. (AFS MUST have originals to process payroll)

Alaska Fire Service
P.O. Box 35005
Fort Wainwright, Alaska 99703-0005
Attention: Financial Services
Phone (907)356-5571 or (907)356-5579

2019 - Fairbanks Job Center Application - 2019
BLM or DNR Emergency Firefighter or Casual Support Worker

Note to Applicant: You are applying for emergency work with BLM or DNR. If hired you must comply with the provisions of the 1986 Immigration Control Act and you are expected to possess and show documentation supporting your legal right to work in the United States. **Income taxes are withheld from pay. Earnings do not qualify for unemployment benefits.**

PERSONAL INFORMATION: Print Name and Address below. This is a contact telephone number.

Last Name:	First Name:	MI:	Phone/Message/Cell:
Mailing Address:			Email:
City:	State:	Zip:	

SCREENING QUESTIONS: Answer the following questions YES or NO by circling the appropriate response.

1. Are you currently a BLM or State of Alaska employee?	YES	NO	7. Do you have a current Interagency Qualification Card (Red Card)?	YES	NO
2. Are you related to any current BLM or State of Alaska, Division of Forestry employee?	YES	NO	8. Are you a Veteran of the Armed Forces of the United States?	YES	NO
3. Have you ever been convicted of a felony? (Federal)	YES	NO	9. Are you an active duty member of the Armed Forces of the United States?	YES	NO
4. Have you ever been convicted of a misdemeanor?	YES	NO	10. Are you available for field assignment for up to 14 days?	YES	NO
5. Have you been convicted of a misdemeanor within the past five years? (State)	YES	NO	11. Do you have a valid Alaska Driver's License?	YES	NO
6. Are you at least 18 years of age?	YES	NO	12. Do you have a current Commercial Driver's License? If YES, list endorsements.	YES	NO

JOB INTERESTS: What kind of work are you available for? Pick three; number them in order of preference 1, 2, 3 in box on the right.

Administrative/Office		Dispatcher/Teletype Operator		Motor Vehicle Operator	
Aircraft Fueler		Firefighter (Must have Red Card)		Radio Operator	
Barracks Worker		Food Service Worker		Ramp Specialist	
Carpenter		Forklift Operator		Timekeeper	
Clerk/Typist		Laborer		Warehouse Worker	
Cook		Maintenance Mechanic		Other (list)	

EXPERIENCE AND TRAINING: Describe job experience, training and fire classes which qualify you for the jobs you listed above.

Job Experience/Training	Supervisor/Telephone Contact	Dates Worked (MO/YR)
1.		
2.		
3.		

By my signature below, I certify that the above information is true and complete to the best of my knowledge. I understand that if I deliberately conceal or enter false information on this form, that my name may be removed from eligibility or that I may be removed from my job; that the information in this application may be released in an investigation; and that for the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature. I understand that an official DMV print-out of my driving record may be required if I am offered a job. I agree that BLM, the State of Alaska, or its agents, may contact current or former employers or other persons who know me in order to obtain additional information. I understand this application is not an offer or guarantee of hiring or employment.

APPLICANT SIGNATURE _____ DATE _____

.....Agency Use Below.....

DNR RED CARD, SAFETY TRAINING AND FITNESS TESTING INFORMATION:	Has Applicant ever had a Red Card? YES NO	Tested by:	Issued by:	Date:
	Fireline Safety Refresher? YES NO	Given by:	Location:	Date:
	Fitness Level Required:	"Pack Test" Time:	1.5 Mile Run Time:	Date:

JOB CENTER CONTACT INFO AND DATE:

PERSONNEL ACTION - EMERGENCY FIREFIGHTER**Effective 5/16/19**

Employee ID: _____

New Hire ☐ Yes ☐ No ☐ Change of Address

Name: _____

☐ Crew ☐ Single Resource

Date of Birth: _____

Are you at least 18 years old? ☐ Yes

Home Phone: _____

Are you a State Employee? ☐ Yes ☐ No☐ Married ☐ SingleAre you related to a DNR State Employee or non-crew EFF? ☐ Yes ☐ NoAddress for Paycheck: _____

_____Same address for W-2? ☐ Yes ☐ NoIf "No" please fill in: _____

_____**EMERGENCY CONTACT INFO**

Name: _____

Address: _____

Phone #: _____

Name: _____

Address: _____

Phone #: _____

CONDITION OF HIRE AND BLOODBORNE PATHOGEN ACKNOWLEDGMENT

I have read, or had read to me, and understand the documents noted in items I and II listed below:

I. State of Alaska - Division of Forestry's Conditions of Hire; and I agree to abide by them throughout the duration of employment, and

II.State of Alaska brochure entitled "Protecting Employee from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus"
and realize that by doing so, I have fulfilled the Level I training requirement of the Bloodborne Pathogens Exposure Control Plan.

Signature of EFF Employee _____

Date _____

Signature of Witness (Hiring Person) _____

Date _____

TO BE COMPLETED BY HIRING PERSONNEL:

EFF Hire Date: _____

Job Title: _____

Home Unit/Task: _____

Crew Name (if applicable): _____

3 Letter Designator: _____ (3-letter code)

EFF Type - Check One:

Crew Member

Squad Boss

Crew Boss

Other

EFF 1

EFF 2

EFF 3

EFF 4

EFF 5

EFF 6

Pay Rate - Check One:

\$12.67

\$13.88

\$15.51

\$17.05

\$18.75

\$20.45

EFF 7

EFF 8

EFF 9

EFF 10

EFF 11

EFF 12

EFF 13

\$22.29

\$25.00

\$27.62

\$30.44

\$33.41

\$40.06

\$47.62

HR Staff - Input by: _____

5/21/2019

Reviewed by (initials): _____

Date sent to Region: _____

Date: _____

In accordance with Division Policy, no person may be employed in an EFF position for the Division of Forestry who is the spouse of, or is in a conjugal relationship with, or related by blood or marriage within and including the second degree of kindred to, their immediate State supervisor,* or supervisor in the chain of command.

However, the Division of Forestry has determined a nepotism policy concerning EFF personnel is necessary for effective and efficient operations during emergency situations. Occasionally, emergency employment of personnel related to a DNR Employee is necessary to expedite business associated with an emergency. Authority is requested to employ the individual listed below as a non-crew EFF. He/she will not be placed in any situation where a supervisor/subordinate relationship is inconsistent with Division policy with another classified State employee or another non-crew EFF.

EFF Non-crew Employee

_____ Name	_____ Relationship
_____ Location	_____ Position

Regular DNR State Employee or Non-crew EFF

_____ Name	_____ Relationship
_____ Location	_____ Title

Additional information for Area Forester/MTM member consideration.

A current ORG chart must accompany request showing Supervisor relationship between employees.

Approvals/Disapprovals

_____ Date	_____ Area Forester or Unit Supervisor **	Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>
---------------	--	--------------------------------------	---

_____ Date	_____ DOF Management Team Member in Supervisory Chain	Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>
---------------	--	--------------------------------------	---

1. Get verbal approval from Area Forester for Area employee, State Support Forester for Warehouse/SLC/Transportation positions, Administrative Officer for Regional Office positions, and State Fire Support Forester for Statewide positions.
2. Complete Request for EFF Nepotism Waiver form (Form 3), including additional information for consideration, and an org chart showing each person's position in the chain of command.
3. Appropriate Area Forester or Unit Supervisor signs form.
4. Forward completed form and support information to the Regional Administrative Officer.
5. Regional Administrative Officer will forward to DOF Management Team Member in the supervisory chain for approval within three days of hire.
6. If denied, the Regional Administrative Officer or Management Team Member will notify the Area/Unit they must terminate the EFF immediately.

*State supervisor is defined as a permanent classified employee of the State.

**Unit supervisors are the Regional Admin Officer, Regional FMO, Aviation Supervisor, Fire Support Forester, etc.

**STATE OF ALASKA
QUALIFICATION INQUIRY – FIREARM POSSESSION**

The position for which you are being considered for appointment, PCN 10-_____ has been identified as one for which the State of Alaska, as the employer, requires or permits you to possess or use ammunition or a firearm during your employment. Therefore, you are required to complete this Qualification Inquiry – Firearm Possession form before a job offer can be made.

In completing this form, you are advised of the following:

- a) The purpose is to obtain information that will assist in the determination of whether you are eligible for appointment to this specific position.
- b) You are directed to complete this form. You will be considered “not interested” in the position if you do not complete the form. If you are appointed to the position, disciplinary action, up to and including dismissal, may be taken if you fail to reply fully and truthfully.
- c) Neither your answers nor any evidence gained because of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and during disciplinary action.

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A)?

Yes ☐ No ☐

Today's Date: _____

If your answer to this question is “No”, you do not need to provide the information in item 2. You must, however, sign this form certifying that it is true and complete and that, if the position is offered and accepted, you will report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A), and deliver it to the interviewer.

**STATE OF ALASKA
QUALIFICATION INQUIRY – FIREARM POSSESSION**

2. If your answer to question number 1 is “Yes”, provide the following information with respect to the conviction(s):

Court/Jurisdiction (Copy of ACTUAL judgement): _____

Docket/Case Number: _____

Statute: _____

Charge: _____

Date Sentenced: _____

I hereby certify that all the information provided by me is true, correct, complete, and made in good faith. I understand that false, misleading, or incomplete information provided herein may be grounds for disciplinary action, up to and including dismissal, and is also punishable pursuant to federal law, including 18 U.S.C., Sec. 1001, under Alaska State law as unsworn falsification (AS 11.56.201). I agree that, if the position is offered and accepted, I will immediately report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A) to my supervisor. I understand that failure to provide such report is grounds for disciplinary action, up to and including dismissal.

Name (Print or Type)

Signature

Date

POINT OF HIRE TASK LIST

<u>LOCATION</u>	DESIGNATED CREW	3-LETTER CODE	DOF CREW TASK	ADMIN OFFICE	AGENCY	# OF CREWS
Allakaket	Y	6A8		TAD	AFS	1
Aniak		ANI	F302	SWS	DOF	
Chevak	Y	VAK	F303	SWS	DOF	1
Coastal Region			F709			
Copper Center		GKN	F304	CRS	DOF	
Delta	Y	BIG	F305	DAS	DOF	1
Dillingham		DLG	F327	SWS	DOF	
Fairbanks	Y	FAI	F306	FAS	DOF	2
Ft. Yukon	Y	FYU		UYD	AFS	2
Grayling	Y	KGX		GAD	AFS	1
Haines/Juneau		JNU	F307	SWS	DOF	
Hooper Bay	Y	HPB	F309	SWS	DOF	2
Homer		HOM	F308	KKS	DOF	
Huslia	Y	HLA		GAD	AFS	2
Kalskag, Lower	Y	KLG	F310	SWS	DOF	1
Kalskag, Upper	Y	KLG	F324	SWS	DOF	1
Kaltag	Y	KAL		GAD	AFS	1
Kenai/Soldotna		ENA	F328	KKS	DOF	
Koyukuk	Y	KYU		GAD	AFS	1
Marshall	Y	3A5		GAD	AFS	1
McGrath		MCG	F311	SWS	DOF	
Mentasta		MEN	F312	TAS	DOF	
Minto	Y	51Z		TAD	AFS	1

POINT OF HIRE TASK LIST...continued

Nenana		ENN	F313	FAS	DOF	
New Stuyahok		KNW	F326	SWS	DOF	
Nikolai		5NI	F314	SWS	DOF	
Nondalton	Y	5NN	F315	SWS	DOF	1
Northern Region			F708			
Northway		ORT	F317	TAS	DOF	
Nulato	Y	NUL		GAD	AFS	1
Palmer		PAQ	F318	MSS	DOF	
Ruby	Y	RBY		GAD	AFS	1
Scammon Bay		SCM	F325	SWS	DOF	
Selawik	Y	WLK		GAD	AFS	1
Shageluk		SHX	319	SWS	DOF	
Slana		GKN	F308	TAS	DOF	
Sleetmute		SLQ	F320	SWS	DOF	
St. Michael	Y	5S8		GAD	AFS	1
Stebbins	Y	WBB		GAD	AFS	1
Tanacross		TSG	F321	TAS	DOF	
Tetlin		3T4	F322	TAS	DOF	
Tok		6K8	F323	TAS	DOF	
Upper Tanana	Y	TSG		TAD	AFS	2
Venetie	Y	VEE		UYD	AFS	1

Home Unit and Acronym List

Fairbanks – JBA - Home Unit Z31F

Copper River/Delta/Fairbanks/Nenana/Northern Region/Northway/Tanacross/Tetlin/Tok/Mentasta

Anchorage – EBA – Home Unit Z31A

ALL OTHER LOCATIONS

AFS Areas:

GAD - Galena Zone, Galena

TAD - Tanana Zone, Tanana

UYD - Upper Yukon Zone, Fairbanks

DOF Areas:

SWS - Southwest Area, McGrath – Home Unit Z31A

MSS - Mat-Su Area, Palmer – Home Unit Z31P

CRS - Valdez-Copper River Area, Glennallen – Home Unit Z31F

TAS - Tok Area, Tok – Home Unit Z31F

DAS - Delta Area, Delta – Home Unit Z31F

FAS - Fairbanks Area, Fairbanks – Home Unit Z31F

KKS - Kenai-Kodiak Area, Soldotna – Home Unit Z31A

EFF Classifications/Pay Rates

2019 List of Approved EFF Classification Effective through 5/15/19

5/14/2019

Title	Mnemonic	Rate	Title	Mnemonic	Rate
Admin Aide***	THSP	EFF-5	Helicopter Crew Member*	HECM	EFF-4
Advanced Emergency Med Tech (not fireline)	AEMT	EFF-8	Incident Commander Type 5*	ICT5	EFF-5
Advanced Emergency Med Tech (fireline)	AEMF	EFF-9	Incident Commander Type 4*	ICT4	EFF-6
Agency Representative*	AREP	EFF-11	Incident Commander Type 3*	ICT3	EFF-10
Aircraft Base Radio Operator*	ABRO	EFF-5	Incident Communication Center Mgr*	INCM	EFF-5
Aircraft Dispatcher*	ACDP	EFF-8	Incident Communication Technician	COMT	EFF-6
Aircraft Timekeeper	ATIM	EFF-4	Initial Attack Dispatcher *	IADP	EFF-8
Air Support Group Supervisor*	ASGS	EFF-10	Interagency Resource Rep*	IARR	EFF-9
Air Tactical Group Supervisor*	ATGS	EFF-10	Laborer***	THSP	EFF-3
Air Tactical Supervisor	ATS	EFF-11	Lead Accounting/Admin Tech***	ACCT	EFF-7
Airtanker Base Manager*	ATBM	EFF-10	Line Officer***	LINE	EFF-11
Base Camp Manager*	BCMG	EFF-5	Loadmaster***	LOAD	EFF-9
Camp Crew Member***	CAMP	EFF-1	Mixmaster*	MXMS	EFF-7
Camp Crew Squad Boss***	THSP	EFF-3	Materials Handler *	WHHR	EFF-5
Camp Crew Boss***	CACB	EFF-4	Materials Handler Leader *	WHLR	EFF-6
Cache Liaison	THSP	EFF-7	Mechanic (Automotive/Heavy Equip)***	GMEC	EFF-7
Carpenter***	CARP	EFF-9	Mechanic, Maintenance***	FMNT	EFF-6
Clerk***	THSP	EFF-3	Medical Unit Leader*	MEDL	EFF-8
Comp for Injury Specialist	INJR	EFF-5	Operations Branch Director*	OPBD	EFF-11
Cook, Head Camp***	COOK	EFF-6	Ordering Manager*	ORDM	EFF-5
Cook Helper***	THSP	EFF-3	Personnel Time Recorder*	PTRC	EFF-5
Crew Administrative Representative***	THSP	EFF-8	Pilot* or Pilot***	PILO	EFF-12
Crew Representative*	CREP	EFF-7	Prevention/Education Team Leader	PETL	EFF-11
Deck Coordinator*	DECK	EFF-6	Prevention/Education Team Member	PETM	EFF 10
Detection Specialist***	AOBS	EFF-6	Prevention Technician***	PREV	EFF-6
Crew Representative*	CREP	EFF-7	Public Information Officer Type I*	PIO1	EFF-12
Division/Group Supervisor*	DIVS	EFF-10	Public Information Officer Type II*	PIO2	EFF-11
Driver, CDL Required	DRCL	EFF-5	Public Information Officer*	PIOF	EFF-9
Driver, >1 Ton and ≤ 4 Tons (No CDL)	DRIV	EFF-4	Radio Operator*	RADO	EFF-4
Emergency Medical Tech Basic	EMTB	EFF-7	Ramp Manager*	RAMP	EFF-6
Emergency Medical Tech Fireline	EMTF	EFF-8	Receiving & Dist. Manager*	RCDM	EFF-5
Emergency Medical Tech Paramedic (fireline)	EMPF	EFF-10	Resource Advisor***	READ	EFF-10
Emergency Medical Tech Paramedic	EMTP	EFF-10	Retardant Crewmember***	RTCM	EFF-5
Engine Boss* or Engine Boss**	ENGB	EFF-6	Safety Officer Type 1*	SOF1	EFF-12
Equipment Inspector	EQPI	EFF-4	Safety Officer Type 2*	SOF2	EFF-11
Engine Operator* or Engine Operator**	ENOP	EFF-5	Safety Officer, Line*	SOFR	EFF-9
Equipment Manager*	EQPM	EFF-5	Section Chiefs Type 1*		EFF-12
Equipment Time Recorder*	EQTR	EFF-5	Section Chiefs Type 2*		EFF-11
Expanded Dispatch Recorder*	EDRC	EFF-3	Security Guard	SECG	EFF-3
Expanded Dispatch Coordinator*	CORD	EFF-10	Security Manager*	SECM	EFF-5
Expanded Supervisory Dispatcher*	EDSP	EFF-8	Staging Area Manager*	STAM	EFF-6
Expanded Support Dispatcher*	EDSD	EFF-6	Status Check-In Recorder*	SCKN	EFF-5
Basic Faller *	FAL3	EFF-4	Strike Team Leader -All Types*		EFF-8
Intermediate Faller *	FAL2	EFF-5	Structure Protection Specialist*	STPS	EFF-10
Advanced Faller *	FAL1	EFF-10			
Field Observer*	FOBS	EFF-6	Task Force Leader*	TFLD	EFF-8
Firefighter Type 1*	FFT1	EFF-4	Unit Leaders* (w/ exception of		EFF-8
Firefighter Type 2*	FFT2	EFF-3	DOCL & PROC which are EFF 6 & 9 respectively)		
Firefighter, Single Resource, IA Yr 2 +	THSP	EFF-4	Warehouse Work Leader***		EFF-5
Fire Behavior Analyst*	FBAN	EFF-10	Warehouse Worker***		EFF-4
Fire Investigator*	INVF	EFF-11			
Fixed Wing Base Manager*	FWBM	EFF-9	Type 2 Crew		
Fixed Wing Parking Tender*	FWPT	EFF-3	Crew Member*	FFT2	EFF-3
Food Service Worker***	THSP	EFF-1	Squad Boss*	FFT1	EFF-4
Fork Lift Operator***	FLOP	EFF-2	Crew Boss*	CRWB	EFF-6
Fueler***	THSP	EFF-2			
Fuel Specialist***	FUEL	EFF-4	Type 3 General Staff Positions		
GIS Specialist*	GISS	EFF-7	Finance/Admin Section Chief Type 3	FSC3	EFF-10
Heavy Equipment Boss	HEQB	EFF-6	Logistics Section Chief Type 3	LSC3	EFF-10
Helicopter Manager, Single Resource*	HMGB	EFF-7	Operations Section Chief Type 3	OPS3	EFF-10
Helibase Manager	HEBM	EFF-9	Planning Section Chief Type 3	PSC3	EFF-10
* Must meet ICS requirements and possess a valid Red Card. Trainees are hired at one pay rate below qualified hires.					
** Must be dispatched as part of a Structure Fire Department (SFD) unit of apparatus.					
*** Alaska positions, local hire, not normally sent to the Lower-48 states except for CAR.					
+Non-ICS position, use mnemonic only in Alaska.					
EFF-1	\$12.44	EFF-6	\$ 20.09	EFF-11	\$32.86
EFF-2	\$13.65	EFF-7	\$ 21.93	EFF-12	\$39.40
EFF-3	\$15.25	EFF-8	\$ 24.58	EFF-13	\$46.83
EFF-4	\$16.76	EFF-9	\$ 27.16		
EFF-5	\$18.43	EFF-10	\$ 29.91		
To get the rate of a position not listed here, the equivalent can be found in the Federal AD pay plan or contact the Admin Officer Northern Region at (907) 451-2663.					
All THSPs must be approved by the State Fire Operations Forester through the Statewide Training Officer (907) 822-3305					

2019 List of Approved EFF Classification Effective 5/16/19

Title	Acronym	Rate	Title	Acronym	Rate
Admin Aide***	THSP	EFF-5	Helicopter Crew Member*	HECM	EFF-4
Advanced Emergency Med Tech (not fireline)	AEMT	EFF-8	Helicopter Manager, Single Resource*	HMGB	EFF-7
Advanced Emergency Med Tech (fireline)	AEMF	EFF-9	Incident Commander Type 5*	ICT5	EFF-5
Agency Representative*	AREP	EFF-11	Incident Commander Type 4*	ICT4	EFF-6
Aircraft Base Radio Operator*	ABRO	EFF-5	Incident Commander Type 3*	ICT3	EFF-10
Aircraft Dispatcher*	ACDP	EFF-8	Incident Communication Center Mgr*	INCM	EFF-5
Aircraft Timekeeper	ATIM	EFF-4	Incident Communication Technician	COMT	EFF-6
Air Support Group Supervisor*	ASGS	EFF-10	Initial Attack Dispatcher *	IADP	EFF-8
Air Tactical Group Supervisor*	ATGS	EFF-10	Interagency Resource Rep*	IARR	EFF-9
Air Tactical Supervisor	ATIS	EFF-11	Laborer***	THSP	EFF-3
Airtanker Base Manager*	ATBM	EFF-10	Lead Accounting/Admin Tech***	ACCT	EFF-7
Base Camp Manager*	BCMG	EFF-5	Line Officer***	LINE	EFF-11
Camp Crew Member***	CAMP	EFF-1	Loadmaster***	LOAD	EFF-9
Camp Crew Squad Boss***	THSP	EFF-3	Mixmaster*	MXMS	EFF-7
Camp Crew Boss***	CACB	EFF-4	Materials Handler *	WHHR	EFF-5
Cache Liaison	THSP	EFF-7	Materials Handler Leader *	WHLR	EFF-6
Carpenter***	CARP	EFF-9	Mechanic (Automotive/Heavy Equip)***	GMEC	EFF-7
Clerk***	THSP	EFF-3	Mechanic, Maintenance***	FMNT	EFF-5
Comp for Injury Specialist	INJR	EFF-6	Medical Unit Leader*	MEDL	EFF-8
Cook, Head Camp***	COOK	EFF-6	Operations Branch Director*	OPBD	EFF-11
Cook Helper***	THSP	EFF-3	Ordering Manager*	ORDM	EFF-5
Crew Administrative Representative***	THSP	EFF-8	Personnel Time Recorder*	PTRC	EFF-5
Crew Representative*	CREP	EFF-7	Pilot* or Pilot***	PILO	EFF-12
Deck Coordinator*	DECK	EFF-6	Prevention/Education Team Leader	PTL	EFF-11
Detection Specialist***	AOBS	EFF-6	Prevention/Education Team Member	PETM	EFF-10
Crew Representative*	CREP	EFF-7	Prevention Technician***	PREV	EFF-6
Division/Group Supervisor*	DIVS	EFF-10	Public Information Officer Type I*	PIO1	EFF-12
Driver-Class A CDL	DRVA	EFF-5	Public Information Officer Type II* Public	PIO2	EFF-11
Driver-Class B CDL	DRVB	EFF-5	Information Officer*	PIOF	EFF-9
Driver, >1 Ton and ≤ 4 Tons (No CDL)	DRIV	EFF-4	Radio Operator*	RADO	EFF-4
Emergency Medical Tech Basic	EMTB	EFF-7	Ramp Manager*	RAMP	EFF-5
Emergency Medical Tech Fireline	EMTF	EFF-8	Receiving & Dist. Manager*	RCDM	EFF-5
Emergency Medical Tech Paramedic (fireline)	EMPF	EFF-10	Resource Advisor***	READ	EFF-10
Emergency Medical Tech Paramedic	EMTP	EFF-10	Retardant Crewmember***	RTCM	EFF-6
Engine Boss* or Engine Boss**	ENGB	EFF-6	Safety Officer Type 1*	SOF1	EFF-12
Equipment Inspector	EQPI	EFF-4	Safety Officer Type 2*	SOF2	EFF-11
Engine Operator* or Engine Operator**	ENOP	EFF-5	Safety Officer, Line*	SOFR	EFF-9
Equipment Manager*	EQPM	EFF-5	Section Chiefs Type 1*		EFF-12
Equipment Time Recorder*	EQTR	EFF-5	Section Chiefs Type 2*		EFF-11
Expanded Dispatch Recorder*	EDRC	EFF-3	Section Chiefs Type 3*		EFF-10
Expanded Dispatch Coordinator*	CORD	EFF-10	Security Guard	SECG	EFF-3
Expanded Supervisory Dispatcher*	EDSP	EFF-8	Security Manager*	SECM	EFF-5
Expanded Support Dispatcher*	EDSD	EFF-6	Staging Area Manager*	STAM	EFF-6
Basic Faller *	FALS	EFF-4	Status Check-In Recorder*	SCKN	EFF-5
Intermediate Faller *	FAL2	EFF-5	Strike Team Leader - All Types*		EFF-8
Advanced Faller *	FAL1	EFF-10	Structure Protection Specialist*	STPS	EFF-10
Field Observer*	FOBS	EFF-6	Task Force Leader*		EFF-9
Firefighter Type 1*	FFT1	EFF-4	Unit Leaders* (w/ exception of DOCL & PROC which are EFF 6 & 9 respectively)		EFF-6
Firefighter Type 2*	FFT2	EFF-3	UAS Data Specialist		EFF-8
Firefighter, Single Resource, IA Yr 2 +	THSP	EFF-4	UAS Manager		EFF-9
Fire Behavior Analyst*	FBAN	EFF-10	UAS Module Leader		EFF-9
Fire Investigator*	INVF	EFF-11	UAS Pilot		EFF-9
Fixed Wing Base Manager*	FWBM	EFF-9	Warehouse Work Leader***		EFF-5
Fixed Wing Parking Tender*	FWPT	EFF-3	Warehouse Worker***		EFF-4
Food Service Worker***	THSP	EFF-1			
Fork Lift Operator***	FLOP	EFF-2			
Fueler***	THSP	EFF-2			
Fuel Specialist***	FUEL	EFF-4			
GIS Specialist*	GIS	EFF-7	Type 2 Crew		
Heavy Equipment Boss	HEQB	EFF-6	Crew Member*	FFT2	EFF-3
Helibase Manager	HEBM	EFF-9	Squad Boss*	FFT1	EFF-4
			Crew Boss*	CRWB	EFF-6

* Must meet ICS requirements and possess a valid Red Card. Trainees are hired at one pay rate below qualified hires.

***Must be dispatched as part of a Structure Fire Department (SFD) unit or apparatus.

***Alaska positions, local hire, not normally sent to the Lower-48 states except for CAR.

+Non-ICS position, use acronym only in Alaska

EFF-1	\$12.67	EFF-6	\$20.45	EFF-11	\$33.41
EFF-2	\$13.88	EFF-7	\$22.29	EFF-12	\$40.06
EFF-3	\$15.51	EFF-8	\$25.00	EFF-13	\$47.62
EFF-4	\$17.05	EFF-9	\$27.62		
EFF-5	\$18.75	EFF-10	\$30.44		

To get the rate of a position not listed here, the equivalent can be found in the Federal AD pay plan or contact the Admin Officer Northern Region at (907) 451-2663.
All THSPs must be approved by the State Fire Operations Forester through the Statewide Training Officer (907) 822-3305

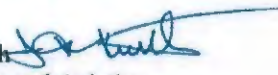
5/22/2019

MEMORANDUM
Department of Natural Resources

STATE OF ALASKA
Division of Forestry

TO: All Fire Staff

DATE: August 5, 2014

Thru: Tom Kurth 
Chief, Fire and Aviation
tom.kurth@alaska.gov

TELEPHONE NO.: (907) 451-2675

SUBJECT: Single Resource
Self Sufficiency



Recent mobilizations to the firefighting effort in the Lower 48 and Canada have brought forth issues regarding "self-sufficiency" for single resources, particularly emergency fire fighters (EFF). The expectation of self-sufficiency is that a single resource can navigate their way to/from and often during an entire incident. Self-sufficiency can be defined as providing for one's own needs without external assistance. This has been a long standing trend on Lower 48 fire assignments. DOF is not expected to provide these on a short term basis outside of our regular state employees. The Division of Forestry needs to adjust to this expectation and individuals, particularly EFF, will need the following:

- Cell phone with Lower 48 coverage,
- Driver's license – a Class D (rural) off highway license does not meet this requirement,
- Credit Card with an available balance of at least \$2500. A debit card or cash will not satisfy this requirement. A personal credit card would have to be the requirement for EFF,
- Completed and signed time sheets (OFF-288) for all hours claimed on assignment and submitted to home unit administration on return,
- An ability to document and complete travel authorization (TA) upon return,
- Credit card receipts for all assignment related charges.

If a firefighter is not capable of being self-sufficient, it is possible that they can still participate in alternative mobilizations. This would include crew mobilizations, helicopter modules, engine assignments, or assignments where they would be paired up with regular agency employees who are self-sufficient.

We are also examining ways to assist through this transition. For example, SLC is setting up car rental agreements to allow for direct billing to a fire. If we have an incident or cooperating agency with prior approval that can guide a resource through the transportation, meals and lodging, and related requirements, we can facilitate that order. This process must have prior approval with sending and receiving agency dispatch approvals. This method is often impractical in today's Lower 48 environment.

This situation does not apply to Alaskan incidents where we often are providing all the requirements to and from an incident.

We will also develop a "Single Resource EFF Guide" to assist DOF in oversight regarding single resources.

PERSONNEL ACTION - EMERGENCY FIREFIGHTER

① Employee ID: <u>XXX</u>	② New Hire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change of Address
③ Name: <u>JOHN DOE</u>	④ <input type="checkbox"/> Crew <input checked="" type="checkbox"/> Single Resource
⑤ Date of Birth: <u>01-02-1959</u>	⑥ Are you at least 18 years old? <input checked="" type="checkbox"/> Yes
⑦ Home Phone: <u>000-000-0000</u>	⑧ Are you a State Employee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
⑨ <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single	⑩ Are you related to a DNR State Employee or non-crew EFF? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
⑪ Address for Paycheck: <u>PO BOX 1111</u> <u>NORTH POLE AK 99705</u>	⑫ Same address for W-2? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No" please fill in: _____

⑬ EMERGENCY CONTACT INFO

Name: <u>SANTA CLAUS</u> Address: <u>PO BOX 2222</u> <u>NORTH POLE AK 99705</u> Phone #: <u>000-000-0000</u>	Name: _____ Address: _____ Phone #: _____
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CONDITION OF HIRE AND BLOODBORNE PATHOGEN ACKNOWLEDGMENT

I have read, or had read to me, and understand the documents noted in Items I and II listed below:

I, State of Alaska - Division of Forestry's Conditions of Hire; and I agree to abide by them throughout the duration of employment, and

II State of Alaska brochures entitled "Protecting Employees from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus"

and realize that by doing so, I have fulfilled the Level I training requirement of the Bloodborne Pathogens Exposure Control Plan.

⑭ <u>JOHN DOE</u> Signature of EFF Employee	⑮ <u>06-05-20XX</u> Date
⑯ <u>APR GRANCE</u> Signature of Witness (Hiring Person)	⑰ <u>06-05-20XX</u> Date

TO BE COMPLETED BY HIRING PERSONNEL:

⑱ EFF Hire Date: <u>06-05-20XX</u>
⑲ Job Title: <u>FIREFIGHTER TYPE 2 (FFT2)</u>
⑳ Home Unit/Task: <u>231F/F708</u>
㉑ Crew Name (if applicable): <u>SINGLE RESOURCE</u>
㉒ 3 letter Designator: <u>NRO</u> (3-letter code)

㉓ EFF Type - Check One: <input type="checkbox"/> Crew Member <input type="checkbox"/> Squad Boss <input type="checkbox"/> Crew Boss <input checked="" type="checkbox"/> Other	㉔ Pay Rate - Check One: EFF 1 <input type="checkbox"/> \$12.67 EFF 2 <input type="checkbox"/> \$13.88 EFF 3 <input checked="" type="checkbox"/> \$15.51 EFF 4 <input type="checkbox"/> \$17.05 EFF 5 <input type="checkbox"/> \$18.75 EFF 6 <input type="checkbox"/> \$20.45	EFF 7 <input type="checkbox"/> \$22.29 EFF 8 <input type="checkbox"/> \$25.00 EFF 9 <input type="checkbox"/> \$27.62 EFF 10 <input type="checkbox"/> \$30.44 EFF 11 <input type="checkbox"/> \$33.41 EFF 12 <input type="checkbox"/> \$40.06 EFF 13 <input type="checkbox"/> \$47.62
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HR Staff - input by: _____

5/21/2019

Reviewed by (initials): _____
 Date sent to Region: _____

INSTRUCTIONS FOR PERSONNEL ACTION-EMERGENCY FIREFIGHTER

1. Employee ID#: Make sure it matches on all paperwork
2. Always mark "New Hire" the first time the EFF Personnel Action is done each season
3. Name: Full legal name, include Jr., Sr., etc. No nick names
4. Hired as crew or single resource
5. Date of Birth: Verify 18 years of age
6. Must be at least 18 year's old
7. Home Phone: Village phone, cell phone, or contact phone may be used
8. Are you a State Employee? If the answer is yes, immediately contact the Regional Admin Officer so they can determine if the hire will be approved
9. Married or single
10. For non-crew EFF only: If answer to this question is "yes", a request for EFF Nepotism Waiver form must be filled out
11. Where paycheck should be mailed
12. If not the same as paycheck, you must provide address where your W-2 should be sent
13. Emergency Contact Information: Include 2 contacts when possible
14. Employee Signature: Employee signs here to acknowledge Conditions of Hire for Emergency Firefighters and the brochure "Protecting Employees From Hepatitis A Virus, Hepatitis B Virus and Human Immunodeficiency Virus", have been read and understood
15. Date of employee signature
16. Witness or Hiring Person: Must be signed
17. Date of Witness Signature
18. Date of Hire
19. Job Title: Must be from the EFF Classification List. Exceptions must be requested through the Training Office and approved by the State Fire Operations Forester
20. Home Unit Z31A or Z31F/Task. See list on pages 7 & 8
21. Crew name: See Point of Hire Charge Code List on pages 7 & 8. If not on a crew, write "Single Resource"
22. 3 Letter Designator: Generally, the 3-letter airport designator for the EFF's point of hire
23. EFF Pay Rate: Must match EFF type and qualifications
24. EFF Type: Check only one
25. Other: Check when hiring non-crew EFF

STATE OF ALASKA (1) Hooper Bay #1

DIVISION of FORESTRY		PASSENGER and CARGO MANIFEST					
ORDERING UNIT OR ORDER NUMBER (2) AK-CRS-042		INCIDENT NAME (3) Glenn Fire		INCIDENT NUMBER (4) 73X14042			
NAME OF CARRIER (5) Hageland		VEHICLE # AND TYPE (6) N732A		VEHICLE OPERATOR or AIRCRAFT PILOT NAME (7) Joe Pilot			
CHIEF OF PARTY (8) Boss Mann		REPORT TO (9)		IF DELAYED, CONTACT (10) CRS			
DEPARTURE		INTERMEDIATE STOPS				DESTINATION	
PLACE	ETD	ETA	PLACE	ETD	ETA	PLACE	
(11) HPB			(12) MCG			(13) GKN	
PASSENGER AND OR CARGO NAME		M	F	PASSENGER WEIGHT (17)	CARGO WEIGHT (18)	DUTY ASGMT. IF APPLICABLE (19)	HOME UNIT (20)
1	(14) Boss Mann CB	X		220	42		
2	Joe Friday SB	X		165	40		
3	Henry Lake SB	X		160	43		
4	William Iverson SB	X		170	40		
5	Joe Crew CM	X		185	42		
6	Sandra Smith CM		X	125	42		
7	Candy Clark CM		X	130	40		
8	Colin McKenzie CM	X		140	41		
9	Ben Prax CM	X		200	43		
10	Leanna Williams CM		X	130	42		
11	Amanda Copeland CM		X	140	40		
12	AJ Pirrotta CM	X		165	41		
13	Jeff Monck CM	X		210	42		
14	John Bjunes CM	X		170	40		
15	Dan Anderson CM	X		185	43		
16	Larry Malinberg CM	X		165	43		
17	Cindy Lands CREP		X				
18							
19							
20							
21							
22							
SIGNATURE OF AUTHORIZED REPRESENTATIVE (21) Sally Mae House						DATE 05/01/08	

10-3138 (3/87) Distribution: White - Retain in Book Yellow - Chief of Party Pink - Check in Recorder/Mail Goldenrod - Pilot or Driver

INSTRUCTIONS FOR PASSENGER AND CARGO MANIFEST

Prepare a Passenger and Cargo Manifest (SOA form 10-3138, page 16) if personnel are to be transported away from the point of hire. Press firmly through all four layers.

Regardless of the mode of transportation for the crew, a manifest should be prepared. This document serves as an excellent tracking tool, and it provides for expedience in the event that transportation plans change.

1. Crew Name if applicable in the upper right-hand corner
2. Ordering unit or order number: Resource order number
3. Incident Name: Name of incident
4. Incident Number: 8-digit state fire number
5. Name of Carrier: Use air transportation carriers name or ground transportation name (i.e.: Laidlaw, Evergreen)
6. Vehicle # and Type: Use tail number, license plate number, or equipment number
7. Name of vehicle operator or aircraft pilot
8. Chief of Party: Crew Boss or Crew Representative's name
9. Report to: Leave blank
10. If Delayed contact: Hiring dispatch office
11. Departure Place: Airport or town party is leaving (use 3 letter designator)
12. Intermediate Stops: Aircraft only, refueling stops
13. Destination Place: Final destination if possible
- 14-20. Self-explanatory
21. Signature of Authorized Representative: Must have a signature
22. Date: Date when manifest is prepared
23. Distribution: 4 copies (1 with crew, 1 forwarded to SLC or Area office, 1 retained by hiring official, 1 with aircraft pilot or bus driver)

STATE OF ALASKA DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION

This form names the people you want to receive unpaid wage compensation in the event of your death while an employee of the State of Alaska. It can also be used to change those names at any time. Your wishes may not be carried out as intended if the form is not completed correctly.

Employee Name JOHN DOE Department Natural Resources (10)
Employee ID 123142 Date of Birth 03/24/1959

☒ INITIAL AUTHORIZATION

☐ CHANGE

PRIMARY BENEFICIARY (IES)				CONTINGENT BENEFICIARY (IES)			
Name <u>JOHN DOE SR</u>				Name <u>JANE DOE</u>			
Address <u>PO BOX 1111</u>				Address <u>PO BOX 1111</u>			
City, State & Zip Code <u>NORTH POLE AK 99705</u>				City, State & Zip Code <u>NORTH POLE AK 99705</u>			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
FATHER		100	%	WIFE		50	%
Name				Name <u>ALICE DOE</u>			
Address				Address <u>PO BOX 1111</u>			
City, State & Zip Code				City, State & Zip Code <u>NORTH POLE AK 99705</u>			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
			%	DAUGHTER		50	%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
			%				%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
			%				%
TOTAL PRIMARY PERCENTAGE MUST EQUAL			100%	TOTAL CONTINGENT PERCENTAGE MUST EQUAL			100%

Employee Signature <u>John Doe</u>	Date <u>06/05/2019</u>	Witness <u>Lynn Cance</u>	Date <u>06/05/2019</u>
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INSTRUCTIONS

1. You may designate one primary beneficiary who would be the sole beneficiary.
2. You may designate primary beneficiary(ies) and contingent beneficiary(ies). Primary beneficiaries receive the benefit first if you die. Contingent beneficiary(ies) receive the benefit if the primary beneficiary has died.
3. You may designate any number of beneficiaries to share in any manner you wish. Please designate the percentage to pay each beneficiary. The total percentage of all Primary beneficiaries must equal 100% and the total of all Contingent beneficiaries must equal 100%. List each name separately; attach additional forms if necessary.
4. If you are designating a minor (under 18 yrs of age) as your beneficiary, you must add the minor's date of birth (DOB).
5. Should you wish to change or alter your designation of beneficiary, be sure to complete a new form in its entirety.
6. This form must be witnessed by someone who can verify your identity and who is not your beneficiary.

Return this completed form to your Payroll Services Section or Agency HR Office, or you may send it directly to Dept. of Administration, Div. of Finance, Payroll Section, P.O. Box 118264, Juneau AK 99811-0264.

Rev. 04/25/2012

INCIDENT TIME REPORT										1. Hired At (e.g., ID-BOF) AK-FAS									
2. Employee Common Identifier XXXXXX					3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other AK EFF					4. Hiring Unit Name (e.g., Ranger District) Fairbanks Area Forestry									
5. Name (First, Middle, Last) Smokey The Bear					6. Hiring Unit Phone Number (907) 451-2600			7. Hiring Unit Fax Number (907) 458-6895											
Column A		Column B		Column C		Column D		Column E		Column F									
Same as Column <input type="checkbox"/> A		Same as Column <input type="checkbox"/> A		Same as Column <input type="checkbox"/> A <input type="checkbox"/> B		Same as Column <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C													
8. Incident Name Roaring Lion		8. Incident Name Roaring Lion		8. Incident Name Gap Fire		8. Incident Name Gap Fire													
9. Incident Order Number (e.g., ID-BOF-000123) MT-BRF-016075		9. Incident Order Number (e.g., ID-BOF-000123) MT-BRF-016075		9. Incident Order Number (e.g., ID-BOF-000123) CA-KNF-007501		9. Incident Order Number (e.g., ID-BOF-000123) CA-KNF-007501													
10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33) O-44		10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33) O-44		10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33) O-54									
12. Position Code (e.g., FFT2-T) HEQB		13. AD Class (e.g., B) EFF-6		14. AD Rate 19.44		12. Position Code (e.g., FFT2-T) HEQB		13. AD Class (e.g., B) EFF-6		14. AD Rate 19.44									
15. Home/Hiring Unit Accounting Code 73637151		15. Home/Hiring Unit Accounting Code 73637151		15. Home/Hiring Unit Accounting Code 73637152		15. Home/Hiring Unit Accounting Code 73637152													
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours
05	05	6:00	13:00	7.0 TVL	05	07	07:00	13:00	6.0	05	10	13:30	18:00	4.5 TVL	05	13	13:30	22:00	8.5
05	05	13:30	18:00	2.5 TVL	05	07	13:30	22:00	8.5	05	10	18:00	23:30	5.5 TVL	05	14	07:00	13:00	6.0
05	05	18:00	18:30	2.5 TVL	05	08	07:00	13:00	6.0	05	11	07:00	13:00	6.0	05	14	13:30	22:00	8.5
05	05	19:00	20:00	1.0 TVL	05	08	13:30	22:00	8.5	05	11	13:30	22:00	8.5	05	15	07:00	13:00	6.0
05	06	04:30	12:00	7.5 TVL	05	09	07:00	13:00	6.0	05	12	07:00	13:00	6.0	05	15	13:30	22:00	8.5
05	06	12:30	18:00	3.5 TVL	05	09	13:30	22:00	8.5	05	12	13:30	22:00	8.5	05	16	07:00	13:00	6.0
					05	10	07:00	13:00	7.0 TVL	05	13	07:00	13:00	6.0	05	16	13:30	22:00	8.5
Year 2017		16. Total Hours 24.0			Year		16. Total Hours 43.5			Year		16. Total Hours 50.5			Year		16. Total Hours 52.0		
In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel										17. Total Hours (all columns):									
18. Commensary and Travel										For Payment Center use only									
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement	18e. Deduction	18f. Firecode												
Total \$					\$														
19. Remarks Reassigned to GAP Fire on 5/10/2017										20. Employee Signature									
										21. Time Officer Signature									

NOTE: The above items are correct and proper for payment from available appropriations.

Department of the Interior
Department of Agriculture (U.S. Forest Service)

NSN 7540-01-124-7633

OPTIONAL FORM 288 (REV. 10/2015)

Instructions for Emergency Firefighter Time Report (OF-288)

- Block 1:** e i-Suite will create a unique identifier number for each employee. Use only 7 digits followed by A,B,etc., for multiple pages.
- Block 2:** Unique Employee ID: Assigned by State of Alaska payroll.
- Block 3:** Type of Employment: EFF are “Other” employees. Write “State EFF.”
- Block 4:** Hiring Unit Name
- Block 5:** NAME (First, Middle, Last)
- Block 6:** Hiring Unit Phone Number
- Block 7:** Hiring Unit Fax Number
- Blocks 8-14:** Self-explanatory
- Block 15:** Accounting Code
- Year:** Put in Year
- Block 16:** Total hours of column
- Block 17:** Total hours of all columns
- Block 18:** Commissary and Travel
- Block 19:** Remarks
- Block 20:** Employee Signature
- Block 21:** Time Officer Signature

See Chapter 2 Incident Payroll for recording time and closing out OF-288.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

**CHAPTER 2
INCIDENT PAYROLL**

PURPOSE: This chapter addresses payroll provisions for regular State employees, EFF, and contract/agency crews.

DOCUMENTATION

Fire personnel time is kept on Form OF-288, Emergency Firefighter Time Report. For regular State employees, a signed Form OF-288 is the mandatory backup for out-of-Area assignments and must be turned in with the regular State timesheet. In the event an OF-288 is not generated by the Requesting Agency, CTRs signed by the Assignment supervisor are acceptable. For in-Area assignments, CTRs are the mandatory backup for any time worked on fires, including those working in support capacities, and must be turned in with the regular State timesheet. All time must match between the regular State timesheet and OF-288s or CTRs. A checklist will be maintained showing receipt of signed timesheets/OF-288s/CTR with follow-up as needed.

All DOF personnel record base hours worked on incidents to the incidents supported. Exception: Admin staff only charge base hours to incidents when working under a Resource Order.

HIRING EMPLOYEES OF OTHER STATE DEPARTMENTS

Persons employed by the State in Divisions other than Forestry or Departments other than Natural Resources, can work on an incident after their regular daily work schedule. However, if they work during their regular work hours, an RSA must be in place. Contact the Regional Administrative Officer so an RSA can be established as needed. Employees of other Departments in State government cannot take leave from their regular job to work for the Division of Forestry.

PAY ADMINISTRATION FOR STATE EMPLOYEES

WORKWEEK

For overtime computation purposes, the workweek begins Monday morning at 12:01 AM (0001) and ends Sunday night at 12:00 midnight (2400), unless the workweek is otherwise defined by union agreement. Overtime is paid per applicable bargaining unit rules for regular State employees. Crew EFF are paid no less than 8 hours of work per day except first and last day. Non-crew EFF only receive pay for actual hours worked. Mandatory days off are uncompensated for all employees.

SHIFTS AND DAILY WORK/REST RATIO

Work shifts that exceed 16 hours and/or consecutive days that do not meet the 2:1 work/rest ratio must have written justification from the Incident Commander or Agency Administrator. No work shift should exceed 24 hours. If extenuating circumstances, such as initial attack, dictate an excessive shift, incident personnel must resume 2:1 work/rest ratio as quickly as possible.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

MANDATORY DAY OFF/FATIGUE MANAGEMENT (From memo, Appendix E)

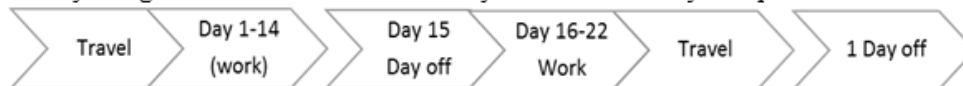
- For non-routine activity, on station activity, or in-State assignments, 2 days of rest are required in 21 days. This requirement should rarely be needed if scheduled or non-scheduled days off are given during periods of routine activity.
- Assignments outside of Alaska: Travel days will not count towards the days off policy. The first shift at an assignment, including staging and preposition periods, will start the clock for calculating days towards the work-rest policy. See examples below of 14, 21, and 30-day assignments outside of Alaska.
- A Regular or Mandatory day off is a calendar day, not a 24-hour period. Exception: the 24-hour break in work option can only be used to reset your days off before departing on a new resource order assignment. An employee may not be in pay status.
- If the workweek threshold has not been met, employees may elect to use personal or annual leave, overtime conversion, or unpaid time off for a mandatory day off that falls on a regularly scheduled workday. (LTC rules are different from GGU and SU.)
- If an employee is working a normal work week and has not worked overtime or banked flex time hours under a flex time agreement, there will be no need to reset his/her work-rest period before departing on assignment,
- Drivers are limited to 10 hours/day in a 16-hour shift.
- Employees should identify the date(s) and time(s) of the applicable mandatory day off in the comment section on their timesheet.
- A workweek consists of 37½ or 40 hours in pay status within a maximum of five days in accordance with SU, ASEA, and LTC bargaining unit agreements.
- An employee cannot be placed on standby (standby is considered to be work status) when taking a mandatory day off.
- When on assignment in-state or out-of-state, and assigned a day off, that day will be uncompensated. State employees and EFF must show zero hours worked on State timesheets and/or the OF-288 for that calendar day.

Lower 48 Assignment examples:

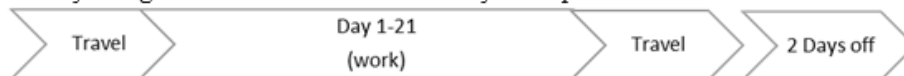
14-Day Assignment exclusive of travel: 1 day off upon return



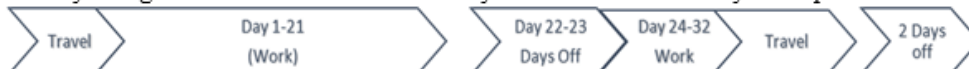
21-Day Assignment exclusive of travel: 1 day off at 15 and 1 day off upon return.



21-Day Assignment exclusive of travel: 2 days off upon return.



30-Day Assignment exclusive of travel: 2 days off at 22-23 and 2 days off upon return.



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LENGTH OF COMMITMENT

Normal length of commitment from initial dispatch is 14 days, excluding travel. This commitment may be extended in 7-day increments if **pre-approved** by the individual's home unit supervisor.

COMPENSABLE TRAVEL TIME

Compensable travel time begins at time of departure from residence or duty station, going directly to airport or incident. Travel time from the lodging site to the work site is compensable (i.e., from a hotel to a Dispatch Center). Travel time from a "pick up point" to the work site is compensable (i.e., from fire camp to a drop point by bus). Time spent at an individual's residence preparing for an assignment is not compensable.

OVERTIME

- Emergency Firefighters (EFF) – receive overtime pay for all hours worked in excess of 40 hours in the workweek. Mandatory day(s) off DO NOT apply to meeting the 40-hour threshold for overtime calculation purposes.
- General Government Unit (GGU) - Overtime eligible members - receive overtime pay in accordance with their contract. Mandatory day(s) off, leave hours, and paid non-worked holidays DO NOT apply to meeting the threshold for overtime calculation purposes. All hours worked on a holiday will be compensated at 1½ times the members' regular hourly rate and do apply toward meeting the threshold for overtime calculation.
- Supervisory Unit (SU)-Overtime Eligible Members - receive overtime pay in accordance with their contract. Mandatory day(s) off, leave hours, and paid holidays DO NOT apply to meeting the hours worked threshold for overtime calculation purposes. All hours worked on a holiday by an overtime eligible employee will be compensated at 1½ times the members' regular hourly rate (Article 25.7) and do apply toward meeting the threshold for overtime calculation.
- GGU and SU - Overtime Ineligible Employees
Provisions for working on fire activities, DNR all-risk response activities; compensation 17-GG-197, (see Appendix A). GGU provisions for working on fire activities have not yet been determined past 6/30/2019; please see your Area Admin.

Provisions for working on fire activities, DNR all-risk response activities; compensation 19-SS-036, (see Appendix B).

Public Employees Local 71 (LTC) - receive overtime pay in accordance with their contract.

SEASONAL OVERTIME CONVERSION

GGU Seasonal employees may choose to have OT hours worked, paid out at time and a half or as seasonal compensatory time. See Contract for details. Hours worked on Holidays cannot be converted and is always paid out at time and a half.

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SHIFT DIFFERENTIAL

EFF are not entitled to shift differential.

Bargaining unit members check Contracts for when shift differentials apply.

Shift differentials are shown twice on the State timesheet, once as hours worked and once as swing or grave shift hours.

RECALL (CALL-BACK, LTC)

EFF are not entitled to “recall” pay.

Bargaining unit members eligible for overtime check Contracts for when situations in which this provision does and does not apply.

Please note the memo regarding LTC bargaining unit members who are called back to work immediately prior to the start of their regularly scheduled shift (Appendix F)

HOLIDAYS

EFF are not entitled to holiday pay.

Short-term non-perms are not entitled to holiday pay.

Long-term non-perms are entitled to holiday pay.

All hours worked on a holiday are considered as overtime hours for overtime eligible bargaining unit members. For OT calculation purposes for SU and GGU, hours worked apply for OT calculation purposes.

All hours worked on a holiday must be coded to High Fire Danger (HFD) or a fire and are entered on a separate line from the Regular Holiday line.

Employees working alternate workweek schedules should contact their Area or Regional Administrative personnel with questions regarding the effect of their workweek on holidays/holiday pay.

STANDBY (ON-CALL, LTC)

EFF are not entitled to standby pay.

Short-term non-perms and long-term non-perms are not entitled to standby pay.

Employees may not claim standby on mandatory days off.

LTC and GGU bargaining unit members record standby/on-call for each calendar day or portion of a calendar day.

SU bargaining unit members record standby for each calendar day.

Individuals Ordered on Standby

In some instances, regular State employees may be required to be on standby to respond to an emergency situation. Standby is authorized by the supervisor’s initials on the timesheet.

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Regular Standby Status

Individuals may be on standby for an Overhead Team, Duty Officer rotation, specific fires or high fire danger. If the individual is on standby for high fire danger or rotation, see the Suppression Component Coding chapter for correct coding. If a specific fire has requested you to standby, code to the incident.

HAZARD PAY

EFF are not entitled to Hazard pay.

Hazard pay is addressed in GGU Article 21.05 B., LTC Article 13.06 D., and SU Article 24.5 A.

To provide clarification about Forestry's operations, two types of activities are considered when working under a helicopter. Those two activities include 1) hover hook-ups, and 2) loading or unloading people or equipment when the helicopter rotors are in motion. See State Forester memo of August 17, 2007 (Appendix C) for more information.

Bargaining unit members who are required to work under dangerous conditions as determined by their bargaining unit contract shall receive hazard pay in four (4) hour increments so worked.

To claim hazard pay, bargaining unit members performing this work must submit a Hazard Pay Worksheet (Form 2).

MEAL PERIODS

Letters of Agreement (LOA) are in place for GGU and SU that allow for additional compensation for meal periods and are specific only to wildland fire activities and not to all Forestry activities (i.e., long hours doing timber or resource field work). These LOAs are intended to recognize the shifting hours and start times that are so prevalent in high fire danger situations, increased preparedness levels, fire occurrence, and fire assignment. The LOAs allow for calculating payment for meal breaks based on continuous hours of work rather than looking at time prior to and after normal shift assignments. The LOAs apply when in work status 2 hours or more in addition to a normal shift. LTC union members are covered under their contract.

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General Government and Supervisory Employees

An employee can claim both union contract **and** LOA meal breaks during the same pay period. Specific language and dates must be noted on timesheets to claim extra meal breaks.

Meal Break taken per LOA: for use when employee takes an additional thirty-minute meal break at a time when the shift is dedicated toward Wildland fire activity. Employee will be compensated by Payroll depending on length of shift.

Meal Break not taken per LOA: for use when employee does NOT take an additional thirty-minute meal break at a time when the shift is dedicated toward Wildland fire activity. Employee will be compensated by Payroll depending on length of shift.

Meal Break taken per Contract: for use when employee takes an additional thirty-minute meal break at a time when the shift is NOT dedicated toward Wildland fire activity. Employee will be compensated by Payroll depending on length of shift.

Meal Break not taken per Contract: for use when employee does NOT take an additional thirty-minute meal break at a time when the shift is NOT dedicated toward Wildland fire activity. Employee will be compensated by Payroll depending on length of shift.

LTC

The contract requires an unpaid meal break approximately mid-point of each shift. If the shift exceeds 12 hours, the employee may request a second unpaid meal period (½ hour) after 8 hours of work.

All employees are required to take a ½ hour unpaid meal break mid-shift or one every six hours of work (lunch or dinner) in a controlled situation. When working on the fire line on an uncontrolled fire, breaks are not mandatory, but are recommended. If this first unpaid meal break cannot be taken it must be noted on the CTR for approval by the supervisor.

PAY RATE CHANGES

If the work assignment changes, the worker's classification and pay will be appropriately changed to reflect the new duties. Any incidental changes in assignment that cause a rate change must be documented on the crew time report. Permanent or long-term changes require a General Message and new Resource Order.

CLOSING OUT TIME REPORTS -OF-288'S (Form 1)

Regular State Employees

Pay periods end on the 15th and last day of the month. Admins will inform employees of payroll deadlines. Any timesheet not submitted in time to meet deadlines will have a timesheet submitted for them showing only base hours worked and an amended timesheet will be submitted as soon as possible by the employee. OF-288s are the normal mandatory backup documentation. CTRs may be substituted in circumstances where OF-288s are not generated by the Requesting Agency. An OF-288 or CTR is required and must be signed by the supervisor on the incident. Time recorded on regular State timesheet must match that shown on OF-288s/CTR's.

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Emergency Firefighters

If feasible or practical, time reports may be closed out mid-month and end of the month. Due to payroll deadlines, one or more days at the end of a pay period may need to carry over on the next OF-288 except that: **Time closeout is mandatory on June 30th due to the end of the fiscal year.**

Signing Off EFF Crews/Single Resource EFF

There are five possible scenarios when dealing with de-mobing EFF. They are:

- Crew/Single Resource goes to another fire and timesheet is closed out
- Crew/Single Resource goes to another fire and timesheet goes with them
- Crew/Single Resource is sent home and timesheets are sent with them
- Crew/Single Resource is going home and travel time is projected
- Crew/Single Resource is going home and arrival time is reported by phone

Crew/Single Resource Goes to Another Fire

It is preferable to close out the time when the resource is released and start a new OF-288. Time on an incident ends when travel to another incident begins.

Before closing out timesheets, use the checklist on page 10.

Timesheet Goes with the Crew/Single Resource – It may not be feasible to close out a timesheet due to rapid mobilization needs, in which case the checklist on page 10 should be consulted to ensure all items necessary have been considered before signing off timesheets. The column showing the last hours worked on the first incident should be closed out and signed off by the incident Finance Section. Travel time to the next incident should start at the top of the next column, or a new OF-288 started upon reaching the new incident. In the case of a crew, the timesheets should be given either to the Crew Representative (CREP) or the Crew Boss to be handed over to the Finance Section on the new incident.

Crew/Single Resource is Going Home

When the arrival time at the home unit can be reliably predicted, the incident may close out the timesheet. If crew members are traveling home on different aircraft, end times for the same crew will vary. Where practical, start a new column for travel time home.

Open Timesheet Goes Home With the Crew/Single Resource - This option is only viable if there will be someone at the home unit office to sign off the crew/single resource once they arrive there. Before signing off the timesheets, review the checklist on page 10. The column showing the last hours worked on the incident should be closed out and signed off by the incident Finance Section. Travel time to the home unit should start at the top of the next column to be closed out at the home unit.

Projecting Time for Crew's ETA on the OF-288 - Before signing off the timesheets, use the checklist on page 10. Projecting time makes sense when the crew is returning to their home and there is no Forestry employee to sign off their time.

Do not project arrival until transportation is secured and awaiting departure. Never short the crew time. Allow them plenty of time, usually as determined by Dispatch, to get home.

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Call Upon Arrival Home - In cases where the distance to the home town, air service availability or potential weather factors may affect arrival at a particular time, the individual resource or Crew Boss will call Dispatch or the Area with their arrival time(s) so that it can be correctly recorded.

Arrival times, when using CWN (Call When Needed), aircraft can be verified through flight following records in the Area Dispatch or Logistics office. This can often be the case when resources are traveling home to remote villages.

The time of arrival is relayed to the Finance Unit for completion. The original of the OF-288 is given to the Crew Boss to take home.

CHECKLIST FOR CLOSING OUT EMERGENCY FIREFIGHTER TIME REPORTS (OF-288S)

- ✓ Have Crew Boss examine crew time (CTRs & OF-288s) before crew members sign OF-288s
- ✓ Excess time must have IC approval on CTR, Resource Order or General Message
- ✓ Correct or settle time record disputes and initial changes before crew members sign
- ✓ Match signature to name in Block 5
- ✓ Block 1, Employee Common Identifier – Employee ID#
- ✓ Block 12, Position Title (mnemonic)
- ✓ Block 13, AD Class – EFF Classification
- ✓ Block 19, Remarks – note if Trainee, justify different pay rates than Resource Order, etc.
- ✓ Verify appropriate pay rate
- ✓ Verify dates (missing/duplicate)
- ✓ Draw diagonal line through unused portions of time columns
- ✓ Verify destination (home/another fire). For new fire, start new OF-288
- ✓ Confirm crew time reports have been turned in and posted
- ✓ Confirm commissary has been posted and added up correctly
- ✓ Verify travel time back to point of hire, whether it has been authorized, agreed upon and recorded on time report
- ✓ Verify block 21 is signed by timekeeper and corrections are initialed
- ✓ **Block 20, Employee Signature, OF-288 MUST be signed by the employee**

The following items are verified on the OF-288 upon return from an incident:

- Time and commissary deductions are accurately posted
- All time is signed off by a timekeeper
- Timesheet is signed by employee (as per Employees Signatures on Timesheet Policy memo, Appendix D)

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INCIDENT DISTRIBUTION OF EMERGENCY FIREFIGHTER TIME REPORTS

Original – will be sent with the employee back to their home unit (unless the employee's destination is another location; then fax/scan to the home unit).

Copy – final fire package

Home Units will scan OF-288 and excess hours' justifications to the appropriate Regional Office:

Coastal Region – Palmer Northern Region - Fairbanks

forcoaregadm@alaska.gov	dnr.nroeff@alaska.gov
Phone: (907) 761-6205	Phone: (907) 451-2663
Fax: (907) 761-6201	Fax: (907) 451-2690

Regional Administration Offices will audit OF-288s and then send to Payroll for processing, maintain copies for the Region, and archive a copy of the excess hours' justification and Commissary Issue Record.

CONTRACT CREWS - CHUGACHMIUT OR TANANA CHIEFS

OF-288s from these contract crews (under cooperative agreements), are backup documentation and must be given to the crew members to be handed into their home office. If OF-288s have not been given to the crew, they must be sent to their home office. Call to find out how they prefer timesheets sent/faxed:

Chugachmiut
Forestry and Fire
1840 Bragaw St. Suite 110
Anchorage, AK 99508
Phone: 907-562-4155 Main
Fax: 907-563-2891
robert@chugachmiut.org
nathan@chugachmiut.org

Tanana Chiefs
Human Resources
122 First Avenue
Fairbanks, AK 99701
Phone: 907-452-8251

ALASKA DEPARTMENT OF NATURAL RESOURCES
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AGENCY CREW - UNIVERSITY OF ALASKA (UAF) FAIRBANKS

This Agency crew consists of Emergency Fire Fighters (EFF), except for the Superintendent, Assistant Superintendent and two squad bosses who are UAF employees. Time will be recorded on Crew Time Reports (CTRs) and OF-288s. Finance at the incident will give signed OF-288s to the crew members to return to their home unit (the Regional Office in Fairbanks) to process. OF-288s for the Superintendent, Assistant Superintendent and two squad bosses must also be given to the employee to take to their home unit as back up documentation. If OF-288s are left at the incident, please scan to:

Bryan Uher
4280 Geist Rd
Fairbanks, Alaska 99709
bmuher@alaska.edu
Phone: (907) 474-2613

Alaska Fire Service (AFS) Crew Time **ORIGINALS** will be delivered to the following office:

AFS Crew Time – Please **FED-EX ORIGINALS** if not able to deliver to Alaska Fire Service

Alaska Fire Service
P.O. Box 35005
Fort Wainwright, AK
99703-0005
Attention: Financial Service
Phone: 356-5780
Fax: 356-5784

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

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INCIDENT TIME REPORT

1. Hired At (e.g., ID-BOF)

2. Employee Common Identifier

3. Type of Employment (X One)

☐ Casual

☐ Federal

☐ Other

4. Hiring Unit Name (e.g., Ranger District)

5. Name (First, Middle, Last)

6. Hiring Unit Phone Number

7. Hiring Unit Fax Number

Column A

Column B

Column C

Column D

Same as Column

☐ A

Same as Column

☐ A

☐ B

Same as Column

☐ A

☐ B

☐ C

8. Incident Name

8. Incident Name

8. Incident Name

8. Incident Name

9. Incident Order Number (e.g., ID-BOF-000123)

9. Incident Order Number (e.g., ID-BOF-000123)

9. Incident Order Number (e.g., ID-BOF-000123)

9. Incident Order Number (e.g., ID-BOF-000123)

10. Fire Code
(e.g., B2C5)

11. Resource Request Number
(e.g., O-33)

10. Fire Code
(e.g., B2C5)

11. Resource Request Number
(e.g., O-33)

10. Fire Code
(e.g., B2C5)

11. Resource Request Number
(e.g., O-33)

10. Fire Code
(e.g., B2C5)

11. Resource Request Number
(e.g., O-33)

12. Position Code
(e.g., FFT2-T)

13. AD Class
(e.g., B)

14. AD Rate
\$

12. Position Code
(e.g., FFT2-T)

13. AD Class
(e.g., B)

14. AD Rate
\$

12. Position Code
(e.g., FFT2-T)

13. AD Class
(e.g., B)

14. AD Rate
\$

12. Position Code
(e.g., FFT2-T)

13. AD Class
(e.g., B)

14. AD Rate
\$

15. Home/Hiring Unit Accounting Code

15. Home/Hiring Unit Accounting Code

15. Home/Hiring Unit Accounting Code

15. Home/Hiring Unit Accounting Code

Mo Day Start Stop Hours

Mo Day Start Stop Hours

Mo Day Start Stop Hours

Mo Day Start Stop Hours

Year 16. Total Hours

Year 16. Total Hours

Year 16. Total Hours

Year 16. Total Hours

In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel

17. Total Hours (all columns):

18. Commissary and Travel

For Payment Center use only

18a. Month

18b. Day

18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)

18d. Reimbursement

18e. Deduction

18f. Firecode

Total \$

\$

19. Remarks

20. Employee Signature

21. Time Officer Signature

NOTE: The above items are correct and proper for payment from available appropriations.

