

# 2016 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 Interagency Incident Business Management Handbook (IIBMH) 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.

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 IIBMH 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 IIBMH.

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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# 2016 Summary of Changes

## Administrative Briefing

### Chapter 1 - Hiring

- Updated contact information
- Updated EFF hiring forms
- New EFF Rates – increase 1%
- Original OF-288s for ADs must be mailed to home Unit

### Chapter 2 – Incident Payroll

- New Contact information for University of Alaska Fairbanks Crew
- Definition of a Mandatory Day off, a calendar day not a 24 hour period

### Chapter 4 – Compensation for Injury

- Updated worker's compensation injury reporting forms to include Physician Report
- Updated University of Alaska Fairbanks injury notification
- Update contact information

### Chapter 5 – Performance Evaluations

- Included ICS 225 short form

### Chapter 6 – Equipment Acquisition

- Equipment rate increase 3.3%, buses decreased rates
- First and Last Days under hire, hired after 1600 half day rate, if released before 0800 half day rate
- Wear and tear clarification
- Point to point, (buses, transports) if mission exceeds 6 hours, full daily rate, less than 6 hours ½ daily rate
- Rates new categories in an Appendix

### Chapter 7 – Cooperative Conditions of Hire

- Change from SFD to CFD, Cooperator Fire Departments
- Conditions of Hire – Appendix 1
- Cooperators equipment in OLAS
- Equipment initially hired for the first day after 1600, ½ daily rate, released before 0800 on last day ½ daily rate

### Chapter 8 – Property Management

- New form 02-627, Lost/Stolen/Damaged Property

### Chapter 11 – Personal Property Claims

- New Claims Processing Low Chart
- Updated Property Loss/Damage Report

Chapter 13 – Cost Calculation and Reporting

- Updated to reflect IRIS coding, Detection Flight Time, Commissary Purchases and Fire Force Preposition to be charged using an IRIS Template

Chapter 14 – Procurement

- Updated contacts for Aircraft Rental Offers
- Updated Procurement Contact
- Updated chart, approval for payment
- Updated table for required documentation on Fire Suppression invoices

Chapter 16 – Land Use and Facility Rental Agreement

- LUA negotiated rate suggestions

# Administrative Briefing

## Alaska Division of Forestry

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# Administrative Briefing

## 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 short administrative briefing is meant to provide a quick summary of topics for your convenience. The last word on any given topic in greater detail is found in the following chapters. 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:**

#### Region Administrative Officer

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

### **Other Contact:**

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

Upon arrival acquire the following:

- AIBMH (Alaska Incident Business Management Handbook)
- 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 are necessary. Cross billing on all Federal land is accomplished at the end of the year; therefore, no cost share agreements are used. 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 3 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)
- 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

# Administrative Briefing

## Alaska Division of Forestry

The **State's Jurisdictional Agency Administrator** is Tim Dabney, Regional Forester, located in Fairbanks Alaska. There is a Central Office located in Anchorage. The State area is further divided into individual Area Offices as follows:

- Northern Region includes Delta/Fairbanks, Glennallen (Valdez/Copper River)/Tok.
- 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 is located in the AIBMH Chapter 1 – Emergency Firefighter Hiring.

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:

Yukon Crew Type 2 IA - state sponsored contract crew, Chugachmiut employees  
Tanana Chiefs Type 2 IA- state sponsored contract crew, Tanana Chiefs Conference employees

**EFF HIRING** – See AIBMH Chapter 1

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

**Recruitment/Pay/Time - CTR's & OF-288s** are required on all personnel assigned to the incident, and must be recorded in half hour increments. 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 into their home unit. All timesheets signed off by timekeepers and employees must be done so in blue ink. **USE ONLY LEGAL NAMES, NOT NICKNAMES.**

**Pay /Qualifications** – State of Alaska adheres to the red card requirements as outlined in the 310-1, the AIBMH, and the IIBMH. 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 Chapter 1. **PAY FOR ANY POSITION NOT SHOWN IN SAID LIST MUST BE DETERMINED BY THE REGIONAL ADMIN OFFICER.**

**Mandatory Day Off** – State of Alaska regular employees and EFF must have 1 day off in 21. The State of Alaska differs from the IIBMH as the State mandatory day off is 1 calendar day, not a 24 hour period. The State of Alaska regular employees and EFF are not paid for their mandatory day off.

**Excess Hours** – all hours in excess of 16 after the first shift must have a written justification signed off by a supervisor and approved (in writing) by the IC until containment.

# **Administrative Briefing**

## **Alaska Division of Forestry**

**Hiring** – State of Alaska single resource EFF generally apply for work through the local Alaska Job Center the first time they seek employment with Forestry. Before hiring, check with the Area office to ensure that the correct forms are used and that the procedures for hiring are understood. A hire packet will be provided upon request.

The AIBMH contains a list of the required forms in Chapter 1.

**Incident Payroll** - See AIBMH, Chapter 2

Due to the complex logistical issues presented in the State of Alaska, please work closely with Area dispatch and Area Admin when coordinating timesheet submission for State of Alaska regular employees.

### **OF-288 SIGNOFF**

**State (EFF)** –Dispatch at the home unit should be notified of return travel arrangements. See Chapter 2 page 9 for help determining whether to sign off crews and project time or leave time open.

**Crews** – See AIBMH Chapter 2, page 9

**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.

**Regular State 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.

### **Fiscal Year End**

State of Alaska fiscal year cut off is June 30. Timesheets for both regular and EFF State employees must be cut off at end of shift or 2400 on **June 30**, and new timesheets started for July 1 at 0001. Please coordinate with the Area office to get the timesheets submitted in a timely manner.

**COMMISSARY** – See Chapter 3

The State of Alaska does NOT have contract commissary. The State of Alaska uses agency-provided commissary only. Buying individual commissary is the standard method for State of Alaska fires. Purchases are made for emergency commissary only. Coordinate with the Area office to verify compliance with Area policies and procedures regarding commissary. Locals cannot buy commissary unless they are actually camped at the incident and cannot go home.

# Administrative Briefing

## Alaska Division of Forestry

**INJURY** - See Chapter 4

**The State of Alaska worker's compensation insurance adjuster is TriStar.**

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. The Employee Report of Occupational Injury or Illness to Employer (07-6100), is used to report injuries and illnesses, form 07-6102

Physician's report along with the Supervisor's Accident Investigation Report (02-932). See Chapter 4 Compensation for Injury for instructions. **The State of Alaska does not have any type of Agency-provided Medical Care (APMC) available.**

**Injury** – 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. Any crew personnel unable to work on the line may be assigned to camp duty not to exceed 3 days. Camp time must be noted as such and they will be paid their guaranteed 8 hours. We ask that you keep an injury log.

**Medical Unit** - Most incidents will order a medical kit that comes with an EMT (or two) to provide incident medical care. Generally, EMT's dispatched with the kit are not red carded as MEDL. EMTs hired with kit are hired and paid as EFF.

**Pharmacy** – Work related pharmacy charges will be billed to TriStar, the State of Alaska Area office, or a PCard. If TriStar is not charged, 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 P and charged back to the employee via commissary deduction. Compensation may be sought by the employee through their 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 their worker's compensation carrier.

**EQUIPMENT HIRE** – See Chapter 6

The equipment available for fire assignment is through the database On-Line Application System (OLAS). OLAS allows an EERA vendor to add, edit or delete equipment. OLAS is used by dispatchers to search for and hire EERA or Cooperator Fire Department equipment.

Structure fire department equipment rental is found in Chapter 7. All other equipment rental info is found in chapter 6. Especially note the "Liability Insurance" section in Chapter 6.

# **Administrative Briefing**

## **Alaska Division of Forestry**

**The State of Alaska pays for fuel for equipment hired under an E#.** We do not pay for fuel for transports or buses hired under an S#.

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 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.

Equipment hire in the Area is generally limited to local equipment. Pre-use and post-use inspections are **required**. At no time can 3-wheelers be hired. Note the deduction for transports/equipment with one operator.

All CDL (Commercial Drivers 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.

**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, be sure that you 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)
- name of individual using the card (in case there are questions) printed collocation code/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.

### **COOPERATOR EQUIPMENT HIRE** – See Chapter 7

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.

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

# **Administrative Briefing**

## **Alaska Division of Forestry**

There are 3 methods the CFDs may choose from in order to be reimbursed.

- a) **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. 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.
- b) **Combined Personnel and Apparatus Reimbursement (Lump Sum):** where combined rate per daily and/or double crew daily rate includes the established rate for both the personnel and apparatus. Under Lump Sum, the CFD will submit an invoice which combines both personnel and apparatus costs as listed in OLAS.
- c) **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 (EFF) by the State and paid directly. Under Direct Payment, the CFD will submit an invoice for only the apparatus and the Equipment Packet using the rates established on OLAS. EFF must document time worked on a supervisor-signed CTR, and submit CTRs and a signed OF-288 to the Home Unit. The State will directly pay the CFD personnel hired as EFF at the level on their Overhead Resource

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

**GOVERNMENT PROPERTY MANAGEMENT** – See Chapter 8

**MEALS / LODGING** – See Chapter 9

### **Lodging**

Lodging (when approved by administering office), should be charged to the State of Alaska Area 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 Policy**

The State of Alaska will subsist incident staff in most cases. The Area Forester determines whether per diem will be allowed. See Chapter 9 for meal options.

**ACCIDENTS** – See Chapter 10

**VENDOR AND EMPLOYEE PROPERTY CLAIMS** – See Chapter 11

All originals of state forms are to be turned in to the administering Area office immediately upon completion.

**GENERAL PURCHASING** – See Chapter 14

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.

# **Administrative Briefing**

## **Alaska Division of Forestry**

All invoices such as equipment use charges, etc., should be billed 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 of 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 Chapter 16  
Negotiated rate suggestions.

### **FINAL FIRE FINANCE PACKAGE**

#### **How to arrange Final Finance Package**

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

#### **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 according to the directions in Chapter 11.

#### **Equipment Procurement**

Original equipment logs

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 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

# **Administrative Briefing**

## **Alaska Division of Forestry**

Receipts – copies of all receipts with appropriate resource order number indicated

Original Land Use or other agreement  
files Original agreement

Pre-use and release inspection

Identify follow up needed and provide recommendations for resolution

**Administrative Briefing  
Alaska Division of Forestry**

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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.



## EMERGENCY FIREFIGHTER HIRING

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

The Division of Forestry (DOF) employs two categories of Emergency Firefighters (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 Point of Hire Charge Code List is found in this chapter on page 6. The key to acronyms for this list are on page 7.

All non-crew EFF being considered for work are required to submit a *BLM or DNR Emergency Firefighter or Casual Support Worker* application 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 *Qualifications Inquiry – Firearms Possession* form. See Supplement.

*Note: Firearms Inquiry forms should be accompanied by the definitions of “misdemeanor crime of domestic violence”, Select Portions of Title 18 United States Code*

### **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.

**Timesheets and Pay** – See Chapter 2 – Incident Payroll

### **EFF Employment Information**

General information about the EFF program, as well as an information packet and application for non-crew positions, can be found at [//forestry.alaska.gov/employ.htm](http://forestry.alaska.gov/employ.htm).

### **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 whenever possible. Area or Regional offices can hire from applications previously collected by Job center and forwarded to Forestry in lieu of contacting Job Center first each time. All DOF offices will use standardized employment application (BLM or DNR Emergency Firefighter or Casual Support Worker form found in supplement).

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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. Employment-related telephone inquiries from perspective non-crew EFF should be referred to the nearest Alaska Job Center office provided the Job Center is accepting applications.

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, or 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 their application or on a contact log, noting date, time of call, and name of person making the call. Logs and applications 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 supplement) 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, per diem, etc.)

State Logistics or the Area Dispatch will generate a resource order and fill the request.

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 on page 14. Dispatchers should ensure employee meets self-sufficiency criteria.

### **Felony and Misdemeanor Convictions for Non-crew 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. A hiring supervisor or manager who has knowledge of a conviction will report the information to Human Resources at the time of EFF hiring need.

### **Classification of EFF**

Anyone not fully qualified is considered a trainee, and will be paid one level lower than a fully IQS-qualified individual.

**Applicants will be hired and paid at the appropriate EFF classification according to the current List of Approved EFF Classifications (See Supplement).** Hiring offices will work with their Regional Administration Offices to determine appropriate pay rate of EFF positions not shown on the List of Approved EFF Classifications. 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 new resource order. If rate change occurs during assignment, original hire rate remains in effect until completion of current assignment.

When a trainees 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).

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

### **EFF Hiring Paperwork**

#### FORM

Personnel Action – Emergency Firefighter  
Equal Employment Opportunity Survey  
Designation of Beneficiary\*  
W-4  
I-9 (Employment Eligibility Verification)  
Conditions of Hire for Emergency Firefighters  
Nepotism Waiver  
  
Blood-borne Pathogens  
OF-288 (Emergency Firefighter Time Report)  
Direct Deposit

#### 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  
Once per season, give to EFF  
Kept current while under hire  
Once per season

\*If primary and contingent beneficiary are listed, each must total 100%

**USE LEGAL NAMES, NOT NICKNAMES ON ALL FORMS**

**Nepotism**

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 positions, and Regional Forester for Regional position.
2. Complete Request for EFF Nepotism Waiver form, include additional information for consideration and org chart. (Example page 17)
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 Regional Forester or DOF Management Team Member in the supervisory chain for approval within three days of hire.
6. If denied, the Regional Administrative Officer or Regional Forester will notify the Area/Unit they must terminate the EFF immediately.
7. A log will be kept in the Region Office of all nepotism requests.

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.

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.

**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 example page 14)
- Crew Time Report (CTR) book given to Crew Boss or Crew Representative
- OF-288's with headers completed 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 arrives to pick them up. The Crew Boss, or occasionally Squad Boss, may have additional time on CTR because of extra duties associated with crew management.

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Match SSN's on EFF Time Reports (OF-288) and all other hiring paperwork. The Hiring official is responsible for the hiring forms reaching the administrative unit in the hiring Area.

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

**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.

**Distribution of Hiring Paperwork**

Scan completed hiring paperwork to Regional Administrative office and maintain originals in hiring Area offices. Do not wait until the end of the pay period. Be sure to shred both the scanned copy and the original Equal Employment Opportunity Survey.

**State Hiring Paperwork**

Review and forward originals or scan to appropriate Region.

Coastal Region  
Division of Forestry  
101 Airport Road  
Palmer, AK 99645  
Phone (907)761-6289

Northern Region  
Division of Forestry  
3700 Airport Way  
Fairbanks, AK 99709  
Phone (907)451-2660

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 Paperwork: If out of area, please FED EX original OF-288's to below address.**

Alaska Fire Service  
P.O. Box 35005  
Fort Wainwright, Alaska 99703-0005  
Attention: Financial Services  
Phone (907)356-5781 or (907)356-5780

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**POINT OF HIRE COLLOCATION LIST**

<b><u>LOCATION</u></b>	<b>DESIGNATED CREW</b>	<b>3-LETTER CODE</b>	<b>DOF CREW CC</b>	<b>ADMIN OFFICE</b>	<b>AGENCY</b>	<b># OF CREWS</b>
Allakaket	Y	6A8		TAD	AFS	1
Chevak	Y	VAK	10317034	SWS	DOF	1
Delta	Y	BIG	10317038	DAS	DOF	1
Fairbanks	Y	FAI	10317131	FAS	DOF	2
Ft. Yukon	Y	FYU		UYD	AFS	2
Grayling	Y	KGX		GAD	AFS	1
Hooper Bay	Y	HPB	10317136	SWS	DOF	2
Huslia	Y	HLA		GAD	AFS	2
Kalskag, Lower	Y	KLG	10317139	SWS	DOF	1
Kalskag, Upper	Y	KLG	10317337	SWS	DOF	1
Kaltag	Y	KAL		GAD	AFS	1
Koyukuk	Y	KYU		GAD	AFS	1
Marshall	Y	3A5		GAD	AFS	1
Minto	Y	51Z		TAD	AFS	1
Mt. Village	Y	MOU		GAD	AFS	1
Nondalton	Y	5NN	10317234	SWS	DOF	1
Nulato	Y	NUL		GAD	AFS	1
Ruby	Y	RBY		GAD	AFS	1
Selawik	Y	WLK		GAD	AFS	1
St. Michael	Y	SMK		GAD	AFS	1
Stebbins	Y	WBB		GAD	AFS	1
Upper Tanana	Y	TSG		TAD	AFS	2
Venetie	Y	VEE		UYD	AFS	1

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**AFS Areas:**

GAD - Galena Zone, Galena

TAD - Tanana Zone, Tanana

UYD - Upper Yukon Zone, Fairbanks

**DOF Areas:**

SWS - Southwest Area, McGrath

MSS - Mat-Su Area, Palmer,

CRS - Valdez-Copper River Area, Glennallen

TAS - Tok Area, Tok

DAS - Delta Area, Delta

FAS - Fairbanks Area, Fairbanks

KKS - Kenai-Kodiak Area, Soldotna

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**PERSONNEL ACTION - EMERGENCY FIREFIGHTER**

SSN: (1) 123-45-6789 (2) New Hire  Yes  No  Change of Address

Name: (3) John Doe, JR (4)  Crew  Single Resource

Date of Birth: (5) 01/02/1956 (6) Are you at least 18 years old?  Yes

Home Phone: (7) 907-123-4567 (8) Are you a State Employee?  Yes  No

Married  Single (9) (10) Are you related to a DNR State Employee or non-crew EFF?  Yes  No

Address for Paycheck: (11) P.O. Box 123 (12) Same address for W-2?  Yes  No  
McGrath, AK  
99627  
 If "No" please fill in: \_\_\_\_\_

(13) **EMERGENCY CONTACT INFO**

Name: John Doe, SR  
 Address: P.O. Box 123  
McGrath, AK 99627  
 Phone #: 907-123-4567

Name: Jane Doe  
 Address: P.O. Box 123  
McGrath, AK 99627  
 Phone #: 907-123-4567

**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.

(14) John Doe, Jr  
 Signature of EFF Employee -  
 (16) Admin Assistant  
 Signature of Witness (Hiring Person)

(15) 05/01/20XX  
 Date  
 (17) 05/01/20XX  
 Date

**TO BE COMPLETED BY HIRING PERSONNEL:**

EFF Hire Date: (18) 05/01/20XX (19) \_\_\_\_\_  
 Job Title: (20) Field Observer (FOBS)  
 Point of Hire Collo Code: (21) 10317230  
 Crew Name (if applicable): (22) Single Resource  
 3 Letter Designator: (23) MCG (3-letter code)

Check here if Social Security Card was requested but the employee was unable to provide a copy

EFF Type - Check One: (24) Pay Rate - Check One:

Crew Member (25) _____	EFF 1 _____ \$11.75	EFF 7 _____ \$20.75
Squad Boss _____	EFF 2 _____ \$12.93	EFF 8 _____ \$23.27
Crew Boss _____	EFF 3 _____ \$14.40	EFF 9 _____ \$25.76
Other (26) _____	EFF 4 _____ \$15.87	EFF 10 _____ \$28.34
	EFF 5 _____ \$17.41	EFF 11 _____ \$31.12
	EFF 6 <input checked="" type="checkbox"/> \$19.05	EFF 12 _____ \$37.34
		EFF 13 _____ \$44.38

HR Staff - Input by: \_\_\_\_\_

3/25/2014

Reviewed by (initials): ad  
 Date sent to Region: 05/01/20XX

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**INSTRUCTIONS FOR PERSONNEL ACTION-EMERGENCY FIREFIGHTER**

1. SSN: 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 years 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 Assistant 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. Social Security Card requested but employee was unable to provide, check box
20. Job Title: Must be from the EFF Classification List. Exceptions must be requested through the Regional Admin and approved by the Regional FMO
21. Point of Hire Charge Code: Each Point of Hire is assigned a charge code, see pages 6 & 7 of this chapter
22. Crew name: See Point of Hire Charge Code List on pages 6 & 7. If not on a crew, write “Single Resource”
23. 3 Letter Designator: Generally the 3 letter airport designator for the EFF’s point of hire
24. EFF Pay Rate: Must match EFF type and qualifications
25. EFF Type: Check only one
26. Other: Check when hiring non-crew EFF

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**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, JR Department Natural Resources  
Employee ID 123-45-6789 Date of Birth 01/02/1956  
 INITIAL AUTHORIZATION  CHANGE

PRIMARY BENEFICIARY (IES)				CONTINGENT BENEFICIARY (IES)			
Name <u>John Doe, SR</u>				Name <u>Jane Doe</u>			
Address <u>P.O. Box 321</u>				Address <u>P.O. Box 321</u>			
City, State & Zip Code <u>McGrath, AK 99627</u>				City, State & Zip Code <u>McGrath, AK 99627</u>			
Relationship <u>Father</u>	DOB (if minor)	Percentage <u>100</u>	%	Relationship <u>Mother</u>	DOB (if minor)	Percentage <u>50</u>	%
Name				Name <u>Tom Doe</u>			
Address				Address <u>P.O. Box 321</u>			
City, State & Zip Code				City, State & Zip Code <u>McGrath, AK 99627</u>			
Relationship	DOB (if minor)	Percentage	%	Relationship <u>Brother</u>	DOB (if minor)	Percentage <u>50</u>	%
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			<b>100%</b>	TOTAL CONTINGENT PERCENTAGE MUST EQUAL			<b>100%</b>

Employee Signature <u>John Doe Jr</u>	Date <u>3/01/20XX</u>	Witness <u>Admin Assistant</u>	Date <u>3/01/20XX</u>
--	--------------------------	-----------------------------------	--------------------------

**INSTRUCTIONS**

- You may designate one primary beneficiary who would be the sole beneficiary.
- You may designate primary beneficiary(ies) and contingent beneficiary(ies). Primary beneficiaries receive the benefit first if you die. Contingent beneficiaries receive the benefit if the primary beneficiary has died.
- 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.
- If you are designating a minor (under 18 yrs of age) as your beneficiary, you must add the minor's date of birth (DOB).
- Should you wish to change or alter your designation of beneficiary, be sure to complete a new form in its entirety.
- 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 110204, Juneau AK 99811-0204.

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Instructions for Emergency Firefighter Time Report (OF-288)

Block 1: El-Suite will create a unique identifier number for each employee. Use only 7 digits followed by A,B,etc., for multiple pages.

Block 2: SSN: Make sure this number matches all other (hiring) paperwork.

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

Blocks 7: Hiring Unit Fax Number

Block 8-14: Self-explanatory

Blocks 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.

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**STATE OF ALASKA** (1) Hooper Bay # 1

<b>DIVISION of FORESTRY</b>		<b>PASSENGER and CARGO MANIFEST</b>					
ORDERING UNIT OR ORDER NUMBER (2) AK-CRS-042		INCIDENT NAME (3) Glenn Fire		INCIDENT NUMBER (4) 73X14042			
NAME OF CARRIER (5) Hagelund		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 PLACE		INTERMEDIATE STOPS		DESTINATION 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	(19)	(20)
2. Joe Friday SB	X			165	40		
3. Henry Lake SB	X			160	43		
4. William Irarraz 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 Malimberg CM	X			165	43		
17. Cindy Lands CREP	X						
18.							
19.							
20.							
21.							
22.							
SIGNATURE OF AUTHORIZED REPRESENTATIVE (21) Sally Mae House						DATE 05/01/0X	

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

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**INSTRUCTIONS FOR PASSENGER AND CARGO MANIFEST**

Prepare a Passenger and Cargo Manifest (SOA form 10-3138, page 25) 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)

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

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](mailto:tom.kurth@alaska.gov)

TELEPHONE NO.: (907) 451-2675

SUBJECT: Single Resource  
Self Sufficiency



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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.

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

**Request for EFF Nepotism Waiver**

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**

<u>John Doe, JR.</u>	<u>Father</u>
Name	Relationship
<u>Fairbanks</u>	<u>FFT 2</u>
Location	Position

**Regular DNR State Employee or Non-crew EFF**

<u>John Doe, III</u>	<u>Son</u>
Name	Relationship
<u>Fairbanks</u>	<u>FFT 2</u>
Location	Title

John Doe, JR was hired 6/01/20xx, John Doe, III was hired 6/03/20xx  
There is no direct/indirect supervision. See attached OrgChart

Additional information for Area Forester/MTM member consideration.

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

**Approvals/Disapprovals**

<u>6/03/20xx</u>	<u>Woody Owl</u>	Approval	Disapproval
Date	Area Forester or Unit Supervisor **	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<u>6/03/20xx</u>	<u>Smoke E. Bear</u>	Approval	Disapproval
Date	DOF Management Team Member in Supervisory Chain	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. Get prior verbal approval from the Area Forester or Unit Supervisor before hiring. Any hire is contingent on final approval by a Management Team member within 3 days of the original hire.
2. Get written approval from the Area Forester or Unit Supervisor.
3. Forward waiver to the Regional Admin Officer with organizational chart attached.
4. The waiver will then be submitted for review and final approval or denial by the DOF Management Team member in the Supervisory Chain within 3 days of the hire.
5. Regional Admin Officer or Regional Forester will notify the Area/Unit if the EFF won't be retained, and the EFF will terminate work 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.

