



**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

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. PROCUREMENT AGENCY a. name and address: b. Phone Number: c. FAX Number:		2. AGREEMENT NUMBER (Must appear on all documents relating to this agreement): 3. EFFECTIVE DATES OF AGREEMENT: a. beginning _____ b. ending _____ c. Specific Incident only: Incident Name: Incident Number:		
4. CONTRACTOR a. name and address: b. EIN/SSN: _____ c. DUNS: _____ d. EMAIL Address: e. Telephone Number (day): _____ Telephone Number (night): _____ Cell Phone Number: _____ FAX: _____		5. POINT OF HIRE (location when hired if different than Block 4):	6. ORDERING DISPATCH CENTER	
7. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY: <input type="checkbox"/> CONTRACTOR (wet) <input 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 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/RY/ DAILY/MILEAGE/ SHIFT BASIS (ss/ds: ref. Cl. 6) Rate Unit	14. SPECIAL	15. GUARANTEE (8 HOURS)
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.	21. DATE	
19. PRINT NAME AND TITLE	18. DATE	22. a. PRINT NAME AND TITLE b. Phone Number: _____ c. FAX: _____		

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, glass. *		
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. Grouser height 1-1/4" min. *		
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 _____

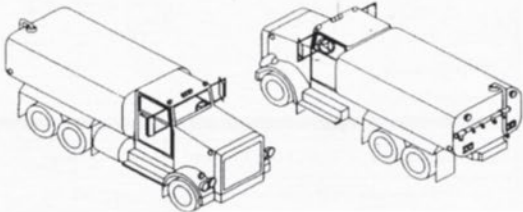
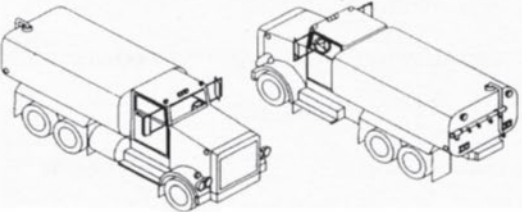
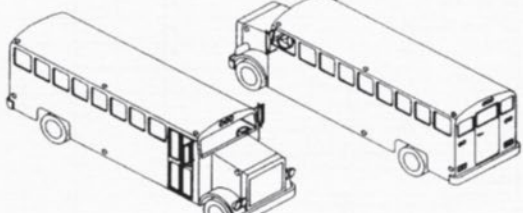
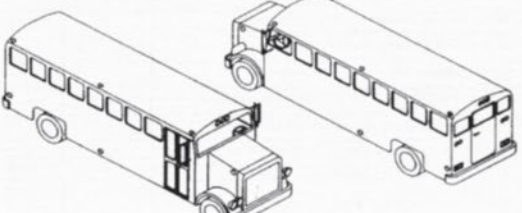
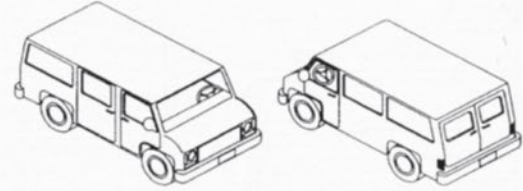
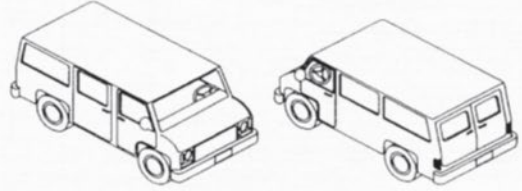
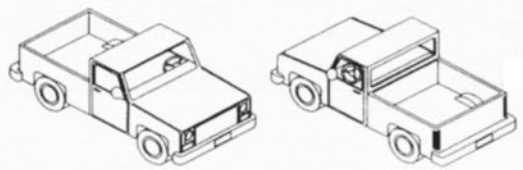
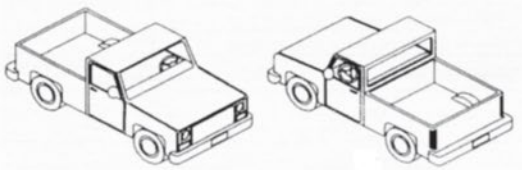
Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required). *		
2. Gauges and lights: mounted and function properly. *		
3. Seat belts: operate properly for each seating position. *		
4. Glass and mirrors, no cracks in vision. *		
5. Wipers, 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 _____

Contractor _____ Resource Order No. _____

*Safety Item—Do not accept until brought into compliance. SEE SUPPLEMENTAL INFORMATION ON BACK
 † Include information for additional operators in REMARKS section. CONTRACTOR COPY - PRE-USE / RELEASE
 7540-01-120-0607 OPTIONAL FORM 296 (REV. 2-2016) 50296-103

Section IV, Item 23 - Truck, Bus, Van, Pickup, Body Condition Inspection

Pre-Use Inspection	Release Inspection
	
	
	
	
<p>Remarks</p>	

OPTIONAL FORM 296

EMERGENCY EQUIPMENT SHIFT TICKET					
<i>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</i>					
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 7540-01-119-562850297-102

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

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 expectations.
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”.

Incident Name/Number		Order Number (E #)		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
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Rev. 3/14/2022 Original-Contractor Copy-File Operator Concurs Disagrees with this performance evaluation



DOF MA - VEHICLE COST SHEET

RENTAL COMPANY

MA CONTRACT #

E #

ORDERING DISPATCH

MAKE

MODEL

LIC PLATE #

COLOR

VIN #

DRIVER

MOBILIZATION DATE

DEMOB / REASSIGNMENT DATE

DAILY COST

- \$200 TRUCK
- \$150 SEDAN
- \$220 SUV
- \$225 VAN
- OTHER _____

COMMENTS

POSTING INSTRUCTIONS

EMERGENCY EQUIPMENT – USE INVOICE

1. CONTRACTOR a. name and address b. EIN/SSN				2. INCIDENT OR PROJECT NAME				3. AGREEMENT NUMBER (from OF-294)			
				4. EFFECTIVE DATES OF AGREEMENT a. beginning		b. ending		6. POINT OF HIRE (location when hired)			
				7. DATE OF HIRE		8. TIME OF HIRE		9. ADMINISTRATIVE OFFICE FOR PAYMENT			
5. EQUIPMENT (list make, model, serial number, etc.)				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		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 (M/HR/DA)	b. RATE	c. AMOUNT	a. UNITS WORKED (M/HR/DA)	b. RATE	c. AMOUNT				
19. CHARGE CODE				20. OBJECT CODE				23. GROSS AMOUNT DUE			
21. EQUIPMENT WAS <input type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN								24. ITEM 23 FROM PREVIOUS PAGE			
DATE: _____ TIME: _____								25. TOTAL AMOUNT DUE			
22. REMARKS a. NO DAMAGE/NO CLAIMS								26. DEDUCTIONS (attach statement)			
								27. ADDITIONS (attach statement)			
								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							