HAZARD PAY WORKSHEET

NAME: LAST, FIRST MI

EID#: XXXXXX

PAY PERIOD ENDING: _____

NOTE: USE MILITARY TIME (24 HOUR CLOCK) TO RECORD START/STOP TIMES.

[illegible]

I CERTIFY THAT ALL TIME AND CHARGES REPORTED FOR THE ABOVE NAMED EMPLOYEE ARE ACCURATE.

EMPLOYEE'S SIGNATURE: _____

DATE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

Using one line for each day of activity, enter start/stop time for each period of activity. Note CC/LC codes if applicable. A description of the activity should be written in the comments section, i.e. working under helicopter, climbing tower, diving, handling explosives.

- Enter Name, Employee ID, and pay period, to correspond with the front of the DNR Time and Attendance Report.
- Date: Enter date of hazardous duty. More than one line may be necessary for a given date.
- UP & DOWN: Enter time hazardous work begins and ends for each occurrence. Use military time.
- Enter on a separate line of the timesheet, from the drop-down Event Code & Description, Hazard (206) and the correct fire #, (LDP). The last column of the worksheet the 8-digit fire code can be entered for DOF use only.

Time & Attendance Report
Pay Period Ending: January 15, 2017

Document ID: _____

Certified By: _____

Date: _____

Collector/Phone: FIRST LAST PHONE

FIRST LAST PHONE

[illegible]

NOTE: 944 FLEX TIME will get entered to a LEAV document based on the Flex tracking Sheets submitted to DOP Payroll. It does not get entered on a Timesheet (TIMEI / TADI) in IRIS HRM.

We certify that the time and hours of work recorded above are true and correct.

Comments:

Date: _____

Date: _____

Form 3

Final determination of pay type and rate of compensation will be made by the Department of Administration

Revision Date 3.1.2017

3/23/2017

LETTER OF AGREEMENT
between the
STATE OF ALASKA
and the
ALASKA STATE EMPLOYEES ASSOCIATION
representing the
GENERAL GOVERNMENT UNIT

DNR All-risk Response Activities; Compensation 17-GG-197

It is agreed and understood between the parties that the following terms and conditions of employment apply to all bargaining unit members employed in the Department of Natural Resources (DNR), at Ranges 23 and below, who are exempt from the Fair Labor Standards Act (FLSA). No provision of the master agreement not specifically referenced herein is modified by this agreement.

The parties recognize that wildland fire incident management teams and individuals provide nationally qualified emergency response capability to all-risk incidents, which can have significant risk to life and property, both in Alaska and nationally. Response to these incidents involves extensive workloads over a relatively short period of time.

With the express written approval of the Director, or Deputy Director, of the Division of Forestry, and when relieved of their regularly assigned duties and assigned to an Incident Resource Order for the purpose of all-risk emergency response, bargaining unit members shall be entitled to additional compensation as provided below. The parties understand that this pay entitlement stems solely from the collective bargaining processes, not to any entitlement under the FLSA. The parties agree that this agreement shall have no effect on the bargaining unit member's status under the FLSA and is not intended, and shall not be construed, as a change in the salary basis for compensating the bargaining unit member.

During such assignment, with required approvals, a bargaining unit member shall receive compensation at the annualized hourly rate for each hour of work in excess of thirty-seven and one-half (37.5) hours of work and less than forty (40) hours of work in the workweek, and shall receive compensation at one and one half (1.5) times the annualized hourly rate of pay for each hour of work in excess of forty (40) hours of work in the workweek.

If the resource order requires assignment away from the normal duty station or on a wildland fire the following conditions will apply:

1. To parallel the Federal fire system, time in travel status is compensable under this agreement, however, time spent waiting for transportation and normal meal periods are not compensable.
2. Hours of work will be managed based upon the requirements of the assignment. Compensation will not exceed the following maximum limitations:
 - a. 19 hours per day during the first 24-hour period assigned to a specific incident;
 - b. 16 hours per day before containment of the incident; and
 - c. 12 hours per day after containment of the incident.

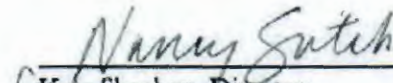
1. Containment is defined as: to surround a fire, and any spot fires thereof, with control line or natural barriers, as needed, which can reasonably be expected to check the fire's spread under prevailing and predicted conditions.
2. Any work in excess of the hourly limitations is not compensable.

Hours paid at the rate of time and one-half (1.5) under this or any other agreement shall not be pyramided or duplicated, and shall be credited only once in the calculation of hours in the workweek.

This Agreement supersedes LOA 16-GG-196 and shall be effective January 1, 2017 through June 30, 2019, except that it may be canceled by either party with fifteen (15) calendar day's written notice.

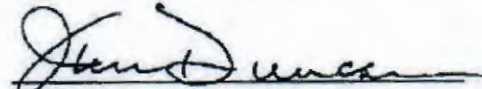
This agreement is entered into solely to address the specific circumstance of this particular situation. It does not establish any practice or precedent between the parties. This agreement shall not be referred to in any other dispute, grievance, arbitration, hearing or any forum, except as may be necessary for execution of its terms.

FOR THE STATE OF ALASKA:


Kate Sheehan, Director
Division of Personnel & Labor Relations
Department of Administration

1/27/17
Date

FOR ASEA/AFSCME Local 52:


Jim Duncan
Executive Director

1/26/17
Date

LETTER OF AGREEMENT
between the
STATE OF ALASKA
and the
ALASKA PUBLIC EMPLOYEES ASSOCIATION
representing the
SUPERVISORY UNIT

DNR All-risk Response Activities; Compensation

19-SS-036

It is agreed and understood between the parties that the following terms and conditions of employment apply to all Department of Natural Resources (DNR) Supervisory Unit employees, at Ranges 23 and below, that are exempt from the Fair Labor Standards Act (FLSA). No provision of the master agreement not specifically referenced herein is modified by this agreement.

The parties recognize that wildland fire incident management teams and individuals provide nationally qualified emergency response capability to all-risk incidents, which can have significant risk to life and property, both in Alaska and nationally. Response to these incidents involves extensive workloads over a relatively short period of time.

With the express written approval of the Director, or Deputy Director, of Division of Forestry, and when relieved of their regularly assigned duties and assigned to an Incident Resource Order for the purpose of all-risk emergency response, employees shall be entitled to additional compensation as provided below. The parties understand that this pay entitlement stems solely from the collective bargaining process, not to any entitlement under the FLSA. The parties agree that this agreement shall have no effect on the employee's status under the FLSA and is not intended, and shall not be construed, as a change in the salary basis for compensating the employee.

During such assignment, with required approvals, an employee shall receive compensation at one and one half (1.5) times the annualized hourly rate of pay for each hour of work in excess of forty (40) hours of work in the workweek.

If the resource order requires assignment away from the normal duty station or on a wildland fire the following conditions will apply:

1. To parallel the Federal fire system, time in travel status is compensable under this agreement, however, time spent waiting for transportation and normal meal periods are not compensable.
2. Hours of work will be managed based upon the requirements of the assignment. Compensation will not exceed the following maximum limitations:
 - a. 19 hours per day during the first 24-hour period assigned to a specific incident;
 - b. 16 hours per day before containment of the incident; and
 - c. 12 hours per day after containment of the incident.
3. Containment is defined as: to surround a fire, and any spot fires thereof, with control line or natural barriers, as needed, which can reasonably be expected to check the fire's spread under prevailing and predicted conditions.
4. Any work in excess of the hourly limitations is not compensable.

Hours paid at the rate of time and one-half (1.5) under this or any other agreement shall not be pyramided or duplicated, and shall be credited only once in the calculation of hours in the workweek.

This Agreement supersedes LOA 17-SS-198, and shall be effective July 1, 2018 through June 30, 2021, except that it may be canceled by either party with fifteen (15) calendar day's written notice.

This agreement is entered into solely to address the specific circumstance of this particular situation. It does not establish any practice or precedent between the parties. This agreement shall not be referred to in any other dispute, grievance, arbitration, hearing or any forum, except as may be necessary for execution of its terms.

FOR THE STATE OF ALASKA:

Kate Sheehan

Kate Sheehan, Director
Division of Personnel & Labor Relations
Department of Administration

6/25/18

Date

FOR APEA/AFT (AFL-CIO):

Pete Ford

Pete Ford
Business Manager

21 Jun 18

Date

MEMORANDUM
DEPARTMENT OF NATURAL RESOURCES

STATE OF ALASKA
DIVISION OF FORESTRY
CENTRAL OFFICE

TO: Area Foresters
Fire & Aviation Working Group
Area FMOs
Region Aviation Managers
Region/Area Admins

DATE: August 17, 2007

PHONE: 451-2666

FROM: Chris Maisch
State Forester

SUBJECT: Forestry Work
Under a Helicopter

The LTC, GG, and SU contract provisions indicate that transportation by and working under a helicopter are activities eligible for hazard pay. ("Working under a helicopter" is referred to in GGU Article 21.05 B., LTC Article 13.06 D., and SU Article 24.5 A.)

To provide clarification about Forestry's operations, two types of activities are considered working under a helicopter. Those two activities include 1) hover hook-ups, and 2) loading or unloading people or equipment when the helicopter rotors are in motion. Bargaining unit members performing this work may record applicable time and claim for hazard pay.

Forestry activities which are *not considered working under a helicopter* include but are not limited to *marshalling or guiding helicopters, calling in a bucket drop, and working on the fire line.* Employees engaged in these activities should not be claiming for hazard pay.

There are a variety of activities in wildland firefighting which pose risk. This memo does not diminish the importance of safety in our operations, nor does this memo define all conditions in which risk and safety are key factors. This memo serves only to define the Forestry activities related to the contract provisions for working under a helicopter.

Supervisors and recipients of this memo are expected to relay the information to their staff who engage in the activities discussed in this memo.

cc: Forestry Management Team
Norm McDonald, Acting MSAO FMO




MEMORANDUM
Department of Natural Resources

STATE OF ALASKA
Forestry / Central Office

TO: Timesheet Collectors, MTM,
Regional/Area Admins, Area
Foresters, FMOs and Managers

DATE: April 13, 2018

TELEPHONE: 269-8476

FROM: Dean Brown 
Deputy Director

SUBJECT: Employee signatures, and other supporting
documents for timesheets

Positive time reporting is a requirement for both state and federal programs and requires timesheets to be signed by the employee and that all backup documentation, including the OF-288, be part of the documents on file with the timesheet for any charges associated with personal services.

It is the responsibility of the timekeeper to track necessary signatures and supporting paperwork to provide accurate documentation in the case of an audit. This information is necessary to ensure allowable costs, and accurate calculations.

A checklist will be created to give to the timekeepers to ensure that all documents and signatures needed for backup have been received and/or signed by the employee, including OF288s and all other supporting documents for time charged.

If the necessary information is not received by the date timesheets are due, the administrative staff will follow up with an audit of the affected timesheet(s) and the employee will need to file an amended timesheet if the information is different than the original. The supervisor will verify the information when signing the employee timesheets.

All backup documentation will be kept in the timekeeper's files.

Cc: Fabienne Peter-Contesse, Director, DSS
Raquel Solomon-Gross, Deputy Director, DSS
Rachel Atkinson, Payroll Services Manager, DP&LR
Chris Maisch, State Forester/ Director
Tim Dabney, Deputy Director Forestry



MEMORANDUM
DEPARTMENT OF NATURAL RESOURCES

State of Alaska
FORESTRY STATE OFFICE

TO: DOF Staff

DATE: May 10, 2017

FILE NO: 2167

FROM: John "Chris" Maisch
Director and State Forester

TELEPHONE NO.: (907) 451-2666

SUBJECT: Fatigue Management Policy

The Management Team is instituting some changes to the Division of Forestry's (DOF) fatigue management policy. These changes will be incorporated into the Fire Program Policy and Procedure Manual 2140 and applies to all DOF personnel, including Emergency Fire Fighters (EFF) and other State agencies in which DOF issues personnel a Red Card.

There have been Management Action Requests (MARS) directed towards this issue along with two "near misses" due to driving incidents where employees were returning from assignments and fell asleep at the wheel. Fortunately, neither were seriously injured. One of my most important duties as State Forester is to ensure a safe workplace with appropriate measures to manage risk and fatigue, especially during the wildland fire season. To this end, the Division has had a long-standing policy that embraces a 2:1 work-rest ratio and a mandatory day off policy of 1 in 21. Last year there were several incidents of employees breaking our current policy, sometimes by several days.

It is each employees' personal responsibility to adhere to this policy and the employee's chain of command is charged with oversight for compliance. The standard progressive discipline process will be utilized for employees that break this policy. I sincerely hope these measures will not be needed, but I want to make it clear, there will be consequences for not adhering to this policy.

During periods of non-routine or on station activity, employees will have a minimum of 1 day off within a 21-day period. This requirement should rarely be needed if scheduled or non-scheduled days off are given during periods of routine activity. It should not be our goal as wildland firefighters to work extended shifts, for 20 days straight for the entire season. This past practice may have reduced individual and our collective organizational performance.

Managers should consider the following guidance for use in managing fatigue:

- During the early part of the fire season and during low fire danger periods, start shift times later in the day to avoid unnecessarily long duty days.
- Early in the season, use flexible work schedules during the work week to cover training on weekends. For example, if an employee is teaching a fire line refresher class on Saturday and Sunday, schedule the work week Wednesday to Sunday with RDOs on Monday and Tuesday or any other combination that meets bargaining unit requirements
- Schedule days off during low fire danger periods even if the employee is not approaching the mandatory days off per our policy. This has the added benefit of increasing availability once fire danger increases.
- Keep an eye on each other and if its clear someone needs a break, schedule a day or two off.
- Aircraft pilots must abide by Federal Aviation Administration (FAA) guidelines that are more restrictive than the DOF's fatigue management policy.
- On travel days' employees, should be at home or in a hotel for the night by 2200.
- Drivers are limited to 10 hours/day in a 16-hour shift.

Fire Assignments:

As we implement this policy, it is recognized there are some challenges to meeting these expectations for L-48 assignments and for in-state resource order assignments due to the expectation from the ordering entity that a standard assignment is 14 days, with the potential for a 7-day extension should the situation merit. Employees may still use the 24-hour break in work option to reset your days off, before departing on your assignment. The 24-hour break in work option can only be used to reset your days off before departing on a new resource order assignment. It may not be used during an assignment or at any other time to meet the days off policy. In addition, if an employee is working a normal work week and has not worked overtime or banked flex time hours under a flex time agreement, there will be no need to reset his/her work-rest period before departing on assignment. If an employee is working a normal work week, it is expected that he/she is well rested.

For assignments, outside of Alaska, travel days will not count toward our days off policy. This is a change from our current practice, but it is recognized it typically takes a day of travel each way, so please study the examples in our Policy and Procedure Manual (PPM) and in this memo to ensure employees understand how the policy works for a 14, 21, or 30-day assignment outside of Alaska. The first shift at an assignment, including staging and preposition periods, will start the clock for calculating days toward our work-rest policy. A day off may not include standby pay. Your days off may be at your home unit or you can rest in place if the ordering unit requests this to occur.

If there are questions about the policy and how it will be implemented and managed, please discuss with your supervisor or peers that are more experienced with this topic. In the end, it's each employee's personal responsibility to understand and follow the policy.

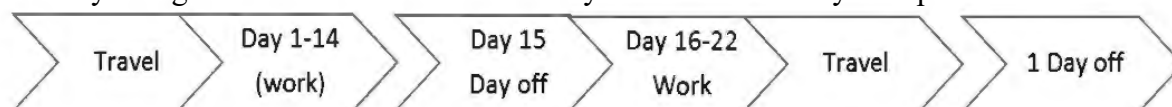
Assignment Timeframes:

An assignment begins at check-in (day 1) at the requesting unit or reporting location and ends on the last day worked exclusive of travel.

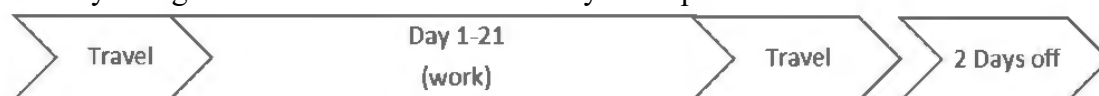
14-Day Assignment exclusive of travel: 1 day off upon return



21-Day Assignment exclusive of travel: 1 day off at 15 and 1 day off upon return.



21-Day Assignment exclusive of travel: 2 days off upon return.



30-Day Assignment exclusive of travel: 2 days off at 22-23 and 2 days off upon return.





MEMORANDUM
Department of Natural Resources

STATE OF ALASKA

Support Services Division
Human Resources Section

TO: Administrative Managers
Administrative Assistants

DATE: 2 February 2000

PHONE: 465-2463

FROM: Lee Powelson *[Signature]*
Human Resources Manager

SUBJECT: Call Back – Contiguous Hours

In response to a recent inquiry, the following is provided to assist you in correctly paying LTC employees when called back to work immediately prior to the employee's regular hours of work.

Section 14.03 – Call Back, establishes the basic rule for compensating an employee who is directed to return to work after completing their scheduled work. For most scenarios, the contract language is clear; however, in the following situation the practice of the parties needs clarification.

When an employee is directed to return to work *AND* the employee works continuously to the start of the regular work schedule, the employee is entitled to call back pay at the rate of time and one-half for hours actually worked prior to the start of the employee's regular shift.

Here's an example:

The employee is regularly scheduled to work from 7:00 AM to 3:00 PM with a one-half hour lunch break. Due to heavy snow (which the weather service didn't predict so the extra hours were not scheduled in advance) the employee is called back to work early. The employee reports to work at 5:30 AM to clear the parking lot and sidewalks. The employee works until 7:00 AM, then completes the regular shift.

The employee is paid as follows:

5:30 AM – 7:00 AM	1.5 hours at the rate of time and one-half (code 244)
7:00 AM – 3:00 PM	7.5 hours at the straight-time rate (code 100)

Since the employee receives at least four hours of work this day, the contractual requirement of "a minimum of four (4) hours pay at the appropriate overtime rate" is met. The appropriate pay rate for work between 5:30 and 7:00 AM is the time and one-half rate. The appropriate pay rate for work between 7:00 AM and 3:00 PM is the straight-time rate.

If you have any questions about this, please call the payroll section.

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DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

**CHAPTER 3
COMMISSARY**

PURPOSES: This chapter covers the types of commissary allowed by the State of Alaska DOF, including Emergency Commissary in the L48.

In Alaska, commissary is agency provided rather than contractor provided. Items are limited to those which enable personnel to remain productive while working in remote areas. This chapter deals with agency provided commissary only. Refer to the NWCG Standards for Interagency Incident Management (PMS-902) for further information on contract commissary.

Employees (regular State and EFF) are responsible to be prepared with their own footwear, clothing, personal hygiene items, prescription medications, and other personal items (including tobacco products) sufficient for a 14-day incident assignment, exclusive of travel. Crew Bosses should ensure that crew members have all necessary items before mobilization. Well-fitting and serviceable boots are a must and should be checked by Crew Bosses and hiring officials before the crew is hired.

Locals or persons working at their point-of-hire cannot buy commissary unless they are actually camped at the incident and cannot go home. The Incident Agency is responsible for providing direction to the Incident Management Team (IMT) regarding availability of emergency commissary and agency-specific requirements regarding commissary items and documentation.

To that end, commissary items must be pre- approved by the Incident Commander (IC)/Safety Officer. Any other items require approval by Regional Administrative Officer before ordering.

All commissary will be purchased through payroll deduction and posted to the employee's Emergency Firefighter Time Report OF-288 prior to their release from the assignment. Commissary items will be sold at actual cost. Commissary will not be allowed for anyone scheduled for demobe.

When commissary is delivered, the Commissary Manager or the individual elected to distribute the commissary will immediately inventory the items to verify quantities and store the commissary in a secure location until it is issued.

EMERGENCY COMMISSARY

When environmental conditions cause excessive wear on required personal gear or if personal gear is burned over by wildfire or damaged such that they are no longer serviceable, the IC or in the case of crew mobilization to the Lower-48, the IARR, with IC approval may authorize emergency purchases on an individual basis. This written justification should be given only when the condition of personal gear creates an unacceptable working condition for the employee, and once in hand emergency commissary will be ordered when the employee's name, crew name, and item requested (note size if appropriate) are provided to those procuring the items. Once an employee has made an order, he or she will be obligated to purchase the ordered items unless there is an error in size or a gross misunderstanding. Brand name may be considered but will not be guaranteed. For other items brand name, color, and style should not be included.

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Prescription drugs may be ordered as Emergency Commissary only with a valid prescription. Prior approval for the order must be obtained from the Medical or Supply Unit Leader, Logistics Section Chief, or IC. The employee should bring sufficient prescribed medicine to last a minimum of 16 days.

Non-prescription drugs and vitamins may not be purchased through commissary. The Medical Unit will make available, upon request, aspirin, eyewash, and cold medicines at no charge. Other non-prescription drugs and vitamin supplements may be made available through the Medical Unit Leader at his/her discretion. There will be no charge for any such items obtained through the Medical Unit.

Miscellaneous items such as film, batteries, radios, tape recorders, postage stamps, postcards, etc., are not considered necessary personal gear and cannot be purchased through commissary. Food and beverages cannot be purchased through commissary as these items are provided by the employing agency.

PROCUREMENT OF COMMISSARY

Purchase and Delivery

The order may be filled locally by the Area, Finance Unit at the fire, or by the Regional office – whichever is the more efficient option. When purchasing commissary, retain all invoices and receipts, and code to Template NTF002 for Northern Region and Template NTF003 for Coastal Region. and fire number (Function). This information must be recorded on the Commissary Accountability Record (Form 2) before the receipts will be given to the Area administrative staff or Regional Accounting Technician for vendor payment, while copies will be kept as part of the final fire package.

Inventory

Items are inventoried prior to distribution to verify quantity. Prices are then marked on the merchandise to be distributed.

Distribution

Effective and efficient distribution of commissary requires consideration and implementation of the following:

- Appropriate distribution location
- Appropriate time (after crews are off shift)
- Notify/coordinate with Crew Bosses on distribution location and times
- Make transportation arrangements for items and issuing personnel ASAP in advance of distribution

Other things to bear in mind:

- Have the original order from the Crew Boss in hand in case any questions arise
- Individuals should examine items when they are received
- Boots should be tried on to ensure proper fit
- All employees must sign the Commissary Issue Record

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Returns

Returns are the exception, not the rule, and should only be made in rare instances such as when there is an error in size or a gross misunderstanding. If an individual has been released before the commissary arrives, the commissary can either be sold to another individual (requires an additional Commissary Issue Record, see Form 1), or returned to the vendor.

ACCOUNTABILITY

The Commissary Manager (or designee) is responsible for all commissary stock issued to the unit. This responsibility includes the security of the commissary items as well as the reconciliation of all commissary paperwork.

The Commissary Accountability Record (Form OF-284, Form 2) is the method by which all commissary stock is tracked and accountability is documented. This record should be filled out after all commissary activity, or at a minimum, on a daily basis. After completion, this record is signed by the Commissary Manager (or designee) and the Finance Section Chief. This daily record keeping will ensure that discrepancies or missing stock are found in a timely manner. All commissary documentation is maintained by the Commissary Manager (or designee) and reviewed by the Finance Section Chief as appropriate.

Commissary will need to be closed out or returned upon demobe or team rotation. When closing out commissary, originals of all records, including invoices, should be submitted to the overseeing Area/Region with copies of all documentation kept in the final fire package. Any outstanding issues, problems, concerns, unusual occurrences, or issues requiring explanation should be documented and forwarded to the overseeing Area/Region with a copy of the documentation kept in the final fire package.

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COMMISSARY ISSUE RECORD				1. FIRE LOCATION Anchorage		2. FIRE NAME Thor's Fury		3. FIRE NO. 73X01324	
				4. FIRE CAMP NAME Viking Pass		5. FIRE CAMP NO.		6. DATE 07/04/XX	
								7. SHEET NO. 1 of 1	
B. COMMODITY → Boots				9. TOTAL COST		10. CREW IDENT.		11. PURCHASER'S NAME (Print) AND SIGNATURE	
								12. I.D. No. (from OF-288 Emergency F.F. Time Report)	
								13. INITIALS (Pasted to OF-288)	
A. UNIT PRICE		106 ⁰⁰				NAME Penny Lane		I.D. NO. F-42256X1	
QUANTITY		1		106 ⁰⁰		SIGNATURE Penny Lane		INITIALS	
SUB-TOTAL		106 ⁰⁰							
B. UNIT PRICE		106 ⁰⁰				NAME Penny Rivers		I.D. NO. F-43210X3	
QUANTITY		1		106 ⁰⁰		SIGNATURE Penny Rivers		INITIALS	
SUB-TOTAL		106 ⁰⁰							
C. UNIT PRICE						NAME		I.D. NO.	
QUANTITY						SIGNATURE		INITIALS	
SUB-TOTAL									
D. UNIT PRICE						NAME		I.D. NO.	
QUANTITY						SIGNATURE		INITIALS	
SUB-TOTAL									
E. UNIT PRICE						NAME		I.D. NO.	
QUANTITY						SIGNATURE		INITIALS	
SUB-TOTAL									
F. UNIT PRICE						NAME		I.D. NO.	
QUANTITY						SIGNATURE		INITIALS	
SUB-TOTAL									
G. UNIT PRICE						NAME		I.D. NO.	
QUANTITY						SIGNATURE		INITIALS	
SUB-TOTAL									
H. UNIT PRICE						NAME		I.D. NO.	
QUANTITY						SIGNATURE		INITIALS	
SUB-TOTAL									
I. UNIT PRICE						NAME		I.D. NO.	
QUANTITY						SIGNATURE		INITIALS	
SUB-TOTAL									
J. UNIT PRICE						NAME		I.D. NO.	
QUANTITY						SIGNATURE		INITIALS	
SUB-TOTAL									

Page total 212⁰⁰

Original Commissary

OPTIONAL FORM 287 (3-81)
USDA/USDI
50287-101

COMMISSARY ACCOUNTABILITY RECORD		1. PROJECT Thor's Fury	3. REPORT NUMBER 2
		2. CAMP NAME Viking Pass	
4. VALUE OF STOCK RECEIVED, TRANSFERRED, OR RETURNED SINCE LAST REPORT			
a.	b. P.O. INVOICE or TRANSFER NO.	c. DATE	d. DOLLAR VALUE
(1)	2063	07/03/0x	Redwing shoe store 212 00
(2)	11241055	07/03/0x	Costco - store #63 335 00
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
e. NET CHANGE			547 00
5. VALUE OF STOCK ON HAND (Item 9 from previous report)			226 00
6. TOTAL (Item 4e plus item 5)			773 00
7. VALUE OF STOCK ISSUED DURING PERIOD (Attach Commissary Manager Copies of OF-287, Commissary Issue Record)			547 00
8. BALANCE (Item 6 minus item 7)			226 00
9. VALUE OF STOCK ON HAND (Physical inventory attached)			226 00
10. DIFFERENCE (Items 8 and 9) <input type="checkbox"/> PLUS <input type="checkbox"/> MINUS (Explain in Remarks)			0
11. REMARKS			
12. AUTHORIZED SIGNATURE Elaine Crow		13. TITLE Commissary Manager	14. DATE 07/04/0x
I certify that I have determined the accuracy of item 9, and hereby accept responsibility for all items represented.			
15. SIGNATURE Lisa Stump-Crow		16. TITLE FSC	17. DATE 07/04/0x

NSN 7540-01-120-4081

COMMISSARY FILE
☆ GPO : 1985 O - 473-280OPTIONAL FORM 284 (5-81)
USDA/USDA
50284-101

COMMISSARY PHYSICAL INVENTORY

DATE: _____

STARTING INVENTORY	# ON HAND UNITS	PRICE	# ISSUED	\$ AMT ISSUED	# ON HAND	\$ ON HAND	S / H	DIFFERENCE
BOOTS								
TOTAL								

Beginning Balance _____
 Value of Stock Issued _____
 Balance _____
 Value of Stock on Hand _____
 Difference +/- _____

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

CHAPTER 4
COMPENSATION FOR INJURY

PURPOSE: This chapter provides information on procedures related to work-related injury and/or illness to regular State and EFF employees, as well as contract/agency crews. It also provides information on non-work-related medical treatment.

NOTE: Any State of Alaska employee, including EFF, **MUST** report any event involving serious injury (admitted to hospital) or fatality **WITHIN 8 HOURS** of learning of the event. Notification should be made to the Division Safety Officer or Designee:

- Safety Officer, Tom Greiling – 907-414-0994
- Designee, Prevention Officer, Dan Govoni – 907-355-2328
- Designee, Administrative Officer, Beth Cender – 907-987-0231

The Regional Forester must also be informed at 907-378-1324.

CONFIDENTIALITY: Medical information and records related to an individual's claim are confidential and should not be discussed unless the information exchange is necessary to obtain medical assistance or to process the required documentation.

COVERAGE: The State of Alaska Workers' Compensation Act provides for compensation and/or medical care for state employees who sustain injuries related to the performance of his/her duty. This includes off-shift hours when assigned to an incident or staging area or when in travel status. State of Alaska employees, including EFF, are covered by State of Alaska Worker's Compensation, even when on a federal fire, disaster, or on assignment to the Lower 48. The Incident Agency is ultimately responsible for ensuring that compensation for injury cases are properly handled.

WORK INJURIES/ILLNESSES GENERALLY COVERED

- Accidental injury arising out of or in the course of employment
- Breakage of prosthetic devices which function as part of the body such as eyeglasses/contact lenses, hearing aids, or dentures as a direct result of duty performance, e.g., a limb falls and breaks an employee's glasses
- Occupational diseases or infections such as dermatitis due to plant poison or chemical irritant or excessive smoke inhalation on a fire line
- Injury caused by the willful act of a third person directed against an employee because of his employment

Conditions Which May Void Coverage of Worker's Compensation

- Willful misconduct of employee
- Injuries or death of an employee caused by their intention to bring about the injury or death of themselves or another person
- Intoxication of the injured employee
- Being under the influence of an illegal drug or the misuse of prescribed drugs

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PROVIDER: The worker's compensation insurance adjuster for State of Alaska employees is:

Penser North America Inc.
P.O. Box 241148
Anchorage, Alaska 99524
Phone: (907) 313-7650
Fax: (907) 302-3803
katherinee@penserna.com

WORKER'S COMPENSATION CONTACT:

doa.dop.roi@alaska.gov

FILING PROCEDURES AND RESPONSIBILITIES

The following State of Alaska Department of Labor forms are used to document work-related injuries and illnesses:

- **Employee Report of Occupational Injury or Illness to Employer 07-6100 (Form 1)**
- **Supervisor's Accident Investigation Report 02-932 (Form 2)**
- **Employer Report of Occupational Injury or Illness 07-6101 (Form 3)**
- **Physician's Report 07-6102 (Form 4)**
- **Injury Illness Info for Safety Officer (Form 5)**
- **Authorization for Treatment (Form 6)**
- **Release of Medical Documentation (Form 7)**

When an employee has been, or claims to have been, injured or becomes ill from work-related causes, Form 07-6100, Employee Report of Occupational Injury or Illness to Employer and Form 02-932, Supervisor's Accident Investigation Report must be completed and submitted **immediately** to the applicable Finance Section for forwarding to the employee's Home Unit or the Home Unit, whichever is applicable.

The Home Unit Admin must complete Form 07-6101, Employer Report of Occupational Injury or Illness. (Failure to file forms and supporting documentation within the required time may subject the Area/Region's operating budget to a penalty equal to 20% of the amount of compensation payable to the injured employee.)

An employee may file Form 07-6100 at any time without penalty. No one has the authority to deny an employee the right to file. If an employee chooses not to file, the supervisor may file on the employee's behalf relaying whatever information is available to them.

ALASKA DEPARTMENT OF NATURAL RESOURCES
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ROUTING OF INITIAL CLAIM FORMS – by the Home Unit:

- Division of Worker's Compensation at doa.dop.roi@alaska.gov
 - Employee Report 07-6100
 - Employer Report 07-6101
- Safety Officer, Regional Forester or equivalent Manager, Region Office
 - Supervisor's Accident Investigation Report
 - Injury Illness Info for Safety Officer

FOLLOW UP INFORMATION -

- Any follow up medical documentation after initial appointment, Physician Report or return to work notes from the physician must be scanned to both following addresses:

DOA.DRM.Penser@alaska.gov
sheri.gray@alaska.gov

The Home Unit Office will keep the original Worker's Compensation paperwork as the Agency copy in a locked, secure location, NOT in regular personnel files.

Incident Supervisor's Responsibility

- Be sure the employee has been provided first aid and/or medical treatment if needed
- Assure the completion of Form 07-6100 by the injured employee, work comp specialist, supervisor, finance unit, or agency admin
- The supervisor must complete a Supervisor's Accident Investigation Report, Form 02-932. This form will be submitted with the original Employee Report of Occupational Injury or Illness Form 07-6100 and will be included in the injury package sent to the Finance Section or Home Unit Admin, whichever is applicable.

At no time should employees comment on the likelihood of a claim being covered other than to inform the injured or ill party of their financial liability if the claim is determined not to be work related.

Final determination of work-related validity is the responsibility of the Adjustor. It is important that an employee is forewarned that they may be liable for any medical costs incurred if the injury/illness is determined NOT to be work-related.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

CHUGACHMIUT CREW

Report of Occupational Injury or Illness forms for Chugachmiut crew members will be completed to the extent we are aware of the information. This form, along with any physician's reports or medic forms from the incident, will be faxed to Chugachmiut attention of Phyllis Wimberley at (907)743-0644 and then mailed to:

Selma Gabbert
Human Resources & Administration Division Director
1840 Bragaw St. Suite 110
Anchorage, AK 99508-3463
PH: (907)562-4155
FAX: (907)743-0644

Any questions during normal work hours should go to Selma at (907)562-4155, Selma@chugachmiut.org. After hours or on weekends, please call Robert Lacy at (907)562-4155, robert@chugachmiut.org.

TANANA CHIEFS CREW

After initial medical treatment, management of the employee's care will be transferred to Tanana Chiefs Conference (TCC) staff. The injured firefighter is to call MEDCORE at 1(800)553-8041, to speak to a Registered Nurse (RN). The RN will give the TCC employee a case number and follow up instructions.

The employee may wish to complete the Employee Report of Occupational Injury or Illness to Employer (Form 07-6100) and scan to TCC, attention Holly Weaver at holly.weaver@tananachiefs.org, then mail original to:

Holly Weaver
122 First Avenue – Suite 600
Fairbanks, AK 99701

Any questions during normal work hours should go to Holly at (907)452-8251 ext. 3282. After hours or on weekends, please call in the following order:

Clinton Northway (907)978-0075
Will Putman (907)347-8068

The following is only for TCC employees!

24/7 injury helpline: 1-800-553-8041.

By using this helpline, you can avoid the paperwork, report your claim over the phone and receive a claim number right away.

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
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UNIVERSITY OF ALASKA FAIRBANKS CREW

Notify Bryan Uher of any injury.

Bryan Uher
4280 Geist Rd
Fairbanks, Alaska 99709
bmuher@alaska.edu
Phone: (907)474-2613
Cell: (907)322-4655

EMERGENCY MEDICAL CARE

Emergency medical care should be obtained from the nearest qualified physician or hospital. Employees will be responsible for all medical expenses if the injury/illness is not covered by worker's compensation. Before leaving the medical treatment facility, the employee or accompanying Admin will need to obtain a doctor's work release. If the employee does not receive a full release, any restrictions or limitations should be provided by the doctor in writing. Employees will not be allowed to return to work without the doctor's written release to work.

PRESCRIPTIONS

All employees should bring with them enough of their prescribed medication to last the entire assignment. Situations arise where it is necessary to obtain a prescription while on an incident due to injury or illness. The employee will be responsible for the charges if the adjustor determines the injury or illness is not work-related. If the work relatedness of the injury or illness is questionable, the medications are charged to the employee's commissary. The employee can seek reimbursement from the adjustor.

Prescriptions can be paid for as follows:

- Injured employee pays up front and seeks reimbursement from adjustors
- Pharmacy charges the adjustor directly (if not work-related, employee will be responsible for the charges) – follow up with the Pharmacy may be required if a claim number has not yet been issued
- A PCard may be used to purchase the medication:
 - The cardholder must then:
 - Request a Resource Order (S-number) from the Incident for the purchase
 - Inform the Incident Finance Section that the cost of the medication is to be entered on the injured/ill employees' OF-288 as a payroll deduction (they will need a copy of the receipt)
 - Make sure that the charge is showing up on the employees' OF-288 as a payroll deduction (if regular State employee, must be noted on Timesheet as well)
 - Make a copy of the receipt to turn in with the Resource Order to reconcile the charge and give the original to the injured/ill employee
 - The injured/ill employee:
 - Turns in the receipt to the adjustor for reimbursement

STATE OF ALASKA CREWS OR EMPLOYEES ON OUT OF STATE ASSIGNMENT

Federal Agency Provided Medical Care (APMC) may be utilized for State of Alaska employees and crews on a federal or out-of-state assignment. Refer to the Interagency Incident Business Management Handbook for explanation of APMC coverage and forms required.

All State of Alaska employees must fill out the Employee Report of Occupational Injury or Illness to Employer Form (Form 07-6100) if they seek any medical treatment, have a work-related injury or illness, or use APMC. If APMC is utilized, Form 07-6100 should clearly specify at the top, “**APMC UTILIZED**” to avoid duplicate payment. Any federal or medical forms filled out (i.e. physician’s statement) should be attached to the original Form 07-6100.

AUTHORIZATION LETTER FROM THE DIRECTOR OF THE DIVISION OF FORESTRY

The intent of this letter is to show Canadian authorities and Canadian medical providers that State of Alaska Workers Compensation will cover Alaskan crews and overhead on fires in Canada for work-related injuries or illnesses. (See Form 6)

This letter should be offered to a provider only when treatment is refused for a truly work-related injury or illness. If treatment is refused due to payment method, there are three choices:

- The employee can pay and request reimbursement from the State’s adjustor
- The Supervisor or Agency Admin can charge it on a State P-Card, then charge the employee’s commissary
- The employee or Supervisor/Agency Administrator can contact **Penser** at (907)313-7650

If there are any questions, contact the Regional Administrative Officer at (907) 451-2663.

NON-WORK-RELATED MEDICAL TREATMENT FOR ALASKA NATIVES (INCLUDING AMERICAN INDIANS)

Prior to seeking treatment, be sure to notify the employee that:

- Worker’s compensation does not cover non-work-related medical treatment
- Their contract health organization will only cover emergency care
- The employee may ultimately be responsible for all expenses incurred

In addition, the two contract health agencies, ANMC and Tanana Chiefs have strict guidelines for what they will cover and what they will not cover. Documents with these guidelines can be found on Appendix A and Appendix B. Please refer to the crew list on Appendix C to determine which agency is medically responsible for the employee.

If a non-work-related injury, illness, dental problem interferes with the capacity to work and medical attention is warranted, reasonable effort should be made to find the closest Indian Health Care provider where services may be obtained. Call the provider to be certain the employee’s visit will be covered. If not, a non-Indian Health Care Provider, dentist or doctor can be utilized, but the charge for the visit and any medications or prosthetic devices will be paid by the employee or paid by P-Card or other means and deducted from the employee’s pay via commissary.

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When receiving treatment by a non-Indian Health Services Provider or as soon as possible afterwards, contact the Tanana Chiefs Contract Health or the Alaska Native Medical Center Contract, depending on the residence of the employee to notify them of the treatment being provided to their client to see if the treatment will be covered by ANMC or TCC. If the medical treatment is being sought on a weekend or after hours, call the appropriate Native health agency at the numbers shown below as soon as possible during their normal business hours. Both contract health agencies in Alaska will only pay for emergency medical treatment.

Tanana Chiefs Contract Health

(907) 451-6682, ext. 3613 or 1-800-478-6682, ext. 3613

Alaska Native Medical Center Contract Health

(907) 563-2662 or 1-800 478-1636

NON-WORK-RELATED MEDICAL TREATMENT FOR NON-NATIVES

If the employee is not an American Indian or Alaska Native, seek medical treatment in the most practical and expedient manner. The employee should be informed that worker's compensation does not cover non-work-related problems and they will be responsible for all medical expenses if their claim is denied by the Worker's Compensation Adjustor. A Report of State of Alaska Report of Occupational Injury or Illness must be completed and submitted.

A Medical Log will be provided for the final fire package to the Home Unit.

TIMEKEEPING ADJUSTMENTS

For non-crew EFF, time ends at the time of arrival at the medical facility. For crew EFF, time ends at the time of arrival at the medical facility or 8 hours into shift time to meet the Crew Management Guide guarantee (whichever is greater). Time spent receiving care is non-compensable unless required to meet guaranteed hours.

State Compensation for Injury Contacts

<u>OFFICE</u>	<u>PHONE</u>	<u>PRIMARY</u>	<u>ALTERNATE</u>
COASTAL	(907) 761-6289	Will Pace	RaDonna Turner
AMSO/Palmer	(907) 761-6389	Lisa Vietmeier	Lezelda Fiebig
KKAO/Soldotna	(907) 260-4200	Becky Howard	Jody Fenton
SWAO/McGrath	(907) 414-9349	Lezelda Fiebig	Lisa Vietmeier
VCRAO/Glennallen	(907) 822-5534	Tammy Mauden	Mike Trimmer
NORTHERN	(907) 451-2663	Beth Cender	Accounting Tech
FAO/Fairbanks	(907) 451-2600	Tina Donahue	Cecelia Simon
DAO/Delta	(907) 895-4225	Angi Tucker	Mike Goyette
TAO/Tok	(907) 883-1400	Sylvia Jacobson	Peter Talus
SER/Ketchikan	(907) 225-3070	Mindy Byron	Greg Staunton
Statewide Aviation	(907) 761-6270	Candy Simmons	Will Pace
Statewide Fire	(907) 451-2611	Sarah Burnett	Lynn Crance

ALASKA DEPARTMENT OF NATURAL RESOURCES
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FEDERAL WORKER'S COMPENSATION CLAIMS DISTRIBUTION

Financial Services (located at BLM-AFS on Ft. Wainwright) coordinates federal worker's compensation claims for Alaska BLM employees. Financial Services may coordinate claims for other federal employees (Forest Service, Fish and Wildlife, etc.) if they receive treatment in Fairbanks, or if requested to do so by an Incident Management Team or host agency.

For BLM-Alaska Fire Service employees, fax the relevant forms to AFS – Financial Services within 48 hours. All **originals** to go to BLM – Alaska Fire Service.

Alaska Fire Service
Financial Services
P.O. Box 35005
Ft. Wainwright, AK 99703
Phone: (907) 356-5786
Fax: (907) 356-5694

Other BLM Employees

Fax the forms to the home unit within 48 hours.

US Forest Service

Fax and mail the original to:
Fax: (866)339-8583
US Forest Service, ASC-HRM-Annex
Attn: Workers' Compensation
3900 Masthead St. NE
Albuquerque, NM 87109

If you have any questions, please call the Forest Service Workers' Comp office at (877)372-7248 and press 2, option 2, during the hours of 7am and 6pm, Monday through Friday, Mountain Time.

If a USFS employee is seriously injured, please call the following in descending order until contact is made:

1. Chugiach Duty Officer (907) 743-9433
2. Eric Stahlin (907) 743-9435 Cell (907) 240-1208
3. Bobbi Scopa (503) 915-8725
4. Kevin Martin (503) 703-4334

If the injured is a Chugach National Forest employee, contact Robert Lacey (907)562-4155, robert@chugachmiut.org

For a Tongass National Forest employee, contact Charlie Struli (907)772-5882.

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State of Alaska Department of Natural Resources
Division of Forestry

Burn Injury Protocol
See Appendix D

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EMPLOYEE REPORT OF OCCUPATIONAL INJURY OR ILLNESS TO EMPLOYER

EMPLOYEE: All questions with an asterisk (*) must be completed

1. Employee Name Last*				First*		Middle		Suffix	
2. Mailing Address & Telephone Number* City* State* Zip Code* Country, if outside the United States Telephone No.						3. Date of Birth*		4. Date of Death	
						5. Social Security Number*		6. Gender Code <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U	
						7. Marital Status <input type="checkbox"/> M-Married <input type="checkbox"/> S-Separated <input type="checkbox"/> U-Unmarried <input type="checkbox"/> K-Unknown			
						8. Number of Dependents			
9. Date of Injury / Illness*			10. Time of Injury / Illness			11. Did Injury / Illness Occur on Employer's Premises? <input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No			
12. Explain where injury / illness occurred						13. Employer Name*			
14. Describe Nature of Injury / Illness* (i.e., sprain, laceration, etc.)						15. Describe Part of Body Affected*			
16. Describe How the Injury / Illness Happened									
17. Injury / Illness Due to Machine/Product Failure? DROP DOWN						18. Mechanical Guard/Safeguards Provided? DROP DOWN			
19. List Any Machine/Substance/Object Causing Injury / Illness						20. If Machine What Part?			
21. Witness Name						Witness Business Phone Number			
22. Attending Physician Name & Contact Information						23. Hospital Name & Contact Information			
24. Initial Treatment* <input type="checkbox"/> 0-No Medical Treatment <input type="checkbox"/> 2-Minor Clinic/Hospital Remedies and Diagnostic Testing <input type="checkbox"/> 4-Hospitalization Greater than 24 Hours <input type="checkbox"/> 1-Minor On-site Remedies by Employer Medical Staff <input type="checkbox"/> 3-Emergency Evaluation, Diagnostic Testing, and Medical Procedures <input type="checkbox"/> 5-Future Major Medical/Lost Time Anticipated									
25. Employee Authorization to Release Medical Records* To all health care providers: You are authorized to provide my employer (named in box 13), its workers' compensation liability insurance company, and its claims adjuster information concerning any health care advice, testing, treatment, or supplies provided to me for the injury or illness described above in box 16. This information will be used to evaluate my entitlement to receive benefits, including payment of medical benefits, under the Alaska Workers' Compensation Act. This authorization is valid for a one-year period from the date of my signature (box 23). I know I have a right to receive a copy of this authorization and agree a photographic copy of this authorization is as valid as the original. Employee Signature:									
26. If Employee Unavailable for Signature, Explain Circumstances in this Space								27. Date Signed	

WARNING TO EMPLOYEES AND EMPLOYERS: AS 23.30.250 imposes civil penalties for fraud as well as certain false or misleading statements and acts. Criminal penalties for theft by deception (including fines and incarceration) apply to knowingly made false statements, claims, or employee misclassifications.

ORIGINAL TO EMPLOYER IMMEDIATELY

COPY TO EMPLOYEE

EMPLOYER: File the complete First Report of Injury (FROI), form 07-6101, with the Alaska Division of Workers' Compensation by electronic data interchange (EDI), or by mail, within 10 days of receiving this report, per AS 23.30.070(a).

Instructions for EMPLOYEE REPORT OF OCCUPATIONAL INJURY OR ILLNESS TO EMPLOYER

TO THE EMPLOYEE

You must complete and sign this form. Keep a copy of the completed form for your records, and immediately give this form to your employer. You should notify your employer immediately, but no later than 30 days after your injury occurred or illness began.

The employer will notify their insurer, their claims administrator, and the Division of Workers' Compensation of your injury.

After obtaining medical treatment, tell your health care provider's office to submit the required "Physician's Report" (8 AAC 45.086) to your employer.

You will not be paid compensation for lost wages for the first three (3) days off work unless your disability lasts more than 28 days. The first installment of compensation becomes due on the 14th day after the employer has knowledge of the injury, illness or disease. After the first payment, you should get a check every two (2) weeks while you are disabled. If you have not received payment within 21 days from the date you were injured or became ill, contact the insurer or adjuster first. If you have any questions or problems, contact the Division of Workers' Compensation office nearest you (contact information listed below). If you are off work for three (3) or more days, you will need to provide additional information to your employer's claims adjuster regarding your wages, marital status, and number of dependents.

If you believe your work-related injury or illness will keep you from returning to your job at the time of injury, you may need retraining. The training benefits to which you may be entitled, and how you go about getting them, depend on your date of injury. If you are off work for 45 days, contact the division office in Anchorage to learn more about your rights for reemployment benefits. You may also refer to the Reemployment Benefits section of the "Workers' Compensation and You" brochure available at the Division's internet web page:

www.labor.state.ak.us/wc

**INFORMATION IN FILES MAINTAINED BY THE DIVISION OF WORKERS' COMPENSATION,
EXCEPT FOR MEDICAL AND REHABILITATION RECORDS, IS AVAILABLE FOR PUBLIC
REVIEW AND COPYING FOR NONCOMMERCIAL PURPOSES.
AS 23.30.107**

TO THE EMPLOYER

The information on this form (07-6100) and the information on form 07-6101 must be submitted to the Division of Workers' Compensation immediately and in no case later than **ten (10) days** after you have knowledge that your employee has been injured, or claims to have been injured or become ill while working for you.

Failure to file these reports within the required time may subject you and/or your insurer to a penalty equal to 20 percent of the amount of compensation due to the injured worker.

Alaska Division of Worker's Compensation Offices

Anchorage:
3301 Eagle Street, Suite 304
Anchorage, AK 99503-4149
(907) 269-4980

Fairbanks:
675 Seventh Avenue, Station K
Fairbanks, AK 99701-4531
(907) 451-2889

Juneau:
1111 W 8th St, Rm 305, Juneau AK 99801
PO Box 115512, Juneau AK 99811-5512
(907) 465-2790

STATE OF ALASKA
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of Injured/Damaged Equipment/Property _____

Job or Activity at Time of Accident _____ Date of Accident _____

Exact Location _____ Time _____

1. **WHAT HAPPENED?** _____ Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.

2. **WHY DID IT HAPPEN?** _____ Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.

OPERATION FACTORS TO BE CONSIDERED:

<i>Proper Equipment</i>	<i>Proper Material</i>	<i>People</i>
Selection	Selection	Selection
Arrangement	Placement	Placement
Use	Handling	Training
Maintenance	Use	Supervision

3. **WHAT SHOULD BE DONE?** _____ What action(s) will prevent similar accidents in the future?

4. **WHAT HAVE YOU DONE THUS FAR?** _____ Take or recommend action, depending on your authority.

5. **HOW WILL THIS IMPROVE OPERATIONS?** _____ How will it help us meet our objective – ACCIDENT PREVENTION?

6. **WHAT IS YOUR ESTIMATED COST OF THIS ACCIDENT?**

Cost of lost wage and medical expenses? _____

Damage to State property or equipment? _____

Damage to third parties, property and people? _____

TOTAL _____

Investigated By _____ Date _____

Unit/Division/Department _____

FORMS\INVESTIG – Form 02-932

EMPLOYER REPORT OF OCCUPATIONAL INJURY OR ILLNESS TO DIVISION OF WORKERS' COMPENSATION

EMPLOYER: All questions with an asterisk (*) must be completed

1. Employer Name* STATE OF ALASKA 1003DNR-FOR			2. Industry (NAICS) Code Required on New Claims* See http://www.census.gov/cgi-bin/sssd/naics/naicsrch 115310		
3. Employer Contact Name & Telephone XXXXXX 451-2675			4. FEIN* 926001185		5. UI Number 588997
6. Employer Mailing Address* STATE OF ALASKA DNR-DOF 3700 AIRPORT WAY City State Zip Code FAIRBANKS AK 99709 Country, if outside the United States			7. Employer Physical Address STATE OF ALASKA DNR-DOF 3700 AIRPORT WAY City State Zip Code FAIRBANKS AK 99709 Country, if outside the United States		
8. Employee Name, Last XXXXXXXX			First XX	Middle XX	Suffix
9. Employee Mailing Address* XXXXXXXX City State Zip Code XXX XX XX Country, if outside the United States			10. Date of Birth* XX		11. Date of Death
			12. Employee ID Type & Number* S Social Security Number XXXX Country, if outside the United States		
Blocks 13 – 20 are to be completed by the Insurer / Claims Administrator submitting this report to the Division of Workers' Compensation					
13. MTC Report* SELECT ONE		14. JCN / AWCB*		15. Claim Status* SELECT ONE	
				16. Claim Type* SELECT ONE	
				17. Late Reason Code DROP DOWN LIST	
18. Full Denial Reason Code DROP DOWN LIST DROP DOWN LIST DROP DOWN LIST DROP DOWN LIST DROP DOWN LIST		19. Full Denial Effective Date			
		20. Denial Reason Narrative			
21. Policy Information Number N/A		Effective Date		Expiration Date	
22. Insurer Name STATE OF ALASKA		23. Insurer FEIN 926001185		24. Insurer Type Code* S Self-Insurer	
25. Claim Administrator Name* PENSER NORTH AMERICA INC		26. Claim Administrator Primary Address* PO BOX 241148			
27. Claim Admin FEIN* 912180915		28. Claim Admin Claim No.* LEAVE BLANK		City State Zip Code ANCHORAGE AK 99524	
29. Claim Admin Physical/Alternate Postal Code* 995240369					
30. Insured Name STATE OF ALASKA		31. Insured FEIN 926001185		32. Insured Type Code* S Self-Insured	
33. Employment Status* 8 Seasonal Worker		34. Days Worked / Week 7		35. Wage 36. Wage Period Code 02 Bi-Weekly	
37. Employee Hire Date		38. Occupation / Job Title XXX			
39. Full Wages Paid for Date of Injury Indicator DROP DOWN		40. Employer Paid Salary in Lieu of Compensation Indicator SELECT ONE			
Employer must complete either Block 41 or 42 AND Block 43:		44. Date of Injury / Illness*		45. Time of Injury / Illness	
41. Accident Site Information, if not on Employer Premises Organization Name Street City State Zip Code Country, if outside the United States		46. Date Employer First Knew of Injury / Illness		47. Date Claim Admin Knew of Injury / Illness	
42. Explain Where Injury Occurred XXX		For Blocks 48, 49 & 50 see: https://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx			
43. Accident Premises Code* X Other		48. Part(s) of Body Affected*		49. Nature of Injury / Illness*	
52. Initial Last Day Worked		53. Initial Date Disability Began		54. Initial Return to Work Date	
				55. Return to Work Type Code* DROP DOWN LIST	
56. Return to Work With Same Employer? DROP DOWN		57. Physical Restrictions Indicator DROP DOWN LIST			
58. Signature of Authorized Employer or Representative		59. Title		60. Date Signed	

Instructions for

EMPLOYER REPORT OF OCCUPATIONAL INJURY OR ILLNESS TO ALASKA DIVISION OF WORKERS' COMPENSATION

Employer: This form must be completed and sent immediately, and in no case later than **ten (10) days** after you have knowledge that your employee has been injured, or claims to have been injured or become ill while working for you. You have the option of completing this form electronically or by hand prior to sending the completed to your Insurer/Claims Administrator (Adjuster).

The form should be submitted electronically via electronic data interchange (EDI). If you or your insurer is not registered and approved to submit reports electronically, mail this form (07-6101) and form 07-6100 to the Division of Workers' Compensation, P.O. Box 115512, Juneau, AK 99811-5512. Make sure and keep a copy for your records.

Failure to file this report within the required time may subject you and/or your insurer to a penalty equal to 20 percent of the amount of compensation due to the injured worker.

AS 23.30.070

INFORMATION IN FILES MAINTAINED BY THE DIVISION OF WORKERS' COMPENSATION, EXCEPT FOR MEDICAL AND REHABILITATION RECORDS, IS AVAILABLE FOR PUBLIC REVIEW AND COPYING FOR NONCOMMERCIAL PURPOSES.
AS 23.30.107

OSHA REQUIREMENTS

Report industrial deaths and accidents to the Division of Labor Standards and Safety.

Alaska Statute 18.60.058 requires employers to report to Division of Labor Standards and Safety any employment accident which is fatal to one or more employees or which results in the overnight hospitalization of one or more employees. The report, which must be made immediately, but no later than 8 hours after receipt by the employer of information that the accident has occurred, must relate the circumstances of the accident, the number of fatalities, and the extent of the injuries.

Monday-Friday Alaska OSH (800) 770-4940 · 24-hour OSHA Hotline (800) 321-6742

"Injury" means accidental injury or death arising out of in the course of employment and an occupational disease, illness, or infection which arises naturally out of the employment or which naturally or unavoidably results from an accidental injury.

"Injury" does not include mental injury caused by stress unless it is established that (A) the work stress was extraordinary and unusual in comparison to pressures and tensions experienced by individuals in a comparable work environment, and (B) the work stress was the predominant cause of the mental injury. A mental injury is not considered to arise out of and in the course of employment if it results from a disciplinary action, work evaluation, job transfer, layoff, demotion, termination, or similar action taken in good faith by the employer.

	Alaska Division of Worker's Compensation Offices:	Alaska Division of Labor Standards and Safety Offices:
Anchorage:	3301 Eagle Street, #304 Anchorage, AK 99503-4149 (907) 269-4980	3301 Eagle Street, #305 Anchorage, AK 99503-4149 (907) 269-4940 or (800) 770-4940
Fairbanks:	675 Seventh Avenue, Station K Fairbanks, AK 99701-4531 (907) 451-2889	
Juneau:	1111 West 8th Street, #305 PO Box 115512 Juneau, AK 99811-5512 (907) 465-2790	1111 West 8th Street, #304 PO Box 111149 Juneau, AK 99811-1149 (907) 465-4855

PHYSICIAN'S REPORT

- ☐ **INITIAL** Employee: Sections 1 & 2/Physician: Sections 3 & 4
☐ **PROGRESS** Physician: Sections 1 & 4
☐ **TREATMENT PLAN** Employee: Sections 1 & 2/ Physician: Sections 3 & 4

AWCB Case Number:

SECTION 1	1. Employee's Name (Last, First, Middle Initial)		2. Insurer Claim Number		3. Date of Injury		
	4. Address		5. Sex <input type="radio"/> Male <input type="radio"/> Female		6. Social Security Number		
	City	State	Zip Code	Telephone	7. Date of Birth		
	8. Employer		9. Insurer				
	10. Address		11. Address				
	City	State	Zip Code	Telephone	City	State	Zip Code
SECTION 2	12. Date Last Worked		13. Was Body Part Injured Before? <input type="radio"/> No <input type="radio"/> Yes If yes, when and describe:				
	14. Describe Injury and Tell How It Happened:						
	15. Have You Seen Any Other Doctor for This Injury? <input type="radio"/> No <input type="radio"/> Yes If yes, list name and address:				16. Hospitalized As Inpatient? <input type="radio"/> No <input type="radio"/> Yes Name of Hospital:		
SECTION 3	17. Your First Treatment Date		18. Describe Complaints:				
	19. Fully Describe Findings on First Examination (Specify Right or Left):						
	20. Diagnosis:						
	21. X-Rays? <input type="radio"/> No <input type="radio"/> Yes X-Ray Diagnosis:						
	22. Is Condition Work Related? <input type="radio"/> No <input type="radio"/> Yes Explain: <input type="radio"/> Undetermined (Explain).						
SECTION 4	23. Treatment Date(s) Since Last Report		24. Next Treatment Date		25. Estimate Length of Further Treatment Days Weeks Months		
	26. Medically Stable? <input type="radio"/> No <input type="radio"/> Yes		27. Date of Medical Stability		28. Injury May Permanently Preclude Return to Job at Time of Injury <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Undetermined		
	29. Will Injury Result in Permanent Impairment? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Undetermined						
	30. Impairment Rating		31. Factors on Which Rating is Based				
	32. Released for Work <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Regular Work (Date): Estimate Length of Disability <input type="radio"/> 1-3 Days <input type="radio"/> 4-7 Days <input type="radio"/> 8-14 Days <input type="radio"/> 15-21 Days <input type="radio"/> 22-28 Days <input type="radio"/> More Weeks Months <input type="radio"/> Modified Work (Date): Give Limitations:						
	33. If the number of treatments will exceed Board's frequency standards, state the objectives, modalities, frequency of treatment, and reasons for frequency of treatments. Continue treatment plan on reverse if necessary. GIVE EMPLOYEE AND EMPLOYER/INSURER A COPY OF THIS REPORT.						
	34. Describe Treatment (and/or Attach Notes)						
35. If Case Referred to Another Physician, State Name and Address.					36. IRS I.D. Number		
37. Physician's Name and Degree (Print or Type)			38. Physician's Signature			39. Report Date	
40. Address			City			State Zip Code Telephone	

INSTRUCTIONS TO PHYSICIANS:

1. Clearly mark on reverse whether you are making an Initial, Treatment Plan, or Progress Report.
2. When making an Initial Report or Treatment Plan Report, ask employee to complete Sections 1 and 2. You should complete Sections 3 and 4.
3. When making a Progress Report, complete Items 1, 3, 6, 7, 8 and 9 of Section 1 (you may complete additional items for your own convenience) and Section 4.
4. A Treatment Plan IS REQUIRED ONLY if you treat the injured worker MORE OFTEN than provided in the following chart:

1st MONTH	2nd & 3rd MONTHS	4th & 5th MONTHS	6th THRU 12th MONTH
3 treatments per week	2 treatments per week	1 treatment per week	1 treatment per month
5. Within 14 days after each treatment, send the ORIGINAL report to the Employer. If you treat the employee more frequently than once every 14 days, you may report all treatments during a 14-day period on one form.
6. Send your billing only to the employer/insurer; the Board does not pay medical expenses.
7. If you need more space than that provided on the front of the form, use the space below.
8. You may make copies of this form.
9. Late or incomplete reporting may delay the employee's compensation payments. The employer/insurer may not be required to pay your treatment if reports are not submitted timely.

INSTRUCTIONS TO EMPLOYEE:

1. Complete Sections 1 and 2 of the Initial Report.
2. The report is NOT a substitute for your written notice of injury to your employer and the Alaska Workers' Compensation Board. If you have not already done so, immediately contact your employer and complete Items 1 through 17 of the Report of Occupational Injury or Illness (Form 07-6101).

42. Employee's Name (Last, First, Middle Initial)

43. Report Date

44. REMARKS (or Treatment Plan continued)

Medical records in an employee's file maintained by the board are not public records subject to public inspection and copying under AS 09.25.

Name _____ Date of Injury/Illness _____

Home Unit: _____ (Area, Region-Warehouse, Admin, etc.)

Position Title: _____

Work Location where injury/illness occurred

- ☐ Home Unit Office/Station
- ☐ Initial Attack (check one) Home Area____ Out of Area____
- ☐ Project Work Site (check one) Home Area____ Out of Area____
- ☐ Incident
 - ☐ Incident Name/Number: _____
 - ☐ NWCG mnemonic or Job Title: _____

City/State: _____

Employment Status:

- ☐ Regular State Employee (check one) Fire Staff____ Resources Staff____
 - ☐ Permanent Year-Round,
 - ☐ Permanent Seasonal
 - ☐ Long-Term-Non-Perm
 - ☐ Short-Term-Non-Perm
- ☐ EFF
 - ☐ Initial Attack
 - ☐ Single Resource
 - ☐ Crew Crew Name _____
 - ☐ Type 2
 - ☐ Type 2 IA
 - ☐ Type 1

Admitted to Hospital: _____? (Admitted is remaining overnight/beyond Emergency Room).

Description of injury and body part effected, activity involved _____

Supervisor Name (print): _____ Signature: _____

Date: _____



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Natural Resources

DIVISION OF FORESTRY/DIRECTOR'S OFFICE

3700 Airport Way
Fairbanks, AK 99709
Main: 907.451.2660
Fax: 907.451.2690

DATE: _____

To Health Care Provider

The following individual is a State of Alaska employee on an incident assignment. This letter is your authorization to provide treatment for any potential worker's compensation injuries or illness.

Name: _____

Social Security Number: _____

Please provide the necessary care to this employee and submit invoices/bills to:

Penser North America Inc.
P.O. Box 241148
Anchorage, Alaska 99524
Phone: (907) 313-7650
Fax: (907) 302-3803
katherinee@penserna.com

If you have any questions regarding State of Alaska employees, call:

Northern Region Administrative Assistance at (907) 451-2663

Your assistance is greatly appreciated.

Sincerely,

A handwritten signature in blue ink, appearing to read "John C. Maisch".

John "Chris" Maisch
State Forester

NOTICE OF EMPLOYEE RESPONSIBILITIES AND RELEASE OF MEDICAL DOCUMENTATION

FEDERAL WORKER RESPONSIBILITIES

I request medical care for a job-related injury or illness. I understand and accept my responsibilities as stated in BLM policy and on OWCP form CA-1 or CA-2. I agree to request the appropriate OWCP form(s) from the Injury Compensation Specialist prior to my medical appointment and return the completed OWCP form(s) to Financial Services immediately or on the next business day after I receive medical treatment.

I know that unless my physician certifies that I am totally disabled for any type of activity, a Restricted Duty Assignment will be made available to me within the physical restrictions set by my physician.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize any hospital, physician, Medical Service Provider or other person who has examined or attended me to furnish to the appropriate official any or all information about my injury or illness and any information which they may have concerning previous injuries or illnesses which may have a bearing on the injury as identified below.

Name (First, MI, Last)	
Date of Birth (MM/DD/YYYY)	
Social Security Number	
Date of Injury (MM/DD/YYYY)	
OWCP Claim Number	

I have received a copy of:

- ☐ Notice of Employee Responsibilities and Release of Medical Documentation
- ☐ Instructions to Injured Worker
- ☐ CA-1 or CA-2, Notice of Receipt

I have read and understand the above.

----- Signature of Federal Worker/Patient	----- Date
--	---------------

TO THE MEDICAL SERVICE PROVIDER

This form authorizes your office to provide information necessary to establish or manage a claim with the Department of Labor, Office of Workers' Compensation Programs (OWCP) for the federal worker who signed above. Please send chart notes, MRI, X-ray or other testing results, hospital admission, discharge and surgery records or other information regarding this injury or illness to:
BLM/Alaska Fire Service, ATTN: Injury Compensation, P.O. Box 35005, Ft. Wainwright, AK 99703.
Send your bill for this service to OWCP with other medical bills. Injury Compensation Specialist at (907) 356-5786 for billing information.



Dear Traveler:

This letter outlines the required guidelines that need to be followed in order for the Alaska Native Medical Center's (ANMC) Purchased/Referred Care Services (PRC) program to consider authorizing payment for **emergency medical care** while traveling outside the State of Alaska. "**Emergency**" means any medical condition for which immediate medical attention is necessary to prevent the death or serious impairment of the health of an individual. You must be an Alaska resident and are required to provide proof that Alaska residency has been maintained. Indian Health Service (IHS) facilities must be utilized when they are available. Prior to departing Alaska, you can verify if there is an IHS facility close to where you will be traveling by checking the web site at "<http://www.ihs.gov>". If an IHS facility is not available, seek care at the closest medical facility.