Revised 03/2016

**ALASKA DEPARTMENT OF NATURAL RESOURCES  
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**2016 LIST OF APPROVED EFF CLASSIFICATIONS**

Title	Mnemonic	Rate	Title	Mnemonic	Rate
Admin Aide***		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-4	Incident Communication Center Mgr*	INCM	EFF-5
Aircraft Dispatcher*	ACDP	EFF-8	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	ATS	EFF-11	Laborer***		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***		EFF-3	Mixmaster*	MXMS	EFF-7
Camp Crew Boss***	CACB	EFF-4	Materials Handler *	WHHR	EFF-5
Cashe Liaison		EFF-7	Materials Handler Leader *	WHLR	EFF-6
Carpenter***	CARP	EFF-9	Mechanic (Automotive/Heavy Equip)***	GMEC	EFF-7
Clerk***		EFF-3	Mechanic, Maintenance***	FMNT	EFF-6
Comp for Injury Specialist	INJR	EFF-5	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***	CAR	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	PETL	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, CDL Required	DRCL	EFF-5	Public Information Officer Type II*	PIO2	EFF-11
Driver, >1 Ton and ≤ 4 Tons (No CDL)	DRIV	EFF-4	Public Information Officer*	PIOF	EFF-7
Emergency Medical Tech Basic	EMTB	EFF-7	Radio Operator*	RADO	EFF-4
Emergency Medical Tech Fireline	EMTF	EFF-8	Ramp Manager*	RAMP	EFF-6
Emergency Medical Tech Paramedic (fireline)	EMPF	EFF-10	Receiving & Dist. Manager*	RCDM	EFF-5
Emergency Medical Tech Paramedic	EMTP	EFF-10	Resource Advisor***	READ	EFF-9
Engine Boss* or Engine Boss**	ENGB	EFF-6	Retardant Crewmember***	THSP	EFF-6
Equipment Inspector	EQPI	EFF-4	Safety Officer Type 1*	SOF1	EFF-12
Engine Operator* or Engine Operator**	ENOP	EFF-5	Safety Officer Type 2*	SOF2	EFF-11
Equipment Manager*	EQPM	EFF-5	Safety Officer, Line*	SOFR	EFF-8
Equipment Time Recorder*	EQTR	EFF-5	Section Chiefs Type 1*		EFF-12
Expanded Dispatch Recorder*	EDRC	EFF-3	Section Chiefs Type 2*		EFF-11
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 *	FAL3	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	Take Off and Landing Coordinator*	TOLC	EFF-6
Firefighter Type 1*	FFT1	EFF-4	Task Force Leader*	TFLD	EFF-8
Firefighter Type 2*	FFT2	EFF-3	Unit Leaders* (w/ exception of DOCL & PROC which are EFF 6 & 9 respectively)		EFF-8
Firefighter, Single Resource, IA Yr 2 +		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			
Fixed Wing Parking Tender*	FWPT	EFF-3			
Food Service Worker***		EFF-1	Type 2 Crew		
Fork Lift Operator***	FLOP	EFF-2	Crew Member*	FFT2	EFF-3
Fueler***		EFF-2	Squad Boss*	FFT1	EFF-4
Fuel Specialist***	FUEL	EFF-4	Crew Boss*	CRWB	EFF-6
GIS Specialist*	GISS	EFF-7			
Heavy Equipment Boss	HEQB	EFF-6	Type 3 General Staff Positions		
Helicopter Manager, Single Resource*	HMGB	EFF-7	Finance/Admin Section Chief Type 3	FSC3	EFF-10
Helibase Manager Type 2*	HEB2	EFF-8	Logistics Section Chief Type 3	LSC3	EFF-10
Helibase Manager Type 1*	HEB1	EFF-9	Operations Section Chief Type 3	OPS3	EFF-10
			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	\$12.01	EFF-6	\$ 19.44	EFF-11	\$31.78
EFF-2	\$13.19	EFF-7	\$ 21.21	EFF-12	\$38.13
EFF-3	\$14.73	EFF-8	\$ 23.76	EFF-13	\$45.29
EFF-4	\$16.20	EFF-9	\$ 26.28		
EFF-5	\$17.80	EFF-10	\$ 28.93		

To get the rate of a position not listed here, INCLUDING THSP, contact Admin Officer  
Northern Region at (907) 451-2663, (907) 460-7007

**MEMORANDUM**  
**Department of Natural Resources**

**STATE OF ALASKA**  
**Forestry / Central Office**

TO: Forestry Management Team  
Area Foresters  
Fire & Aviation Working Group

DATE: April 1, 2016

TELEPHONE NO.: 451-2666

FROM: Chris Maisch   
State Forester

SUBJECT: 2016 EFF Classifications

SUBJECT: 2016 EFF Classifications & Pay Rates

The Department provides payroll services for State Emergency Firefighters (EFF). Pay rates and classifications are established in accordance with AS 41.15.030 that are consistent with the compensation paid by other firefighting agencies.

The United States Department of Agriculture and Interior provide Annual Directives that furnish emergency firefighter (AD) pay rates each calendar year. The federal Alaskan pay rates for calendar year 2016 have been received. In accordance with Delegations of Authority dated April 13, 1995, I am establishing the 2016 State EFF pay rates specified below. Rates are effective for work performed from April 1, 2016 through March 31, 2017.

2016 State Rate

2016 Federal Rates

<b>Classification</b>	<b>Per Hour</b>	<b>Classification</b>	<b>Per Hour</b>
Firefighter EFF-1	\$12.01	Firefighter AD-A	\$14.68
Firefighter EFF-2	\$13.19	Firefighter AD-B	\$16.12
Firefighter EFF-3	\$14.73	Firefighter AD-C	\$18.00
Firefighter EFF-4	\$16.20	Firefighter AD-D	\$19.80
Firefighter EFF-5	\$17.80	Firefighter AD-E	\$21.76
Firefighter EFF-6	\$19.44	Firefighter AD-F	\$23.76
Firefighter EFF-7	\$21.21	Firefighter AD-G	\$25.92
Firefighter EFF-8	\$23.76	Firefighter AD-H	\$29.04
Firefighter EFF-9	\$26.28	Firefighter AD-I	\$32.12
Firefighter EFF-10	\$28.93	Firefighter AD-J	\$35.36
Firefighter EFF-11	\$31.78	Firefighter AD-K	\$38.84
Firefighter EFF-12	\$38.13	Firefighter AD-L	\$46.60
Firefighter EFF-13	\$45.29	Firefighter AD-M	\$55.36

Cc: Theresa Zimmerman, DOA  
Jeff Jasper, LRIS Support Services  
Region Administrative Officer

**2016 - Fairbanks Job Center Application - 2016  
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. List all contact telephone numbers.

<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>	<b>Phone #:</b>
<b>Mailing Address:</b>			<b>Message or Cell #:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	

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

**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.**

<b>Job Experience/Training</b>	<b>Supervisor/Telephone Contact</b>	<b>Dates Worked (MO/YR)</b>
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\*\*\*\*\*

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

<b>JOB CENTER CONTACT INFO AND DATE:</b>
--

## PERSONNEL ACTION - EMERGENCY FIREFIGHTER

SSN: \_\_\_\_\_

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  N

Married  Single

Are you related to a DNR State Employee or non-crew EFF?  Yes  No

Address for Paycheck: \_\_\_\_\_

Same address for W-2?  Yes  No

If "No" please fill in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACT INFO

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

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: \_\_\_\_\_

Point of Hire Collo Code: \_\_\_\_\_

Crew Name (if applicable): \_\_\_\_\_

3 Letter Designator: \_\_\_\_\_ (3-letter code)

EFF Type - Check One:

Pay Rate - Check One:

	EFF 1 _____ \$12.01	EFF 7 _____ \$21.21
	EFF 2 _____ \$13.19	EFF 8 _____ \$23.76
Crew Member _____	EFF 3 _____ \$14.73	EFF 9 _____ \$26.28
Squad Boss _____	EFF 4 _____ \$16.20	EFF 10 _____ \$28.93
	EFF 5 _____ \$17.80	EFF 11 _____ \$31.78
Crew Boss _____	EFF 6 _____ \$19.44	EFF 12 _____ \$38.13
		EFF 13 _____ \$45.29
Other _____		

Check here if Social Security Card was requested but the employee was unable to provide a copy

HR Staff - Input by: \_\_\_\_\_

3/31/2016

Reviewed by (initials): \_\_\_\_\_

Date sent to Region: \_\_\_\_\_

**State of Alaska**  
**Division of Personnel & Labor Relations**

**EQUAL EMPLOYMENT OPPORTUNITY SURVEY**

Please complete the information requested below. This information will be used for the State Affirmative Action Plan and to fulfill Federal Employment reporting requirements. If you elect not to provide this information, a determination will be made based on visual observation.

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Last Name	First Name	M.I.
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**RACE, ETHNICITY AND GENDER INFORMATION**

	<u>Male</u>	<u>Female</u>
Alaska Native	<input type="checkbox"/> (P)	<input type="checkbox"/> (D)
American Indian / Native American	<input type="checkbox"/> (K)	<input type="checkbox"/> (A)
Asian or Pacific Islander	<input type="checkbox"/> (L)	<input type="checkbox"/> (B)
African-American	<input type="checkbox"/> (O)	<input type="checkbox"/> (C)
Hispanic	<input type="checkbox"/> (S)	<input type="checkbox"/> (E)
White	<input type="checkbox"/> (T)	<input type="checkbox"/> (H)

**DEFINITIONS**

The racial / ethnic groups for State Affirmative action programs and federal reporting purposes are defined as follows:

- Alaska Native:** Any person having origins in any of the original peoples of Alaska and who maintains cultural identification through tribal affiliation or community recognition. Alaska Native may include, for example, any person of Yup'ik, Inupiat, Aleut, Athabaskan, Tlingit, Haida or Tsimshian origin.
- American Indian/  
Native American:** Any person having origins in any of the original peoples of North America (Not including Alaska), and who maintains cultural identification through tribe affiliation or community recognition.
- Asian or  
Pacific Islander:** Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- African-American:** Any person having origins in any of the Black racial groups of Africa (Not including people of Hispanic origin).
- Hispanic:** Any person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin, regardless of race.
- White:** Any person having origins in any or the original peoples of Europe, North Africa or the Middle East (Not including people of Hispanic origin).

# 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** \_\_\_\_\_ **Department** Natural Resources (10)

**Employee ID** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**INITIAL AUTHORIZATION**

**CHANGE**

<b>PRIMARY BENEFICIARY (IES)</b>			<b>CONTINGENT BENEFICIARY (IES)</b>		
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 %
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		<b>100%</b>	TOTAL CONTINGENT PERCENTAGE MUST EQUAL		<b>100%</b>

<b>Employee Signature</b>	<b>Date</b>	<b>Witness</b>	<b>Date</b>
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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 beneficiaries 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 110204, Juneau AK 99811-0204.

# Form W-4 (2016)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note:</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2016</span>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ _____
7 I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

### Deductions and Adjustments Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2016 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note:</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# Employment Eligibility Verification

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

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

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial	Other Names Used ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )			Apt. Number	City or Town		State ▼
Date of Birth ( <i>mm/dd/yyyy</i> )	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]	E-mail Address			Telephone Number	

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

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

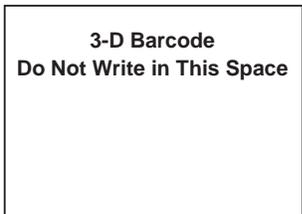
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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

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

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



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

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

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

Signature of Employee:	Date ( <i>mm/dd/yyyy</i> ):
------------------------	-----------------------------

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

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

Signature of Preparer or Translator:		Date ( <i>mm/dd/yyyy</i> ):	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )	
Address ( <i>Street Number and Name</i> )		City or Town	State ▼
		Zip Code	



*Employer Completes Next Page*



## Section 2. Employer or Authorized Representative Review and Verification

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

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode</b> Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

## Certification

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

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

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

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

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

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                (1) NOT VALID FOR EMPLOYMENT                (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION                (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol>
<ol style="list-style-type: none"> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> </ol>		<ol style="list-style-type: none"> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> </ol>		<ol style="list-style-type: none"> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> </ol>
<ol style="list-style-type: none"> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> </ol>		<ol style="list-style-type: none"> <li>3. School ID card with a photograph</li> </ol>		<ol style="list-style-type: none"> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> </ol>
<ol style="list-style-type: none"> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> </ol>		<ol style="list-style-type: none"> <li>4. Voter's registration card</li> </ol>		<ol style="list-style-type: none"> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> </ol>
<ol style="list-style-type: none"> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> </ol>		<ol style="list-style-type: none"> <li>5. U.S. Military card or draft record</li> </ol>		<ol style="list-style-type: none"> <li>5. Native American tribal document</li> </ol>
<ol style="list-style-type: none"> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>6. Military dependent's ID card</li> </ol>		<ol style="list-style-type: none"> <li>6. U.S. Citizen ID Card (Form I-197)</li> </ol>
		<p><b>For persons under age 18 who are unable to present a document listed above:</b></p>		<ol style="list-style-type: none"> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> </ol>
		<ol style="list-style-type: none"> <li>7. U.S. Coast Guard Merchant Mariner Card</li> </ol>		<ol style="list-style-type: none"> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>
		<ol style="list-style-type: none"> <li>8. Native American tribal document</li> </ol>		
		<ol style="list-style-type: none"> <li>9. Driver's license issued by a Canadian government authority</li> </ol>		
		<ol style="list-style-type: none"> <li>10. School record or report card</li> </ol>		
		<ol style="list-style-type: none"> <li>11. Clinic, doctor, or hospital record</li> </ol>		
		<ol style="list-style-type: none"> <li>12. Day-care or nursery school record</li> </ol>		

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

**STATE OF ALASKA  
PAYROLL DIRECT DEPOSIT FORM**

<b>EMPLOYEE ID NUMBER:</b> _____	<b>DEPT #:</b> _____
<b>NAME:</b> _____	

**Electronic direct deposit complies with AS 37.25.050 and 2 AAC 15.130.**

**ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION**

**Authorizations can be made for both net pay deposits and/or one flat amount deposit.  
Direct deposit to foreign financial institutions is not allowed.**

**I hereby authorize the State of Alaska to make payroll deposits to my account as indicated below:**

<b>NET PAY DEPOSIT:</b> <input type="radio"/> Initial Authorization <input type="radio"/> Change <input type="radio"/> Cancellation <input type="radio"/> No Change	
<b>Financial Institution Name</b> _____ <b>Institution Transit Routing Number</b> _____ <b>Account Number</b> _____	<b>CHECK ONLY ONE</b>  <input type="radio"/> <b>SAVINGS</b>  <input type="radio"/> <b>CHECKING – PLEASE ATTACH A VOIDED CHECK OR OTHER BANK VERIFICATION OF ACCOUNT NUMBER AS APPLICABLE</b>

<b>FLAT AMOUNT DEPOSIT:</b> <input type="radio"/> Initial Authorization <input type="radio"/> Change <input type="radio"/> Cancellation <input type="radio"/> No Change	
<b>Financial Institution Name</b> _____ <b>Institution Transit Routing Number</b> _____ <b>Account Number</b> _____ <b>Amount of Deduction</b> _____	<b>CHECK ONLY ONE</b>  <input type="radio"/> <b>SAVINGS</b>  <input type="radio"/> <b>CHECKING – PLEASE ATTACH A VOIDED CHECK OR OTHER BANK VERIFICATION OF ACCOUNT NUMBER AS APPLICABLE</b>

<b>FREQUENCY OF FLAT AMOUNT (CHECK ONLY ONE):</b>		
<input type="radio"/> <b>1<sup>st</sup> payroll of month</b> (16 <sup>th</sup> – end of month pay period)	<input type="radio"/> <b>2<sup>nd</sup> payroll of month</b> (1 <sup>st</sup> – 15 <sup>th</sup> pay period)	<input type="radio"/> <b>Twice monthly</b> (both pay periods)
<b>Note: Pay period dates listed apply to semi-monthly pay employees only. Bi-weekly employees should make selections based on the frequency of deduction.</b>		

I also authorize the State of Alaska to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account I have indicated above. I understand the State will make a reasonable effort to notify me within twenty-four (24) hours if a debit entry or adjustment is made against the account. This authority is to remain in full force and effect through the duration of my employment with the State of Alaska or until the State of Alaska has received written notification from me. I understand I must notify the State immediately and complete a new authorization form if I change financial institutions, account numbers or type of account. Any alteration or unauthorized addition invalidates this form.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the State of Alaska immediately. If the State discovers that the full amount of a direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under AS 11.56.210 as a class A misdemeanor.

Submit this completed form to your Payroll Services Section or Agency HR Office for processing. The processing of this form will take at least two pay periods. Refer any questions to your Human Resources Service Center or agency.

<b>SIGNATURE:</b> _____	<b>DATE:</b> _____
-------------------------	--------------------

## Instructions to complete the State of Alaska Direct Deposit Form

### Enter Employee ID, Name, and Department

#### NET PAY DEPOSIT

To deposit the all of net dollars from each pay warrant for each pay period. Dollars can be transferred to any ACH participating Financial Banking Institution.

**Indicate by marking the appropriate box:**

- **Initial Authorization** – you do not currently have an existing electronic NET deposit.
- **Change** – you wish to make a change to an existing electronic NET deposit such as a new financial institution, account number or account type.
- **Cancellation** – you wish to cancel an existing electronic NET deposit and elect not to have a new set-up started.
- **No Change** – you wish to continue your existing electronic NET deposit. Mark this box if you are making an authorization in the flat amount deposit section only.

**Enter the name of the financial institution, the 9-digit institution transit routing number, and account number.**

**Indicate either Savings or Checking.** *For Checking please attach a voided check or other bank verification of account number as applicable.*

Only indicate ONE type of account. Monies may not be divided between savings and checking.

**When to expect your first deposit:** Each new deposit or change will require at least two pay periods processing. The first pay period after set up, a pre-note process is initiated where information regarding your account is sent to the banking institution, but no monies are sent. You will receive an actual payroll warrant. The next pay period, your NET monies will be sent electronically and your warrant stub will be available online through Employee Documents Online.

See: <http://soaemployeedocs.alaska.gov> .

#### FLAT AMOUNT DEPOSIT

A set flat amount of money can be electronically deposited into any ACH participating financial institution.

**Indicate by marking the appropriate box:**

- **Initial Authorization** – you do not currently have an existing electronic flat amount deposit.
- **Change** – you wish to make a change to an existing electronic flat amount deposit. A new banking institution, account number, account type or dollar amount.
- **Cancellation** – you wish to cancel an existing electronic flat amount deposit and elect not to have a new set-up started.
- **No Change** – you wish to continue your existing electronic flat amount deposit. Mark this box if you are making an authorization in the NET deposit section only.

**Enter the name of the financial institution, the 9-digit institution transit routing number, and account number.**

**Enter the dollar amount** – Enter the dollar amount to be deducted from the appropriate pay period.

**Indicate either Savings or Checking.** *For Checking please attach a voided check or other bank verification of account number as applicable.* .

Only indicate ONE type of account. Monies may not be divided between savings and checking.

**Frequency:**

Indicate how often the flat amount should be deducted and electronically transferred; the first warrant of the month, the second warrant of the month or both warrants.

**When to expect your first deposit:** Each new deposit or change will require at least two pay periods processing. The first pay period after set up, a pre-note process is initiated where information regarding your account is sent to the financial institution, but no monies are sent. The next pay period, the monies will be sent electronically. If you are making a change to the flat dollar amount only, no pre-note will be necessary and no delay in electronic deposits will occur.

**Sign and date the form. Submit the completed form to your Payroll Services Section or Agency HR Office.**

CONDITIONS OF  
HIRE FOR  
EMERGENCY  
FIREFIGHTERS

1. You are being hired as an emergency firefighter (EFF) by an agency of the U.S. Government or the State of Alaska. These agencies are referred to in this document collectively as the "Government". Procedures or policies that refer to either the federal or state agencies are specifically addressed. The work is hard and shifts often exceed 12 hours. Prompt compliance with your supervisor's instructions at all times is essential and mandatory. You must be at least 18 years old and in good physical health (a physical examination may be required at the discretion of your supervisor). Close living conditions in incident camps require personal cleanliness. Personal hygiene must meet standards set by your supervisor, particularly your hair, which must be maintained in such a way that a safety hat can be properly worn.
2. Disclosure of your Social Security Number (SSN) is mandatory. You will be ineligible for employment if you fail to provide your SSN. The SSN is the primary reference for the gathering of earnings data in connection with lawful requests from other agencies (Internal Revenue Service or State agencies). The hiring agency alone has direct access to this information. SSN use is necessary because another individual may have a name identical to yours. Always provide **YOUR FULL LEGAL NAME** on your hiring documents, not nicknames.
3. You must have a current valid Government issued picture identification card (ID card) in your possession at the time of hire and for the duration of the assignment. You must also have documents that meet federal I-9 requirements to be hired.
4. Standard length for each assignment is 14 days, exclusive of travel time; however, this is not a guarantee of employment. The hiring agency or incident organization may release you at any time.
5. You are required to bring a sufficient supply of all necessary prescription medication for each incident assignment. Notify your regular Government supervisor of any potential life threatening medical conditions, i.e., allergic reactions to bee stings.
6. You will be paid at an hourly rate. The Officer-in-Charge will advise you of the salary rate for your position.
7. Income tax will be withheld from your check. All pay as an EFF must be included as gross income for Federal Income Tax purposes. You may have to report it on your state income tax report, if applicable, in accordance with state instructions.
8. You will be given the opportunity to complete federal income tax withholding forms. Failure to complete the W-4, Employee's Withholding Allowance Certificate, will result in federal income tax withheld at the default tax rate (the highest withholding rate).
9. Alaska does not have a state income tax. If you wish income tax withheld for another state, you must provide the proper state income tax form to the Officer-in-Charge.
10. When you sign your time report, you are agreeing it is correct. Do not sign the report until you agree! Keep your time sheet copy until you are paid.
11. You can expect to receive payment within three to four weeks after the end of your employment period. The State of Alaska will mail your check to the address you provide on your hiring paperwork. Federal payments will be made either by Direct Deposit (if you complete the sign-up form) or Treasury check mailed to your address of record.
12. You are required to bring your own personal items to and from the incident in a single bag. The total weight of your bag cannot exceed 45 pounds for the entire duration of the assignment. Radios, "boom boxes", or other electronic gear must not exceed one pound. Individuals exceeding the personal gear weight limitation must leave excess weight items behind. The Government will not be responsible for these items. MINIMUM clothing requirements are listed in the Emergency Fire Fighter Crew Management Guide, Section IV.B.2.a-h.
13. When you are hired for incident assignment, whether or not you may be restricted to an incident camp or staging area is at the discretion of the Incident Commander, or local, regional, or agency policy. Your pay status will be determined by the Officer-in-Charge following Interagency Incident Business Management Handbook and/or the Alaska Incident Business Management Handbook, and the Emergency Firefighter Crew Management Guide.
14. Whenever the Officer-in-Charge decides it is necessary, the Government will furnish meals and lodging with no cost to you. You will not receive reimbursement for meals or lodging that you purchase, meals you do not accept, or when

the Government is temporarily unable to furnish meals or lodging.

15. The Government will provide or pay for necessary transportation from the point of hire to the work location. The Government will also provide or pay for transportation back to the point of hire unless you are discharged due to a disciplinary action, quit without good reason, or intentionally deviate from your provided travel itinerary.
16. The cost of anything purchased through commissary will be deducted from your check. The Officer-in-Charge may suspend your commissary privileges if purchases exceed wages earned, less tax withholding. Commissary purchases are included in your 45 pound weight limitation.
17. Designated Government property (such as hard hats, tools, sleeping bags, tents, nomex clothing, etc.) issued to you must be returned. If they are lost, destroyed, or left in bad condition, the cost may be deducted from your check.
18. Report any damage to or loss of your personal property to your supervisor before you leave the incident camp. The Government assumes no responsibility for loss of personal items not needed for incident assignment. Reimbursement may be limited to predetermined maximum dollar amounts per item.
19. The Incident Commander may approve paid days off for personnel assigned at the incident. During paid days off periods, the Crew Boss will remain in charge. You are obligated to adhere to any conditions that have been established governing paid days off situations. EFF are not entitled to paid days off at their point of hire.
20. Possession of firearms, marijuana, illegal drugs, and illegal use of a controlled substance is prohibited. Possession or any evidence of usage constitutes grounds for immediate discharge.
21. Possession, use, and/or being under the influence of intoxicating beverages while in pay status constitutes grounds for immediate discharge.
22. Collection and/or transportation of wildlife during your period of employment may be grounds for immediate discharge.
23. If you are fired, or you quit without good reason before your scheduled demobilization, your pay will stop immediately. Additionally, the Interagency Resource Representative or Incident Commander will determine whether or not the Government will provide transportation back to the point of hire or pay you for this travel time. If not, you will be responsible for these transportation costs and/or the costs of personal needs during the waiting time.
24. If you are on active duty with the Armed Forces (Army, Air Force, Navy, Marine Corps, or Coast Guard) you are ineligible for U.S. Government EFF work. If you are on active duty with the Alaska National Guard you are ineligible for State of Alaska EFF work.
25. If you sustain an injury or become sick, report to your supervisor immediately.
26. THE U.S. GOVERNMENT AND THE STATE OF ALASKA ARE EQUAL EMPLOYMENT OPPORTUNITY EMPLOYERS. Unlawful discrimination or any kind of harassment will not be tolerated. (This includes behavior such as making threats, abusive language, slurs, unwelcome jokes, teasing and other such verbal or physical conduct.) Creating a hostile work environment will not be condoned. (This includes verbal or physical conduct of a sexual nature, making unwelcome sexual advances or requests for sexual favors, and unreasonably interfering with the work of others.)

