

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

Rev. 3/14/2022 Original-Contractor Copy-File Operator Concurs Disagrees with this performance evaluation

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”.

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 _____

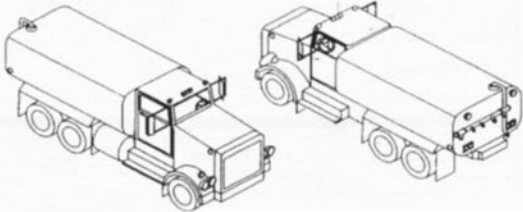
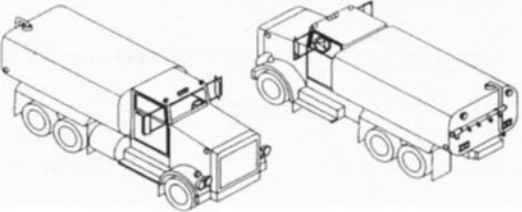
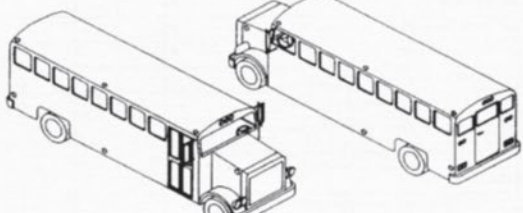
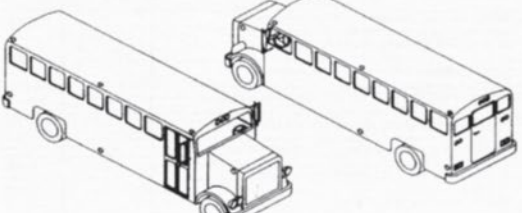
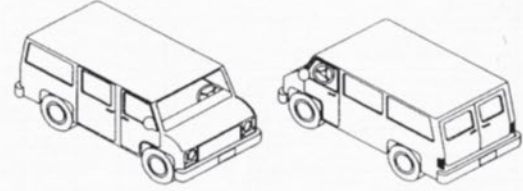
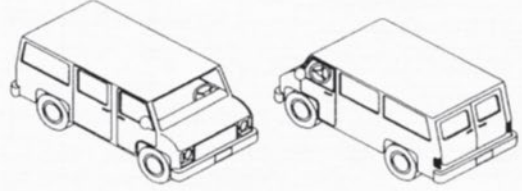
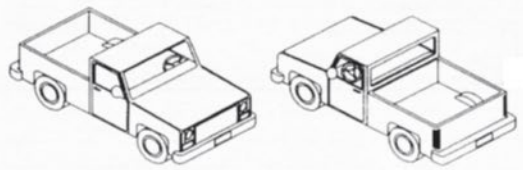
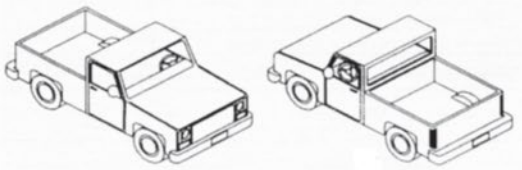
* Safety Item—Do not accept until brought into compliance.
 † Include information for additional operators in REMARKS section.

SEE SUPPLEMENTAL INFORMATION ON BACKSIDE OF CONTRACTOR COPY



Contractor _____
 Resource Order No. _____

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

INCIDENT TIME REPORT															1. Hired At (e.g., ID-BOF)					
2. Employee Common Identifier					3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input type="checkbox"/> 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					
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	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	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			
<i>In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel</i>															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.

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 DATE: _____ TIME: _____								24. ITEM 23 FROM PREVIOUS PAGE			
22. REMARKS								25. TOTAL AMOUNT DUE			
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							

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. Procurement agency: a. name & address

b. Phone # _____
c. Fax # _____

2. Agreement # (must appear on all documents relating to this agreement): _____

3. Effective dates of agreement
a. beginning _____
b. ending _____
c. () end of incident

5. Incident name _____
Incident # _____

4. Contractor: a. name & address

b. DUNS # _____
c. email address _____
d. Phone # (day: _____
 Phone # (night) _____
 Cell phone # _____
 Fax # _____

6. Point of hire (location when hired if different than block 4):

7. Ordering dispatch center _____

8. The work rate is based on all operating supplies being furnished by:
 ___ Contractor (wet) ___ Government (dry)

9. Operator furnished by: ___ Contractor ___ Government

10. Item/resource description (include VIN, make, model, year, serial #, accessories or other identifying features):

11. # of operators per shift	12. Hourly/daily/mileage/shift basis (single/double) Rate	Unit	13. Special Rate	Unit	14. Guarantee

15. Special provisions:
a) General clauses to the EERA OF-294 are attached hereto and incorporated herein by reference.

16. Contractor's or authorized agent's signature

17. Date

18. Print name and title

19. Contracting officer's signature

20. Date

21. Print name and title

Phone # _____

Original to payment center; copy in documentation box.

Optional Form-294 (REV 1/18)
 USDA/USDI