ANMC PRC must have eligibility documentation (Certificate of Indian Blood or tribal enrollment card issued by a federally recognized tribe) on file. Emergent medical care for outpatient or inpatient services **must be reported to ANMC PRC within 72-hours (including weekends and holidays) after receiving medical treatment.** The patient or the patient's family has the ultimate responsibility of notifying PRC by calling (800) 478-1636. When the ANMC PRC office is closed, you can leave a message on our secure voicemail message system. Leave your full name, date of birth and a contact telephone number. PRC staff will return your call the next business day.

ANMC PRC is not an insurance program. Residents of the Annette Island, Tanana Chiefs Conference, Southeast Alaska Regional Health Consortium, or Ketchikan Indian Corporation are covered by their respective PRC program.

Services not covered include:

Routine obstetrical care.	Medications purchased while traveling.
Routine or emergent dental care.	Inpatient/outpatient mental health services.
Routine/non-emergent care and follow-up appointments.	Inpatient/outpatient substance abuse services.

Travelers must provide medical records, within 30 days, for all out-of-state medical care you receive. This can be accomplished by signing a release of information form from the facility to ANMC. The records will be reviewed by medical professionals to determine if the care you received is emergent. If upon medical review, the medical care received is considered non-emergent, PRC is unable to authorize payment. If payment is approved, it is the patient or patient's family ultimate responsibility to ensure that PRC receives all claims and applicable insurance information in a timely manner. PRC is unable to authorize payment for delinquent accounts due to untimely submission of claims and/or insurance information. For those traveling outside the United States, traveler is required to pay up-front for the medical care they receive, must still notify PRC within 72-hours from the beginning of treatment, must still provide PRC with the medical records, and can submit receipts to PRC for reimbursement consideration upon returning to Alaska.

For individuals moving outside the State of Alaska, you are encouraged to register and utilize the services available at the closest IHS facility. You can access the list of IHS facilities on-line at the internet address provided above. ANMC PRC cannot guarantee that you will be eligible to receive services at any of these facilities because each area has its' local policies for determining who is eligible to receive care at that facility. **As a mover, ANMC PRC is only able to provide coverage for emergent medical services for 180-days from the date you left Alaska.**

Lastly, as a traveler or mover, you are required to provide proof, with date of when you left Alaska should you need financial assistance with medical care. This can be accomplished by your saving and providing those airline tickets or itineraries to PRC if requested.

Please call PRC at **800-478-1636** should you have additional questions or concerns. Thank you and have a safe trip.

Mailing address:
ANMC / I-PRC
4315 Diplomacy Dr.
Anchorage, AK 99508

Physical Location:
Inuit Building
4141 Ambassador Dr. #148
Anchorage, AK 99508

Office: (907) 729-2470
or (800) 478-1636
Fax: (907) 729-2483
www.anmc.org

TANANA CHIEFS CONFERENCE

Purchased/Referred Care, 201 1st Ave Suite 121, Fairbanks, Alaska 99701

Telephone: 907-451-6682, ext. 3613; 1-800-770-8251, ext. 3613 Fax: 907-459-3813

Hours: Monday through Friday, 8:00 am to 5:00 pm, Alaska Time

Date Issued: Date leaving Alaska: Date returning to Alaska: To:

Thank you for asking about Purchased/Referred Care funding for emergent medical services while you are outside of Alaska.

Tanana Chiefs Conference may cover you for emergency medical services for 180 days (6 months) from the date you leave Alaska. *You may be asked to show proof of the date you departed Alaska.*

Services not funded include non-emergency care, care for conditions you had before you left Alaska, dental care, services received in a foreign country (ask about care in Canada), etc.

Some examples of non-emergency health needs, which are not usually covered:

- Urinary tract infections
- Colds
- Sinus infections
- Diarrhea/Vomiting
- Minor rashes
- Medication refills

Here is how to receive funding for your care and other options for you to consider:

⇒ **You must use Indian Health Service clinics and hospitals if they are available to you.**

Take with you proof that you are an Indian Health Service beneficiary, such as your BIA Certificate of Indian Blood or your tribal enrollment card. Corporation cards may not be recognized as proof of Indian Health Service eligibility.

⇒ **In a truly life threatening emergency, get the care you need.**

You then have 72 hours to call Purchased/Referred Care and request funding. If you use the ER for healthcare that is not an emergency, YOU may be responsible for the bill. The ER is a place where **only** specialized emergency care is received.

Examples of emergency that may be treated in the ER:

- Heart attacks
- Serious falls
- Severe bleeding
- Poisonings
- Serious burns
- Serious injuries from car accidents

⇒ **You must receive prior funding authorization from Purchased/Referred Care FOR EACH VISIT if additional visits are needed.** You may be responsible for paying the bill if you receive care without first having funding approved. When you call Purchased/Referred Care for funding authorization, please have the following information available:

1. Name of the CAIHC doctor or nurse and the date and time you spoke with the person
2. Patient's name, birth date
3. Nature of the emergency (diagnosis if known)
4. Name, address, and telephone number of the private doctor, clinic, and/or hospital
5. The appointment date and time or the date(s) care was received
6. Name of patient's insurance company (ies) and policy number(s) or Medicaid number
7. The date you left Alaska and the date you plan to return to Alaska

⇒ **Sign the provider's "Assignment of Benefits" forms.**

⇒ **Give the provider all your insurance information.**

All other payers must be billed before Purchased/Referred Care can make payment as the final payer.

⇒ **Sign doctor and hospital "Release of Information" forms.** These forms allow the doctor and hospital to send copies of your medical records to CAIHC. Payment cannot be made until these records are received at CAIHC.

I have read and understand the above information.

Have a safe and speedy return to Alaska!

Signature

Date

Purchased/Referred Care Witness

cc: CAIHC medical records

ALASKA NATIVE HEALTH RESOURCE ADVOCATES PROGRAM 1-866-575-6757

THIS NUMBER IS FOR LOCATING I.H.S. CLINICS ONLY!

DESIGNATED INTERAGENCY EFF CREW LIST

LOCATION	NATIVE MEDICAL CLINIC	AGENCY	REGION OR AREA OFFICE	3-LETTER DESIGNATION
Allakaket/Alatna	TCC	AFS	TAD	6A8
Ambler	ANMC	AFS	GAD	ABL
Aniak	TCC	DOF	SWS	ANI
Beaver	TCC	AFS	UYD	WBQ
Buckland	ANMC	AFS	GAD	7K5
Chalkyitsik	TCC	AFS	UYD	CIK
Chevak	ANMC	DOF	SWS	VAK
Copper River	ANMC	DOF	CRS	GKN
Delta	TCC	DOF	DAS	BIG
Eagle	TCC	AFS	UYD	EAA
Fairbanks	TCC	DOF	FAS	FAI
Ft. Yukon	TCC	AFS	UYD	FYU
Galena	TCC	AFS	GAD	GAL
Grayling	ANMC	AFS	GAD	KGX
Holy Cross	ANMC	AFS	GAD	4Z4
Hooper Bay	ANMC	DOF	SWS	HPB
Hughes	TCC	AFS	TAD	HUS
Huslia	TCC	AFS	GAD	HSL
Kalskag, Lower	ANMC	DOF	SWS	KLG
Kalskag, Upper	ANMC	DOF	SWS	KLG
Kaltag	TCC	AFS	GAD	KAL
Kenai	ANMC	DOF	KKS	ENA
Kiana	ANMC	AFS	GAD	IAN
Koyuk	ANMC	AFS	GAD	KKA
Koyukuk	TCC	AFS	GAD	KYU
Marshall	ANMC	AFS	GAD	3A5
Mat-Su	ANMC	DOF	MSS	PAQ
McGrath	ANMC	DOF	SWS	MCG
Mentasta	ANMC	DOF	TAS	MEN
Minto	TCC	AFS	TAD	51Z
Mt. Village	ANMC	AFS	GAD	MOU
Nenana	TCC	DOF	FAS	ENN
Nikolai	TCC	DOF	SWS	5NI
Nondalton	ANMC	DOF	SWS	5NN
Noorvik	ANMC	AFS	GAD	ORV
Northway	TCC	DOF	TAS	ORT
Nulato	TCC	AFS	GAD	NUL

DESIGNATED INTERAGENCY EFF CREW LIST

LOCATION	NATIVE MEDICAL CLINIC	AGENCY	REGION OR AREA OFFICE	3-LETTER DESIGNATION
Pilot Station	ANMC	AFS	GAD	PST
Ruby	TCC	AFS	GAD	RBY
Scammon Bay	ANMC	DOF	SWS	SCM
Selawik	ANMC	AFS	GAD	WLK
Shageluk	ANMC	DOF	SWS	SHX
Shungnak	ANMC	AFS	GAD	SHG
Sleetmute	ANMC	DOF	SWS	SLQ
Stebbins	ANMC	AFS	GAD	WBB
Stevens Village	TCC	AFS	UYD	SVS
St. Marys	ANMC	AFS	GAD	KSM
St. Michael	ANMC	AFS	GAD	5S8
Tanacross	TCC	DOF	TAS	TSG
Tanana	TCC	AFS	TAD	TAL
Tetlin	TCC	DOF	TAS	3T4
Tok	TCC	DOF	TAS	6K8
Upper Tanana	TCC	DOF	TAS	TSG
Venetie	TCC	AFS	UYD	VEE

AFS Areas:

GAD - Galena Zone, Galena Dispatch: (907) 356-5891 Toll Free: (800) 237-3644
TAD - Tanana Zone, Tanana Dispatch: (907) 356-5578 Toll Free: (800) 237-3652
UYD - Upper Yukon Zone, Fairbanks Dispatch: (907) 356-5553

DOF Areas:

Coastal Region

KKS – Kenai-Kodiak Area, Soldotna Dispatch: (907) 260-4233
MSS - Mat-Su Area, Palmer Dispatch: (907) 761-6240
SWS - Southwest Area, McGrath Dispatch: (907) 524-3368

Northern Region

CRS – Valdez-Copper River Area, Glennallen Dispatch: (907) 822-8627
DAS - Delta Area, Delta Dispatch: (907) 895-2107
FAS - Fairbanks Area, Fairbanks Dispatch: (907) 451-2626
TAS - Tok Area, Tok Dispatch: (907) 883-5134
SLC – State Logistics Center Dispatch: (907) 451-2680

Native Medical Clinics:

TCC – Tanana Chiefs Conference (800) 478-1636
ANMC –Alaska Native Medical Center (800) 770-8251 x 3613

State of Alaska Department of Natural Resources

Division of Forestry

Burn Injury Protocol

Filing Procedures and Responsibilities

The Area must report any event involving death or in-patient hospitalization to the Regional Forester and the Division's Safety Officer within 8 hours.

The State of Alaska uses the State of Alaska Department of Labor's "Report of Occupational Injury or Illness to Employer" (Form 07-6100), and the State of Alaska's "Supervisor's Accident Investigation Report" (Form 02-932) to document work-related injuries and illnesses. When an employee has been, or claims to have been, injured or becomes ill from work-related causes, Form 07-6100 must be completed and submitted immediately to the applicable Finance Section, Area Admin, or Regional Admin. Failure to file Form 07-6100 within the required time may subject the Area/Region's operating budget to a penalty equal to 20% of the amount of compensation payable to the injured employee. An employee may file one of these reports at any time. No one has the authority to deny an employee the right to file.

See that copies of the Form 07-6100 and Form 02-932 (Supervisor's Accident Investigation Report) are faxed immediately to the employee's home unit. Copies are also provided to the Division of Forestry's Safety Officer with any personal identifying information such as name, address or social security number blacked out.

At no time should employees comment on the likelihood of a claim being covered other than to inform the injured or ill party of their financial liability if the claim is determined not to be work related.

Final determination of work-related validity is the responsibility of the Adjustor. It is important that an employee is forewarned that they may be liable for any medical costs incurred if the injury/illness is determined NOT to be work-related. After learning an employee has been or claims to have been injured, Form 07-6100 must be completed and submitted immediately to the applicable Finance Section, Area Admin, or Regional Admin. If an employee chooses not to file, the supervisor may file on the employee's behalf relaying whatever information is available to them.

The agency administrator or designee for the incident will coordinate with the employee's home unit to identify a Worker's Compensation liaison to assist the injured employee with worker's compensation claims and procedures.

Required Treatment for Burn Injuries

The following standards will be used when any firefighter sustains burn injuries, regardless of agency jurisdiction.

After on-site medical response, initial medical stabilization and evaluation are completed: the agency administrator or designee having jurisdiction for the incident and/or firefighter representative (e.g. Crew Boss, Medical Unit Leader, Compensation for Injury Specialist, etc.) should coordinate with the attending physician to ensure that a firefighter whose injuries meet any of the following burn injury criteria is immediately referred to the nearest regional burn center. It is imperative that action is expeditious, as burn injuries are often difficult to evaluate and may take 72 hours to manifest themselves. These criteria are based upon American Burn Association (ABA) criteria as warranting immediate referral to an accredited burn center.

During these rare events, close consultation must occur between the attending physician, the firefighter, the Agency Administrator or designee and/or firefighter representative, the firefighter's physician (if they have one), and the burn center to assure that the best possible care for the burn injuries is provided.

Burn Injury Criteria

- Partial thickness burns (second degree) involving greater than 10% Total Body Surface Area (TBSA)
- Burns (second degree) involving the face, hands, feet, genitalia, perineum, or major joints
- Third degree burns of any size are present
- Electrical burns, including lightning injury are present
- Inhalation injury is suspected
- Burn injury in someone with preexisting medical disorders that could complicate management, prolong recovery or affect mortality (e.g., diabetes).
- Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn unit.
- When there is any doubt as to the severity of the burn injury, the recommended action should be to facilitate the immediate referral and transport of the firefighter to the nearest burn center

Severity Determination

- First Degree (Superficial) Red, sometimes painful
- Second Degree (Partial Thickness) Skin may be red, blistered, swollen, painful to very painful
- Third Degree (Full Thickness) Whitish, charred, or translucent, no pin prick sensation in burned area

Additional guidance regarding federal employees and a list of possible burn care facilities may be found at: http://ameriburn.org/verification_verifiedcenters.php

Link to the Interagency Standards for Fire & Aviation Operations 2017; see Chapter 7 for additional burn injuring information.

<https://www.nifc.gov/PUBLICATIONS/redbook/2017/Chapter07.pdf>
[National Interagency Fire Center](#)

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

CHAPTER 5
PERFORMANCE EVALUATIONS & DISCIPLINE

PURPOSE: All personnel on assignment will abide by the rules, regulations, policies, safety practices, and instructions from supervisors; respect the rights of fellow workers; and properly care for government and personal property. Review of violations and actions, if necessary, will be done by local supervisors and/or management. Home Area/Region management will follow-up with further investigation, review, termination of emergency employment, or discipline as required.

EVALUATIONS

An evaluation will be prepared for all crews and single resources (regular State and EFF) assigned to an incident, mobilization base, dispatch or logistics office, or elsewhere; and Incident Management Teams (IMTs). These evaluations are confidential and should be treated as such.

An evaluation should be a thorough, accurate, and fair reflection of a single resource's or crew's performance in all aspects for the entire period of their assignment.

In some geographical areas, evaluations are not completed unless an employee's performance is outstanding or deficient. Nevertheless, employees should make every effort to obtain a performance evaluation for every assignment. **Evaluations are needed to get credit for the assignment.**

If the supervisor is unable to discuss the evaluation with the employee before their departure from the assignment, the Incident Commander will ensure the employee receives an opportunity to discuss the rating and respond to any issues in writing.

CREWS

The basic guideline for EFF crew (both Type 1 & 2) and non-crew EFF evaluations is found in the current Alaska Emergency Firefighter Type 2 Crew Management Guide. To ensure that established procedure is followed, supervisors will read and adhere to the Crew Evaluation chapter in the Alaska Type 2 Emergency Firefighter Crew Management Guide **when evaluating a crew.**

EFF crews, as well as Superintendents/Crew Bosses, will be evaluated for that assignment by the immediate off-crew supervisor using the Crew Performance Rating (ICS Form 224, Form 1). The term "crew boss" means, "crew superintendent" in the case of a Type 1 crew.

SINGLE RESOURCES All government personnel shall be evaluated using the Incident Personnel Performance Rating (ICS Form 225, Form 2). The Forestry office in charge of the assignment will review all evaluations for completeness and any deficient rating(s).

INCIDENT MANAGEMENT TEAMS (Form 3)

See Form 3

ALASKA DEPARTMENT OF NATURAL RESOURCES
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ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

ROUTING

When an evaluation is completed it is routed as follows:

EFF Crew/Non-Crew

- One copy will be given to the Crew Superintendent/Crew Boss (or individual if non-crew) prior to release
- One copy will be given to the incident's Plans function, if applicable, or the administrative unit in charge of the assignment
- One copy will be sent to the crew/non-crew local governing body, contractor or home unit (whichever is applicable) as soon as possible.

State employee

- A copy given to the individual
- A copy given to plans (to be forwarded to the individual's home unit)

RETENTION

Evaluations for EFF crews or individuals will be maintained by the home Area/Region as part of the crew's/individual's record. Evaluations will be reviewed and used for determining effectiveness and performance.

When a "deficient" rating is noted, the home Area/Region will be notified at the earliest opportunity by the Incident Plans Section, the Incident Commander, or the administrative unit in charge of the incident.

CONDUCT AND DISCIPLINE

EFF

The basis for conduct and discipline for crew non-crew EFF is found in the Alaska Emergency Firefighter Type 2 Crew Management Guide. The basis for conduct and discipline for non-crew EFF is found in the Alaska Single Resource AD/EFF Casual Hire Guide. It is the intent of Forestry to ensure all EFF are held to the same standard of conduct.

It is worthy of note that non-crew EFF are "at-will-employees" and have no rights, guarantees, or appeals when it comes to employment. The employer can release them at any time and can elect not to hire them. All employees' conduct and performance reflect on the Division, and non-crew EFF should be chosen to perform well and to serve as good representatives of the Alaska Fire Community. Non-crew EFF are bound by the same conditions of hire as crew EFF.

Throughout the Alaska Emergency Firefighter Type 2 Crew Management Guide, the term "crew boss" shall refer to "crew superintendent" in the case of Type 1 crews, and does not apply in the case of non-crew EFF. References to "village" do not apply in the case of non-crew EFF and may not apply to Type 1 crews as applicable. The term "EFF crew" does not apply to non-crew EFF.

REGULAR STATE EMPLOYEES

It is the intent of Forestry that all government employees, regular state employees as well as EFF, are held to the same standard of conduct. However, union agreements, personnel rules, and Human Resources' direction dictate response in many aspects of discipline.

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

Government employees can be terminated from an assignment for cause and required to return to their home unit. The administrative unit in charge of the assignment shall forward to the home unit any evaluations, investigations, reports, etc., done on an employee.

CREW PERFORMANCE RATING (instructions on back)

1. Crew Name and Designator	2. Incident Name and Number	3. Location of Incident	
4. Crew Home Unit and Address	5. Dates Assigned to Incident	6. Number of Operational Periods (Shifts) _____ No. of Shifts Constructing Hotline _____	
7. Evaluation Criteria			
Crew Type: (check one) IHC/T1___ T2IA___ T2___ Engine___ Helitack___ Other___ Agency Crew___ Contract Crew___ Contract Number___		Superior	Satisfactory
Rating Factors (not all criteria apply to all crews)		Needs Improvement	Not Applicable
LEADERSHIP (CREW OVERHEAD) PERFORMANCE			
Communications (Inter- and Intra-crew)			
Coordination, Supervision, and Finance/Administration			
Risk Management and Decision Making			
Training and Mentoring			
Crew Conduct (Fireline / Camp or Off Fireline)		/	/
Work and Tasks Completed as Assigned (Quantity and Quality of Work)			
TACTICS			
Safety Practices			
Line Construction / Hotline Construction or Direct Attack		/	/
Lookouts and Scouting			
Fire Weather and Fire Behavior Observations			
Chainsaw Operations and Felling Trees Operations			
Spot Fire Attack			
Mop Up			
Spot Grid Organization			
Portable Pump and Hose Lay Setup and Operations			
SPECIALIZED OPERATIONS			
Initial Attack Organization			
Firing and Holding Organization			
Wildland Urban Interface (WUI) Operations			
Map, Compass, and GPS Navigation			
Incident Within an Incident			
AVIATION OPERATIONS			
Safe Operations Around Aviation Assets			
Helispot Specifications and Construction			
Directing Aviation Assets and Drops by Radio			
Longline and Sling Load Operations			
Coordination with Aerial Supervision and Air Resources			
MISCELLANEOUS			
Physical Condition			
Other (specify)			
All Hazard Incident (specify incident type and assignment in Remarks section)			
Remarks (use separate sheet if necessary and attach)			
8. Crew Supervisor (printed name)	Crew Supervisor (signature)	<input type="checkbox"/> This rating has been discussed with me.	Date
9. Rated by (printed name)	Rated by (signature)		Date
Position on Incident	Home Unit Identifier and Phone Number		

CREW PERFORMANCE RATING FORM KEY AND INSTRUCTIONS

Rating crew performance is an important task for all fireline supervisors. When completed correctly and thoroughly, the ICS-224 form will provide useful information for determining crew effectiveness and efficiency and document incident performance. The form allows the fireline supervisor to rate crews in four primary areas: Leadership (Crew Overhead) Performance, Tactics, Specialized Operations, and Aviation Operations. Other factors can be rated in the Miscellaneous category. Below is a key for filling out the form along with the primary rating factors. Together, they define satisfactory performance by a crew. Ratings of other than satisfactory, either higher or lower, must be explained in the Remarks section. The completed rating will be given to the Planning Section before the rater leaves the incident.

LEADERSHIP (CREW OVERHEAD) PERFORMANCE:

Communications (Inter- and Intra-crew) – Uses radio properly; communicates leaders intent; information transfer is timely.

Coordination, Supervision, and Finance/Administration – Takes charge; motivates crew; coordinates with other crews, DIVS, STLD, and TFLD; is prompt (on time); crew is equipped and ready to work (per contract, mob guide, IIBMH); adheres to operational and business management protocols; provides copy of contract/ROSS order; fills out daily CTRs properly; leads crew to completion of assigned tasks.

Risk Management and Decision Making – Identifies hazards and communicates to subordinates; identifies safety zones and routes and communicates to crew; decisions are timely; instructions to crew are understood; understands ICS system; positive interactions with others.

Training and Mentoring – Uses CRWB(T) and squad bosses; sets up for success.

Crew Conduct (Fireline / Camp or Off Fireline) – Crew camaraderie and cohesion; interaction with other crews or resources; deals appropriately with conduct issues. Rate both fireline, and camp or off fireline.

Work and Tasks Completed as Assigned (Quantity and Quality of Work) – Crew completes work assignments within given timeframes and to the expected standards.

TACTICS:

Safety Practices – Uses LCES; uses PPE properly for all operations; uses proper spacing on line; uses hand tools safely.

Line Construction / Hotline Construction or Direct Attack – Uses proper type of berm and cup trench; production rate meets standard for fuel and crew type; tools and equipment are maintained; hotline and direct attack methods proper for fire behavior and fuel type. Rate both line construction, and hotline construction or direct attack.

Lookouts and Scouting – Lookouts are properly spaced and posted; hazards are identified; crew watches for spot fires and reports them.

Fire Weather and Fire Behavior Observations – Personnel are kept informed; updates are passed along to crew and squads.

Chainsaw Operations and Felling Trees Operations – Personnel qualified; conducts safe cutting/felling operations; maintains equipment.

Spot Fire Attack – Crew structure is adapted to spot fire attack needs; suppresses spot fires quickly and effectively.

Mop Up – Most threatening areas are prioritized; searches for hotspots; uses water properly.

Spot Grid Organization – Sets up grid properly for area and fuel type; conducts thorough searches for hotspots.

Portable Pump and Hose Lay Setup and Operations – Sets up and operates pump properly; checks fuel system; maintains pump; acquires and sets up appropriate hose and hardware; pumps and spacing are adequate for length and terrain; uses water properly.

SPECIALIZED OPERATIONS:

Initial Attack Organization – Follows LCES; sizeup and briefing are adequate.

Firing and Holding Organization – Firing methods and device are appropriate for fuel type; holding crew understands assignment.

Wildland Urban Interface Operations – Accomplishes assigned WUI tasks safely and effectively; crew is aware of WUI hazards and procedures.

Map, Compass, and GPS Navigation – Crew is able to navigate using tools provided; relays GPS coordinates accurately and timely.

Incident Within an Incident – Medical and injury response; hazardous materials; shelter deployment; burn victim.

AVIATION OPERATIONS:

Safe Operations Around Aviation Assets – Organizational preparedness; takes direction from the Air Attack, Helitack, or Pilot.

Helispot Specifications and Construction – Approach and departure paths are adequate; landing pads are adequate.

Directing Aviation Assets and Drops by Radio – Uses panel markers properly; verbal descriptions identify needs.

Longline and Sling Load Operations – Cargo loads are properly weighed, marked, manifested, and directed following procedures.

Coordination with Aerial Supervision and Air Resources – Uses appropriate air/ground frequencies; properly clears fireline for drops.

MISCELLANEOUS:

Physical Condition – Overall crew fitness allows for completion of assigned tasks; if fitness is an issue, explain in Remarks.

Other (specify) – Complexity of assignment; steep terrain; high winds; equipment issues; business management issues.

All Hazard Incident – If All Hazard Incident, specify incident type and assignment in Remarks.

REMARKS:

Focus on tasks and jobs the crew spent the majority of their time on and/or any issues related to job performance, timeliness, and contract requirements. Cite specific examples that support the performance rating. The rater should take into account the capabilities of the entire crew (not just those of the crew leadership), and the complexity of the assignment (fuel type, terrain, environmental factors, etc.). Any rating of "Needs Improvement" requires explanation and recommendations for correction in Remarks. Issues related to business management must be explained.

RATINGS:

Superior – Performance level is significantly in excess of expectations and is an example for others. Rating must be explained in Remarks.

Satisfactory – Meets all standards, quality of work, timeliness, and production, or administrative issues did not affect overall Performance.

Needs Improvement – Crew did not fully meet standards in one or more of the above measures. Outline recommended corrective actions needed. Rating must be explained in Remarks.

INCIDENT PERSONNEL PERFORMANCE RATING		INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to the planning section before the rater leaves the fire. Rating will be reviewed with employee who will sign at the bottom.															
THIS RATING TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE																	
1. Name					2. Fire Name and Number												
3. Home Unit (address)					4. Location of Fire (address)												
5. Fire Position		6. Date of Assignment From: To:			7. Acres Burned		8. Fuel Type(s)										
9. Evaluation																	
<p>Enter X under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:</p> <p>0 - Deficient. Does not meet minimum requirements of the individual statement. DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.</p> <p>1 - Needs to improve. Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.</p> <p>2 - Satisfactory. Employee meets all requirements of the individual element.</p> <p>3 - Superior. Employee consistently exceeds the performance requirements.</p>																	
Rating Factors					Hot Line		Mop-Up		Camp		Other (Specify)						
					0	1	2	3	0	1	2	3	0	1	2	3	
Knowledge of the job																	
Ability to obtain performance																	
Attitude																	
Decisions under stress																	
Initiative																	
Consideration for personnel welfare																	
Obtain necessary equipment and supplies																	
Physical ability for the job																	
Safety																	
Other (specify)																	
10. Remarks																	
11. Employee (signature) This rating has been discussed with me												12. Date					
13. Rate By (signature)				14. Home Unit (address)				15. Position of Fire				16. Date					

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

THIS RATING IS TO BE USED <u>ONLY</u> FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT					
1. Name:		2. Incident Name:		3. Incident Number:	
4. Home Unit Name and Address:			5. Incident Agency and Address:		
6. Position Held on Incident:		7. Date(s) of Assignment: From: Date To: Date		8. Incident Complexity Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
9. Incident Definition:					
10. Evaluation					
Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4 5 – Exceeded Expectations
11. Knowledge of the Job/ Professional Competence: Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.)	<input type="checkbox"/>	Questionable competence and credibility. Operational or specialty expertise inadequate or lacking in key areas. Made little effort to grow professionally. Used knowledge as power against others or bluffed rather than acknowledging ignorance. Effectiveness reduced due to limited knowledge of own organizational role and customer needs.	<input type="checkbox"/>	Competent and credible authority on specialty or operational issues. Acquired and applied excellent operational or specialty expertise for assigned duties. Showed professional growth through education, training, and professional reading. Shared knowledge and information with others clearly and simply. Understood own organizational role and customer needs.	Superior expertise; advice and actions showed great breadth and depth of knowledge. Remarkable grasp of complex issues, concepts, and situations. Rapidly developed professional growth beyond expectations. Vigorously conveyed knowledge, directly resulting in increased workplace productivity. Insightful knowledge of own role, customer needs, and value of work.
12. Ability To Obtain Performance/Results: Quality, quantity, timeliness, and impact of work.	<input type="checkbox"/>	Routine tasks accomplished with difficulty. Results often late or of poor quality. Work had a negative impact on department or unit. Maintained the status quo despite opportunities to improve.	<input type="checkbox"/>	Got the job done in all routine situations and in many unusual ones. Work was timely and of high quality; required same of subordinates. Results had a positive impact on IMT. Continuously improved services and organizational effectiveness.	Maintained optimal balance among quality, quantity, and timeliness of work. Quality of own and subordinates' work surpassed expectations. Results had a significant positive impact on the IMT. Established clearly effective systems of continuous improvement.
13. Planning/ Preparedness: Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT).	<input type="checkbox"/>	Got caught by the unexpected; appeared to be controlled by events. Set vague or unrealistic goals. Used unreasonable criteria to set priorities and deadlines. Rarely had plan of action. Failed to focus on relevant information.	<input type="checkbox"/>	Consistently prepared. Set high but realistic goals. Used sound criteria to set priorities and deadlines. Used quality tools and processes to develop action plans. Identified key information. Kept supervisors and stakeholders informed.	Exceptional preparation. Always looked beyond immediate events or problems. Skillfully balanced competing demands. Developed strategies with contingency plans. Assessed all aspects of problems, including underlying issues and impact.
14. Using Resources: Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).	<input type="checkbox"/>	Concentrated on unproductive activities or often overlooked critical demands. Failed to use people productively. Did not follow up. Mismanaged information, money, or time. Used ineffective tools or left subordinates without means to accomplish tasks. Employed wasteful methods.	<input type="checkbox"/>	Effectively managed a variety of activities with available resources. Delegated, empowered, and followed up. Skilled time manager, budgeted own and subordinates' time productively. Ensured subordinates had adequate tools, materials, time, and direction. Cost conscious, sought ways to cut waste.	Unusually skilled at bringing scarce resources to bear on the most critical of competing demands. Optimized productivity through effective delegation, empowerment, and follow-up control. Found ways to systematically reduce cost, eliminate waste, and improve efficiency.
15. Adaptability/Attitude: Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles.	<input type="checkbox"/>	Unable to gauge effectiveness of work, recognize political realities, or make adjustments when needed. Maintained a poor outlook. Overlooked or screened out new information. Ineffective in ambiguous, complex, or pressured situations.	<input type="checkbox"/>	Receptive to change, new information, and technology. Effectively used benchmarks to improve performance and service. Monitored progress and changed course as required. Maintained a positive approach. Effectively dealt with pressure and ambiguity. Facilitated smooth transitions. Adjusted direction to accommodate political realities.	Rapidly assessed and confidently adjusted to changing conditions, political realities, new information, and technology. Very skilled at using and responding to measurement indicators. Championed organizational improvements. Effectively dealt with extremely complex situations. Turned pressure and ambiguity into constructive forces for change.
16. Communication Skills: Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.	<input type="checkbox"/>	Unable to effectively articulate ideas and facts; lacked preparation, confidence, or logic. Used inappropriate language or rambled. Nervous or distracting mannerisms detracted from message. Failed to listen carefully or was too argumentative. Written material frequently unclear, verbose, or poorly organized. Seldom proofread.	<input type="checkbox"/>	Effectively expressed ideas and facts in individual and group situations; nonverbal actions consistent with spoken message. Communicated to people at all levels to ensure understanding. Listened carefully for intended message as well as spoken words. Written material clear, concise, and logically organized. Proofread conscientiously.	Clearly articulated and promoted ideas before a wide range of audiences; accomplished speaker in both formal and extemporaneous situations. Adept at presenting complex or sensitive issues. Active listener; remarkable ability to listen with open mind and identify key issues. Clearly and persuasively expressed complex or controversial material, directly contributing to stated objectives.

INCIDENT PERSONNEL PERFORMANCE RATING (ICS 225)

1. Name:		2. Incident Name:		3. Incident Number:	
10. Evaluation					
Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4
17. Ability To Work on a Team: Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps.	<input type="checkbox"/>	Used teams ineffectively or at wrong times. Conflicts mismanaged or often left unresolved, resulting in decreased team effectiveness. Excluded team members from vital information. Stifled group discussions or did not contribute productively. Inhibited cross functional cooperation to the detriment of unit or service goals.	<input type="checkbox"/>	Skillfully used teams to increase unit effectiveness, quality, and service. Resolved or managed group conflict, enhanced cooperation, and involved team members in decision process. Valued team participation. Effectively negotiated work across functional boundaries to enhance support of broader mutual goals.	<input type="checkbox"/>
18. Consideration for Personnel/Team Welfare: Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills.	<input type="checkbox"/>	Seldom recognized or responded to needs of people; left outside resources untapped despite apparent need. Ignorance of individuals' capabilities increased chance of failure. Seldom recognized or rewarded deserving subordinates or other IMT members.	<input type="checkbox"/>	Cared for people. Recognized and responded to their needs; referred to outside resources as appropriate. Considered individuals' capabilities to maximize opportunities for success. Consistently recognized and rewarded deserving subordinates or other IMT members.	<input type="checkbox"/>
19. Directing Others: Ability to influence or direct others in accomplishing tasks or missions.	<input type="checkbox"/>	Showed difficulty in directing or influencing others. Low or unclear work standards reduced productivity. Failed to hold subordinates accountable for shoddy work or irresponsible actions. Unwilling to delegate authority to increase efficiency of task accomplishment.	<input type="checkbox"/>	A leader who earned others' support and commitment. Set high work standards; clearly articulated job requirements, expectations, and measurement criteria; held subordinates accountable. When appropriate, delegated authority to those directly responsible for the task.	<input type="checkbox"/>
20. Judgment/Decisions Under Stress: Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought.	<input type="checkbox"/>	Decisions often displayed poor analysis. Failed to make necessary decisions, or jumped to conclusions without considering facts, alternatives, and impact. Did not effectively weigh risk, cost, and time considerations. Unconcerned with political drivers on organization.	<input type="checkbox"/>	Demonstrated analytical thought and common sense in making decisions. Used facts, data, and experience, and considered the impact of alternatives and political realities. Weighed risk, cost, and time considerations. Made sound decisions promptly with the best available information.	<input type="checkbox"/>
21. Initiative Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision.	<input type="checkbox"/>	Postponed needed action. Implemented or supported improvements only when directed to do so. Showed little interest in career development. Feasible improvements in methods, services, or products went unexplored.	<input type="checkbox"/>	Championed improvement through new ideas, methods, and practices. Anticipated problems and took prompt action to avoid or resolve them. Pursued productivity gains and enhanced mission performance by applying new ideas and methods.	<input type="checkbox"/>
22. Physical Ability for the Job: Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others.	<input type="checkbox"/>	Failed to meet minimum standards of sobriety. Tolerated or condoned others' alcohol abuse. Seldom considered subordinates' health and well-being. Unwilling or unable to recognize and manage stress despite apparent need.	<input type="checkbox"/>	Committed to health and well-being of self and subordinates. Enhanced personal performance through activities supporting physical and emotional well-being. Recognized and managed stress effectively.	<input type="checkbox"/>
23. Adherence to Safety: Ability to invest in the IMT's future by caring for the safety of self and others.	<input type="checkbox"/>	Failed to adequately identify and protect personnel from safety hazards.	<input type="checkbox"/>	Ensured that safe operating procedures were followed.	<input type="checkbox"/>
24. Remarks:					
25. Rated Individual (This rating has been discussed with me): Signature: _____ Date/Time: _____					
26. Rated by: Name: _____ Signature: _____ Home Unit: _____ Position Held on This Incident: _____					
ICS 225			Date/Time: Date _____		

ICS 225

Incident Personnel Performance Rating

Purpose. The Incident Personnel Performance Rating (ICS 225) gives supervisors the opportunity to evaluate subordinates on incident assignments. THIS RATING IS TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE ON AN INCIDENT/EVENT.

Preparation. The ICS 225 is normally prepared by the supervisor for each subordinate, using the evaluation standard given in the form. The ICS 225 will be reviewed with the subordinate, who will sign at the bottom. It will be delivered to the Planning Section before the rater leaves the incident

Distribution. The ICS 225 is provided to the Planning Section Chief before the rater leaves the incident.

Notes:

- Use a blank ICS 225 for each individual.
- Additional pages can be added based on individual need.

Block Number	Block Title	Instructions
1	Name	Enter the name of the individual being rated.
2	Incident Name	Enter the name assigned to the incident.
3	Incident Number	Enter the number assigned to the incident.
4	Home Unit Address	Enter the physical address of the home unit for the individual being rated.
5	Incident Agency and Address	Enter the name and address of the authority having jurisdiction for the incident.
6	Position Held on Incident	Enter the position held (e.g., Resources Unit Leader, Safety Officer, etc.) by the individual being rated.
7	Date(s) of Assignment <ul style="list-style-type: none"> • From • To 	Enter the date(s) (month/day/year) the individual was assigned to the incident.
8	Incident Complexity Level <ul style="list-style-type: none"> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 	Indicate the level of complexity for the incident.
9	Incident Definition	Enter a general definition of the incident in this block. This may be a general incident category or kind description, such as "tornado," "wildfire," "bridge collapse," "civil unrest," "parade," "vehicle fire," "mass casualty," etc.
10	Evaluation	Enter "X" under the appropriate column indicating the individual's level of performance for each duty listed.
	N/A	The duty did not apply to this incident.
	1 – Unacceptable	Does not meet minimum requirements of the individual element. Deficiencies/Improvements needed must be identified in Remarks.
	2 – Needs Improvement	Meets some or most of the requirements of the individual element. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.
	3 – Met Standards	Satisfactory. Employee meets all requirements of the individual element.
10	4 – Fully Successful	Employee meets all requirements and exceeds one or several of the requirements of the individual element.
	5 – Exceeded Expectations	Superior. Employee consistently exceeds the performance requirements.

Block Number	Block Title	Instructions
11	Knowledge of the Job/ Professional Competence:	Ability to acquire, apply, and share technical and administrative knowledge and skills associated with description of duties. (Includes operational aspects such as marine safety, seamanship, airmanship, SAR, etc., as appropriate.)
12	Ability To Obtain Performance/Results:	Quality, quantity, timeliness, and impact of work.
13	Planning/Preparedness:	Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT).
14	Using Resources:	Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).
15	Adaptability/Attitude:	Ability to maintain a positive attitude and modify work methods and priorities in response to new information, changing conditions, political realities, or unexpected obstacles.
16	Communication Skills:	Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.
17	Ability To Work on a Team:	Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps.
18	Consideration for Personnel/Team Welfare:	Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills.
19	Directing Others:	Ability to influence or direct others in accomplishing tasks or missions.
20	Judgment/Decisions Under Stress:	Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought.
21	Initiative	Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision.
22	Physical Ability for the Job:	Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others.
23	Adherence to Safety:	Ability to invest in the IMT's future by caring for the safety of self and others.
24	Remarks	Enter specific information on why the individual received performance levels.
25	Rated Individual (This rating has been discussed with me) <ul style="list-style-type: none"> • Signature • Date/Time 	Enter the signature of the individual being rated. Enter the date (month/day/year) and the time (24-hour clock) signed.
26	Rated by <ul style="list-style-type: none"> • Name • Signature • Home Unit • Position Held on This Incident • Date/Time 	Enter the name, signature, home unit, and position held on the incident of the person preparing the form and rating the individual. Enter the date (month/day/year) and the time (24-hour clock) prepared.

Incident Management Team Evaluation Form

Team Incident Commander: _____

Type: _____

Incident Name: _____

Incident Number: _____

Dates: From: _____

To: _____

1. Did the Team place proper emphasis on safety, adhere to the 10 Standard Orders, evaluate the situation in relation to the 18 Situations and incorporate LCES?

yes

no

Comments:

2. Did the Team accomplish the objectives described in the Wildland Fire Situation Analysis (WFSA), the Delegation of Authority, and the Agency Briefing?

yes

no

Comments:

3. Was the Team sensitive to resource limits and environmental concerns?

yes

no

Comments:

4. Was the Team sensitive and responsive to local and social concerns and issues?

yes

no

Comments:

5. Was the Team professional in the manner in which they assumed management of the incident, managed the incident, and returned it to the hosting agency?

yes

no

Comments:

6. Did the Team anticipate and respond to changing conditions in a timely and effective manner?

yes

no

Comments:

7. Did the Team activate and manage the demobilization in a timely, cost-effective manner?

yes

no

Comments:

8. Did the Team attempt to use local resources and trainees and closest available forces to the extent possible?

yes

no

Comments:

9. Was the IC an effective manager of the Team and its activities?

yes

no

Comments:

10. Was the IC obviously in charge of the Team and incident? Was the IC performing a leadership role?

yes

no

Comments:

11. Was the IC effective in assuming responsibility for the incident and initiating action?

yes

no

Comments:

12. Did the IC express a sincere concern and empathy for the hosting unit and local conditions?

yes

no

Comments:

13. Was the Team cost effective in their management of the incident

yes

no

Comments:

Other comments:

Agency Administrator Signature:

Date: _____

Incident Commander Signature:

Date: _____

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CHAPTER 6
EQUIPMENT ACQUISITION

INTRODUCTION

This chapter contains information regarding equipment hiring and obtaining emergency services in support of fire suppression operations. The Emergency Equipment Rental Agreements (EERAs) are discussed in this chapter and the State of Alaska Equipment Rates are included. Procurement and purchasing authorities are discussed in Chapter 14 of the Alaska Incident Business Management Handbook (AIBMH). Hiring of Cooperator Fire Department (CFD) apparatus and equipment is discussed in Chapter 7 of the AIBMH. Land Use Agreements are discussed in Chapter 16. For Aviation hiring, refer to <http://forestry.alaska.gov/aviation/rental>.

EMERGENCY EQUIPMENT RENTAL AGREEMENTS AND OTHER HIRING DOCUMENTS

The Division has a need to hire a variety of equipment and services during emergencies to support ongoing suppression efforts. Oftentimes equipment such as boats, dozers, and four-wheelers are rented from private parties using an Emergency Equipment Rental Agreement (EERA). An EERA is a contract that specifies the terms, conditions, and rates that the Contractor agrees to abide by. **ONLY THE LEGAL OWNER OF THE EQUIPMENT OR THE INDIVIDUAL WITH THE LEGAL RIGHT TO PROVIDE THE EQUIPMENT CAN PUT THEIR EQUIPMENT ON OFFER.**

ETHICS IN CONTRACTING/CONTRACTING WITH EMPLOYEES OR EMPLOYEE’S IMMEDIATE FAMILY MEMBERS

The State prohibits an employee from using, or attempting to use, an official position for personal gain (AS 39.52.120, 150). An employee or employee family member(s) may not be party to, or have interest in, a state contract if the employee may take or withhold action on the contract.

Furthermore, procedures for awarding contracts should ensure fairness to all potential offerors and provide equal opportunity. It is each employee’s responsibility to report to their designated supervisor a personal or financial interest in a contract that is awarded, executed or administered by the agency in which the officer serves.

Forestry Provisions for Contracting with Employees or Family Members

The Division of Forestry prohibits Forestry employees from contracting with the Division of Forestry under any circumstance.

Ordering for a Forestry employee’s immediate family member will be prohibited unless both conditions below are present.

1. Reasonable attempts (including contacts with vendors not on preseason vendor lists) have been made by the administering office to acquire similar equipment or services, with documented evidence of those efforts, and
2. The Forestry employee related to the contractor does not take official action or have influence related to the contract.

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Any order for a Forestry employee's immediate family member must be pre-approved by the Area FMO and Regional Forester. The following process and approvals are required to contract with a Forestry employee's immediate family member:

1. A Contracting Exception form is completed by the administering office and submitted to the Area FMO and Regional Forester.
2. The Area FMO and Regional Forester determines if conditions are met and reviews for potential or appearance of improper influence.
3. Based on the information provided, the Area FMO and Regional Forester approves or disapproves the request or requests further review by the DNR Ethics Officer.

If approved, the contract services may be ordered. Contract exception documents will be filed with the EERA or contract file. In order to avoid the appearance of favoritism in contracting, receiving offices should make every effort to release first the contractors hired under contracting exceptions.

The Area FMO or Regional Forester may request determinations from the DNR Ethics Officer by forwarding the Contract Exception Form through the Department Procurement Officer to the Department Ethics Officer. These forms are available through Administrative Staff.

Definitions

Immediate Family Member:

- (A) The spouse of the Forestry employee;
- (B) A person cohabiting with the Forestry employee in a conjugal relationship that is not a legal marriage;
- (C) A child, including a stepchild and an adoptive child, of the Forestry employee;
- (D) A parent, sibling, grandparent, aunt, or uncle of the Forestry employee; and
- (E) A parent or sibling of the Forestry employee's spouse or conjugal partner

Receiving Office - The Area or Unit that requests and utilizes the contract or service

Administering Office - The Area, Unit, or Staff that identifies the resource and/or orders the equipment or service from the vendor

Forestry Employee - Any State of Alaska Forestry employee, including EFF

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EQUIPMENT PROCUREMENT

RENTAL VEHICLES

The Division often hires vehicles from rental car companies when setting up vehicle pools such as Transportation or Ground Support Units. Also, rental car companies are frequently used to support IMTs with specific vehicles.

AUTHORIZATION TO USE A RENTAL VEHICLE MUST BE ON THE PERSON'S RESOURCE ORDER AND MUST BE APPROVED BY THE INCIDENT COMMANDER OR THE AREA FORESTER OF THE RECEIVING UNIT.

There are several options to rent vehicles in Alaska. Unless otherwise specified, the minimum age requirement to operate a rental vehicle is 18. The operator is responsible to drive the vehicle in a safe manner within the limits of the operator's and the equipment's capabilities

- 1) Division of Forestry Vehicle Rental Master Agreements (MA). These agreements include insurance and allow for off road use. **These contracts ARE NOT mandatory**. Copies of these agreements are located on the Division of Forestry Internal web page:
 - Alaska Auto Rental Inc.
 - Brice Equipment LLC
 - Copper River Rentals LLC
 - Delta Leasing LLC
- 2) National Association of State Procurement Officers (NASPO): Hertz, National, and Enterprise vehicles may be rented via the nationwide contract set up through NASPO.
 - These vehicles can be rented through the normal on-line booking process (eTravel). These vehicles include insurance, but do not allow for off-road use.
 - Operator must be at least 21 years of age if the vehicle can carry 10 or more personnel, including the driver.
- 3) National Emergency Rental Vehicle (NERV):
 - NERV vehicles can be used if one of the conditions below is true:
 - i. Vehicle will be driven off road
 - ii. A Sport Utility Vehicle (SUV) or 4x4 pickup is required to meet the needs of the incident.
 - iii. The vehicle will be managed by Ground Support unit and utilized by multiple resources
 - iv. The renter is not self-sufficient or able to procure the vehicle needed for the assignment through an agency travel reservation system
 - Regular State employees can reserve their own vehicles via the NERV website; EFF and pool vehicles are reserved by a dispatch office
 - Rental requests are made electronically through the NERV website (<https://sites.google.com/a/firenet.gov/nerv/new-nerv-request>) with a valid resource order.

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- Alaska Interagency Coordination Center NERV Standard Operating Procedures: <https://fire.ak.blm.gov/content/aicc/NERV/AICC%20NERV%20SOP.pdf>
- Must say “NERV rental authorized” on resource order.
- Operator must be at least 18 years of age.

4) Online Application System (OLAS):

Private citizens have agreed to established rates and registered their vehicles through the OLAS process. This would be a good option if you needed to hire the vehicle with a driver. See the ON-LINE APPLICATION SYSTEM (OLAS) section of this chapter for additional information.

Pre-inspections of rental vehicles should be conducted when the equipment is picked up at the vendor’s location and the post-inspection done when the equipment is released.

When hiring equipment from rental car companies, the person signing for the equipment should decline any insurance coverage as the State is self-insured. At the end of the rental term, we will return the vehicle with the same amount of fuel that was in the tank when we received it. The vehicle should be returned in clean condition as some rental car companies charge a high rate for cleaning (sometimes more than \$200 per vehicle). The Division will be charged \$50 when an unwashed vehicle rented using the MA process is returned to the vendor.

If a rental car is authorized on the individual overhead’s Resource Order and they put the vehicle on their government credit card, they become the sole user and are responsible for the vehicle while on the assignment. The incident may provide fuel for the vehicle using the overhead order as the reference, but the vehicle remains assigned to the individual. The vehicle should be fueled and cleaned before returning the vehicle to the vendor. The final paperwork is processed by the individual as part of their Travel Authorization process.

Cars Rented In-Area

If a rental car is ordered by an Area that has a local rental car agency, the Area is responsible for picking up the vehicle, conducting the sign up and release inspections, creating the equipment packet, maintaining shift tickets, and returning the vehicle to the vendor. Once an invoice is submitted by the rental car agency, the local Area will process and submit the payment packet to Juneau (if under \$10,000) and the appropriate Regional office (if \$10,000 or more).

Rental Pool Vehicles

For vehicles going to an incident or Area office, a shift ticket will be started and included in the equipment packet that goes with the vehicle to its assigned location. When returned to the Coastal or Northern Transportation Unit, they will clean and fuel the vehicle, return the vehicle to the vendor, complete and submit the packet to the appropriate administrative office. They will process the invoice for payment once the vendor submits their final invoice.

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The blue MA rental car Equipment Packet will include:

- The rental car company contract
- Rental car company inspection diagram card OR a copy of form OF-296, Vehicle/Heavy Equipment Safety Inspection Checklist (the pre-use inspection) to include marking the relevant diagrams on the back side of the form showing any damage upon receipt of the vehicle
- Emergency Equipment Shift Ticket (OF-297) showing the time of hire
- copy of the Resource Order
- Finance Section Cost Form

The NERV rental Equipment Packet will include:

- NERV Payment Cover Sheet
- A copy of the Resource Order noted with approved NERV rental
- Enterprise Rental Agreement (from Enterprise when vehicle is picked up)
- Copy of Inspection from Ground Support (only if there was inspection done-not required)
- All documentation of Damage (include photos, report, accident report and contact names and numbers.
- Remit the completed packet to the NERV address listed on the Payment Cover Sheet. Packet can be submitted by the renter or their Admin staff.

Vehicles hired from rental car companies are hired without drivers and the state will pay for fuel and oil while the equipment is under hire. Shift tickets will be kept on rental cars to document charge codes for vehicles used on multiple incidents and to document when vehicles are out of service for mechanical reasons. **The rental company must be contacted to authorize repairs prior to the repairs being made.**

AUTHORIZATION TO USE PRIVATELY OWNED VEHICLE (POV)

Occasionally, personnel are given authorization to use a privately-owned vehicle (POV) on an incident, usually when there are major rental car shortages. **AUTHORIZATION TO USE A POV MUST BE ON THE PERSON'S RESOURCE ORDER AND MUST BE APPROVED BY THE INCIDENT COMMANDER OR THE AREA FORESTER OF THE RECEIVING UNIT.**

Authorization to use POVs is rare. If an employee elects to drive their POV, when other means of transportation were available, the employee will receive no reimbursement for the POV.

If a POV was authorized, the POV should be used for official business only, and the owner of the POV is responsible for carrying insurance and paying for their own fuel. The employee must file a mileage claim to get reimbursed for the use of their POV and in no case, shall the state sign up the employee's vehicle under an EERA. The employee usually needs to use their POV to get to and from their assignment. Once on the assignment, the employee should be cost effective and ride with others or use vehicles assigned to the incident, where possible.

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USE OF ATVs/UTVs

The Division is attempting to reduce the number of claims for All Terrain Vehicles (ATVs), and Utility Task Vehicles, or sometimes Utility Terrain Vehicles (UTVs) and the following procedures are included herein to help reduce damages and tighten up property management.

Resource Ordering: The person ordering the ATVs/UTVs need to specify who the equipment will be issued to. This could be the Ground Support or Facility Unit Leader if the equipment was going to be used in logistics, or the Operations Section Chief or Division Supervisor if the equipment was being assigned to Operation. The Incident Commander could elect to have the equipment issued in their name.

Daily Field Inspection Tag: ATVs and UTVs will be inspected daily and a copy of the field inspection form is attached. The idea of this is that equipment needs to stay in top running condition and damages should be noted and reported when it occurs. The primary goal is to have the operator consciously look at the equipment before they ride off without ever paying attention to deteriorating condition of the equipment. The tags will be zip-tied to the equipment and completed tags will be kept in the equipment packet. The ATV/UTV Field Inspection Tag is found in the forms section of this chapter.

ATV/UTV Operator Responsibilities: Everyone operating ATVs/UTVs must do so in a responsible manner and should exercise due care when operating in rough terrain. The copy of the ATV/UTV List of Driver/Operator responsibilities will be signed by incident personnel prior to operating the equipment. The goal is for everyone to take more responsibility for the condition of the equipment so that ATVs/UTVs will continue to be a useful tool for the field personnel. Management personnel on the incident should determine who should be the authorized user of the equipment. A copy of the ATV-UTV Operator Responsibility Sheet is found in the forms section of this chapter.

ATV/UTV Damage Claims: Damages need to be reported immediately to the incident supervisors and the operator or incident personnel should take photos of the damage. On larger incidents, the Safety Officer may need to do an investigation. This investigation could be conducted by the Area or even the incident on fires without Incident Management Teams. The claim process has not changed, after the Area FMO has reviewed and noted his recommendations, the claim and all back up is forwarded to the Administrative Officer in the Northern Regional Office.

A three-person board shall review all damage claims related to ATVs/UTVs and determine if operator negligence was involved. This could result in a letter being sent to the operator's home unit supervisor or some other appropriate action. This could also result in the repair costs coming from the Area budget rather than being charged to the incident. The Area needs to instill the sense of responsibility within their personnel and a cultural change needs to take place regarding individual responsibility. The review board would be formed by the State Fire Support Forester and shall include an unaffected Area FMO, a mechanic, and the Ground Support Manager in Palmer or Fairbanks. When a claim or notification of damage is received, the review board needs to make recommendations within 21 days. The review board does not need to formally meet in person but will share the information electronically and could meet telephonically. Letters notifying the unit supervisor that damages occurred due to the employees' negligence or

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recommendations indicating that the Area will need to pay for damages will be routed through the Regional Forester.

HIRING EQUIPMENT AS A SERVICE

A hiring office can determine if it would be more appropriate to hire equipment as a service or under an EERA. Services can be obtained from commercial vendors and can include such things as point-to-point transportation or delivery of supplies and personnel, rental of office equipment, dumpster services, installation of power and telephones, computer rentals, and rental of portable toilets. Portable toilets and hand wash stations are under State contracts in 2019.

Services can be obtained by issuing a supply order number (S-number) and obtaining a copy of the written contract with the vendor that includes the rates that will be paid. Sometimes special provision rates for services such as point-to-point hires are stated within an EERA. In this case, a copy of the pertinent EERA would provide the documentation needed as backup for the vendor-provided invoice paid as a service on an S-number.

The vendor would be contacted to ensure that they could meet the desired delivery and can provide the service at the **agreed-upon rate which shall be documented on the Resource Order**. Any documentation or notes of conversations between the vendor and the state should be noted on the Resource Order.

An S-number can be issued for a company to provide portable toilets with servicing to an incident. Subsequent portable toilets can be ordered using the same S-number, and a complete documentation package must be maintained showing number of units in service on each day, a copy of the Resource Order, daily shift tickets that can show the rental fees for the portable toilets, servicing/pumping fees, any additional fees such as relocation fees, and a copy of the contract.

As the incident begins to wind down, portable toilets are often removed incrementally; this needs to be shown on shift tickets. This situation would hold true for dumpster services as well.

Most of the paperwork requirements regarding Hiring Equipment Under an EERA (below) would apply to this section with the following exceptions: executed vendor contract may be substituted for Emergency Equipment Rental Agreement, Form OF-294; agreed-upon rate will be listed on the Resource Order; mobilization inspections are not required; Emergency Equipment Use Invoice Form OF-286 may be used as backup documentation, but vendor is required to submit an invoice; and final equipment packet is forwarded to the billing office to be “married up” with the vendor-provided invoice.

Point-to-Point Hires

When an S-number is issued for point-to-point transportation, formal vehicle inspections are not required. Also, the state does not provide fuel for equipment hired under an S-number for point-to-point transportation. The State does not accept damage claims for point-to-point hires either. It is recommended that an inspection for buses be conducted regardless of the method of hire because of the liability of carrying a busload of firefighters or overhead personnel. Equipment hired to provide point-to-point transport of personnel or heavy equipment will be paid on a daily rate if they are under hire for six hours or more in a calendar day. The contractor will receive half

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the daily rate if they are under hire for less than six hours.

ON-LINE APPLICATION SYSTEM (OLAS)

The equipment available for fire assignment will be entered in the database through the On-Line Application System (OLAS) by the owner of the equipment. The password protected system allows an Emergency Equipment Rental Agreement (EERA) vendor to add, edit, or delete equipment with a few simple keystrokes on their computer. OLAS is used by dispatchers to search for and hire EERA or Cooperator Fire Departments (CFD) equipment after speaking with the EERA vendor or CFD Chief to ensure the equipment and personnel are able to meet the desired delivery timeframes.

The link the vendor will use to get to the OLAS is: <https://dnr.alaska.gov/olas/>. The dispatchers and other state employees access an OLAS administrative site by using their DNR login username and password. The administrative site is: <https://dnr.alaska.gov/olas/admin/login/index>

The only equipment hired that is not in OLAS will be field hired, and this will be hired for the incident only, as described below.

HIRING EQUIPMENT UNDER AN EERA

All procurement of equipment for incident use shall be covered by a contract/rental agreement prior to use. Emergency Equipment Rental Agreement, Form OF-294, and the State of Alaska Conditions of Hire for Emergency Equipment Rental Agreement Form OF-294 shall be used.

The Contractor and the State both sign the Emergency Equipment Rental Agreement Form and the Contractor signs the Conditions of Hire Form.

The OF-294 can be found online at <http://www.forestry.alaska.gov/equipment.htm>. If Emergency Equipment Rental Agreement Forms are unavailable, they may be obtained from the local Area, or the forms could be copied from the back of the chapter. A signed agreement must be in place before any equipment is put to work.

It is usually most desirable to hire equipment with operator. The Contractor is then responsible for their own liability, maintenance, and damage in most cases. This relieves the State of most of the liability associated with the operation of the equipment and resulting damage claims. Also, the Contractor is responsible for their employees' payroll and worker's compensation claims. It is essential to ensure the operator provided with equipment is not also being paid as an Emergency Firefighter.

Most pickup trucks, skid steer loaders used as forklifts, forklifts, and four wheelers are hired without drivers. In this situation, State employees and incident personnel drive the vehicles with the State providing all operating supplies.

Emergency Equipment Rental Agreement, Form OF-294

Pay is earned through the Daily Rate and Special Rate. Most equipment will be hired with operator. Equipment will be hired "dry," meaning the state will provide the fuel. The vendor is still responsible for providing all other operating supplies such as oil, filters, and providing for lube and oil changes. An exception is the State will provide fuel and oil for boats. The State will not pay for repairs or damage unless caused by negligence on the part of the State. See Chapter

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11 for more details.

If the state does not bring in bulk fuel, the vendors will be reimbursed for fuel that they provide, and an adjustment will be made to cover documented charges. Vendors should be instructed to fill their tanks prior to reporting to duty and will be provided the same tank level of fuel upon release. If equipment was field hired or was on-scene at time of hire, the amount of fuel provided will not exceed what equipment had upon arrival.

Any equipment hired without operator will be paid at the dry rate. The State is responsible for providing fuel and all operating supplies in this situation as the vendor does not have an operator on-site to service and supply the equipment.

If there are any circumstances that arise that are not covered in the EERA or Conditions of Hire, negotiation must take place to agree on the price for that specific service. One example might be a negotiated trip rate which will differ for each event. Any negotiated offers should be documented on the Resource Order, and any written terms, conditions, or contracts agreed to should be included as backup documentation to the invoice.

Field Hiring of Equipment

Areas should use the vendors from OLAS first. However, field personnel have the ability to hire equipment on-site that meets the immediate needs of the incident.

Field Hires

1. The Incident Commander (IC) has the ability to hire equipment in the field on a temporary basis (NOT TO EXCEED 48 HOURS) and should use the current Equipment Hiring Package (available at the website <http://www.forestry.alaska.gov/equipment.htm>) that includes the EERA form (OF-294), the State of Alaska Conditions of Hire for Emergency Equipment Rental Agreement, and the current year Equipment Rate Chart. In the remarks section, it should be noted, "This equipment offer is valid for this incident only and not to exceed 48-hours in duration."

Non-rate-compliant equipment should be replaced with rate-compliant equipment as soon as possible. The IC/operations staff should try to hire the vendor's equipment at the established rate.

2. A pre-hire inspection should be conducted at time of hire and any "pre-existing" damages should be documented. The IC/operations staff should use good judgment and not hire equipment that is unsafe, defective, or operated by minors or inexperienced operators. The IC/operations staff should document any actions to avoid claims for damages or wages, and in no case, encourage the filing of claims or make promises to vendors regarding benefits or remuneration outside the scope of the regular pay rates.
3. If the temporary offer exceeds the established rate, the equipment should be replaced with another vendor from OLAS. The local Area Forester needs to document any decision regarding the use of equipment that exceeds the established rates and retaining equipment beyond the 48-hour period. In remote locations, it may be impractical or cost-prohibitive to replace temporarily hired equipment.

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4. When an IMT field hires the equipment, the Ordering Manager would submit the Resource Order to SLC or their Expanded Dispatch Office, with “Filled Locally” and would include all pertinent information regarding Resource Assigned.
5. Sometimes field hired equipment may have been engaged in initial attack suppression efforts and an inspection was not conducted. A pre-use inspection should be conducted as soon as practical and any pre-hire damages should be noted by incident personnel. Most personnel carry cell phones, and incident personnel should take pictures of field hired equipment using their phones or tablets if a camera is not available, to document any pre-existing damages or general conditions of the equipment. The photos should be printed and kept in the vehicle equipment package.

Performance Evaluations for Equipment and Operators

Field personnel working with assigned equipment should complete an evaluation of the operator and equipment and the evaluation should be signed by both the evaluator and the operator. This is especially important if there are performance issues and equipment deficiencies. Field personnel should work with operators on an ongoing basis so that corrective actions can be made immediately. Incompetent or careless operators can be removed at the discretion of state personnel (see Clause 19 of the Conditions of Hire). Evaluations should be completed and discussed before the equipment is demobilized from the assignment. The original evaluations should be forwarded by the host Area or IMT and filed at the equipment’s home Area (the hiring office).

The file copy of the evaluation should be provided to the operator and a copy is made part of the final fire package. The home Area dispatcher will file the evaluation in the equipment vendor files. Poor operator performance and deficient equipment can be used as a consideration when making decisions for mobilizing equipment for future assignments.

EQUIPMENT RATES

The Equipment Rental Rates for equipment commonly hired for fire suppression work are found in the Appendix and on-line at <http://forestry.alaska.gov/equipment.htm>. Equipment will be hired at the “dry” rate which means that the State will provide the fuel.

The vendor will be responsible for providing all other operating supplies (filters, lube, and oil changes). The State will be responsible for fuel and operating supplies when the equipment is hired without operator. The vendor will be responsible for providing fuel and all operating supplies for point to point hires.

If a piece of equipment will be used 24 hours per day (a rare circumstance), the Resource Order must reflect the “double-shift” need and the equipment will be paid at the double-shift rate. Hiring equipment at the double shift rate requires Incident Commander or Section Chief approval.

Occasionally, lack of available equipment will result in a non-rate-compliant field hire, such as in remote locations. Non-rate-compliant hires should be replaced with rate-compliant hires as soon as practical. The line officer (usually the Area Forester) shall approve and document the use of equipment that exceeds the established rates.

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Most equipment is hired at the daily rate, regardless of the actual length of the shift that the equipment is used. Additional compensation is not due to the vendor if their equipment works a long shift (i.e., in excess of 16 hours). Similarly, a vendor is not penalized if their equipment is staffed and in service but only operated for five hours. Exceptions are transports and other equipment on the first or last day of hire in which other payment terms apply.

Some equipment may be offered that is not included in the rate tables. The hiring official should determine if there is a commercial rate for the equipment or perhaps compare the offered equipment to the rate table to get an idea of price range for similar types of equipment. The table should be used to determine a rate based on the appropriate type, classification, and horsepower.

Liability Insurance

In general, contractors who rent equipment with operator must carry adequate commercial liability insurance to protect the Contractor and the State from loss arising from the performance under an order for service.

The Contractor is to possess:

- All necessary licenses and permits required by state and federal regulations
- Adequate liability insurance, when hired with operator (minimum of \$300,000 combined single limit per occurrence; however, for passenger-carrying buses, the minimum amount of liability insurance is \$1,000,000.00 combined single limit per occurrence) suitably protecting the Contractor and the State against potential losses arising out of performance of an order for service, and
- Worker's Compensation when equipment is hired with operator, and is not owner-operated
- Stand-alone transport vendor is required to carry an additional \$1,000,000 commercial motor carriers' insurance to cover damage to the transport and transported equipment.

RENTAL OF EQUIPMENT CONDITIONS

The latest version of the State of Alaska Conditions of Hire for Emergency Equipment Rental Agreement Form OF-294 shall be applied and enforced for the hire of contractor-provided equipment. All current forms are available at <http://forestry.alaska.gov/equipment.htm>.

Activation of Agreements

All equipment used for support of fires and for repositioning **will always** be ordered through the Area or the State Logistics Center (SLC) via a Resource Order. If a piece of equipment is hired at the fire scene, a Resource Order number must be obtained.

Generally, the vendor would be contacted verbally by the dispatcher where the local vendor is located. Also, discussed will be mobilization details and any special provisions that might apply. The dispatcher will verify which piece of equipment the vendor is mobilizing and should note the license number or the VIN on the Resource Order. Information conveyed to the vendor will be documented on the Resource Order. The IMT may contact the vendor if they field hire equipment and when EERA vendors are hired on-site.