I have read, or had read to me, and understand, the State of Alaska Exposure Control Plan, the Bureau of Land Management Exposure Control Plan, or the brochure entitled "Protecting Employees from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus" and realize by doing so I have fulfilled the Level 1 training requirement of the Bloodborne Pathogens Standard.

I have been provided the opportunity to complete income tax withholding forms.

I have read, or had read to me, and understand the above conditions and upon signing below, agree to abide by said conditions for the duration of this calendar year.

\_\_\_\_\_  
EFF'S PRINTED NAME

\_\_\_\_\_  
EFF'S SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY # (LAST 4 DIGITS)

\_\_\_\_\_  
HIRING OFFICIAL'S PRINTED NAME

\_\_\_\_\_  
HIRING OFFICIAL'S SIGNATURE

\_\_\_\_\_  
DATE

**STATE OF ALASKA**  
**APPLICANT QUALIFICATION INQUIRY - FIREARM POSSESSION**

The position for which you are being considered for appointment, PCN \_\_\_\_\_ 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 in the course of 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 by reason 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 in the course of 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)?

\_\_\_\_\_  
*Name (Print or type)*

\_\_\_\_\_  
*SSN*

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.

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

Court/Jurisdiction \_\_\_\_\_

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, and under Alaska State law as unsworn falsification (AS 11.56.210). 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 a report is grounds for disciplinary action, up to and including dismissal.

\_\_\_\_\_  
*Name (Print or type)*

\_\_\_\_\_  
*SSN*

\_\_\_\_\_  
*Department/Division*

\_\_\_\_\_  
*PCN#*

\_\_\_\_\_  
*Duty Station*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Request for EFF Nepotism Waiver

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

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

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

1. Get prior verbal approval from the Area Forester or Unit Supervisor before hiring. Any hire is contingent on final approval by a Management Team member within 3 days of the original hire.
2. Get written approval from the Area Forester or Unit Supervisor.
3. Forward waiver to the Regional Admin Officer with organizational chart attached.
4. The waiver will then be submitted for review and final approval or denial by the DOF Management Team member in the Supervisory Chain within 3 days of the hire.
5. Regional Admin Officer or Regional Forester will notify the Area/Unit if the EFF won't be retained, and the EFF will terminate work 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.

## HEPATITIS B VACCINATIONS

The Occupational Safety and Health Administration requires employers to offer Hepatitis B vaccinations to employees who may be occupationally exposed to potentially infectious materials. The vaccinations come in the form of three vaccinations: an initial, a second after 30 days, and the final one six months after the initial vaccination.

If you receive an exposure to blood-borne pathogens, the DOF/BLM-Alaska will offer the vaccinations at no cost to employee or volunteers through an appointed medical facility. The vaccinations protect personnel from Hepatitis B, the most serious form of hepatitis.

Symptoms of Hepatitis B include fatigue, mild fever, muscle or joint aches, nausea, vomiting, loss of appetite, and sometimes diarrhea. Should you choose to decline the vaccination, you will be asked to sign a "Hepatitis B Vaccine Refusal Form" for the records. Should you decide at a later date that vaccination is in your best interest, DOF/BLM will provide the vaccination.

\*\*\*\*\*

### ***WHAT-TO-DO IF YOU ARE EXPOSED (ON THE JOB) TO HUMAN BLOOD OR BODY FLUIDS:***

- \* **IMMEDIATELY** report the exposure to your supervisor.
- \* Medical evaluation and follow-up will be provided at no cost to you.
- \* Medical evaluation, with your consent, will include a blood test to determine infectiousness.
- \* Medical findings and evaluation are confidential.
- \* Complete the following forms and give to your supervisor:
  - 1) Report of Occupational Injury or Illness (02-921)
  - 2) Employee's Statement (BBP)
  - 3) Health Care Provider Report of Post-Exposure Evaluation (BBP)
  - 4) Exposure Incident Record (BBP)The Supervisor fills out the Supervisor's Accident Investigation Report (02-932)

## STATE OF ALASKA



## PROTECTING EMPLOYEES FROM

## HEPATITIS A VIRUS HEPATITIS B VIRUS AND HUMAN IMMUNODEFICIENCY VIRUS

Rev. 02/2016

Division of Forestry/Bureau of Land Management employees and volunteers perform a variety of tasks such as handling refuse, coming in contact with blood on work surfaces, or giving first aid that may expose them to potentially infectious materials. Exposure to Human Immunodeficiency Virus and Hepatitis A or B can be minimized if precautions are taken by the employee and the employer.

**HUMAN IMMUNODEFICIENCY VIRUS (HIV)** is transmitted through sexual contact, contact with human blood or other body fluids, or contact with contaminated needles/syringes. HIV is the disease that can lead to AIDS.

**HEPATITIS A VIRUS (HAV)** is transmitted through contact with an infected person's feces or indirect fecal contamination of food, water supply, or raw shellfish. It has been known to be transmitted through urine, semen, and tears. Hands and utensils may carry sufficient amounts of the virus to enter the mouth to cause infection. The Interior or Bush communities in Alaska commonly experience outbreaks. Onset may occur in the fall, but is most common in the winter throughout the United States.

Protection for employees who may be occupationally exposed to Hepatitis A through exposure to human feces shall include safe work practices, personal protective equipment, employee awareness, and Hepatitis A vaccination based on current job assignment.

**HEPATITIS B VIRUS (HBV)** is transmitted to a person through sexual contact, blood transfusions, or contact with human blood, contaminated needles or body fluids (such as joint and lung fluids), or from mother-to-child during the third trimester or at birth.

Protection for employees who may be occupationally exposed to Hepatitis B and HIV through exposure to potentially infectious materials shall include training, safe work practices, personal protective equipment, Hepatitis B vaccinations, housekeeping (laundry, cleanup of blood or body fluids), medical surveillance (physician examination, testing and follow-up), and record keeping.

## **SAFE WORK PRACTICES**

### **1. Administering First Aid/CPR**

- \* Always protect yourself through the use of a barrier kit (gloves, goggles, and one-way mouthpiece). Crewbosses and overhead personnel should always carry these when in the field.
- \* Use disposable equipment and devices only once, then dispose properly.
- \* Disinfect reusable equipment after each use.

### **2. Potential Exposure to Hepatitis A via Human Feces.**

- \* Always use personal protective equipment.
- \* Always wash your hands thoroughly after removing gloves.
- \* Disinfect any contaminated hand tools or equipment.

### **3. Handling / Disposal of Hypodermic Needles/Syringes.**

- \* Do not pick up these items by hand. Always use a litter grabber, pliers, or tongs to avoid direct contact. Pick up away from point.
- \* Always wear proper gloves as an added precaution, even when using a litter grabber, pliers, etc.
- \* Treat all medical instruments (needles/syringes) as medical waste and label as a biohazard.
- \* Never use hands or feet to crush garbage. Do not hold garbage bags against legs or torso for any reason.

### **4. Handling Used Condoms and Feminine Hygiene Products**

- \* Do not pick up by hand; always use a litter grabber or tongs, etc.
- \* Always use appropriate gloves as an added precaution, even when using pickup devices.

### **5. Camp Life**

- \* Avoid sharing utensils, bottles and cups with others.
- \* Always wash hands prior to entering any Fresh Food boxes or cooking areas.
- \* Use chlorinated lime to cover latrines. Make wash basins available in camp areas and latrine sites.

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

**INCIDENT PAYROLL**

Fire personnel time is kept on Form OF-288, Emergency Firefighter Time Report. For regular State employees the OF-288 is the mandatory backup for out-of-Area assignments, and must accompany the regular State timesheet to Juneau. All time should match between the two forms.

All DOF personnel record regular fire time to incidents supported. Leave or holiday time is never charged to an incident charge code or ledger code. They are properly charged only to the code of record except when working on incidents or assignments before or after the determined seasonal LWOP date.

**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 they are aware of the situation and can establish RSAs as needed. Employees of other Departments in State government cannot take leave from their regular job to work for the Division of Forestry.

**Chugachmiut or Tanana Chiefs Contract Crews**

OF-288s from these contract crews are backup documentation only and must be sent to their home office. Call to find out how they prefer to have timesheets sent/faxed:

Chugachmiut	Tanana Chiefs
Phyllis Wimberley	Human Resources
1840 Bragaw St. Suite 110	122 First Avenue
Anchorage, AK 99508-3463	Fairbanks, AK 99701
Phone: 907-334-0142	Phone: 907-452-8251

**University of Alaska Fairbanks Agency Crew**

This Agency crew consists of Emergency Fire Fighters (EFF). Time will be recorded on Crew Time Reports (CTRs) and OF-288s which will be submitted to Juneau for payment. OF-288s for the Assistant Superintendent are back up documentation only and must be sent to the EFF's home office. Please scan to the following:

University of Alaska Fairbanks Crew  
Carrie Santoro  
[clsantoro@alaska.edu](mailto:clsantoro@alaska.edu)  
**(907) 474-6080**

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

## **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 according to 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.

### 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.

### Mandatory Day Off

State of Alaska policy is 1 day of rest in 21 days. In no case is any employee to exceed 20 days. **A Mandatory day off is a calendar day, not a 24 hour period.** State employees are not paid for a mandatory day off, as long as they work 37.5 hours in a work week. This mandatory day off is not compensated. The employee will not be in pay status.

### 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.

**Article 13.01C Temporary Appointments.** Selection for appointments for less than thirty (30) consecutive days will be right of management, other provisions of this contract notwithstanding. Temporary performance by an employee in a higher-rated classification shall not result in a change in classification of a position, unless such temporary work is approved in writing by the Division Director prior to performing the duties and is in excess of thirty (30) consecutive days. In such cases, the change to a permanent classification will be made in accordance with Article 22.02.

LTC should report "Temp. Upgrade" on each line indicating the range of each day as well. Use the comment section of the timesheet.

### Compensable Travel Time

Compensable travel time begins at time of departure from residence or duty station 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 Calculation**

- Emergency Firefighters (EFF) – Employees who regularly work a 40 hour workweek shall receive overtime for hours worked in excess of 40 hours of work per week at the rate of one and one-half (1½) times the appropriate rate of pay. Mandatory day(s) off DO NOT apply to meeting the 40-hour threshold for overtime calculation purposes.

**ALASKA DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF FORESTRY  
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- General Government Unit (GGU) - Overtime eligible members who regularly work a 37.5 hour workweek shall receive overtime for hours worked in excess of 37.5 hours of work per week at the rate of one and one-half (1½) times the appropriate rate of pay. Mandatory day(s) off, leave hours, and paid non-worked holidays DO NOT apply to meeting the 37.5 hour threshold for overtime calculation purposes. Hours worked on a holiday do apply toward meeting the threshold for the purpose of overtime calculation.
- Supervisory Unit (SU)-Overtime Eligible Members - All work performed by members of the bargaining unit in excess of forty (40) hours worked in a workweek is considered overtime and shall be paid at the rate of one and one-half (1½) times the appropriate regular or shift rate of pay. 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 1.5 times the member's regular hourly rate (Article 25.7). All work performed in excess of 37.5 hours but less than 40 hours in pay status per week is paid at the appropriate regular or shift rate of pay which is recorded in the OT Straight column on the timesheet.
- Overtime Ineligible Employees  
*Provisions for working on fire activities have not yet been determined for the 2016 fire season.*
- Public Employees Local 71 (LTC) - The employee shall be paid overtime for all work in excess of eight (8) hours in any one day and forty (40) hours in any one week, at one and one-half (1.5) times the basic rate of pay. Mandatory day(s) off, leave hours, and holiday hours worked DO NOT apply to meeting the overtime threshold for overtime calculation purposes.

For all work performed on the employee's first or second scheduled day off, one and one half (1½) times the basic rate of pay shall be allowed. However, for all work on the seventh (7<sup>th</sup>) consecutive day of work, two (2) times the basic rate of pay shall be allowed. See LTC contract (13.06) for details.

### **Flex Time Agreements**

- Supervisory Unit (SU) and General Government Unit (GGU) – See links:
- SU see <http://doa.alaska.gov/dop/fileadmin/HRForms/pdf/suFlexTime.pdf>
- GGU see <http://doa.alaska.gov/dop/fileadmin/HRForms/pdf/gguFlexTime.pdf>

### **Seasonal Overtime Conversion**

The box labeled GGU Seasonal Overtime Conversion on the DNR Time and Attendance Report is checked when seasonal personnel opt to have overtime converted when they are put into seasonal leave without pay status. If the box is not checked, overtime is appropriately paid out in the pay period in which it was earned. Note: Even if the seasonal employee opts for Seasonal Overtime Conversion on their hiring paperwork, they must “elect their choice” every pay period on their timesheet.

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

**Fatigue Management**

Jeff Jahnke's May 2002 memo (see page 18) outlines requirements for mandatory time off to manage staff fatigue and promote safety in operations. That memo still stands as the Division's guide on this topic with the following exceptions/updates:

- A calendar day constitutes a day of rest rather than a 24 hour period. 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 37.5 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 (it's considered work status) when taking a mandatory (e.g., 21<sup>st</sup>) 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 on State timesheets and/or the OF-288 for that calendar day.

**Incident Resource Order Compensation (IROC) and Wildland Fire Letter Of Agreements**

See Regional Administrative Officer for details.

**Shift Differential**

EFF are not entitled to shift differential.

LTC bargaining unit members who start their shift between 1100 and 1959 hours will receive swing shift pay for the entire shift (3.75% of base hourly rate), subject to contract change.

GGU, SU bargaining unit members who start their shifts between 1200 and 1959 hours will receive swing shift pay (3.75% of base hourly rate), subject to contract change.

All bargaining units receive graveyard shift pay (7.5% of base hourly rate) for entire shift when the shift starts between 2000 and 0559 hours, subject to contract change.

To ensure proper payment of shift differentials on the state timesheet, record appropriate regular and/or overtime hours in the normal columns as well as in the shift columns in the far right on the State timesheet. Also note in the comment section that employee was assigned to a swing/graveyard shift. (Example page 14) When a bargaining unit member who is eligible to receive overtime works a shift that qualifies for shift differential pay, the employer shall compute overtime on the basis of the following formula:

$$(\text{Base rate} + \text{shift differential}) \times 1\frac{1}{2}$$

**Recall (Call-Back, LTC)**

EFF are not entitled to "recall" pay.

GGU, SU, and LTC bargaining unit members eligible for overtime who are called back to work within four (4) hours after the completion of their shift are paid at the appropriate overtime rate for actual hours worked. On the timesheet note the actual hours worked in the "recall" column rather than "4." If they are recalled later than four (4) hours after completion of their regular shift, the bargaining unit member is entitled to a minimum of four (4) hours pay at the appropriate overtime rate. On the timesheet note the actual hours worked in the "recall" column, rather than "4".

If the total callback hours worked exceeds four (4), the bargaining unit member shall receive pay at the appropriate overtime rate for all the hours worked. On the timesheet note the actual hours worked in the "recall" column. A solicitation requesting information or availability for assignment does not constitute "call back" unless the employee is required to immediately report to work.

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Recall hours worked (Earnings code: 243, 244) count toward the minimum work week requirement but do not count toward the overtime threshold. Non-work recall hours (Earnings code: 245), used to meet the contractual four (4) hour minimum, do not count toward the minimum work week requirement or the overtime threshold.

Under the GGU contract, there are four situations for which recall is specifically excluded. They are:

- If the additional work assignment was scheduled prior to the bargaining unit member's leaving the work site at the end of the shift;
- If the employee who is contacted to return to work is on standby when contacted to return to work;
- If the employee has volunteered to be called for overtime during a specified pay period;
- If the employee is not required to report to a workstation or other location in order to perform the work.

*Please note the attached memo (page 16) regarding LTC bargaining unit members who are called back to work immediately prior to the start of their regularly scheduled shift.*

### **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. Worked hours shall apply toward hours worked for OT calculation purposes for SU and GGU.

Please note 7.5 hours under holiday on timesheet to code of record (unless working after the seasonal employee's SLWOP date). Record actual hours worked on a separate line under overtime with the correct charge and ledger codes.

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

- Public Employees Local 71 - A designated holiday will normally be observed on the calendar day on which it falls, except that if a holiday falls on the employee's first regularly scheduled day off, it will be observed on the preceding day. If the holiday falls on the employee's second regularly scheduled day off, it will be observed on the following day.
- Floating Holiday - A designated holiday will normally be observed on the calendar day on which it falls, except bargaining unit members who are regularly scheduled to work on Monday through Friday will observe the preceding Friday when the holiday falls on Saturday, and will observe the following Monday when the holiday falls on a Sunday. Employees may choose to float any designated holiday as long as it is documented and authorized on the proper form. Full time employees who work a designated floating holiday shall be credited with 7.5 hours of personal leave.

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- General Government Unit- A designated holiday will normally be observed on the calendar day on which it falls, except that if the holiday falls on a bargaining unit member's first regularly scheduled day off it will be observed on the preceding day. If the holiday falls on the bargaining unit member's second regularly scheduled day off it will be observed on the following day. Normally, only those bargaining unit members designated in advance by appropriate supervision will be required to work on a designated holiday. All hours worked on a holiday shall be paid at the holiday premium rate of time and one-half (1.5) the appropriate pay rate, in addition to seven-and-one-half (7.5) hours straight time holiday pay. Hours that an employee works, and for which he/she is compensated at the holiday premium rate, shall be considered hours worked for purposes of computing overtime eligibility under Article 22.02. Hours worked on a holiday shall be credited only once in the calculation of hours in the workweek. Exclusive of Holiday Pay provided for by Article 24.01, no single hour worked at any time in a work period will be paid at greater than time and one-half (1.5).

**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.

Contract:

<http://doa.alaska.gov/dop/fileadmin/LaborRelations/pdf/contracts/GGU20132016Final.pdf>

GGU Article 22.05 provides for Standby Pay for employees.

GGU Article 1.01.A defines the difference between an employee and bargaining unit member. Employees are permanent, probationary, and provisional while bargaining unit members are persons in nonpermanent positions.

Employees are not paid standby on mandatory days off.

- Public Employees Local 71 - An LTC bargaining unit member placed on-call for a calendar day or a portion thereof, shall be paid one (1) straight-time hour at the employee's base hourly rate.
- General Government Unit - For GGU an amount equal to ten (10) percent of seven and one-half (7.5) times the employee's hourly base salary will be paid to an employee who is assigned to a standby roster for each calendar day or portion of a calendar day. Compensation shall include geographic and shift pay as appropriate. Seven and a half (7.5) hours are shown in the Standby column for each day on standby regardless of number of hours on standby.
- Supervisory Unit – For each day on standby, in the “Standby” column, place a “1” for each calendar day on standby.
  - Overtime Eligible – The employee will receive pay in an amount equal to  $\frac{3}{4}$  of one hour's pay at the hourly base rate.
  - Overtime Ineligible – The employee will receive pay in an amount equal to 1.25 hours pay at the annualized hourly base rate.

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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.

Regular Standby Status

Individuals may be on standby for an Overhead Team, Duty Officer rotation, particular fires, or high fire danger. If the individual is on standby for a particular fire, standby is entered for that date on the same line as the regular time and overtime being coded to the fire. For other standby, the hours are entered on a separate line of the timesheet and the standby code is used. (See the Suppression Component Coding chapter)

**Hazard Pay**

EFF are not entitled to Hazard pay.

Bargaining unit members who are required to work under dangerous conditions as determined by their bargaining unit contract shall receive hazard pay of seven and one-half per cent (7½ %) in four (4) hour increments so worked.

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 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. Please see State Forester memo of August 7, 2007 on page 19.

Bargaining unit members performing this work may record applicable time and claim for hazard pay. Use Hazard Pay Worksheet to record hazard time. (See chapter 2 supplement)

- 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 the appropriate eight digit charge Code (10310130) and eight digit ledger code (the fire # starting with 73).

**Meal Periods**

Personnel assigned to, and who stay in, the incident camp, are provided meals at the incident. These meals are normally standard rations, such as MREs with a fresh food supplement every third day on extended attack fires. Meal breaks are scheduled based on shift schedules.

Personnel working at their established duty stations are responsible for providing their own meals. Personnel assigned away from their normal duty station (home administrative unit), are entitled to subsistence. The Area/Regional Forester may authorize written exceptions because of extremely high fire activity.

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If an individual cannot be relieved for their meal break, they are entitled to compensation at the appropriate rate. Letters of Agreement (LOA) are in place and are for meal periods 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.

General Government and Supervisory Employees

**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.

An employee can claim both union contract **and** LOA meal breaks, however, the employee must indicate which days they worked per LOA (on Wildland Activities) and which days were per union contract.

The LTC 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 fireline on an uncontrolled fire, breaks are not mandatory, but are recommended.

**Closing Out Emergency Firefighter Time Reports (OF-288's)**

If feasible or practical, time reports are closed out on the 15<sup>th</sup> and last day of each month. 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 demobing 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

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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. The incident's Regional Administration staff will coordinate payroll processing.

*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. 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 dependably predicted, the incident closes out the timesheet. If crew members are traveling home on different aircraft, end times for the same crew will vary. Incident Regional Administration staff will coordinate final processing of the timesheets for crews. 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.

*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 holding the timesheets for completion. A copy of the OF288 is given to the Crew Boss to take home.

For crews on project fires, close out is mandatory on June 30th, which is the end of the State fiscal year. Otherwise, OF-288s are may be closed out on the 15<sup>th</sup>, the last day of the month, or at the end of the incident.

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**Checklist for Closing Out Emergency Firefighter Time Reports (OF-288s)**

- ✓ Have Crew Boss examine crew time (CTRs & OF288s) before crew members sign OF288s
- ✓ 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, Unique Identifier
- ✓ Block 12, Position Title (mnemonic)
- ✓ Blocks 13, EFF Class
- ✓ 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 OF288
- ✓ 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 17 is signed by timekeeper and corrections are initialed
- ✓ **OF288 MUST be signed by the employee**

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

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 page 12)

**Incident Distribution of Emergency Firefighter Time Reports**

**Original – will be routed through the administering Area and then the employee’s home unit’s Regional office before being sent to Juneau for processing.** For State employees, the original OF-288 will be submitted as backup for the regular timesheet.

**Copy – final fire package**

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**Distribution of State EFF OF-288 from an Incident**

Route original OF-288 and excess hours justifications to the following offices:

**Coastal Region**

Division of Forestry  
101 Airport Road  
Palmer, AK 99645-6445  
Attn: Payroll  
Phone: (907) 761-6205  
Fax: (907) 761-6201

**Northern Region**

Division of Forestry  
3700 Airport Way  
Fairbanks, AK 99709-4699  
Attn: Payroll  
Phone: (907) 451-2663  
Fax: (907) 451-2690

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

**AFS Crew Time – Please FED-EX 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

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**MEMORANDUM**  
**Department of Natural Resources**

**STATE OF ALASKA**  
**Forestry / Central Office**

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

DATE: March 24, 2014

TELEPHONE NO.: 269-8476

FROM: Dean Brown   
Deputy Director

SUBJECT: Employee Signatures on  
Timesheets POLICY

Positive time reporting is a requirement for both state and federal programs and requires each timesheet to be signed by the employee. In many instances it is necessary to send a timesheet to payroll that has not been signed when the employee is not available. In that case it is signed by the supervisor who notes "Employee Not Available" on the employee signature block. **In ALL cases, a copy of that timesheet must subsequently be signed by the employee**, and then sent to payroll where the signed and unsigned timesheets are attached.

It is the responsibility of the Administrative timesheet collector to track unsigned timesheets and ensure that an employee does sign when he/she returns.

- Ensure that all employees sign their timesheets.
- If the employee is unavailable for signature, and is on fire assignment, provide a copy of the signed OF288 w/the timesheet to payroll. The timesheet is then signed by the supervisor and marked "employee not available".
- The employee MUST sign the timesheet when they return to the office.
- The crew time report has everyone's name on it and if the employee can sign that we will include that, or if they can sign/fax/scan with signature that is preferable. Otherwise they must sign when they return.
- Once signed, the timesheet collector will forward the timesheet to payroll to put with the unsigned timesheet already sent in.
- The admin timesheet collector will maintain a file of the unsigned timesheets to ensure follow through in obtaining a signature.



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**DNR TIME & ATTENDANCE REPORT INSTRUCTIONS**

**NOTE:** Record all appropriate information in the top section of the timesheet.

**DATE:** List all dates in pay period including regular days off (RDO).

**START TIME:** Indicate shift start time.

**REGULAR TIME:** Record all time worked at straight time except hours compensated as straight overtime. Leave, overtime, and holidays should not be included here.

**HOLIDAY:** Record 7.5 hours for paid State holiday. Do not include hours worked. Record Holiday time worked on separate line.

**LEAVE:** Record the hours of leave reported on leave slips. Misc. leave: leave hours not identified elsewhere on timesheet (i.e. sick – LTC, military, court, family).

**OT STRAIGHT: LTC** – Record hours worked between 7.5 and 8 hours a day. **SU/KK** – Record hours between 37.5 and 40 hour per week.

**1.5 X OVERTIME: GG** – Record hours worked after 37.5 hours per week. **LTC** – Record hours worked after 8 hours in a day or 40 hours per week. **SU/KK** – Record hours worked after 40 hours per week. Record all hours worked on holidays. Signature of supervisor authorizes overtime for eligible employees.