SLC will contact the vendor in situations where the equipment/vehicles will be hired for non-local Area use or project fire support. Resource orders will be sent through the Area in which the equipment resides unless SLC is acting as the Expanded Dispatch for that Area. In the latter

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situation, SLC will give a courtesy notification regarding vendors being mobilized for the Area's project fire.

Rates will not be changed while equipment is under hire. Pay status for equipment hired under an "S" number starts when the equipment departs the point of hire, and for equipment hired under an "E" number pay starts when the equipment passes inspection. Pay status for point-to-point and assigned transports begin when the equipment being transported passes inspection.

All equipment must be inspected **BEFORE** and **AFTER** use using form OF-296, Vehicle/Heavy Equipment Safety Inspection Checklist, if possible. If not possible, look the equipment over in as much detail as possible, take pictures, and note any damage or abnormalities on a piece of paper. Have contractor sign the inspection forms.

If the State directs a vendor to mobilize without a pre-hire inspection to expedite their arrival on the incident, this should be documented on the Resource Order. The start time for the equipment will be determined by the Incident Commander or a Section Chief. The equipment should be inspected by the local Area in which the equipment resides to ensure the equipment is in serviceable condition. If the vendor drives or transports their equipment a long distance and fails inspection, the State will not pay for any costs associated with mobilization or demobilization,

Buses have a large liability potential, and they should always be hired with operator. The contractor must have a current commercial liability insurance policy with a minimum amount of \$1 million combined single limit per occurrence, and the driver must show a current and appropriate CDL.

Depending on the mission requirements, EFF may be hired as vehicle operators/drivers and be required to possess a CDL. A driver hired as a CDL operator must be added to the random drug testing pool and must have passed the drug test before driving under their CDL. CDL drivers that remain an employee of the contractor are not added to the State's drug testing pool and all licensing and requirements are met by the driver's employer.

Whenever EFF personnel are hired specifically as a driver, they must bring a copy of their driving record obtained by the applicant from their local Department of Motor Vehicles (DMV). The individual is responsible to obtain the driving record and pay any associated fees. All drivers need to have a firearms clearance form as they may deliver firearms or ammunition to incidents.

Vehicle/Heavy Equipment Safety Inspection Checklist (Form OF-296, rev. 4/2000)

All equipment will be inspected at **SIGN-UP** and **RELEASE** using Form OF-296, Vehicle/Heavy Equipment Safety Inspection Checklist. Once hired, a vehicle will remain under the specific control of the State until released and will not be used for personal transportation. The state will not cover any expenses or claims resulting from off-shift activities.

The Area will conduct inspections for locally hired EERAs. Coastal and Northern Transportation Units conduct inspections for all non-Area equipment hired in Fairbanks, Eagle River, Palmer and Anchorage. Equipment that does not pass inspection will not be hired.

All documented damage will be noted on the Inspection Checklist. Always write the Resource Order number ("E" or "S" number) on the inspection checklist. Supplemental to the Inspection Checklist, a DVD camcorder or still camera will be used during the inspection process to document pre-existing equipment conditions.

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The video footage or still photos should be recorded in the presence of the vendor or their representative at sign-up and the release inspection. A copy of the sign-up and release video/photo inspections will be kept in the Transportation Unit or Area's file. A cell phone may be used to document equipment condition.

Always sign, date, and note the time of pre-and post-inspections in the appropriate box. The time can be important when reconstructing start or end times if conflicts exist. **When describing damage on the inspection form, always record the date the comments were made in the remarks section to differentiate between comments on a pre- vs. post-inspection.**

The State occasionally hires equipment without an operator such as pickup trucks and 4-wheelers. Time under hire for this equipment begins when the state accepts possession of the equipment. The Ground Support Unit should tag the time and date the equipment was dropped off by the vendor (or picked up by the state), and the inspection form should be backdated to that time. The equipment that does not pass inspection will not be hired.

Completeness and accuracy in filling out equipment inspection forms are critical, especially if claims for damage occur. Be sure to note in the remarks section anything that is not covered elsewhere in the inspection checklist. It is very important to note any damages.

If personnel are unfamiliar with equipment inspection or are not qualified Equipment Managers, consider resource ordering qualified personnel such as an Equipment Inspector, Equipment Manager, or Mechanic.

If at the time of release the owner/agent waives all claims for damage, a release inspection does not have to be done. The statement "no damage-no claims" may be written on the inspection checklist and signed by the vendor or the vendor's authorized representative.

However, if there is damage or a pending claim, the vendor still signs the release inspection box, and in the case of the latter, "pending claim" will be noted.

Developing the Equipment Hire Packet

The local Area puts together the Equipment Hire Packet for equipment hired in-Area. The Mobilization Center, the Coastal Transportation Unit, and Northern Transportation Unit will create the Equipment Hire Packets for their use or non-local Area use and keep a copy for themselves. The Finance Section of an IMT would complete the Equipment Hire Packet for equipment hired on the incident.

The Equipment Hire Packet will include:

- Copy of Form OF-294, Emergency Equipment Rental Agreement (original for field hired equipment)
- Copy of Form OF-296, Vehicle/Heavy Equipment Safety Inspection Checklist (the pre-use inspection) showing time of hire
- Emergency Equipment Shift Ticket (OF-297) showing the time of hire
- A copy of the Resource Order

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EQUIPMENT TIMEKEEPING AND PAYMENT

Daily Rate shall apply for the vast majority of equipment hired by the State. Payment shall be made on basis of calendar days (0001-2400). For fractional days on first and last day of hire, half the daily rate for periods less than 8 hours under hire shall apply.

On the first day of hire, it is important to record the time that hire began on the Equipment Inspection Checklist and the shift ticket. This is when the equipment passes inspection.

If the equipment is under hire less than 8 hours on the first day of hire, the vendor will receive payment for ½ the daily rate. This means that equipment hired after 1600 (4:00 pm) shall receive ½ the daily rate for the first day of the assignment.

On the final day of hire, the release time will be used to determine the payment due. The release time should be documented on the shift ticket and should be calculated to allow the vendor to return to the point of hire. If the equipment is under hire less than 8 hours on the last day of hire, the vendor will receive payment for ½ of the daily rate. This means that equipment released before 0800 (8:00 am) on the last day of hire shall receive ½ the daily rate for the final day of the assignment. Vendors will not be paid for additional time if they elect or are unable to demobilize equipment that has been released.

To clarify payment terms for the State of Alaska, “under hire” is defined as when a piece of equipment has an active resource order and has passed inspection. It remains under hire until it is released. A shift is the shift hours as defined by the Incident Action Plan when assigned to an incident or is determined by the dispatching office when not on an incident.

The shift worked will be recorded on Form OF-297, the Emergency Equipment Shift Ticket. Shift tickets are required to document any out-of-service time, equipment usage, and to ensure contractors are staying within the work-rest guidelines. Shift length is specified in the Incident Action Plan or is determined by operations personnel on an incident or at the Area.

Shift tickets are kept by the personnel where the equipment is assigned. This could be at an Area, a Mobilization Center, a Transportation Unit, or on an incident. On an incident, the shift tickets may be filled out by the Ground Support Unit personnel, Facilities Unit Personnel, or even Operations personnel for tactical field equipment, depending on where the equipment is assigned and used. The shift tickets are then collected by the Time Unit and become part of the final equipment packet.

Shift tickets for all but rental cars shall show the shift start and end time. Do not mark “daily” for equipment rented unless the equipment is hired without operator.

If the equipment is not operable due to mechanical reasons or staffing issues for the full shift, a deduction from the daily rate is calculated by converting the length of shift to determine the hourly rate and paying the Contractor the prorated amount for the number of hours worked during the shift (not to exceed the daily rate).

Form OF-286 Emergency Equipment Use Invoice will be used as the payment invoice except for MA or NASPO/WSCA rental vehicles (which are paid off the rental car agency’s invoice) and for equipment hired with an S-number (which are paid off the vendor’s invoice).

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Processing Equipment Invoices for Payment

Upon release of equipment other than rental cars, the following documents will be forwarded to the Area (or the Region if not an Area/incident resource) where the fire occurred. The approved invoices will be signed by the Area Forester and processed appropriately:

- Original Form OF-286 Emergency Equipment Use Invoice
- Copy of Form OF-294, Emergency Equipment Rental Agreement
- Two copies of Form OF-296, Vehicle/Heavy Equipment Safety Inspection Checklist; one copy of the pre-use inspection, and one copy of the release inspection*
- The pink copies of Form OF-297, Emergency Equipment Shift Tickets for the duration of the time under hire
- Any invoices that are subject to adjustments or deductions per the EERA (i.e., fuel receipts for vendor-provided fuel would be an adjustment; operator failed to return issued state equipment would be a deduction.)
- A copy of the Resource Order

* Note: The release inspection should be conducted at the incident or the Area using the equipment even when the equipment is hired elsewhere. This allows the Area or the incident to maintain control of the equipment hiring package and to submit a complete package to Juneau Fiscal. Additional travel time and fuel costs should be included in the final billing.

Also, original CFD paperwork shall be carried by the demobilizing CFD personnel to their home unit and shall be processed by the Area that originally hired the CFD equipment.

Invoices less than or equal to \$10,000 may be sent directly to Juneau for payment. Invoices greater than \$10,000 will be forwarded to the Administrative Officer for approval signatures and processing.

On incidents with IMTs, equipment is demobilized as a coordinated effort. The equipment operator/driver would go through the IMT's demobilization process. The Ground Support Unit would conduct a final inspection, and any issued supplies would be returned to the Supply Unit, the equipment operator/driver would sit down with the Finance Section to review and sign timekeeping records. The final equipment packet is sent to the Area by the IMT Finance Section who audits, codes invoice for payment.

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**CONTRACT EXCEPTION
FORM**
**REQUEST TO HIRE EQUIPMENT FROM AN
IMMEDIATE FAMILY MEMBER**



Vendor Name: _____
Equipment or Service: _____
Resource Order Number: _____
Receiving Unit: _____
Administering Unit: _____
Request Completed By: _____
Submittal Date: _____

1. What attempts by the administering office have been made to hire similar equipment or services (including contacts with vendors not on pre-season contract lists)?

2. Name of Forestry Employee or EFF who is related to Vendor

Vendor's Relationship to Forestry Employee (i.e., parent, spouse, sibling)

What action will be taken to assure the Forestry employee or EFF has no influence on the contract?

☐ VENDOR HIRE APPROVED

Area FMO

Date

☐ VENDOR HIRE APPROVED

Regional Forester

Date

☐ VENDOR HIRE NOT APPROVED

Comments and/or Special Conditions

Use back if additional space is required

1. PROCUREMENT AGENCY a. name and address:		2. AGREEMENT NUMBER (Must appear on all documents relating to this agreement):	
b. Phone Number: c. FAX Number:		3. EFFECTIVE DATES OF AGREEMENT: a. beginning b. ending c. Specific Incident only: Incident Name: Incident Number:	
4. CONTRACTOR a. name and address:		5. POINT OF HIRE (location when hired if different than Block 4):	6. ORDERING DISPATCH CENTER
b. EIN/SSN: c. DUNS: d. EMAIL Address: e. Telephone Number (day): Telephone Number (night): Cell Phone Number: FAX:		7. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY: <input type="checkbox"/> CONTRACTOR (wet) <input checked="" type="checkbox"/> GOVERNMENT (dry) * (see note below)	
		8. OPERATOR FURNISHED BY: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
		9. Contractor Authorized Commissary: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. BUSINESS SIZE OF CONTRACTOR: a. <input type="checkbox"/> Small b. <input type="checkbox"/> Other c. <input type="checkbox"/> Women-Owned d. <input type="checkbox"/> Small Disadvantaged e. <input type="checkbox"/> HUB Zone f. <input type="checkbox"/> Service Disadvantaged Vet (Information for tracking purposes only - not used for preferential hiring)			
11. ITEM DESCRIPTION: equipment or animals (include VIN, make, model, year, serial no., accessories or other identifying features).		12. NO. OF OPERATORS PER SHIFT	13. HR/LY/ DAILY/MILEAGE/SHIFT BASIS (as/ds: ref. Cl. 6) Rate Unit
a)			
b)			
c)			
d)			
e)			
f)			
16. SPECIAL PROVISIONS: Your signature constitutes acknowledgement of and agreement to abide by the terms and conditions of hire incorporated herein with the State of Alaska.			
* The State of Alaska hires equipment at a DRY Rate with the State providing the fuel only.			
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE		18. DATE	20. CONTRACTING OFFICER'S SIGNATURE a. Warrant No.
19. PRINT NAME AND TITLE		18. DATE	22. a. PRINT NAME AND TITLE b. Phone Number: c. FAX:

OPTIONAL FORM 294 (DRAFT)

VEHICLE/HEAVY EQUIPMENT PRE-USE INSPECTION CHECKLIST

GENERAL EQUIPMENT INFORMATION	
1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.
3. CONTRACTOR NAME	
4. AGREEMENT NO.	5. EXPIRATION DATE
6. MAKE/MODEL	7. EQUIPMENT TYPE
8. VIN/SERIAL NO.	9. LICENSE NO./STATE

Section I—HEAVY EQUIPMENT	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts. *		
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens. *		
6. Steering components: tight, free of play. *		
7. Brakes: damaged, worn or out of adjustment. *		
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged. *		
9. Fuel system: free of leaks and damage. *		
10. Cooling system: full, free of leaks and damage. *		
11. Fan and fan belts: check for proper tension. No fraying/cracks.		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf. *		
13. Belly plate, radiator guards: securely mounted and free from debris. *		
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges. *		
17. Dozer and assembly: trunnion bolts missing, cracks. *		
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db). *		
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.)		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.		
6. Engine starts, idles, and shuts off with switch.		

Section V—REMARKS
(Describe all unsatisfactory items and identify by line number)

10. PRE-USE INSPECTION	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
MILES/HRS _____	DATE _____ TIME _____
Inspector's printed name _____ Title _____	
Inspector's signature _____	

Section III—LIABILITY
The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.
Operator's printed name _____ Title _____
Operator's signature _____ Date _____

Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required). *		
2. Gauges and lights: mounted and function properly. *		
3. Seat belts: operate properly for each seating position. *		
4. Glass and mirrors, no cracks in vision. *		
5. Wipers, washers, and horn operate properly. *		
6. Clutch pedal: proper adjustment (if applicable).		
7. Cooling system: full, free of leaks and damage.		
8. Fluid levels (e.g. oil) and condition: full and clean.		
9. Battery: check for corrosion, loose terminals and hold downs.		
10. Fuel system: free of leaks and damage. *		
11. Electrical system: alternator and starter work.		
12. Engine running: check oil pressure, knocks, and leaks.		
13. Transmission: check for leaks.		
14. Steering components: tight, free of play. *		
15. Brakes: damaged, worn or out of adjustment. *		
16. 4-Wheel drive: check transfer case, leaks (if applicable).		
17. Drive line U-joints: check for looseness.		
18. Suspension systems: springs, shocks, other. *		
19. Differential(s): check for leaks.		
20. Exhaust system: no leaks under cab or before turbo. *		
21. Frame condition, body/bed properly attached. *		
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage. *		
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.		
24. Emergency equipment required. *		
Fire extinguisher _____ Spare fuses _____ Reflectors _____		
25. Operator(s) properly licensed. † Expiration Date _____		
State _____ License No _____ Class _____		
Endorsement _____ Med. Cert. Expiration Date _____		

11. RELEASE
<input type="checkbox"/> No Damage/No Claim
MILES/HRS _____ DATE _____ TIME _____
Operator's printed name _____ Title _____
Operator's signature _____ Date _____
Inspector's printed name _____ Title _____

* Safety Item—Do not accept until brought into compliance.
† Include information for additional operators in REMARKS section.

SEE SUPPLEMENTAL INFORMATION ON BACKSIDE OF CONTRACTOR COPY



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			2. CONTRACTOR (name)		
3. INCIDENT OR PROJECT NAME		4. INCIDENT NUMBER		5. OPERATOR (name)	
6. EQUIPMENT MAKE		7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER		10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE				14. REMARKS (released, down time and cause, problems, etc.)
	START	STOP	HOURS/DAYS/MILES (circle one) WORK SPECIAL		
					15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor
					16. INVOICE POSTED BY (Recorder's initials)
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED

NSN 7540-01-119-5628
50297-102



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

ORDERING OFFICE FILE COPY (RETAIN IN BOOK)



ALASKA DIVISION OF FORESTRY CONTRACTOR PERFORMANCE EVALUATION

☐ FINAL
☐ INTERIM

Incident Name/Number		Order Number (E Number)		Agreement Number (EERA)	
Hiring Office		Evaluation Period			
		From:		To:	
Contractor Name			Contractor Address		
Operator's Printed Name		Equipment Type		Contractor's Phone Number	
Rater's Printed Name		Rater's Position on Incident		Rater's Home Unit	
				Rater's Phone Number	

Ratings

Summarize contractor performance and circle number which corresponds to the rating for each category attaching additional pages, if needed (see back page for Rating Guidelines).

0=Unsatisfactory	1=Poor	2=Fair	3=Good	4=Excellent	5=Outstanding
Knowledge of the Job or Equipment Condition					
(How knowledgeable was the Contractor, how much supervision was required, did the equipment operate as expected)					

0=Unsatisfactory	1=Poor	2=Fair	3=Good	4=Excellent	5=Outstanding
Fireline Performance and Timeliness					
(How did the Contractor perform, did Contractor arrive when expected, demob timely: document any noncompliance or performance issues)					

0=Unsatisfactory	1=Poor	2=Fair	3=Good	4=Excellent	5=Outstanding
Business Relations					
(Did the Contractor perform in a business-like manner; complete administrative requirements timely)					

Evaluator's Signature

Date

Operator's Signature

Date

rev. 4/2010

Original – Contractor

Copy – File

Operator ☐ Concurs ☐ Disagrees with this performance evaluation

Rating Guidelines

Knowledge of the Job or Equipment Condition

0	Unsatisfactory	Contractor/Operator is inexperienced and/or unsafe. If performance cannot be substantially corrected, it constitutes a significant impediment in consideration for future awards containing similar requirements. Equipment cannot be repaired or is inadequate and must be (or has been) released.
1	Poor	Contractor has minimal experience. Overall compliance requires close or continuous supervision to ensure achievement of desired results. Significant down time for equipment or equipment is barely adequate.
2	Fair	Overall compliance requires some supervision to ensure achievement of desired results. Some breakdowns or repairs for equipment or equipment is relatively underpowered or slow at achieving contract requirements.
3	Good	There are no or very minimal quality problems and the Contractor has met the contract requirements with minimal supervision. Minimal breakdowns or repairs for equipment.
4	Excellent	There are no quality issues and the Contractor has substantially exceeded the contract performance requirements without commensurate additional costs to the State. No mechanical breakdowns.
5	Outstanding	The contractor has demonstrated an outstanding performance level that was significantly in excess of anticipated achievements and is commendable as an example to others. It is expected that this rating will be used in those rare circumstances where contractor performance clearly exceeds the performance levels described as "Excellent". Equipment is superior.

Fireline Performance or Timeliness

0	Unsatisfactory	Contractor is failing to meet performance requirements or follow direction. Delays are jeopardizing the achievement of contract requirements. If performance cannot be substantially corrected, it constitutes a significant impediment in consideration for future awards.
1	Poor	Contractor performance is considered marginal. Delays require significant Agency resources to ensure achievement of contract requirements.
2	Fair	Contractor performance meets minimum acceptability standards and some improvements are needed. Delays require minor Agency resources to ensure achievement of contract requirements.
3	Good	Contractor performance is fully acceptable. There are no, or minimal delays that impact achievement of contract requirements.
4	Excellent	Contractor has excellent skills and techniques. Performance is consistently above average. There are no delays and the contractor has exceeded the agreed upon time schedule.
5	Outstanding	The Contractor has demonstrated an outstanding performance level. It is expected that this rating will be used in those rare circumstances where contractor performance clearly exceeds the performance levels described as "Excellent".

Business Relations

0	Unsatisfactory	Response to inquiries and/or technical, service, administrative issues is not effective. If not substantially mitigated or corrected it should constitute a significant impediment in considerations for future awards.
1	Poor	Response to inquiries and/or technical, service, administrative issues is marginally effective.
2	Fair	Response to inquiries and/or technical, service, administrative issues is somewhat effective.
3	Good	Response to inquiries and/or technical, service, administrative issues is consistently effective.
4	Excellent	Response to inquiries and/or technical, service, administrative issues exceed State expectation.
5	Outstanding	The contractor has demonstrated an outstanding performance level. It is expected that this rating will be used in those rare circumstances where contractor performance clearly exceeds the performance levels described as "Excellent".

ATV/UTV List of Operator/Driver Responsibilities

Note: This document will be signed by an operator prior to their use of the ATV/UTV and establishes some of the responsibilities of the operator. The equipment assigned to the operator is a valuable tool and needs to be treated with due diligence.

I understand and agree to the following responsibilities

- 1.) I am the primary operator of this equipment and others need to have my explicit permission to operate the equipment under my control
- 2.) I agree that the ATV/UTV is to be used for official business only
- 3.) I will fuel and maintain the equipment, as needed, on a daily basis
- 4.) I will operate the ATV/UTV in a safe and reasonable manner, and I recognize and abide by the rule that some areas are not suitable terrain for ATV/UTV operation
- 5.) Any damage to the ATV/UTV will be noted and reported to my incident supervisor
- 6.) Any vehicle accidents causing damage to other parties, to my ATV/UTV shall be reported to my incident supervisor, to the incident Safety Officer, and to the Incident Commander
- 7.) Damages will be documented on a Property Loss and Damage form and photographs will be taken using a cell phone, camera or other device
- 8.) Claims and damage reports will be reviewed by a Damage Review board and I realize that failure to abide by safe and reasonable standards may result in disciplinary or other appropriate action
- 9.) I will complete the Daily ATV/UTV inspection checklist on a daily basis
- 10.) If I was the last user of the equipment, I will complete a performance evaluation prior to the equipment's demobilization

Signature

Date

Request # (O-#)

Printed Name

Position on Incident

DIVISION OF FORESTRY

EMERGENCY EQUIPMENT RENTAL RATES

EXPLANATION OF RATES

The rates in this document were calculated for interagency use based on the Consumer Price Index (CPI) for Anchorage. The rates are fair and reasonable for equipment in generally new and good operating condition. Rates are effective pending any modifications resulting from the previous season, directives, and/or changes in the applicable Service Contract Act Wage Determination (SCA) or marketplace realities.

Equipment furnished under a contractual agreement with the Division of Forestry may be subject to extreme environmental and/or strenuous operating conditions which could include, but are not limited to, damage from unimproved or narrow roads, steep, rocky, brushy, hilly terrain, dust, heat, and smoky conditions that could cause damage to equipment. Thus, the rates paid for equipment include an additional allowance that is meant to cover expected wear and tear due to adverse conditions under which the equipment is likely to be operated.

By signing the agreement, the contractor acknowledges that equipment will be operated under adverse conditions during fire support and suppression activities. Compensation for damages that might accrue to equipment rented by the State is reflected in the Emergency Equipment Rental Rates.

The Division of Forestry does not cover claims for wear and tear of personal clothing, gear, or equipment. In the event damage or destruction occurs, and it is determined the State's negligence has caused the loss, only personal clothing, gear, or equipment that is required for the performance of the job or contract, or are otherwise allowable in the provisions of this chapter, will be covered.

Daily Rate

Equipment hired at a daily rate is under hire for a 24-hour period each day, except for the first and last day. If equipment is under hire for eight hours or more on the first and last day of hire, a full daily rate is paid. If equipment is under hire for less than eight hours on the first and last day of hire, ½ the daily rate is paid. Daily rates for single shift shown are based on calculations for one operator for one operational period. To clarify, equipment initially hired after 1600 (4:00 pm) shall receive half the daily rate for the first day of hire, and equipment released back to the point of hire before 0800 (8:00 am) on the last day of hire shall receive half the daily rate for the final day of hire.

Point-to-point services such as a transport and pilot car(s) delivering or picking up heavy equipment, or a bus delivering or returning a crew, shall be paid at a daily rate when the mission or time under hire is six hours or more, half the daily rate when less than six hours. Vendor provided transport of equipment will be paid separately and information whether the transport is being hired point-to-point or assigned to stay with the equipment shall be stated on the resource order for the primary equipment. See Heavy Equipment Transport section for further details.

Rate calculations for a second operational period (Double Shift rate) include the additional expenses a contractor might incur operating 24 hours per day. These include, but are not limited to, a second operator's wages, operating supplies, overhead, additional cost of the wear and tear, maintenance, and profit on the foregoing. Hiring equipment at the double-shift rate is rarely done and must be approved by the appropriate authority (i.e. Area FMO or Area Forester for Type 3 and below incidents; Operations Section Chief or IC for Type 1 and 2 incidents). Documentation must appear on the Resource Order.

A contractor's fixed costs such as insurance and depreciation are not included in the calculations

DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

for the second operational period. These costs have already been calculated into the daily rate (Single Shift) for the first operational period.

Dry Rate

All equipment hired by the State will be hired “dry,” meaning the State will provide or pay for fuel costs. The vendor will provide other operating supplies such as oil, filters, lube/oil changes, and so forth. When equipment is hired without operator the state will provide all operating supplies.

Single Shift Daily Rate

Single shift daily rate applies to equipment hired with one operator/crew that will generally work between 12 and 16 hours, as noted in the Incident Action Plan, by operations staff on the incident, or at the Area. Occasionally, the operator is required to work an excessive shift length and no additional compensation will be due. This is more likely to occur during the initial attack of the incident or when an unexpected blowup occurs.

Special Rate

A Special Rate shall apply when an additional rate is charged in addition to the daily rate for the same piece of equipment. Special Rate examples include: transport rates, rates for an auxiliary water or fuel tank, or an additional operator for a bus.

NOTE: If the exact make and model of equipment is not listed in a particular Rental Class Table, use the horsepower rating to determine the daily rate.

HEAVY EQUIPMENT

Rates include suppression equipment such as backhoes, dozers, excavators, forklifts, graders, and skidders/skidgines.

The contractor shall provide the following items on all heavy equipment:

- Ax or Pulaski
- Fire extinguisher (minimum rating, ABC)
- Shovel
- Headlights and backup lights, and backup alarms
- First Aid kit
- Safety equipment including rollover protection (safety canopy) and approved spark arrester or exhaust system
- All heavy equipment shall have cab protection, such as brush guards
- Skidders are required to have tire chains

BACKHOES and LOADERS

Backhoes and Loaders are hired on a daily basis with the State providing fuel and the contractor providing the operating supplies and contractor-hired operator. Included in the rate for backhoes and loaders is contractor-provided support for maintenance, permits, and operator transportation. Upon passing inspection this equipment will be considered on shift. Transportation costs for the equipment will be paid separately per the rates specified under the Transport Vehicle section of this document.

If a skid steer loader is being used as a forklift, it comes equipped with forks and no operator. A separate rate has been established for this and is found in the skid steer loader tables. Transport rates for a skid steer loader being used as a forklift are included in the established daily rate.

BACKHOES

DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

TYPE 1		BACKHOE MAKE	MODEL & SERIES
(> 91 FWHP)			
DAILY SHIFT RATE		Caterpillar	446B
SINGLE	DOUBLE	John Deere	710D
\$1,825	\$3,215	JCB	217 Series 3

TYPE 2		BACKHOE MAKE	MODEL & SERIES
(71-90 FWHP)			
DAILY RATE (SHIFT)		Case	590 Super M Series
SINGLE	DOUBLE	Caterpillar	436B
\$1.325	\$2.325	John Deere	510D

TYPE 3		BACKHOE MAKE	MODEL & SERIES
(63-70 FWHP)			
DAILY SHIFT RATE		Case	590 Super L Series
SINGLE	DOUBLE	Caterpillar	426C
\$1,300	\$2,280	John Deere	410E
		New Holland	655E

TYPE 4 (56-62 FWHP)		BACKHOE MAKE	MODEL & SERIES
DAILY SHIFT RATE			
SINGLE	DOUBLE	Case	480E, 580 Super M
		Caterpillar	420D
\$1,280	\$2,240	John Deere	310SG
		New Holland	555E

TYPE 5		BACKHOE MAKE	MODEL & SERIES
(< 55 FWHP)			
DAILY SHIFT RATE		Bobcat	300
SINGLE	DOUBLE	Case	580M
\$1,230	\$2,135	Caterpillar	416C
		John Deere	310E
		JCB	214F Series 4

SKID STEER LOADERS

Type 1		SKIDSTEER LOADER MAKE	MODEL & SERIES
(50 FWHP)			
DAILY SHIFT RATE		Bobcat	843, 843B, 853
SINGLE	DOUBLE	Case	184SC, 420
\$1,195	\$2,075	Daewoo	DSL801, 1760XL
		Deere	6675
		Gehl	4640E, 4840, SL4835, SL5620, SL5625
		Mustang	2060, 960
		New Holland	LX665
		Scat Trak	1700C 1750D
		Thomas	175, T-173HL 5 Series
		Trak International	1700 Series
		Volvo	MC80

*If hired as a forklift (without operator) flat rate of \$590/day.

DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

Type 2		SKIDSTEER LOADER MAKE	MODEL & SERIES
(25-49 FWHP)			
DAILY SHIFT RATE		Bobcat	542D, 553
SINGLE	DOUBLE	Boxer	527W, BRUTE
\$1,105	\$1,920	Case	1825, 1825B
		Gehl	SL4514, 3515, 3725
		Prime Mover	L930
		Ramrod Equipment	950
		Thomas	T-82
		Toyota	3SDK5
*If hired as a forklift (without operator) flat rate of \$500/day.			

TYPE 3		SKIDSTEER LOADER MAKE	MODEL & SERIES
(<25 FWHP)			
DAILY SHIFT RATE		Bobcat	440B, 443, 450, 453, 463, 570
SINGLE	DOUBLE	Deere	3375, 375
\$1,100	\$1,915	Mustang	910,911
		New Holland	L-125, L-250, L-255, 125
		Prime Mover	L570, L575
		Ramrod Equipment	230B, 300B, 550
		Toro	DINGO-220, DINGO 330
		Toyota	350K4
*If hired as a forklift (without operator) flat rate of \$495/day.			

WHEEL LOADERS

Type 1 (> 200 FWHP)		WHEEL LOADER MAKE	MODEL & SERIES
DAILY SHIFT RATE		Case	821, 821E, 921
SINGLE	DOUBLE	Caterpillar	962E, 966F, 966F Series II
\$1,930	\$3,425	Daewoo	MEGA 300, MEGA 300-II
		Deere	724
		Dresser	540, 542
		Fiat Allis	FR220.2
		Hyundai	HL760-7
		JCB	456 HT, 456 ZX
		Kobelco	WLK35
		Komatsu	WA400-5, WA420-1
		New Holland	W190B
		Volvo	L120F

DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

Type 2		WHEEL LOADER MAKE	MODEL & SERIES
(101-200 FWHP)			
DAILY SHIFT RATE		Case	521D XT, 621
SINGLE	DOUBLE	Caterpillar	IT28B, 924GZ, 928HZ
\$1,465	\$2,575	Deere	444H, 444J, 544E
		Fiat Allis	FR100, FR108
		JCB	416
		Kobelco	LK500A, LK550 Mark II
		Komatsu	WA180-3, WA200-6
		New Holland	LW110, LW130B
		Terex	SKL863, TL210
		Volvo	L70
		Waldon	8500C
Type 3		WHEEL LOADER MAKE	MODEL & SERIES
(50-100 FWHP)			
DAILY SHIFT RATE		Case	121, 21D, 21E, 221D, 902, 904H
SINGLE	DOUBLE	Caterpillar	902, 904B
\$1,215	\$2,115	Coyote	C14, C14B, C14C, C415, C7
		Deere	244E, 244H, 244J, 304J
		Fiat Allis	FR9B
		Gehl	540, KL405
		JCB	406, 406B, 408, 409
		New Holland	LW50, W50TC
		Prime-Mover	LD50
		Scat Trak	3170, 3200
		TCM	E806-2, E820, E820-2
		Terex	SKL823, SKS633
		Volvo	L20B, L30

DOZERS

Dozers are hired at the daily rate with vendor providing operator and service vehicle. State provides fuel only, other operating supplies provided by vendor. Included in the rate is contractor-provided support for maintenance, service vehicle, operator transportation, and permits. Transportation costs for the equipment will be paid separately as a special rate per the rates specified under the Transport Vehicle section of this document.

POWER CLASS IA (> 300 FWHP)		DOZER MAKE	MODEL & SERIES
DAILY SHIFT RATE		Caterpillar	D8R, D8K, D8L, D8N, D9
SINGLE	DOUBLE	John Deere	1050
\$4,525	\$8,175	Fiat Allis	21C, FD30, 31, FD40
		Komatsu	D155, D275 , D355, D375
		International/Dressa (Dresser)	TD25
		New Holland	DC70
		Terex	82-50

**DIVISION OF FORESTRY
EMERGENCY EQUIPMENT RENTAL RATES**

POWER CLASS IB		DOZER MAKE	MODEL & SERIES
(250-300 FWHP)			
DAILY SHIFT RATE		Allis-Chalmers	HD21
SINGLE	DOUBLE	Caterpillar	D7H High Track, D8H
\$3,610	\$6,500	Komatsu	D135A
		Terex	82-30, 82-40

POWER CLASS IC		DOZER MAKE	MODEL & SERIES
(200-249 FWHP)			
DAILY SHIFT RATE		Caterpillar	D7R, D7G, D7H
SINGLE	DOUBLE	Fiat-Allis	FD255, FD20,
\$3,180	\$5,715	John Deere	950
		Komatsu	D85E
		International/Dresssta (Dresser)	TD20
		Liebherr	DC70
		Terex	82-20

POWER CLASS IIA (150-199 FWHP)		DOZER MAKE	MODEL & SERIES
DAILY SHIFT RATE			
SINGLE	DOUBLE	Allis-Chalmers	HD16
		Case	1850
\$2,205	\$3,965	Caterpillar	D6R, D6H, D7F
		Fiat-Allis	FD175, FD195, 14C, FD14E, 16B
		John Deere	850
		Komatsu	D61, D65E, D68E, D85A
		Liebherr	PR732
		Massey Ferguson	MF D700C
		New Holland	DC180

POWER CLASS IIB		DOZER MAKE	MODEL & SERIES
(100-149 FWHP)			
DAILY SHIFT RATE		Allis-Chalmers	HD11
SINGLE	DOUBLE	Case	1150, 1450, 1650
\$2,035	\$3,655	Caterpillar	D5B, D5H, D5M, D5N, D6C, D6D, D6M,
		Fiat-Allis	FD145, FD9, 10C
		John Deere	700, 750, 850
		Komatsu	D41, D58, D53A, D60P, D65A
		International/Dresssta (Dresser)	TD12, TD15
		Liebherr	PR712, PR722
		Massey Ferguson	MF500, MF D600C

DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

POWER CLASS III (<100 FWHP)		DOZER MAKE	MODEL & SERIES
DAILY SHIFT RATE		Allis-Chalmers	HD3, HD4, HD6
SINGLE	DOUBLE	Case	350, 450, 550, 650, 750, 850
\$1,670	\$2,955	Caterpillar	D3, D4, D5C, D5G
		Daewoo	DD80
		Fiat-Allis	FD80, FD5, FD7, 8B
		Hyundai	H70, H80
		John Deere	350, 450, 550, 650
		Komatsu	D21, D31, D32, D37, D38, D39, D45
		International/Dresser (Dresser)	500, TD6, TD7, TD8, TD9
		Massey Ferguson	200, 2244, MF300, MF3366, MF400
		New Holland	DC70, DC80

EXCAVATORS

Excavators are hired on a daily basis with the State providing fuel and the contractor providing operating supplies and contractor-hired operator. Included in the rate is contractor-provided support for maintenance, service vehicles, permits, and operator transportation. Transportation costs for the equipment will be paid separately as a special rate per the rates specified under the Transport Vehicle section of this document.

TYPE 1 (> 231 FWHP)		EXCAVATOR MAKE	MODEL & SERIES
DAILY SHIFT RATE		Case	CS330, CX460, CX800, 9050B, 9060B
SINGLE	DOUBLE	Caterpillar	330CL, 345BL, 345BL II, 350L, 365BL, 375
\$2,915	\$5,215	Daewoo	SOLAR 330LC-V, SOLAR 400LC-V, SOLAR 450-III
		John Deere	330C LC, 330LC, 370, 370C, 450C LC, 450LC, 600C LC
		Fiat Allis	FX480LC, FX600LC
		Hitachi	ZAXIS 330LC, ZAXIS 370, EX550LC-3, EX700, ZAXIS 450LC, Z
		Hyundai	AXIS 600LC, ZAXIS 800, EX450LC, EX550LC-5
		JCB	JS450, JS460
		Kobelco	SK300LC, SK330LC, SK400LC MARK IV, SK480LC
		Komatsu	PC300HD-6, PC300HD-7, PC300LC-6, PC300LC-7, PC400HD-6, PC400LC-6, PC450LCD-6K, PC600LC-6
		Liebherr	R954B HD, R964B UTILITY, R974
		Link-Belt	330LX, 370LX RB, 460LX, 5800 QUANTUM
		New Holland	EC350LC, EC450LC, EC600LC
		Samsung	SE350LC-2, SE450LC-2
		Volvo	EC330B LC, EC360B LC, EC360 LC, EC460B LC, EC460LC

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TYPE 2		EXCAVATOR MAKE	MODEL & SERIES
(161-230 FWHP)			
DAILY SHIFT RATE			
SINGLE	DOUBLE	Badger	666 Hydro-Scopic, 670 Hydro-Scopic, 888 Hydro-Scopic
\$2,655	\$4,735	Case	CX240, CX290, 9040B, 9045B
		Caterpillar	322CL, 325BL, 325CL, 330BL
		Daewoo	SOLAR 250LC-V, SOLAR 290LC-V
		John Deere	230LC, 230C LC, 270LC, 270C LC
		Fiat Allis	FX240LC, FX270LC, FX350LC
		Gradall	XL5200
		Hitachi	ZAXIS 230LC, ZAXIS 270LC, EX270LC-5, EX330LC-5, EX370-5
		Hyundai	R250LC-3, R290LC-3, R320LC-3
		JCB	JS330
		Kobelco	SK220LC MARK IV, SK250LC, SK270LC MARK IV, SK290LC
		Komatsu	PC220LC-7, PC270LC-6, PC270LC-7, PC308USLC-3
		Liebherr	R934HDSL
		Link-Belt	240LX, 290LX, 3900 QUANTUM
		New Holland	EC240LC
		Samsung	SE240LC-3, SE280LC-2, SE280LC-3
		Volvo	EC240B, EC240LC, EC240LR, EC290B, EC290LC, EC290LR

TYPE 3		EXCAVATOR MAKE	MODEL & SERIES
(136-160 FWHP)			
DAILY SHIFT RATE		Case	CX210, CX225
SINGLE	DOUBLE	Caterpillar	320C, 320CL, 320C U, 320CL U, 321C LCR, 322BL
\$2,415	\$4,320	Daewoo	SOLAR 220LC-5,
		John Deere	200C LC, 200LC, 225C LC
		Gradall	XL4200
		Hitachi	ZAXIS 200LC, EX230LC-5
		JCB	JS260
		Kobelco	SK200LC MARK IV, 200SRLC, SK210LC, 235SRLC
		Komatsu	PC200-7, PC200LC-7, PC220LC-6, PC228USLC-3, PC250LC-6
		Liebherr	R924
		Link-Belt	210LX, 3400 QUANTUM
		New Holland	EC215LC
		Samsung	SE210LC-3
		Volvo	EC210B, EC210LC, EC210LR

TYPE 4		EXCAVATOR MAKE	MODEL & SERIES
(111-135 FWHP)			
DAILY SHIFT RATE		Case	9030B, 9030BN
SINGLE	DOUBLE	Caterpillar	318B, 318BL N, 318 CL, 318 CL N, 320B, 320BL, 320BN
\$2,195	\$3,915	Daewoo	SOLAR 170-III, SOLAR 170LC-V
		Fiat Allis	FX200LC
		Hitachi	EX200LC-5
		Hyundai	R180LC-3, R210LC-3
		JCB	JS200, JS220
		Kobelco	SK160LC, ED190, 200SRLC
		Komatsu	PC200-6B, PC200LC-6, PC228USLC-1, PC228USLC-
		Liebherr	R904, R914
		Link Belt	2800 Quantum

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TYPE 5 (86-110 FWHP)		EXCAVATOR MAKE	MODEL & SERIES
DAILY SHIFT RATE		Case	CX130, CX135, CX160, 9010B, 9020B
SINGLE	DOUBLE	Caterpillar	215, 315C, 315CL, 313B, 314C, 314CL, 315B, 315BL, 315C, 315CL
\$1,915	\$3,405	Daewoo	SOLAR 130LC-V
		John Deere	120C, 135C, 160LC, 160C
		Fiat Allis	FX140
		Gradall	XL3200
		Hitachi	ZAXIS 120, ZAXIS 160LC, RC260LC-5,
		Hyundai	R130LC-3, R160LC-3
		JCB	JS160
		Kobelco	SK130LC MARK IV, SK115DZ LC MARK IV, 135SRLC, 135RL, ED150, SK150LC MARK IV
		Komatsu	PC120-6, PC120LC-6, PC128US-1, PC128US-2, PC128UU-2, PC138USLC-2, PC150-6, PC150LC-6, PC158USLC-2, PC160LC-7
		Link-Belt	160LX, 2700 QUANTUM
		Mustang	ME12002
		New Holland	EC160LC
		Samsung	SE130LC-2, SE130LC-3, SE130LCM-2, SE130LCM-3
		Volvo	EC140BLC, EC140LC, EC140LCM, EC150LC, EC160BLC

TYPE 6 (76-85 FWHP)		EXCAVATOR MAKE	MODEL & SERIES
DAILY SHIFT RATE		Caterpillar	311B, 311C, 312B, 312BL
SINGLE	DOUBLE	John Deere	110
\$1,740	\$3,065	Gradall	XL2200
		Hitachi	EX110-5, EX120-5
		JCB	JS130
		Kobelco	115SRDZ
		Komatsu	PC95R-2, PC100-6, PC128UU-1
		Liebherr	R312
		Link-Belt	2650 QUANTUM
		Mustang	ME 8002, ME12002
		New Holland	EC130LC
		Schaeff, Inc.	HR41
		Takeuchi	TB070, TB175

TYPE 7 (61-75 FWHP)		EXCAVATOR MAKE	MODEL & SERIES
DAILY SHIFT RATE		Bobcat	442
SINGLE	DOUBLE	Gehl	GE802
\$1,630	\$2,880	Komatsu	PC95-1
		Mustang	ME 8002
		Schaeff, Inc.	HR31, HR32
		Terex	HR32

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TYPE 8 (50-60 FWHP)		EXCAVATOR MAKE	MODEL & SERIES
DAILY SHIFT RATE		Case	CX75, 9007B
SINGLE	DOUBLE	Caterpillar	307B, 307C, 308C
\$1,550	\$2,395	Daewoo	Solar 70-III,
		John Deere	80, 80C
		Hitachi	ZAXIS 80, EX80-5
		JCB	JS70, JZ70
		Kobelco	SK60 MARK IV, 70SR, 80CS
		Komatsu	PC60-7, PC60-7B, PC78US-6
		Link-Belt	75, 1600 QUANTUM
		Nagano	NX75-2
		Schaeff, Inc.	HR22
		Takeuchi	TB070, TB175
		Thomas	T75
		Yanmar	V1070

MINI-EXCAVATORS

Mini-Excavators are hired on a daily basis with the State providing fuel and the contractor providing operating supplies and contractor-hired operator. Included in the rate is contractor-provided support for maintenance, service vehicles, permits, and operator transportation. Transportation for the equipment will be provided by the contractor and are included in the equipment rate.

MINI EXCAVATORS			
(< 50 FWHP)		MAKE	MODEL & SERIES
DAILY SHIFT RATE		Airman	35-2
SINGLE	DOUBLE	Bobcat	329
\$815	\$1,410	Case	CX31
		Cat	303.5
		Kubota	91.2
		Kobelco	30SR-3

FARM TRACTORS

Farm tractors are hired on a daily basis with the State providing fuel and the contractor providing operating supplies and contractor-hired operator. Included in the rate is contractor-provided support for maintenance, equipment dragged behind the tractor such as disc or harrowing tool, service vehicles, permits, and operator transportation. Transportation for the equipment will be provided by the contractor and are included in the equipment rate.

FARM TRACTORS			
(> 20 FWHP)		MAKE	MODEL & SERIES
DAILY SHIFT RATE		John Deere	210C
SINGLE	DOUBLE	Ford Holland	250C
\$880	\$1,735	New Holland	345D, 445D
		Massey Ferguson	MF-40E

FORKLIFTS

DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

Forklifts are hired from commercial rental companies or equipment dealers at the commercial rate without operator. Assigned operator should meet any agency-specific training requirement.

FELLER BUNCHERS

Feller bunchers are hired on a daily basis with the state providing the fuel and the contractor providing the operating supplies and contractor-hired operator. Included in the rate is contractor provided support for maintenance, permits, service vehicles, and operator transportation. Transportation costs for the equipment will be paid separately as a special rate per the rates specified under the Transport Vehicle section of this document.

FELLER BUNCHERS		
CLASS (FWHP)	DAILY RATE (SINGLE SHIFT)	DAILY RATE (DOUBLE SHIFT)
Type 1 (> 225 FWHP)	\$3,685	\$6,460
Type 2 (160-225 FWHP)	\$2,640	\$4,720

FORWARDERS

Forwarders are hired on a daily basis with the state providing the fuel and the contractor providing the operating supplies and contractor-hired operator. Included in the rate is contractor provided support for maintenance, permits, service vehicles, and operator transportation. Transportation costs for the equipment will be paid separately as a special rate per the rates specified under the Transport Vehicle section of this document.

FORWARDERS		
CLASS (FWHP)	DAILY RATE (SINGLE SHIFT)	DAILY RATE (DOUBLE SHIFT)
Type 1 (200+) 1500 gal.	\$3,025	\$5,435
Type 2 (140-199) 1200 gal.	\$2,885	\$5,180
Type 3 (100-139) 1000 gal.	\$2,610	\$4,675
Type 4 (<100) 850 gal.	\$2,475	\$4,425

GRADERS

Graders are hired on a daily basis with the State providing fuel and the contractor providing operating supplies and contractor-hired operator. Included in the rate is contractor-provided support for maintenance, permits, service vehicle, and operator transportation. If the grader must be transported by lowboy, transportation costs for the equipment will be paid separately as a special rate per the rates specified under the Transport Vehicle section of this document.

TYPE 1 (200-250 FWHP)		GRADER MAKE	MODEL & SERIES
DAILY SHIFT RATE		Case	885
SINGLE	DOUBLE	Caterpillar	14H, 16H
\$2,455	\$4,260	Champion	D-686, 780, 740A, 750A, 780A
		Galion	T-700, 870B, 870C
		John Deere	772CH II
		Komatsu	GD670A-2C, GD670AW-2C, GD750A-1, GD825A-2
		New Holland	RG200, RG200B
		Volvo	G740, G740B, G746B, G780, G780B

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TYPE 2		GRADER MAKE	MODEL & SERIES
(145-199 FWHP)			
DAILY SHIFT RATE		Case	865
SINGLE	DOUBLE	Caterpillar	12H, 140H, 143H, 160H, 163h
\$2,115	\$3,655	Champion	720A, 726A, 730A, 736A,
		Fiat Allis	FG85A, FG105A
		Galion	850B, 850C
		John Deere	670CH II, 672CH II, 770C, 770C II, 770CH, 770CH II, 772CH
		Komatsu	GD650A-2C, GD650AW-2C, GD 655-3, GD675-3
		New Holland	RG170, RG170B
		Volvo	G720, G720B, G726 VHP, G726B, G730, G730B, G736 VHP

TYPE 3		GRADER MAKE	MODEL & SERIES
(115-144 FWHP)			
DAILY SHIFT RATE		Case	845
SINGLE	DOUBLE	Caterpillar	120H, 135H
\$1,860	\$3,180	Champion	710A, 716A
		Galion	830B, 830C
		John Deere	670C, 670C II, 670CH, 672CH
		Komatsu	GD530A-2C, GD530AW-2C, GD555-3
		New Holland	RG140, RG140B
		Volvo	G710, G710B, G716VHP

TYPE 4		GRADER MAKE	MODEL & SERIES
(75-114 FWHP)			
DAILY SHIFT RATE		Champion	C50A, C60A, C66A, C70A, C76A, C80A, C86A
SINGLE	DOUBLE	Fiat Allis	65C
\$1,575	\$2,350	Ingram	MG747
		Lee-Boy	685
		New Holland	RG80, RG100
		Volvo	G60, G66, G80, G86

SKIDDERS/SKIDGINES

Skidders are hired on a daily basis with the State providing fuel and contractor providing the operating supplies, service vehicle, permits, and contractor-hired operator. Included in the rate is contractor-provided support for maintenance, and operator transportation. Transportation costs for the equipment will be paid separately as a special rate per the rates specified under the Transport Vehicle section of this document.

CLASS 1		MAKE	MODEL & SERIES
(200-275 FWHP)			
DAILY SHIFT RATE		FMC	220CA, 220GA
SINGLE	DOUBLE	Clark Ranger	668 Turbo, 880, F68
\$2,660	\$5,280	Caterpillar	535B
		Franklin	Q90, 190
		Timbco	260

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CLASS 2		MAKE	MODEL & SERIES
(140-199 FWHP)			
DAILY SHIFT RATE		John Deere	740, 740A, 520, 550, 550B, 640G
SINGLE	DOUBLE	Timberjack	460, 460D, 520, 550, 550B, 660, 660D
\$2,370	\$4,205	Clark Ranger	667, 668B, 668C, 668, H66DS, H67, H67-II
		Caterpillar	528, 515, 525, 525B, 545
		Garrett	25A, 30, 30A
		Franklin	Q70, Q80, 170, 185
		Tree Farmer	C7F

CLASS 3		MAKE	MODEL & SERIES
(100-139 FWHP)			
DAILY SHIFT RATE		John Deere	548D, 640, 640D, 648D, 360, 380D, 404, 450, 540G
SINGLE	DOUBLE	Timberjack	240C, 240D, 240E, 350A, 360, 360D, 380D, 404, 450
\$1,850	\$3,240	FMC	180
		Clark Ranger	665, 666, F65, H66
		Caterpillar	518
		Garrett	21A Turbo, 22
		Case	800 Series
		Int'l Harvester	S10
		Tree Farmer	C6F

CLASS 4		MAKE	MODEL & SERIES
(81-99 FWHP)			
DAILY SHIFT RATE		John Deere	440D, 448D, 540, 540A
SINGLE	DOUBLE	Timberjack	225 series, 230 series, 330
\$1,480	\$2,595	Clark Ranger	664, 664B
		Massey Ferguson	320
		Garrett	21A
		Case	600
		International Harvester	S8A

If a skidder is equipped as a skidgine, add the special rate as shown by tank size below. Skidgine must have a minimum of a 200-gallon tank and not exceed the manufacturer's load rating. It is recommended that skidgines have 150 feet of 1-inch hardline with $\frac{3}{4}$ - inch inside diameter hose on a reel, and 200 feet of 1-inch linen hose.

TANK SIZE	DAILY RATE
200 gal – 399 gal	\$205
400 gal – 799 gal	\$305
> 800 gal	\$505

All pumps shall have pressure gauges that meet the minimum pump pressure rating. No fiberglass tanks will be accepted. All tanks must be certified and baffled in compliance with NFPA or American Society of Mechanical Engineers' standards or other industry accepted engineering standards.

TRACKED UTILITY VEHICLE

Tracked Utility Vehicles are hired on a daily basis with the State providing fuel and contractor

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providing the operating supplies, service vehicle, and contractor-hired operator. Included in the rate is contractor-provided support for permits, maintenance, and operator transportation. Transportation costs for the equipment will be paid separately as a special rate per the rates specified under the Transport Vehicle section of this document.

TRACKED UTILITY VEHICLES					
TYPE	MAKE	MODEL & SERIES	MINIMUM PAYLOAD	DAILY RATE (SINGLE SHIFT)	DAILY RATE (DOUBLE SHIFT)
1	Electrac / Nodwell	FN-110, FN-160, FN-240	11000 lbs.	\$2,875	\$5,185
	Foremost	Chieftan			
2	Electrac / Nodwell	FN-60, FN-75	6000 lbs.	\$2,535	\$4,560
3	Flextrac	FN-20	1500 lbs.	\$2,190	\$3,925
	Thiokol	1200C			
	Bombardier	252G			

A Tracked Utility Vehicle with an auxiliary tank will be paid a daily rate using the following table. Equipment must be equipped with a minimum of a 200-gallon tank and must have the ability to pump water with minimum speed of 30 gpm and minimum pressure of 100 psi. It is recommended that the unit have 150 feet of 1-inch hardline with $\frac{3}{4}$ - inch inside diameter hose on a reel, and 200 feet of 1-inch linen hose. The use of the auxiliary tank must be noted on the daily shift ticket for the special rate to apply.

TANK SIZE	DAILY RATE
200 gal. – 399 gal.	\$205
400 gal. – 799 gal.	\$305
>800 gal.	\$505

SOFT TRACK

Soft Tracked Utility Vehicles are modified FMC apparatus equipped with a tank, pump, and firefighting configuration. Tracked Utility Vehicles are hired on a daily basis with the State providing fuel and contractor providing the operating supplies, service vehicle, and contractor-hired operator. Included in the rate is contractor-provided support for permits, maintenance, and operator transportation. The fee for the water tank is already included in the rate. Transportation costs for the equipment will be paid separately as a special rate per the rates specified under the Transport Vehicle section of this document.

SOFT TRACK	
DAILY RATE (SINGLE SHIFT)	DOUBLE SHIFT (DOUBLE SHIFT)
\$3,675	\$6,780

PASSENGER AND CARGO VEHICLES

ALL TERRAIN VEHICLES (ATVs/UTVs)

Use State-owned sources before renting. Rental or use of 3-wheeled ATVs is prohibited. The

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operator shall be a State employee. All ATV/UTV operators are required to wear proper PPE (i.e., helmet, goggles, gloves, etc.). State shall provide fuel and oil. Allow for delivery charges.

ALL TERRAIN VEHICLES

ATV	
TYPE	DAILY RATE
4x4 Wheel Drive	\$105
6x6 Wheel Drive	\$125

ATV/UTV Trailers	
Tag-A-Long	\$25
Road Trailer, 2 or 4 place	\$40

UTV	
TYPE	DAILY RATE
4x2 Wheel Drive	\$125
4x4 Wheel Drive	\$150
6x6 Wheel Drive	\$260
8x8 Wheel Drive	\$310

UTILITY VEHICLES

When utility vehicles are needed without operator, use the Vehicle Only rate. In this situation, the State provides all operating supplies and operator. When utility vehicles are hired with operator they are hired on a daily basis with the State providing fuel and contractor providing the operating supplies. When vehicle is hired with operator they must possess a valid state driver's license. The operator's health and physical condition must be sufficient to perform the duties of driver without causing themselves or anyone else undue harm. **All operators shall be able to occasionally lift objects up to 30 pounds.**

Note: There are no double shift rates for vehicles within the Utility Vehicle category.

SEDANS		
TYPE	DAILY RATE	VEHICLE ONLY
Compact	\$550	\$75
Mid-Size	\$560	\$80
Full-Size	\$565	\$85

STAKE TRUCKS/FLATBEDS		
TYPE	DAILY RATE	VEHICLE ONLY
8500 GVW – 14,999 GVW	\$580	\$100
15,000 GVW – 24,999 GVW	\$665	\$185
25,000 GVW – 35,500 GVW	\$725	\$240

SUV/VANS	
TYPE	MODEL & SERIES
Light	Chevy Blazer, GMC Jimmy
½ T	Ford Explorer
¾ T	Ford Expedition
1 T	Ford Excursion

4x2	
DAILY RATE	VEHICLE ONLY
\$540	\$65
\$550	\$75
\$565	\$85
\$575	\$95

4x4	
DAILY RATE	VEHICLE ONLY
\$565	\$85
\$570	\$90
\$590	\$110
\$605	\$125

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PICKUPS		4x2		4x4	
TYPE	MODEL & SERIES	DAILY RATE	VEHICLE ONLY	DAILY RATE	VEHICLE ONLY
Compact	Ford Ranger, Chevy S-10	\$580	\$100	\$590	\$110
½ T	Chevy & GMC 1500, Ford F150, Dodge 150	\$585	\$105	\$600	\$120
¾ T	Chevy & GMC 2500, Ford F250	\$590	\$110	\$610	\$130
1 T	Chevy & GMC 3500, Ford F230	\$605	\$125	\$635	\$155

BUSES

Buses are hired on a daily basis with the State providing fuel and contractor providing the operating supplies, and contractor-hired operator. Included in the rate is contractor-provided support for maintenance.

Cargo, such as tools, fire packs, and equipment shall not be carried in the bus unless they are securely lashed down or stored behind a well-anchored screen separating the tools and gear from the passengers. The bus shall provide for at least one emergency exit in addition to the main door and access to the emergency exit must be free of barriers.

DOF requires liability insurance in the minimum amount of \$1,000,000 combined single limit per occurrence for all buses.

BUSES		
TYPE	MINIMUM CAPACITY	DAILY RATE
Mini Bus	20 passengers	\$1,010
Full Size Bus	40 passengers	\$1,210
Crew Carrier Bus	24 passengers	\$1,220
Additional Driver		\$425

Point-to-point hiring of buses occur when personnel need to be transported to or from an Area or an incident. Since the bus company or vendor is providing a service fuel is not provided by the State, nor will claims be processed for the delivery service. Equipment inspections of buses should be conducted to ensure the bus is in a safe operating condition prior to hauling personnel.

Buses hired for point-to-point missions will be paid at the daily rate for any mission that meets or exceeds six hours, ½ the daily rate when under hire for less than six hours

Generally, the dispatcher will discuss the point-to-point mission in terms of mileage to deliver the crew or personnel and anticipated duration of the mission. The dispatcher would tell the bus company what is needed and the bus company or vendor would provide the qualified driver, the fuel, other operating supplies, and the equipment. The bus company or vendor will be directed to send the bus to a pickup point or for an equipment inspection at which time the time under hire begins. Arrival times and departure times must be verified by incident personnel or dispatchers on a shift ticket to document invoice charges.

The incident should hire the bus under an E-number if the desire is to assign the bus to a crew, to Ground Support or to a Transportation Unit. A complete equipment hire packet is required when buses are hired on E-numbers.

THE BUS CANNOT BE HELD BY THE INCIDENT UNLESS THE VENDOR AGREES, A NEW EQUIPMENT RESOURCE ORDER IS CREATED, AND AN INSPECTION IS COMPLETED BEFORE THE BUS IS PUT UNDER HIRE AND INTO SERVICE AT THE INCIDENT.

TRANSPORT VEHICLES

DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

Transports hired to provide delivery or pickup of equipment will be paid at the daily rate for any mission that meets or exceeds 6 hours, ½ the daily rate when under hire for less than six hours, at the rates specified for the equipment being transported. Unless otherwise requested and justified by incident personnel, point-to-point delivery of equipment will be the default method of transporting equipment to an incident.

If the Incident Commander specifically orders a stand-alone transport or needs an assigned transport, the transport will be paid on a daily basis.

The State provides fuel (except for point-to-point transports), and the contractor provides operating supplies, pilot car(s) any support vehicles, permits, and contractor-hired operator. The dispatcher should contact the vendor to convey whether the equipment needs no transport, point-to-point transport, or if transport equipment needs to be assigned to the equipment. This should be reflected under Special Needs on the Resource Order. **The vendor is responsible for arranging for transport of their equipment and transport rates will be paid as specified in the transport rate table. The transport provided by the vendor will be paid separately than the equipment but will not be given a separate resource order unless it is hired as a stand-alone transport.** If the incident personnel initially request point-to-point delivery of the equipment and subsequently decide the transport equipment needs to be assigned to the equipment, this requires the concurrence of the equipment vendor and needs to be documented on the Resource Order.

Heavy equipment plus transport with an operator for each unit will receive the full daily rate for each piece of equipment except for first and last day for stand alone transports and when transports are assigned to the equipment. Point-to-point transports will be paid at the daily rates on the days that equipment is being transported when equipment is under hire 6 hours or more, ½ the daily rate when under hire less than six hours per day.

When a lowboy/transport is assigned to a piece of equipment, such as a dozer, and both pieces of equipment use the same operator, daily payment for the lowboy/transport will be reduced by \$590 for a single shift and by \$985 for a double shift. On first and last day if equipment is under hire less than eight hours the reduced rate will be further reduced by half, (see Conditions of Hire, Chapter 7)

If a pilot/flag vehicle(s) is/are required by law during transportation of heavy equipment, no additional payment will be made for such vehicles or operators. Included in the rate is contractor-provided pilot cars and service vehicles plus their maintenance, and operator transportation. Permits, if necessary, are the responsibility of the vendor owning the transport equipment.

If the State releases the transport, but the vendor elects to keep the transport at the incident location, no further payment is due because the period of hire ended when the transport was released. The transport's trip to return the equipment to the point of hire is considered a new period of hire. An example of this is if a vendor has a shared operator that drives their transport and operates their equipment but the equipment was ordered to be delivered and picked up (point-to-point method). In this case, the vendor receives payment for one round trip for the transport equipment and no payment for the transport equipment while it remains at the incident. If the vendor had a separate driver for the transport he could have received the transport fee to deliver the equipment to the incident and another transport fee to demobilize the equipment when the equipment was released from the incident.

Hiring Transport Equipment

DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

Transport equipment can be hired using three different methods to meet Forestry's needs:

- 1) **Point-to-Point:** The most common need and the default method of transport is point-to-point delivery of heavy equipment to or from an incident. The equipment vendor would arrange for movement of the equipment, as directed by the State, and the appropriate configuration of equipment would be paid at the rate listed in the Transport Rate Table. This is considered a vendor provided service and a separate payment line will be included in the equipment use invoice. This method may be used if the equipment needs to be moved during the incident and all appropriate fees will be paid. Incident personnel should document arrival and departure times and convey this information to the dispatcher. The State does not pay for fuel for point to point transports.

THE TRANSPORT CANNOT BE HELD BY THE INCIDENT UNLESS THE EQUIPMENT VENDOR AGREES AND THE CHANGE IS REFLECTED ON THE ORDER.

- 2) A less common need is to have the vendor provide a transport that remains assigned to the equipment. This would be appropriate if the equipment is being hired for initial attack standby, such as a dozer and transport unit. This may be needed if the incident expects to move equipment frequently. The transport unit is paid separately from the equipment and is not issued a separate resource order. The transport costs are calculated and added on a separate line of the equipment use invoice.
- 3) On a large incident with several pieces of equipment, the Incident Commander or Operations Section Chief may approve a request to Resource Order a stand-alone transport. This transport may be used to move other vendor's equipment and the transport vendor is required to carry commercial motor carrier's insurance with a minimum liability coverage of \$1 million. A stand-alone transport will be issued its own E-number and shift tickets will be generated, as for any other type of equipment.

Transport Hire Guidance

What type of transport arrangements are required by the incident?

No transport is needed if the equipment is on-site (and does not need to be moved), or if the equipment is "self-propelled" (such as a road grader).

Is it mission critical that the Transport stays with the equipment?

No → Point-to-Point (paid at the Daily Rate when hired for 6 hours or more per day, ½ the Daily Rate if the transport is under hire for less than six hours.)

Yes → Assigned, for that piece of equipment (paid at the Daily Rate)

Stand Alone Transport- Used on the incident to move multiple pieces of equipment (not tied to one piece of equipment). This is the only type of transport treated as a separate piece of equipment (requires inspections, a hiring packet, Resource Order (E-number), shift tickets, and Equipment Use Invoice). This equipment is paid at the daily rate for Stand Alone Transports. This rate is higher than point-to-point and assigned transport rates as the vendor must carry \$1 million commercial carrier insurance.

**DIVISION OF FORESTRY
EMERGENCY EQUIPMENT RENTAL RATES**

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Backhoes			
1	3	0	\$1,465
2	3	0	\$1,465
3	3	0	\$1,465
4	Flatbed Truck	0	\$890
5	Flatbed Truck	0	\$890

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Dozers			
IA	1	2	\$3,700
IB	2	2	\$3,485
IC	2	2	\$3,485
IIA	2	2	\$3,485
IIB	2	2	\$3,485
III	3	1	\$2,270

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Excavators			
1	1	1	\$2,900
2	1	1	\$2,900
3	2	1	\$2,680
4	2	0	\$1,880
5	2	0	\$1,880
6	3	0	\$1,465
7	Flatbed Truck	0	\$890
8	Flatbed Truck	0	\$890

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Feller Bunchers			
1	1	1	\$2,900
2	2	1	\$2,270

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Forwarders			
1	2	1	\$2,680
2	2	1	\$2,680
3	3	1	\$2,270
4	3	1	\$2,270

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Graders			
1	1	1	\$2,680
2	2	0	\$1,880
3	3	0	\$1,465
4	3	0	\$1,465

DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Skidders			
1	2	1	\$2,680
2	2	1	\$2,680
3	3	0	\$1,465
4	Flatbed Truck	0	\$890

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Tracked Utility Vehicles			
1	2	0	\$1,880
2	2	0	\$1,880
3	3	0	\$1,465
Soft Track UV	2	0	\$1,880

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Stand Alone Transports			
1 (70,000+)	1	2	\$3,930
2 (35,001-69,999)	2	2	\$3,650
3 (20,000-35,000)	3	1	\$3,425

*Note: Stand Alone and Assigned Transports will be hired at the Daily Rate.

Transport Hire Examples:

A Type 5 Excavator is hired for an incident and passes inspection at 1800. It's a two-hour drive each way and the equipment works until 0200 on day one. Equipment works three more days and is available for transport at 2000 on day four.