**2 X OVERTIME: LTC** only – Record hours worked on 2<sup>nd</sup> scheduled RDO if employee has worked 7 consecutive days.

**RECALL/CALL BACK:** Record only actual hours worked and start time. **GG** – Recall provisions do not apply in the following cases:

- a. if the additional work assignment has been scheduled prior to the bargaining unit member's leaving the worksite at the end of the shift;
- b. if the employee who is contacted to return to work is on standby when contacted to return to work;
- c. if the employee has volunteered to be called for overtime during a specific pay period;
- d. if the employee is not required to report to a work station or other location to perform the work.

**STANDBY/ON-CALL: GG** – Record 7.5 hours for each day on standby. **SU** – Record one hour on each day on standby. **LTC** – Record an X in column for each day on-call.

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**OUT OF CLASS CODE: LTC** only – Record the appropriate wage group in column for each day working out of class. Note on comment line duties performed that qualify the employee to receive out of class pay and name of the employee they are working for.

**DAILY TOTALS:** Total of all regular time, holiday, leave, and overtime.

**CHARGE/LEDGER CODE:** Enter only if time is to be charged to other than code of record. Enter corresponding ledger code or fire number if applicable.

**TOTAL HOURS:** Total hours per page.

**GRAND TOTAL:** Total hours for pay period.

**HAZARD:** Complete Hazard Pay Worksheet

Sign and date timesheet.

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**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 *lee*  
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 Employees – Fatigue Management Guidelines  
May 22, 2002  
Page 2

**1 Day Off in 21 Days**

All Division of Forestry employees will have at least one day off within a 21-day period. After 13 consecutive days of work, employees should be scheduled for their next regular day off (RDO) whenever feasible. (See example #1 attached.)

In no case is any employee to work in excess of 20 consecutive days. (See example #2 attached.)

Fulltime employees are entitled to 37.5 hours in pay status within 5 consecutive days, and two consecutive days off, within the 7-day workweek (Monday 0001 hours to Sunday 2400 hours). Managers should stagger work schedules (so not all individuals have the same RDOs) to most efficiently maximize coverage of the work unit.

In extreme situations during the high fire season, employees may not be able to take their next RDO following 13 consecutive days of work. In these circumstances, a supervisor may instruct an employee to take a regularly scheduled workday off in order to comply with the 1 day off in 21 policy. In this scenario, the supervisor must ensure the employee still receives the 37.5-hour of pay status within five consecutive days. Employees may elect to use personal or annual leave, or overtime conversion, for a mandatory day off that falls on a regularly scheduled workday, in lieu of unpaid time off. Supervisors may not direct employees to take leave to meet the 37.5-hour workweek threshold.

It is the responsibility of employees and supervisors to track days worked in order to adhere to this policy.

**Meal Breaks**

Division employees are expected to follow their collective bargaining agreements regarding meal breaks. When working on fire assignment, employees shall comply with the Alaska Incident Business Management Handbook and the Federal Interagency Business Management Handbook regarding meal breaks.

In extreme situations, fireline personnel may be compensated for their meal period in accord with the Alaska Incident Business Management Handbook (Chapter 2), and the Federal Interagency Business Handbook (Chapter 10, Section 12.6). Compensable meal breaks are the exception, not the rule.

CC: DNR Human Resources

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**Example #1 - JUNE 2002**

After the employee has worked 13 consecutive days, taking the next RDO results in 1 day off within 14 days. In the example below, it is the employee's 14<sup>th</sup> day that they take off.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 WORK	4 WORK	5 WORK	6 WORK	7 WORK	8 WORK
9 WORK	10 WORK	11 WORK	12 WORK	13 WORK	14 WORK	15 WORK 13 <sup>th</sup> DAY
16 <b>EE TAKES RDO</b>	17 WORK	18 WORK	19 WORK	20 WORK	21 WORK	22
23	24	25	26	27	28	29

**Example #2 – MAY- JUNE – JULY 2002**

After the employee has worked 13 consecutive days, they take their next RDO. In this example, it is the employee's 19<sup>th</sup> and 17<sup>th</sup> days that they take off.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26 <b>MAY</b> WORK	27 Holiday OFF	28 WORK	29 WORK	30 WORK	31 WORK	1 <b>JUNE</b> WORK
2 WORK	3 WORK	4 WORK	5 WORK	6 WORK	7 WORK	8 WORK
9 WORK 13 <sup>th</sup> DAY	10 WORK	11 WORK	12 WORK	13 WORK	14 WORK	15 <b>EE TAKES RDO</b>
16 WORK	17 WORK	18 WORK	19 <b>Personal Leave</b>	20 WORK	21 WORK	22 WORK
23 WORK	24 WORK	25 WORK	26 WORK	27 WORK	28 WORK	29 WORK
30 WORK	1 <b>JULY</b> WORK	2 WORK 13 <sup>th</sup> DAY	3 WORK	4 Holiday WORK	5 WORK	6 <b>EE TAKES RDO</b>

**Example #3 - JUNE 2002**

If an employee is directed to take a normally-scheduled workday off, then 37.5 hours need to be scheduled by Friday (for a normal Monday-Friday workweek). Having worked 10 hours Monday and Tuesday, and directed to take Wednesday off, there remains 17.5 hours to schedule in the workweek to be completed by Friday. Required day off may be personal or annual leave, overtime conversion, or unpaid time off.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
2 (End of Workweek) WORK	3 WORK 10 hrs	4 20 <sup>th</sup> DAY WORK 10 hrs	5 <b>REQUIRED DAY OFF</b>	6 WORK 8.75 hrs	7 WORK 8.75 hrs	8 WORK
9 WORK	10 WORK	11 WORK	12 WORK	13 WORK	14 WORK	15 WORK

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**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

# INCIDENT TIME REPORT

<b>INCIDENT TIME REPORT</b>			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				
Same as Column					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					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		
<i>In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel</i>															17. Total Hours (all columns):				

<b>18. Commissary and Travel</b>						<b>For Payment Center use only</b>						
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement	18e. Deduction	18f. Firecode					
<b>Total</b>				\$	\$				20. Employee Signature			
19. Remarks						21. Time Officer Signature						

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







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

**COMMISSARY**

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 Interagency Incident Management Handbook for further information on contract commissary.

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 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.

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.

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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 write the commissary collocation code (10310131 for Northern and 10310132 for Coastal) and fire number on them. This information must be recorded on the Commissary Accountability Record 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

#### 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), or returned to the vendor.

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

**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, see page 4) 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.

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

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

NSN 7540-01-120-4061

**COMMISSARY FILE**  
☆ GPO : 1985 O - 473-280

OPTIONAL FORM 284 (9-81)  
USDA/USDI  
50284-101

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

COMMISSARY ISSUE RECORD				1. FIRE LOCATION <b>Anchorage</b>		2. FIRE NAME <b>Thor's Fury</b>		3. FIRE NO. <b>73X01324</b>					
				4. FIRE CAMP NAME <b>Viking Pass</b>		5. FIRE CAMP NO.	6. DATE <b>07/04/xx</b>	7. SHEET NO. <b>1 of 1</b>					
8. COMMODITY  ➔ <b>Boots</b>				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 (Posted to OF-288)			
A.		UNIT PRICE		106 <sup>-</sup>		Mantasta #1		NAME <b>Penny Lane</b>		I.D. NO. <b>F-42250X1</b>			
		QUANTITY		1				106. <sup>00</sup>		SIGNATURE <i>Penny Lane</i>		INITIALS	
		SUB-TOTAL		106 <sup>-</sup>						Mantasta #1		NAME <b>Denny Rivers</b>	
B.		UNIT PRICE		106 <sup>-</sup>		Mantasta #1		SIGNATURE <i>Denny Rivers</i>				INITIALS	
		QUANTITY		1				106. <sup>00</sup>		NAME <b>[Signature]</b>		I.D. NO.	
		SUB-TOTAL		106 <sup>-</sup>									
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 212.<sup>00</sup>

Original Commissary

OPTIONAL FORM 287(9-81)  
USDA/USDI  
50287-101

ALASKA DEPARTMENT OF NATURAL RESOURCES  
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 ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK

**COMMISSARY PHYSICAL INVENTORY**

DATE: \_\_\_\_\_

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

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

<b>COMMISSARY ACCOUNTABILITY RECORD</b>		1. PROJECT		3. REPORT NUMBER	
		2. CAMP NAME			
4. VALUE OF STOCK RECEIVED, TRANSFERRED, OR RETURNED SINCE LAST REPORT					
a.	P.O. INVOICE or TRANSFER NO.	b. DATE	c. VENDOR or TRANSFER UNIT	d. DOLLAR VALUE	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
e. NET CHANGE					
5. VALUE OF STOCK ON HAND <i>(Item 9 from previous report)</i>					
6. TOTAL <i>(Item 4e plus item 5)</i>					
7. VALUE OF STOCK ISSUED DURING PERIOD <i>(Attach Commissary Manager Copies of OF-287, Commissary Issue Record)</i>					
8. BALANCE <i>(Item 6 minus item 7)</i>					
9. VALUE OF STOCK ON HAND <i>(Physical inventory attached)</i>					
10. DIFFERENCE <i>(Items 8 and 9)</i> <input type="checkbox"/> PLUS <input type="checkbox"/> MINUS <i>(Explain in Remarks)</i>					
11. REMARKS					
12. AUTHORIZED SIGNATURE			13. TITLE		14. DATE
I certify that I have determined the accuracy of item 9, and hereby accept responsibility for all items represented.					
15. SIGNATURE			16. TITLE		17. DATE

<b>COMMISSARY ISSUE RECORD</b>				1. FIRE LOCATION				2. FIRE NAME		3. FIRE NO.					
				4. FIRE CAMP NAME				5. FIRE CAMP NO.		6. DATE		7. SHEET NO. of			
8. <b>COMMODITY</b> 								9. <b>TOTAL COST</b>		10. <b>CREW IDENT.</b>		11. <b>PURCHASER'S NAME (Print) AND SIGNATURE</b>		12. I.D. No. (from OF-288 Emergen- cy F.F. Time Re- port) 13. INITIALS (Posted to OF-288)	
A.	UNIT PRICE									NAME		I.D. NO.			
	QUANTITY									SIGNATURE		INITIALS			
	SUB-TOTAL														
B.	UNIT PRICE									NAME		I.D. NO.			
	QUANTITY									SIGNATURE		INITIALS			
	SUB-TOTAL														
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														





## COMPENSATION FOR INJURY

### **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.

**Provider** - The worker's compensation insurance adjuster for State of Alaska employees is:

*TriStar Risk Management*  
*P.O. Box 240369*  
*Anchorage, AK 99524-0369*  
*Phone: (888)538-9847*  
*Fax: (562)506-0330*  
[\*info@tristargroup.net\*](mailto:info@tristargroup.net)

### **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 fireline
- 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

### **Filing Procedures and Responsibilities**

*The Division, (incident/Area) must report any event involving death or in-patient hospitalization to the Regional Forester Tim Dabney (907)451-2670 cell (907)750-1290 and the Division's Safety Officer Thomas Greiling (907)761-2647 cell (907)631-8506 within 8 hours.*

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The State of Alaska uses the State of Alaska Department of Labor's **Employee Report of Occupational Injury or Illness to Employer** (Form 07-6100), **Supervisor's Accident Investigation Report** (Form 02-932, form # does not appear form), **Employer Report of Occupational Injury or Illness** (07-6101), and **Physician's Report** (07-6102), 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, Forms 07-6100 and 02-932, must be completed and submitted **immediately** to the applicable Finance Section, Area Admin, or Regional Admin. The Area Admin or Regional Admin must complete 07-6101. 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.

Upon receipt of form 07-6100, Supervisor's Report, and form 07-6101 will be forwarded by the Regional Office to the Division of Worker's Compensation, [doa.dop.roi@alaska.gov](mailto:doa.dop.roi@alaska.gov), and the Division of Forestry's Safety Officer, Thomas Greiling, [thomas.greiling@alaska.gov](mailto:thomas.greiling@alaska.gov).

#### Incident Supervisor's Responsibility

- Be sure the employee has been provided first aid and/or medical treatment if needed.
- Assure the completion of 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. The form will be submitted with the original Employee Report of Occupational Injury or Illness Form 07-6100, it will be included in the injury package send to the Finance Section, Area, or Regional 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.

#### **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:

Phyllis Wimberley  
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 Phyllis at (907)562-4155, [Phyllis@chugachmiut.org](mailto:Phyllis@chugachmiut.org). After hours or on weekends, please call Daisy Barnes at (907)562-4155 ext 145, [Daisy@chugachmiut.org](mailto:Daisy@chugachmiut.org).

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**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@tanachiefs.org](mailto:holly.weaver@tanachiefs.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](mailto:bmuh@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 direct-bills the respective Area/Region which then charges the cost to the employee as a commissary item

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- Pharmacy charges the adjustor directly (if not work-related, employee will be responsible for the charges)

**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 (07-6100) if they seek any medical treatment, have a work-related injury or illness, or use APMC. If APMC is utilized, the 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 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 supplement)

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 **TriStar** at (888)538-9847

If there are any questions, contact the home unit’s Regional Administrative Officer:

- Northern Region Admin in Fairbanks 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 won’t. Documents with these guidelines can be found on pages 12 and 13. Please refer to the crew list on pages 8 and 9 of this chapter 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

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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 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**

Normally, pay on the day of injury consists of time worked, including travel to medical treatment, or base wage, whichever is greater.

**State Compensation for Injury Contacts**

<u>OFFICE</u>	<u>PHONE</u>	<u>PRIMARY</u>	<u>ALTERNATE</u>
COASTAL	(907) 761-6289	Melody Diermyer	RaDonna Turner
AMSO/Palmer	(907) 761-6389	Lisa Vietmeier	Valerie Hendrickson
KKAO/Soldotna	(907) 260-4200	Mary Gaiser	Stephani Milette
SWAO/McGrath	(907) 524-3010	Seth Ross	Melody Diermyer
VCRAO/Glennallen	(907) 822-5534	Beth Cender	Gary Mullen
NORTHERN	(907) 451-2663	Jacquelyn Bailey	Heather Fetters
FAO/Fairbanks	(907) 451-2600	Tina Donahue	Cynthia Beatus
DAO/Delta	(907) 895-4225	Joanne Singer	Mike Goyette
TAO/Tok	(907) 883-5134	Sylvia Jacobson	Jeffrey Hermanns
SER/Ketchikan	(907) 225-3070	Mindy Byron	Greg Staunton

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### **Routing State of Alaska Forms**

#### *Employee and Supervisor:*

When all required State of Alaska forms have been completed and signed by the employee and supervisor (or other appropriate representative), the forms will be scanned or faxed from incident to the individual's home unit.

#### *The Individual's Home Unit:*

The Home Unit will audit and scan the documents to the Regional Office, and from there it will be scanned to:

**Department of Administration, Division of Personnel** [doa.dop.roi@alaska.gov](mailto:doa.dop.roi@alaska.gov)  
**And Division of Forestry, Safety Officer, Thomas Greiling** [thomas.greiling@alaska.gov](mailto:thomas.greiling@alaska.gov)

### **State of Alaska employee's Regional Office always gets the original paperwork.**

It is advisable to keep a fax/scan confirmation with the paperwork copies. After Area office has submitted all paperwork to Regional Admin, Area office copies should be shredded.

### **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) 356-5780  
Fax: (907) 356-5784

#### 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 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.

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*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. Tom Hudson (907) 743-9435 Cell (907) 240-1208
3. Bobbi Scopa (503) 915-8725
4. Gary Lehnhausen (907) 230-4106
5. David Summer (503) 703-4334

If the injured is a Chugach National Forest employee, contact Kent Kohlhasse (907)743-9442.  
For a Tongass National Forest employee, contact Charlie Struli (907)772-5882.

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**DESIGNATED INTERAGENCY EFF CREW LIST**

<b>LOCATION</b>	<b>NATIVE MEDICAL CLINIC</b>	<b>AGENCY</b>	<b>REGION OR AREA OFFICE</b>	<b>3-LETTER DESIGNATION</b>
Allakaket/Alatna	TCC	AFS	TAD	AET
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

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**DESIGNATED INTERAGENCY EFF CREW LIST**

<b>LOCATION</b>	<b>NATIVE MEDICAL CLINIC</b>	<b>AGENCY</b>	<b>REGION OR AREA OFFICE</b>	<b>3-LETTER DESIGNATION</b>
Pilot Station	ANMC	AFS	GAD	PST
Ruby	TCC	AFS	GAD	RBV
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

**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.

(See ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK, Chapter 4 for additional information)

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 workers compensation claims and procedures.

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## **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 criteria as warranting immediate referral to an accredited burn center.

The decision to refer the firefighter to a regional burn center is made directly by the attending physician or may be requested of the physician by the agency administrator or designee having jurisdiction and/or firefighter representative.

The person responsible for making the referral to a regional burn center shall use sound professional and medical judgment in making this referral. The following burn injury criteria may be used as a guide in making the referral:

### **Burn Injury Criteria**

- Partial thickness burns (second degree) involving greater than 5% 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.
- 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.

Additional guidance regarding federal employees and a list of possible burn care facilities may be found at: [http://ameriburn.org/verification\\_verifiedcenters.php](http://ameriburn.org/verification_verifiedcenters.php)

Link to the Interagency Standards for Fire & Aviation Operations 2010; see Chapter 7 for additional burn injuring information.

<https://www.nifc.gov/PUBLICATIONS/redbook/2013/Chapter07.pdf>

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Dear Traveler:

This letter outlines the required procedures that need to be followed in order for the Alaska Native Medical Center’s (ANMC) Contract Health Services (CHS) 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 maintain Alaska residency and may be 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/FacilitiesServices/AreaOffices/AreaOffices\\_index.asp](http://www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices_index.asp)”. If you decide not to seek care at an available IHS facility, ANMC CHS will be unable to authorize payment for the medical care.

ANMC CHS must have eligibility documentation (Certificate of Indian Blood or tribal enrollment card issued by a federally recognized tribe) on file at ANMC. If emergent medical care is required, ***CHS must be notified within 72-hours (including weekends and holidays) from the beginning of medical treatment or admission to a health care facility.*** The patient or the patient’s family has the ultimate responsibility of notifying CHS by calling (800) 478-1636. During those times the ANMC CHS office is closed you can leave a voice mail message. Leave your full name, date of birth and a contact telephone number. CHS staff will return your call the next business day. ANMC CHS is not an insurance program and does not provide coverage for travelers who are residents of the following service units: Annette Island, Tanana Chiefs Conference, Southeast Alaska Regional Health Consortium, or Ketchikan Indian Corporation.

**Services that shall not be authorized by ANMC Contract Health 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.

**You are required to provide, within 30-days, the medical records 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, CHS is unable to authorize payment. If payment is approved, it is the patient or patient’s family ultimate responsibility to ensure that CHS receives all claims and applicable insurance information in a timely manner. CHS 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 CHS within 72-hours from the beginning of treatment, must still provide CHS with the medical records, and can submit receipts to CHS 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 CHS 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 CHS 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 CHS if requested.

Please call CHS at **800-478-1636, select option 1 then select the option corresponding to the first letter of your last name** should you have additional questions or concerns. Thank you and have a safe trip.

**Mailing address:**  
ANMC / I-CHS  
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.anthc.org/ps/contracthealthsvc](http://www.anthc.org/ps/contracthealthsvc)**

This letter is not a guarantee of payment for medical services.

Updated: 9/02/10

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**TANANA CHIEFS CONFERENCE**

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CONTRACT HEALTH SERVICES, 1717 W. Cowles St., 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: \_\_\_\_\_

DOB: \_\_\_\_\_ CHART: \_\_\_\_\_

Thank you for asking about Contract Health 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 Contract Health 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 Contract Health 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 Contract Health 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 Contract Health 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

\_\_\_\_\_  
Contract Health Services Witness

cc: CAIHC medical records

ALASKA NATIVE HEALTH RESOURCE ADVOCATE PROGRAM 1-866-575-6757  
THIS NUMBER IS FOR LOCATING I.H.S. CLINICS ONLY!

1 out of state CAIHC travel letter, revised 12/15/03

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# EMPLOYEE REPORT OF OCCUPATIONAL INJURY OR ILLNESS TO EMPLOYER

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

<b>1. Employee Name Last*</b>				<b>First*</b>		<b>Middle</b>		<b>Suffix</b>					
<b>2. Mailing Address &amp; Telephone Number*</b>				<b>3. Date of Birth*</b>			<b>4. Date of Death</b>						
<b>City*</b>		<b>State*</b>		<b>Zip Code*</b>		<b>5. Social Security Number*</b>			<b>6. Gender Code</b>				
<b>Country, if outside the United States</b>				<b>Telephone No.</b>		<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U		<input type="checkbox"/> M-Married <input type="checkbox"/> S-Separated <input type="checkbox"/> U-Unmarried <input type="checkbox"/> K-Unknown					
<b>9. Date of Injury / Illness*</b>				<b>10. Time of Injury / Illness</b>		<b>11. Did Injury / Illness Occur on Employer's Premises?</b>							
<b>12. Place (City/Town/Village/Camp) Where Injury / Illness Happened</b>				<b>13. Employer Name*</b>									
<b>14. Describe Nature of Injury / Illness* (i.e., sprain, laceration, etc.)</b>				<b>15. Describe Part of Body Affected*</b>									
<b>16. Describe How the Injury / Illness Happened</b>													
<b>17. Witness Name</b>					<b>Witness Business Phone Number</b>								
<b>18. Attending Physician Name &amp; Contact Information</b>					<b>19. Hospital Name &amp; Contact Information</b>								
<b>20. Initial Treatment*</b>													
<input type="checkbox"/> 0-No Medical Treatment			<input type="checkbox"/> 1-Minor On-site Remedies by Employer Medical Staff			<input type="checkbox"/> 2-Minor Clinic/Hospital Remedies and Diagnostic Testing				<input type="checkbox"/> 3-Emergency Evaluation, Diagnostic Testing, and Medical Procedures			
<input type="checkbox"/> 4-Hospitalization Greater than 24 Hours			<input type="checkbox"/> 5-Future Major Medical/Lost Time Anticipated										
<b>21. Employee Authorization to Release Medical Records*</b>													
<p><b>To all health care providers:</b></p> <p>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.</p>													
<b>Employee Signature:</b>													
<b>22. If Employee Unavailable for Signature, Explain Circumstances in this Space</b>								<b>23. Date Signed</b>					

**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](http://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
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**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:**

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

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

**Alaska Division of Labor Standards  
and Safety Offices:**

3301 Eagle Street, #305  
Anchorage, AK 99503-4149  
(907) 269-4940 or  
(800) 770-4940

1111 West 8th Street, #304  
PO Box 111149  
Juneau, AK 99811-1149  
(907) 465-4855

# PHYSICIAN'S REPORT

ALASKA DEPARTMENT OF LABOR &  
**WORKFORCE DEVELOPMENT**  
 Alaska Workers' Compensation Board  
 P.O. Box 115512, Juneau AK 99811-5512

- 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:

<b>SECTION 1</b>	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	Telephone	
<b>SECTION 2</b>	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:				
<b>SECTION 3</b>	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):										
<b>SECTION 4</b>	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    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 <input type="radio"/> Regular Work (Date): <input type="radio"/> Modified Work (Date):    Give Limitations: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Weeks <input type="radio"/> Months										
	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		41. Telephone

SEE INSTRUCTIONS ON BACK



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:

Table with 3 columns: Proper Equipment, Proper Material, People. Rows include Selection, Arrangement, Use, Maintenance.

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 \_\_\_\_\_



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

**Department of Natural Resources**

DIVISION OF FORESTRY/DIRECTOR'S OFFICE

550 W. 7<sup>th</sup> Ave, Suite 1450  
Anchorage, AK 99501-3566  
Main: 907.269.8463  
Fax: 907.269.8931

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:

TriStar Risk Management  
P.O. Box 240369  
Anchorage, AK 99524-0369  
Phone: (888) 538-9847  
Fax: (562) 506-0330  
[info@tristargroup.net](mailto:info@tristargroup.net)

If you have any questions regarding State of Alaska employees, call:  
Northern Region Administrative Assistance at (907) 451-2663  
Coastal Region Administrative Assistance at (907) 761-6205

Your assistance is greatly appreciated.

Sincerely,

A handwritten signature in blue ink that reads "John C. Maisch".

John "Chris" Maisch  
State Forester

## **PERFORMANCE EVALUATIONS & DISCIPLINE**

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.

An evaluation will be prepared for all State personnel, crews and non-crew EFF assigned to an incident, mobilization base, dispatch or logistics office, or elsewhere. These evaluations are confidential and should be treated as such.

State personnel should make every effort to obtain a performance evaluation when on any assignment.

### **Evaluation Forms**

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

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, see supplement). The term "crew boss" means, "crew superintendent" in the case of a Type 1 crew.

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.

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.

### **Regular Government Employees**

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

### **Incident Management Team Evaluation**

See form in supplement.

ALASKA DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF FORESTRY  
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.*

### **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.

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 reflects 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.