Equipment Payment Due: ½ day for Day One + 3 full days = \$6,635

Point-to-point transport: Day 1 Delivery- ½ day = \$930
 Day 4 Demob- ½ day = \$930
 Total Transport Cost \$1,860

GRAND TOTAL \$6,635 + \$1,860 = \$8,495

Assigned transport: ½ day for Day One + 3 full days = \$6,510

GRAND TOTAL \$6,635+ \$6,510 = \$13,145

WATER TRUCKS

Water Trucks are hired on a daily basis with the State providing fuel and the contractor providing operating supplies, and contractor-hired operator(s). Water trucks shall have a water tank baffled in such a manner that it shall conform to the National Fire Protection Association (NFPA) Standards for Mobile Water Supply Apparatus, 4-2.3, or the American Society of Mechanical Engineers or other industry-accepted engineering standards. NFPA states, *“Any water tank shall be provided with at least one swash partition. Each water tank shall have sufficient number of swash partitions so the maximum dimension of any spaces in the tank, either transverse or longitudinal, shall not exceed 48” (1,220 mm) and shall not be less than 23” (584 mm).”*

When fully loaded, water trucks (including operators and accessory equipment) will conform to

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Manufacturer's Gross Vehicle Weight Rating (GVWR) or State Highway Gross Vehicle Weight (GVW) limits, whichever is less. This includes balancing the load in a manner that all axle weights comply with the GVWR. An exception to the GVW requirements may be made for Type 1 tenders designed for off-highway construction, where the GVW is less than the GVWR.

Vehicles shall be licensed to carry the loaded GVW of the unit. Vehicles which require a licensed CDL operator when operating on public highways, shall be furnished with, and operated by a licensed CDL operator at all times.

Vehicles shall be configured in a manner that the center of gravity, for the vehicle, is within the design limits of the equipment.

Negotiate water rates, if applicable, at the time of hire. If water is purchased commercially, the market rate will be used and receipts are required to reimburse the vendor. In no case, shall the incident pay more than the commercial rate for water.

WATER TRUCKS (dust abatement)

Water trucks are hired on a daily basis with the State providing fuel and the contractor providing the operating supplies and contractor-hired operator. Included in the rate is contractor-provided support for maintenance.

A water truck for dust abatement is required to have, as a minimum, an eight (8) foot wide spray capability (pressure or gravity). They also must have a 100-gallon per minute (gpm) self-loading capability.

WATER TRUCKS (DUST ABATEMENT)		
MIN. GALLONS	DAILY RATE (SINGLE SHIFT)	DAILY RATE (DOUBLE SHIFT)
1000	\$915	\$1,560
2500	\$1,325	\$2,335
5000	\$1,490	\$2,555

WATER TRUCKS (potable)

Potable Water Trucks are hired on a daily basis with the State providing fuel and the contractor providing operating supplies and contractor-hired operator(s). Potable water trucks are defined as vehicles equipped to store and dispense drinking water. The equipment shall meet state and local requirements for potable water. Price includes any permits. The daily work rate for the truck is based on a 24-hour period with one operator. The operator must work within the work rest guidelines.

WATER TRUCKS (POTABLE)		
GALLONS	DAILY RATE	ADDITIONAL OPERATOR
200 – 500	\$1,110	\$515
501– 999	\$1,260	
1000– 2000	\$1,465	\$540
2001-3000	\$1,815	
3001-4000	\$1,905	

WATER TRUCKS (grey water)

Water trucks are hired on a daily basis with the State providing fuel and the contractor providing

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the operating supplies and contractor-hired operator. Included in the rate is contractor-provided support for maintenance. Contractor is responsible for proper removal and disposal of wastewater, including any disposal fees and permits.

Upon approval and documentation, in writing, of a disposal agreement, the State may reimburse the Contractor for the costs associated with the disposal of grey water in accordance with the documented grey water disposal agreement. If costs are associated with the disposal process, the Contractor shall provide an invoice verifying the date, time, and amount of grey water disposed.

WATER TRUCKS (GREY WATER)		
MIN. GALLONS	DAILY RATE (SINGLE SHIFT)	DAILY RATE (DOUBLE SHIFT)
1000	\$915	\$1,560
2500	\$1,325	\$2,335
5000	\$1,490	\$2,555

WATER TENDERS

Tactical Water Tenders will be provided by State Cooperators and staffed with qualified personnel. Rates, terms, and conditions of hire are listed in Chapter 7 of the AIBMH.

DUMP TRUCKS

Dump trucks are hired on a daily basis with the State providing fuel and contractor providing the operating supplies, service vehicle, and contractor-hired operator. Included in the rate is contractor-provided support for maintenance and operator transportation. For any portion of a calendar day that a dump truck is used as a transport (provides a tilt bed trailer), add \$50 to the daily rate.

DUMP TRUCKS		
CLASS (Capacity)	DAILY RATE (SINGLE SHIFT)	DAILY RATE (DOUBLE SHIFT)
Minimum 5 yards	\$930	\$1,605
Minimum 10 yards	\$2,265	\$3,675

FUEL TRUCKS

Fuel trucks are hired on a daily basis with the State providing fuel for the truck, and the contractor providing operating supplies and contractor-hired operator(s). Aviation fuel trucks will be hired using commercial vendor's standard rates and method of hire. Operators will use the Emergency Equipment Fuel & Oil Issue Record, OF-304. Fuel log must be kept to document fuel dispensed on incident. Vendor shall provide invoices for the commodity vended; the price charged shall reflect the current market price. No separate payment will be made for nursing trucks or required spill-containment equipment.

When the vendor provides fuel to incident agency vehicles and vehicles owned by other vendors, the E number must be entered on the OF-304 and noted in fuel log. The driver should sign the OF-304. Fuel truck shall be fully registered as a commercial vehicle and be current with all DOT, EPA, and State inspection requirements. Vehicles which require CDL operator when operating on public highways shall be provided with a qualified operator at all times.

Fuel dispensing system shall be so designed to eliminate the wrong product being dispensed, e.g. gasoline being introduced into a diesel-powered vehicle due to the dispensing system not being completely drained from the previous fueling. A separate dispensing system for each product

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carried is required.

The operator must work within the works rest guidelines.

FUEL TRUCK WITH ONE OPERATOR		
GALLONS	DAILY RATE (SINGLE SHIFT)	DAILY RATE (DOUBLE SHIFT)
1000	\$1,935	\$3,380
2500	\$2,200	\$3,860
3500	\$2,340	\$4,110
5000	\$2,555	\$4,520
Additional Operator	\$585	\$1,075

ENGINES

FIRE ENGINES FROM PRIVATE VENDORS

Fire engines are hired on a daily basis with the State providing fuel and the contractor providing operating supplies and contractor-hired operator(s). Additional requirements specifying what type of equipment must be carried, number and qualifications of engine personnel, etc., are listed in the Supplemental Engine Requirements (Appendix C) and must be met for the vendor's equipment to qualify as a fire engine. When an engine is hired from a private vendor, the Supplemental Engine Requirements (Appendix C) **MUST** be signed by the vendor and included in the hiring packet.

ENGINES (2 WHEEL DRIVE)			
TYPE	CAPACITY	DAILY RATE (SINGLE SHIFT)	DAILY RATE (DOUBLE SHIFT)
7	50-150 Gal Tank	\$2,060	\$3,275
	10GPM/100PSI		
6	150-400 Gal Tank	\$2,205	\$3,525
	30GPM/100PSI		
5	400-750 Gal Tank	\$2,330	\$3,750
	50GPM/100PSI		
4	750+ Gal Tank	\$2,405	\$3,900
	50GPM/100PSI		
ENGINES (4 WHEEL DRIVE)			
TYPE	CAPACITY	DAILY RATE (SINGLE SHIFT)	DAILY RATE (DOUBLE SHIFT)
7	50-150 Gal Tank	\$2,205	\$3,495
	10GPM/100PSI		
6	150-400 Gal Tank	\$2,370	\$3,830
	30GPM/100PSI		
5	400-750 Gal Tank	\$2,510	\$4,090
	50GPM/100PSI		
4	750+ Gal Tank	\$2,610	\$4,265
	50GPM/100PSI		

COOPERATOR FIRE DEPARTMENT (CFD) APPARATUS

Cooperator Fire Department apparatus are provided by State Cooperators. Rates, terms and conditions of hire are listed in Chapter 7 of the AIBMH.

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EMERGENCY EQUIPMENT RENTAL RATES

INCIDENT SUPPORT ITEMS

BOATS

Boats are hired on a daily basis with the State providing fuel and two-cycle motor oil. The Contractor provides a registered boat, operating supplies, boat trailer, any support vehicles. The boat operator is required to operate the boat in a safe and efficient manner. The operator is responsible for navigating waterways and ensuring that passengers are given safety briefings and that the boat is not overloaded with passengers or cargo. The state may provide a river boat manager to help manifest cargo and personnel and to communicate with Operations personnel on an incident.

When Passenger Boats are hired, the operator must be a Coast Guard credentialed merchant mariner, for the number of personnel being transported. Passenger Boats can be used to hire cargo and passengers. Boats hired as Cargo Boats **will not** be required to have a credentialed merchant mariner, and **this boat cannot be used to haul passengers.**

(Note: Canoes, kayaks, scanoes, catamarans, personal water craft, or equipment devised as a floating device will not be hired. Inflatable boats will only be provided by federal or other state agencies or hired from Cooperators at the rates listed directly below (based on size and engine horsepower). For boats hired with operator, Cooperator will provide qualified operator, and the operator rate is included in the daily rate listed below. For boats less than or equal to 20', the engine must not exceed the manufacturer's recommended horsepower for the boat as noted on the manufacturer's label on the boat.)

The contractor shall provide the following items on boats:

- Fuel storage cans
- Basic tools and spare parts for maintaining the watercraft
- Anchors and ropes for holding boats in areas where anchoring is reasonable
- First aid kit
- Fire extinguisher (minimum rating, ABC)

The state will provide:

- Sound producing device
- Personal Flotation Device for each passenger
- PPE for boat operator (fire shirt and pants)

CARGO BOATS			PASSENGER BOATS*		
FWHP	SIZE	DAILY RATE	FWHP	SIZE	DAILY RATE
35 - 150 HP	< 16 ft	\$635	35 - 150 HP	< 16 ft	\$775
	16 – 20 ft	\$655		16 – 20 ft	\$795
50 - 250 HP	21 – 23 ft	\$715	50 - 250 HP	21 – 23 ft	\$855
	24 – 26 ft	\$780		24 – 26 ft	\$920
>250HP	16 – 20 ft	\$685	>250HP	16 – 20 ft	\$825
	21 – 23 ft	\$745		21 – 23 ft	\$885
	≥ 24 ft	\$830		≥ 24 ft	\$965
			*Operator must be a Coast Guard Credentialed Mariner		

NOTE: The boat rates above also apply to the CFD or Emergency Services Inflatable Rescue Boats.

The US Coast Guard has provided some important guidance when credentialed merchant mariners are not available and it is critical to move passengers. The incident or a dispatcher should adhere to the following guidance:

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In the event you need to transport firefighters between Point A and B in a passenger for hire situation upon the navigable waters of the U.S. where the operator of the vessel does not have an appropriate merchant mariner credential, please contact our 24 hour Command Center @ (907) 428-4100 with the following:

1. Person calling and position within the Incident Command System (Incident Commander, Deputy Incident Commander, Section Chief or Deputy Section Chief of Operations, Planning, or Logistics)
2. Call back number
3. State something similar to the following: I am notifying the U.S. Coast Guard we have made efforts to obtain properly credentialed mariner(s) to operate uninspected passenger vessel(s) on the ABC123 River (navigable water of the U.S.) in accordance with Title 46 Code of Federal Regulations Section 15.605 in order to transport persons supporting the ABC123 Fire (incident name). We will continue attempts to identify and hire properly credentialed mariner(s) for this incident.”
4. Full legal name of operator(s) you’d like to hire
5. Driver license number of #4 above
6. Name of navigable water body and approximate transit route(s).

The State is advised of its obligation to obtain the services of properly credentialed mariners (as necessary/appropriate) in order to transport firefighter passengers upon the navigable waters of the United States. The above call procedure is to be used only when necessary to protect life &/or property.

If the Coast Guard approves the waiver for the use of “non-credentialed merchant mariner to haul passengers in cases of emergency the boat will be paid at the Cargo Boat operating rate. The Passenger Boat rate is higher to compensate the owner for obtaining a credentialed merchant mariner as an operator.

Agency-provided boats, boats hired commercially from registered operators as a service, and boats hired on a cost negotiated per trip basis are not discussed within this document.

AIRBOATS

All information listed above regarding boats will apply to airboats. Passengers transported in airboats must be provided a seat. Airboat length will be the sole basis used to determine daily rate. Airboat vendors may be asked to provide their own fuel and will be reimbursed for documented amounts shown on an invoice from the vendor providing the fuel and fuel treatment or lubricants.

CARGO AIRBOATS		PASSENGER AIRBOATS*	
SIZE	DAILY RATE	SIZE	DAILY RATE
< 15 ft	\$970	< 15 ft	\$1,105
15 - 16 ft	\$1,135	15 - 16 ft	\$1,275
17-18 ft	\$1,285	17-18 ft	\$1,420
19 - 20 ft	\$1,425	19 - 20 ft	\$1,560
> 20 ft	\$1,570	> 20 ft	\$1,710
		*Operator must be a Coast Guard Credentialed Mariner	

LANDING CRAFT/BARGES

Landing craft/barges are used to move large amounts of cargo. They should include a drop-down ramp used when loading 4-wheelers and vehicles. Vendor and State specified equipment listed above must be provided. The vendor will provide a Coast Guard certified mariner as an operator,

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that can navigate the rivers, streams, and lakes, as required. Landing craft/barges are categorized based on load hauling capacity.

LANDING CRAFT/BARGES	
CARGO CAPACITY	DAILY RATE
10,000-20,000	\$2,625
20,000-30,000	\$3,030
>30,000	\$4,040

FIRE BOATS

Fire boats must be owned and operated by CFD or Emergency Response agency and must be equipped with an integrated pumps system and have foam capability. Fire boats are intended to fight fires in a marine environment but may be suitable for rescue and all-risk incidents. Fire boats will be fully equipped with all support equipment and gear by the fire department or emergency response agency and the state will provide fuel.

FIRE BOATS	
MINIMUM GPM	DAILY RATE
1000	\$2,220
1500	\$2,625
2000	\$3,030

AVIATION CRASH/RESCUE TRUCKS

Aviation Crash/Rescue Trucks are sometimes ordered to support large helibase or fixed wing base operations in the event of an aircraft emergency. This type of equipment is owned by a fire department, the state Department of Transportation or the military. Two trained personnel are included in the rates for this equipment. Aviation Crash/Rescue Trucks are hired on a daily basis with the State providing fuel and the cooperator providing operating supplies.

AVIATION CRASH/RESCUE TRUCKS			
TYPE	TANK SIZE	SINGLE SHIFT	DOUBLE SHIFT
1	>2000 gal	\$3,945	\$6,305
2	1000 - 2000 gal	\$3,790	\$5,760

AERIAL/LADDER TRUCKS

This equipment must be owned and operated by Cooperator Fire Departments and must be equipped with integral ladder equipment. Aerial trucks also are equipped with tanks and pump units: Aerial/Ladder Trucks are hired on a daily basis with the State providing fuel and the

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cooperator providing operating supplies and operator. Additional personnel will be hired/billed separately by the Cooperator or hired and paid separately by the State.

AERIAL / LADDER TRUCKS			
TYPE	PUMP GPM	SINGLE SHIFT	DOUBLE SHIFT
1	> 1500	\$3,300	\$5,230
2	1000-1500	\$3,140	\$4,690

SHOP (SERVICE) TRUCKS

A shop truck might be needed to provide a mechanic and tools to repair and service vehicles working in Ground Support or even Operations on an incident. In addition to tools, an air compressor, tire changing equipment, etc. and service trucks will come equipped with fire extinguisher, spare tire, reflectors, and a reflective vest for the mechanic(s) assigned to the shop truck.

SHOP SERVICE TRUCK		
SERVICE TRUCK	DAILY RATE (SINGLE SHIFT)	DAILY RATE (DOUBLE SHIFT)
Mechanic	\$1,420	\$2,525
Mechanic & Helper	\$1,875	\$3,290

MECHANIC W/TOOLS & PICKUP

Mechanics are sometimes needed on an incident and can come equipped with a pickup truck and their own hand tools. In addition to mechanic tools, the mechanic vehicle must come equipped with fire extinguisher, spare tire, lug wrench, jack, and reflectors and a reflective vest for the mechanic(s) assigned to the incident.

MECHANIC W/ TOOLS & PICKUP		
SERVICE TRUCK	DAILY RATE (SINGLE SHIFT)	DAILY RATE (DOUBLE SHIFT)
Mechanic	\$920	\$1,605
Mechanic & Helper	\$1,375	\$2,375

CHAINSAWS

Daily rate is \$670. The rate includes faller with saw, operating supplies, incidentals, and transportation. Daily rate for a chainsaw without operator is \$50.

DUMPSTERS

Dumpsters are hired at a daily, weekly, or monthly rate. Use commercial vendor's standard rates and method of hire. The vendor should specify delivery, pickup, and disposal rates if possible.

This type of service should be tracked and ordered under an 'S' number.

PORTABLE PUMPS

Portable pumps are hired without operator and with State-furnished supplies. Equipment may be on a daily, weekly, or monthly rate. Preferred method of hire shall be commercial rate on commercial agreement without operator. Allow for delivery charges. If hired from a non-commercial entity, the daily rate shall be as indicated below.

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PORTABLE PUMPS			
SIZE	DAILY RATE	WEEKLY RATE	MONTHLY RATE
1-1/2" Pressure Pump	\$25	\$65	\$195
2" Pressure Pump	\$65	\$195	\$490
3" Volume (trash) Pump	\$75	\$235	\$585
4" Volume (trash) Pump	\$100	\$345	\$810
6" Volume Pump, trailer mounted	\$313	\$780	\$2,275

TRAILERS

A variety of trailers may be used in the fire management/support program. Use commercial rates when procurement personnel set up agreements when commercial vendors are used.

COMMUNICATION TRAILERS

Communication Trailers come equipped with radios and are usually used by dispatchers to set up a Communications Unit on an incident or by aviation personnel to set up at a Helibase or Fixed Wing Base. The three type of communication trailers are classified as follows:

- Basic: Equipped with programmable FM radios
- Advanced: Same capability as Basic + Air-to-Ground radio
- Full Capability: Same capability as Advanced + ALRM capable radio

MOBILE OFFICE TRAILERS

Mobile office trailers are defined as a building equipped with electrical hook-up and telephone capabilities, lighting, and set-up to be transported to field locations. Hire mobile offices at a daily, weekly, or monthly rate. The rate should include delivery, set-up, and transport back to the point-of-hire. Use commercial vendor rates.

RV AND TRAVEL TRAILERS

Recreation Vehicle (RV) and travel trailers are defined as having sleeping accommodations and are often equipped with kitchen units and/or bathrooms. Hire on a daily, weekly, or monthly rate. The rate should include delivery, set-up, and transport back to the point-of-hire. Use commercial vendor rates.

TRAILER WITH TANK

Trailer with tanks may be hired when a vendor has mounted a tank to a trailer that may be used to haul water or fuel. A special rate is added as per the following table. Hire trailer with tanks at a daily, weekly, or monthly rate.

TANK SIZE	DAILY RATE
200 gal. – 399 gal.	\$205
400 gal. – 799 gal.	\$305
>800 gal.	\$505

OFFICE MACHINES AND EQUIPMENT

Office machines include photocopiers, fax, computers, generators, etc. Office equipment is hired at a daily, weekly, or monthly rate. Use commercial vendor's standard rates and method of hire. Negotiate rate for service calls which are realistic, based on response time-frames and distance.

PORTABLE TOILETS

Portable toilets are hired at a daily rate with a service truck mileage rate or per service rate. Use

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EMERGENCY EQUIPMENT RENTAL RATES

commercial vendor and rates. Negotiate a servicing frequency sufficient for the number of personnel in the incident base or other facility. **This type of service should be tracked and ordered under an ‘S’ number.**

REFRIGERATOR TRUCKS

Refrigerator trucks are hired at an un-operated daily rate, plus truck delivery and pick-up rates. Use commercial vendor and rates. Rates for truck-mounted refrigerator units may be higher than trailer units.

SHOWER UNITS

There is no specified rate for shower units. The shower unit will follow specifications listed in the National Mobile Shower Unit contract. The vendor will also need to have storage capacity for potable water and grey water. The State will provide a grey water truck to pump out grey water and the vendor’s potable water truck will be hired to deliver potable water. The vendor will provide disposable towels and soap.

HAND WASH STATION

There is no specified rate for hand wash station. The hand wash unit will follow specifications listed in the National Mobile Hand Wash Unit contract. The unit will contain at least six sink basins and will include hot and cold running water. The vendor will also need to have storage capacity for potable water and grey water. The State will provide a grey water truck to pump out grey water and the vendor’s potable water truck will be hired to deliver potable water. The vendor will provide paper towels and soap.

ADDITIONAL EQUIPMENT LISTED IN OLAS

There are additional types of equipment listed in the Online Application System (OLAS) not listed within this document for which the rates are not listed or in many cases are not used often by the Division. Much of the equipment is rather unique. For the following equipment that says a “placeholder” has been established for a rate, this simply means that the vendor enters the rate they wish to be paid and all vendors with equipment in this category are likely to be “non-rate compliant”.

ARTICULATING DUMP TRUCKS

The articulating dump trucks differ from the dump trucks as they are very large off-road type of dump trucks used by mining companies or for large construction jobs and are articulated. Rates are established for a 20-25 Metric ton capacity and a 26-29 Metric ton capacity truck. This type of equipment is a standalone category in OLAS.

CHIPPERS

Chippers are trailer mounted units provided without operator and used to chip small trees and brush. This work is often associated with rehab operations on an incident. In OLAS, the standalone Chipper category is established and the units are broken into three classes of equipment based on tree diameter chipping capabilities: 4”-8”, 8”-12”, and >12” diameters.

SELF-PROPELLED CHIPPERS

A self-propelled chipper is a track mounted piece of equipment that includes chipper machinery that is capable of chipping brush and small trees. This equipment comes with an operator and the State provides fuel for the equipment. This equipment is like the Forestry Mulcher/Masticator listed below except that it does not have a masticating head. Three classes of self-propelled chippers have been established based on the maximum diameter of the trees that are chipped: 10”, 15”, and 17”. No prices have been established for this equipment in OLAS, except as a “placeholder” for each class of self propelled chipper. This equipment is found in OLAS under

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Other Support Items.

REMOTE FUELING SYSTEMS

This category was established in OLAS to allow vendors to provide remote fueling systems for helicopter or fixed wing operation. No prices have been established for this category, except as a “placeholder” in OLAS. Types established were broken into 1,000-gallon, 5,000-gallon, and 10,000-gallon minimum size tank or bladder capacity. This type of equipment was broken into classes dependent on whether the vendor providing a fueling system for jet fuel or aviation fuel.

FORESTRY MULCHER/MASTICATOR

The Forestry Mulcher equipment is also known as a masticator. This mobile equipment has a mulching or masticator head and can grind small brush, trees, and may be useful in clearing a fireline in black spruce or willow thickets. The equipment comes with an operator and the State provides fuel for the equipment. No prices have been established for this equipment in OLAS, except as a \$500 “placeholder”. This equipment is found in OLAS under Heavy Equipment.

STUMP/TREE GRINDER

The Stump/Tree Grinder is heavy equipment sometimes used in land clearing or logging operations. The equipment is hauled into an area or landing with a truck/tractor unit and the logs and woody material is hauled to the stump/tree grinder unit. The equipment comes with an operator and the State provides fuel for the equipment. The stump/tree grinder is further broken into two classes based on the capability or productivity of the equipment type: 40-80 tons/hour or 80-120 tons/hour. No prices have been established for this equipment in OLAS, except as a “placeholder” and the equipment is found under Heavy Equipment.

WATER WAGON

This equipment is comprised of a large tank built on a dirt scraper chassis. It has pressurized sprayers and the equipment may be useful for creating a wet line along a secondary road or trail. The equipment comes with an operator and the State provides fuel for the equipment. Two classes have been established for this equipment based on the tank size: 1,000 gal. – 5,000 gal., and >5,000 gal. No prices have been established for this equipment in OLAS, except as a “placeholder” and the equipment is found under Heavy Equipment.

LIGHT TOWERS

Light Towers may be needed to light incident base camps when nightfall occurs early or late in the fire season. The lighting needs may be secured through procurement personnel from commercial vendors. CFDs may rent Light Towers to Forestry through the EERA process. The State provides fuel for Light Towers. The Light Tower must include a generator to run the Light Tower. The Light Tower does not come with an operator. Light Towers are found in OLAS under the category Other Support Items.

AMBULANCES

Two types of ambulances have been established in OLAS: Basic Life Support (BLS) and Advanced Life Support (ALS). The ambulances are owned and staffed by a Cooperator Fire Department or an Emergency Response agency or entity, or sometimes large hospitals. The difference between BLS and ALS ambulances is that the ALS ambulance is equipped with higher trained medical personnel (an EMT and a paramedic, for example) whereas the BLS ambulance is staffed with two EMTs. The price of the medics is included in the ambulance and a “placeholder” rate has been established in OLAS. Both types of ambulances come with two medical personnel (EMTs, paramedics, etc.) and one will serve as a driver. The State provides fuel for the ambulance

DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

and the owner or sponsoring agency will provide all medical supplies. The ambulances are listed under the Other Support Items in OLAS.

GENERATORS

Generators may be rented to the State by private individuals, commercial companies, or CFDs. The generator is delivered to a site and set up by the owner but does not come with an operator. The two types of generators listed in OLAS are Gasoline-powered and Diesel-powered. The gasoline powered generators are broken into 5 Classes ranging from 2.0 Kilowatt (Kw) to 9.7 Kw. The diesel-powered generators are broken into six classes, ranging from 10 Kw to 85 Kw. The diesel-powered generators are trailer mounted and the gas- powered generators are more portable and only sometimes trailer mounted. The prices established in OLAS are based on a commercial company rate. The State provides the fuel for the generators. Generators may be rented directly from commercial companies and would be arranged and paid for through procurement personnel not using the EERA system discussed herein. Generators are found in OLAS under the Category Other Support Items.

PORTABLE REPEATERS

In rare circumstances, Forestry may need to rent portable repeaters from CFDs or Borough Emergency Services or local government agencies. The repeaters must be set up by qualified personnel and the IMT's Communications Unit Leader (COML) or Communications Technician (COMT) would likely be involved in setting up or maintaining the portable repeaters. The repeaters need to have compatible frequencies or voice groups (voice groups are used by the ALMR system). Three classes of repeaters are set up in OLAS based on the communications frequencies used: VHF, UHF, and ALMR. No prices have been established for this equipment in OLAS, except as a "placeholder" and the equipment is found under Other Support Items.

SKID MOUNTED WATER OR FUEL TANK

Vendors may provide skid mounted tanks to the Division that can hold water or fuel. The tank needs to have a pump to be able to dispense the fuel or water and does not come with an operator. The State would provide fuel for the pump. A special rate is added as per the following table.

TANK SIZE	DAILY RATE
200 gal. – 399 gal.	\$205
400 gal. – 799 gal.	\$305
>800 gal.	\$505

**DIVISION OF FORESTRY
EMERGENCY EQUIPMENT RENTAL RATES**

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STATE OF ALASKA EERA CONDITIONS OF HIRE

EMERGENCY EQUIPMENT RENTAL AGREEMENT FORM OF-294

The State of Alaska, Department of Natural Resources, or any agency of the State of Alaska in an emergency response, will be referred to as the “State” in this document. The legal owner of the equipment or the individual that has the legal right to provide the equipment under the terms of this agreement will be referred to as the “Contractor.”

Scope of Work – Since the equipment needs of the State and availability of Contractor’s equipment during an emergency cannot be determined in advance, it is mutually agreed that upon request of the State 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, Incident Management Team members, 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 State Representative is authorized to administer the technical aspects of this agreement. **Equipment furnished under a contractual agreement with the Division of Forestry may be subject to extreme environmental and/or strenuous operating conditions which could include, but are not limited to, damage from unimproved or narrow roads, steep, rocky, brushy, hilly terrain, dust, heat, and smoky conditions that could cause damage to equipment. As a result, the rates paid for the equipment include an additional allowance that is meant to cover expected wear and tear due to adverse conditions under which the equipment is likely to be operated.**

When equipment is furnished to the State, the following clauses shall apply:

- CLAUSE 1. Condition of Equipment:** All equipment furnished under this agreement shall be safe and operable. The State reserves the right to reject equipment that is not safe or is in inoperable condition. The State 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. Time Under Hire:** The time under hire shall start at the time the equipment passes the pre-use inspection after being ordered by the State, and ends at the estimated time of arrival back to the point of hire after being inspected and released, except as provided in Clause 7 of the Conditions of Hire. If equipment is mobilized at the direction of the state for initial attack or without an inspection, the incident commander shall determine the start time.
- CLAUSE 3. Operating Supplies:** As identified in Block 7, operating supplies include oil, lubricants, and lube/oil changes. Even though Block 7 may specify that all operating supplies are to be furnished by the Contractor, the State 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 State and deducted from payment to the contractor. **Fuel will be provided by the State.**
- CLAUSE 4. Repairs:** Repairs to equipment shall be made and paid for by the Contractor. The State 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 State and deducted from payment to the contractor.

STATE OF ALASKA EERA CONDITIONS OF HIRE

CLAUSE 5. Timekeeping: Time will be verified and approved by the State agent responsible for ordering and/or directing the use of each piece of equipment. Time will be recorded to the nearest half hour for daily rate, or whole mile for mileage. Shift length is shown for all equipment furnished with an operator. Shift length is specified in the Incident Action Plan (IAP) or is determined by operations personnel on an incident or at the Area. On-shift time includes time worked, time that equipment is held or directed to be in a state of readiness, and compensable travel time that has a specific start and ending time.

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 the rate specified and, except as provided in Clause 7, shall be in accordance with the following:

Daily Rate shall apply for the vast majority of equipment hired by the State. Payment shall be made on basis of calendar days (0001-2400). For fractional days on first and last day of hire, half the daily rate for periods less than 8 hours of on-shift time shall apply. If on shift time meets or exceeds 8 hours, the full daily rate applies. A shift is the shift hours as defined by the Incident Action Plan when assigned to an incident or is determined by the dispatching office when not on an incident. Being “on shift” is defined as working or being in a state of readiness during the IAP or dispatch-defined shift.

1. **Shift Basis**

a) **Single Shift** - (SS) is staffed with one operator or one crew

b) **Double Shift** - (DS) is staffed with two operators or two crews (one per shift). The DS rate will apply any calendar day the equipment was ordered as double shifted and was under hire, including travel. There will be no compensation for a double shift unless resource ordered as such and a separate operator or crew is provided

c) **Authorization/Documentation for Double Shift** - written authorization at the Section Chief or Incident Commander level is required to authorize a second operator or crew (double shift) and the Resource Order will serve as documentation of the DS basis

2. **Special Rates** shall apply when specified. Additionally, when a lowboy/transport and another piece of equipment, such as a dozer, are hired, and both pieces of equipment use the same operator, daily payment for the lowboy/transport will be deducted by \$590 for a single shift and by \$985 for a double shift. On first and last day if equipment is under hire less than 8 on-shift hours the deduction will be reduced by half

3. **Guarantee** NOT USED BY THE STATE OF ALASKA

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 actual units ordered and performed.

C. Corrections to Pay Documents: The State has the right to correct the invoice in case of calculation or arithmetic errors

STATE OF ALASKA EERA CONDITIONS OF HIRE

CLAUSE 7. **Exceptions:**

- A. 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/are 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 shown on the Incident Action Plan. If the equipment was not operational for the full shift, the deduction from the daily rate is calculated by converting the length of shift from the IAP to determine the hourly rate and deducting pay for the total hours the equipment was non-operational, i.e., $\text{daily rate} \div \# \text{ hours of shift in IAP} = \text{hourly rate to be deducted}$
- B. If the Contractor withdraws equipment and/or operator(s) prior to being released by the State, 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 that is non-operational and cannot be replaced or repaired/or furnished operator(s) by the Contractor or by the State in accordance with Paragraph B above, will be released, except that the State 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 2:1 work/rest ratio and 1 in 21 days off fatigue management provisions. As an option to rotating personnel, or taking a mandatory day off, without pay, the contractor may be released from the incident. See Clause 17
- E. If equipment is reassigned from one incident to another, the maximum payment to a Contractor will be the daily rate. The State will determine how to prorate the payment and this will be communicated to the appropriate parties
- F. Point-to-point hire for equipment, such as buses and transports will be paid at an hourly rate, not to exceed 12 hours per day

CLAUSE 8. Subsistence: When State-subsisted incident camps are available, meals and bedding for Contractor's operator(s) will be furnished without charge. The State 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 meals or lodging expenses to and from incidents

CLAUSE 9. **Loss, Damage, or Destruction:**

- A. For equipment furnished under this EERA **without operator**, the State 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) wear or tear, (2) mechanical failure, (3) loss of use, or (4) the fault or negligence of the Contractor or the Contractor's agents or employees.

STATE OF ALASKA EERA CONDITIONS OF HIRE

- B. For equipment furnished under this EERA **with operator**, the State 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 State employee(s) while acting within the scope of their employment. The operator is responsible for operating the equipment within its operating limits in a safe manner and is the final arbiter regarding situations under which the equipment is operated.

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, which 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 State.

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 State will be deducted from the payment to the Contractor.

CLAUSE 12. Personal Protective Clothing and Equipment: The State 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 State 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 State
- B. Operators shall wear the issued clothing and maintain the issued equipment in a usable and readily available condition. Upon completion of the assignment, all issued items of clothing or equipment shall be returned to the State. Deductions will be made for all State-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. Claims: Filing a claim is the sole responsibility of the Contractor or the Contractor's insurance company. A claim must be filed with the State within 30 days after the equipment is released from an incident AND must have documentation that damage occurred while the equipment was on the incident and that said damages were the direct result of State employee negligence or that payment was incorrect. Other claims will not be considered.

CLAUSE 15. Firearms – Weapon Prohibition: The possession of firearms or other dangerous weapons (18 USC 930(g)(2)) is prohibited at all times while under hire, on State property, and during performance of services under this agreement. The term dangerous weapon does not include pocket knives with a blade less than 2 ½ inches in length or multipurpose tools such as a Leatherman®

STATE OF ALASKA EERA CONDITIONS OF HIRE

CLAUSE 16. Work Rest and Fatigue Management: The Contractor is required to follow the most current Division of Forestry fatigue management policy. This includes adhering to the work rest guidelines “For every two hours of work or travel, provide one hour of rest. Personnel are required to take at least one day off within a 21-day period”

CLAUSE 17. Harassment Free Workplace: Contractors shall abide by Administrative Order 81, and Appendix A to Administrative Order 81, the State’s prohibition to harassment and any other discriminatory practices

CLAUSE 18. Worker’s Compensation: The Contractor shall carry and maintain for all employees engaged in work under this agreement coverage as required under AS 23.30.045

CLAUSE 19. Performance and Direction of Work: *The operator* has status of an employee of the Contractor and *is responsible at all times for the care and safe, efficient operation of equipment and may refuse to work in a situation exceeding the operator’s ability or that of the equipment, or where the equipment may be damaged.* The operator must possess all necessary, valid drivers’ licenses and any other certifications required by law. The operator receives work assignments from and performs work under general direction of State personnel. A performance evaluation will be completed for each operator or piece of equipment. The State may request removal and replacement of any operator(s) who, in the State’s judgment, is incompetent, careless, or otherwise objectionable

CLAUSE 20. Commercial Liability Insurance: The Contractor must carry adequate liability insurance to protect the Contractor and the State from loss arising from the performance for an order for service. The minimum amount of commercial liability insurance is \$300,000.00 combined single limit per occurrence. However, for passenger-carrying buses, the minimum amount of commercial liability insurance is \$1 million combined single limit per occurrence. If the State hires a Contractor’s stand alone transport equipment (a transport that may be used to move equipment owned by other vendors), the Contractor must have commercial motor carrier’s insurance to cover the transport equipment and the equipment being hauled (\$1 million coverage, minimum). Insurance requirement is waived when equipment is provided without operator

CLAUSE 21. Permits and Responsibilities: The Contractor shall, without additional expense to the State, be responsible for obtaining any necessary licenses and permits, and for complying with any Federal, State, and municipal laws, codes, and regulations applicable to the performance of the work. The Contractor shall also be responsible for all damages to persons and property that occur as a result of the Contractor’s fault or negligence

CLAUSE 22. Debarment: CERTIFICATION REGARDING DEBARMENT, SUSPENSION,

**STATE OF ALASKA
EERA CONDITIONS OF HIRE**

INELIGIBILITY AND VOLUNTARY EXCLUSION (49 CFR Part 29):

1. The bidder/offeror, certifies by submission of this proposal or acceptance of this contract/agreement, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. It further agrees by signature on this agreement, to include this clause without modification in all lower tier transactions, solicitation, proposals, contracts and subcontracts.
2. Where the bidder/offeror/contractor or any lower tier participant is unable to certify to this statement, it shall attach an explanation to this agreement.

I certify that I have read and agree that I will be subject to the State of Alaska Conditions of Hire, the Emergency Equipment Rental Agreement, and the State of Alaska Equipment Rate Guide. This form supersedes all previous versions which may be referred to in Block 16 of Form OF-294 Emergency Equipment Rental Agreement.

Contractor's / Authorized Agent's Signature

Date

Printed Name and Title

Company Name

STATE OF ALASKA

SUPPLEMENTAL ENGINE REQUIREMENTS

In Addition to the State of Alaska Conditions of Hire for Emergency Equipment Rental Agreement Form OF-294, the following requirements will be applicable for EERA Engines:

Termination for Convenience - A State officer may terminate the order for service at any time. When the order for service is so terminated, the State shall be liable only for payments in accordance with payment provisions of Clause 6 of the Conditions of Hire for services rendered prior to the effective date and time of termination.

Apparatus Types - Engines shall be defined by standard NWCG types as shown in Table 1, Wildland Engine Types. Apparatus shall be constructed in accordance with NFPA 1906 and meet all applicable federal and state laws. Apparatus with all-wheel drive shall be designated with an “x” suffix, i.e.: T-6x.

Table 1. Wildland Engine Types

Type	T-3	T-4	T-5	T-6	T-7
Tank Capacity (gals)	≥500	750+	400 - 750	150 – 400	50 - 200
Pump Minimum Flow (gpm)	150	50	50	30	10
Pump Rated Pressure (psi)	250	100	100	100	100
Hose, 1-1/2” (feet)	500	300	300	300	--
Hose, 1” (feet)	500	300	300	300	200
Operator / Personnel Minimum	2	2	2	2	2

Equipment Operator/Personnel - The Contractor shall furnish two operators/personnel per apparatus. The Contractor furnished operator/personnel must possess a valid driver’s license with applicable endorsements. The Contractor will ensure, and show proof, that the operator/personnel are qualified to operate the apparatus. At least one operator will be fully qualified as a Single Resource Engine Boss (ENGB) or higher and meet all NWCG standards.

The other personnel provided by the Contractor will be qualified as a Firefighter 2 (FFT2) or higher. The employees provided by the Contractor are Contractor employees. The Contractor’s equipment will be considered out of service if either of the required personnel is unavailable for work and the payment will be adjusted as per Clause 7 of the Conditions of Hire (Downtime).

Replacement Personnel -The Contractor is responsible for providing fully qualified replacement personnel and any costs associated with providing the replacement personnel will be borne by the Contractor.

Any costs incurred regarding replacement personnel for Contractor employees will be deducted on the Emergency Equipment Invoice (OF-296).

Required Equipment - The Contractor agrees to furnish apparatus with the following equipment:

- A. Standard equipment will be as specified for the NWCG Engine Type (Table 1.). Other required gear shall be as specified in Table 2

STATE OF ALASKA

SUPPLEMENTAL ENGINE REQUIREMENTS

Table 2. Minimum Engine Inventory

Qty	Description	Qty	Description
4	1" Nozzle Fog/Straight Stream	2	1-1/2" NPSH F x 1-1/2" NH M Adapter
24'	Suction Hose, 1-1/2" minimum	2	Backpack Pump/Fedco
1	Foot Valve, screened	1	5 Gallon container for drinking water
2	Shovels, Size 0	1	First Aid Kit, (5) person
2	Pulaski	3	Headlamps w/batteries
1	Fire Hose Clamp	1	Reflectors, Set of 3
2	Spanner Wrench, Combo	1	Fire Extinguisher, 5 lb, ABC
1	Live reel w/200' – 1" Hard Line or Live Hose Basket w/200' – 1" FJRL Hose	1	Fuel to operate pump and engine for 12 hrs, (5) gal minimum.
1	1-1/2" NH DBL Male	1	Chain Saw w/24" bar (3.75 cu in, min)
1	1-1/2" NH DBL Female	1	Saw Chaps
1	1" NPSH DBL Male	1	Ear Plugs/Hearing protection
1	1" NPSH DBL Female	1	Saw Gas, Oil and Accessories
4	1-1/2" NH Gated Wye	6	Food for engine crew, 48 hrs, min.
4	1-1/2" NH F x 1" NPSH M Reducer	1	Tent/Tarp per engine crew member
2	1-1/2" NH F x 1-1/2" NPSH M Adapter	1	Wheel Chocks, set
1	Drip Torch	1	Bolt Cutters, 18" minimum

- B. All fire apparatus may be required to carry equipment, in addition to that stated herein subject to vehicle weight limitations. The additional required equipment shall be supplied by the Government
- C. For apparatus with pumps powered by an auxiliary engine, minimum required pump accessories shall be as specified in Table 3

Table 3. Minimum Pump Accessories

Qty	Description	Qty	Description
1	Wrench, adjustable	1	Screwdriver, Phillips blade, 4"
1	Wrench, spark plug	2	Starter rope, spare
1	Pliers, slip-joint	1	Grease gun w/grease
2	Quarts crankcase oil	3	Spark plug, spare
1	Screwdriver, Flat blade, 4"		

- D. Contractor agrees to furnish operator/personnel with Personal Protective Equipment as specified in Table 4

Table 4. Minimum Personal Protective Equipment (per person)

Qty	Description	Qty	Description
1	Fire Shelter, NFPA Approved	1	Gloves, leather, forestry
1	Canteen, 1 quart Minimum	1	Eye protection, ANSI Z87, latest edition
1	Boot, leather, lace-up, 8", pair	2	Flame resistant clothing set, shirt and pants
1	Hardhat, plastic, w/ chin strap		

- E. Contractor agrees to carry a copy of the inventory which shall be signed by both parties as complete as part of the inspection process

STATE OF ALASKA SUPPLEMENTAL ENGINE REQUIREMENTS

Loaned Property - To ensure continued safe, efficient service at the Incident, the Government may loan Accountable Property or Durable Property to the Contractor for use at an incident. The Contractor shall maintain all loaned Accountable Property or Durable Property in good condition during use and shall return all Accountable Property or Durable Property loaned prior to departing from the Incident. Unreturned Accountable and Durable Property will be deducted from payment to the Contractor.

The Government will reimburse the Contractor for Contractor-owned equipment that the Government retains for their use after the Contractor's departure from the Incident. Requests for retention by the Government of the Contractor-owned equipment must be documented and approved by the appropriate operational supervisor and will be replaced by the DOF warehouse or through the claims procedure.

Claims for Lost, Stolen, or Damaged Property - The Contractor will file a claim for any personal property or Contractor supplied gear lost, stolen, or damaged while on an incident, with the Incident Management Team or the host unit's administrative section prior to demobilization from the incident. Any supporting documents, witness statements, and reports must be completed by the Contractor. The Government may elect to replace the damaged or destroyed property with like equipment from the warehouse or in accordance with guidelines listed in the Alaska Incident Business Management Handbook. The Contractor will not be reimbursed for normal wear and tear.

Liability for Fire Suppression – The Contractor will not be held liable for suppression actions as carried out under the direction of the Government by written or verbal instructions. The Contractor will be working as a Government resource while under hire.

I certify that I have read and will abide by the additional requirements referred to above.

Contractor's/Authorized Agent's Signature

Date

Print Name

Title

Alaska Interagency Coordination Center NERV Standard Operating Procedures

A National Emergency Rental Vehicle Agreement (NERV) Blanket Purchase Agreement (BPA) was awarded to Enterprise Holding on June 14, 2018.

All who reserve rental vehicles should be familiar with the processes outlined on the NERV website. (<https://sites.google.com/a/firenet.gov/nerv/new-nerv-request>). Regular government and state employees will reserve their own vehicles via the NERV website if one of the conditions below is true.

1. Vehicle will be driven off-road
2. A Sport Utility Vehicle (SUV) or 4x4 pickup is required to meet the needs of the incident
3. The vehicle will be managed by Ground Support unit and utilized by multiple resources
4. The renter is not self-sufficient or able to procure the vehicle needed for the assignment through an agency travel reservation system

Each vehicle rented through the NERV BPA must be requested electronically through the NERV website with a valid resource order. Vehicles obtained through the BPA will be paid by the incident's host agency and reconciled to each resource order associated with the rental by NERV personnel. Fuel must be purchased by the traveler or through other means (i.e. contract fuel tender).

The following process will be used in Alaska for rental vehicles:

- Dispatch will direct individuals to rent a vehicle through NERV. Dispatch will add the proper NERV rental documentation into the resource order.
- Print and complete the NERV Payment coversheet located on the website and return the completed package (i.e. coversheet, resource orders, rental agreement and claims documentation) to the NERV address listed on the coversheet after the rental vehicle has been returned to Enterprise.

Casual employees and incident pool vehicles will be reserved by the local dispatch center.

- Dispatch will provide the complete NERV Payment coversheet to rental drivers or Ground Support upon the rental of each vehicle
- Dispatch will add the proper NERV rental documentation into the resource order <https://sites.google.com/a/firenet.gov/nerv/dispatch-fill-report>.
- The AD or incident Ground Support is responsible for returning the completed package (i.e., coversheet, resource orders, rental agreement and claims documentation) to the local dispatch center after the vehicle has been returned to Enterprise. The local dispatch center or administrative personnel will ensure the package is complete prior to submitting it to the NERV address listed on the coversheet.
- Ground Support personnel shall maintain a log of users for pool vehicles. The log shall remain in the fire package upon demobilization.

Questions regarding the NERV process should be directed to NERV@fs.fed.us or to the Alaska Interagency Coordination Center's Equipment desk: 907-356-5687.

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

CHAPTER 7
COOPERATOR FIRE DEPARTMENTS
REVISION IN PROGRESS

INTRODUCTION

The Division of Forestry has close working relationships with Cooperator Fire Departments (CFDs). The CFDs include paid and volunteer departments and were formerly known as Structure Fire Departments (SFDs). The CFDs often are first on scene within the wildland/urban interface. Cooperator resources - engines, water tenders, and personnel who are equipped and trained to provide structure protection - are beneficial to the Division of Forestry.

REFERENCES

Cooperative Fire Protection Agreements
Annual Operating Plans (AOP) and associated attachments
Division of Forestry Structure Fire Department Guide

SIGN-UP PROCEDURE

The fire department establishes a formal relationship with the Division by signing a Cooperative Fire Protection Agreement (often referred to as a “Cooperative Agreement”). The agreement is signed by the fire department’s Chief or governing official and sent from the Area, through the Region, to the Central Office for the State Forester’s and the Department’s signatures. Once activated, the Cooperative Fire Protection Agreement remains in effect until either party terminates the agreement in writing, with 30-days’ notice. The Agreement is reviewed every five years. The fire department also signs an Annual Operating Plan (AOP) that contains contact information, a personnel roster that includes hourly rates and equipment they are willing to rent to the Division of Forestry. The AOP also contains Division contact points, radio frequencies, and so forth. The local Area Forester or Fire Management Officer signs the AOP for the Division of Forestry. The original AOP is either sent or scanned to the Central Office.

The Area Fire Management Officer or Area Forester is usually the one who maintains dialogue and establishes a working relationship with the local fire Chiefs. The FMO often discusses mobilization details with the Chief and decides what resources will be available from the CFD to fill local or out-of-Area Resource Orders.

Fire departments will follow the Cooperator Conditions of Hire (see Appendix 1) and use the rates listed therein for engines, water tenders, and command vehicles. The rates are also included within the Online Application System (OLAS). FEPP equipment will be hired at 66% of the established rate for that equipment type. Requirements for each type of equipment and other restrictions are also listed in Appendix 1.

Other vehicles/equipment owned by the CFD such as boats, ATVs, and trailers will be signed up using the regular Emergency Equipment Rental Agreement (EERA) Conditions of Hire, EERA hiring procedures, and rates listed in Chapter 6. The rate structure differs slightly for CFD equipment vs. equipment hired under an EERA. This equipment is also registered through OLAS. Personally-owned vehicles cannot be signed up under the CFD Conditions of Hire.

ON-LINE APPLICATION SYSTEM (OLAS)

CFDs are required to register their fire department under the Online Application System (OLAS) and enter information regarding equipment the CFD wishes to make available for fire assignments. OLAS will be used in the future for entering and tracking Cooperative Agreements and Annual Operating Plans submitted by Cooperators. The link for CFDs to sign up apparatus and other equipment is: <https://dnr.alaska.gov/olas/>. This link is also used by DOF personnel to track, hire, and manage equipment in OLAS.

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HIRING

Upon acceptance of an order for service, either verbally or via Resource Order, a binding contract between the Cooperator and Forestry is created incorporating the terms of the Cooperative Fire Protection Agreement, the Annual Operating Plan, and the Cooperator Conditions of Hire. The operator/personnel shall keep a copy of the CFD Cooperative Fire Agreement, the Annual Operating Plan, and the Conditions of Hire with the apparatus.

At time of dispatch, a Resource Order number will be assigned for a specific category, type, and class of equipment and this will determine the proper rate to be paid to the Cooperator. Any Cooperator using rates that are non-compliant with Forestry specified rates will normally be the last hired and the first released.

The Cooperator is responsible for providing apparatus to Forestry in a good and safe operating condition. Each apparatus will be subject to a pre-use inspection by the local Area at time of hire. If, in the determination of Forestry, the apparatus is not in good, safe operating condition based upon the manufacturer's general safety specifications when it arrives for work, Forestry may reject it. If equipment is rejected, Forestry will not pay any costs, including transportation costs.

DOF may conduct annual pre-season inspections of all equipment registered in OLAS to ensure that mechanical soundness, safety, and the equipment inventory meet the requirements set forth in the CFD Conditions of Hire.

The Cooperator shall furnish the number of personnel as established in Tables 1, 2 and 3 of Appendix 1 for each apparatus. Operators/personnel from CFDs using the Direct Payment Method (see the Payment/Paperwork Procedure section for payment methods) will be hired by Forestry as Emergency Firefighters (EFF). The operator(s), if hired by Forestry as EFF, will become Forestry employee(s), and are subject to the Conditions of Hire established in the latest version of the Alaska Emergency Firefighter Type 2 Crew Management Guide. EFF Personnel must be Red Carded (meet established NWCG physical fitness and training standards) for the position hired. EFF must complete an EFF hire packet at the local DOF Area office and obtain a Resource Order. Operators from CFDs using the Cooperator Reimbursement Method and the Combined Personnel and Apparatus Reimbursement (Lump Sum) Method will remain employees of the department. The operator must possess a valid driver's license with applicable endorsements. The Cooperator will ensure that the operator/personnel are qualified to operate the apparatus. Variations from the staffing levels shall be agreed upon by Forestry and the Cooperator and shall be noted on the Resource Order. The CFD must choose the method prior to mobilization so that the appropriate Resource Orders can be generated.

The operator/personnel receive work assignments from, and perform work under, the general direction of Forestry. In the event Forestry terminates an operator for cause, replacement operator/personnel may be requested from the Cooperator. A performance evaluation will be completed for each operator/apparatus under this circumstance.

There is no guaranteed length of hire under any order for service. Forestry may terminate an order for service when it is determined by Forestry that the apparatus is no longer needed. When the order for service is terminated, Forestry shall be liable only for payments in accordance with payment provisions of the contract (see paragraph 1 under Hiring) for services rendered prior to the effective date and time of termination. In the event the Cooperator requires the return of its apparatus, the Cooperator shall notify Forestry, and the equipment shall be released within eight hours.

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The Cooperator is responsible for obtaining at their own expense, carrying a copy of, and showing proof at the time of hire, all necessary licenses and permits required by state and federal law/regulation, for both the apparatus and operator/personnel.

The Cooperator is responsible for the cost of all servicing to include providing and maintaining the apparatus with fuel, oil, lubricants, filters, and other operating supplies to maintain the apparatus in a safe operating condition. It is the responsibility of the operator/personnel to determine that the fuel used is the proper fuel for the apparatus. Forestry will provide fuel for apparatus assigned to project fires.

ASSIGNMENTS

For CFD resources to be eligible for reimbursement under the Cooperative Agreement, they must be requested or approved by the Division or its Federal Cooperators. Federal Cooperator denotes federal agencies under the Department of the Interior (e.g. Bureau of Land Management, National Parks Service, Bureau of Indian Affairs, U.S. Fish and Wildlife Service) and U.S. Department of Agriculture (i.e. Forest Service). Payment will be made only for fire suppression activities and all-hazard events on lands outside the CFDs established jurisdictional boundaries or on State or Federal lands within the CFDs jurisdictional boundaries when requested by the jurisdictional agency. Independent action taken by the CFDs on lands owned by the State or Federal government is not eligible for reimbursement without immediate notification to the Division and approval of the jurisdictional agency. Although action may occur under “closest forces” or mutual aid to protect the CFDs jurisdiction or neighboring jurisdictions during IA, CFDs should not assume they will be reimbursed.

The Division’s Area Forester or Fire Management Officer (FMO) must approve resources dispatched outside of the local interagency fire center dispatch zone.

Initial Attack (IA): Initial Attack is defined as an incident lasting for no longer than one shift. Under this definition, no hiring takes place, but the time of hire done under Extended Attack can be retroactive to the original dispatch time of the Initial Attack incident.

Extended Attack: Extended Attack is defined as an incident lasting longer than one shift. Mobilization for Extended Attack assignments usually occur after the local FMO or dispatcher has talked to the CFD Chief to ensure that the resources and personnel are available and can meet the desired time frame and resource needs. Resources will be tracked by the local interagency fire center by use of the Resource Ordering and Status System (ROSS).

When dispatched to an extended attack incident, an Equipment Packet will be provided by the local Area. Equipment will be inspected at the Area before departure to the incident and documented on the Vehicle/Heavy Equipment Inspection form. If equipment is mobilized at the direction of the State without an inspection, the Incident Commander or Section Chief shall determine the start time. If equipment responded to an incident without a pre-use inspection, the incident personnel must inspect the equipment as soon as feasible.

The interagency dispatch center will inform the resource where to report. Once on the incident, equipment and personnel must check-in with incident management and provide required documentation (e.g. Resource Order and equipment hire packet). If an IMT is managing the fire, check-in takes place in the Planning Section and a copy of the equipment hire packet must be provided to the Finance Section. On a smaller incident, check-in and management of the CFD equipment and paperwork may be handled by the Incident Commander (IC).

Agencies using equipment or personnel from CFDs are responsible for equipment and personnel timekeeping at the incident. However, **ALL original Equipment Packets are to be sent back with the CFD to their home Area for their home Area DOF office to audit and process payment documents.** (The incident should keep a copy of the Equipment Packet for inclusion in the final fire package.) **It is then the responsibility of the CFD**

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to submit all original payment documentation from the incident, both personnel and equipment, along with a Cooperators Use Invoice or other Cooperator generated invoice to the appropriate Area office for payment.

When five (5) or more engines are dispatched to an incident, DOF may furnish, upon request, a liaison to ensure the CFDs and the incident are made aware of their responsibilities. The role of the liaison is to ensure Cooperative Agreements are valid and CFD resources are familiar with the IMTs procedures, (i.e. timekeeping, caterers, showers, re-supply, etc.).

Resources will comply with Incident Command System (ICS) / National Incident Management System (NIMS) demobilization procedures and will never “self-demobilize” from an assigned incident. When released from an incident, a release inspection and post-inventory will be required on equipment. CFD personnel must ensure that Emergency Equipment Shift Tickets, Emergency Firefighter Time Reports and other needed forms are complete and **signed**. All CFD Engines will be evaluated by the incident supervisor and the evaluation form will be included in the equipment packet and a copy kept by the incident upon release from the incident. CFD personnel are required to return non-consumable supplies and equipment issued on the incident.

Prescribed fire (RX) and other fire management projects: Under the direction of the Division, the AOP may be used for procuring personnel and equipment for other fire management activities such as fuels mitigation and RX projects, inside and outside the CFD jurisdictional area. Project work conducted for federal agencies must be performed under the conditions of agreements specific to their agency specific procurement requirements.

All Risk Assignments: It is common for wildland fire resources to assist with non-fire incidents. When requested under the authority of the Stafford Act, it is possible for Alaska state resources to assist with these incidents. However, such incidents must have a State or presidential declaration of disaster before services are eligible for reimbursement or an approved Fire Management Assistant Grant (FMAG). All such incidents must be handled on a case-by-case basis. Cooperators should check with the local DOF Area office before accepting all risk assignments under the Cooperative Agreement program.

TIME KEEPING

Copies of completed and signed Shift Tickets for equipment and Crew Time Reports (CTRs) for personnel will be turned in to the Finance Section at the end of each operational period so that Finance can generate OF-286s and OF-288s. Any piece of equipment that is rotating personnel must clearly show the hours of the personnel that are being rotated. The line supervisor or IC will sign the CTR and/or Shift Tickets. **The original packet given to the Finance Section (pink for the Shift Ticket and white for the CTR) must be returned to the CFD upon release from the incident so that the originals can be submitted with the invoice to the Area office.** The incident should keep copies to be included as part of the final fire package. The CFD should also keep a copy for their records.

Operator/personnel will be paid for all hours they are on-shift at the appropriate hourly rate of pay. Operator/personnel may be on a shorter or longer shift than the apparatus to which they are assigned. Hours shall consist of the period working (assigned), ordered standby, or compensable travel time. The number of operator/personnel listed on the rate charts is standard staffing. Any changes to standard staffing will be agreed to in the AOP. No additional personnel will be paid by Forestry unless Resource Ordered.

Compensable meal periods - Personnel assigned to the fire may be compensated for their meal period if all the following conditions are met:

- The fire is not controlled, and

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- The Operations Section Chief decides that it is critical to the effort of controlling the fire that personnel remain at their post of duty and continue to work as they eat, and
- The compensable meal break is approved by the supervisor and documented on the CTR and/or Shift Ticket at the next level.
- In those situations, where incident support personnel cannot be relieved from performing work and must remain at a post of duty, a meal period may be recorded as time worked for which compensation shall be allowed and documented on the CTR/Shift Ticket in “Remarks” section as “No lunch taken due to uncontrolled fire line”. If a meal break is not documented on the CTR or Shift ticket, the break will be automatically deducted by the State.

Equipment rates have been determined by Forestry for all categories, types, and classes of equipment and are included in the Online Application System (OLAS) and Appendix 1. Resources rented with higher rates than listed in OLAS/Appendix 1 should be the last resource hired and the first released. Federal Excess Personal Property (FEPP) apparatus provided by a Cooperator may be paid up to 66% of the normal rate. If apparatus will be used 24 hours per day (a rare circumstance), then the Resource Order must document the need for a double shift and relief crew to work the second shift. Only in this case will a double-shifted rate be paid for the apparatus. The CFD will provide a relief crew to work the extra shift. Hours shall consist of the period working (assigned), ordered standby, or compensable travel time.

- The start of the rental period (time under hire) begins at the time the equipment passes inspection or begins travelling to the incident from the point of hire (if requested by the State to go directly to the incident without inspection) after being ordered by the State. The rental period ends at the estimated time of arrival back to the point of hire after being inspected and released from the incident. Each service call will be documented via shift tickets to an Emergency Equipment Use Invoice, OF-286, or equivalent. The Cooperator or its operator/personnel must sign shift tickets during the assignment and the Emergency Equipment Use Invoice document at the time of release from work
- On the first and last shift of hire or assignment, the Cooperator shall be paid at the half day or daily rate, provided the apparatus is operable and available. The half day rate will be paid if the apparatus is hired after 1600 hours or released before 0800 hours (depending on estimated time of arrival at home unit). The daily rate will be paid if the apparatus is hired before 1600 hours or released after 0800 hours
- If the apparatus is inoperable or unavailable during an on-shift period, this will be considered down time, and charges will not accrue
- For shifts under hire or assignment between the first and last, the Cooperator shall be paid at the daily rate, provided that the apparatus is operable and available the entire shift
- For apparatus not operable for the full shift, the deduction is calculated by converting the length of shift to determine the hourly rate and paying the Cooperator for the total hours worked before the equipment became nonoperational (not to exceed the daily rate). Apparatus is inoperable when the apparatus itself is inoperable, or when the operator/personnel are unavailable
- In those cases, where Forestry is the direct cause of the apparatus down time, Forestry will negotiate a reasonable settlement with the Cooperator
- Forestry has the right to correct the invoice in case of calculation, arithmetic errors, or if the Cooperator chose the improper category, type, class or rate in OLAS
- A CFD is allowed up to four hours with home unit’s DOF Fire Manager Officer’s approval for

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refurbishing and rehab of their equipment only for extended attack and/or discretionary response wildland fires

A shift is the hours worked as stated by the Incident Action Plan and/or as determined by the dispatching office.

The incident or dispatch office will compile the amount earned by the apparatus on an Emergency Equipment Use Invoice (OF-286) which both parties will sign to show concurrence of the amount due the Cooperator at the time of release from assignment. The incident or Area Admin office will also post Cooperator personnel time on OF-288s. OF-286s and OF-288s will be generated whether the Cooperator's method of payment is by Cooperator Reimbursement, Lump Sum, or Direct Payment method.

Documentation Requirements for Assignments

One (1) copy of each of the following documents is required for Out-of-Area Assignments

Mobilization Finance Packet -

- a. Resource Order
- b. Annual Operating Plan
- c. Emergency Equipment Rental Agreement
- d. Cooperator Conditions of Hire
- e. CFD Cooperative Fire Protection Agreement
- f. Vehicle Inspection Checklist
- g. Initial Shift Ticket
- h. Blank Contractor Evaluation Form

Demobilization Finance Packet -

- a. Resource Order
- b. Annual Operating Plan
- c. Emergency Equipment Rental Agreement
- d. Cooperator Conditions of Hire
- e. CFD Cooperative Fire Protection Agreement
- f. Vehicle Inspection Checklist
- g. Completed Shift Tickets
- h. Completed OF-288s
- i. Emergency Equipment Use Invoice
- j. Claims documentation, if applicable
- k. Completed Evaluation
- l. Any receipts documenting reimbursable expenses accrued on the assignment

Payment/Paperwork Procedure

There are two methods the CFDs may choose from to be reimbursed. It is the responsibility of the CFD to submit to the Area Forestry office the Equipment Packet with the paperwork listed in the Timekeeping section under Demobilization Equipment Packet.

1. **Cooperator Reimbursement:** Actual costs of personnel and apparatus are reimbursed to the Cooperator. Personnel remain the employees of the CFD. Under Cooperator Reimbursement the CFD will submit an invoice and the Equipment Packet to its own Area Forestry office for the use of its equipment using the rates as listed in OLAS/Appendix 1, and personnel with rates documented on the Cooperator Personnel Roster and Pay Rates. Forestry will not pay administrative fees for personnel more than 13.5%. Billing can be submitted using the Cooperator Standardized Invoice or CFDs own invoice. The CFD is responsible for payment to its personnel.

In the case of Cooperators being paid by the reimbursement method, both the Emergency Equipment Use Invoice (OF-286) and any pertinent Emergency Firefighter Time Report (OF-288s) will be included as backup documentation for any invoice requesting reimbursement from the State.

2. **Direct Payment:** Where the apparatus is rented from and paid directly to the CFD. CFD personnel, as mutually agreed to by both the Cooperator and the State, are hired as Emergency Firefighters

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(EFF) by the State and paid directly. Under Direct Payment, the CFD will submit the Equipment Packet and will be paid from an invoice submitted by the CFD or the incident generated OF-286 for only the apparatus, using the rates established on OLAS/Appendix 1. EFF must submit a signed final OF-288 to the Home Unit upon return. The State will directly pay the CFD personnel hired as EFF at the level on their Overhead Resource.

Forestry will not pay for backfill positions unless required by municipal ordinance, union contract, or written department policy, under the Cooperator Reimbursement or Lump Sum Methods. In such cases, the State only pays for the difference in the overtime above what the regular salary would be for the backfilling employee.

Forestry has the right to correct invoices in case of accounting errors, or if the Cooperator chose the improper category, type, class or rate in OLAS/Appendix 1.

The following items make up the payment packet:

- a. Cooperator's Use Invoice or invoice on their CFD letterhead
- b. Emergency Equipment Use Invoice (OF-286) -*originals*
- c. Completed Equipment Shift Tickets - *originals*
- d. Completed OF-288s - *originals, unless Direct Payment method*
- e. Any receipts documenting reimbursable expenses accrued on the assignment - *originals*
- f. Emergency Equipment Rental Agreement (OF-294)
- g. Vehicle/Heavy Equipment Safety Inspection Checklist - *original*
- h. Resource Order

Payment packets totaling \$10,000.00 or less may be sent directly to Juneau for payment if the appropriate signing authority is available in the Area office. If the appropriate signing authority is not available or the invoice totals more than \$10,000.00, the payment packet is sent to the Region Office for approval.

For CFDs using Cooperator Reimbursement the CFDs are responsible for filing the appropriate paperwork for any personnel who are injured or become sick while on an incident and a medical claim was filed. For CFDs using Direct Payment, the State will use procedures detailed in Chapter 4 for processing and timeline requirements for injured EFF.

If EFF request reimbursement for travel expenses, a State Fire Trip-Details w/ Trip Closure form needs to be completed and submitted to the local Area office.

If equipment is damaged on an incident, CFDs should refer to Chapters 8, 10, and 11 for procedures.

Evaluations should be given to the Area Training Officer.

Training and Certification

CFDs entering into a Cooperative Agreement with DOF must meet NWCG training and qualification standards for the position they are filling on an incident for any fire assignment outside the local interagency dispatch zone. Individuals serving on structural engines deployed outside the local dispatch zone for structure protection will, at a minimum, be certified at the National Fire Protection Association (NFPA) WWF1 level as well as NWCG FFT2.

The Division accepts CFD personnel qualifications within the Area and it is the responsibility of the CFD Chief to ensure that local fire department personnel are properly trained and equipped.

The local Areas maintain NWCG Red Card records for CFD personnel through the Incident Qualification System (IQS).

Travel

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While in travel status, reimbursement for meals will be made at the State established per diem rate. A Fire Trip-Details w/ Trip Closure will be completed by CFD personnel and submitted to their home Area if they were authorized to receive per diem or travel costs.

No individual can exceed ten hours driving time in one day.

½ hour lunch must be taken while in travel status over eight hours.

Lodging – Lodging will be reimbursed at actual cost, therefore, receipts for all lodging must be provided for reimbursement

Meals and Bedding - If a Forestry-subsisted incident camp is established, meals and bedding for operator/personnel will be furnished without additional charge. Such meals and bedding will be commensurate with that provided to Forestry employees.