### **Government Employees 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.

# 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.	<input type="checkbox"/>	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.	<input type="checkbox"/>	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.	<input type="checkbox"/>	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.	<input type="checkbox"/>	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.	<input type="checkbox"/>	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.	<input type="checkbox"/>	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)

<b>1. Name:</b>		<b>2. Incident Name:</b>			<b>3. Incident Number:</b>	
<b>10. Evaluation</b>						
Rating Factors	N/A	1 – Unacceptable	2	3 – Met Standards	4	5 – Exceeded Expectations
<b>17. Ability To Work on a Team:</b> 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"/>	Insightful use of teams raised unit productivity beyond expectations. Inspired high level of esprit de corps, even in difficult situations. Major contributor to team effort. Established relationships and networks across a broad range of people and groups, raising accomplishments of mutual goals to a remarkable level.
<b>18. Consideration for Personnel/Team Welfare:</b> 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"/>	Always accessible. Enhanced overall quality of life. Actively contributed to achieving balance among IMT requirements and professional and personal responsibilities. Strong advocate for subordinates; ensured appropriate and timely recognition, both formal and informal.
<b>19. Directing Others:</b> 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"/>	An inspirational leader who motivated others to achieve results not normally attainable. Won people over rather than imposing will. Clearly articulated vision; empowered subordinates to set goals and objectives to accomplish tasks. Modified leadership style to best meet challenging situations.
<b>20. Judgment/Decisions Under Stress:</b> 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"/>	Combined keen analytical thought, an understanding of political processes, and insight to make appropriate decisions. Focused on the key issues and the most relevant information. Did the right thing at the right time. Actions indicated awareness of impact of decisions on others. Not afraid to take reasonable risks to achieve positive results.
<b>21. Initiative</b> 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"/>	Aggressively sought out additional responsibility. A self-learner. Made worthwhile ideas and practices work when others might have given up. Extremely innovative. Optimized use of new ideas and methods to improve work processes and decisionmaking.
<b>22. Physical Ability for the Job:</b> 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"/>	Remarkable vitality, enthusiasm, alertness, and energy. Consistently contributed at high levels of activity. Optimized personal performance through involvement in activities that supported physical and emotional well-being. Monitored and helped others deal with stress and enhance health and well-being.
<b>23. Adherence to Safety:</b> 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"/>	Demonstrated a significant commitment toward safety of personnel.
<b>24. Remarks:</b>						
<b>25. Rated Individual</b> (This rating has been discussed with me):						
Signature: _____				Date/Time: _____		
<b>26. Rated by:</b> Name: _____ Signature: _____						
Home Unit: _____				Position Held on This Incident: _____		
<b>ICS 225</b>			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	<b>Name</b>	Enter the name of the individual being rated.
2	<b>Incident Name</b>	Enter the name assigned to the incident.
3	<b>Incident Number</b>	Enter the number assigned to the incident.
4	<b>Home Unit Address</b>	Enter the physical address of the home unit for the individual being rated.
5	<b>Incident Agency and Address</b>	Enter the name and address of the authority having jurisdiction for the incident.
6	<b>Position Held on Incident</b>	Enter the position held (e.g., Resources Unit Leader, Safety Officer, etc.) by the individual being rated.
7	<b>Date(s) of Assignment</b> <ul style="list-style-type: none"> <li>• From</li> <li>• To</li> </ul>	Enter the date(s) (month/day/year) the individual was assigned to the incident.
8	<b>Incident Complexity Level</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1</li> <li><input type="checkbox"/> 2</li> <li><input type="checkbox"/> 3</li> <li><input type="checkbox"/> 4</li> <li><input type="checkbox"/> 5</li> </ul>	Indicate the level of complexity for the incident.
9	<b>Incident Definition</b>	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	<b>Evaluation</b>	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	<b>Knowledge of the Job/ Professional Competence:</b>	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	<b>Ability To Obtain Performance/Results:</b>	Quality, quantity, timeliness, and impact of work.
13	<b>Planning/Preparedness:</b>	Ability to anticipate, determine goals, identify relevant information, set priorities and deadlines, and create a shared vision of the Incident Management Team (IMT).
14	<b>Using Resources:</b>	Ability to manage time, materials, information, money, and people (i.e., all IMT components as well as external publics).
15	<b>Adaptability/Attitude:</b>	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	<b>Communication Skills:</b>	Ability to speak effectively and listen to understand. Ability to express facts and ideas clearly and convincingly.
17	<b>Ability To Work on a Team:</b>	Ability to manage, lead and participate in teams, encourage cooperation, and develop esprit de corps.
18	<b>Consideration for Personnel/Team Welfare:</b>	Ability to consider and respond to others' personal needs, capabilities, and achievements; support for and application of worklife concepts and skills.
19	<b>Directing Others:</b>	Ability to influence or direct others in accomplishing tasks or missions.
20	<b>Judgment/Decisions Under Stress:</b>	Ability to make sound decisions and provide valid recommendations by using facts, experience, political acumen, common sense, risk assessment, and analytical thought.
21	<b>Initiative</b>	Ability to originate and act on new ideas, pursue opportunities to learn and develop, and seek responsibility without guidance and supervision.
22	<b>Physical Ability for the Job:</b>	Ability to invest in the IMT's future by caring for the physical health and emotional well-being of self and others.
23	<b>Adherence to Safety:</b>	Ability to invest in the IMT's future by caring for the safety of self and others.
24	<b>Remarks</b>	Enter specific information on why the individual received performance levels.
25	<b>Rated Individual</b> (This rating has been discussed with me) <ul style="list-style-type: none"> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the signature of the individual being rated. Enter the date (month/day/year) and the time (24-hour clock) signed.
26	<b>Rated by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Home Unit</li> <li>• Position Held on This Incident</li> <li>• Date/Time</li> </ul>	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.

## CREW PERFORMANCE RATING (instructions on back)

<b>1. Crew Name and Designator</b>	<b>2. Incident Name and Number</b>	<b>3. Location of Incident</b>
<b>4. Crew Home Unit and Address</b>	<b>5. Dates Assigned to Incident</b>	<b>6. Number of Operational Periods (Shifts) _____ No. of Shifts Constructing Hotline _____</b>

### 7. Evaluation Criteria

<b>Crew Type: (check one) IHC/T1___ T2IA___ T2___ Engine___ Helitack___ Other___</b> <b>Agency Crew ___ Contract Crew ___ Contract Number _____</b>  <p style="text-align: center;"><b>Rating Factors</b> (not all criteria apply to all crews)</p>	<b>Superior</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>	<b>Not Applicable</b>
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### 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)**

<b>8. Crew Supervisor (printed name)</b>	<b>Crew Supervisor (signature)</b>	<input type="checkbox"/> <b>This rating has been discussed with me.</b>	<b>Date</b>
<b>9. Rated by (printed name)</b>	<b>Rated by (signature)</b>	<b>Date</b>	
<b>Position on Incident</b>	<b>Home Unit Identifier and Phone Number</b>		

# 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 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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**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. 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.

**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 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.

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

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1. A Contracting Exception form is completed by the administering office and submitted to the Regional FMO or Regional Forester.
2. The Regional FMO or Regional Forester determines if conditions are met and reviews for potential or appearance of improper influence.
3. Based on the information provided, the Regional FMO or 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 Regional 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.

### **Definitions**

Immediate Family Member is defined as:

- (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

Contracting Exception and Ethics Disclosure Forms are at the end of this chapter.

## **EQUIPMENT PROCUREMENT**

### **RENTAL CARS**

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

If equipment is hired from commercial companies, the current Master Award (MA) should be used first. In the event the MA vendors are out of vehicles other commercial companies would be the next preferred alternative. Division procurement personnel should be contacted to set up an agreement and make arrangements to pick up the equipment. Emergency Equipment Rental Agreements (EERA's) shall not be used for rental car companies as most companies require the employees assigned to pickup the vehicle to sign the rental car company agreement form. Pre-inspections of rental car 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.

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**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.

### **Cars Rented by Overhead**

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).

### **Cars Rented for Project Fires**

Resource orders for project fires are sent to SLC. The Coastal or Northern Transportation Unit will create the vehicle equipment packet and a backup copy for themselves. The Coastal or Northern Transportation Unit is responsible for the following: pick up vehicle, conduct sign-up inspection at vendor's location and record either in still or video photos of the vehicle which will remain in the Transportation Unit's backup packet until the vehicle is returned. They will provide all fill information to SLC, put the E-number on the windshield, and maintain shift tickets for vehicles assigned to the Transportation Unit.

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 Regional administration section in Coastal Region or SLC in Northern Region. They will process the invoice for payment once the vendor submits their final invoice.

The rental car Equipment Hire Packet is enclosed in the unique Rental Car envelope and 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

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- A copy of the resource order
- Finance Section Cost Form

The responsibilities for the Incident Management Team (IMT) regarding rental vehicles are: order the vehicles needed to support the IMT through SLC; the Ground Support Unit assigns the vehicles on the incident, and arranges for fueling of incident vehicles.

The Ground Support Unit coordinates with the Finance Section to ensure shift tickets are completed while the vehicles are on the assignment and coordinates with Finance and the Demob Unit Leader regarding returning the vehicle to the Transportation Unit that acquired the vehicle. A copy of all time records for the vehicle should be included in the Finance Section of the final fire package.

The Ground Support Unit Leader is responsible for initiating and processing any paperwork if damages occurred while the vehicle was assigned to the incident. The completed packet should be sent with the vehicle to the Mobilization Center or the Transportation Unit that originally picked up the rental vehicle.

If a Ground Support Unit is established to support a Mobilization Center, their responsibilities are much like those of an IMT. The only difference between an IMT and a Mobilization Center is the latter may pick up and return vehicles directly to rental car companies. The Mobilization Center personnel would be responsible for putting together the rental car Equipment Hire Packet and would keep time records for all assigned equipment. These procedures would be coordinated with SLC, the Mobilization Center Manager, and the SLC or Coastal Region Transportation Manager.

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.**

Minimum age limits for rental car contracts:

- **State contracts within Alaska-** Must be at least 18 years old and possess a valid driver's license (all contracts require the driver to have a valid driver's license).
- **Master Award (MA)** – Must be at least 18. MA contract is used when we need rental vehicles in Alaska in support of wildland fires. Vehicles may be used in off-road situations but the operator is responsible to drive the vehicle in a safe manner within the limits of the operator's and the equipment's capabilities.
- **NASPO (National Association of State Procurement Officials)** - Must be at least 18. Must be at least 21 if the vehicle can carry 10 or more personnel, including the driver. The WSCA contract is used when we send personnel to the Lower 48 and the driver does not need to operate the vehicle off-road.
- **Federal contract-** Must be at least 18. This type of contract would be used when we send personnel to the Lower 48 AND they are required to operate the vehicle off-road.

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We need to give the federal contracting liaison advance notice that we need to use the contract established by the federal government. State Logistics should be the contact point to establish the proper contact information.

- **CDL Drivers-** Any personnel having a Commercial Driver's license (CDL) must be at least 21.
- **In-state rental cars for regular business** (i.e. Budget rental car in Anchorage, Fairbanks, and Juneau through State Travel Office) - Must be 18.

#### **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 SHOULD BE APPROVED BY THE INCIDENT COMMANDER, OR THE AREA FORESTER/FMO 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.

#### **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 porta-potties.

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 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.

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As the incident winds 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.

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 6 hours or more in a calendar day. The contractor will receive half the daily rate if they are under hire for less than 6 hours.

### **ON-LINE 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 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.

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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, 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," that is to say 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 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."

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**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.
4. When an IMT field hires the equipment, the Ordering Manager would submit the resource order to SLC 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.

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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 approval or Section Chief.

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.

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 5 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 (Rev. 2/25/10) shall be applied and enforced for the hire of contractor-provided equipment. All current forms are available at <http://forestry.alaska.gov/equipment.htm>.

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**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 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.

Coastal Transportation or 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 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.

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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. Many 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.

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.

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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 Units 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

**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.

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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 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).

#### **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 sent to Juneau Fiscal for processing:

- 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. Only invoices greater than \$10,000 will then be forwarded to the Region 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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It is forwarded to the Area FMO who reviews and approves the invoice and it is sent to the Regional administrative section to process it for payment to Juneau.

When an engine is hired from a contractor the Supplemental Engine Requirements will be in affect and will be signed by the contractor. The Supplemental Engine Requirements are as follows:

**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 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**

<b>Type</b>	<b>T-3</b>	<b>T-4</b>	<b>T-5</b>	<b>T-6</b>	<b>T-7</b>
<b>Tank Cap Capacity (gals)</b>	≥500	750+	400 - 750	150 – 400	50 - 200
<b>Pump Minimum Flow (gpm)</b>	150	50	50	30	10
<b>Pump Rated Pressure (psi)</b>	250	100	100	100	100
<b>Hose, 1-1/2” (feet)</b>	500	300	300	300	--
<b>Hose, 1” (feet)</b>	500	300	300	300	200
<b>Operator / Personnel Minimum</b>	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 Boss-Engine (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 the either of the required personnel is unavailable for work and the payment will be adjusted as per Clause 7 (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.

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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 by Table 2, Minimum Engine Inventory.
- 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, Minimum Pump Accessories.
- D. Contractor agrees to furnish operator/personnel with Personal Protective Equipment as specified in Table 4, Minimum Personal Protective Equipment (per person).
- 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.

**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
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

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**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”		

**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		

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



# CONTRACT EXCEPTION FORM

REQUEST TO HIRE EQUIPMENT FROM AN  
IMMEDIATE FAMILY MEMBER



*Information to be completed by Administering Office*

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 preseason 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

\_\_\_\_\_  
Regional FMO or Regional Forester      Date

VENDOR HIRE NOT APPROVED

Comments and /or Special Conditions

\_\_\_\_\_  
\_\_\_\_\_

*Use back if additional space is required.*

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**EMERGENCY EQUIPMENT RENTAL AGREEMENT**

Page \_\_\_ of \_\_\_

<p>1. PROCUREMENT AGENCY a. name and address:</p> <p>b. Phone Number:</p> <p>c. FAX Number:</p>		<p>2. AGREEMENT NUMBER (Must appear on all documents relating to this agreement):</p> <p>3. EFFECTIVE DATES OF AGREEMENT:</p> <p>a. beginning _____ b. ending _____</p> <p>c. Specific Incident only:</p> <p>Incident Name: _____</p> <p>Incident Number: _____</p>		
<p>4. CONTRACTOR a. name and address:</p> <p>b. EIN/SSN: _____ c. DUNS: _____</p> <p>d. EMAIL Address: _____</p> <p>e. Telephone Number (day): _____</p> <p>Telephone Number (night): _____</p> <p>Cell Phone Number: _____</p> <p>FAX: _____</p>		<p>5. POINT OF HIRE (location when hired if different than Block 4):</p>	<p>6. ORDERING DISPATCH CENTER</p>	
<p>7. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY:</p> <p><input type="checkbox"/> CONTRACTOR (wet)    <input checked="" type="checkbox"/> GOVERNMENT (dry) * (see note below)</p>				
<p>8. OPERATOR FURNISHED BY:</p> <p><input type="checkbox"/> CONTRACTOR    <input type="checkbox"/> GOVERNMENT</p>				
<p>9. Contractor Authorized Commissary:</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>				
<p>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</p> <p>e. <input type="checkbox"/> HUB Zone f. <input type="checkbox"/> Service Disadvantaged Vet (Information for tracking purposes only – not used for preferential hiring)</p>				
<p>11. ITEM DESCRIPTION: equipment or animals (include VIN, make, model, year, serial no., accessories or other identifying features).</p>	<p>12. NO. OF OPERATORS PER SHIFT</p>	<p>13. HRLY/ DAILY/MILEAGE/ SHIFT BASIS (ss/ds: ref. Cl. 6)</p> <p style="font-size: small;">Rate                      Unit</p>	<p>14. SPECIAL</p>	<p>15. GUARANTEE (8 HOURS)</p>
a)				
b)				
c)				
d)				
e)				
f)				
<p>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.</p>				
<p>* The State of Alaska hires equipment at a DRY Rate with the State providing the fuel only.</p>				
<p>17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE</p>		<p>18. DATE</p>	<p>20. CONTRACTING OFFICER'S SIGNATURE</p> <p>a. Warrant No. _____</p>	
<p>19. PRINT NAME AND TITLE</p>		<p>18. DATE</p>	<p>22. a. PRINT NAME AND TITLE</p> <p>b. Phone Number: _____ c. FAX: _____</p>	

OPTIONAL FORM 294 (DRAFT)

**ALASKA DEPARTMENT OF NATURAL RESOURCES  
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**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, 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/HR	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.  
 † Include information for additional operators in REMARKS section.      **SEE SUPPLEMENTAL INFORMATION ON BACKSIDE OF CONTRACTOR COPY**  
 7540-01-120-0607      Printed on recycled paper      **FINANCE COPY – PRE-USE**      OPTIONAL FORM 296 (REV. 6-2015) 50296-103

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<b>EMERGENCY EQUIPMENT SHIFT TICKET</b>					
<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				
	START	STOP	HOURS/DAYS/MILES (circle one)		
		WORK	SPECIAL		
			14. REMARKS (released, down time and cause, problems, etc.)		
			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

ORDERING OFFICE FILE COPY (RETAIN IN BOOK)

NSN 7540-01-119-5628  
50297-102



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

ALASKA DEPARTMENT OF NATURAL RESOURCES  
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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
<b>Knowledge of the Job or Equipment Condition</b>					
<i>(How knowledgeable was the Contractor, how much supervision was required, did the equipment operate as expected)</i>					

0=Unsatisfactory	1=Poor	2=Fair	3=Good	4=Excellent	5=Outstanding
<b>Fireline Performance and Timeliness</b>					
<i>(How did the Contractor perform, did Contractor arrive when expected, demob timely: document any noncompliance or performance issues)</i>					

0=Unsatisfactory	1=Poor	2=Fair	3=Good	4=Excellent	5=Outstanding
<b>Business Relations</b>					
<i>(Did the Contractor perform in a business-like manner; complete administrative requirements timely)</i>					

Evaluators Signature	Date	Operator's Signature	Date
rev. 4/2010	Original – Contractor Copy – File	Operator <input type="checkbox"/> Concurs <input type="checkbox"/> Disagrees	with this performance evaluation

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**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 inquires and/or technical, service, administrative issues is marginally effective.
2	Fair	Response to inquires and/or technical, service, administrative issues is somewhat effective.
3	Good	Response to inquires and/or technical, service, administrative issues is consistently effective.
4	Excellent	Response to inquires 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".

**STATE OF ALASKA  
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.**

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**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.

**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

i. Single Shift - (SS) is staffed with one operator or one crew.

ii. 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.

iii. 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.

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- C. Corrections to Pay Documents: The State has the right to correct the invoice in case of calculation or arithmetic errors.

**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.

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- 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](http://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®.

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**CLAUSE 16. Work Rest and Fatigue Management:** The Contractor is required to follow the Division’s fatigue management policies. This includes adhering to the work rest guidelines as established by Director Jahnke (Memo dated May 22, 2002):

“For every two hours of work or travel, provide 1 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, INELIGIBILITY AND VOLUNTARY EXCLUSION (49 CFR Part 29): 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.

ALASKA DEPARTMENT OF NATURAL RESOURCES  
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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**

ALASKA DEPARTMENT OF NATURAL RESOURCES  
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# **DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES**

## **EXPLANATION OF RATES**

The rates in this document were calculated for interagency use based on the Rental Rate Blue Book for Construction Equipment (Blue Book). 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. As a result, 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 on under hire for 8 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 8 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 6 hours or more, half the daily rate when less than 6 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 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.

# DIVISION OF FORESTRY

## EMERGENCY EQUIPMENT RENTAL RATES

### 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. **If a skidsteer loader is being used as a forklift, use the commercial forklift rates.** Included in the rate is contractor-provided support for maintenance, permits, and operator transportation. Transportation costs for the equipment will be paid separately as a special rate according to the rates specified under the Transport Vehicle section of this document.

### BACKHOES

TYPE 1 ( > 91 FWHP)		BACKHOE MAKE	MODEL & SERIES
DAILY SHIFT RATE			
		Caterpillar	446B
SINGLE	DOUBLE	John Deere	710D
\$1,805	\$3,185	JCB	217 Series 3

TYPE 2 (71-90 FWHP)		BACKHOE MAKE	MODEL & SERIES
DAILY RATE (SHIFT)			
		Case	590 Super M Series
SINGLE	DOUBLE	Caterpillar	436B
\$1,310	\$2,300	John Deere	510D

TYPE 3 (63-70 FWHP)		BACKHOE MAKE	MODEL & SERIES
DAILY SHIFT RATE			
		Case	590 Super L Series
SINGLE	DOUBLE	Caterpillar	426C
\$1,290	\$2,260	John Deere	410E
		New Holland	655E

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<b>TYPE 4 (56-62 FWHP)</b>		<b>BACKHOE MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>			
<b>SINGLE</b>	<b>DOUBLE</b>		
\$1,270	\$2,215	Case	480E, 580 Super M
		Caterpillar	420D
		John Deere	310SG
		New Holland	555E

<b>TYPE 5 ( &lt; 55 FWHP)</b>		<b>BACKHOE MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>			
<b>SINGLE</b>	<b>DOUBLE</b>		
\$1,215	\$2,115	Bobcat	300
		Case	580M
		Caterpillar	416C
		John Deere	310E
		JCB	214E Series 4

**SKIDSTEER LOADERS**

<b>Type 1 (50 FWHP)</b>		<b>SKIDSTEER LOADER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>			
<b>SINGLE</b>	<b>DOUBLE</b>		
\$1,185	\$2,055	Bobcat	843, 843B, 853
		Case	184SC, 420
		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

<b>Type 2 (25-49 FWHP)</b>		<b>SKIDSTEER LOADER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>			
<b>SINGLE</b>	<b>DOUBLE</b>		
\$1,095	\$1,900	Bobcat	542D, 553
		Boxer	527W, BRUTE
		Case	1825, 1825B
		Gehl	SL4514, 3515, 3725
		Prime Mover	L930
		Ramrod Equipment	950
		Thomas	T-82
Toyota	3SDK5		

<b>TYPE 3 (&lt;25 FWHP)</b>		<b>SKIDSTEER LOADER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>			
<b>SINGLE</b>	<b>DOUBLE</b>		
\$1,090	\$1,895	Bobcat	440B, 443, 450, 453, 463, 570
		Deere	3375, 375
		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		

**DIVISION OF FORESTRY  
EMERGENCY EQUIPMENT RENTAL RATES**

**WHEEL LOADERS**

<b>Type 1</b>		<b>WHEEL LOADER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>(&gt; 200 FWHP)</b>			
<b>DAILY SHIFT RATE</b>		Case	821, 821E, 921
<b>SINGLE</b>	<b>DOUBLE</b>	Caterpillar	962E, 966F, 966F Series II
\$1,910	\$3,390	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

<b>Type 2</b>		<b>WHEEL LOADER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>(101-200 FWHP)</b>			
<b>DAILY SHIFT RATE</b>		Case	521D XT, 621
<b>SINGLE</b>	<b>DOUBLE</b>	Caterpillar	IT28B, 924GZ, 928HZ
\$1,450	\$2,550	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

<b>Type 3</b>		<b>WHEEL LOADER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>(50-100 FWHP)</b>			
<b>DAILY SHIFT RATE</b>		Case	121, 21D, 21E, 221D, 902, 904H
<b>SINGLE</b>	<b>DOUBLE</b>	Caterpillar	902, 904B
\$1,205	\$2,095	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

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

### 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 according to the rates specified under the Transport Vehicle section of this document.

POWER CLASS IA ( > 300 FWHP)		DOZER MAKE	MODEL & SERIES
<b>DAILY SHIFT RATE</b>		Caterpillar	D8R, D8K, D8L, D8N, D9
<b>SINGLE</b>	<b>DOUBLE</b>	John Deere	1050
\$4,480	\$8,095	Fiat Allis	21C, FD30, 31, FD40
		Komatsu	D155, D275 , D355, D375
		International/Dresssta (Dresser)	TD25
		New Holland	DC70
		Terex	82-50

POWER CLASS IB (250-300 FWHP)		DOZER MAKE	MODEL & SERIES
<b>DAILY SHIFT RATE</b>		Allis-Chalmers	HD21
<b>SINGLE</b>	<b>DOUBLE</b>	Caterpillar	D7H High Track, D8H
\$3,575	\$6,435	Komatsu	D135A
		Terex	82-30, 82-40

POWER CLASS IC (200-249 FWHP)		DOZER MAKE	MODEL & SERIES
<b>DAILY SHIFT RATE</b>		Caterpillar	D7R, D7G, D7H
<b>SINGLE</b>	<b>DOUBLE</b>	Fiat-Allis	FD255, FD20,
\$3,150	\$5,660	John Deere	950
		Komatsu	D85E
		International/Dresssta (Dresser)	TD20
		Liebherr	DC70
		Terex	82-20

POWER CLASS IIA (150-199 FWHP)		DOZER MAKE	MODEL & SERIES
<b>DAILY SHIFT RATE</b>		Allis-Chalmers	HD16
<b>SINGLE</b>	<b>DOUBLE</b>	Case	1850
\$2,185	\$3,925	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		

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<b>POWER CLASS IIB (100-149 FWHP)</b>		<b>DOZER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>		Allis-Chalmers	HD11
<b>SINGLE</b>	<b>DOUBLE</b>	Case	1150, 1450, 1650
\$2,015	\$3,620	Caterpillar	D5B, D5H, D5M, D5N, D6C, D6D, D6M, D6N
		Fiat-Allis	FD145, FD9, 10C
		John Deere	700, 750, 850
		Komatsu	D41, D58, D53A, D60P, D65A
		International/Dresser (Dresser)	TD12, TD15
		Liebherr	PR712, PR722
		Massey Ferguson	MF500, MF D600C

<b>POWER CLASS III (&lt;100 FWHP)</b>		<b>DOZER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>		Allis-Chalmers	HD3, HD4, HD6
<b>SINGLE</b>	<b>DOUBLE</b>	Case	350, 450, 550, 650, 750, 850
\$1,655	\$2,925	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 according to the rates specified under the Transport Vehicle section of this document.