ALASKA DIVISION OF FORESTRY CONTRACTOR PERFORMANCE EVALUATION

☐ FINAL
☐ INTERIM

Incident Name/Number		Order Number (E Number)		Agreement Number (EERA)	
Hiring Office		Evaluation Period			
		From:		To:	
Contractor Name			Contractor Address		
Operator's Printed Name		Equipment Type		Contractor's Phone Number	
Rater's Printed Name		Rater's Position on Incident		Rater's Home Unit	
				Rater's Phone Number	

Ratings

Summarize contractor performance and circle number which corresponds to the rating for each category attaching additional pages, if needed (see back page for Rating Guidelines).

0=Unsatisfactory	1=Poor	2=Fair	3=Good	4=Excellent	5=Outstanding
Knowledge of the Job or Equipment Condition					
(How knowledgeable was the Contractor, how much supervision was required, did the equipment operate as expected)					

0=Unsatisfactory	1=Poor	2=Fair	3=Good	4=Excellent	5=Outstanding
Fireline Performance and Timeliness					
(How did the Contractor perform, did Contractor arrive when expected, demob timely: document any noncompliance or performance issues)					

0=Unsatisfactory	1=Poor	2=Fair	3=Good	4=Excellent	5=Outstanding
Business Relations					
(Did the Contractor perform in a business-like manner; complete administrative requirements timely)					

Evaluator's Signature

Date

Operator's Signature

Date

rev. 4/2010

Original – Contractor

Copy – File

Operator ☐ Concurs ☐ Disagrees with this performance evaluation

Rating Guidelines

Knowledge of the Job or Equipment Condition

0	Unsatisfactory	Contractor/Operator is inexperienced and/or unsafe. If performance cannot be substantially corrected, it constitutes a significant impediment in consideration for future awards containing similar requirements. Equipment cannot be repaired or is inadequate and must be (or has been) released.
1	Poor	Contractor has minimal experience. Overall compliance requires close or continuous supervision to ensure achievement of desired results. Significant down time for equipment or equipment is barely adequate.
2	Fair	Overall compliance requires some supervision to ensure achievement of desired results. Some breakdowns or repairs for equipment or equipment is relatively underpowered or slow at achieving contract requirements.
3	Good	There are no or very minimal quality problems and the Contractor has met the contract requirements with minimal supervision. Minimal breakdowns or repairs for equipment.
4	Excellent	There are no quality issues and the Contractor has substantially exceeded the contract performance requirements without commensurate additional costs to the State. No mechanical breakdowns.
5	Outstanding	The contractor has demonstrated an outstanding performance level that was significantly in excess of anticipated achievements and is commendable as an example to others. It is expected that this rating will be used in those rare circumstances where contractor performance clearly exceeds the performance levels described as "Excellent". Equipment is superior.

Fireline Performance or Timeliness

0	Unsatisfactory	Contractor is failing to meet performance requirements or follow direction. Delays are jeopardizing the achievement of contract requirements. If performance cannot be substantially corrected, it constitutes a significant impediment in consideration for future awards.
1	Poor	Contractor performance is considered marginal. Delays require significant Agency resources to ensure achievement of contract requirements.
2	Fair	Contractor performance meets minimum acceptability standards and some improvements are needed. Delays require minor Agency resources to ensure achievement of contract requirements.
3	Good	Contractor performance is fully acceptable. There are no, or minimal delays that impact achievement of contract requirements.
4	Excellent	Contractor has excellent skills and techniques. Performance is consistently above average. There are no delays and the contractor has exceeded the agreed upon time schedule.
5	Outstanding	The Contractor has demonstrated an outstanding performance level. It is expected that this rating will be used in those rare circumstances where contractor performance clearly exceeds the performance levels described as "Excellent".

Business Relations

0	Unsatisfactory	Response to inquiries and/or technical, service, administrative issues is not effective. If not substantially mitigated or corrected it should constitute a significant impediment in considerations for future awards.
1	Poor	Response to inquiries and/or technical, service, administrative issues is marginally effective.
2	Fair	Response to inquiries and/or technical, service, administrative issues is somewhat effective.
3	Good	Response to inquiries and/or technical, service, administrative issues is consistently effective.
4	Excellent	Response to inquiries and/or technical, service, administrative issues exceed State expectation.
5	Outstanding	The contractor has demonstrated an outstanding performance level. It is expected that this rating will be used in those rare circumstances where contractor performance clearly exceeds the performance levels described as "Excellent".

VEHICLE/HEAVY EQUIPMENT PRE-USE INSPECTION CHECKLIST

GENERAL EQUIPMENT INFORMATION	
1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.
3. CONTRACTOR NAME	
4. AGREEMENT NO.	5. EXPIRATION DATE
6. MAKE/MODEL	7. EQUIPMENT TYPE
8. VIN/SERIAL NO.	9. LICENSE NO./STATE

Section I—HEAVY EQUIPMENT	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts. *		
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens. *		
6. Steering components: tight, free of play. *		
7. Brakes: damaged, worn or out of adjustment. *		
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged. *		
9. Fuel system: free of leaks and damage. *		
10. Cooling system: full, free of leaks and damage. *		
11. Fan and fan belts: check for proper tension. No fraying/cracks.		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf. *		
13. Belly plate, radiator guards: securely mounted and free from debris. *		
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges. *		
17. Dozer and assembly: trunnion bolts missing, cracks. *		
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db). *		
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.)		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.		
6. Engine starts, idles, and shuts off with switch.		

Section V—REMARKS
(Describe all unsatisfactory items and identify by line number)

10. PRE-USE INSPECTION	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected
MILES/HRS _____	DATE _____ TIME _____
Inspector's printed name _____ Title _____	
Inspector's signature _____	

Section III—LIABILITY
The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.
Operator's printed name _____ Title _____
Operator's signature _____ Date _____

Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required). *		
2. Gauges and lights: mounted and function properly. *		
3. Seat belts: operate properly for each seating position. *		
4. Glass and mirrors, no cracks in vision. *		
5. Wipers, washers, and horn operate properly. *		
6. Clutch pedal: proper adjustment (if applicable).		
7. Cooling system: full, free of leaks and damage.		
8. Fluid levels (e.g. oil) and condition: full and clean.		
9. Battery: check for corrosion, loose terminals and hold downs.		
10. Fuel system: free of leaks and damage. *		
11. Electrical system: alternator and starter work.		
12. Engine running: check oil pressure, knocks, and leaks.		
13. Transmission: check for leaks.		
14. Steering components: tight, free of play. *		
15. Brakes: damaged, worn or out of adjustment. *		
16. 4-Wheel drive: check transfer case, leaks (if applicable).		
17. Drive line U-joints: check for looseness.		
18. Suspension systems: springs, shocks, other. *		
19. Differential(s): check for leaks.		
20. Exhaust system: no leaks under cab or before turbo. *		
21. Frame condition, body/bed properly attached. *		
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage. *		
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.		
24. Emergency equipment required. *		
Fire extinguisher _____ Spare fuses _____ Reflectors _____		
25. Operator(s) properly licensed. † Expiration Date _____		
State _____ License No _____ Class _____		
Endorsement _____ Med. Cert. Expiration Date _____		

11. RELEASE
<input type="checkbox"/> No Damage/No Claim
MILES/HRS _____ DATE _____ TIME _____
Operator's printed name _____ Title _____
Operator's signature _____ Date _____
Inspector's printed name _____ Title _____

* Safety Item—Do not accept until brought into compliance.
† Include information for additional operators in REMARKS section.

SEE SUPPLEMENTAL INFORMATION ON BACKSIDE OF CONTRACTOR COPY



DIVISION OF FORESTRY

COOPERATOR CONDITIONS OF HIRE

Introduction

The Division of Forestry has an important cooperative relationship with structure fire departments in the Areas, and occasionally has a need to mobilize resources to assist with structure protection within the Wildland Urban Interface. Cooperator resources - engines, water tenders, and personnel that are equipped and trained to provide structure protection- are beneficial to the Division of Forestry.

The Division of Forestry and the Cooperator establish a formal relationship by signing a Cooperative Fire Protection Agreement. Generally, the Area solicits the Cooperative Fire Protection Agreement with their local structure fire department (CFD). The agreement is signed by the fire department's Chief and sent from the Area, through the Region, to the Central Office for the State Forester's signature. Once activated, the Cooperative Fire Protection Agreement remains in effect until either party terminates the agreement in writing.

General business and administrative information is specified in this, the Cooperator Conditions of Hire. The fire department's Chief (or Authorized Agent) will be provided with a copy of this document, which will remain in effect until such time it is revised by the Division of Forestry. The local Area serves as the liaison between the State and the Cooperator. Any claims for damages while assigned to the incident should be documented prior to leaving the incident. The incident retains a copy of the paperwork for the assigned Cooperator resources for the final fire package, but the original packet is returned to the Cooperator's home Area for completion and processing.

All personnel responding to wildland fire shall be equipped with proper personal protective equipment as stipulated in the DOF Policy and Procedures Manual Section 2120. This includes a fire-retardant shirt and jeans or coveralls, helmet (non-metal), eye protection, heavy-duty leather gloves, 8" tall lace up leather boots, and a fire shelter for each person.

Agreement

The State of Alaska, Department of Natural Resources, Division of Forestry will be referred to as "Forestry" in this document. Cooperator Fire Departments (CFD) under Cooperative Agreement with Forestry will be referred to as "Cooperator" in this document.

1. Order for Service - Upon acceptance of an order for service, either verbally or via Resource Order, a binding contract between the Cooperator and Forestry is created incorporating the terms of the Cooperative Fire Protection Agreement, the Annual Operating Plan, and these Cooperator Conditions of Hire.
2. Reporting for Service - The Cooperator is responsible for providing apparatus to Forestry in a good and safe operating condition and will be subject to pre-use inspection at time of hire. If, in the determination of Forestry, the apparatus is not in good, safe operating condition based upon the manufacturer's general safety specifications when it arrives for work, Forestry may reject it. If equipment is rejected, Forestry will not pay any costs, including transportation costs. The operator/personnel shall keep a copy of the CFD Cooperative Fire Agreement and Cooperator Conditions of Hire document with the apparatus.
3. Timekeeping - The start of the rental period begins upon passing inspection and said time shall be documented on the initial shift ticket. Each service call will be documented via shift tickets to an Emergency Equipment Use Invoice, OF-286, or equivalent. The Cooperator agrees that service call documents may be signed by the Cooperator's operator/personnel as a duly authorized representative for certification as to the number of hours or other units of pay earned. The Cooperator or its operator/personnel must sign shift tickets during the assignment and the Emergency Equipment Use Invoice document at the time of release from work.
4. Equipment Operator/Personnel - The Cooperator shall furnish the required staffing as listed in Tables

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1-3 or 4-7, for each apparatus, based on the reimbursement method selected. Operators/personnel from CFDs using the Direct Payment Method will be hired by Forestry as Emergency Firefighters (EFF). The operator, if hired by Forestry as EFF, will become Forestry employee(s), and are subject to the Conditions of Hire established in the latest version of the Alaska Emergency Firefighter Type 2 Crew Management Guide. Operators from CFDs using the Cooperator Reimbursement and the Lump Sum Method will remain employees of the department. The operator must possess a valid driver's license with applicable endorsements. The Cooperator will ensure that the operator/personnel are qualified to operate the apparatus. Additional Cooperator personnel may staff the apparatus as specified in the AOP. Variations from staffing levels listed in the AOP must be agreed upon by Forestry and the Cooperator and must be noted on the Resource Order.

5. Transportation of Apparatus - Subject to Item 2, apparatus shall be delivered, at Forestry's expense, from point of hire to the work site and returned to the point of hire.
6. Performance and Direction of Work - The operator/personnel are responsible always for the safe and efficient operation of apparatus and may refuse to work in a situation:
 - exceeding operator/personnel ability
 - that exceeds the capability of the apparatus
 - that may result in damage to the apparatus

The operator/personnel receive work assignments from and perform work under the general direction of Forestry. In the event Forestry terminates an operator for cause, replacement operator/personnel may be requested from the Cooperator. A performance evaluation will be completed for each operator/apparatus.

7. Termination of Order for Service - There is no guaranteed length of hire under any order for service. Forestry may terminate an order for service when it is determined by Forestry that the apparatus is no longer needed. When the order for service is terminated, Forestry shall be liable only for payments in accordance with payment provisions of this contract for services rendered prior to the effective date and time of termination. In the event the Cooperator requires return of apparatus, the Cooperator shall notify Forestry, and the equipment shall be released within eight hours.
8. Custody - When the operator/personnel remain employees of the Cooperator, the apparatus remains in operator/personnel custody. When the operator/personnel are hired as EFF, the apparatus remains in Forestry custody during the period of use. During such time, Forestry, as custodian, will exercise ordinary prudence and diligence in the use and care of the apparatus. Control of apparatus and personnel shall follow the Incident Command System.
9. Licenses and Permits and Insurance - The Cooperator is responsible for obtaining at their own expense, carrying a copy of, and showing proof at the time of hire, all necessary licenses, permits required by state and federal law/regulation, for both the apparatus and operator/personnel.
10. Servicing and Repairs - The Cooperator is responsible for the cost of all servicing to include providing and maintaining the apparatus with fuel, oil, lubricants, filters, and other operating supplies to maintain the apparatus in a safe operating condition. It is the responsibility of the operator/personnel to determine that the fuel used is the proper fuel for the apparatus. Forestry will provide fuel for apparatus assigned to project fires.
11. Tools, Spares, and Accessories - The operator/personnel are responsible, always, for tools, spares, and accessories belonging to the Cooperator, and shall secure them in the apparatus if possible. Items

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that cannot be so secured may be placed in a Forestry-designated storage area, if available.

12. Required Equipment - The Cooperator agrees to furnish apparatus, except command vehicles, with the following equipment:
- All apparatus listed on the Cooperators CFD Cooperative Fire Agreement AOP will be accompanied by a complete vehicle inventory in hard copy format
 - All fire apparatus resource ordered as part of an Engine Task Force/Strike Team are required to carry structural firefighting equipment necessary to conform with Cooperator Standard Operating Procedures and are required to carry the following minimal equipment upon leaving for the incident. These items will be supplied by Forestry upon request of the Cooperator and shall be returned to the same Forestry Area Office upon completion of the assignment

4 ea. 100' length of 1½" hose (Forestry)	1 ea. Fire Shelter per seat
1 ea. 400' 1½" Progressive hose lay bag	1 ea. EFF bag per Firefighter
5 ea. 1½" nozzle to fit 1 ½" hose	1 ea. King Radio w/Clam Shell & Batteries
5 ea. 100' length of 1" hose (Forestry)	5 ea. 1" nozzles to fit 1" hose
2 ea. Shovel	3 ea. Pulaski
4 ea. 1½" NHx1½ NH double female	2 ea. Back pack pump (FEDCO) (full)
4 ea. 1½" NHx1½ NH double male	1 ea. Back pack pump (FEDCO) (empty)
6 ea. 1½" NHx1" NPSH (female-male)	2 ea. Cases MRE's
1 ea. 1" NPSH x1½" NH (female/male)	2 ea. Cubitainer Water
6 ea. 1½" NH x 1 ½" NH x 1 ½" NH	2 ea. Pack of fusees (10 ea./pk) OR
2 ea. Hose clamp for 1" and 1½" hose	1 ea. Drip torch w/5 gallons drip torch fuel
1 ea. Portable Tank, 1500 gallons or larger (Water Tenders only, all types)	

13. Apparatus Loss, Damage, or Destruction - Equipment furnished under a contractual agreement with Forestry may be subject to extreme environmental and/or strenuous operating conditions which could include, but are not limited to, unimproved roads, steep, rocky, brushy, hilly terrain, dust, heat, and smoky conditions. Thus, what is considered normal wear and tear under any agreement with the State for fire suppression or other all-risk incident actions is more than what equipment is subjected to under normal highway operations. Wear and tear includes worn or cracked tire tread on the running surfaces, chips and scratches to the vehicles painted and other surfaces; small dings and scratches to the bumpers, and surface chips and scratches to the vehicle's windshield, glass, and mirrors.

If the Cooperator wishes to file a claim for non-Forestry provided equipment, a State Property Loss/Damage Report documenting lost, stolen, or damaged equipment not arising from the above conditions or as the result of negligence on the part of Forestry must be completed and submitted to the State within thirty days of demobilization. Incomplete or unsupported claims will be returned to the Cooperator for further information and/or documentation.

In the event damage or destruction occurs because of negligence on the part of the State, Forestry's liability is limited to the lesser of the actual repair costs or market value. Forestry is not responsible for the costs of loss or physical damage to Cooperator's equipment due to negligence on the part of Cooperator's personnel, for indirect damages such as loss of use or lost profits, or for wear and tear.

14. Accessories for Apparatus - All apparatus must have the following: seat belts for all occupants, three portable emergency reflectors, one 5-lb. functional ABC fire extinguisher, and any additional accessories as specified in the Annual Operating Plan.

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15. Meals and Bedding - If a Forestry-subsisted incident camp is established, meals and bedding for operator/personnel will be furnished without additional charge. Such meals and bedding will be commensurate with that provided to Forestry employees.
16. Personnel Pay Rates - Operator/personnel will be paid for all hours they are on-shift at the appropriate hourly rate of pay. Note: operator/personnel may be on a shorter or longer shift than the apparatus to which they are assigned. The number of operator/personnel listed on the rate charts is standard staffing. Any changes to standard staffing will be agreed to in the AOP. No additional personnel will be paid by Forestry unless Resource Ordered.

Forestry will not pay administrative fees more than 13.5% to Cooperators using the Cooperator Reimbursement method, nor will Forestry pay for backfill positions unless required by municipal ordinance, union contract, or written department policy. As a cost containment measure, higher paid Cooperators shall be considered for release first.

17. Equipment Payments - Equipment rates have been determined by Forestry for all categories, types, and classes of equipment and are included in the Online Application System (OLAS). OLAS is used by the Cooperator to register or list their equipment and by the dispatcher and others to search for and hire equipment. Any Cooperator using rates that are non-compliant with Forestry specified rates will normally be the last hired and the first released. The link to OLAS is <https://dnr.alaska.gov/olas/>. Rates are also listed in Tables 1, 2 and 3, below. Each shift must be documented on an Emergency Equipment Shift Ticket and must be signed by the Cooperator's operator/personnel and the supervisor on the incident as the duly authorized representative for certification as to the number of hours or other units of pay earned. Hours shall consist of the period working (assigned), ordered standby, or compensable travel time.

The incident or dispatch office will compile the amount earned on the Emergency Equipment Use Invoice which both parties will sign to show concurrence of the amount due the Cooperator at the time of release from assignment whether the Cooperator's method of payment is by Cooperator Reimbursement, Direct Payment, or Lump Sum method. OF-288s will be posted for Cooperator staff by the incident or Area. In the case of Cooperators being paid by the reimbursement method, both the Emergency Equipment Use Invoice and any pertinent OF-288s will be included as backup documentation for any invoice requesting reimbursement from the State.

Apparatus is inoperable when the apparatus itself is inoperable, or when the operator/personnel are unavailable. A shift is the hours worked as defined by the Incident Action Plan and/or as determined by the dispatching office.

Apparatus rental rates include routine maintenance; normal wear and tear (minor scratches, chips in windshield, etc.); insurance; and other pertinent overhead expenses. Rental rates will not exceed the rates listed below (Tables 1, 2 and 3). Federal Excess Personal Property (FEPP) apparatus provided by a Cooperator will be paid 66% of the normal rate. If apparatus is ordered and staffed with a relief crew, then a double-crewed daily rate will be paid for the apparatus.

- a. For fractional days at the beginning and ending time under hire, payment will be based on 50 percent of the Daily Rate for periods less than eight hours. To clarify, equipment initially hired after 1600 (4:00 pm) shall receive half the daily rate for the first day of hire, and equipment released back to the point of hire before 0800 (8:00 am) on the last day of hire shall receive

DIVISION OF FORESTRY COOPERATOR CONDITIONS OF HIRE

half the daily rate for the final day of hire.

- b. For shifts under hire or assignment between the first and last, the Cooperator shall be paid at the daily rate, if the apparatus is operable and available the entire shift.
- c. If the apparatus is inoperable or unavailable during an on-shift period, this will be considered down time and charges will not accrue. 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 shown on the Incident Action Plan. If the equipment was not operational for the full shift, the deduction from the daily rate is calculated by converting the length of shift from the IAP to determine the hourly rate and deducting pay for the total hours the equipment was non-operational, i.e., $\text{daily rate} \div \# \text{ hours of shift in IAP} = \text{hourly rate to be deducted}$.
- d. Forestry has the right to correct the invoice in case of accounting errors, or if the Cooperator chose the improper category, type, class or rate in OLAS.

18. Command Vehicles - When ordered by Forestry, command vehicle rates will be applicable when an individual in any of the following positions uses the vehicle:

- | | | |
|-----------------------------|-----------------------------|------------------------------------|
| • Incident Commander | • Operations Section Chief | • Structural Protection Specialist |
| • Branch Director | • Division/Group Supervisor | • Strike Team/Task Force Leader |
| • Water Handling Specialist | • Fire Chief/Designee | |

Command Vehicles **MUST** come equipped with the following equipment:

- | | | |
|-------------------------|---------------------|---------------------------|
| • Four Wheel Drive | • First Aid Kit | • Emergency Lighting |
| • Seating for 3 persons | • Fire Extinguisher | • Field Programable Radio |

19. Insurance - The Cooperator must carry and maintain motor vehicle liability insurance as required by AS 28.22.01. In the case of the Cooperator's operator/personnel being hired by the State as an EFF, the State covers Worker's Compensation and potential liability based on apparatus operations in response to and operation on a wildland fire. In the case of the Cooperator's operator/personnel remaining an employee of the Cooperator, the Cooperator must carry and maintain Worker's Compensation coverage as required by AS 23.30.045.

20. Evaluations - All CFD Engines will be evaluated by the incident supervisor and the evaluation form will be included in the equipment packet upon release from the incident.

21. Documentation Requirements for Assignments

One copy of each of the following documents is required for Out-of-Area Assignments

- | | |
|------------------------------------|---|
| <u>Mobilization Finance Packet</u> | b. Annual Operating Plan |
| a. Resource Order | c. Emergency Equipment Rental Agreement |

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- | | |
|---|--|
| <ul style="list-style-type: none"> d. Cooperator Conditions of Hire e. CFD Cooperative Fire Protection Agreement f. Vehicle Inspection Checklist g. Initial Shift Ticket h. Blank Contractor Evaluation Form | <ul style="list-style-type: none"> b. Annual Operating Plan c. Emergency Equipment Rental Agreement d. Cooperator Conditions of Hire e. CFD Cooperative Fire Protection Agreement f. Vehicle Inspection Checklist g. Completed Shift Tickets h. Completed OF-288s i. Emergency Equipment Use Invoice j. Claims documentation, if applicable k. Completed Evaluation l. Any receipts documentation reimbursable expenses accrued on the assignment |
|---|--|
- Demobilization Finance Packet

- a. Resource Order
- 22. Non-Engine Vehicle Rates - Any vehicle owned by the signatory Fire Department not reflected in #22 below, if accepted, will be paid at rates shown in Chapter 6 of the Alaska Incident Business Management Handbook. Personally-owned vehicles cannot be signed up under this Conditions of Hire.
- 23. Rates - Tables 1-3 are related to the Cooperator Reimbursement and Direct Payment methods. Tables 4-7 are related to the Lump Sum (Apparatus and personnel combined rate) method.

Table 1- Engine Types, Rates & Minimum Requirements (Apparatus ONLY)

Rates & Components (excluding personnel costs)	Water Tender Types				
	Support			Tactical	
	S1	S2	S3	T1	T2
Single Shift Rate	\$1,950	\$1,630	\$1,300	\$1,630	\$1,300
Double Shift Rate	\$3,055	\$2,550	\$2,040	\$2,550	\$2,040
Hourly Rate for refurb*	\$140	\$115	\$95	\$115	\$95
Tank Capacity (gal)	4000	2500	1000	2000	1000
Pump Min. Flow (GPM)	300	200	200	250	250
At Rates Pressure (psi)	50	50	50	150	150
Max. Refill Time (minutes)	30	20	15	-	-
Pump and roll	-	-	-	Yes	Yes
Personnel minimum	1	1	1	2	2

* Refurb time must be approved by FMO as per AOP

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Table 2- Water Tender Types & Minimum Requirement (Apparatus ONLY)

Rates & Components <i>(excludes personnel costs)</i>	Structure Engines		Wildland Engines				
	1	2	3	4	5	6	7
Daily Shift Rate - Single	\$2,840	\$2,680	\$1,785	\$1,545	\$1,265	\$1,070	\$860
Daily Shift Rate - Double	\$4,460	\$3,890	\$2,805	\$2,420	\$1,985	\$1,680	\$1,355
Hourly Rate for refurb*	\$200	\$190	\$130	\$110	\$95	\$80	\$60
Tank minimum capacity (gal)	300	300	500	750	400	150	50
Pump Min Flow (GPM)	1000	500	150	50	50	30	10
Rated pressure (psi)	150	150	250	100	100	100	100
Hose (feet) 2 1/2 inch	1200	1000	-	-	-	-	-
Hose (feet) 1 1/2 inch	400	500	1000	300	300	300	-
Hose (feet) 1 inch	-	-	500	300	300	300	200
Ladders per NFPA 1901	Yes	Yes	-	-	-	-	-
Master Stream 500 GPM Min	Yes	-	-	-	-	-	-
4-Wheel Drive Required	-	-	Yes	Yes	Yes	Yes	Yes
Personnel (minimum)	3	3	2	2	2	2	2

* Refurb time must be approved by FMO as per AOP

Table 3- Command Vehicles & Minimum Requirements (Apparatus ONLY)

COMMAND VEHICLE RATE <i>(excluding personnel costs)</i>	
Daily Shift Rate	
Single	\$545
Double	\$855
Hourly Refurb*	\$40
Personnel	1

* Refurb time must be approved by FMO as per AOP

Table 4- Engine Types, Rates & Minimum Requirements (COMBINED RATE)

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Rates & Components <i>(includes personnel costs)</i>	Structure Engines		Wildland Engines				
	1	2	3	4	5	6	7
Single Shift Rate	\$4,005	\$3,845	\$2,525	\$2,285	\$2,005	\$1,810	\$1,600
Double Shift Rate	\$6,245	\$5,675	\$4,045	\$3,660	\$3,225	\$2,920	\$2,595
Hourly Rate for refurb*	\$285	\$275	\$180	\$165	\$145	\$130	\$115
Tank minimum capacity (gal)	300	300	500	750	400	150	50
Pump Min Flow (GPM)	1000	500	150	50	50	30	10
Rated pressure (psi)	150	150	250	100	100	100	100
Hose (feet) 2 1/2 inch	1200	1000	-	-	-	-	-
Hose (feet) 1 1/2 inch	400	500	1000	300	300	300	-
Hose (feet) 1 inch	-	-	500	300	300	300	200
Ladders per NFPA 1901	Yes	Yes	-	-	-	-	-
Master Stream 500 GPM Min	Yes	-	-	-	-	-	-
4-Wheel Drive Required	-	-	Yes	Yes	Yes	Yes	Yes
Personnel (minimum)	3	3	2	2	2	2	2

* Refurb time must be approved by FMO as per AOP

Table 5- Water Tender Types & Minimum Requirement (COMBINED RATE)

Rates & Components <i>(includes personnel costs)</i>	Water Tender Types				
	Support			Tactical	
	S1	S2	S3	T1	T2
Single Shift Rate	\$2,365	\$2,045	\$1,715	\$2,370	\$2,040
Double Shift Rate	\$3,750	\$3,245	\$2,735	\$3,790	\$3,280
Hourly Rate for refurb*	\$170	\$145	\$120	\$170	\$145
Tank Capacity (gal)	4000	2500	1000	2000	1000
Pump Min. Flow (GPM)	300	200	200	250	250
At Rates Pressure (psi)	50	50	50	150	150
Max. Refill Time (minutes)	30	20	15	-	-
Pump and roll	-	-	-	Yes	Yes
Personnel minimum	1	1	1	2	2

* Refurb time must be approved by FMO as per AOP

Table 6- Command Vehicles & Minimum

Requirements

DIVISION OF FORESTRY COOPERATOR CONDITIONS OF HIRE

(COMBINED RATE)	
COMMAND VEHICLE RATE <i>(includes personnel costs)</i>	
Daily Shift Rate	
Single	\$960
Double	\$1,550
Hourly Refurb*	\$70
Personnel	1
* Refurb time MUST be approved by FMO as per AOP	

& Minimum Requirements (COMBINED RATE)	
Pre-Approved Staffing Change	
Shift Rate	
Single	Double
\$325	\$545
*This rate ONLY applies if approved by Forestry & Fire Chief	

Table 7- Pre-Approved Staffing Change

24. Debarment- CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION (49 CFR Part 29):

1. The bidder/offeror, certifies by submission of this proposal or acceptance of this contract/agreement, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. It further agrees by signature on this agreement, to include this clause without modification in all lower tier transactions, solicitation, proposals, contracts and subcontracts.
2. Where the bidder/offeror/contractor or any lower tier participant is unable to certify to this statement, it shall attach an explanation to this agreement.

I certify that I have read and agree to the conditions of hire and rates contained on this form.

This document supersedes all prior versions of this agreement. Earlier versions must be deleted/destroyed and replaced with this document.

Contractor's / Authorized Agent's Signature

Date

Printed Name and Title

Company Name

**DIVISION OF FORESTRY
COOPERATOR CONDITIONS OF HIRE**

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EMERGENCY EQUIPMENT SHIFT TICKET						E 10	
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.							
1. AGREEMENT NUMBER			23407			2. CONTRACTOR (name)	
3. INCIDENT OR PROJECT NAME			4. INCIDENT NUMBER			Northern Lights VFD	
moose Run			73411075			5. OPERATOR (name)	
6. EQUIPMENT MAKE			7. EQUIPMENT MODEL			8. OPERATOR FURNISHED BY	
CHEVY			F350 (T-7)			<input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER			10. LICENSE NUMBER			11. OPERATING SUPPLIES FURNISHED BY	
VGA91187			9999-87			<input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR		13. EQUIPMENT USE		14. REMARKS (released, down time and cause, problems, etc.)			
		START	STOP	HOURS/DAYS/MILES (circle one)			
				WORK			
				SPECIAL			
7/7/14		06:30	11:30	5		Junior Joe	
7/7/14		12:00	22:00	10		Joe Senior	
						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	
Your Signature				Div sup's signature		Date it the day you worked	

FINANCE

NSN 7540-01-119-5628
 50297-102

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

CHAPTER 8
STATE-ISSUED PROPERTY MANAGEMENT

PURPOSE: This chapter deals with state government property only. For personal property claims, see Chapter 11.

RESPONSIBILITIES

All employees are responsible for the care, use and custody of all property; the prompt return of unneeded property; and for promptly reporting property that is lost, stolen, or damaged.

The Incident Commander has overall responsibility for establishing and maintaining a sound property management program for the incident.

All supervisors are responsible for ensuring that personnel under their supervision adhere to all property accountability procedures.

PROPERTY MANAGEMENT PROGRAM PROCEDURES

An effective property management program includes the following:

- Establishment of areas where the property is stored and protected
- Designation of personnel to receive property
- Establishment of receipting procedures
- Establishment of property identification and marking procedures
- Designation of employees to issue property
- Establishment of property accountability controls
- Establishment of property clearance and demobilization procedures

SECURITY AND STORAGE

Property stored at an incident base, spike camp, staging area or area office must be adequately protected to prevent theft, vandalism or damage from the elements. Access to these areas must be restricted to those personnel with designated property management responsibilities. Appropriate protection measures may include private security or agency law enforcement.

PROPERTY ORDERING PROCEDURES

Property movement between Areas, Regions and incidents shall be controlled and initiated by generating a Resource Order. This is an important link in the chain of property management. The Resource Order documents the need for property and is the initial approval level. All ordering should be done with the Incident Commander's direct or delegated approval.

PROPERTY RECEIPTING PROCEDURES

Property and supplies are furnished from a variety of sources and prompt reports of receipt must be made to the administrative unit having jurisdiction. This report of receipt may be in the form of invoices, packing lists or shipping documents. The designated receiving official must verify that the items listed are received and must note any shortages, overages, and damage. If no documents accompany the shipment, there are forms available such as Alaska Division of Forestry Warehouse Issue/Return (10-1505 – Appendix B) and State of Alaska (SOA) Property Receipt (02-657 – Appendix A) to collect the required information. There are also federal versions of these forms.

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From Commercial Sources of Supply (Charges) - Receipt of property and supplies purchased by this method must be acknowledged by an original bill, sales slip, cash register tape or invoice. If none of these are available, use a blank piece of paper and include vendor's name, address, phone number, tax ID# and signature, along with a list of items purchased.

IDENTIFICATION

Most property received from agency support systems is identified as State or government property. Capitalized property must always be identified, or "tagged."

Non-Expendable - These items are usually equipment and must be identified as State or government property and are usually "tagged".

- State capitalized property is tagged with a 6, 7, or 8-digit tag
13-xxxxx is Enterprise Technology Services property (radios)
- Federal property is usually stamped or painted with "US Govt."

Expendable - Items received from GSA are usually stamped "FSS"

PROPERTY ACCOUNTABILITY CONTROLS

Non-Expendable Property List - All units, including the incident base must maintain a list or inventory of non-expendable property assigned to it as an aid to property control. This list must show the agency tag and serial numbers assigned to the property.

Issues, Transfers, and Returns

- Issues to Personnel - The transfer of all tools and other recoverable property must be recorded at the time of issue. This can be done on a SOA Property Receipt (02-657 – Appendix A), a General Message Form (OF-213 – Form 1) or even on a blank piece of paper, as long as the proper information is recorded and the property items signed
- Transfers between Crews and Personnel - Transfers of property must be documented and signed for in order to maintain accountability. Forms that require the same information as issues may be used as long as the proper information is recorded and property items signed
- Returns from Personnel – Items that are excess to an incident's needs or those items in need of repair must be returned in a timely manner. Resources are limited and many items are cleaned and reused. Items designated as reusable and returnable are to be returned by personnel to the issuing warehouse cache or other designated point. Items returned are inspected and compared with the list and quantities recorded on the issuing document. Shortages or damages are noted and a determination will be made as to whether or not to charge the employee
- Returns from Incidents - Items returned that are excess to an incident's needs or those items in need of repair must be returned in a timely manner. Resources are limited and many items are cleaned and reused. Items returned from incidents must be accompanied by return paperwork to document what is being returned

An Alaska Division of Forestry Warehouse Issue/Return Form 10-1505 – (Appendix B) should be used. Damaged items must be clearly "flagged or tagged" to help aid the warehouse in determining which items need to be repaired or discarded so that they will not be reissued in a defective state.

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- Damage/Loss - Some damage and loss occurs occasionally because of the nature of fire suppression activities. All employees shall provide an adequate explanation when damage or loss occurs. Explanations are documented on a Federal Property Loss or Damage Report, Fire Suppression (OF-289 – Appendix D). The employee, supervisor or a witness must include any appropriate comments or statements on the form. The Incident Commander, Logistics Section Chief or Area Forester, as appropriate, shall include written comments and sign the form. A SOA Lost-Stolen-Damaged Property Review form (02-627 – Form 2) is used alone for non-fire suppression losses.

CLEARANCE AND DEMOBILIZATION PROCEDURES

Property and time recording personnel shall coordinate efforts to accomplish clearance through the Plans Section. Employees' final time reports must not be processed until clearance is obtained from the property-managing section. If employees refuse to cooperate, all facts must be recorded in writing and attached to the final time report for processing.

SUMMARY OF FORMS

Property Receipt (02-657 – Appendix A-Example). This form is used for issues and returns to/from personnel and transfers of assigned property.

Division of Forestry Warehouse Issue/Return (10-1505 – Appendix B-Example). This form is used for issues and returns to/from State warehouses and caches, staging areas, etc.

Lost-Stolen-Damaged Property Review (02-627 – Appendix C-Example). This form is always used on its own to document non-suppression losses.

Property Loss or Damage Report (OF-289 – Appendix D-Example). This form is used by the employee to report loss of property or damage during fire suppression.

General Message (OF-213 Form 1) To transfer all tools and other recoverable property that must be recorded at the time of issue. This can be done on a SOA Property Receipt (02-657 – Appendix A), a General Message Form (OF-213 – Form 1) or even on a blank piece of paper, as long as the proper information is recorded and the property items signed for

Lost Stolen Damaged Report (OF-289 - Form 2) This form is always used on its own to document non-suppression losses.

The OF-289 is often used at the field level, as it is the interagency form. The employee shall provide an adequate explanation when damage or loss occurs. The supervisor or a witness must include any appropriate comments or statement on the form. The Incident Commander, Logistics Section Chief, or Area Forester, as appropriate, shall include written comments and sign the form.

ROUTING

Reports of damage to Cache Accountable Property go through the State Fire Warehouse

Reports of damage to non-Cache Accountable Property go through the Administrative Officer in NRO in Fairbanks

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ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

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GENERAL MESSAGE

TO:

POSITION

FROM

POSITION

SUBJECT

DATE

MESSAGE:

SIGNATURE/POSITION

REPLY

DATE

TIME

SIGNATURE/POSITION

State of Alaska No.
LOST~STOLEN~DAMAGED PROPERTY REVIEW
 (See State Property Manual for Instructions)

1. Department	2. Division	3. Section	4. Date
5. Property Location	6. Check One		
	<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen	<input type="checkbox"/> Damaged, Repairable
	<input type="checkbox"/> No, explain in 13		<input type="checkbox"/> Destroyed
7. Police Notified <input type="checkbox"/> Yes (attach report)	8. Serial Number		
9. Description			
10. Class Code	11. Property Tag Number	12. Value \$	
13. Circumstances (Include Names of Witnesses):			
Signature of Custodian	Printed Name & Title	Date	

COMPLETE 14-18 AND EXPLAIN ACTION TAKEN

14. I certify that, to the best of my knowledge, the above is true and correct.			
Negligence apparent <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has disciplinary action been taken?			
Explain precautions taken to safeguard State property.			
14a. Signature of Immediate Supervisor		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and action taken.		Recommendations:	
15. Signature of Division Director		Printed Name & Title	Date
The above findings <input type="checkbox"/> are <input type="checkbox"/> are not consistent with State and Department policies.		Recommendations:	
Item <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for damaged items only).			
16. Signature of Department Property Officer		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and/or authorize that action be taken as recommended.		Recommendations:	
17. Signature of Commissioner or Designee		Printed Name & Title	Date
18.	Approved	Signature of State Property Manager	Date
	Disapproved		
Item <input type="checkbox"/> will <input type="checkbox"/> will not be dropped from inventory.		Recommendations:	

Form 02-627

Revised 10/25/13

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. CREW NAME OR NO.	2. ID NO. (Form OF-288, Emerg. Firefighter Time Report)
		3. ISSUED TO (Name and Address)	
4. ISSUING OFFICE OR CAMP NAME			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Gov't <input type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other _____	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)		QUANTITY	
a.			
b.			
c.			
9. Employee report on circumstances of loss or damage to property listed:			
10. SIGNATURE		11. DATE	
12. Witness report:			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage:			
16. SIGNATURE	17. TITLE	18. DATE	

NSN 7540-01-124-7894

ORIGINAL—Issuing Office

OPTIONAL FORM 289 (9-81)
 USDA/USDI
 50289-101

STATE OF ALASKA
PROPERTY RECEIPT

From: (Dept./Div./Location) Supply	To: (Dept./Div./Location) John Firefighter	Date: 7/12/08
<input checked="" type="checkbox"/> ISSUE STOCK <input type="checkbox"/> TEMPORARY ISSUE (Intra-agency) <input type="checkbox"/> TEMPORARY LOAN (Inter-agency)		

FOR PERMANENT TRANSFERS USE FORM 02-622. (REF. PROPERTY MANUAL, CHAPTER 4)

FCH, if applicable	Qty	Description of Item	Date to be returned	Date Returned	Initial/Partial Returns
13D-1234	EA	King Radio	7/15		


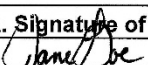
Issued By: (Signature) Joe Supply Type or Print Name Joe Supply	Received By: (Signature) John Firefighter Type or Print Name John Firefighter
--	--

Loaning Agency retains original and borrowing Agency retains copy until ALL items returned. Loaning Agency will initial for partial returns; both copies may be destroyed when all items have been returned.

02-657 (8/90)
DRAFT

State of Alaska
LOST / STOLEN / DAMAGED PROPERTY REVIEW

No. XXXXXXXX

1. Department Natural Resources	2. Division Forestry	3. Section	4. Date 08/02/2015
5. Property Location Tok		6. Check One <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input checked="" type="checkbox"/> Destroyed	
7. Police Notified <input type="checkbox"/> Yes (attach report) <input checked="" type="checkbox"/> No		8. Witnesses <input checked="" type="checkbox"/> Yes, explain in 13 <input type="checkbox"/> No	
9. Property Description: Stihl 036 Chainsaw			
10. Serial # 37205	11. Tag # 10-13788	12. Value \$360	
13. Circumstances: Chainsaw placed on pallet. Forklift knocked chainsaw off, drove over it, broke the bar & cracked the motor casing.			
Signature of Custodian 		Printed Name & Title John Doe, Warehouse Manager	Date 08/03/2015
COMPLETE 14-18 AND EXPLAIN ACTION TAKEN			
14. I certify that, to the best of my knowledge, the above is true and correct.			
Negligence apparent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, disciplinary action taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Explain precautions taken to safeguard State property: Warehouse staff told not to stack anything on cubies. Forklift drivers told to be more aware of surroundings.			
14a. Signature of Immediate Supervisor 		Printed Name & Title Jane Doe, Assistant Warehouse Manager	Date 08/03/2015
I <input checked="" type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		Recommendations:	
15. Signature of Department Property Officer		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		Recommendations:	
16. Signature of Division Director or Designee		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings. Item <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for damaged items only).		Recommendations:	
17. Signature of Commissioner or Designee		Printed Name & Title	Date
18. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Signature of State Property Manager	Date
Item <input type="checkbox"/> will <input type="checkbox"/> will not be removed from inventory.		Recommendations:	

Form 02-627

Revised 2/3/16

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. CREW NAME OR NO. Flame Fighters	2. ID NO. (Form OF-288, Emerg. Firefighter Time Report)
		3. ISSUED TO (Name and Address) PO Box 222 Fairbanks, AK 99707	
4. ISSUING OFFICE OR CAMP NAME Delta Area		5. FIRE NAME Quartz Lake	
6. FIRE NO. 73X32172		7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Govt. <input checked="" type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)		QUANTITY	
a. 1 GPS Unit		\$425.00	
b. 1 Bendix-King portable Radio		\$650.00	
c. 1 North Face Tent		\$255.00	
9. Employee report on circumstances of loss or damage to property listed: I was told to leave my gear at Helispot 4 while on the line on 6/27. A windshift sent the fire across the helispot, and my tent and day pack which included my GPS unit and radio burned up.			
10. SIGNATURE Gale Legaree		11. DATE 6/29/XX	
12. Witness report: I was in camp next to the helispot when it burned over. Most gear was saved, but not Gale's.			
13. SIGNATURE Thomas Martin, Crew Boss		14. DATE 6/30/XX	
15. Fire Boss or Property Control Officer comments regarding loss or damage: Gale was ordered to leave her gear at the helispot and it burned up when the wind changed & the helispot burned over. I recommend we replace the above gear at the price guidance allowance.			
16. SIGNATURE Dick Pitt		17. TITLE Incident Commander	
		18. DATE 7/2/XX	

NSN 7540-01-124-7634

OPTIONAL FORM 289 (9-81)
USDA/USDI
50289-101

CHAPTER 9
MEALS, LODGING AND TRAVEL

PURPOSE: This chapter provides guidance for securing meals and lodging while on Division of Forestry (DOF) assignments within the State, as well as rules and guidelines for travel outside the State.

REFERENCES

Web address for travel: The Department of Administration (DOA) travel and moving policy and procedures manual is located at <http://doa.alaska.gov/dof/manuals/aam/resource/60t.pdf>

Per diem rates in the Lower 48: located at <http://www.gsa.gov/portal/content/104877>

Agency-provided subsistence is the default method for providing meals and lodging for personnel on DOF incident assignments.

SOLICITATION FOR MEALS AND LODGING

Prior to the fire season, and periodically if needed, each Area Office shall contact local vendors soliciting meal and lodging services for incident personnel. Fairbanks and Palmer vendors are solicited by the appropriate Regional Office. Area Admins have access to updated Meal and Lodging Packets. Offers are requested from as many potential vendors as possible to assure equal opportunity. Each interested vendor completes the appropriate Vendor Information Packet and returns it to the Area Office. Each Area Office compiles a list of restaurant, grocery and hotel vendors who have responded. The Area Office provides copies of signed Meal and Lodging offers to the State Logistics Center.

MEALS

For guidance on claiming per diem see the TRAVEL section later in this chapter.

Personnel assigned to fire support activities at their established duty stations are responsible for providing their own meals. In extreme circumstances, the Area Forester/FMO or equivalent may authorize written exceptions.

Meal subsistence for Resource Ordered personnel away from their duty station may be provided as follows:

- Meal coupons
- Sack Lunches
- Contract meals
- Meals in the McGrath dining hall
- Meals Ready to Eat (MREs)
- Fresh food boxes
- Catered meals

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Meal Periods are as follows:

MEAL	FROM		TO
Breakfast	0001	to	1000
Lunch	1001	to	1500
Dinner	1501	to	2400

MEAL COUPONS

Meal coupons (see Form 1) are an option for personnel not assigned to a specific incident, (such as Preposition orders) and not subsisted another way. Meal Coupons may also be an option for drivers who are picking up/dropping off Resource Ordered personnel (also Sack Lunches).

Resource-Ordered incident personnel and drivers are eligible when they are away from their normal duty station for more than three consecutive hours during the established meal periods.

Meal coupons are a numbered, secured, warehouse-cataloged stores item. Coupons are ordered as a supply item on a Resource Order. Area and Regional offices are responsible for keeping meal coupons and the “dollar amount” stamp used in a secure location.

Only those with delegated authority from the Regional Admin Officer or Area Admins will issue and approve meal coupons. When meal coupons are issued, an entry is made on the Meal Coupon Log, (see Form 2). Due to the changing nature of assignments, personnel should check in each day to receive sufficient meal coupons for meals through the following breakfast (unless they know they will be leaving sooner). A checklist for using Meal Coupons should be given to the recipient.

At participating vendor establishments, if the meal selected exceeds the established meal rate, the individual using the meal coupon is responsible for paying the difference directly to the vendor.

At participating vendor establishments if the meal selected is lower than the established rate, no change is due to the individual.

Rates for Meal Coupons are:

\$12.00	Breakfast
\$16.00	Lunch
\$22.00	Dinner

Tax, gratuities, alcoholic beverages, and non-food items are excluded from purchase with a meal coupon.

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Completing Meal coupons

- Meal coupons are issued and signed by authorized personnel
- Dollar amounts are stamped on the face of the coupon
- The appropriate meal and dollar amount is circled
- Cross out the other meal amounts with an X
- The date of use, user's name, charge code/fire number, incident number and request/tail number are entered in the appropriate fields
- The information from the coupon is entered in the meal coupon log, (see supplement)

Rules for Using Meal Coupons for Resource-Ordered Incident Personnel

- Used only on date authorized on the meal coupon
- Redeemable only at participating vendors
- Issued for one meal
- Issued for one user
- Must be used in the DOF Area where issued
- Cannot be used in the employee's home unit
- Cannot be used for non-food items, taxes, tips, alcoholic beverages
- Any exceptions must be approved by the Area/Regional Forester

Vendors must provide the DOF with:

- Original Meal Coupons
- Invoice or Forestry Meal Program Billing Form

SACK LUNCHES

Sack lunches are provided in fire camps for the noon meal and are an option for providing meals to crews and other personnel who are traveling.

Sack Lunch requirements are outlined in the DOF Meal Program packet sent to vendors soliciting their participation. Sack Lunches are requested on a Resource Order as a supply item. Vendors are paid a standard rate of \$16.00 for each sack lunch provided.

Vendors must provide the DOF with:

- Invoice or Forestry Meal Program Billing Form
- Resource Order

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CONTRACT MEALS

Contract meals are sometimes provided as an alternative to per diem or catered meals and may be delivered to fire camps or provided in restaurants.

Contract meals are paid at the standard rate of \$12.00 for breakfast, \$16.00 for lunch and \$22.00 for dinner. Contract meals may include buffet service, limited or regular restaurant menu items or specific meals for groups at an agreed upon rate. Contract meals are requested on a Resource Order as a “Service” supply item.

Vendors must provide the DOF with:

- Invoice or Forestry Meal Program Billing Form
- Diner Sign-In Sheet (in the Meal Agreement Packet) OR
- List of Names with Resource Order number and function code OR
- Crew manifest with Resource Order number and function code

MEALS IN MCGRATH DINING HALL

Personnel staged at the McGrath DOF station are provided meals in the station Dining Hall. At each meal, personnel provide their name, RO#, and incident #. Personnel whose Home Unit is McGrath will reimburse the State for meals eaten by payroll deduction or personal check.

MEALS READY TO EAT (MREs)

MREs are generally provided for the first three (3) days of an incident. After that another type of subsistence, such as fresh food boxes or catered meals, is generally provided, although under certain circumstances MREs may still be necessary.

FRESH FOOD BOXES

When it is determined that an incident will extend past three (3) days, the incident may order fresh food boxes on a Supply Resource Order. Subsequently ordered personnel may need to eat MREs until such time an additional fresh food box order is placed and ordered.

CATERED INCIDENT MEALS

Once incident personnel numbers reach 150 and are expected to remain at that level or higher for three days or more, the State may choose to contract with a Mobile Food Service Unit to provide hot meals at the incident at rates in accordance with the individual contract.

LODGING

Personnel may be required to:

- Camp on-site at an incident (default if assigned to a specific incident)
- Stay in field quarters
- Stay in provided facilities

Locally designated personnel in Dispatch, SLC or Admin call one of the participating lodging vendors and make reservations for required lodging. Lodging vendors participating in the Forestry Lodging Program will be used whenever possible. When lodging is procured, an entry is made on the Lodging Log (see Form 2).

The lodging invoice must contain the following:

- Guest's name
- Hotel address and phone number
- Check-in and check-out dates
- Total amount due

Amounts in excess of the agreed-upon room rate, such as for phone calls, movies, room service or tips must be paid directly to the vendor by the employee. Reimbursement for work-related charges can be claimed on a Fire Trip Details Closure Form (Form 4) along with a Travel Request (Form 3) filled out by regional admin. The original invoice is sent to the ordering Area or Regional office or submitted with the traveler's Travel Request and Trip Details Closure form if paid by the traveler. Required documentation on the lodging invoice includes at least one of the following:

- The Resource Order number and function code
- Aircraft tail number
- An explanation of who/what the invoice is for (e.g., Regional staff attending fire in-briefing or closeout)

TRAVEL

Travel for Resource-Ordered personnel is handled by the appropriate dispatch office (or their designee). The individual's dispatch office (for mobilization) and the dispatch office handling the incident (for demobilization) coordinate travel details (i.e., meals, lodging, transportation, etc.). The traveler should confirm that their home unit has received their demobilization information and confirm travel arrangements from the nearest jetport to the home unit.

Approval for a rental vehicle, cell phone or other job-specific equipment, if required for the position ordered, must be documented on the Resource Order. Approval on a Resource Order is assumed to refer to government issued equipment. Use of a Personal Ordered Vehicle (POV) must be pre-approved by the Incident Commander or Area Forester of the Receiving Unit for transport to/from in-State incidents, or by the Sending Unit Area Forester, or equivalent when travel is needed to/from airports for out-of-State assignments.

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Additional rental car insurance coverage should not be purchased if rental was initiated by individual's dispatch office. The cost will not be reimbursed to the employee. Individuals will not be reimbursed for rental vehicles if they elect to obtain a rental vehicle that is not authorized on their Resource Order.

Rental vehicle use is authorized for work purposes only. Other arrangements must be made for days off.

Rental Vehicle Guidelines can be obtained through the State Logistics Center or Area Dispatches.

No travel advances will be allowed when agency-provided subsistence is available.

Reimbursement is not allowed for those portions of any assignment when the agency subsists incident personnel and/or the employee elects to obtain his/her own meals and/or lodging.

On Resource Ordered assignments (except for in-State Preposition) it is understood that subsistence is provided by the Incident and that per diem is normally reserved for travel to and from incidents and on authorized days off. On Preposition assignments away from the normal duty station, per diem must be approved or requested by the ordering office management and documented on either the Resource Order or other written documentation and signed by the Area Forester, FMO, or equivalent.

Certain personnel, generally those not assigned to a specific incident such as Dispatchers and Aviation resources, may not be subsisted and may be on per diem for the duration of the assignment. Some positions are requested to be self-sufficient on the Resource Order and personnel must then be able to pay for travel costs except for airfare.

Travel costs paid by the traveler are claimed for reimbursement on their Fire Trip-Details w/Closure Form. The Home Unit Admin will submit the travel documentation for reimbursement.

On the days of departure and return, the traveler receives 75% of the applicable per diem rate.

The per diem rate is based on where the employee spends the night except for the last day of travel. On the last day of travel, the per diem rate is based on where the traveler woke up that morning.

Excess baggage fees should be avoided as much as possible by making use of the 49er Club (Alaska Airlines) or similar programs.

The State does not pay for airline seat upgrades.

Travel Deviations are the *exception* from direct returns after release from an assignment and require pre-approval from the employee's Area Forester/FMO/equivalent prior to approval by the Incident. Any additional expense associated with travel interruption or deviation from provided travel, including compensation for travel time for employee convenience, will be borne by the employee. The employee must return their rental car, if applicable, and arrange their own ground transportation.

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UPON RETURN FROM ASSIGNMENT

- Contact home unit immediately
- *have travel CTR/OF-288 closed out by Dispatch or Admin*
- *turn in OF-288 to Admin*

Fill out the Fire Trip-Details w/ Closure Form and submit all travel documentation within five (5) days of return including:

- Original lodging receipts (if lodging is not provided by the requesting agency). Receipt must show last four (4) digits of traveler's credit card number so payment by traveler can be verified
- Boarding passes (if change from original itinerary), travel itineraries/receipts, extra baggage fee, etc.
- Record of departures and arrivals by nearest town to the incident during travel
- Travel times, route changes, locations and timing during travel, mode of transportation
- Time accounting records, including documentation of mandatory day off
- Signed original receipts for all expenses (taxi, fuel, lodging, rental car, etc.)
- Meals not subsisted
- Resource Order
- Explain extenuating circumstances and travel delays/deviations

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DO NOT COPY

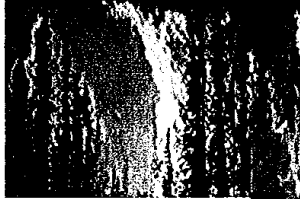

Forestry Meal Coupon

~~\$12~~ ~~\$16~~ ~~\$22~~
NORTHERN REGION

Non - Transferable
Valid Only on Date: 7/12/XX

User's Name (Print): Joe Firefighter
Fire Number: 73X11289
Authorized By: Karen Smith
Incident and Request #: (Ex. AK-FAS-000001, O-53) AK-FAS-000001, O#27

**Vendors have
30 days
to submit
for payment**

DO NOT COPY

DO NOT COPY

Forestry Meal Coupon

This coupon is NON - TRANSFERABLE from personnel to whom it was issued and VALID ONLY for:


- Amount stamped on the face of the coupon.
- Use only on the date listed on the front.
- Use only by Forestry fire personnel printed on front and;
- Food items and non-alcoholic beverages.

STATE FUNDS MAY NOT BE USED TO PURCHASE OR PAY FOR GRATUITIES, ALCOHOLIC BEVERAGES, NON-FOOD ITEMS OR TAXES.

ONLY service providers who have entered into an agreement with the Division of Forestry may redeem this coupon for the amount on the front. Service must be in compliance with the terms of the agreement, and completed meal coupons and bills submitted to the Forestry Area Office with which the agreement was signed.

Refer to Meal Program Agreement.

State of Alaska
Department of Natural Resources
Division of Forestry
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LODGING LOG
201_____

Issuing Office

[illegible]

State of Alaska				Request for Travel Authorization and Booking		TA NUMBER		TAPO NUMBER	
Send New Booking Requests to: doa.ssoa.newbooking@alaska.gov					Send Requests TAPO Only requests to: doa.ssoa.selfbooking@alaska.gov				
TRAVELER INFORMATION									
TRAVELER'S LEGAL NAME (AS SHOWN ON GOV'T ID)				EMPL NUM		PHONE NO.		JOB TITLE	
AGENCY		DIVISION		SECTION				DUTY STATION	
DOES TRAVELER HAVE AN E-TRAVEL PROFILE? IF NO, PLEASE PROVIDE GENERIC TRAVEL PROFILE TO BE USED FOR BOOKING.									
PERSONAL PHYSICAL ADDRESS (Street No., City, State Zip)						BARGAINING UNIT			
ITINERARY									
FROM				DEPARTURE DATE		TO (DESTINATION)			RETURN DATE
PURPOSE OF TRIP									
ESTIMATED COST			CTS ACCOUNT		LAST FOUR DIGITS		EXECUTIVE TRAVEL?		
							No If [YES] select TYPE(s) OF TRAVEL below.		
SHOULD ITINERARY MATCH OTHER TRAVELERS? (include additional information for coordinating with other traveler(s) if applicable)									
No									
ACTUALS REQUESTED		No		MEALS PROVIDED					
THIRD PARTY PAYER		No		NAME/COMMENTS					
FINANCIAL CODING									
CODING SPLIT 1		Required - Accounting Template OR Fund-Unit-Appr Unit-%						# of Coding Splits: 1	
		Template		Fund		Unit		Appr	
\$ -		Location		Program		Phase		P Period	
100%		(choose)		(choose)		(choose)		(choose)	
PERSONAL TRAVEL									
REQUEST INCLUDES PERSONAL TRAVEL		No		Does this request include any itinerary changes to include personal travel? This includes changes to the return or departure date with no other routing changes, e.g. extending your stay through the weekend. If there are any routing changes, or if the traveler wishes to use a companion certificate for a non-state traveler to accompany them, then the traveler is responsible for purchasing the airfare. The state will cover airfare costs up to the estimated amount of the state authorized travel. The state is not responsible for the cost of any travel purchased by the employee prior to receiving formal authorization for state travel.					
REQUESTED ARRANGEMENTS / ITINERARY									
Yes		Will the traveler be attending a conference or training?							
CONFERENCE NAME/CLASS TITLE					HOTEL CONFERENCE # or NIGHTLY RATE			SHUTTLE PROVIDED?	
PRESENTER?		COMMENTS							
No									
No		Will the traveler be requesting a travel advance? (Please do not answer Yes for ATM withdrawals).							
No		Does itinerary include Air Travel?		No		Is a refundable ticket required?			
No		Does itinerary include a Hotel Booking? (If Yes, please provide multiple hotel choices.)							
No		Does itinerary include a Rental Car Reservation?							
No		Does Itinerary include any Rural or Non-Standard Travel?							
No		Does Itinerary include Alaska Marine Highway System (AMHS) Travel?							
OTHER SPECIAL INSTRUCTIONS									

FIRE TRIP-DETAILS W/CLOSURE FORM

REASON FOR TRAVEL (Ex: Fire Preposition, Fire Assignment, Aircraft Support, etc.- *please note resource order numbers)

[illegible]

TRAVELER NAME	TRAVELER'S DUTY STATION	TA #	TAPO #
------------------	----------------------------	------	--------

TRAVEL TIMELINE	PER DIEM	FIRE INFORMATION	ADDITIONAL TRIP INFORMATION
-----------------	----------	------------------	-----------------------------

May include date range (ex. 1/1 -1/14/2099)	DO NOT USE AIRPORT DESIGNATORS (when not actively traveling, simply note "On Assignment", "On Duty" or "MDO")	Ex: POV, SOV, Other Employee POV, Rental, CAB, BUS, UBER, SOA Aircraft N#, Comm. Airline Name, etc.	Refer to CONUS rate when out of state	Ex: Non Commercial or any other <u>reimbursable</u> lodging	Include template NTF### (prepo) OR NTF001/NTFL48 and function Ex: NTF##**/73xxxx00	Ex: Deviation notes; "Lost Receipt memo attached"; "Claim mileage" (include # of miles claiming & documentation); "lodging provided by incident"; "NERV Rental Vehicle", and ALL other relevant notes.
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DATES OF TRAVEL	DEPARTURE TIME/LOCATION	ARRIVAL TIME/LOCATION	MODE(S) OF TRANSPORTATION	MEALS PROVIDED B/L/D	M&IE	LODGING	CODING	OTHER IMPORTANT NOTES
-----------------	----------------------------	--------------------------	------------------------------	----------------------------	------	---------	--------	-----------------------

[illegible]

Total Per Diem Due To Traveler:	\$0.00	
---------------------------------	--------	--

TRIP CLOSURE CHECKLIST

Did you execute your travel as booked? If no, please explain below.	Personal deviation? If yes, please explain below.	Out of pocket cash & personal credit card reimbursement request(s). Receipts listed below	Was travel booked by SSoA or by Home Unit? Please specify below.	Who paid for your return travel home?	Please list below ONE CARD receipts provided (Simply specify: car rental, hotel/lodging, fuel, parking, conference receipt, taxi, shuttle, ferry, etc.).
			All travel booked by home unit; Itinerary and approvals are attached.		

Signature of traveler _____ Date _____

Signature of traveler _____ Date _____

TRIP-DETAILS/CLOSURE FORM (NON FIRE)

REASON FOR TRAVEL (TRAINING, MEETINGS, ETC)

TRAVELER NAME			TRAVELER'S DUTY STATION		TA #		TAPO #	
TRAVEL TIMELINE				PER DIEM		CODING AND ADDITIONAL TRIP INFORMATION		
May include date range (ex. 1/1 - 15/19)	DO NOT USE AIRPORT DESIGNATORS (when not actively traveling, simply note "On Assignment", "On Duty" or "MDO")		Ex: POV, CAB, SOA Aircraft N#, Comm. Airline Name, etc.	Refer to CONUS rate when out of state	Ex: Non Commercial or any other <u>reimbursable</u> lodging	CODING DETAILS	Ex: "Lost Receipt memo attached"; "Claim mileage" (include # of miles claiming & documentation)	
DATES OF TRAVEL	DEPARTURE TIME/LOCATION	ARRIVAL TIME/LOCATION	MODE(S) OF TRANSPORTATION	M&IE	LODGING	CODING	OTHER IMPORTANT NOTES	
Total Per Diem Due To Traveler:					\$0.00			

TRIP CLOSURE CHECKLIST

Did you execute your travel as booked? If no , please explain below.	Personal deviation? If yes , please explain below.	Out of pocket cash & personal credit card reimbursement request(s). Receipts listed below	Was travel booked by SSoA or by Home Unit? Please specify below.	Please list below ONE CARD receipts provided (Simply specify: car rental, hotel/lodging, fuel, parking, conference receipt, taxi, shuttle, ferry, etc.).
			All travel booked by home unit; Itinerary and approvals are attached.	

Signature of traveler _____

Date _____

CHAPTER 10
VEHICLE ACCIDENTS

PURPOSE: This chapter provides general information and reporting requirements to ensure that all accidents involving state owned, leased, or rented vehicles are reported properly and in a timely manner. Information on Personal Ordered Vehicles (POV) is also included. (If injury to a State of Alaska employee occurs due to a vehicle accident see Chapter 4 for injury reporting.)

INTRODUCTION AND GENERAL INFORMATION

The information in this section does NOT apply to vehicles rented under an EERA, specifically suppression or incident-related rentals. Accidents with EERA vendor-supplied and operated equipment are the responsibility of the vendor. Any relief from damage arising from such an accident will be dealt with through the claims process.

Employees requiring information or assistance should contact Risk Management at (907) 465-2180, the Division of Forestry Procurement Specialist at (907) 269-8461, Area Admin, or the Administrative Officer at (907) 451-2663.

All accidents or incidents which create a possible claim against the State of Alaska must be reported promptly by the employee citing date, time, location, names of those involved, and witnesses. Include any other information that is available. The report should be reviewed, approved, and signed by the Area or Regional Forester.

There is a difference between “Automobile Liability Coverage” and automobile Physical Damage Collision Coverage. The State of Alaska is “Self-Insured” (see Certificate of Self Insurance, Appendix A. A copy is required in each vehicle) and does not provide “Automobile Physical Coverage” for State-owned vehicles. This means that Risk Management does not pay for the repairs of a damaged State-owned vehicle resulting from any cause including an accident. The repairs of a State-owned vehicle are the responsibility of the Department/Division to which the vehicle is assigned, and are handled by the Department of Transportation and Public Facilities (DOT&PF) according to their established procedures. Risk Management would only cover a State-owned vehicle if the damage occurred while contained inside an insured building. The vehicle then becomes insured contents. The coverage is only for the peril of fire and has a \$1,000.00 deductible, which is paid by the agency. The State of Alaska does provide “Automobile Liability Coverage” which would cover a non-state or private vehicle involved in an accident with a State vehicle.

DOT&PF is responsible for repair of normal wear and tear on state-owned vehicles, but agencies may be responsible for repair of damage due to other than normal wear and tear.

Major claim notices should have a completed Supervisor’s Accident Investigation Report (see Form 3). These reports are used to identify hazardous conditions or practices, and will aid in preventing future accidents.

Passengers not engaged in State business are not to be allowed as passengers in State vehicles. Non-state business passengers in your personal vehicle are not covered by the State.

All State employees are cautioned to **never accept liability**, nor make any statements alluding to guilt, nor furnish information on accidents to unauthorized persons. Obtain names and addresses of witnesses on all potential liability claims.

FORMS:

1. Police Report (over \$2,000.00 damage or bodily injury)
Or State of Alaska Vehicle Accident Report #12-209 (Form 1) if law enforcement officer is not present (under \$2,000.00 damage and no bodily injury). The report must be filed within 10 days with the local police department or State Troopers
2. **Must always be filled out**, Liability Accident Notice #02-919 (Form 2) (03/06) sent to the Area and Risk Management
3. Supervisor's Accident Investigation Report #02-932 (Form 3) filled out by an immediate supervisor
4. Certification of Insurance – #466 (Form 4) (03/11). List owner as State of Alaska
5. If damaged government equipment is a total loss, a Lost-Stolen-Damaged Form #02-627 (Form 5) must be used

PROCEDURES FOR VEHICLES (See Appendix B for Incident, Injury & Property flyer)

If a State-owned vehicle is involved in an accident, the State employee (the driver) must fill out the following forms:

STATE-OWNED VEHICLES in an accident – **Fill out items # 1, 2, 3, and 4; 5 if applicable.**

LEASED VEHICLES in an accident – **Fill out items # 1, 2, 3, and 4.**

A leased vehicle would be defined as a vehicle with a long term lease from a dealer in lieu of a State-owned vehicle. The State of Alaska does not provide Collision Coverage for State-leased vehicles. The repairs of State-leased vehicles are the responsibility of the Department/Division assigned the vehicle.

RENTAL VEHICLES in an accident – **Fill out items # 1, 2, and 3 plus any rental agency accident forms.** Rental vehicles are most often with a commonly recognized national auto rental company. For insurance purposes, there are two distinct classifications of auto rentals:

1. A non-mandatory contract exists for rental vehicles in the cities of Anchorage, Fairbanks, and Juneau with Budget. The contract specifies that the vendor will be responsible for both the physical damage and liability coverage (subject to their policy limits) for the rental vehicles. Not all vehicles rented from the contract holder are covered under these rules. They do include sedans and some small SUV's or a mini-van. Other vehicles and/or situations may be exempt from these contract requirements. Check specifically for off-road use limitations
2. A non-mandatory contract exists for rental cars in the lower-48. It is in the State's best interest to rent with the National Association of State Procurement Officials (NASPO) vendors. NASPO is not to be used for off road needs
3. National Emergency Rental Vehicles (NERV) contract: federal program that can be used when off road use and other specific situations warrant. Original claim information is sent to the location listed on the NERV Payment Cover Sheet; copies should be sent via the regular process.
4. All other auto rentals either in-state or out-of-state are covered under the State self-insurance plan

Alaska is an active member of NASPO. In order to use a NASPO contract, the state must sign a Participating Addendum (PA).

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DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

NASPO has the following non-mandatory contracts for nationwide vehicle rental services.

CONTRACTOR	PRICE AGREEMENT NUMBER	Discount CODE	PA SIGNED
Hertz	9949	CDP#70909	Yes
Enterprise/National	9950	CID#XZ45SOA	Yes

EMERGENCY EQUIPMENT RENTALS WITH OPERATOR

The vendor is responsible for filling out any paperwork that satisfies municipality or state requirements plus State forms listed in items #1, 2, and 3. A report to the police should be made if there are any injuries or if damage exceeds \$2,000. If a vehicle sustains damage, document the damage on the Vehicle/Heavy Equipment Inspection Checklist OF-296, Form 7 (or a separate piece of paper) and keep it with the equipment packet.

Vehicle Damage Claims

Any damage to vehicles for which the owner wishes to submit a monetary claim must do so according to Chapter 11.

WHERE TO SUBMIT FORMS

All accidents or incidents involving State-owned, leased, or rented equipment (**NOT equipment hired through an EERA**), must be reported to:

- IMT, Finance, if applicable
- Immediate supervisor
- Area Forester/FMO, Regional Admin Officer and Regional Forester
- Division of Forestry Procurement Specialist

All applicable forms will be routed through the Home Unit Admin to the Regional Administrative Officer:

- Regional Administrative Officer
State of Alaska/Dept. of Natural Resources/Div. of Forestry
3700 Airport Way
Fairbanks, Alaska 99709-4699
(907) 451-2663

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
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Information will then be passed on to:

1. State of Alaska/Dept. of Natural Resources/Div. of Forestry
550 W. 7th Ave., Suite # 1450
Anchorage, Alaska 99501
Attn: Procurement Specialist
(907) 269-8461
dnr.ssd.procurement@alaska.gov
2. State of Alaska/Risk Management
P.O. Box 110218
Juneau, Alaska 99811-0218
(907) 465-2180

PERSONAL VEHICLE USE FOR STATE BUSINESS

LIABILITY - Alaska Statute requires all drivers to have auto liability insurance and establishes minimum amounts of coverage. Anyone using his or her personal vehicle on State business must have liability insurance. Most insurance companies include incidental business use of a personal vehicle in their standard policy. Considerable or frequent business use may require an endorsement to the employee's policy. The employee should consult their insurance company for more information. It is the employee's responsibility to be aware of their policy limitations.

In the event of an accident, the employee's personal liability insurance will cover damages and medical expenses to another party up to the maximum amount of their liability coverage.

The State of Alaska will usually cover any liability exposure in excess of the employee's own liability coverage, except in certain areas indicating improper performance as determined by the Attorney General's Office (e.g., driving while intoxicated).

COLLISION - The employee's own collision insurance, if any, covers damage to their own vehicle while on State business. The State does not insure any physical damage to the employee's vehicle while on State business. If another party is at fault, the employee may be able to recover their damages through legal action brought by the employee or their insurance company on the employee's behalf. The State of Alaska will not participate in any legal action brought on the employee's behalf to receive damages as a result of an accident involving their personal vehicle while on State business.

WORKER'S COMPENSATION - Any injury resulting in lost work time or medical expenses to a driver or other State employees riding as passengers while on official State business, will be handled as routine worker's compensation claim.

NOTIFICATION OF CLAIMS OR ACCIDENTS - The vehicle owner is required by State law to notify the Department of Public Safety for any accident involving personal injury or damage totaling \$500 or more (per Scott Jordan memo dated 12/21/10). In addition to this, if involved in an auto accident while on State business, the employee is required to complete a Liability Accident Notice (02-919 – Form 2) and forward it to the Area/Region office.

PASSENGERS - Non-state business passengers in personal vehicles are not covered by the State in any way.

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

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CRASH INFORMATION	(One choice per field unless otherwise noted. Other* should be explained in narrative)
--------------------------	--

Total # Vehicles	Crash Date	Time of Crash <div style="display: flex; justify-content: space-between;"><input type="radio"/> am<input type="radio"/> pm</div>	Crash Day <div style="display: flex; justify-content: space-between;"><input type="radio"/> 01 MON<input type="radio"/> 03 WED<input type="radio"/> 05 FRI<input type="radio"/> 07 SUN</div> <div style="display: flex; justify-content: space-between;"><input type="radio"/> 02 TUE<input type="radio"/> 04 THU<input type="radio"/> 06 SAT</div>	Crash occurred in (City / Borough)
Name of Street or Highway				Name of Cross Street, Highway, Bridge, etc.
<div style="display: flex; justify-content: space-between;"> <input type="radio"/> Miles <input type="radio"/> North of: </div> <div style="display: flex; justify-content: space-between;"> <input type="radio"/> Feet <input type="radio"/> East of: </div>		<div style="display: flex; justify-content: space-between;"> <input type="radio"/> South of: <input type="radio"/> West of: </div> <div><input type="radio"/> At intersection with:</div>		OFFICIAL USE ONLY <div style="display: flex; justify-content: space-between;">Location ControlReference Point</div>
Weather <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01 Blowing dirt, snow <input type="radio"/> 02 Clear <input type="radio"/> 03 Cloudy <input type="radio"/> 04 Fog/ smoke <input type="radio"/> 05 Ice fog <input type="radio"/> 06 Rain </div> <div> <input type="radio"/> 07 Sleet, hail (freezing rain) <input type="radio"/> 08 Severe crosswinds <input type="radio"/> 09 Snow <input type="radio"/> 10 Other* <input type="radio"/> 11 Not reported <input type="radio"/> 12 Unknown </div> </div>		Lighting <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01 Dark - lighted roadway <input type="radio"/> 02 Dark - not lighted <input type="radio"/> 03 Dark - unknown lighting <input type="radio"/> 04 Daylight <input type="radio"/> 05 Twilight <input type="radio"/> 06 Other* </div> <div> <input type="radio"/> 07 Not reported <input type="radio"/> 08 Unknown </div> </div>		Roadway / Junction <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01 Crossover <input type="radio"/> 02 Driveway <input type="radio"/> 03 Not a junction <input type="radio"/> 04 On ramp <input type="radio"/> 05 Off ramp <input type="radio"/> 06 Railway crossing </div> <div> <input type="radio"/> 07 Roundabout <input type="radio"/> 08 T - intersection <input type="radio"/> 09 Y - intersection <input type="radio"/> 10 Four way intersection <input type="radio"/> 11 Five point or more <input type="radio"/> 12 Unknown </div> <div> <input type="radio"/> 13 Other* </div> </div>

First Sequence of Events (what was the first thing you crashed into, or what was the first event that resulted in the crash. (CHECK <u>ONLY ONE</u> FOR EITHER COLLISION OR NON-COLLISION)			
COLLISION		NON-COLLISION	
<input type="radio"/> 01 Aircraft <input type="radio"/> 02 Animal <input type="radio"/> 03 Bicyclist <input type="radio"/> 04 Bridge / overpass <input type="radio"/> 05 Bridge rail <input type="radio"/> 06 Crash cushion <input type="radio"/> 07 Culvert <input type="radio"/> 08 Curb / wall	<input type="radio"/> 09 Ditch <input type="radio"/> 10 Embankment <input type="radio"/> 11 Fence <input type="radio"/> 12 Guard rail face <input type="radio"/> 13 Guard rail end <input type="radio"/> 14 Light support <input type="radio"/> 15 Machinery <input type="radio"/> 16 Mail box	<input type="radio"/> 17 Median barrier <input type="radio"/> 18 Moose <input type="radio"/> 19 Parked vehicle <input type="radio"/> 20 Pedestrian <input type="radio"/> 21 Sideswipe <input type="radio"/> 22 Sign <input type="radio"/> 23 Snowberm <input type="radio"/> 24 Traffic signal pole	<input type="radio"/> 25 Train <input type="radio"/> 26 Tree / shrub <input type="radio"/> 27 Utility pole <input type="radio"/> 28 Vehicle in transit <input type="radio"/> 29 Vehicle - rear end <input type="radio"/> 30 Vehicle - head on <input type="radio"/> 31 Vehicle - angle <input type="radio"/> 32 Other fixed object
<input type="radio"/> 33 Cargo loss / shift <input type="radio"/> 34 Crossed median / centerline <input type="radio"/> 35 Downhill runaway <input type="radio"/> 36 Equipment failure <input type="radio"/> 37 Explosion / fire <input type="radio"/> 38 Immersion <input type="radio"/> 39 Jackknife		<input type="radio"/> 40 Overturn <input type="radio"/> 41 Ran off road <input type="radio"/> 42 Separation of units <input type="radio"/> 43 Other* <input type="radio"/> 44 Unknown	
Location of First Sequence of Events (where did the crash happen first?)		Road Surface	
<input type="radio"/> 01 Bike lane <input type="radio"/> 02 Gore <input type="radio"/> 03 Median <input type="radio"/> 04 Outside of trafficway <input type="radio"/> 05 Parking lot <input type="radio"/> 06 Roadside <input type="radio"/> 07 Roadway <input type="radio"/> 08 Shared use paths <input type="radio"/> 09 Shoulder <input type="radio"/> 10 Unknown		<input type="radio"/> 01 Dry <input type="radio"/> 02 Ice <input type="radio"/> 03 Water <input type="radio"/> 04 Sand, mud, oil <input type="radio"/> 05 Slush <input type="radio"/> 06 Snow <input type="radio"/> 07 Wet <input type="radio"/> 08 Other*	
		Did police investigate this crash?	
		<input type="radio"/> Yes <input type="radio"/> No	

YOUR DRIVER INFORMATION

Your Name (Vehicle Driver's Last Name, First Name, Middle Name)		Your Date of Birth	Your Contact Telephone
Your Mailing Address		Your Driver License Number	Your Driver License State
Your City		Your State	Your Zip Code
		Your Residence Country	

YOUR VEHICLE INFORMATION

Your Vehicle Damage <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01 None / minor <input type="radio"/> 02 Functional <input type="radio"/> 03 Disabling <input type="radio"/> 04 Totaled <input type="radio"/> 05 Unknown </div> <div> <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100 </div> </div>	Your Vehicle Owner's Name (Last, First, Middle Initial)			Vehicle Owner's Telephone
Your Vehicle Owner's Mailing Address				
Your Vehicle Owner's City		Your Vehicle Owner's State		Vehicle Owner's Zip Code
Vehicle Year	Vehicle Make	Vehicle Model	License Plate #	Vehicle License State
Your Vehicle's Direction of Travel				Damage Estimate
<input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unknown				<input type="radio"/> Over \$501
Your Vehicle Driver's Injury Status (vehicle passengers are listed on page 2)				
<input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not reported <input type="radio"/> 07 Unknown				

Roadway Circumstances (that may have contributed to the crash) <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01 Debris <input type="radio"/> 02 Inoperative traffic device <input type="radio"/> 03 Missing traffic device <input type="radio"/> 04 Obscured traffic device <input type="radio"/> 05 Obstruction in roadway <input type="radio"/> 06 Shoulder </div> <div> <input type="radio"/> 07 Road surface condition <input type="radio"/> 08 Ruts, holes, bumps <input type="radio"/> 09 School zone <input type="radio"/> 10 Work zone <input type="radio"/> 11 Worn, polished road surface <input type="radio"/> 12 None </div> <div> <input type="radio"/> 13 Other* <input type="radio"/> 14 Unknown </div> </div>		Your Vehicle Action <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01 Avoiding objects in road <input type="radio"/> 02 Backing <input type="radio"/> 03 Changing lanes <input type="radio"/> 04 Entering traffic lane <input type="radio"/> 05 Leaving traffic lane <input type="radio"/> 06 Making U-turn <input type="radio"/> 07 Merging </div> <div> <input type="radio"/> 08 Out of control <input type="radio"/> 09 Passing <input type="radio"/> 10 Parked <input type="radio"/> 11 Skidding <input type="radio"/> 12 Slowing <input type="radio"/> 13 Starting in traffic <input type="radio"/> 14 Stopped </div> <div> <input type="radio"/> 15 Straight ahead <input type="radio"/> 16 Turning right <input type="radio"/> 17 Turning left <input type="radio"/> 18 Other* <input type="radio"/> 19 Unknown </div> </div>		
Traffic Control <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01 Flashing signal <input type="radio"/> 02 No traffic controls <input type="radio"/> 03 Road construction signs <input type="radio"/> 04 RR crossing device </div> <div> <input type="radio"/> 05 School zone signs <input type="radio"/> 06 Stop sign <input type="radio"/> 07 Traffic control signal <input type="radio"/> 08 Warning signs </div> <div> <input type="radio"/> 09 Officer / Flagman / Guard <input type="radio"/> 10 Yield sign <input type="radio"/> 11 Other* <input type="radio"/> 12 Unknown </div> </div>		Vehicle Configuration <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> 01 Dog sled <input type="radio"/> 02 Light truck (4 tires) <input type="radio"/> 03 Motorhome <input type="radio"/> 04 Motorcycle </div> <div> <input type="radio"/> 05 Off highway vehicle <input type="radio"/> 06 Passenger car <input type="radio"/> 07 Pedalcycle <input type="radio"/> 08 Pedestrian </div> <div> <input type="radio"/> 09 Other* <input type="radio"/> 10 Unknown </div> </div>		

CRASH DESCRIPTION	(Write a brief narrative describing the crash)
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ALASKA MOTOR VEHICLE CRASH FORM 12-209

OTHER DRIVER'S INFORMATION

Other Driver's Name (Last Name, First Name, Middle Name)			Other Driver's Date of Birth		Other Driver's Contact Telephone	
Other Driver's Mailing Address			Other Driver's License #		Other Driver's License State	
Other Driver's Mailing Address City			Other Driver's State		Other Driver's License Country	
Other Driver's Zip Code			Other Driver's Residence Country			

OTHER DRIVER VEHICLE INFORMATION

Other Vehicle Damage		Other Vehicle No. of Occupants		Other Vehicle Owner's Name (Last, First, Middle Initial)		Other Vehicle Owner's Telephone	
<input type="radio"/> 01 None / minor <input type="radio"/> 02 Functional		<input type="radio"/> 03 Disabling <input type="radio"/> 04 Totaled		<input type="radio"/> 05 Unknown			
<input type="radio"/> 02		<input type="radio"/> 03		<input type="radio"/> 04			
<input type="radio"/> 01		<input type="radio"/> 08		<input type="radio"/> 07		<input type="radio"/> 06	
<input type="radio"/> 05							
CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT							
Other Vehicle Owner's Mailing Address							
Other Vehicle Owner's City				Other Vehicle Owner's State		Other Vehicle Owner's Zip	
Vehicle Year		Vehicle Make		Vehicle Model		License Plate #	
Vehicle License State							
Other Vehicle's Direction of Travel						Damage Estimate	
<input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unknown						<input type="radio"/> Over \$501	
Other Vehicle Driver's Injury Status (vehicle passengers are listed below)							
<input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not reported <input type="radio"/> 07 Unknown							

Other Driver's Roadway Circumstances (that may have contributed to the crash)			Other Driver's Vehicle Action		
<input type="radio"/> 01 Debris <input type="radio"/> 02 Inoperative traffic device <input type="radio"/> 03 Missing traffic device <input type="radio"/> 04 Obscured traffic device <input type="radio"/> 05 Obstruction in roadway <input type="radio"/> 06 Shoulder			<input type="radio"/> 07 Road surface condition <input type="radio"/> 08 Ruts, holes, bumps <input type="radio"/> 09 School zone <input type="radio"/> 10 Work zone <input type="radio"/> 11 Worn, polished road surface <input type="radio"/> 12 None <input type="radio"/> 13 Other* <input type="radio"/> 14 Unknown		
<input type="radio"/> 01 Flashing signal <input type="radio"/> 02 No traffic controls <input type="radio"/> 03 Road construction signs <input type="radio"/> 04 RR crossing device			<input type="radio"/> 01 Avoiding objects in road <input type="radio"/> 02 Backing <input type="radio"/> 03 Changing lanes <input type="radio"/> 04 Entering traffic lane <input type="radio"/> 05 Leaving traffic lane <input type="radio"/> 06 Making U-turn <input type="radio"/> 07 Merging		
<input type="radio"/> 05 School zone signs <input type="radio"/> 06 Stop sign <input type="radio"/> 07 Traffic control signal <input type="radio"/> 08 Warning signs			<input type="radio"/> 08 Out of control <input type="radio"/> 09 Passing <input type="radio"/> 10 Parked <input type="radio"/> 11 Skidding <input type="radio"/> 12 Slowing <input type="radio"/> 13 Starting in traffic <input type="radio"/> 14 Stopped		
<input type="radio"/> 09 Officer / Flagman / Guard <input type="radio"/> 10 Yield sign <input type="radio"/> 11 Other* <input type="radio"/> 12 Unknown			<input type="radio"/> 15 Straight ahead <input type="radio"/> 16 Turning right <input type="radio"/> 17 Turning left <input type="radio"/> 18 Other* <input type="radio"/> 19 Unknown		
Other Driver's Traffic Control (traffic control for the other driver may have been different from yours)			Other Driver's Vehicle Configuration		
<input type="radio"/> 01 Dog sled <input type="radio"/> 02 Light truck (4 tires) <input type="radio"/> 03 Motorhome <input type="radio"/> 04 Motorcycle			<input type="radio"/> 05 Off highway vehicle <input type="radio"/> 06 Passenger car <input type="radio"/> 07 Pedalcycle <input type="radio"/> 08 Pedestrian		
<input type="radio"/> 09 Other* <input type="radio"/> 10 Unknown					

INJURY SECTION (Fill in the name of injured person, injury status, telephone number, and which vehicle they occupied when the crash occurred)			
Name		Injury Status	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	

YOUR INSURANCE INFORMATION		CERTIFICATE OF INSURANCE				Failure to complete the Certificate of Insurance could result in the suspension of your driver's license)	
CRASH INFORMATION		Crash Date		Crash Location			
DRIVER INFORMATION		Your Name (Driver's Last Name, First Name, Middle Initial)		Your Date of Birth		Your Driver's License Number	
		Your Mailing Address		Your City		Your State	
		Your Zip Code		Your Contact Telephone			
VEHICLE OWNER INFORMATION		Vehicle Owner's Name (Last Name, First Name, Middle Initial)		Owner's Date of Birth		Owner's License Number	
		Vehicle Owner's Mailing Address		Owner's City		Owner's State	
		Owner's Zip Code		Owner's Contact Telephone			
VEHICLE INFORMATION		Vehicle year		Vehicle make		Vehicle model	
		License plate #		Vehicle License State		Vehicle Identification Number (VIN)	
INSURANCE INFORMATION		Did you have a current automobile liability policy in effect covering this accident?		<input type="radio"/> YES <input type="radio"/> NO			
		Insurance Company or Insurance Carrier Name		Insurance Policy Number			
		Address and Telephone Number of Insurance Agent		Insurance Policy Period: FROM		TO	
SIGNATURE		YOUR SIGNATURE					

Insurance Verification: If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash indicated above, the insurance company is to complete the following and return this form to the Division of Motor Vehicles at the address listed on the bottom right corner on page 2 of this form. If indicated coverage was in effect at the time of the crash, no action is required.		MAIL AD 83J THIS FORM TO:	
REASON FOR DENIAL:		DMV Main Office	
<input type="radio"/> Policy expired before crash <input type="radio"/> Driver is not covered on policy		P.O. Box 110221	
<input type="radio"/> Policy effective after crash <input type="radio"/> Lapse in policy		Juneau, AK 99811-0221	
<input type="radio"/> Policy number given is incorrect <input type="radio"/> Other: _____		BZa` W/907) 465-4361	
Authorized Representative Signature / Date		8Sj , /+") fi&(' ž ' " +	

LIABILITY ACCIDENT NOTICE

☐ Auto ☐ Other

DEPARTMENT		SECTION		LOC. CODE		DIRECTOR	
DIVISION		REGION		LOC. NAME		SUPERVISOR	
STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE	
LAST NAME				FIRST NAME			
ADDRESS				ZIP		RESIDENCE PHONE	
WHERE CAN EMPLOYEE BE CONTACTED?				WHEN?			
ACCIDENT		ACCIDENT		ACCIDENT		ACCIDENT	
DATE & TIME OF ACCIDENT OR LOSS A.M./P.M.		LOCATION OF ACCIDENT (INCLUDING CITY & STATE)				POLICE TO WHOM REPORTED	
DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSARY)							
STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY			
VEHICLE NO.		YEAR		MAKE		MODEL	
VIN (VEHICLE IDENTIFICATION NO.)		PLATE NO.					
STATE OWNED <input type="checkbox"/> OR LEASED <input type="checkbox"/>		ADDRESS OF LESSOR				PHONE	
NAME OF DRIVER		AGE		ADDRESS OF DRIVER			
PHONE							
WAS DRIVER A STATE EMPLOYEE? YES <input type="checkbox"/> NO <input type="checkbox"/>		PURPOSE OF USE				USED WITH PERMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DESCRIBE DAMAGE				REPAIR ESTIMATE \$		WHERE CAN VEHICLE BE SEEN?	
						WHEN?	
PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE			
OWNER		ADDRESS				PHONE	
OTHER DRIVER () SAME AS OWNER		ADDRESS				PHONE	
DESCRIBE PROPERTY (IF AUTO: MAKE, YEAR, PLATE NO.)		OTHER CAR OR PROPERTY INSURED YES <input type="checkbox"/> NO <input type="checkbox"/>		COMPANY OR AGENCY NAME & POLICY NO.			
DESCRIBE DAMAGE				REPAIR ESTIMATE \$		WHERE CAN CAR BE SEEN?	
INJURED		INJURED		INJURED		INJURED	
NAME		ADDRESS		PHONE		EXTENT OF INJURY	
AGE		STATE VEH. PASS		OTHER VEH. PASS		PED.	
CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO			
OCCUPATION		EMPLOYED BY		ADDRESS OF EMPLOYER			
PROBABLE DISABILITY WEEKS		RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WHY ON PREMISES		STATE VEH. OTHER VEH. OTHER	
WITNESS		WITNESS		WITNESS		WITNESS	
NAME		ADDRESS		PHONE			
REMARKS							
DATE		REPORTED BY		REPORTED TO		SIGNATURE(PREPARED BY)	

02-919 (03/06)

ONE COPY – RISK MANAGEMENT

SECOND COPY – AGENCY FILES

STATE OF ALASKA
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of Injured/Damaged Equipment/Property _____

Job or Activity at Time of Accident _____ Date of Accident _____

Exact Location _____ Time _____

1. **WHAT HAPPENED?** _____

_____ Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.

2. **WHY DID IT HAPPEN?** _____

_____ Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.
OPERATION FACTORS TO BE CONSIDERED:

<i>Proper Equipment</i>	<i>Proper Material</i>	<i>People</i>
Selection	Selection	Selection
Arrangement	Placement	Placement
Use	Handling	Training
Maintenance	Use	Supervision

3. **WHAT SHOULD BE DONE?** _____

_____ What action(s) will prevent similar accidents in the future?

4. **WHAT HAVE YOU DONE THUS FAR?** _____

_____ Take or recommend action, depending on your authority.

5. **HOW WILL THIS IMPROVE OPERATIONS?** _____

_____ How will it help us meet our objective – ACCIDENT PREVENTION?

6. **WHAT IS YOUR ESTIMATED COST OF THIS ACCIDENT?**

Cost of lost wage and medical expenses? _____

Damage to State property or equipment? _____

Damage to third parties, property and people? _____

I

TOTAL _____

Investigated By _____ Date _____

Unit/Division/Department _____
FORMS/INVESTIG

**STATE OF ALASKA - DIVISION OF MOTOR VEHICLES
CERTIFICATE OF INSURANCE**

LAW ENFORCEMENT INCIDENT NUMBER:

CRASH INFORMATION	Date of Crash: _____		City Where Crash Occurred: _____	
DRIVER	Name: _____ Date of Birth: _____		Driver License #: _____ State: _____	
	Mailing Address: _____		_____	
	Street or Box	City	State	Zip
	Daytime Telephone: _____		E-mail: _____	
OWNER OF VEHICLE	Name: _____ Date of Birth: _____		Driver License #: _____ State: _____	
	Mailing Address: _____		_____	
	Street or Box	City	State	Zip
VEHICLE	Year: _____	Make: _____	Model: _____	License Plate #: _____ VIN: _____
Did you have an automobile liability policy in effect covering this crash? YES <input type="checkbox"/> NO <input type="checkbox"/> Policy Number: _____				
Name & Address of Insurance Agent: _____			Phone Number of Insurance Agent: _____	
Name of Insurance Company: _____			Policy Period: _____ To _____	
Your Signature: _____			Date: _____	

DO NOT WRITE BELOW THIS LINE. THE DIVISION OF MOTOR VEHICLES WILL CONTACT YOUR INSURANCE COMPANY.

Insurance Verification: If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash please check the appropriate box below and mail or fax this form to the Division of Motor Vehicles at the address or fax number listed on the reverse of this form. If indicated coverage was in effect at the time of the crash, no action is required.

REASON NOT VERIFIED: ☐ Insurance information is incorrect ☐ No insurance in effect at time of crash

Signature of

Authorized Representative _____ Date _____

MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY NOTICE

If the actual or estimated damages of any one person's property involved in the crash exceeds \$501, or if there is any personal injury or death, you are subject to the Alaska mandatory insurance and financial responsibility laws. The mandatory insurance laws require you to file proof of insurance with the State of Alaska. Failure to do so will result in the suspension of your driver's license.

The financial responsibility laws require a person to show financial responsibility by one of the following methods: (1) an automobile liability insurance policy in effect at the time of the crash; (2) a release of liability; (3) a settlement agreement and proof of future financial responsibility (SR-22 insurance); (4) a deposit of security and proof of future financial responsibility (SR-22 insurance); (5) a finding of no liability by the court in a civil action (a finding of not guilty of a traffic citation does not apply). Failure to show financial responsibility by one of the listed methods will also result in the suspension of your driver's license for a period of 3 years if there is a possibility you are liable.

After any suspension you must show future financial responsibility (SR-22 insurance), and pay a reinstatement fee of \$100 to \$500, in addition to the fee for the license being requested, to have your driving privileges restored. A notice of suspension returned by the post office because of an incorrect address on your driver's license or DMV records will not invalidate the suspension if the notice was mailed to the last address you provided to DMV.

IMPORTANT: THIS FORM MUST BE COMPLETED IN FULL AND MAILED OR FAXED TO THE DIVISION OF MOTOR VEHICLES WITHIN 15 DAYS FROM THE DATE OF THE CRASH. A participant's crash report is required if the crash was not investigated by a peace officer and the total amount of damage exceeds \$2,000, or there was personal injury.

Mail or Fax Completed Form To:

**STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
ATTN: DRIVER LICENSING**

Fax: (907) 465-5509

Phone: (907) 465-4361

State of Alaska
LOST~STOLEN~DAMAGED PROPERTY REVIEW
(See State Property Manual for Instructions)

No. _____

1. Department	2. Division	3. Section	4. Date
5. Property Location	6. Check One <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged, Repairable <input type="checkbox"/> Destroyed		
7. Police Notified <input type="checkbox"/> Yes (attach report) <input type="checkbox"/> No, explain in 13	8. Serial Number		
9. Description			
10. Class Code	11. Property Tag Number	12. Value \$	
13. Circumstances (Include Names of Witnesses):			
Signature of Custodian	Printed Name & Title	Date	

COMPLETE 14-18 AND EXPLAIN ACTION TAKEN

14. I certify that, to the best of my knowledge, the above is true and correct.			
Negligence apparent <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has disciplinary action been taken?			
Explain precautions taken to safeguard State property.			
14a. Signature of Immediate Supervisor		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and action taken.		Recommendations:	
15. Signature of Division Director		Printed Name & Title	Date
The above findings <input type="checkbox"/> are <input type="checkbox"/> are not consistent with State and Department policies. Item <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for damaged items only).		Recommendations:	
16. Signature of Department Property Officer		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and/or authorize that action be taken as recommended.		Recommendations:	
17. Signature of Commissioner or Designee		Printed Name & Title	Date
18.	Approved	Signature of State Property Manager	Date
	Disapproved		
Item <input type="checkbox"/> will <input type="checkbox"/> will not be dropped from inventory.		Recommendations:	

Form 02-627

Revised 10/25/13

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. CREW NAME OR NO.	2. ID NO. (Form OF-288, Emerg. Firefighter Time Report)
		3. ISSUED TO (Name and Address)	
4. ISSUING OFFICE OR CAMP NAME			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Gov't <input type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)		QUANTITY	
a.			
b.			
c.			
9. Employee report on circumstances of loss or damage to property listed:			
10. SIGNATURE		11. DATE	
12. Witness report:			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage:			
16. SIGNATURE	17. TITLE	18. DATE	

NSN 7540-01-124-7634

ORIGINAL—Issuing Office

OPTIONAL FORM 289 (9-81)
 USOA/USDI
 50289-101

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

VEHICLE/HEAVY EQUIPMENT PRE-USE INSPECTION CHECKLIST

GENERAL EQUIPMENT INFORMATION		
1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.	
3. CONTRACTOR NAME		
4. AGREEMENT NO.	5. EXPIRATION DATE	
6. MAKE/MODEL	7. EQUIPMENT TYPE	
8. VIN/SERIAL NO.	9. LICENSE NO./STATE	

Section I—HEAVY EQUIPMENT	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*	
2. Gauges and lights: mounted and function properly.		
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens.	*	
6. Steering components: tight, free of play.	*	
7. Brakes: damaged, worn or out of adjustment.	*	
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged.	*	
9. Fuel system: free of leaks and damage.	*	
10. Cooling system: full, free of leaks and damage.	*	
11. Fan and fan belts: check for proper tension. No fraying/cracks.		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf.	*	
13. Belly plate, radiator guards: securely mounted and free from debris.	*	
14. Final drive, transmission and differential: check for dripping.		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds.		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges.	*	
17. Dozer and assembly: trunnion bolts missing, cracks.	*	
18. Rear hitch (drawbar): serviceable, safe.		
19. Body and cab condition: describe dents and damage.		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species.		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks.		
22. Backup or travel alarm (minimum 87 db).	*	
23. Oil level and condition: full and clean.		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify)	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware.		
2. Sufficient fluid levels (oil, coolant, etc.)		
3. Cutting bar: straight, chain in good condition.		
4. Cutting teeth: sharp, good repair.		
5. Pump: builds pressure, no water or oil leaks.		
6. Engine starts, idles, and shuts off with switch.		

Section V—REMARKS
(Describe all unsatisfactory items and identify by line number)

10. PRE-USE INSPECTION		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected		
MILES/HR	DATE	TIME
Inspector's printed name _____ Title _____		
Inspector's signature _____		

Section III—LIABILITY		
The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.		
Operator's printed name _____ Title _____		
Operator's signature _____ Date _____		

Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required).	*	
2. Gauges and lights: mounted and function properly.	*	
3. Seat belts: operate properly for each seating position.	*	
4. Glass and mirrors, no cracks in vision.	*	
5. Wipers, washers, and horn operate properly.	*	
6. Clutch pedal: proper adjustment (if applicable).		
7. Cooling system: full, free of leaks and damage.		
8. Fluid levels (e.g. oil) and condition: full and clean.		
9. Battery: check for corrosion, loose terminals and hold downs.		
10. Fuel system: free of leaks and damage.	*	
11. Electrical system: alternator and starter work.		
12. Engine running: check oil pressure, knocks, and leaks.		
13. Transmission: check for leaks.		
14. Steering components: tight, free of play.	*	
15. Brakes: damaged, worn or out of adjustment.	*	
16. 4-Wheel drive: check transfer case, locks (if applicable).		
17. Drive line U-joints: check for looseness.		
18. Suspension systems: springs, shocks, other.	*	
19. Differential(s): check for leaks.		
20. Exhaust system: no leaks under cab or before turbo.	*	
21. Frame condition, body/body properly attached.	*	
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage.	*	
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23.		
24. Emergency equipment required.	*	
Fire extinguisher _____ Spare fuses _____ Reflectors _____		
25. Operator(s) properly licensed. † Expiration Date _____		
State _____ License No. _____ Class _____		
Endorsement _____ Med. Cert. Expiration Date _____		

11. RELEASE		
<input type="checkbox"/> No Damage/No Claim		
MILES/HR	DATE	TIME
Operator's printed name _____ Title _____		
Operator's signature _____ Date _____		
Inspector's printed name _____ Title _____		

* Safety item—Do not accept until brought into compliance.

† Include information for additional operators in REMARKS section.

SEE SUPPLEMENTAL INFORMATION ON BACKSIDE OF CONTRACTOR COPY

7540-01-120-0687

PREVIOUS EDITION NOT USABLE.



Printed on recycled paper

FINANCE COPY - PRE-USE

OPTIONAL FORM 298 (REV. 6-2015)
50296-103



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Department of Administration

SCOTT JORDAN, DIRECTOR
DIVISION OF RISK MANAGEMENT

P.O. Box 110218
Juneau, Alaska 99811-0218
Main: 907.465.2180
Fax: 907.465.3690
www.doa.alaska.gov/drm

January 2, 2019

Certificate of Self-Insurance

Re: Liability Insurance Coverage for Alaska State Owned Vehicles

To Whom It May Concern:

This notice shall serve as verification that the State of Alaska provides automobile liability insurance protection for all State-owned vehicles and employee drivers of such vehicles, including while traveling through the Sovereign Dominion of Canada.

The State of Alaska provides this coverage through the State's Self-Insurance Program as authorized under AS 37.05.287. The State of Alaska and its agencies are covered for property and liability exposures through major worldwide insurance programs with large self-insured retentions and high excess limits appropriate for meeting the risk levels required by the State. Losses that fall within these self-insured (deductible) levels, including those for which we are contractually liable, are covered by the financial resources of the State and are administered under the self-insured claims program handled by this office.

Any inquiries should be addressed to this office at the address listed above, or you may phone (907) 465-5724 for additional information. Thank you for your courtesy and attention to this matter.

Sincerely,

Sheri Gray
Risk Manager

Vehicle Accident/Incident

In the event of an accident or incident involving a motor vehicle that is state-owned, privately owned or rented resulting in bodily injury or death of a person, or where property damage is more than \$2,000, the driver (employee) shall immediately notify, by the quickest means, the Alaska State Troopers or local law enforcement. (AS 28.35.080). **Form 12-209** MUST be completed if not investigated by a law enforcement agency and sent to the address on the form.

Afterwards and as soon as possible, the driver (employee) shall notify his Supervisor, State Equipment Fleet and the Regional Safety Officer.

**N.R. Safety Officer to complete. Employee Accident Mishap form used in N.R. Only*

All other accidents shall be immediately reported to their supervisor.

The following forms must be completed and forwarded as soon as possible:

1. Supervisors Accident Investigation Report, **Form # 02-932**
2. Liability Accident Notice, **Form # 02-919**
3. Certificate of Insurance (all accidents over \$501), **Form # 466**
4. Employee Accident/Mishap Incident/Accident Review Investigation Folder (If there is damage over \$5,000.00 or a repeat incident within (1) years' time of first incident)
5. Employer Report of Injury or Illness (IF the employee was injured), **Form # 07-6101 Due (10) days**
6. Employee Report of Injury (If the employee was injured) **Form # 07-6100 Due (30) days**

Employee Accident/Injury

In the event of an employee accident that is fatal to one or more employees, or requires in-patient hospitalization of one or more employees, the supervisor shall immediately notify the Regional Safety Officer. * If the Regional Safety Officer cannot be reached call the Alaska Department of Labor (OSHA). The report must be made immediately but no later than 8 hours. (AS 18.60.058)

All other employee accidents, with or without injury shall be immediately reported to their supervisor.

The following forms must be completed and forwarded as soon as possible:

1. Employer Report of Occupational Injury or Illness, **Form #07-6101 Due (10) days**
2. Employee Report of Occupational Injury or Illness, **Form #07-6100 Due (30) days**
3. Supervisors Accident Investigation Report, **Form #02-932**
4. Employee Accident/Mishap
5. * Incident/Accident Investigation Folder (When an individual or employee is hospitalized for an injury or there is lost time)

Damage to Property

In the event of an accident or incident that results in damage to property, the supervisor shall, upon discovery, notify the Regional Safety Officer. If the Regional Safety Officer cannot be reached call the State of Alaska's Risk Management Division.

When the estimated damage exceeds \$15,000.00. Risk Management shall be immediately notified, by telephone or the quickest means.

The following forms must be completed and forwarded as soon as possible:

1. Liability Accident Notice, **Form # 02-919**
2. Supervisors Accident Investigation Report **Form # 02-932**
3. Employee Accident/Mishap
4. * Incident/Accident Investigation Folder (IF there is damage over \$2,500.00 or a repeat incident within (1) years time of the first incident)
5. Employer Report of Occupational Injury or Illness (IF the employee was injured), **Form # 07-6101 Due (10) days**
6. Employee Report of Occupational Injury or Illness (IF the employee was injured), **Form # 07-6100 Due (30) days**

CHAPTER 11
CONTRACTOR AND EMPLOYEE PROPERTY CLAIMS

All claims must be filed at the incident, Area Office, or Regional Office within 30 days of release from an incident. Claims filed after 30 days will be rejected. The Area FMO or Division Procurement Specialist will notify the claimant regarding the decision within 45 days of receipt.

PURPOSE:

This section deals ONLY with claims filed by:

- Contractors for damage to equipment or land/facilities
- Employees for damage to or loss of personal property necessary for assigned work

This chapter does NOT deal with:

- Property or landowners damage as a result of the State's direct suppression efforts
- State or Federal property or equipment

Land or property damage of non-contractors as a result of the State's direct suppression effort is not subject to a claim and must be pursued through the courts. For damage to government property, please see Chapter 8 on Property Management.

AUTHORITIES:

- Area Forester/FMO makes recommendations to approve or deny a claim
- Regional Forester can deny, approve, or settle claims for up to \$5,000
- Procurement Unit Leader or a Finance Section Chief may settle claims for equipment hired under an EERA up to \$1,000 via deduction to the EEUI
- The Regional Forester reviews and makes recommendations for all claims over \$5,000 before sending to Department Procurement Officer
- Department Procurement Officer approves or denies all claims over \$5,000

RESPONSIBILITIES

State employees will **NEVER**:

- instigate the filing of a claim
- admit liability regarding any case
- voice any opinion about the validity or likely outcome of a claim
- discuss or furnish information on accidents to unauthorized persons

State employees will:

- date the incoming claim upon receipt
- immediately notify the incident supervisor and submit the claim to that supervisor or the nearest Area or Regional office
- obtain names and addresses of witnesses on all potential liability claims
- provide direct knowledge and factual evidence in writing, signed and dated with any pertinent names, addresses, phone numbers, and incident numbers through the same channels as the original claim
- move claim forward promptly as the final Division adjudicator must render a decision and notify the claimant within 45 days of receipt of the completed claim package

SMALL CLAIMS ON AN INCIDENT

For claims under \$1,000 and in instances where it is procedurally fair and in the best interest of the State, a Procurement Unit Leader or Finance Section Chief with delegation may authorize payment to settle a claim. These settlements may be used if the following are true:

- State had a responsibility or State liability was evident in the damage /loss
- Equipment was hired through an Emergency Equipment Rental Agreement/OLAS
- A settlement is likely to limit greater liability or future liability to the State for the claim
- Both parties are available and able to reach natural justice
- Procurement Unit Leader or Finance Section Chief making a settlement is knowledgeable about the loss or damage

Situations such as repairs to a piece of equipment damaged by a state employee and not as a result of normal wear and tear would be a reason for a small claim. Settling small claims on an incident for equipment will be noted and paid on the Emergency Equipment Use Invoice OF-286 (Form 2).

CRITERIA FOR FILING AND APPROVING CLAIM

Equipment furnished under a contractual agreement with the Division of Forestry may be subject to extreme environmental and/or strenuous operating conditions which could include, but are not limited to, unimproved roads, steep, rocky, brushy, hilly terrain, dust, heat, and smoky conditions. Thus, what is considered normal wear and tear under any agreement with the State of Alaska for fire suppression or other all-risk incident actions is in excess of what equipment is subjected to under normal operations. The rates paid for equipment reflects expected wear and tear due to adverse conditions under which the equipment is likely to be operated.

The Division of Forestry does not cover claims for normal wear and tear of personal clothing, gear, or equipment. In the event damage or destruction occurs, and it is determined the State had some responsibility for the loss, only personal clothing, gear, or equipment that is required for the performance of the job or contract, or are otherwise allowable in the provisions of this chapter, will be covered.

FILING A CLAIM

(See Appendix A – Claims Processing Flow Chart)

All claims need to be documented and filed by the claimant within 30 days of release. Detailed narrative stating facts and providing dates, times, names, phone numbers, and addresses of all involved parties are especially beneficial in the claims process. Photos and drawings also add substantial backup to understanding the circumstances in the case and are highly encouraged.

It is always beneficial to have supporting documentation when filing a claim such as witness statements. Even if no one witnessed the actual event that led to the loss, it is still beneficial to have statements from individuals who may have knowledge of circumstances surrounding the loss. Be sure to have witness names and home unit information (addresses and phone numbers).

ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

Contractors must also include copies of all pertinent paperwork such as pre-inspections and post inspections as well as Resource Order. If the claim is over \$1,000, three bids for repairs will also be required. **UNDER NO CIRCUMSTANCE WILL CLAIMS BE FRAGMENTED TO KEEP THE COST UNDER \$2,500.**

PROCEDURES FOR ALL EMPLOYEE CLAIMS

- Claimant fills out DOF “Property Loss/Damage Report” (see Form 1)
- Any State employee may receive the claim and then give it to the Procurement Unit Leader/Finance Section Chief or Area Forester
- Signed witness statements (printed home unit names, addresses and phone numbers)
- Include narrative of events
- Make copies for the administering Area/Region files
- If on a non-State incident, make copies for the finance unit on the incident
- Additional incident administering agency paperwork may be required
- Employee submits the claim through their home unit within 30 days of release

PROCEDURES FOR CONTRACTOR CLAIMS

- Claimant fills out DOF “Property Loss/Damage Report (Form 1)” within 30 days of release from incident
- If the claim involves an automobile accident, then the police report and a copy of #12-209-Form 2 and #02-932-Form 1, Supervisor’s Accident Investigation Report, shall be attached, (see chapter 10 for these forms)
- Include narrative of events
- Signed witness statements (printed home unit names, addresses, and phone numbers)
- Owner/contractor will submit claim to the incident or administering Area Office
- Claims will be entered into Incident/Area/Region claims logs
- Incident/Area/SLC will attach any pre-use and post-use inspections, photos, and recommendations, then send to the Regional Admin Officer/Regional Forester
- For EERA equipment, employee personal property claims and contract claims for amounts up to \$5,000, Regional Forester/Regional Admin Officer approves or denies claim
- For any EERA equipment, personal property claims and contract claims over \$5,000 the Regional Forester will make recommendations and then forward to the Department Procurement Specialist for determination
- The Regional Forester/Regional Admin Officer has 45 days from receipt to prepare Determination and Findings and send to the vendor
- The Department Procurement Specialist has 45 days from receipt to prepare a Determination & Findings and send to the vendor and the Regional Forester

HOME UNIT PROCEDURE FOR ALL CLAIMS

The Home Unit or Area Office is responsible for reviewing the claims it receives and assigning a person to investigate the circumstances surrounding the claim. A recommendation will then be forwarded with all original documentation to the Regional Forester/Regional Admin Officer for approval, denial, and/or forwarding on to the Department’s Procurement Specialist. All documentation received by the Home Unit/Area Office will be copied and filed at the Area Office. Claims received at the Home Unit/Area Office should be moved as quickly as an invoice so as to give the Regional Forester or Department’s Procurement Specialist the ability to meet the 45-day decision timeframe.

DENIAL OF CLAIMS


Vendors have a reasonable expectation to be informed of the reasons that a claim is denied. Some reasons for denial might be:

- Damage does not exceed normal wear and tear for the conditions of use
- Facts do not demonstrate negligence by the State
- Information provided lack sufficient detail to approve the claim
- Financial documentation does not demonstrate relation to the equipment of the claim

If a claim is denied at the Regional level, the claimant may appeal their claim to the DNR Procurement Officer in writing within 90 days per AS 36.30.620.

EMPLOYING THE USE OF AN ADJUSTOR

The Area Fire Management Officer (FMO) has the authority to institute the use of and order a claims adjustor when the number of claims exceeds Forestry's ability to handle them. The adjustor will review, investigate, and make recommendations. The claims, with recommendations, will then be forwarded to the Regional Forester/Regional Admin Officer for final review and sent to the Department's Procurement Specialist depending on the claim amount.

PROPERTY LOSS/DAMAGE REPORT Contractors & Employees Please fill out top portion of form		 State of Alaska Department of Natural Resources Division of Forestry <i>Use blue ink Print legibly</i>		Date received _____ Received by _____			
				Date of Loss/Damage: / /			
Name and Address of Claimant		Claim Amount \$		Date / /			
Incident #/Name		Phone # ()					
Item No.	Quantity	Description of item, attach photographs showing damage. List make, model and serial numbers for all equipment	Date Purchased	Original Purchase Price	Value Per Item	Amount Claimed	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
Three bids or estimates are required for any item totaling \$1,000 or more. One bid required in remote locations for items < \$2,500							
Explanation. Explain in detail what happened. Provide factual evidence of the circumstances involving your loss. Include name, title and address of person or persons you believe contributed to your loss. Include witness statements, names, addresses and phone numbers when applicable. If more room is needed, use the back side of this form, or a separate sheet. No claim will be approved for replacement of items that can be reasonably repaired. Depreciation may apply on approved claims due to age of item. Total amount claimed \$ _____							
Insurance. Was property insured? Please circle one: Yes No Has claim been submitted to your insurance company? Yes No							
Claimant agrees that this claim amount (or proposed settlement amount above, if applicable), if approved, satisfies all damages or loss for the item(s) listed above and claimant will hold the State harmless for future claims for item(s) listed above.							
Claimant Signature: _____				Date: _____			
Area Office Comments and Recommendations				Contractor & Third Party Claims Only			
				Recommended Settlement (if applicable) Amount \$			
				Settlement Proposed by- Staff Initials Vendor Initials			
				Staff Recommending Settlement Amount			\$
				Staff (adjudicator) Home Unit			
Regional Forester	<input type="checkbox"/> Concurs with claim <input type="checkbox"/> Denies claim <input type="checkbox"/> Concurs with settlement amount		Comments				
Date: _____							
FY	AR	Task	Function	Object	Amt. Approved		
					\$		
					\$		
					\$		
Approval:		Title:		EMP ID:	Date:		
Approval:		Title:		EMP ID:	Date:		
Within 90 days of date of denial Claimant may appeal items/claims denied in writing to: DNR Procurement Officer, 550 W. 7th Ave - Suite 1230, Anchorage, AK 99501 See AS36.30.620. Otherwise denied claims will be considered closed. Original to State of Area Office for forwarding to Region							
AIBMH Chapter 11		Property Loss Damage Report			Form 1		
Copy to Claimant		DOF Revised 2016					

EMERGENCY EQUIPMENT – USE INVOICE

PAGE 1 OF

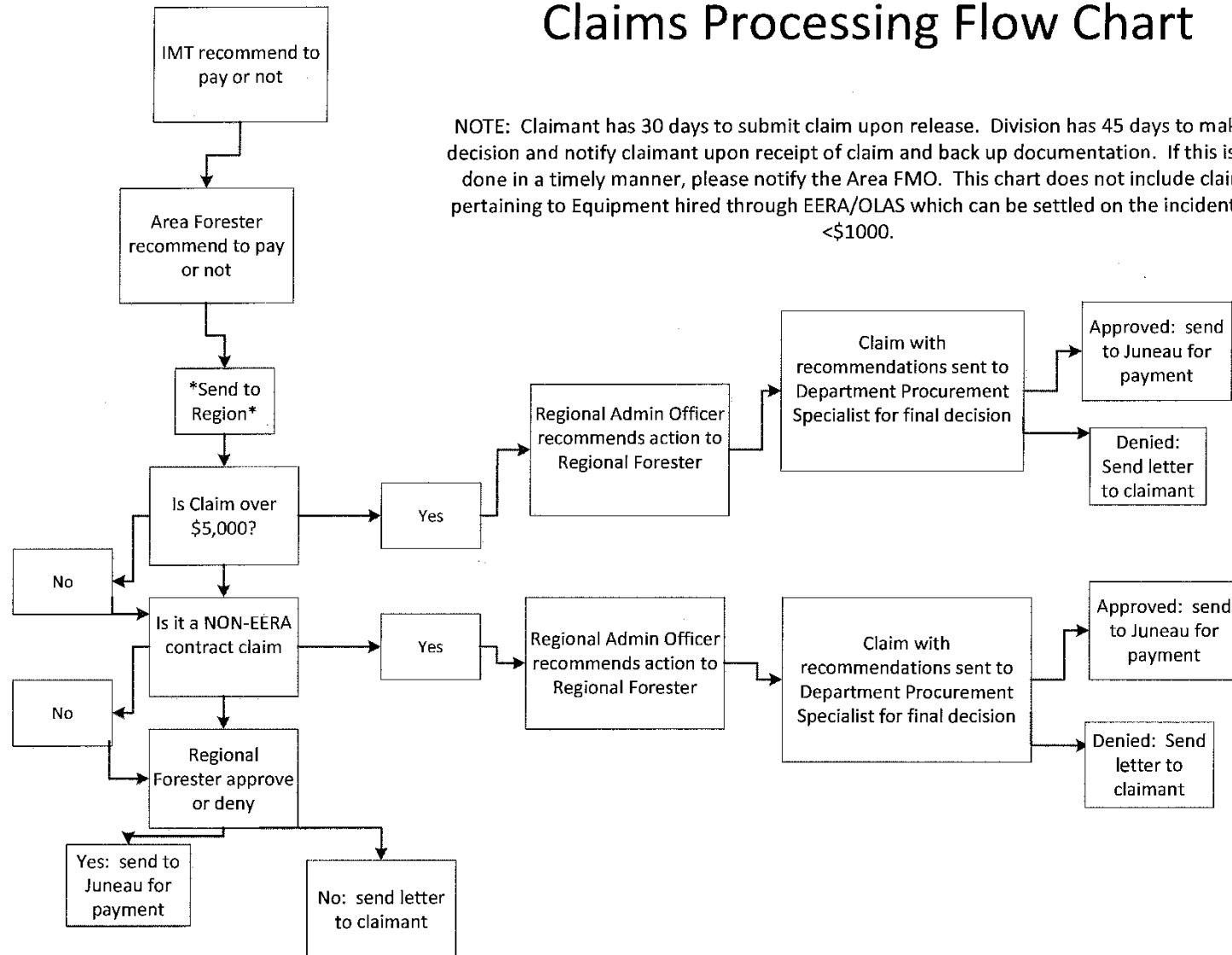
EMERGENCY EQUIPMENT - USE INVOICE													
PAGE _____ OF _____													
1. CONTRACTOR a. name and address 						2. INCIDENT OR PROJECT NAME 							
						3. AGREEMENT NUMBER (from OF-294) 							
						4. EFFECTIVE DATES OF AGREEMENT a. beginning b. ending							
5. EQUIPMENT (list make, model, 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 2017		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/DAY)	b. RATE	c. AMOUNT	a. UNITS WORKED (MI/HR/DAY)	b. RATE	c. AMOUNT						
19. CHARGE CODE				20. OBJECT CODE				23. GROSS AMOUNT DUE					
								24. ITEM 23 FROM PREVIOUS PAGE					
21. EQUIPMENT WAS RELEASED <input type="checkbox"/>				DATE:				25. TOTAL AMOUNT DUE					
				TIME:				26. DEDUCTIONS (attach statement)					
22. REMARKS								27. ADDITIONS (attach statement) GRATUITY					
								28. NET AMOUNT DUE					
29. 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							

1. CONTRACTOR	2. INCIDENT OR PROJECT NAME
	2a. ACCOUNTING CODE
5. EQUIPMENT	3. AGREEMENT NUMBER
	4. REPORT DATE/TIME

Form 2

Claims Processing Flow Chart

NOTE: Claimant has 30 days to submit claim upon release. Division has 45 days to make a decision and notify claimant upon receipt of claim and back up documentation. If this is not done in a timely manner, please notify the Area FMO. This chart does not include claims pertaining to Equipment hired through EERA/OLAS which can be settled on the incident for <\$1000.



CHAPTER 12
COST CALCULATION AND REPORTING

PURPOSE: To track expenditures of suppression funds by individual incidents or activities, to identify the suppression fund balance, and to identify dollar amounts to be billed to other agencies. **Note:** The suppression fund includes Cost of Fires, Fire Stores, Detection and other flights, Preposition, standby, HFD Overtime, Over-budget, all accounts payable where we pay other agencies for incurred state costs, Crew Costs, Single Resource EFF, all 33 numbers (Engine Training, Crew training, Type 2IA Agency Sponsored Crews, Communications, etc.) and all miscellaneous costs which are exclusively fire.

RESPONSIBILITIES

Incidents, Area Dispatch Offices, State Logistics Center (SLC), and other sections are required to calculate and report suppression fund expenditures on a daily basis. The reports can be done first thing in the morning for the previous day.

CALCULATING COSTS

For fires in the state response areas AND responded to by state fire personnel, the total cost is calculated for the entire fire (all agencies). All costs (fire, preposition, non-fire) are now entered by Area Dispatch offices, State Logistics Center, Warehouse and the State Logistics Coordinator at AICC into a web-based cost sheet. This cost sheet is accessed through IFM and the reported totals are auto-filled into IFM under the respective sections.

The percentage of ownership is determined by the GIS calculations performed daily on acreage and ownership of lands impacted by the fire. As federal AD's do not receive overtime, crew, AD, and EFF costs are currently determined based on a 16-hour day to standardize the amount earned per day. These are issued from AFS, usually around the last week in April.

REPORTING COSTS

The purpose of the cost reporting is to monitor available costs; when costs are estimated to exceed the amount currently authorized for fire activity, it is necessary to apply to OMB for an increase in authorization.

- Only crews and aircraft that are assigned to the fire or at the station will be tracked in IFM. In Type 1 and 2 fires, the home office will need to maintain financial liaisons with the team
- Fire acreage is entered as a percentage calculated through GIS in each area office in the case of Type 3, 4, & 5 fires; Type 1 or 2 fire acreage is determined by the Team managing the fire
- Station Costs are reported the same as a Type 3, 4, or 5 fire; IFM should report those in the duration report as well
- Personnel Costs are reported by the count of hours or a daily rate depending on the most appropriate method. A form for personnel tracking is being created and will be put on the website for admin or dispatcher's use as a cross reference

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Area Offices, Dispatch Offices, and SLC will be responsible to report expenditures that occur within their jurisdictional boundaries. Regions will report their costs directly to the SLC. SLC will report all costs incurred through State Resources Orders, crews and aircraft, **that are not incurred by the areas but are ORDERED by State Fire Management**. The State Logistics Coordinator at AICC will report costs for Tactical Resource (tankers, jumpers, air attack) standby and Northwest Compact Preposition.

Areas will report costs through IFM using a "cost" button located in the report panel to access the web-based cost sheet.

- **State Logistics Center** will report costs on behalf of the Area Offices when resources are assigned to the Lower 48 and/or Canada. These costs will also be entered in IFM through the web based cost sheet accessed by the "cost" button located on the SLC the report panel.

Inputs into IFM will determine the fire cost apportionment. In order to apportion costs for Alaska wildfires IFM first requires the initial strategy of the incident. The computer aided dispatch systems (CAD) Integrated Fire Management (IFM) includes a field that is tied to the Initial Fire Strategy field labeled Strategy with the Integrated Reporting of Wildland Fire Information (IRWIN). Values in this field include: Full Suppression, Point Protection, Confine, and Monitor.

Initial Response	Selected Initial Strategy	Default Cost Apportionment Method
Initial attack resources take action on the fire within 12 hours of discovery with the intent to fully contain the fire.	Full Suppression	Costs will be apportioned based on jurisdictional acres burned and the associated responsible fiscal party(ies).
Initial attack resources take action within 12 hours of discovery to protect specific values from the fire, but there is no intent to fully contain the fire.	Point Zone Protection	All cost will be attributed to the agency on whose land the wildfire originated and billed to the fiscally responsible party.
Initial attack resources take action on a portion of the fire within 12 hours of discovery to protect values, but there is no intent to fully contain the fire.	Confine	All cost will be attributed to the agency on whose land the wildfire originated and billed to the fiscally responsible party.
Initial response to the fire within 12 hours of discovery consists of monitoring only. No action is taken to contain the fire or protect values. Also includes fires where the reason no action is taken is a lack of available resources, higher priorities, or safety concerns.	Monitor	All cost will be attributed to the agency on whose land the wildfire originated and billed to the fiscally responsible party.

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Below is the definition of State vs Reimbursable costs.

- **State Costs:** Costs for which the State is responsible, and for which reimbursement is not expected. This includes fires that burn on State, municipal, or privately-owned lands. Activities normally include preposition actions to State protection locations or when resources are directed by the State to stand by. Federal agency expenditures on fires or activities for which the State is responsible for cost reimbursement to the Feds will be reported as state costs. Some exceptions apply, which include Military/ Federal lands fires – where AFS doesn't have an agreement. For JBER, Clear Air Force Base, Eielson Air Force Base, and possibly other military lands, the State has to seek reimbursement through FEMA –Fire Marshal's office in DC. This is a different process than a FEMA fire. Not all State costs are covered.
- **Reimbursable Costs:** These are expenditures paid by the state for suppression costs for which reimbursement to the state is expected. This includes cost for fires that burn on lands owned by the federal government within state protection areas, state support to a federal agency when the fire is located on lands owned by the federal government, state support to the Lower 48 or to Canada incidents. Also, when the state provides resources, standby, or preposition support to a federal agency.

If there are any questions during the fire season on the reports, please feel free to contact the State Support Forester at 907-451-2608 or 907-371-7751.

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CHAPTER 13
SUPPRESSION COMPONENT CODING

PURPOSE: To provide basic coding information for suppression activity procurement and payroll.

DEFINITIONS

IRIS: The Integrated Resource Information System is the State of Alaska’s accounting system.

HRM: The Human Resources Module is the State of Alaska’s payroll system.

Task: Four-character alphanumeric code. Suppression Tasks begin with the letter “F”.

Fire Number: Six-digit number issued by AICC to each fire, also known as an incident number.

Function: Ten-digit code required by the IRIS system. Functions are derived from any given fire number as shown in the matrix on page 4 of this chapter.

Template: Six-character alphanumeric code that encompasses all the “background” coding elements applied to each Task.

LDP: Five-digit Labor Distribution Profile that encompass all the elements (Task, Function, AR, etc.) required by HRM to process payroll for regular State of Alaska employees.

CODING

CHARGE CODES FOR GENERAL PROCUREMENT

Some invoices may be coded with stand-alone Templates (detection, prepositioning, etc.) but when coding to a specific fire always use a Template/Function combination.

TEMPLATE		Use	Special Provision
NTF001		Suppression	Always used with a Function/fire number (including PNW Compact incidents) except the 73x37xxx00 series (see next item)
NTFL48		Lower-48 Suppression	Always, and only, used with Function/fire number series 73x37xxx00
NTF005	Coastal	Detection Flight Time	Aircraft flight time, fuel, lubricants, specifically used for the discovery of new fires. No payroll.
NTF006	Northern		
NTF002	Northern	Commissary Purchases	The appropriate fire incident number is assigned with these charge codes. Costs for items purchased must be recovered from personnel via payroll deduction.
NTF003	Coastal		

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NTF10A	Coastal	Fire Force Preposition	<p><u>Northern/Coastal Region/State Fire Operations Forester approval required.</u></p> <p>Covers transportation, meals, and lodging in anticipation of wildland fire activity based on above normal fire danger or multiple fire occurrences when such charges cannot be coded to a specific fire.</p> <p>Preposition Restrictions:</p> <ul style="list-style-type: none"> • Cannot be used for personnel time • Should not be used if charges can legitimately be coded to a specific fire. • Exception: When there is no actual fire to charge, Federal employees may charge their hours to the P-code or AFS code equivalent for prepositioning.
NTF11A	Northern		
NTF12A	F&A		
NTF13A	Mat-Su		
NTF14A	Kenai		
NTF15A	Southwest		
NTF16A	Copper River		
NTF17A	Fairbanks		
NTF18A	Delta		
NTF19A	Tok		
NTF20A	Southeast		

Special Note: Regardless of the coding provided on prepositioning/high fire danger Resource Orders, the EFF payroll code 73x36023 (73x3602300) cannot be used for any purpose other than EFF payroll.

STATIC PAYROLL CODES FOR REGULAR STATE EMPLOYEES

LDP		Use	Special Provision
30289	Coastal	Standby Time	<p><u>Northern/Coastal Region/State Fire Operations Forester approval required.</u></p> <p>Codes established for standby time for Preparedness Component employees specifically assigned to standby by Regional/Area FMO or State Fire Operations Forester. Use requesting area's code.</p> <p>If a specific Fire has requested you to standby, use that incident number (L-48 incidents).</p>
30292	Northern		
30295	F&A		
30298	Mat-Su		
30301	Kenai		
30304	Southwest		
30307	Copper Center		
30310	Fairbanks		
30313	Delta		
30316	Tok		
30319	Southeast		

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LDP		Use	Special Provision
30290	Coastal	High Fire Danger OT	<p><u>Northern/Coastal Region/State Fire Operations Forester approval required.</u></p> <p>In periods of high to extreme fire danger not identified with ongoing fires, use to code overtime (OT) for Preparedness Component Employees. Usually applies to extended staffing situations in anticipation of new fire starts.</p> <p>High Fire Danger OT Restrictions:</p> <ul style="list-style-type: none"> • Cannot be used to code regular/straight time • Cannot be used for EFF time. <p>(See EFF Codes)</p>
30293	Northern		
30296	F&A		
30299	Mat-Su		
30302	Kenai		
30305	Southwest		
30308	Copper River		
30311	Fairbanks		
30314	Delta		
30317	Tok		
30320	Southeast		

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1 st and 2 nd Digits	3 rd Digit	4 th Digit	5 th Digit	6 th , 7 th and 8 th Digits	9 th and 10 th Digits	
LEDGER	YEAR CODE	REGION CODE	AREA CODE	INCIDENT NUMBER ASSIGNED BY AICC	10-DIGIT Function Codes For INVOICES	
73	X	Coastal - 0	Anchorage/Mat-Su – 1	XXX	00	
			Kenai/Kodiak – 3			
			Southwest – 4			
			Haines – 5			
		Coastal – 4 For severe fire season use *	Anchorage/Mat-Su – 1			
			Kenai/Kodiak – 3			
			Southwest – 4			
			Haines – 5			
		Northern - 1	Fairbanks – 1			
			Delta – 2			
			Tok – 3			
			Valdez/Copper River – 4			
		Northern – 5 For severe fire season use *	Fairbanks – 1			
			Delta – 2			
			Tok – 3			
			Valdez/Copper River - 4			
		Chief, Fire Management – 3	Federal Protection – 1			
			BLM Reimbursable Support – 2			
			Non-specific Suppression - 3			
			Non-suppression Reimbursable – 4			
			Canadian Fires – 5			
			USFS Reimbursable Support - 7			
Compact Incidents in Lower 48 – 8						
HSEM Support -9						

* Coastal and Northern have a second Region Code number that is used during fire seasons which have more than 1000 issued fire numbers. The State Coordinator assigned to AICC will authorize the use.

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SEARCH AND RESCUE INCIDENTS (S&R)

AICC shift coordinator will issue a non-suppression reimbursable code to be used.

EMERGENCY FIREFIGHTERS (EFF)

EFF timesheets will be coded with the appropriate ten-digit State Function number(s) in the Fire Code block of the OF-288. Do not enter a Task or LDP on the OF-288.

State Code (Fire Name Block)	AFS/USFS Code (Fire No. Block)	Special Provisions
10-digit incident # (ex. – 73X1101300)	(blank)	Enter only State Code
73X3602300	(blank)	Used to code EFF regular and overtime hours when there is no specific incident to charge. Usually applies to extended staffing situations in anticipation of new fire starts.

Special purpose incident numbers are controlled by the State Fire Program Manager and the State Fire Operations Forester, and are issued solely by the AICC State Coordinator. Advance approval by the State Fire Operations Forester or State Fire Program Manager is mandatory. A memo of explanation supporting the request is advised.