<b>TYPE 1 (&gt; 231 FWHP)</b>		<b>EXCAVATOR MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>		Case	CS330, CX460, CX800, 9050B, 9060B
<b>SINGLE</b>	<b>DOUBLE</b>	Caterpillar	330CL, 345BL, 345BL II, 350L, 365BL, 375
\$2,885	\$5,165	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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<b>TYPE 2 (161-230 FWHP)</b>		<b>EXCAVATOR MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>			
<b>SINGLE</b>	<b>DOUBLE</b>		
\$2,630	\$4,690	Badger	666 Hydro-Scopic, 670 Hydro-Scopic, 888 Hydro-Scopic
		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		

<b>TYPE 3 (136-160 FWHP)</b>		<b>EXCAVATOR MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>			
<b>SINGLE</b>	<b>DOUBLE</b>		
\$2,390	\$4,275	Case	CX210, CX225
		Caterpillar	320C, 320CL, 320C U, 320CL U, 321C LCR, 322BL
		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

<b>TYPE 4 (111-135 FWHP)</b>		<b>EXCAVATOR MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>			
<b>SINGLE</b>	<b>DOUBLE</b>		
\$2,175	\$3,875	Case	9030B, 9030BN
		Caterpillar	318B, 318BL N, 318 CL, 318 CL N, 320B, 320BL, 320BN
		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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<b>TYPE 5 (86-110 FWHP)</b>		<b>EXCAVATOR MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>		Case	CX130, CX135, CX160, 9010B, 9020B
<b>SINGLE</b>	<b>DOUBLE</b>	Caterpillar	215, 315C, 315CL, 313B, 314C, 314CL, 315B, 315BL, 315C, 315CL
\$1,895	\$3,370	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

<b>TYPE 6 (76-85 FWHP)</b>		<b>EXCAVATOR MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>		Caterpillar	311B, 311C, 312B, 312BL
<b>SINGLE</b>	<b>DOUBLE</b>	John Deere	110
\$1,720	\$3,035	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

<b>TYPE 7 (61-75 FWHP)</b>		<b>EXCAVATOR MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>		Bobcat	442
<b>SINGLE</b>	<b>DOUBLE</b>	Gehl	GE802
\$1,615	\$2,850	Komatsu	PC95-1
		Mustang	ME 8002
		Schaeff, Inc.	HR31, HR32
		Terex	HR32

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<b>TYPE 8 (50-60 FWHP)</b>		<b>EXCAVATOR MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>		Case	CX75, 9007B
<b>SINGLE</b>	<b>DOUBLE</b>	Caterpillar	307B, 307C, 308C
\$1,535	\$2,370	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.

<b>MINI EXCAVATORS</b>			
<b>(&lt; 50 FWHP)</b>		<b>MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>		Airman	35-2
<b>SINGLE</b>	<b>DOUBLE</b>	Bobcat	329
\$805	\$1,395	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.

<b>FARM TRACTORS</b>			
<b>(&gt; 20 FWHP)</b>		<b>MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>		John Deere	210C
<b>SINGLE</b>	<b>DOUBLE</b>	Ford Holland	250C
\$870	\$1,715	New Holland	345D, 445D
		Massey Ferguson	MF-40E

**FORKLIFTS**

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.

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

### 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 according to the rates specified under the Transport Vehicle section of this document.

<b>FELLER BUNCHERS</b>		
<b>CLASS (FWHP)</b>	<b>DAILY RATE (SINGLE SHIFT)</b>	<b>DAILY RATE (DOUBLE SHIFT)</b>
Type 1 (> 225 FWHP)	\$3,650	\$6,395
Type 2 (160-225 FWHP)	\$2,615	\$4,675

### 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 according to the rates specified under the Transport Vehicle section of this document.

<b>FORWARDERS</b>		
<b>CLASS (FWHP)</b>	<b>DAILY RATE (SINGLE SHIFT)</b>	<b>DAILY RATE (DOUBLE SHIFT)</b>
Type 1 (200+) 1500 gal.	\$2,995	\$5,380
Type 2 (140-199) 1200 gal.	\$2,855	\$5,130
Type 3 (100-139) 1000 gal.	\$2,585	\$4,630
Type 4 (<100) 850 gal.	\$2,450	\$4,380

### 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 according to the rates specified under the Transport Vehicle section of this document.

<b>TYPE 1 (200-250 FWHP)</b>		<b>GRADER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>		Case	885
<b>SINGLE</b>	<b>DOUBLE</b>	Caterpillar	14H, 16H
\$2,430	\$4,220	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

**DIVISION OF FORESTRY  
EMERGENCY EQUIPMENT RENTAL RATES**

<b>TYPE 2</b>		<b>GRADER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>(145-199 FWHP)</b>			
<b>DAILY SHIFT RATE</b>		Case	865
<b>SINGLE</b>	<b>DOUBLE</b>	Caterpillar	12H, 140H, 143H, 160H, 163h
\$2,095	\$3,620	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

<b>TYPE 3</b>		<b>GRADER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>(115-144 FWHP)</b>			
<b>DAILY SHIFT RATE</b>		Case	845
<b>SINGLE</b>	<b>DOUBLE</b>	Caterpillar	120H, 135H
\$1,840	\$3,150	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

<b>TYPE 4</b>		<b>GRADER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>(75-114 FWHP)</b>			
<b>DAILY SHIFT RATE</b>		Champion	C50A, C60A, C66A, C70A, C76A, C80A, C86A
<b>SINGLE</b>	<b>DOUBLE</b>	Fiat Allis	65C
\$1,560	\$2,325	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 according to the rates specified under the Transport Vehicle section of this document.

<b>CLASS 1</b>		<b>MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>(200-275 FWHP)</b>			
<b>DAILY SHIFT RATE</b>		FMC	220CA, 220GA
<b>SINGLE</b>	<b>DOUBLE</b>	Clark Ranger	668 Turbo, 880, F68
\$2,635	\$5,230	Caterpillar	535B
		Franklin	Q90, 190
		Timbco	260

<b>CLASS 2</b>		<b>MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>(140-199 FWHP)</b>			
<b>DAILY SHIFT RATE</b>		John Deere	740, 740A, 520, 550, 550B, 640G
<b>SINGLE</b>	<b>DOUBLE</b>	Timberjack	460, 460D, 520, 550, 550B, 660, 660D
\$2,345	\$4,165	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

**DIVISION OF FORESTRY  
EMERGENCY EQUIPMENT RENTAL RATES**

<b>CLASS 3 (100-139 FWHP)</b>		<b>MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>		John Deere	548D, 640, 640D, 648D, 360, 380D, 404, 450, 540G
<b>SINGLE</b>	<b>DOUBLE</b>	Timberjack	240C, 240D, 240E, 350A, 360, 360D, 380D, 404, 450
\$1,830	\$3,210	FMC	180
		Clark Ranger	665, 666, F65, H66
		Caterpillar	518
		Garrett	21A Turbo, 22
		Case	800 Series
		Int'l Harvester	S10
		Tree Farmer	C6F

<b>CLASS 4 (81-99 FWHP)</b>		<b>MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>		John Deere	440D, 448D, 540, 540A
<b>SINGLE</b>	<b>DOUBLE</b>	Timberjack	225 series, 230 series, 330
\$1,465	\$2,570	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 ¾ - inch inside diameter hose on a reel, and 200 feet of 1-inch linen hose.

<b>TANK SIZE</b>	<b>DAILY RATE</b>
200 gal – 399 gal	\$200
400 gal – 799 gal	\$300
> 800 gal	\$500

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 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 according to the rates specified under the Transport Vehicle section of this document.

<b>TRACKED UTILITY VEHICLES</b>					
<b>TYPE</b>	<b>MAKE</b>	<b>MODEL &amp; SERIES</b>	<b>MINIMUM PAYLOAD</b>	<b>DAILY RATE (SINGLE SHIFT)</b>	<b>DAILY RATE (DOUBLE SHIFT)</b>
<b>1</b>	Flectrac / Nodwell	FN-110, FN-160, FN-240	11000 lbs.	\$2,845	\$5,135
	Foremost	Chieftan			
<b>2</b>	Flectrac / Nodwell	FN-60, FN-75	6000 lbs.	\$2,510	\$4,515
<b>3</b>	Flectrac	FN-20	1500 lbs.	\$2,170	\$3,885
	Thiokol	1200C			
	Bombardier	252G			

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

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 ¾ - 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 in order for the special rate to apply.

TANK SIZE	DAILY RATE
200 gal. – 399 gal.	\$200
400 gal. – 799 gal.	\$300
>800 gal.	\$500

### 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 according to the rates specified under the Transport Vehicle section of this document.

SOFT TRACK	
DAILY RATE (SINGLE SHIFT)	DOUBLE SHIFT (DOUBLE SHIFT)
\$3,640	\$6,715

### 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 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			
<b>ATV</b>		<b>UTV</b>	
TYPE	DAILY RATE	TYPE	DAILY RATE
4x4 Wheel Drive	\$105	4x2 Wheel Drive	\$125
6x6 Wheel Drive	\$125	4x4 Wheel Drive	\$150
<b>ATV/UTV Trailers</b>		6x6 Wheel Drive	\$260
Tag-A-Long	\$25	8x8 Wheel Drive	\$310
Road Trailer, 2 or 4 place	\$40		

### 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.**

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

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

PICKUPS	
TYPE	MODEL & SERIES
Compact	Ford Ranger, Chevy S-10
½ T	Chevy & GMC 1500, Ford F150, Dodge 150
¾ T	Chevy & GMC 2500, Ford F250
1 T	Chevy & GMC 3500, Ford F230

4x2	
DAILY RATE	VEHICLE ONLY
\$580	\$100
\$585	\$105
\$590	\$110
\$605	\$125

4x4	
DAILY RATE	VEHICLE ONLY
\$590	\$110
\$600	\$120
\$610	\$130
\$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	\$1,000
Full Size Bus	40 passengers	\$1,200
Crew Carrier Bus	24 passengers	\$1,210
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 6 hours, ½ the daily rate when under hire for less than 6 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

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

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

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 6 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 6 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 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 hours the deduction will be reduced by half.**

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.

# DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

## Hiring Transport Equipment

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 carriers 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 6 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.

<b>EQUIPMENT/TYPE</b>	<b>TRANSPORT TYPE</b>	<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Backhoes</b>			
1	3	0	\$1,450
2	3	0	\$1,450
3	3	0	\$1,450
4	Flatbed Truck	0	\$880
5	Flatbed Truck	0	\$880

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<b>EQUIPMENT/TYPE</b>	<b>TRANSPORT TYPE</b>	<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Dozers</b>			
IA	1	2	\$3,665
IB	2	2	\$3,450
IC	2	2	\$3,450
IIA	2	2	\$3,450
IIB	2	2	\$3,450
III	3	1	\$2,245

<b>EQUIPMENT/TYPE</b>	<b>TRANSPORT TYPE</b>	<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Excavators</b>			
1	1	1	\$2,870
2	1	1	\$2,870
3	2	1	\$2,655
4	2	0	\$1,860
5	2	0	\$1,860
6	3	0	\$1,450
7	Flatbed Truck	0	\$880
8	Flatbed Truck	0	\$880

<b>EQUIPMENT/TYPE</b>	<b>TRANSPORT TYPE</b>	<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Feller Bunchers</b>			
1	1	1	\$2,870
2	2	1	\$2,245

<b>EQUIPMENT/TYPE</b>	<b>TRANSPORT TYPE</b>	<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Forwarders</b>			
1	2	1	\$2,655
2	2	1	\$2,655
3	3	1	\$2,245
4	3	1	\$2,245

<b>EQUIPMENT/TYPE</b>	<b>TRANSPORT TYPE</b>	<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Graders</b>			
1	1	1	\$2,655
2	2	0	\$1,860
3	3	0	\$1,450
4	3	0	\$1,450

<b>EQUIPMENT/TYPE</b>	<b>TRANSPORT TYPE</b>	<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Skidders</b>			
1	2	1	\$2,655
2	2	1	\$2,655
3	3	0	\$1,450
4	Flatbed Truck	0	\$880

**DIVISION OF FORESTRY  
EMERGENCY EQUIPMENT RENTAL RATES**

<b>EQUIPMENT/TYPE</b>		<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Tracked Utility Vehicles</b>	<b>TRANSPORT TYPE</b>		
1	2	0	\$1,860
2	2	0	\$1,860
3	3	0	\$1,450
Soft Track UV	2	0	\$1,860

<b>EQUIPMENT/TYPE</b>		<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Stand Alone Transports</b>	<b>TRANSPORT TYPE</b>		
1 (70,000+)	1	2	\$3,890
2 (35,001-69,999)	2	2	\$3,615
3 (20,000-35,000)	3	1	\$3,390

\*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 2 hour drive each way and the equipment works until 0200 on day one. Equipment works 3 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 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.

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

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 in order 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.

<b>WATER TRUCKS (DUST ABATEMENT)</b>		
<b>MIN. GALLONS</b>	<b>DAILY RATE (SINGLE SHIFT)</b>	<b>DAILY RATE (DOUBLE SHIFT)</b>
1000	\$905	\$1,545
2500	\$1,310	\$2,310
5000	\$1,475	\$2,530

### **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.

<b>WATER TRUCKS (POTABLE)</b>		
<b>GALLONS</b>	<b>DAILY RATE</b>	<b>ADDITIONAL OPERATOR</b>
200 – 500	\$1,100	\$510
501– 999	\$1,245	
1000– 2000	\$1,450	\$535
2001-3000	\$1,800	
3001-4000	\$1,885	

### **WATER TRUCKS (grey water)**

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. 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.

<b>WATER TRUCKS (GREY WATER)</b>		
<b>MIN. GALLONS</b>	<b>DAILY RATE (SINGLE SHIFT)</b>	<b>DAILY RATE (DOUBLE SHIFT)</b>
1000	\$905	\$1,545
2500	\$1,310	\$2,310
5000	\$1,475	\$2,530

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

### 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.

<b>DUMP TRUCKS</b>		
<b>CLASS (Capacity)</b>	<b>DAILY RATE (SINGLE SHIFT)</b>	<b>DAILY RATE (DOUBLE SHIFT)</b>
Minimum 5 yards	\$920	\$1,590
Minimum 10 yards	\$2,240	\$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 carried is required.

The operator must work within the works rest guidelines.

<b>FUEL TRUCK WITH ONE OPERATOR</b>		
<b>GALLONS</b>	<b>DAILY RATE (SINGLE SHIFT)</b>	<b>DAILY RATE (DOUBLE SHIFT)</b>
1000	\$1,915	\$3,345
2500	\$2,180	\$3,820
3500	\$2,315	\$4,070
5000	\$2,530	\$4,475
Additional Operator	\$580	\$1,065

### ENGINES

#### 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.

**DIVISION OF FORESTRY  
EMERGENCY EQUIPMENT RENTAL RATES**

**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, and so forth, are listed in the Supplemental Engine Requirements and must be met for the vendor’s equipment to qualify as a fire engine. The Supplemental Engine Requirements are included within Chapter 6 of the AIBMH and can be viewed at the Equipment Hiring Website: <http://forestry.alaska.gov/equipment.htm>

<b>ENGINES (2 WHEEL DRIVE)</b>			
<b>TYPE</b>	<b>CAPACITY</b>	<b>DAILY RATE (SINGLE SHIFT)</b>	<b>DAILY RATE (DOUBLE SHIFT)</b>
7	50-150 Gal Tank	\$2,040	\$3,245
	10GPM/100PSI		
6	150-400 Gal Tank	\$2,185	\$3,490
	30GPM/100PSI		
5	400-750 Gal Tank	\$2,305	\$3,715
	50GPM/100PSI		
4	750+ Gal Tank	\$2,380	\$3,860
	50GPM/100PSI		

<b>ENGINES (4 WHEEL DRIVE)</b>			
<b>TYPE</b>	<b>CAPACITY</b>	<b>DAILY RATE (SINGLE SHIFT)</b>	<b>DAILY RATE (DOUBLE SHIFT)</b>
7	50-150 Gal Tank	\$2,185	\$3,460
	10GPM/100PSI		
6	150-400 Gal Tank	\$2,345	\$3,790
	30GPM/100PSI		
5	400-750 Gal Tank	\$2,485	\$4,050
	50GPM/100PSI		
4	750+ Gal Tank	\$2,585	\$4,225
	50GPM/100PSI		

**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, and contractor-hired operator. The boat operator is required to operate the boat in a safe and efficient manner. Boats hired will be considered “bare boat” charters and the operators **will not** be required to have specialized licensing (i.e. 6-pax license) per USCG Navigation and Vessel Inspection Circular 7-94. 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.

**(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). 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.)**

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

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)

<b>BOATS</b>		
<b>FWHP</b>	<b>SIZE</b>	<b>DAILY RATE</b>
35 - 150 HP	< 16 ft	\$630
	16 – 20 ft	\$650
50 - 250 HP	21 – 23 ft	\$710
	24 – 26 ft	\$775
>250HP	16 – 20 ft	\$680
	21 – 23 ft	\$740
	≥ 24 ft	\$820

**NOTE: The boat rates above also apply to the CFD or Emergency Services Inflatable Rescue Boats.**

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.

<b>AIRBOATS</b>	
<b>SIZE</b>	<b>DAILY RATE</b>
< 15 ft	\$960
15 - 16 ft	\$1,125
17-18 ft	\$1,270
19 - 20 ft	\$1,410
> 20 ft	\$1,555

### **LANDING CRAFT/BARGES**

Landing craft and barges are used to move large amounts of cargo. Landing craft should include drop down ramp that is useful for loading 4-wheelers and vehicles. Vendor will provide the tools and equipment specified above for boats and the state will provide supplies as stated above. The vendor will provide an operator that can navigate the rivers, streams, and lakes as required. Landing craft/barges are categorized based on load hauling capacity.

<b>LANDING CRAFT/BARGES</b>	
<b>CARGO CAPACITY</b>	<b>DAILY RATE</b>
10,000-20,000	\$2,600
20,000-30,000	\$3,000
>30,000	\$4,000

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

### FIRE BOATS

Fire boats must be owned and operated by Cooperator Fire Department 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	\$2,200
1500	\$2,600
2000	\$3,000

### 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	\$3,905	\$6,245
2	1000 - 2000 gal	\$3,750	\$5,705

### 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 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. 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	\$1,405	\$2,500
Mechanic & Helper	\$1,855	\$3,260

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

### 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	\$910	\$1,590
Mechanic & Helper	\$1,360	\$2,350

### 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.

### PORTABLE PUMPS

Portable pumps are hired without operator, 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.

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

### 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.**

### 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.

## **DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL 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.

<b>TANK SIZE</b>	<b>DAILY RATE</b>
200 gal. – 399 gal.	\$200
400 gal. – 799 gal.	\$300
>800 gal.	\$500

### **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 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 shower unit will follow specifications listed in the National Mobile Shower Unit contract. The unit will contain at least 6 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.

## **DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES**

### 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 Chip 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 similar to 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 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 and trees may be useful in clearing a fireline in black spruce or willow thickets, for instance. 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 tanks 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.

### 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 and the owner or sponsoring agency will provide all medical supplies. The ambulances are listed under the Other Support Items in OLAS.

## **DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES**

### GENERATORS

Generators may be rented to the state by private individuals, commercial companies, or Cooperator Fire Departments. 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 6 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.

### LIGHT TOWERS

Light Towers may be needed to light incident base camps when nightfall occurs early in the fire season 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 and the state provides fuel for Light Towers. The light tower must include a generator to run the light tower and the light tower does not come with an operator. Light towers 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.

<b>TANK SIZE</b>	<b>DAILY RATE</b>
200 gal. – 399 gal.	\$200
400 gal. – 799 gal.	\$300
>800 gal.	\$500

**DIVISION OF FORESTRY  
EMERGENCY EQUIPMENT RENTAL RATES**

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

## **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.

## **HELPFUL DOCUMENTS/APPENDICES**

Cooperative Fire Protection Agreements

Annual Operating Plans (AOP) and associated attachments

Division of Forestry Structure Fire Department Guide (includes Conditions of Hire)

Appendix 1: Cooperator Conditions of Hire

Appendix 2: Forms

## **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 5 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 in 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.

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

## **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 8 hours.

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.

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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

In order 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 in order 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 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.**

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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 is able to 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 actually 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
- The Operations Section Chief makes a decision 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

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- The compensable meal break is approved by the supervisor and documented on the CTR and/or Shift Ticket at the next level and it is documented on the CTR, SF-261.
- 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 fireline”. 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 actually 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 4 hours with home unit’s DOF Fire Manager Officer’s approval for refurbishing and rehab of their equipment only for extended attack and/or discretionary response wildland fires.

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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

- | <u>Mobilization Finance Packet -</u>         | <u>Demobilization Finance Packet -</u>                                      |
|--|---|
| a. Resource Order                            | a. Resource Order   |
| b. Annual Operating Plan                     | b. Annual Operating Plan  |
| c. Emergency Equipment Rental Agreement      | c. Emergency Equipment Rental Agreement                                     |
| d. Cooperator Conditions of Hire             | d. Cooperator Conditions of Hire  |
| e. CFD Cooperative Fire Protection Agreement | e. CFD Cooperative Fire Protection Agreement                                |
| f. Vehicle Inspection Checklist              | f. Vehicle Inspection Checklist   |
| g. Initial Shift Ticket                      | g. Completed Shift Tickets  |
| h. Blank Contractor Evaluation Form          | 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 3 methods the CFDs may choose from in order 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 in excess of 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. Combined Personnel and Apparatus Reimbursement (Lump Sum): where combined rate per daily and/or double crew daily rate includes the established rate for both the personnel and apparatus. Under Lump Sum, the CFD will submit an invoice which combines both personnel and apparatus costs as listed in OLAS/Appendix 1 and the Equipment Packet. Administrative fees for personnel are included in the established rate and are not paid separately.

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3. 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 (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 or Lump Sum, 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 Travel Authorization form needs to be completed and submitted to the local Area office.

If equipment is damaged on an incident, Cooperators 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).

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**Travel**

While in travel status, reimbursement for meals will be made at the State established per diem rate. A Travel Authorization 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 10 hours driving time in one day.

½ hour lunch must be taken while in travel status over 8 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.

## Appendix 1

### State of Alaska – 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.

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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 the purpose of 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 1, 2 and 3 for each apparatus. 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 at all times 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 8 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.

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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 at all times for tools, spares, and accessories belonging to the Cooperator, and shall secure them in the apparatus if possible. Items 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:

- a. All apparatus listed on the Cooperators CFD Cooperative Fire Agreement AOP will be accompanied by a complete vehicle inventory in hard copy format.
- b. 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 ea.
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. As a result, what is considered normal wear and tear under any agreement with the State for fire suppression or other all risk incident actions is in excess of 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.

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In the event damage or destruction occurs as a result 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.

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 in excess of 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 the purpose of certification as to the number of hours or other units of pay earned. Hours shall consist of the period actually 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 or not the Cooperator's method of payment is by Cooperator Reimbursement or Direct Payment 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.

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- 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 8 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 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, provided that 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.

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 meet the following criteria and come equipped with the following equipment:

- Four Wheel Drive
- First Aid Kit
- Emergency Lighting
- Seating for 3 Persons
- Fire Extinguisher
- Field Programmable Radio

18. 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.

19. 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.

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20. Documentation Requirements for Assignments

One (1) copy of each of the following documents is required for Out-of-Area Assignments

- |   |   |
|---|---|
| <p><u>Mobilization Finance Packet -</u></p> <ul style="list-style-type: none"> <li>a. Resource Order</li> <li>b. Annual Operating Plan</li> <li>c. Emergency Equipment Rental Agreement</li> <li>d. Cooperator Conditions of Hire</li> <li>e. CFD Cooperative Fire Protection Agreement</li> <li>f. Vehicle Inspection Checklist</li> <li>g. Initial Shift Ticket</li> <li>h. Blank Contractor Evaluation Form</li> </ul> | <p><u>Demobilization Finance Packet -</u></p> <ul style="list-style-type: none"> <li>a. Resource Order</li> <li>b. Annual Operating Plan</li> <li>c. Emergency Equipment Rental Agreement</li> <li>d. Cooperator Conditions of Hire</li> <li>e. CFD Cooperative Fire Protection Agreement</li> <li>f. Vehicle Inspection Checklist</li> <li>g. Completed Shift Tickets</li> <li>h. Completed OF-288s</li> <li>i. Emergency Equipment Use Invoice</li> <li>j. Claims documentation, if applicable</li> <li>k. Completed Evaluation</li> <li>l. Any receipts documenting reimbursable expenses accrued on the assignment</li> </ul> |
|---|---|

21. 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.