2019 DOF Codes				
DOF AFS Agreement Codes	State #	AFS #	Agency	Remarks
				Central office log books maintained by AICC Coordinator(s)
				<i>USFS Override code for DOI and DOF:1502</i>
				Alaska Fire Service Support to the State Fire Warehouse when providing fire stores. All AFS supply is issued to this number and is not issued to state fire numbers unless approved by the DOF Coordinator at AICC
	NTF001-7393199100		State Fire Warehouse	
	NTF001-7393299200		Alaska Fire Service	Division of Forestry Support to the Alaska Fire Service Fire Cache when providing fire stores. All DOF supply is issued to this number and is not issued to AFS fire numbers unless approved by the DOF Coordinator at AICC
				Division of Forestry Support to MID/Military
	NTF001-7393290100		Alaska Fire Service	

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DOF AFS Agreement Codes	NTF001-7393199300		State Regions and Central Office	Alaska Fire Service support to the Regions or Central Office for standby or for prepositioning of Overhead, Equipment, Air Tankers, Lead Planes, Air Attack Aircraft for DOF/AFS cross billing purposes only
	NTF001-7393299400	JJ3W	Alaska Fire Service	Division of Forestry Support to the Alaska Fire Service for prepositioning of Overhead, Equipment, Air Tankers, Lead Planes, Air Attack Aircraft for DOF/AFS cross billing purposes only. Includes Duty Officer time
	NTF001-7393199500		State Regions and Central Office	Alaska Fire Service support to the Regions or Central Office for standby or for prepositioning of Smokejumper personnel. Includes SMJ aircraft, pilots and aircraft fuel for DOF/AFS cross billing purposes only
	NTF001-7393190200		State Regions and Central Office	USFS Smokejumper support to DOF
	(no state equivalent)		Alaska Fire Service	AFS Training Support to DOF-meals, barracks, etc.
	(no state equivalent)		Alaska Fire Service	AFS Radio Shop supporting DOF
Issued by AICC State Coordinator ONLY!	NTF001-7393100100-7393199900		State Reimburses BLM/AFS	Issued to fires on State and privately-owned lands within BLM and AFS protection areas or the USFS protection area. Establishes a cross-reference number for incidents which the State will reimburse BLM or the USFS. AFS bills DOF
	NTF001-7393200100-7393299900		BLM/AFS reimburses State	Issued to fires in AFS protection that start on federal lands where the State of Alaska providing support. DOF bills AFS
	NTF001-7393300100-7393399900		State Regions and Central Office	Assigned to Division of Forestry actions that support overall suppression activities that will not be charged to a specific incident: DOF providing standby for a structure fire that may spread to into the wildlands. Issue one number per year for the Area Office but only after the Area has requested the number. Kenai/Kodiak Area Forestry for mutual aid responses on the Chugach National Forest. Issue one number per year. Only resources identified within the Mutual Aid Agreement will charge to this code. Assigned to FEMA incidents in Alaska
	NTF001-7393400100-7393499900		State Regions and Central Office	Assigned to the Division of Forestry non-suppression reimbursable projects in support of other agencies

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DOF AFS Agreement Codes	F001- 7393500100- 7393599900		State Regions and Central Office	Assigned to Northwest Compact requests when the Division is <u>requesting</u> resources from the Northwest Compact member States, Provinces or Territories. Also assigned when the Division of Forestry requests Canadian suppression agencies to respond to fires on the Alaskan side of the AK/Canadian border
	FL48- 7393700100- 7393799900		State Regions and Central Office	Assigned to wildfires and severity orders in the L-48; assigned to fires on federal lands within the Alaska Region of the U.S. Forest Service; assigned to FEMA incidents in the L-48("F" codes); Can only be assigned to USFS P, S, G, WG, WFSU and F numbers (NO WFPR #)
	NTF001- 7393800100- 7393899900		State Regions and Central Office	Assigned to Northwest Compact requests when the Division is <u>sending</u> resources or other support to the Northwest Compact member States, Provinces or Territories. Also assigned to Division of Forestry suppression responses to Canada on the Canadian side of the AK/Canadian border
	NTF001- 7393900100- 7393999900		State Regions and Central Office	Assigned to Non-suppression "ALL Risk" incidents managed by the Alaska Division of Homeland Security and Emergency Management to which DOF is providing support. This may include aircraft, personnel, crews, supply and equipment. ALL HSEM INCIDENTS MUST HAVE AN RSA

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CHAPTER 14
ALL RISK EMERGENCY PROCUREMENT

PURPOSE: This chapter defines procedures for procurement under emergency conditions and authority delegated to the Department/Division for fire suppression and all-risk emergency activity.

GENERAL INFORMATION

During fire suppression and all-risk emergency response activity, conditions and situations require immediate acquisition of equipment rental, services and supplies when time does not allow for normal procurement procedures. The State of Alaska recognizes the need for immediate responses and through the authority listed below allows the Division of Forestry to procure in a manner that meets the needs of the fire suppression and all-risk emergency response missions with procedures established by the Department/Division. This chapter outlines the policies and procedures for procuring under emergency conditions as well as the delegated authority required.

AUTHORITY

2 AAC 12. 450 (c) Procurement Methods for Emergency Conditions states that "a procurement by the Department of Natural Resources during a fire suppression emergency shall be made in accordance with the procedures established by that department."

2 AAC 12.440 Determination of Emergency Conditions. Further clarifies the requirements for emergency procurements.

AS 36.30.520. (a) Records of Sole Source and Emergency Procurements. Defines the reporting requirements for emergency procurements.

AS 36.30.310 Emergency Procurements. Defines the requirements under which emergency procurements may be applicable.

AS 41.15.010 - 41.15.170. Outlines Department of Natural Resources responsibilities to protect the State, private, and municipal land from fire.

DELEGATION OF AUTHORITY

The Department of Administration's delegation of authority to the Department of Natural Resources (DNR) specifically delegates authority to "contract in unlimited amounts, for the use of firefighting equipment and for firefighting services for use in responding to wildfire and other emergencies." Furthermore; the DNR delegates and allows the State Forester of the Division of Forestry (DOF) to delegate that authority to DOF staff.

Only personnel with delegated authority will procure for the DOF. The DOF may recruit EFF for expediting; however, expeditors will always work under staff who have purchasing authority. Delegations for permanent and temporary employees are as follows:

- Permanent Employees will have delegated authority defined on the DNR Delegation of Authority form # 10.00.0031A dated 11/19/13. The form is signed by the Director or designee, and copies are maintained at Area and Regional levels with a master file maintained at Central Office by the Procurement Specialist. These delegations remain in effect until severance from the position or authority is rescinded
- Temporary Employees or EFF will have delegated authority through a temporary delegation letter which will expire at the end of a season or at severance. The temporary delegation will be filed at the Area Office level. At the end of a season, the delegations

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will be filed with the office issuing the delegation for four years prior to disposal

WHAT QUALIFIES AS EMERGENCY CONDITIONS

Wildfire suppression and other all-risk emergency response actions undertaken by the Division of Forestry (DOF) are in response to conditions threatening life, property, and natural surface resources. Such actions constitute emergency conditions.

AS 36.30.310 states that "Procurements may be made under emergency conditions as defined in regulations adopted by the commissioner when there exists a threat to public health, welfare, or safety, when a situation exists that makes procurement through competitive sealed bidding or competitive sealed proposals impracticable or contrary to the public interest, or to protect public or private property. An emergency procurement need not be made through competitive sealed bidding or competitive sealed proposals but shall be made with competition that is practicable under the circumstance..."

For the purpose of meeting the requirements of the Alaska Statutes, Regulations, and Codes, a written determination of the emergency stating the factual basis for the emergency shall be documented by a Fire Incident Report, Form 10-2161, or Federal Form DI-1202, prepared and maintained by the Area, and will bear the signature of the Incident Commander.

The determination of emergency conditions relating to state assistance on federal fires will be documented by the Alaska Interagency Coordination Center (AICC).

Determinations of need for DOF to provide emergency assistance to other state or municipal agencies will be documented by those agencies. Those determinations may be in the form of a Resource Order (Form 2), emergency declaration, or memo justifying the reason for using emergency procurement procedures.

Emergency conditions exist if:

1. There are conditions of threat
2. There is documentation of the threat
3. There is delegation established such as a Fire Incident Report or WFA

Even though emergency conditions may exist, if situation and time allows, solicitation should be exercised to the extent that is practical for the situation.

PROCUREMENT UNDER EMERGENCY CONDITIONS

During fire suppression and emergency preparedness activities, documentation of resource needs is based on the processing of a Resource Order, NFES 1406 (Form 2). The following sources will be considered when filling supply and equipment requirements:

- State warehouse inventories
- Federal caches
- Other agency agreements or contracts
- Procurements

Under most circumstances a Resource Order is generated for any purchase that is charged to an incident, however, there are exceptions such as vehicle fuel, utility charges, copy charges, hotel costs, meals, travel, Area office supplies, initial attack expenses, and misc.

PROCUREMENT METHODS

The following methods of procurement may be used during fire suppression or all-risk emergency response missions:

1. General procurement of supplies and services
2. P-Card purchases
3. Contract awards
4. Aircraft Rental Offers
5. Emergency Equipment Rental Agreements
6. Land use agreements
7. Exempt Purchases - commissary, meals, lodging and travel
8. Cooperative Agreements

1. GENERAL PROCUREMENT OF SUPPLIES AND SERVICES

Purchases of supplies and services under \$50,000.00

A Resource Order that has been reviewed by the warehouse and determined to be a local purchase falls under general procurement. These procurements can be made with any local, state, or national vendor and can be placed over the phone, in person, or by the internet. Alaskan vendors will be used whenever possible when making purchases for the State of Alaska. In general, equipment or property cannot be purchased using suppression funds. When the cost of leasing or renting exceeds the purchase price of the item, consultation with the agency administrator or Division Procurement Officer is in order. A Resource Order (Form 2) or Field Purchase Order (Form 1) will be used as the purchasing document if one is required by the vendor.

The state does not operate with cash. Therefore, vendors must be willing to invoice/charge the State of Alaska for the items purchased. This is common practice and Forestry has accounts set up with many vendors statewide. An invoice must always be received when buying supplies and services. Invoices will be checked for accuracy and to assure items listed on the invoice have been received. If the amount is greater than \$10,000.00 and less than \$50,000.00 the invoice will then be submitted through the Area to the Regional Office for review, then to the appropriate Management Team Member for a second approval signature. The Resource Order must be referenced and accompany the invoice. These purchases can be made with State Credit Cards and off of State Contract Awards. For additional instruction on these methods, see #2 and #3 below.

Purchases of supplies and services over \$50,000.00

The Division Procurement Specialist should be consulted prior to making general purchases of supplies and services over \$50,000.00.

2. P-CARD PURCHASES

Purchases of most supplies and services may be made on State credit cards up to the approved credit limit for each specific card and with the delegated authority of the purchaser. State credit cards have a limit per transaction as well as a monthly limit. These limits will be adhered to and purchases will not be split or fragmented to circumvent these limits. Purchases can be made over the phone or in person, however, the signed receipts/invoices must be forwarded to the reconciler and transactions reconciled in accordance with normal purchasing procedures.

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3. MASTER AGREEMENTS

Master Agreements (MA) are agreements established by either the Department of Administration (DOA) or Department of Natural Resources (DNR) prior to an emergency that should be used by the Division. Purchases made from these contracts for commodities or services can be made for unlimited dollar amounts over the phone or in person without a state purchasing document unless required by the vendor. A *Resource Order or Field Purchase Order* may be used if the vendor requests a state purchasing document before providing the services or goods. Purchases of supplies or services on contract award will be made from the contract award vendor whenever the vendor can meet the delivery requirements.

A list of Contract Awards may be found at the Department of Administration (DOA) website at: <http://doa.alaska.gov/dgs/cam/>. Please contact the Procurement Specialist if you have questions regarding Contract Awards.

4. AIRCRAFT RENTAL Master Agreements

An Aircraft MA is a vendor's response to a Department of Natural Resources Procurement request for invitation to bid (ITB)... The Division of Forestry may utilize any aircraft listed on the Emergency Use Aircraft Contract list maintained by the DNR procurement office.

The Statewide Logistics Center (SLC) is responsible for maintaining a record of the Emergency Use Aircraft Contracts. Aircraft will be requested through normal resource ordering channels. These offers will be used during suppression activity to assure reasonable solicitation based on the circumstances. They may not be used for non-emergency aircraft needs, however; they may be used in all-risk emergency response operations.

Because Federal funds are often involved in paying some or all the costs of all-risk incidents, all vendors must certify that they are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation.

The Bids received by DNR procurement will be reviewed by the Regional Aviation Managers to ensure compliance with all administrative and safety requirements and policies and procedures.

The State Logistics Center (SLC) will be responsible for maintaining a statewide database of call when needed aircraft. s

Hiring from Master Agreement

A rental agreement from Aviation Master Agreement will be based on the ability of the vendor to meet the requirements of the Incident Resource Order, location, availability, and cost. Services will be obtained from the vendors listed whenever possible.

For establishing Aircraft Rental Offers, please contact Regional Aviation Officers: Palmer - 907-761-6229 or 907-761-6280

5. EMERGENCY EQUIPMENT RENTAL AGREEMENTS

An Emergency Equipment Rental Agreement (EERA) is a vendor's response to a Division of Forestry request for offers solicited prior to or during a fire season. An EERA may result in contracts for rolling stock or equipment such as vehicles, heavy equipment, boats, generators, etc., required during suppression or incident operations.

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EERAs provide the Division of Forestry with information about what rolling stock or equipment may be available and from what vendors. They may not be used for non-emergency needs, however; they may be used in other all-risk emergency response missions. EERAs are solicited with established rates unlike an Aircraft Rental Offer which solicits rates from vendors. These rates are based on rate changes on the Consumer Price Index (CPI) for Anchorage. The rates are located in the Emergency Equipment Rental Rate document, found in Appendix A to Chapter 6. These rates are also posted on the Division's equipment hiring website <http://forestry.alaska.gov/equipment.htm>. EERA rates should not deviate from the established rates.

Online Application System (OLAS)

The equipment available for fire assignment will be entered into the database through the On-Line Application System (OLAS) by the owner of the equipment. The password protected system allows an Emergency Equipment Rental Agreement (EERA) vendor to add, edit, or delete equipment with a few simple keystrokes on their computer. OLAS is used by dispatchers to search for and hire EERA or Cooperator Fire Department (CFD) equipment after speaking with the EERA vendor or CFD Chief to ensure the equipment and personnel can meet the desired delivery timeframes. A dispatcher searches for equipment in OLAS, and may hire the equipment after discussing the Resource Order needs with the vendor, and an electronic EERA is generated with the push of a button.

The link the vendor will use to get to the OLAS is <https://dnr.alaska.gov/olas/>. The dispatchers and other state employees access an OLAS administrative site by using their DNR login username and password.

Establishing EERAs

The vast majority of EERAs will be generated by hiring equipment using OLAS. Some equipment may be hired in the field using an EERA. Field hired equipment is intended to be used for no more than 48 hours. All necessary information and forms are posted on the Divisions equipment hiring website: <http://forestry.alaska.gov/equipment.htm>.

Forms and Format

Emergency Equipment Rental Agreement Form OF-294 and the State of Alaska Conditions of Hire will be used to establish EERAs for equipment or services for use during incident activity. See Chapters 6 & 7.

Awarding Contracts from EERAs

Award of a contract from EERAs will be based on the ability of the equipment or services to meet the requirements of the Fire Resource Order and availability. Services will be obtained from the EERA vendors registered in OLAS whenever possible.

6. RENTAL OF LAND OR FACILITIES

Circumstances arise where it becomes necessary to initiate a temporary agreement for land or a facility. Land use agreements are used when the Division of Forestry needs to establish incident command posts, staging areas, refurbishing areas, helibases, etc. This is accomplished with an *Agreement for Rental of Temporary Emergency Facilities or Land Use*.

For procedures for Rental of Land or Facilities and examples of forms, please see Chapter 16.

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7. EXEMPT PURCHASES - COMMISSARY, MEALS, LODGING AND TRAVEL PURCHASES

The State Administrative Manual states that the following items do not fall under the procurement code, "Payments made to third parties on behalf of a second party when the payments, if made directly to the second party, would not have fallen under the procurement code." Examples are commissary, meals, lodging, and travel.

Emergency Commissary

DOF provides to incident personnel items necessary to meet the basic needs to keep them productive while on duty. Commissary items are purchased on an emergency basis and costs are recovered through payroll deductions.

For procedures for Commissary procurement and examples of forms please see Chapter 3.

Meals, Lodging and Travel

Meals and lodging, although exempt, should be solicited by Areas or Regional Offices. Meals and lodging may also be procured as needed by Areas, Regional Offices, or SLC. When lodging is procured or reservations made, the reservation will be entered in the Lodging Log to allow reconciliation of the invoices for payment. When meal coupons are issued, they will be entered in the Meal Coupon Log for ease of reconciliation as well. Travel will be procured to move resources on an "as needed" basis by Areas, Regional Offices or SLC.

For procedures for meals, lodging and travel procurement and examples of forms, please see Chapter 9.

8. COOPERATIVE AGREEMENTS

AS 41.15.030. (a) States that "the Commissioner (*of DNR*) may enter into necessary protection contracts." This authority is sub-delegated by DNR policy and procedures to the Director of Forestry.

AS 36.30.700 further states that "a public procurement unit (*State Agency*) may either participate in, sponsor, conduct, or administer a cooperative purchasing agreement for the procurement of supplies, services, professional services, or construction with one or more public procurement units (*State agencies*) or external procurement activities (*federal or municipal agencies*) in accordance with an agreement entered into between the participants."

DOF has entered Cooperative Agreements with the Bureau of Land Management/Alaska Fire Service, the United States Forest Service, and Cooperator Fire Departments for a wide variety of mutual benefit support and services. The State of Alaska has also signed a compact with several western states and the Canadian provinces of British Columbia and Yukon Territory.

Using personnel from other state agencies for regular time not covered by existing agreements requires the establishment of an IPO (Reimbursable Service Agreement). The IPO describes the services required and defines the financial terms for both the requesting and servicing agencies to process agreed upon billables. The IPO may be initiated at the Regional level within delegated IPO authority.

Personnel, supplies, equipment, aircraft, and other services may be exchanged by DOF - Federal and Canadian agencies upon processing of a Resource Order or as specified in the Cooperative Agreement.

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The establishment of cooperative agreements will be in accordance with DNR Procurement Policies and Procedures Manual Section 7.2.2. Procurements from Federal agencies are not reportable as emergency procurements; however, purchases on behalf of another agency made by DNR may be reported as emergency procurements.

COMMODITIES TO BE PURCHASED BY THE DIVISION PROCUREMENT SPECIALIST

Special Procedures are in place for the procurement of the items listed below. For these purchases contact the Division Procurement Specialist:

- Radio and communication equipment
- Computer hardware and software
- Purchases from GSA or NIFC
- Professional services
- Vehicles
- Class A controlled property - guns, radios, etc.
- Retardant

FORESTRY PROCUREMENT CONTACTS

Additional procurement assistance is available through the Division's statewide procurement staff.

Procurement Specialist: Rodrigo Pasion

Anchorage Office - 269-8461

CRITICAL INFORMATION CHECKLIST FOR PROCURING UNDER EMERGENCY CONDITIONS

Alaskan vendors will be used whenever possible when making purchases for the State of Alaska.

A Resource Order (RO) document is needed to purchase under emergency conditions and differentiates an emergency purchase from normal procurement. When a RO is received, the following steps should be followed for making a purchase:

1. *Determine the specifications before making contacts.*
 - What is needed? (Are specific brands required?)
 - When is it needed? (What are the deadlines?)
 - Where is it needed? (What is the FOB or delivery destination?)
 - Who is paying for it? (Is there a fire number on the RO?)

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2. *Get all the information from the vendor.*
 - Are the prices current and do they include shipping to the final destination?
 - Are the items in stock?
 - When will they be able to deliver and can they meet delivery dates?
 - Are substitutes acceptable?
 - How long will they honor the quote?
 - Confirm the quote and provide the vendor with the RO # to act as a tracking number for the purchase
 - Provide a Resource Order or a Field Purchase Order if written documentation is required by the vendor
 - Write pertinent information on the RO regarding the purchase
Return a copy of the completed RO to SLC
3. *If the situation allows for solicitation:*
 - Document your solicitation process in writing on a bid abstract form or other document (a sheet of paper is adequate)
 - Contact multiple vendors - three is adequate
 - Give all vendors the same information or bid specs- What, When, & Where
 - Give the vendor a deadline for a response
 - Document the vendor's name and phone number and contact
 - Document the vendor's quote
 - Review the responses to compare cost, shipping, and destination
 - Are all vendor's Alaskan vendors or do you need to consider Alaskan?
 - Bidder Preference (AK Bidders Preference gives qualified Alaska vendors a 5% advantage. See AS 36.30.170, or contact a Procurement Specialist for more information)
 - Award by total lot or by item? (this should be determined prior to solicitation)
 - Confirm the quote and all requirements of the purchase (shipping cost, delivery time, etc.) and award to the lowest responsive and responsible bidder
 - Do not reveal bid prices to other vendors until after award is made

See sample of a Bid Abstract and Field Purchase Order in supplement.

INVOICING & BILL PAYMENT

The purpose of this section is to identify the minimum invoice documentation requirements and the process of review, coding, and approval required to pay the Division's incident bills.

Receipt of Goods and Services On receipt of an invoice, it is the primary responsibility of the Supply Unit, receiving office, or expeditor to determine that the state has received the goods or services listed on the invoice, and that the cost of the goods or service is reasonable and correct.

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Invoice Requirements

The vendor must sign invoices that are not on printed bill head. Purchase is made with the invoice reflected as being sold to:

State of Alaska
Department of Natural Resources
Division of Forestry
Area or Office Name
Address

Information Required on the Invoice

- Date of purchase
- Vendor's name, address, and telephone number
- Vendor's Tax ID or SSN (If not previously set up as a vendor in the State system, the State of Alaska Substitute W-9 must be filled out and submitted)
- Vendor invoice number
- Purchaser's name - print or write legibly
- Itemized description of each item purchased (if the vendor writes only item numbers, be sure to write in the item name)
- Quantity of items purchased
- Cost per unit
- Total purchase price

Approval for Payment The supervisor or designee determines the template when coding an invoice using a Task and a 10-digit function code by adding two zeros following the 8th digit and the four-digit object code (such as 4002 for stationery and business supplies). If there is a sub-object code, it must be used in conjunction with the object code. Invoices with charges over \$10,000.00 must be stamped or hand written with **Activity: FIRE** next to the coding stamp.

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Suppression invoices will be coded then approved as follows:

Office	First Signature	Second Signature
Areas	Admins to their delegation \$2,500	Not Required
Areas	FMOs Regional Admin Officer To the amount of ≤\$10,000	Not Required
Areas	>\$10,000 FMO	>\$10,000 Central Off, Admin Ops Mgr., Regional Forester
Aviation	Aviation Manager	>\$10,000 Central Off, Admin Ops Mgr., Chief of Fire & Aviation
Palmer Warehouse	Warehouse Manager	>\$10,000 Central Off, Admin Ops Mgr., Chief of F&A
State Fire Warehouse	State Support Forester	>\$10,000 Central Off, Admin Ops Mgr., Chief of F&A
State Logistics Center	State Support Forester	>\$10,000 Central Off, Admin Ops Mgr., Chief of F&A

If a Resource Order initiated the purchase, a copy must be referenced on or attached to the invoice. Invoice copies must be kept on file for three years in the Area or Region responsible for the purchase.

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The following table is a summary of the information/documentation required with various types of purchases for fire suppression:

Type of Purchase	Amount	Required Documentation on Invoices	DOA Reportable
Commissary	\$ all	FY, template, function, object, approval Emp. ID, coded by Emp. ID, RO attached	No
Meals/Lodging	\$ all	FY, template, function, object, approval Emp. ID, coded by Emp. ID, manifest, RO attached	No
Equip/Aircraft Rental MA	\$ all	FY, template, function, object, approval Emp. ID, coded by Emp. ID, MA#	No
Supply Purchase MA	\$ all	FY, template, function, object, approval Emp. ID, coded by Emp. ID, MA#	No
NICC or GSA	\$ all	FY, template, object, approval Emp. ID, coded by Emp. ID	No
Small Procurement With/Without Bids	≤\$10,000	FY, template, function, object, approval Emp. ID, coded by Emp. ID	No
Small Procurement Without Bids	>\$10,000	FY, template, function, object, approval Emp. ID, coded by Emp. ID *Activity: FIRE	Yes
Small Procurement With Bids	≤\$50,000	FY, template, function, object, approval Emp. ID, coded by Emp. ID	No
Small Procurement With Bids	>\$50,000	FY, template, function, object, approval Emp. ID, coded by Emp. ID *Activity: FIRE	Yes
Equip/Aircraft Services/Rental Continuing Offers	≤\$50,000	FY, template, function, ARO#, object, approval Emp. ID, coded by Emp. ID	No
Equip/Aircraft Services/Rental Continuing Offers	>\$50,000	FY, template, function, ARO#, object, approval Emp. ID, coded by Emp. ID *Activity: FIRE	Yes
EERA	≤ \$10,000	FY, template, function, object, approval Emp. ID, coded by Emp. ID	No
EERA	> \$10,000	FY, template, function, object, approval Emp. ID, coded by Emp. ID *Activity: FIRE	Yes

≤ = less than or equal to > = over

ARO = Aircraft Rental Offer

EERA = Emergency Equipment Rental Agreement

MA = (Master Agreement) to DNR Procurement for approval

*Activity: FIRE – Reference required for gathering information for reporting emergency purchases

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REPORTING EMERGENCY PROCUREMENTS

Using IRIS/ALDER, the Alaska State accounting and reporting systems, the Department of Natural Resources will provide a report to the Department of Administration, Chief Procurement Officer, no later than October 1st of each year documenting the emergency procurements for the prior fiscal year.

The Accounting Supervisor in the Division of Support Services will provide an audit trail report to the Department Procurement Officer based upon Activity code: FIRE. The Audit Trail report will provide total cost summary by vendor, vendor account number, and function code number. Audit trails will be requested no later than September 15, for the previous fiscal year.

Additionally, a copy of the daily Financial Transaction Register for FIRE (Activity code) will be forwarded to the Division of Support Services, Procurement Officer who will review the Audit Trails.

A spreadsheet summarizing emergency expenditures will be forwarded from the Department Procurement Officer to the Department of Administration, Chief Procurement Officer. A cover memo will certify all detailed files including Resource Orders, and original Final Incident Reports will be maintained by the Division of Forestry Area Offices for a period of at least five years.

Field Purchase Order		State of Alaska		Field Purchase Order Number	
		Department of Natural Resources			
		Division Of Forestry			
SHIP TO:			DATE DELIVERY REQUIRED		DATE OF ORDER
			FAX NUMBER		F.O.B. POINT
VENDOR CONTACT NAME		TELEPHONE NUMBER			
VENDOR NAME & ADDRESS			SHIPPING INSTRUCTIONS		
<p>NOTE: This order constitutes a binding commitment between the state and the contractor listed hereon. Unauthorized modification without the expressed prior approval of the purchasing authority will result in a financial obligation on the contractor and/or unauthorized state personnel making the change.</p>					
ITEM NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXT PRICE
Emergency Purchase In Support of an Incident					
		Mailing Address		Page 1 of	
FIN	AMOUNT	SY	CC	LC	STOCK REQUEST
Purchasing Authority Name			Purchasing Authority Signature		Telephone Number
<p>1. FPO number and receiving agency name must appear on all invoices and documents relating to this order. 2. Do not overship or substitute. 3. Receipted freight bills must accompany all claims for freight charges. 4. The state is registered for tax-free transactions under Chapter 32, IRS code. Registration #92-601185. Items are for the exclusive use of the state and not for resale</p>					

Field Purchase Order		State of Alaska		Field Purchase Order Number	
		Department of Natural Resources			
		Division Of Forestry			
SHIP TO:			DATE DELIVERY REQUIRED		DATE OF ORDER
			FAX NUMBER		F.O.B. POINT
VENDOR CONTACT NAME			TELEPHONE NUMBER		
VENDOR NAME & ADDRESS			SHIPPING INSTRUCTIONS		
<small>NOTE: This order constitutes a binding commitment between the state and the contractor listed hereon. Unauthorized modification without the expressed prior approval of the purchasing authority will result in a financial obligation on the contractor and/or unauthorized state personnel making the change.</small>					
ITEM NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXT PRICE
Emergency Purchase In Support of an Incident					
			Mailing Address		Page 1 of
FIN	AMOUNT	SY	CC	LC	ACQUANT
				STOCK REQUEST	
Purchasing Authority Name			Title		
			Purchasing Authority Signature		Telephone Number
<small>1. FPO number and receiving agency name must appear on all invoices and documents relating to this order. 2. Do not overship or substitute. 3. Receipted freight bills must accompany all claims for freight charges. 4. The state is registered for tax-free transactions under Chapter 32, IRS code. Registration #92-601185. Items are for the exclusive use of the state and not for resale.</small>					

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CHAPTER 15
ALLOWABLE FIRE ACTIVITY COST

PURPOSE STATEMENT

This chapter identifies the authorized uses of the Fire Suppression Preparedness and Fire Suppression Activity Budget Components.

GOVERNING STATUTES

- **A.S. 41.15.010 Intent:** Provides that resources will be protected commensurate with the value of the resource at risk on private, state, and municipal land
- **A.S. 41.15.030 Contracts:** Provides that the Commissioner may enter necessary contracts for protection and; hire emergency personnel
- **A.S. 41.15.050 Fire season:** Provides that the period from April 1 to August 31 is designated as the fire season
- **A.S. 41.15.200 Statement of purpose:** Provides a readily (may be repealed) available fund for the payment of expenses incurred by the Department of Natural Resources in suppressing fires
- **A.S. 26.23.010 and A.S. 44.19.048 Statement of Purpose and Disaster Relief Fund:** Provides a readily available fund for disasters by proclamation by the Governor
- **A.S. 26.23.020 Governor's Responsibilities and Authorities During an Emergency:** Provides definition of Governor's authority to respond to disaster emergencies
- **A.S. 26.23.050 Financing:** Defines the sources of emergency funding
- **A.S. 37 Public Finance**
- **A.S. 36 Public Contracts**

RESPONSIBILITIES & PROTECTION PROGRAM BACKGROUND

The State of Alaska's fire protection program is established by Alaska Statutes 41.15.010 - 41.15.170 granting authority to the Commissioner of the Department of Natural Resources and subsequently delegated to the Division of Forestry (DOF) through Department Order #113 (DO #113) to provide protection, commensurate with the value of the resources at risk, for the natural resources and watersheds on land that is owned privately, by the state, or by a municipality. Private lands protected by the federal government as enacted by law (i.e., Native ownership under ANCSA) are exempted from A.S. 41.15.010. DO #113 delegates the Division of Forestry the responsibility to "oversee and control, on behalf of the Department, the fire protection obligation for **all** State and private lands in coordination with federal and local fire suppression agencies." DO #113 also delegates the DOF the management and control of the State suppression fund and designates DOF as the lead organization to represent the Department's management goals relative to fire management activities.

State, private, municipal, and federal land ownership is intermingled across the entire State making it extremely difficult to provide wildland fire protection services. For that reason, Cooperative Agreements have been negotiated between the Division of Forestry and the Department of Interior, Bureau of Land Management, the Department of Agriculture, and Forest Service providing that each agency protect all land within their identified protection boundary eliminating duplication of effort.

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These agreements also provide for the exchange of fire suppression resources between agencies when one agency's fire activity exceeds their suppression capability.

The DOF has adopted the National Interagency Incident Management System (NIIMS) Incident Qualifications System (ICS) as its training and qualification standard. Utilizing this system ensures that DOF employees meet national standards that facilitates the free exchange of resources between cooperating state and federal agencies. Meeting these national qualifications standards makes a larger, national pool of resources available to the State during periods of high fire danger when additional resources are required.

The Alaska Interagency Wildland Fire Management Plan 2016 (March 2017 Review) has been adopted by the DNR and provides a coordinated and cost-effective approach to fire management on all lands in Alaska. Fire management decisions are based on values warranting protection, protection capabilities, firefighter safety, and/or land and resource management needs. The plan requires an annual, preseason review of the fire protection needs on fire-prone lands by the responsible land manager/owners. Once fire protection needs are determined, the lands are placed in one of four management options, **Critical**, **Full**, **Modified**, or **Limited**. This categorization ensures that human life, private property, and identified resources receive the appropriate level of protection balanced with the fiscal impact and availability of suppression resources.

EMERGENCY PROCUREMENT (AS 36.30.310 / 2AAC 12.450.c)

Normal purchasing policies, guidelines, and authorities will be followed unless procurements are made under emergency conditions. Procurements may be made during emergency conditions when a situation poses a threat to public health, welfare or safety, or when a situation exists that makes procurement through competitive sealed bidding or competitive sealed proposals impractical or contrary to the public interest, or to protect public or private property. In such cases, procurements will be made with competition that is practical under the circumstances and the purchasing documents with amounts greater than \$10,000.00 will have the Activity Code of FIRE added to the coding string.

FIRE SUPPRESSION PREPAREDNESS COMPONENT

The preparedness component is established to fund activities required to be prepared to fight wildland fires. This component funds personal services, fire and aviation contracts, warehouse and shop activities, and other activities not directly related to suppressing wildland fires. The Society of American Foresters defines preparedness as "*Activities undertaken in advance of fire occurrence to help ensure more effective fire suppression; includes overall planning, recruitment and training of fire personnel, procurement and maintenance of firefighting equipment and supplies.*"

FIRE SUPPRESSION ACTIVITY COMPONENT

It is the intent of the suppression activity component to fund costs associated with actual suppression of wildland fires and to meet abnormal, emergency fire preparedness activities not funded in the fire preparedness component for a normal fire year. Because of the fluctuation of fire season severity, temporary increases above the average preparedness level are also covered by the suppression activity component.

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The Fire Suppression Activity Component should be utilized to fund the following broad categories of Fire & Aviation Program costs:

1. *Emergency preparedness and prepositioning activities;*
2. *Actual costs for the suppression of wildland fires;*
3. *Fire & Aviation Program costs that are not predictable and non-recurring.*

**AUTHORIZED EMERGENCY PREPAREDNESS AND PREPOSITIONING
EXPENDITURES**

(Approval delegated to Program Managers, Regional Forester or designees unless noted)

High Fire Danger

High fire danger is defined as periods of higher than normal fire danger as predicted by the Canadian Forest Fire Danger Rating System to be in the "very high to extreme" burning range or periods of unusually high wildland fire occurrence at the lower predicted fire danger levels. During periods of high fire danger, allowable costs can be charged to fire suppression activity.

Regular personal services costs for:

- Temporary, permanent seasonal, permanent part-time and (other) non-permanent personnel when extended beyond their regularly budgeted staff months*
(Request approval and charge code via Fire Operations Forester and AICC)
- Personnel not funded in the preparedness budget.* (When working out of their home unit, Forest Resources personnel charge to ordering office HFD charge code; non-Forestry employees working for the State of Alaska in other departments require an IPO (RSA))
- Emergency hire and emergency firefighter (EFF) personnel. (charge code 73X3602300)
- Federal and local government cooperator personnel. (Paid via cooperative agreement)

*Applicable administrative fiscal management procedure will apply depending on the specific situation. (IPO, RP, CH8, etc.)

Overtime (covering periods of high fire danger not identified with ongoing fires) for:

- Personnel described above
- Permanent preparedness personnel within budgeted staff months, (charge to ordering office HFD LDP)

Fire Operations Forester or Area FMO approval required

Standby for:

State employees placed in standby status and paid via office or region standby charge code (Emergency firefighter personnel are not paid standby pay because EFF are either on or off shift.) requires **Fire Operations Forester or Area FMO approval. Standby are hours worked, therefore no standby on mandatory days off.**

PREPOSITION COSTS

Prepositioning is defined as the movement of personnel, equipment, and supplies to a specific location in anticipation of wildland fire activity based on above normal fire danger or multiple fire occurrences at the lower predicted fire danger levels.

Appropriate office specific charge codes are used for mobilization, subsistence, and prepositioning of personnel, equipment and supplies to and from specific locations. When conditions above normal fire danger are present, allowable costs are authorized to be paid from fire activity. **Fire Operations Forester or Area FMO approval required.**

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Meals, Lodging, and Transportation

Meals, lodging, transportation, and daily guarantee for aircraft are appropriate charges when a specific incident cannot be identified.

Contractual Services

Costs for hiring, rental, contracting of specialized services or equipment for temporary increases in preparedness are authorized.

Supplies

Procurement of expendable supplies and acquisition and short-term use of non-expendable supplies from commercial vendors or cooperators required for support of a temporary increase in preparedness.

Statewide Fire Stores Procurement

Replenishment of non-capitalized warehouse stock (includes aviation fuel and fire retardant) depleted by Resource Orders or temporary Normal Unit Strength (NUS) increase based on forecasted activity when a specific incident number cannot be utilized. (Charges made to the Warehouse Stores charge code.) Costs are adjusted based on incident warehouse issues. **State Fire Support Forester Approval is required.**

Vehicles

Operating costs for State fleet vehicles not budgeted in the preparedness component used for fire suppression activities are authorized to be charged to the suppression activity component for the period they are equipped for fire suppression.

Detection Flight Time

Aircraft flight time and associated costs utilized for the discovery of new fires. (Charge to regional detection charge code.)

Emergency Normal Unit Strength Increase

Procurement of critical fire suppression equipment and supply items required to meet Fire and Aviation Program responsibilities can be purchased when supported by written justification (charge to Permanent NUS charge code). **Chief of Fire & Aviation approval is required.**

AUTHORIZED FIRE SUPPRESSION EXPENDITURES

All activities associated with the monitoring, suppression, support, documentation, auditing, emergency fireline rehabilitation and investigation of a fire incident may be funded from the suppression activity component. Refurbishment of fire equipment, surveillance of Limited Management Option fires, and removal of fire caused safety hazards that pose an imminent safety hazard to firefighters and the public are included. All costs must be charged to an appropriate incident number.

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Personal Services

Regular personal services charges (including personnel costs) for:

- Temporary, permanent seasonal, permanent part-time and other non-permanent personnel not funded in the fire suppression preparedness component*
- All permanent full-time personnel not funded in the preparedness component*
- Emergency hire personnel
- State, federal, and local government cooperator personnel
- Emergency firefighter (EFF) personnel

*Applicable administrative fiscal management procedure will apply depending on the specific situation. (IPO, RP, CH8, etc.)

Overtime/Standby/Hazard Time

Overtime/standby/hazard pay for positions funded by the preparedness component may be paid from the suppression activity component when working directly in support of a specific incident identified by an authorized charge code. **Incident Commander, Duty Officer, or Line Officer approval required.**

Travel

Meals, lodging, and transportation expenses to and from an incident are chargeable to the specific incident number. Employees will be subsisted on the incident at State expense. Transportation costs, including costs associated with the temporary assignment of interagency cooperator personnel and equipment are coded to the specific incidents.

Contractual Services

Costs for hiring, rental, contracting for specialized services, equipment, or personnel for wildland fire suppression can be charged to the specific incident.

Supplies and Materials

All supplies and materials used in the fire suppression effort will be charged to the specific incident. If supplies and materials are stockpiled in anticipation of need on a specific incident, they will be obligated against that incident. Subsequently, if supplies and materials are used on another incident, then the original incident cost will be reduced and the new incident charged for the supplies and materials.

Critical Component Repair and Replacement

Capital asset repair (or replacement if the cost of repair exceeds the current replacement value) is an allowable expenditure if the need for repair is directly attributed to fire activity or if the need for repair and/or replacement could not have been planned in an upcoming budget cycle. All expenditures must be charged to an established charge code. **Chief of Fire & Aviation approval is required.**

Federal, Canadian, and Northwest Compact Support

Regular time, overtime, standby and hazard pay for all permanent seasonal, permanent part-time, permanent fulltime, EFF, and temporary personnel engaged in suppression activities and/or support activities on federal or Canadian lands or in states or provinces through the Northwest Compact are reimbursable from the suppression activity component. All regular time may be paid from the suppression activity component through appropriate administrative procedures.

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Duration of Charges

Obligations for direct suppression action are authorized throughout the year. Obligations begin as soon as an incident is reported and end when all activity associated with the incident is completed.

Support

Support costs incurred by off-site personnel dedicated to the incident (warehousing, dispatching, procurement, equipment repair shops, administrative services, Geographic Information System (GIS), mapping and photogrammetric services) can be obligated to the suppression activity component.

Equipment and Vehicles

- Variable costs for use of dedicated State equipment and aircraft, along with leased or rented aircraft and equipment and associated support costs will be charged to specific fire incidents
- Expenditures for repair or replacement of lost or damaged equipment due to a fire incident may be charged to this component
- Reimbursed funds received from Risk Management for lost, stolen or damaged equipment will be credited to the suppression activity component if the equipment was procured with fire suppression activity component funding
- Exhausted specialized fire equipment may be replaced **with written authorization of the Chief of Fire & Aviation**
- Costs for state fleet vehicles assigned to a specific incident on an incidental basis for fire suppression support are authorized expenditures to the suppression activity component. The operating rate will be charged based on the number of days assigned

Suppression Damage Rehabilitation

Repair of damages caused by suppression activities can be charged to the activity component incident number. This includes but is not limited to repair or replacement of fences, water barring of control lines, emergency seeding of disturbed soils and other related damages.

MISCELLANEOUS AUTHORIZED EXPENDITURES

Search and Rescue

The Department of Public Safety (DPS) has primary responsibility for search and rescue activities in Alaska. When actual emergencies threaten human life, DOF will respond to assist DPS within the existing capability of equipment, personnel and training. If an agreement, or IPO (RSA) exists between the DOF and DPS, costs for requested support for search and rescue will be charged to that specific RSA or billed according to provisions in the agreement. If an IPO or agreement does not exist, costs will be charged to the suppression activity component and recovered from DPS through administrative coordination. **State Duty Officer notification required.**

The DOF will also participate in search missions for downed aircraft organized and conducted by the State Troopers, Civil Air Patrol or Rescue Coordination Center within the existing capability and availability of the DOF aviation section. The same provisions for administrative cost recovery will apply. **State Duty Officer notification required.**

All Risk Incident Support

DOF will support the Division of Emergency Services (DES) on all risk incidents as available. **State Duty Officer notification required.** Costs associated with this activity will be charged to an activity charge code and recovered from DES through the IPO process.

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Legal Actions

Costs associated with administrative, tort actions or court cases requiring subsequent action may be charged to the specific incident at any time. **Chief of Fire & Aviation approval is required.**

Claims

Payment of valid claims created by the suppression activities or support effort will be charged to the appropriate incident charge code. **Regional Forester** approval is required.

Cooperator Support

The Division has no control over the fluctuations in preparedness services obtained from its federal cooperators. Temporary cost increases for support or services obtained will be authorized expenditures from the suppression activity component. If these additional costs are deemed to be a long-term increase in preparedness costs, the increased costs will be moved to the suppression preparedness component.

Local government cooperators not having the ability to purchase wildland fire supplies and equipment directly from federal General Services Administration (GSA) may purchase through the DOF. The cost for these supplies will be charged to a suppression activity component charge code and the costs recovered from cooperators through a direct billing process. **Fire Support Forester approval required.**

Commissary

Commissary purchases are chargeable to the appropriate fire incident number. Costs for commissary items will be recovered from employees through payroll deduction.

Emergency Firefighter Village Crew Support

Advanced training support, specialized equipment, transportation and other support costs may be authorized expenditures to the activity component. **Written justification and Chief of Fire & Aviation approval is required.**

Emergency Fire & Aviation Program Activities

Unanticipated and non-recurring projects critical to the mission of the Division may be charged to the activity component. **Written justification and Chief of Fire & Aviation approval is required.**

Declaration of Disaster Emergency

If budgeted suppression activity component funds are depleted, the Division of Forestry will prepare a request for Declaration of Disaster, coordinate with Alaska Division of Emergency Services and forward the Declaration through the DNR Commissioner to the Office of Management and Budget who will seek the Governor's signature. This Declaration, when signed by the Governor, will provide funding for continuing action within the framework and intent of the suppression activity component.

National All-risk Support

The Division may be requested to assist on national all risk incidents declared disasters by the President of the United States. All costs associated with declared disasters will be charged to a suppression activity charge code and recovered through a billing process between the State of Alaska and the U.S. Forest Service.

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Federal Emergency Management Agency (FEMA) Disaster Fires

Wildland fires that meet the criteria for FEMA assistance will be tracked through a separate charge code and authorized costs will be recovered from FEMA. The State Fire Operations Forester is responsible for initiating the FEMA Disaster Fire Declaration process.

CHAPTER 16
LAND/FACILITIES ACQUISITION

PURPOSE: This chapter provides information on acquiring the use of land and/or facilities for use in emergencies.

NOTE: Because Federal funds are often involved in paying some or all the costs of all-risk incidents, all vendors must certify that they are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation by completing the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions found in the Forms section (Form 3)

LAND USE AND FACILITY RENTAL AGREEMENTS

Temporary rental of property for fire purposes requires the same degree of good business judgment, including reasonable price determinations, as any other procurement action. In making the determinations, as to price fairness, consideration should be given, but not limited, to the following items:

1. Fair market rental rates for the property in the area
2. Costs to the property owner, loss of rental fees from other sources, disruption
3. Alterations needed and who will make them
4. Impacts on the property
5. Costs of restoration, and who will do the restoration work
6. Duration of the rental, (emphasis should be on weekly or monthly rates), with a limit on total costs

Schools and other governmentally owned facilities should be compensated for operating costs only, since these facilities are funded by the taxpayers through tax revenues. Additional costs incurred will be paid for by the incident such as additional janitorial services or cleaning fees.

A pre-inspection and post-inspection shall be made of the premises using the forms found in the Forms section. The inspections can be documented on separate inspection documents if additional details or information are needed. Pre- and post-inspection photographs are required showing where actual damages occur that may result in a claim.

Such pre- and post-inspections shall note all improvements and conditions, including items such as fences, buildings, wells, crops, road conditions, etc. The rental documents shall indicate who will be responsible for providing services and utilities, if any are required. Whenever possible, coordinate with the Division's Procurement Officer. The rental documents shall indicate whether site rehabilitation requirements exist, or a site rehabilitation plan must be signed by the owner/agent and the state prior to completion of the final inspection. Since it is difficult to know the final cost of the rental of land/facilities, an employee with a high delegation of authority such as Area Foresters should sign Agreements as the Warranted Contracting Officer. The IC, the Finance Section Chief or Procurement Unit Leader can also sign the Agreement according to their Delegation of Authority.

LAND USE AGREEMENTS CHECKLISTS AND GENERAL GUIDANCE

(See Appendix C)

CLAIMS

Any damage claims under an Emergency Facilities and Land Use Agreement will follow the claims process outlined in Chapter 11.

EMERGENCY FACILITIES & LAND USE AGREEMENT

INCIDENT AGENCY (name, address, phone number)	<div style="text-align: right;">Page ____ of ____</div> <div style="text-align: center;"> AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT AGREEMENT NUMBER </div>	
OWNER (name, address, phone number-include day/night/cell/fax) DUNS: EIN/SSN: PAYMENT ADDRESS:[] Same as above, or _____ _____	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> EFFECTIVE DATES a. beginning _____ b. ending _____ </div> INCIDENT NAME: INCIDENT NUMBER: RESOURCE ORDER NUMBER:	

TYPE OF CONTRACTOR ("X" APPROPRIATE BOXES)
☐ SMALL BUSINESS
 ☐ LARGE BUSINESS
 ☐ SMALL DISADVANTAGED OWNED
 ☐ WOMEN OWNED

The owner of the property described herein, or the duly appointed representative of the owner, agrees to furnish the land/facilities for use as _____.

DESCRIPTION OF LAND/FACILITIES: Address or specific location. If street or highway address is unavailable, use distance from nearest city, crossroads, or other significant landmark. The local description of how to get to the land/facilities is also acceptable.

Borough: _____ State: _____ Private: _____

ORDINARY WEAR AND TEAR: Ordinary wear and tear is based on the customary use of the land/facilities, and not the use resulting from the incident.

RATE:
 () Monthly Rate: For each month or portion of a month that the land/facilities are used, Division of Forestry will pay the rate of \$_____ per month. Ordinary wear and tear is included in the rate.
 () Daily Rate: For each day, or portion thereof, that the land/facilities are used, Division of Forestry will pay the rate of \$_____ per day not to exceed \$_____.
 Payment shall be in accordance with the State of Alaska payment procedures, payment will be made at the end of the agreement period. Payment for a lesser period shall be prorated based on a month being 30 days and rounded to the nearest dollar.

UTILITIES AND SERVICES: (check only one)
☐ The above rate includes utility charges for the following:
☐ GAS
☐ ELECTRICITY
☐ WATER
☐ TOILET SUPPLIES
☐ JANITORIAL SERVICES & SUPPLIES
☐ TRASH REMOVAL
☐ SEPTIC SERVICE
☐ EXISTING TELECOMMUNICATIONS
☐ The above rate excludes utility charges. The Government will pay to the owner the sum determined due by the Contracting Officer based on: _____.

RESTORATION: Restoration beyond ordinary wear and tear. (check only one)
☐ The above sum includes Division of Forestry restoration of land/facilities. The Division of Forestry shall restore the owner's land to the condition immediately prior to Government occupancy, as identified in the pre-inspection Restoration shall be performed to the extent reasonably practical.
 Restoration work includes: _____.
☐ The above sum excludes restoration of land/facilities. Reasonable costs incurred by the owner in restoring land/facilities to their prior condition shall be submitted to the Contracting Officer. Owner shall document restoration to be accomplished at the time of the post-use inspection: the Division of Forestry will document on the post-use inspection.
 Other - describe in detail: _____.

ALTERATIONS: The Division of Forestry may make alterations, attach fixtures or signs, erect temporary structures in or upon the land/facilities, install temporary culverts, trenching for utilities, which shall be the property of the Division of Forestry. Alterations will be removed by the Division of Forestry after the termination of the emergency use, unless otherwise agreed.

ORAL STATEMENTS: Oral statements or commitments supplementary or contrary to any provisions of this Agreement shall not be considered as modifying or affecting the provisions of this Agreement.

CONDITION REPORTS: A joint pre and post-use physical inspection report of the land/facilities shall be made and signed by the parties; the purpose of the inspections shall be to reflect the existing site condition. Refer to attached Checklists

OTHER: Describe in detail: _____.

CHECKLIST(s): See Supplement.

Fill in the following drawing showing the land/facilities under agreement. Include buildings, roads, paved areas, utility lines, fences, ditches, landscaping and any other physical features which help describe the area.

OWNER / OWNER'S AGENT SIGNATURE:	DATE:	CONTRACTING OFFICER'S SIGNATURE:	DATE:
PRINT NAME AND TITLE: PHONE NUMBER (if different from Owner's)		PRINT NAME AND TITLE: PHONE NUMBER:	

PRE-USE INSPECTION: Description or photos (no digital) or condition immediately prior the State of Alaska's occupancy. Refer to attached checklist.

Owner/Agent: _____
(Print Name)

Contracting Agent: _____
(Print Name)

Signature: _____

Signature: _____

Date: _____

Date: _____

POST-USE INSPECTION: Description of photos (no digital) or condition immediately following the Government's occupancy.

TOTAL AMOUNT DUE \$ _____

LOSS, DAMAGE or DESTRUCTION: The Government will assume liability for the loss, damage or destruction of land furnished under this Agreement, provided that no reimbursement will be made for Loss, Damage, or destruction when due to (1) ordinary wear and tear, or (2) the fault or negligence of the owner or the owner's agent(s).

TERMS AND CONDITIONS: This Agreement is subject to AAM 35.120, the authority for which is found in Alaska Statute 37.05.285.

RELEASE OF CLAIMS STATEMENT: Contract release for and in consideration of receipt of payment in the amount shown in 'total amount due'. Contractor hereby releases the State of Alaska from any and all claims arising under this agreement except as reserved in remarks.

REMARKS:

Owner/Agent: _____
(Print Name)

Warranted Contracting Officer: _____
(Print Name)

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

[illegible]

**Certification Regarding Debarment,
Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant's responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ THE INSTRUCTIONS ON THE
FOLLOWING PAGE WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this bid, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the Statements in this certification, such prospective participant shall attach an explanation to this Proposal.

Name and Title of Authorized Representative

Signature

Date

1. Is this company enrolled in the Federal System for Awards Management (SAM)? YES NO
2. If Yes, please provide either the DUNS Number _____ or
the Cage Code _____.
3. If No, the company must be enrolled in SAM before a contract can be signed or payment made on a contract involving Federal funds. Failure to do so will result in cancellation of the contract.

Instructions for Certification

1. By signing and submitting this Proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this class is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this Proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "Proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this Proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this Proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this Proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

A complete detailed description of the facility, including specific location and boundaries.

What is the acceptable method of tracking use of facility (shift ticket, sign-in sheet, etc.)?

- a. ☐ Number of rooms? (What's the condition of room?)
- b. ☐ Gym (What's the condition of the floor, do we have to provide a floor covering?)
- c. ☐ Custodial Services (Who provides, IMT or vendor?) General clean-up (trash removal, final janitorial services, floor waxing, etc.)
- d. ☐ Use of showers (Included in rental charge or separate?)
- e. ☐ Government furnished supplies vs. Contractor furnishes supplies.
- f. ☐ Phones /internet Access (Ability to install more lines and who installs?)
- g. ☐ Copiers /fax machines (Are we allowed to use, how will reimbursement be made, can supplies be used, what about final maintenance?)
- h. ☐ Kitchen (Can we use or will it be restricted?)
- i. ☐ Keys, Access (Door locked/unlocked? Who will control the keys?)
- j. ☐ Security (Will someone be available 24 hours a day, who is responsible to provide the security?)
- k. ☐ Sleeping Areas (How will they be tracked?)
- l. ☐ Period of Availability (Will there be any events that will preclude the use of the facility?)
- m. ☐ AC/Heater (Operational or available?)
- n. ☐ Sprinkler System/ smoke alarm
- o. ☐ Reduce/increase cost when camp changes (i.e., from Type 1-2-3 teams) reduce number of rooms needed, area needed, buildings needed, etc.
- p. ☐ Terminate agreement and initiate new agreement when transferring from Type 1-2-3 teams.
- q. ☐ Adjacent land (i.e., parking, ball field, etc)
- r. ☐ Pumping of septic systems (feasible to use system, or rely solely on port-a-potties)

Land Use Agreement Negotiated Rate Suggestions

Category	Forest Service	ODF	DNR	Comments	Restoration
Bare Land Staging Drop Point Overflow Parking	\$50- \$100/day	\$50/day ODF rates include any anticipated rehab restoration costs	\$50/day - \$100.00	<ul style="list-style-type: none"> • Ask about the taxes on the land/USFS only • Don't pay more than what the taxes are for a year (generally)/USFS only • Try to put a cap; not to exceed X per month or X per incident 	<ul style="list-style-type: none"> • Tilling about \$100 per Ac • Seed \$50-70 per Ac <p>ODF - Damages occurring during an incident are dealt with through State Risk Management. Contact the Local ODF District</p>
					<p style="text-align: center;">Watch outs</p> <ul style="list-style-type: none"> • Septic Systems • Gates • Sprinklers • Ownership
Gray Water Disposal	Usually fixed/commercial city rate \$.12/1,000 gallons \$.50/1,000 gallons	\$.15/gallon Usually fixed/commercial rate per gallon. Equipment Often will include grey water dump costs	Contractor is responsible for disposal, if a cost is associated the Contractor shall provide an invoice verifying date, time, amount of grey water disposed	<ul style="list-style-type: none"> • Usually a fixed rate that is established to dispose of grey water • Some places will allow you to use grey water for dust abatement • Most places will make you dispose at a city/county site • Mostly governed by other city/county/government agency • Easier to have grey water equipment dispose & provide us with an invoice • Many require an account to 	N/A
					<p style="text-align: center;">Watch outs</p> <ul style="list-style-type: none"> • Is this truck supporting other incidents • Do the drivers know where they are dumping • Who is keeping track of the gallons dumped • How will dumping fees be paid • Taxing older systems, set a max dumping estimate

Land Use Agreement Negotiated Rate Suggestions

				be set up	
Non Potable Water (Tactical Water Needs)	\$.01/gallon \$2 or \$3 per 1,000 gallons	Commercial rate for Tender usually a daily rate		<ul style="list-style-type: none"> •Can be hard to measure •Can measure by tender load/load counts •Daily rate is easier for payment tracking unless there is a meter 	N/A
					Watch outs
					<ul style="list-style-type: none"> • Gates • Use Restrictions
					<ul style="list-style-type: none"> • Ownership
Potable/City Water	Usually fixed/com mercial rate \$.01 per gallon or \$30 per load \$.75/1,000 gallons \$20.00/1,000 gal	Usually fixed rate est. by city/county Often metered	Negotiate water rates at time of hire. If purchased commercially market rate will be used, receipts are required to reimburse	<ul style="list-style-type: none"> •Easier to track, can look at market rates •City can put a meter on to track water usage •Just one or two loads, keep track on log and measure •ODF - usage log may be required to support cost (shift ticket) 	N/A
					Watch outs
					<ul style="list-style-type: none"> • Which meter is yours • Good initial/ final meter reading • Making sure the backflow is returned • Keeping Tactical Trucks out
Ponds/Dipping Sites	\$50 to \$450/day	Streams, ponds,	Depending on ownership of	<ul style="list-style-type: none"> •Not recommended to keep load counts for payment 	N/A
					Watch outs

Land Use Agreement Negotiated Rate Suggestions

	Can use 1 cent per gallon for non potable water to estimate daily rate for pond use	lakes are considered "Waters of the State" therefore ODF does not pay for water. However we can pay for access, power for generator to run pump, personnel to provide access etc. we can replenish the water w/tenders	property, State, Federal or private	(cumbersome work) but ok for estimate <ul style="list-style-type: none"> •We don't pay for flowing water; flowing water is not considered to be "owned" by anyone •We can pay for catching water/pump/equipment/access and replacing water •Heli dipping little to no impact, minimal cost or just replace water 	<ul style="list-style-type: none"> •If Helitack are on site what types of support do they need, add to agreement •Ask how quickly pond replenishes itself naturally •Double check on water ownership/easement/special uses permit • Do not overuse pump
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Land Use Agreement Negotiated Rate Suggestions

Schools/ Fairgrounds	\$1000 to \$2,000/day (Type 1 & 2 assignments)	Depends on how much of the facility is available for use: rooms, showers, fields, etc. also what impact we will have & pop. of facility ODF rates are to include minimal wear & tear (restoration). Items we can compensate for: Janitorial staff (usually try to add to daily rate)	\$500.00 to \$1,000.00/day Type 1 & 2 assignments	<ul style="list-style-type: none"> • Lump sum per day not to exceed X per month or X per incident • I've seen a cap not to exceed \$7K or \$8K per month, some as high as \$15K • Consider renegotiate as the number of people in camp decreases • Impact is greatest on the first couple days • Places where property is high, price goes up • Try to include rehab in daily cost if possible • Minimize or discourage gym access whenever possible: gym floor resurfacing is \$\$\$!!! • Avoid rate/per person/per day • It's good to get landowner to sign, even \$50/day in case of restoration costs or do LUA for "no cost" and put into action for liability or restoration as necessary 	<ul style="list-style-type: none"> • Lawns and fields around schools are usually high traffic so fertilizer and water will bring them back to life. Typical \$20 to \$40 per acre for fertilizer • Physical damage ask them to find contractors and provide quotes, pay off that estimate • ODF/Restoration is not a separate item. • Additional charges as Internet <div style="background-color: #d3d3d3; text-align: center; padding: 5px;">Watch outs</div> <ul style="list-style-type: none"> • Additional Room Rates • Restrict Access where you want to keep people out • Janitor or Maintenance fees • Pre inspect everything and document words and pictures • Know the date you have to leave • Try not to use athletic fields if at all possible • Make sure areas that are excluded are clearly marked and communicated
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Land Use Agreement Negotiated Rate Suggestions

		Power, water, gas, phones, etc. if used			
Bare Ground/Helibase	\$100 to \$500/day	No Charge to \$1,000 per day consider number / type of aircraft that will be there (i.e. Type 1 Helo/\$100, Type 2 Helo/\$50) Consider in rate: loss of crops, reseeding etc.	\$150 to \$200/day \$2,000.00/M	<ul style="list-style-type: none"> • Try to include rehab within daily cost if possible/ODF must include this in the rate • Look at available water source at Helibase site; if water available daily rate may increase • Tenders for dust abatement can be \$1000 to \$1500/day 	<ul style="list-style-type: none"> • Tilling about \$100 per Ac • Seed \$50-70 per Ac • Loss of feed \$100 to \$200 per Ac dependent on crop • Possible hazardous material brought on site.
	As high as \$1,100 / day with varying types of restoration (and availability of water, use of tenders etc)				
	Organic alpha field \$500/day for 3 acres *\$400/day				<p style="text-align: center;">Watch outs</p> <ul style="list-style-type: none"> • If Helitack are on site what types of support do they need, add to agreement • Work with air ops and landowner if it will turn into a small city • Hidden treasures like old water lines, sprinkler heads, risers

Land Use Agreement Negotiated Rate Suggestions

	for 40 acres of bare land				
Helibase - City Municipal	Two or less ships and/or shorter duration: \$100-\$275/day	\$360/day		<ul style="list-style-type: none"> • Consider wrapping fuel/landing & tie down fees into daily rate • Sometimes commercial rental rates already established 	<ul style="list-style-type: none"> • Physical damage ask them to find contractors and provide quotes, pay off that estimate • ODF - All claims go through State Risk Management
	Three or more ships and/or longer duration: \$200-\$400/day	Consider relationships w/local municipal. & impact to business when coming up w/rate. Use of facilities (i.e. bathrooms, power etc.)			Watch outs
					<ul style="list-style-type: none"> • Como trailers and where they can park • Dust abatement and right sizing tenders on thin asphalt
State/PUD/ County Park for ICP	No cost to camping reimbursement only	\$200-\$650/day (high for Holiday)	\$200.00 - \$500.00/day	<ul style="list-style-type: none"> • Consider lost revenue on camping/full closure • Boat launch access • Security if park not fully 	<ul style="list-style-type: none"> • Negotiate off of historical use for same period for loss revenue
					Watch outs

Land Use Agreement Negotiated Rate Suggestions

	State/Coun ty Park: \$500 - \$1200/day			closed/partial public access •Consider number of personnel per site	<ul style="list-style-type: none"> • Make sure other agreements are not already in place • No dual use with public unless barriers exist • Hidden treasures like old water lines, sprinkler heads, risers • If the vault toilets are not part of the deal lock them • Where people are locating/sleeping areas
Private Land ICP (Usually field)	No Cost to \$800/day 60+ Acres \$1,000/day	No cost to \$1,000/day Consider # of people and incorp. rehab/rest	\$200.00 - \$500.00/day	<ul style="list-style-type: none"> •Usually heavy restoration (compaction, seeding, lost crop, wood chips etc) •ODF can renegotiate land use agreements as needed 	<ul style="list-style-type: none"> • Tilling about \$100 per Ac • Seed \$50-70 per Ac • Loss of feed \$100 to \$200 per Ac dependent on crop
					<p style="text-align: center;">Watch outs</p> <ul style="list-style-type: none"> • Make sure you are dealing with the owner • Clear any improvements before you do them with the owner
Day Sleeping (Gym, Community Center, Church, Park)	\$100 to \$250/Day	\$125/day, \$350- \$400/day	\$100.00 to \$300.00/day	<ul style="list-style-type: none"> •Access/ Security •Minimize boots on gym floor •Bathroom/Shower access 	<ul style="list-style-type: none"> • Physical damage ask them to find contractors and provide quotes, pay off that estimate
					<p style="text-align: center;">Watch outs</p> <ul style="list-style-type: none"> • Additional Room Rates • Restrict Access where you

Land Use Agreement Negotiated Rate Suggestions

					<p>want to keep people out</p> <ul style="list-style-type: none">• Janitor or Maintenance fees• Pre inspect everything and document words and pictures• Know the date you have to leave
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Schools, Fairgrounds or Other Related Facility Checklist

- Number of Classrooms
- Gym
- Cleaning/Janitorial/Custodial Services
- Use of Showers
- Government furnished supplies vs. Contractor furnished
- Supplies
- Phones
- Computers
- Kitchen
- Keys, Access
- Security
- Sleeping Areas
- Noxious Weeds
- AC/Heater operational or available
- Sprinkler System
- Reduce/increase costs when camp changes (i.e. from Type I – II – III) (reduce number of classrooms needed, area needed, buildings needed, etc.)
- Other prescheduled/concurrent uses of the facility by owner
- Parking
- Athletic Field

DIPPING SITES/PONDS CHECKLIST

- Fish
- Noxious Weeds
- Water (usage and/or replenishment)
- Water Rights (who owns the water)
- Fences
- Access
- Flight Path
- Livestock/Wildlife
- Loss of Foliage/Crop/Pasture
- Use of pumps or wells
- Impact – amount of drawdown, site disturbance, etc.

IC CAMP/HELIBASE CHECKLIST

- Access – roads, gates
- Noxious Weeds
- Fences / cattle guards / gates
- Livestock
- Flight Path
- Irrigation/Sprinkler System
- Spillage/Hazmat
- Hours of Operation
- Property Impact
- Re-seeding / de-compaction requirements
- Abandonment of improvements
- Specific clean-up requirements (bark, mulch, sawdust, gravel, carpet, etc.)

AIRPORTS CHECKLIST

Facilities Usage (except for federally funded runways, towers) Check other FAA restrictions.

- Landing Fee
- Fuel Fee (if Contractor provided)
- Security
- Flight Path
- Hazmat/Spillage
- Parking
- Availability
- Water/Electricity/Phones
- Portable Retardant Plant
- Hours of Operation
- Access
- Check with Air Ops for further concerns

LAND/FACILITY RESTORATION CONSIDERATIONS

- Loss of crop/pasture – how many seasons
- Reseeding / de-compaction requirements
- Noxious Weeds Abatement and Survey
- General clean-up (trash removal, final janitorial service, floor waxing, etc.)
- Re-sod of athletic fields
- Reconditioning floors (of gyms, carpet replacement, etc.)
- Pumping of septic systems (feasible to use systems, or rely solely on port-a-potties?)
- Mending fences damaged during incident

CONSIDERATIONS FOR DETERMINING RATE

BEFORE NEGOTIATING RATE:

- Determine ownership of land / facilities o Confirm owner's agent if applicable
- Resources available to confirm ownership
- City or Borough Tax Assessor's Office
- Courthouse
- Private Campgrounds – what are average receipts/revenues for similar time period
- Historical record of rates for use in local area – local rangers may be good source
- Facilities – if facility is abandoned from normal use, consider revenue lost for the activities
- Fairgrounds – were there any events cancelled or rescheduled to make them available?
- Cost of relocating and feeding of stock
- Are there vacant facilities held by other by other agencies that may be available?
- Consider a “not to exceed” rate commensurate with property value
- Sources of market research:
 - Banks
 - Real estate offices
 - Local employees
 - Local assessor offices
 - Local agency lands offices
 - Newspapers
 - Feed store bulletin boards
 - Documentation at local offices from previous incidents