22. Rates

**Table 1- Engine Types, Rates and Minimum Requirements**

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

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**Table 2- Water Tender Types and Minimum Requirement**

Rates & Components <i>(excluding personnel costs)</i>	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

**Table 3- Command Vehicles and Minimum Requirements**

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

**Common Additional Needs - Request as needed.**

- Wildland Engines – All-wheel drive required (Wildland Engines without all-wheel drive will be compensated at a rate one step below actual typing)
- Compressed air foam system (CAFS) with minimum 40 cfm compressor
- Additional personnel

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION (49 CFR Part 29):** The bidder/offeror certifies, by submission of this proposal or acceptance of this contract/agreement, 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. It further agrees by signature on this agreement to include this clause without modification in all lower tier transactions, solicitation, proposals, contracts and subcontracts. 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.

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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.

\_\_\_\_\_

**Cooperator's/Authorized Agent's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Printed Name**

\_\_\_\_\_

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**Appendix 2: Forms**

**Contractor Performance Evaluation**



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
<b>Knowledge of the Job or Equipment Condition</b>					
<i>(How knowledgeable was the Contractor, how much supervision was required, did the equipment operate as expected)</i>					

0=Unsatisfactory	1=Poor	2=Fair	3=Good	4=Excellent	5=Outstanding
<b>Fireline Performance and Timeliness</b>					
<i>(How did the Contractor perform, did Contractor arrive when expected, demob timely; document any noncompliance or performance issues)</i>					

0=Unsatisfactory	1=Poor	2=Fair	3=Good	4=Excellent	5=Outstanding
<b>Business Relations</b>					
<i>(Did the Contractor perform in a business-like manner; complete administrative requirements timely)</i>					

Evaluator's Signature _____	Date _____	Operator's Signature _____	Date _____
rev. 4/2010	Original - Contractor Copy - File	Operator <input type="checkbox"/> Concurs <input type="checkbox"/> Disagrees with this performance evaluation	

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**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 are needed or equipment is 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 inquires and/or technical, service, administrative issues is marginally effective.
2	Fair	Response to inquires and/or technical, service, administrative issues is somewhat effective.
3	Good	Response to inquires and/or technical, service, administrative issues is consistently effective.
4	Excellent	Response to inquires 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".

rev. 4/2010

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**Emergency Equipment Shift Ticket (OF-297)**

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 <b>23407</b>		2. CONTRACTOR (name) <b>Northern Lights VFD</b>				
3. INCIDENT OR PROJECT NAME <b>moose Run</b>		4. INCIDENT NUMBER <b>73411075</b>	5. OPERATOR (name) <b>Jim Duncie</b>			
6. EQUIPMENT MAKE <b>CHEVY</b>		7. EQUIPMENT MODEL <b>F350 (T-7)</b>	8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER <b>VGA91187</b>		10. LICENSE NUMBER <b>9999-87</b>	11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)			
12. DATE MO/DAY/YR	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one)		14. REMARKS (released, down time and cause, problems, etc.) <b>Junior Joe</b> <b>Joe Senior</b>			
	START	STOP			WORK	SPECIAL
<b>7/7/14</b>	<b>06:30</b>	<b>11:30</b>			<b>5</b>	
<b>7/7/14</b>	<b>12:00</b>	<b>22:00</b>			<b>10</b>	
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 <b>Your Signature</b>		18. GOVERNMENT OFFICER'S SIGNATURE <b>Div sup's signature</b>		19. DATE SIGNED <b>Date it the day you worked</b>		

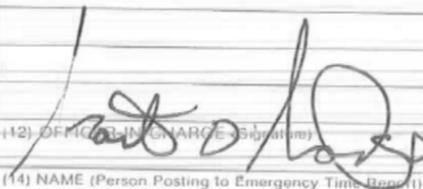
FINANCE

NSN 7540-01-119-5628  
50297-102

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

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**Crew Time Report (SF 261)**

CREW TIME REPORT						
(1) CREW NAME <i>Northern Lights VFD</i>				(2) CREW NUMBER <i>E-10</i>		
(3) OFFICE RESPONSIBLE FOR FIRE <i>AK-FAS-411075</i>			(4) FIRE NAME <i>Moose Run</i>		(5) FIRE NUMBER <i>73411075</i>	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE <i>7/7/14</i>		DATE <i>7/7/14</i>	
			Military Time		Military Time	
			ON	OFF	ON	OFF
1	<i>Jim Dunge</i>	<i>EFF6</i>	<i>0630</i>	<i>1130</i>	<i>1200</i>	<i>2200</i>
1	<i>Junior Joe</i>	<i>EFF5</i>	<i>0630</i>	<i>1130</i>	<i>1200</i>	<i>2200</i>
1	<i>Joe Senior</i>	<i>EFF3</i>	<i>0630</i>	<i>1130</i>	<i>1200</i>	<i>2200</i>
(11) REMARKS						
<i>1) all three remain employees of the VFD.</i>						
(12) OFFICER-IN-CHARGE Signature 				(13) TITLE (Officer-in-Charge) <i>Div Sup.</i>		
(14) NAME (Person Posting to Emergency Time Report)				(15) DATE <i>7/7/14</i>		

261-101



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

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**Vehicle/Heavy Equipment Safety Inspection Checklist (OF 296)**

<b>VEHICLE / HEAVY EQUIPMENT SAFETY INSPECTION CHECKLIST</b>	
1. INCIDENT NAME / NUMBER	2. ORDER / REQUEST NUMBER
3. OWNER / VENDOR	
4. AGREEMENT, PO, CONTRACT NO.	5. EXPIRES
6. MAKE	7. MODEL, TYPE
8. SERIAL NO. / VIN	9. LICENSE NO.

Section I - Tractor, Motor Grader	Pre-use		Release	
	Yes	No	Yes	No
1. ROPS, roll-over protection system: Manufacturer approved system secured to mainframe of tractor. Must include approved seat belts. *				
2. Lights: mounted and working while operating				
3. Battery: check for corrosion, loose terminal, hold downs				
4. Engine running: check oil pressure, knocks and leaks				
5. Gauges: all must be working; oil, temperature, etc. *				
6. Steering clutches: must have 3-4" free travel *				
7. Brakes: must hold at half travel. *				
8. Muffler and spark arrester: approved type unless turboed *				
9. Fuel system: must be free of drips and leaks *				
10. Cooling system: must be free of leaks *				
11. Fan and fan belts: check for defects				
12. Engine supports, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf *				
13. Hydraulic system: no leaks or drips				
14. Belly plate, rock and radiator guards: securely mounted *				
15. Final drive, transmission and differential: check for dripping				
16. Sprocket and idlers: cracks in spokes, sprocket teeth sharp				
17. Tracks and rollers: grouser height under 1-1/4", loose rollers, broken flanges *				
18. Blade, ripper, winch: operate smoothly and hold at any point				
19. Dozer and assembly: trunnion bolts missing, cracks *				
20. Drawbar: serviceable, safe				
21. Body and cab condition: report dents and damage				

**Section II - Remarks** (Describe all unsatisfactory items and identify by line number.)

--	--

Section III - Power Saw, Pump	Pre-use		Release	
	Yes	No	Yes	No
1. Visible parts broken *				
2. Visible nuts and bolts tight				
3. Oil in gear case and chain oiler				
4. Cutting bar: straight, chain in good condition *				
5. Exhaust system and spark arrester *				
6. Motor: idles evenly, runs smoothly, satisfactory power				

\* Safety Item - Do not accept until brought into compliance.

<b>10. PRE-USE INSPECTION</b>		<input type="checkbox"/> REJECTED
MILES / HRS _____	DATE _____	TIME _____
Inspector Name _____	Title _____	
Print		
		<input type="checkbox"/> ACCEPTED
MILES / HRS _____	DATE _____	TIME _____
Vendor Signature _____	Title _____	
Inspector Name _____	Title _____	
Print		

Section IV - Truck, Bus, Van, Pickup	Pre-use		Release	
	Yes	No	Yes	No
1. DOT inspection in the last 12 months: when required *			NA	NA
2. Gauges and lights *				
3. Seat belts *				
4. Glass and mirrors *				
5. Wipers and horn *				
6. Clutch pedal: proper adjustment				
7. Cooling system: check radiator and hoses				
8. Oil level and condition: full and clean				
9. Battery: check for corrosion, loose terminals, hold downs				
10. Fuel system *				
11. Electrical system: generator and starter working				
12. Engine running: check for knocks and leaks				
13. Transmission: check for leaks				
14. Steering *				
15. Brakes *				
16. 4-Wheel drive: check gear boxes, leaks				
17. Drive line U-joints: check for looseness				
18. Springs and shocks *				
19. Differential: check for leaks				
20. Exhaust system *				
21. Frame *				
22. Tire and wheels (List failed position/depth in remarks) *				
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. *				

State \_\_\_\_\_ License No. \_\_\_\_\_ Class \_\_\_\_\_

Endorsements \_\_\_\_\_ Med.Cert. Expire Date \_\_\_\_\_

<b>11. RELEASE INSPECTION</b>		<input type="checkbox"/> NO DAMAGE / NO CLAIM
<small>Not applicable to buses, inspection required.</small>		
MILES / HRS _____	DATE _____	TIME _____
Vendor Signature _____	Title _____	
Inspector Name _____	Title _____	
Print		

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## **STATE-ISSUED PROPERTY MANAGEMENT**

### **Responsibilities**

This chapter deals with state government property only. For personal property claims, see Chapter 11.

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), and State of Alaska (SOA) Property Receipt (02-657) to collect the required information. There are also federal versions of these forms.

From Government Sources of Supply and Agency Fire Caches and Warehouses - Acknowledge receipt on Form 10-1505, or Federal Form OF-285, Warehouse Supplies.

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), a General Message Form (OF-213), or even on a blank piece of paper, as long as the proper information is recorded and the property items signed for.
- 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 for.
- 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) 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.

- 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). 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) 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) (example page 4).* This form is used for issues and returns to/from personnel, and transfers of assigned property.

*Division of Forestry Warehouse Issue/Return (10-1505) (example page 5).* This form is used for issues and returns to/from State warehouses and caches, staging areas, etc.

*Lost-Stolen-Damaged Property Review (02-627) (example page 6).* Form 02-627 is always used on its own to document non-suppression losses.

*Property Loss or Damage Report (OF-289) (example page 7).* OF- 289 is used by the employee to report loss of property or damage during fire suppression.

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.

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**STATE OF ALASKA**  
**PROPERTY RECEIPT**

From: (Dept./Div./Location) <b>Supply</b>	To: (Dept./Div./Location) <b>John Firefighter</b>	Date: <b>7/12/04</b>
<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 # (Applicable)	Qty	Description of Item	Date to be returned	Date Returned	Initial/Partial Returns
<b>13D-1234</b>	<b>EA</b>	<b>King Radio</b>	<b>7/15</b>		

Issued By: (Signature) <b>Joe Supply</b> Type or Print Name <b>Joe Supply</b>	Received By: (Signature) <b>John Firefighter</b> Type or Print Name <b>John Firefighter</b>
--	--

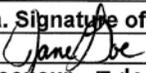
Loaning Agency retains original and borrowing Agency retains copy until ALL items returned. Loaning Agency will initial for partial returns; both copies may be destroyed when all items have been returned.

02-657 (8/90)  
 DRAFT



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Page 1 of 1 State of Alaska No. XXXXXXXX  
**LOST / STOLEN / DAMAGED PROPERTY REVIEW**

<b>1. Department</b> Natural Resources	<b>2. Division</b> Forestry	<b>3. Section</b>	<b>4. Date</b> 08/02/2015
<b>5. Property Location</b> Tok	<b>6. Check One</b> <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input checked="" type="checkbox"/> Destroyed		
<b>7. Police Notified</b> <input type="checkbox"/> Yes (attach report) <input checked="" type="checkbox"/> No	<b>8. Witnesses</b> <input checked="" type="checkbox"/> Yes, explain in 13 <input type="checkbox"/> No		
<b>9. Property Description:</b> Stihl 036 Chainsaw			
<b>10. Serial #</b> 37205	<b>11. Tag #</b> 10-13788	<b>12. Value</b> \$360	
<b>13. Circumstances:</b> Chainsaw placed on pallet. Forklift knocked chainsaw off, drove over it, broke the bar & cracked the motor casing.			
<b>Signature of Custodian</b> 	<b>Printed Name &amp; Title</b> John Doe, Warehouse Manager	<b>Date</b> 08/03/2015	
<b>COMPLETE 14-18 AND EXPLAIN ACTION TAKEN</b>			
<b>14. I certify that, to the best of my knowledge, the above is true and correct.</b>			
<b>Negligence apparent?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, disciplinary action taken?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Explain precautions taken to safeguard State property:</b> Warehouse staff told not to stack anything on cubies. Forklift drivers told to be more aware of surroundings.			
<b>14a. Signature of Immediate Supervisor</b> 	<b>Printed Name &amp; Title</b> Jane Doe, Assistant Warehouse Manager	<b>Date</b> 08/03/2015	
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		<b>Recommendations:</b>	
<b>15. Signature of Department Property Officer</b>	<b>Printed Name &amp; Title</b>	<b>Date</b>	
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		<b>Recommendations:</b>	
<b>16. Signature of Division Director or Designee</b>	<b>Printed Name &amp; Title</b>	<b>Date</b>	
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).		<b>Recommendations:</b>	
<b>17. Signature of Commissioner or Designee</b>	<b>Printed Name &amp; Title</b>	<b>Date</b>	
<b>18.</b> <input type="checkbox"/> Approved	<b>Signature of State Property Manager</b>		<b>Date</b>
<input type="checkbox"/> Disapproved			
Item <input type="checkbox"/> will <input type="checkbox"/> will not be removed from inventory.		<b>Recommendations:</b>	

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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 wind shift sent the fire across the helispot, and my tent and day pack which included my GPS unit and radio burned up.			
10. SIGNATURE Gala Legace		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 Dirk Pitt		17. TITLE Incident Commander	18. DATE 7/2/XX

NSN 7540-01-124-7834

OPTIONAL FORM 289 (9-81)  
 USDA/USDI  
 50289-101

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State of Alaska  
**LOST / STOLEN / DAMAGED PROPERTY REVIEW**

No.

Page of

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	<input type="checkbox"/> Destroyed
7. Police Notified	<input type="checkbox"/> Yes (attach report)	<input type="checkbox"/> No	8. Witnesses <input type="checkbox"/> Yes, explain in 13 <input type="checkbox"/> No
9. Property Description:			
10. Serial #	11. Tag #	12. Value	
13. Circumstances:			
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, disciplinary action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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.		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	Signature of State Property Manager	Date
<input type="checkbox"/> Disapproved		
Item <input type="checkbox"/> will <input type="checkbox"/> will not be removed from inventory.		Recommendations:

<b>PROPERTY LOSS OR DAMAGE REPORT</b> <b>Fire Suppression</b>		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			
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	

## **MEALS, LODGING, AND TRAVEL**

### **Meals**

Agency-provided subsistence is the default method for providing meals and lodging for personnel on DOF incident assignments. Subsistence on an incident may be provided as follows:

- Meals in camps or dining halls
- Catered meals
- Fresh food boxes
- MREs
- Meal coupons

Deviations from state-sponsored subsistence, such as authorized meal allowances or the use of individual government credit cards, are the exception. Exceptions to State of Alaska-sponsored subsistence must be pre-approved by the ordering office management and noted on the resource order. Personnel may not claim meal allowances without required approval.

Personnel assigned to fire support activities at their established duty stations are responsible for providing their own meals. In extreme circumstances, the Area/Regional Forester may authorize written exceptions.

### **Lodging**

Personnel may be required to:

- Camp on-site at an incident
- Stay in field quarters
- Stay in provided facilities

### **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 vendors are solicited by the State Logistics Office Admin. The Area office completes the header information for the Forestry Meal Program Packet and/or the Forestry Lodging Program Packet and mails them to their local vendors. 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.

### **Meal Coupons**

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 Forester will issue and approve meal coupons. When meal coupons are issued an entry is made on the Meal Coupon Log, (see supplement).

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If the vendor accepts DOF meal coupons, and the meal selected cost exceeds the established meal rate, the individual using the meal coupon is responsible for paying the difference directly to the vendor.

If the vendor accepts DOF meal coupons and the meal selected cost is lower than the established rate, no change is due to the individual.

Tax, gratuities, alcoholic beverages, and non-food items are excluded from purchase with a meal coupon.

Completing Meal coupons

- Meal coupons are issued 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, and charge code are entered in the appropriate blanks
- The user's resource order number or tail number and incident number are entered along the top of the coupon
- The information from the coupon is entered in the meal coupon log, (see supplement)
- The person issuing the coupon must sign the coupon

Using Meal coupons for Resource-Ordered Incident Personnel

- Used only on date authorized on the meal coupon
- Redeemable only at participating vendors
- Meal coupons are issued for one meal
- Meal coupons are issued for one user
- Meal coupons must be used in the DOF Area where issued
- Meal coupons cannot be used in the employee's home unit
- Meal coupons cannot be used for non-food items, taxes, tips, alcoholic beverages
- Any exceptions must be approved by the Area/Regional Forester

Resource-ordered incident personnel are eligible for a subsistence meal when they are away from their normal duty station for more than three consecutive hours during established meal periods.

Meal periods and allowable meal rates are as follows:

<u>MEAL</u>	<u>FROM</u>		<u>TO</u>	<u>AMOUNT</u>
Breakfast	0001	to	1000	\$12
Lunch	1001	to	1500	\$16
Dinner	1501	to	2400	\$22

Breakfast, lunch, and dinner maximum amounts remain constant with a daily total of \$50 per person. Coupons are only valid on the date shown on the coupon face.

### Processing Meal Coupons for Payment

The vendor will be paid for the face value of each original meal coupon returned for payment and accompanied by an invoice. If the vendor cannot provide a preprinted invoice, a completed copy of the “Forestry Meal Program Billing Form” can be used. Refer to the Forestry Meal Program Packet, Instructions to Vendors Providing Meals to State Employees and the Forestry Meal Program Billing Form.

The original invoice and accompanying meal coupons are assessed for appropriate and accurate charges against those documented in the meal log. The invoice is then coded, initial approval is made, and then sent to the Regional office for final payment approval. If the Forestry form is used rather than a vendor invoice, an invoice number must be created and placed on the form.

### Sack Lunches

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 for each sack lunch provided. Vendors submit the number of sack lunches they have provided on the “Forestry Meal Program Billing Form” for payment.

### Alternate Billings

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 “Diner Sign-In Sheet” provided in the Meal Agreement Packet or a similar list of names with date of meals served and appropriate resource order number and charge code information when they submit their invoice. Vendors can also use the “Forestry Meal Program Billing Form” with the attached “Diner Sign-In Sheet” in lieu of an invoice for payment.

### 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.

### Processing Non-coupon Meal Invoices for Payment

The routing for paying meal invoices for meals other than those purchased with meal coupons is the same as that for meal coupons; however, the backup documentation will be one of the following:

- Diner sign-in sheet
- List of Names with resource order number and charge code
- Crew manifest with resource order number and charge code
- Written explanation of why the meal is being charged to the incident with resource order number, and charge code
- Notation: “Number of meals/sack lunches based on IAP.”

## **Lodging**

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 supplement).

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 TA. The original invoice is sent to the ordering Area or Regional office for verification, coding, and to be reconciled with the Lodging Log. Required documentation on the lodging invoice includes at least one of the following:

- The resource order number and charge code
- Aircraft tail number
- An explanation of who/what the invoice is for (e.g., Regional staff attending fire in-briefing or closeout)

Suppression meal and lodging invoices go to the Regional FMO or designee to approve payment. Invoices are sent by the Region to the Anchorage DNR Financial Services office for final payment.

## **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.).

Approval for a rental vehicle, cell phone, or other job-specific equipment, if required, must be documented on the resource order. 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.

No travel advances or reimbursement for meals will be allowed when agency-provided subsistence is available. DOF provides subsistence for all resource ordered individuals. Exceptions must be approved by the ordering office. Other agencies have their own policies regarding subsistence and may presume certain positions (e.g. dispatchers and aviation resources) are self-sufficient, or may provide only partial subsistence without notation on the resource order.

Deviation from direct returns after release from an assignment requires the employee's supervisor pre-approval.

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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.

Home units must be contacted immediately by the DOF employee on return from assignment. All travel documentation is to be submitted within five (5) days upon return from assignment. Travel authorization form (TA) documentation must be of sufficient detail with items such as times, locations, itineraries, explanation of changes, resource orders, and leave slips to accurately process the reimbursement claim (Example page 6). Extenuating circumstances and travel delays/deviations should be explained in the body of the TA or on an accompanying attachment.

Employees need to retain all pertinent information related to travel and assignment including:

- Original lodging receipts if lodging is not provided by the requesting agency
- Boarding passes, travel itineraries, ticket receipts, 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
- Original receipts for all incidental expenses (taxi, fuel, etc.)
- Meals not subsisted
- Resource Order

**Reimbursement for Eligible Travel Expenses**

The Travel Authorization (TA) form, with resource order and appropriate receipts attached, is submitted through the employee’s home unit to request reimbursement for eligible out-of-pocket costs incurred during mobilization, demobilization and before or after being subsisted.

<b>Return Time</b>	<b>12:00 PM (Noon)</b>	<b>Before 5:00 PM</b>	<b>After 4:59 PM</b>
M&IE	Breakfast	Breakfast & Lunch	Full day

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. (Example TA page 6)

DOF Employee Compensable Time: On the days of departure and return the traveler receives a prorated M&EI based on the departure and return times as follows:

<b>Departure Time</b>	<b>Before 9:01 AM</b>	<b>Before 2:01 PM</b>	<b>Before 11:01 PM</b>
M&IE	Full day	Lunch & Dinner	Dinner

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Vehicle Rentals: authorization for employees to rent vehicles while on assignment must be documented on the resource order. If a rental vehicle is approved, always decline extra insurance coverage. Failure to do so will result in the employee bearing any charges for insurance.

Travel Interruptions or Deviation for Employee Convenience: Travel must be via the most direct route to the employee's nearest jetport. Any deviation in travel from assignment requires supervisor pre-approval. Any additional time or expense resulting from an interruption or deviation for an employee's convenience shall be borne solely by the employee.

Web address for travel: The 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> then select, "Per Diem Rates."

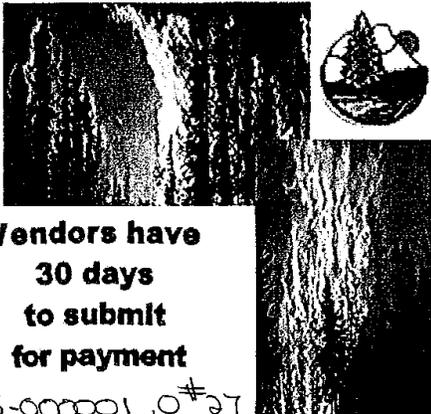


**Forestry Meal Coupon**

~~\$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, 0-53) AK-FAS-000001, 0#27



**Vendors have  
 30 days  
 to submit  
 for payment**

**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

**DO NOT COPY**







## **VEHICLE ACCIDENTS**

### **Purpose**

The purpose of this chapter is to assure all accidents involving state owned, leased, or rented (except through an EERA) equipment are reported properly and in a timely manner. Areas covered include:

- Introduction and General Information
- Procedures for Vehicles
  1. What to do in case of an accident and when should an accident be reported
  2. What forms are used and for what type of vehicles
  3. Where to Submit Forms - Forms Matrix
  4. Personal Vehicle use for State Business

### **Introduction and General Information**

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, or the appropriate Transportation Manager (Coastal Region at 761-6231 or Northern Region at 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 in (supplement), 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 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 supplement). These reports are used to identify hazardous conditions or practices, and will aid in preventing future accidents.

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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.

### **Procedures for Vehicles**

If a State-owned vehicle is involved in an accident, the State employee (the driver) must fill out the following forms:

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. 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.
3. 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).

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 (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:

1. IMT, Finance, if applicable
2. Immediate supervisor
3. Area Forester (FMO) and Regional Forester
4. Division of Forestry Procurement Specialist

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

- Regional Administrative Officer  
 State of Alaska/Dept. of Natural Resources/Div. of Forestry  
 3700 Airport Way  
 Fairbanks, Alaska 99709-4699

Copies to:

1. State of Alaska/Dept. of Natural Resources/Div. of Forestry  
 550 W. 7<sup>th</sup> Ave., Suite # 1450  
 Anchorage, Alaska 99501  
 Attn: Procurement Specialist  
 (907) 269-8461
  
3. 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 your policy. Consult your insurance company for more information. It is the employee's responsibility to be aware of their policy limitations.

In the event of an accident, your personal liability insurance will cover damages and medical expenses to another party up to the maximum amount of your liability coverage.

The State of Alaska will usually cover any liability exposure in excess of your own liability coverage, except in certain areas indicating improper performance as determined by the Attorney General's Office (e.g., driving while intoxicated).

Collision - Your own collision insurance, if any, covers damage to your own vehicle while on State business. The State does not insure any physical damage to your vehicle while on State business. If another party is at fault you may be able to recover your damages through legal action brought by yourself or your insurance company on your behalf. The State of Alaska will not participate in any legal action brought on your behalf to receive damages as a result of an accident involving your 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 - You are 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 you have an auto accident while on State business, you are required to complete a Liability Accident Notice (02-919), and forward it to the Area/Region office.

Passengers - Non-state business passengers in your personal vehicle are not covered by the State in any way.

**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. Employee 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**

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THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

## Department of Administration

DIVISION OF RISK MANAGEMENT

10th Fl. State Office Building  
PO Box 110218  
Juneau, Alaska 99811-0218  
Main: 907.465.2180  
Fax: 907.465.3690  
[www.doa.alaska.gov/drm](http://www.doa.alaska.gov/drm)

December 31, 2015

### Certificate of Self Insurance

To Whom It May Concern:

Re: **Liability Insurance Coverage for Alaska State Owned Vehicles**

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 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,

Leasa Davis  
Risk Manager

## LIABILITY ACCIDENT NOTICE

Auto     Other

DEPARTMENT		SECTION		LOC. CODE	DIRECTOR				
DIVISION		REGION		LOC. NAME	SUPERVISOR				
<b>STATE EMPLOYEE</b>		<b>STATE EMPLOYEE</b>		<b>STATE EMPLOYEE</b>		<b>STATE EMPLOYEE</b>			
LAST NAME				FIRST NAME					
ADDRESS			ZIP	RESIDENCE PHONE	BUSINESS PHONE				
WHERE CAN EMPLOYEE BE CONTACTED?					WHEN?				
<b>ACCIDENT</b>		<b>ACCIDENT</b>		<b>ACCIDENT</b>		<b>ACCIDENT</b>			
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)									
<b>STATE VEHICLE - AUTO ONLY</b>		<b>STATE VEHICLE - AUTO ONLY</b>			<b>STATE VEHICLE - AUTO ONLY</b>				
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?			
<b>PROPERTY DAMAGE</b>		<b>PROPERTY DAMAGE</b>			<b>PROPERTY DAMAGE</b>				
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?					
<b>INJURED</b>		<b>INJURED</b>		<b>INJURED</b>		<b>INJURED</b>			
				AGE	STATE VEH. PASS	OTHER VEH. PASS	PED.		
NAME		ADDRESS		PHONE	EXTENT OF INJURY				
<b>CLAIMANT: NON-AUTO</b>		<b>CLAIMANT: NON-AUTO</b>			<b>CLAIMANT: NON-AUTO</b>				
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
<b>WITNESS</b>		<b>WITNESS</b>		<b>WITNESS</b>		<b>WITNESS</b>			
NAME		ADDRESS		PHONE					
REMARKS									
DATE		REPORTED BY		REPORTED TO		SIGNATURE(PREPARED BY)			

# 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 \_\_\_\_\_

# ALASKA MOTOR VEHICLE CRASH FORM 12-209

ED# **201607415**

## CRASH INFORMATION (One choice per field unless otherwise noted. Other\* should be explained in narrative)

Total # Vehicles	Crash Date	Time of Crash <input type="radio"/> am <input type="radio"/> pm	Crash Day <input type="radio"/> 01 MON <input type="radio"/> 02 TUE <input type="radio"/> 03 WED <input type="radio"/> 04 THU <input type="radio"/> 05 FRI <input type="radio"/> 06 SAT <input type="radio"/> 07 SUN	Crash occurred in (City / Borough)		
Name of Street or Highway		<input type="radio"/> Miles <input type="radio"/> Feet	North of: <input type="radio"/> East of: <input type="radio"/> South of: <input type="radio"/> West of: <input type="radio"/> At intersection with:	Name of Cross Street, Highway, Bridge, etc.		
Weather				Lighting		
<input type="radio"/> 01 Blowing dirt, snow	<input type="radio"/> 07 Sleet, hail (freezing rain)	<input type="radio"/> 01 Dark - lighted roadway	<input type="radio"/> 07 Not reported	<input type="radio"/> 01 Crossover	<input type="radio"/> 07 Roundabout	<input type="radio"/> 13 Other*
<input type="radio"/> 02 Clear	<input type="radio"/> 08 Severe crosswinds	<input type="radio"/> 02 Dark - not lighted	<input type="radio"/> 08 Unknown	<input type="radio"/> 02 Driveway	<input type="radio"/> 08 T - intersection	
<input type="radio"/> 03 Cloudy	<input type="radio"/> 09 Snow	<input type="radio"/> 03 Dark - unknown lighting		<input type="radio"/> 03 Not a junction	<input type="radio"/> 09 Y - intersection	
<input type="radio"/> 04 Fog/ smoke	<input type="radio"/> 10 Other*	<input type="radio"/> 04 Daylight		<input type="radio"/> 04 On ramp	<input type="radio"/> 10 Four way intersection	
<input type="radio"/> 05 Ice fog	<input type="radio"/> 11 Not reported	<input type="radio"/> 05 Twilight		<input type="radio"/> 05 Off ramp	<input type="radio"/> 11 Five point or more	
<input type="radio"/> 06 Rain	<input type="radio"/> 12 Unknown	<input type="radio"/> 06 Other*		<input type="radio"/> 06 Railway crossing	<input type="radio"/> 12 Unknown	

**OFFICIAL USE ONLY**  
Location Control      Reference Point

## First Sequence of Events (what was the first thing you crashed into, or what was the first event that resulted in the crash. (CHECK ONLY ONE FOR EITHER COLLISION OR NON-COLLISION)

<b>COLLISION</b>				<b>NON-COLLISION</b>			
<input type="radio"/> 01 Aircraft	<input type="radio"/> 09 Ditch	<input type="radio"/> 17 Median barrier	<input type="radio"/> 25 Train	<input type="radio"/> 33 Cargo loss / shift	<input type="radio"/> 40 Overturn		
<input type="radio"/> 02 Animal	<input type="radio"/> 10 Embankment	<input type="radio"/> 18 Moose	<input type="radio"/> 26 Tree / shrub	<input type="radio"/> 34 Crossed median / centerline	<input type="radio"/> 41 Ran off road		
<input type="radio"/> 03 Bicyclist	<input type="radio"/> 11 Fence	<input type="radio"/> 19 Parked vehicle	<input type="radio"/> 27 Utility pole	<input type="radio"/> 35 Downhill runaway	<input type="radio"/> 42 Separation of units		
<input type="radio"/> 04 Bridge / overpass	<input type="radio"/> 12 Guard rail face	<input type="radio"/> 20 Pedestrian	<input type="radio"/> 28 Vehicle in transit	<input type="radio"/> 36 Equipment failure	<input type="radio"/> 43 Other*		
<input type="radio"/> 05 Bridge rail	<input type="radio"/> 13 Guard rail end	<input type="radio"/> 21 Sideswipe	<input type="radio"/> 29 Vehicle - rear end	<input type="radio"/> 37 Explosion / fire	<input type="radio"/> 44 Unknown		
<input type="radio"/> 06 Crash cushion	<input type="radio"/> 14 Light support	<input type="radio"/> 22 Sign	<input type="radio"/> 30 Vehicle - head on	<input type="radio"/> 38 Immersion			
<input type="radio"/> 07 Culvert	<input type="radio"/> 15 Machinery	<input type="radio"/> 23 Snowberm	<input type="radio"/> 31 Vehicle - angle	<input type="radio"/> 39 Jackknife			
<input type="radio"/> 08 Curb / wall	<input type="radio"/> 16 Mail box	<input type="radio"/> 24 Traffic signal pole	<input type="radio"/> 32 Other fixed object				

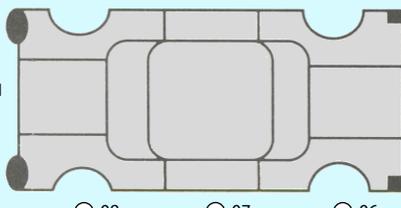
Location of First Sequence of Events (where did the crash happen first?)	Road Surface	Did police investigate this crash?
<input type="radio"/> 01 Bike lane	<input type="radio"/> 01 Dry	<input type="radio"/> Yes
<input type="radio"/> 02 Gore	<input type="radio"/> 02 Ice	<input type="radio"/> No
<input type="radio"/> 03 Median	<input type="radio"/> 03 Water	
<input type="radio"/> 04 Outside of trafficway	<input type="radio"/> 04 Sand, mud, oil	
<input type="radio"/> 05 Parking lot	<input type="radio"/> 05 Slush	
<input type="radio"/> 06 Roadside	<input type="radio"/> 06 Snow	
<input type="radio"/> 07 Roadway	<input type="radio"/> 07 Wet	
<input type="radio"/> 08 Shared use paths	<input type="radio"/> 08 Other*	
<input type="radio"/> 09 Shoulder		
<input type="radio"/> 10 Unknown		

## 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 Driver License Country	Your Driver License State
Your State	Your Zip Code	Your Residence Country	

## YOUR VEHICLE INFORMATION

<b>Your Vehicle Damage</b>	<b>No. of Occupants</b>	Your Vehicle Owner's Name (Last, First, Middle Initial)	Vehicle Owner's Telephone
<input type="radio"/> 01 None / minor	<input type="radio"/> 03 Disabling	Your Vehicle Owner's Mailing Address	
<input type="radio"/> 02 Functional	<input type="radio"/> 04 Totaled	Your Vehicle Owner's City	Your Vehicle Owner's State
<input type="radio"/> 05 Unknown		Your Vehicle Owner's Zip Code	Vehicle Owner's Zip Code
<input type="radio"/> 06		Vehicle Year	Vehicle Make
<input type="radio"/> 07		Vehicle Model	License Plate #
<input type="radio"/> 08		Vehicle License State	Vehicle License State
<input type="radio"/> 09		Your Vehicle's Direction of Travel	Damage Estimate
<input type="radio"/> 10		<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
<input type="radio"/> 11		Your Vehicle Driver's Injury Status (vehicle passengers are listed on page 2)	
<input type="radio"/> 12		<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	



CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT

Roadway Circumstances (that may have contributed to the crash)	Your Vehicle Action
<input type="radio"/> 01 Debris	<input type="radio"/> 01 Avoiding objects in road
<input type="radio"/> 02 Inoperative traffic device	<input type="radio"/> 02 Backing
<input type="radio"/> 03 Missing traffic device	<input type="radio"/> 03 Changing lanes
<input type="radio"/> 04 Obscured traffic device	<input type="radio"/> 04 Entering traffic lane
<input type="radio"/> 05 Obstruction in roadway	<input type="radio"/> 05 Leaving traffic lane
<input type="radio"/> 06 Shoulder	<input type="radio"/> 06 Making U-turn
<input type="radio"/> 07 Road surface condition	<input type="radio"/> 07 Merging
<input type="radio"/> 08 Ruts, holes, bumps	<input type="radio"/> 08 Out of control
<input type="radio"/> 09 School zone	<input type="radio"/> 09 Passing
<input type="radio"/> 10 Work zone	<input type="radio"/> 10 Parked
<input type="radio"/> 11 Worn, polished road surface	<input type="radio"/> 11 Skidding
<input type="radio"/> 12 None	<input type="radio"/> 12 Slowing
<input type="radio"/> 13 Other*	<input type="radio"/> 13 Starting in traffic
<input type="radio"/> 14 Unknown	<input type="radio"/> 14 Stopped
	<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
Traffic Control	Vehicle Configuration
<input type="radio"/> 01 Flashing signal	<input type="radio"/> 01 Dog sled
<input type="radio"/> 02 No traffic controls	<input type="radio"/> 02 Light truck (4 tires)
<input type="radio"/> 03 Road construction signs	<input type="radio"/> 03 Motorhome
<input type="radio"/> 04 RR crossing device	<input type="radio"/> 04 Motorcycle
<input type="radio"/> 05 School zone signs	<input type="radio"/> 05 Off highway vehicle
<input type="radio"/> 06 Stop sign	<input type="radio"/> 06 Passenger car
<input type="radio"/> 07 Traffic control signal	<input type="radio"/> 07 Pedalcycle
<input type="radio"/> 08 Warning signs	<input type="radio"/> 08 Pedestrian
<input type="radio"/> 09 Officer / Flagman / Guard	<input type="radio"/> 09 Other*
<input type="radio"/> 10 Yield sign	<input type="radio"/> 10 Unknown
<input type="radio"/> 11 Other*	
<input type="radio"/> 12 Unknown	

## CRASH DESCRIPTION (Write a brief narrative describing the crash)

# 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 License Country
Other Driver's Mailing Address City	Other Driver's State	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="text"/>	Other Vehicle Owner's Mailing Address		
<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08		Other Vehicle Owner's City		Other Vehicle Owner's State	Other Vehicle Owner's Zip
		Vehicle Year	Vehicle Make	Vehicle Model	License Plate #
CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT		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 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"/> 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"/> 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 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"/> 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"/> 09 Officer / Flagman / Guard <input type="radio"/> 10 Yield sign <input type="radio"/> 11 Other* <input type="radio"/> 12 Unknown			<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	Telephone	Vehicle License
	<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 Driver's License State	
		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	Owner's License State	
		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.

### REASON FOR DENIAL:

- Policy expired before crash
- Driver is not covered on policy
- Policy effective after crash
- Lapse in policy
- Policy number given is incorrect
- Other: \_\_\_\_\_

Authorized Representative Signature / Date

### MAIL AD 83J THIS FORM TO:

**DMV Main Office**  
**P.O. Box 110221**  
**Juneau, AK 99811-0221**  
**BZa` V/907) 465-4361**  
**8Sj , /+")) fR( ' Z ' " +**

**STATE OF ALASKA - DIVISION OF MOTOR VEHICLES  
CERTIFICATE OF INSURANCE**

LAW ENFORCEMENT INCIDENT NUMBER: \_\_\_\_\_

<b>CRASH INFORMATION</b>	Date of Crash: _____		City Where Crash Occurred: _____		
<b>DRIVER</b>	Name: _____		Date of Birth: _____	Driver License #: _____	State: _____
	Mailing Address: _____				
	Street or Box		City	State	Zip
<b>OWNER OF VEHICLE</b>	Name: _____		Date of Birth: _____	Driver License #: _____	State: _____
	Mailing Address: _____				
	Street or Box		City	State	Zip
<b>VEHICLE</b>	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** Fax: (907) 465-5509  
**DIVISION OF MOTOR VEHICLES**  
**ATTN: DRIVER LICENSING** Phone: (907) 465-4361  
**PO BOX 110221**  
**JUNEAU AK 99811-0221**

## **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.**

This section deals ONLY with claims filed by:

- Contractors for damage to equipment
- 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.
- Area FMO and/or the 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 for 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, line 27.

### **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. As a result, 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**

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).

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”
- 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” within 30 days of release from incident
- If the claim involves an automobile accident, then the police report and a copy of Form 12-209 and Form 02-932, Supervisor’s Accident Investigation Report, shall be attached, (see chapter 10, supplemental 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

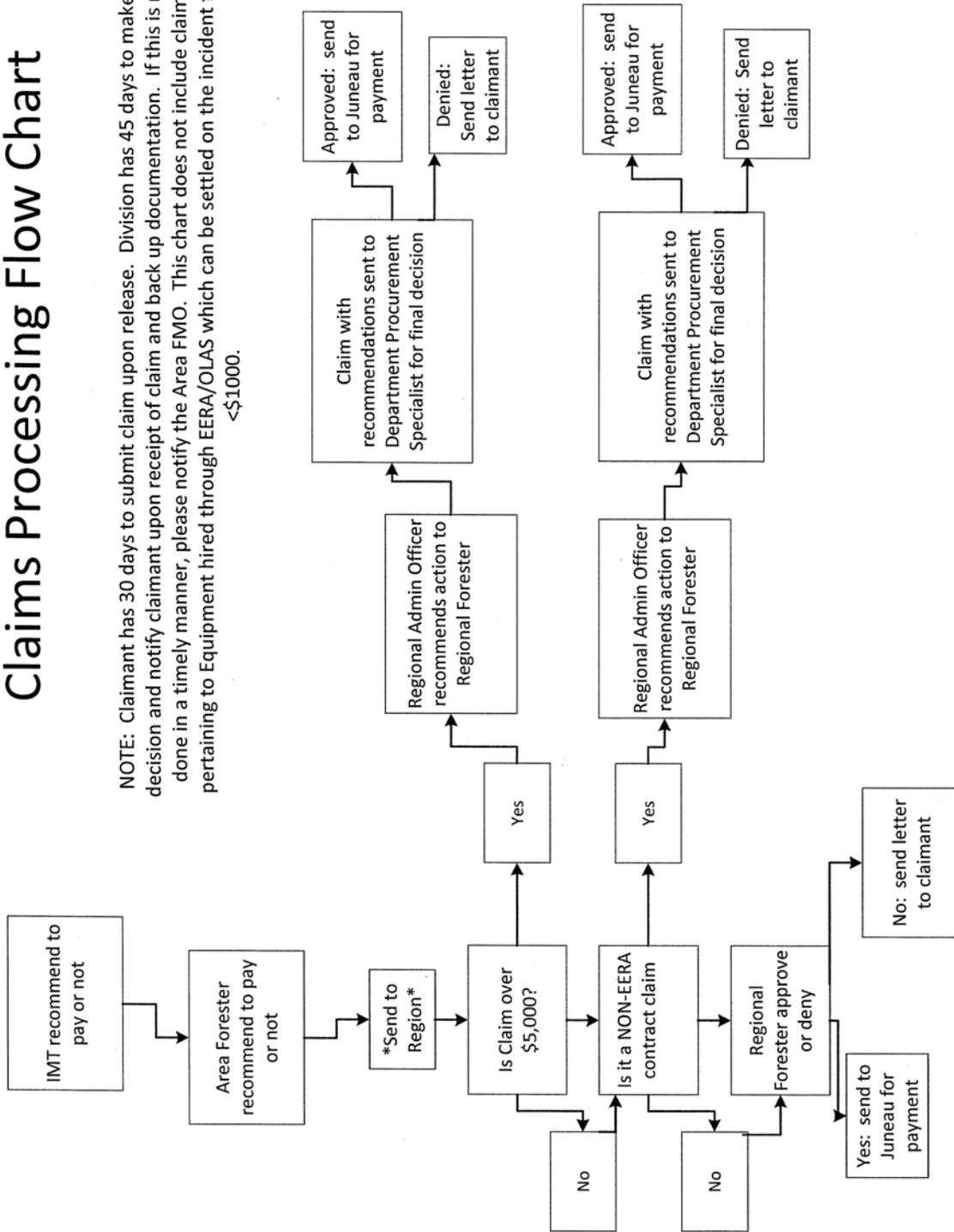
If a claim is denied at the Regional level, the claimant may appeal their claim to the DNR Procurement Officer in writing within 90 days per AS 36.30.620.

### **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.

# 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.



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**PROPERTY  
LOSS/DAMAGE REPORT**  
Contractors & Employees  
Please fill out top portion of form



**State of Alaska**  
Department of Natural Resources  
Division of Forestry

Use blue ink  
Print legibly

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  Concurs with claim  
 Denies claim  
Date:  Concurs with settlement amount

Comments

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



## COST CALCULATION AND REPORTING

### Responsibilities

Incidents, Area Dispatch Offices, and the State Logistics Center (SLC) 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.

### Objective

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. Multipliers put on the personal services help estimate these costs.**

### Calculating Costs

For fires in the state response areas AND responded to by state fire personnel, we calculate the total cost for the entire fire (all agencies). In our attempts to cut back the dispatcher time involved in reporting costs, we have prepared a spreadsheet (located at the end of this chapter) which involves no calculation on the part of the reporting dispatcher. There are boxes in which to insert the fire number, costs pulled from IFM on aircraft, equipment, crews, and engines, number of personnel (a separate box for EFF single resource and regular personnel as requested), and percentage of ownership based on the GIS calculations done in the office daily for each ongoing fire. The costs and dispersal (State and Reimbursable) is calculated within the spreadsheet and appears at the bottom of each section.

The percentage of ownership is determined by the GIS calculations performed daily on acreage and ownership of the fire. Percentages are also applied, within the worksheet, to personnel to include benefits, per diem, lodging, etc. As federal ADs do not receive overtime, crew, AD, and EFF costs are currently determined based on a 16 hour day (the number of hours most reported on fires) 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 be below the amount currently authorized for fire activity, it is necessary to apply to OMB for an increase in authorization.

- All false alarm fires are reported at \$1,500 per false alarm.
- Only crews and aircraft that the dispatcher has status on 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. 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.

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, Aircraft, smokejumpers, and prepositioning, etc., not area incurred but ORDERED by State Fire Management; these costs will be submitted timely to SLC by the State Logistics Coordinator at AICC.

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**Areas** will report costs using IFM. Costs will be calculated using the Fire Cost Estimate Worksheet for 2016; the worksheet will be issued upon receipt of AFS costs calculation sheet which will be submitted to us the last week in April (Crew, EFF, and AD rates are calculated each year by AFS fire finance).

- **State Logistics Center** will report costs on behalf of the Area Offices when resources are assigned to the Lower 48 and/or Canada.
- **Final Reports:** Areas close the final reports in IFM and SLC checks the reports for accuracy,

**The Fire Cost Estimate Worksheet for 2016 will calculate both the State and Federal/Canadian (which includes Northwest Compact States) based on the GIS percentage of land ownership, regardless of resource ownership.** As the goal of the estimate is to determine the **total** State cost, as long as the fire has a perimeter – IFM can calculate the %. (For initial attack – it will be the point). Note: if the fire is in limited – State; and no action takes place for the first three days and on the fourth day – we take action – the cost will still be 100% state unless we have a cost agreement.

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 (Mat Su) we have an agreement with USFS. For Fairbanks Air Force lands (Clear/ Eielson) 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.

### **Cost Calculation Worksheet**

The Cost Calculation Worksheet is similar to the past several years. The differences are:

- There is only State and Reimbursable (fed) costs which are determined by the ownership acreage.
  - The ownership is figured by the GIS calculation in each office each time an acreage changes;
  - Training is given each spring to each area dispatch to enable the GIS calculation
- The duration report in IFM will be used for each class of reporting, not just aircraft and Station costs.
- Areas will receive 2 each 8 gig thumb drives which are loaded with the cost calculation worksheet
  - The thumb drives will be utilized for preparing night reports (COSTS 2016) and to send a season of cost reports back to the central office (COSTS 2016-CO).
    - The first thumb drive (COSTS 2016) is for area use in calculating daily fire costs for the night report. This will also be the area's record for the season.
    - The second thumb drive (COSTS 2016 – CO) will contain a copy of EVERY night report incident and be returned to the Central Office at the close of the fire season. We are close to moving the job of cost reporting into IFM; this drive will help refine that process.

Thumb drives are available through SLC.

If there are any questions during the 2016 fire season on the reports, please feel free to contact Sue Braund-Clark at 907-230-8316 or K. Pyne at 907-371-7751 or 907-356-5858.

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**SUPPRESSION COMPONENT CODING**

Suppression codes are composed of two types:

- Templates to be reviewed for proper provisions prior to assignment.
- Incident Numbering System.

**For the 2016 season we will be running two parallel accounting systems.**

**IRIS, the State of Alaska’s coding for Detection Flight, Commissary Purchases, Procurement and Fire Force Prepositioning will be the use of a TEMPLATE – charge code – object code.**

**AKPAY, the State of Alaska’s coding for payroll: sequence is collocation code – ledger code, payroll is still tracked using Collocation Coding and Incident Numbers, (CC/LCs are to be used for payroll until November, when IRIS is on-line).**

Charge Codes

An incident number must always be preceded by the collocation code 10310130 for payroll or NTF001 for non-payroll.

Charge Codes		Use	Special Provision
CC 10310130		ALL Suppression	Always used with an incident/fire number for payroll
NTF001		All Suppression	Always used with an incident/fire number for non-payroll
TEMPLATE			
NTF005	Coastal	Detection Flight Time	Aircraft flight time, fuel lubricants, specifically used for the discovery of new fires.
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		

NTF10A	Coastal	Fire Force Preposition	<p style="text-align: center;"><b><u>Northern/Coastal Region/State Fire Operations Forester approval required.</u></b></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.                      Preposition Restrictions:</p> <ul style="list-style-type: none"> <li>• Cannot be used for personnel time (see HFD &amp; Crew Collocation Code Section); and</li> <li>• Should not be used if charges can be coded to a specific fire.</li> </ul>
NTF11A	Northern		
NTF12A	F&A		
NTF13A	Mat-Su		
NTF14A	Kenai		
NTF15A	Southwest		
NTF16A	Copper River		
NTF17A	Fairbanks		
NTF18A	Delta		
NTF19A	Tok		

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NTF20A	Southeast		Exception: When there is no actual fire to charge to, Federal employees charge their hours to the P code or AFS code.
Collocation Office Code		Use	Special Provision
10313030	Coastal	Standby Time  DO NOT USE WITH A FIRE NUMBER	<p style="text-align: center;"><b><u>Northern/Coastal Region/State Fire Operations Forester approval required.</u></b></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. No fire number needed.</p> <p>If a specific fire has requested you to standby, use that incident number, (L-48 incidents).</p>
10313031	Northern		
10314131	F&A		
10314331	Mat-Su		
10314431	Kenai		
10314531	Southwest		
10314631	Copper River		
10314831	Fairbanks		
10314931	Delta		
10315131	Southeast		
10315031	Tok		

10313130	Coastal	High Fire Danger OT  DO NOT USE WITH A FIRE NUMBER	<p style="text-align: center;"><b><u>Northern/Coastal Region/State Fire Operations Forester approval required.</u></b></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"> <li>• Cannot be used to code regular/straight time; and</li> <li>• Cannot be used for EFF time.</li> </ul> <p>(See EFF Collocation Codes)</p>
10313131	Northern		
10314130	F&A		
10314330	Mat-Su		
10314430	Kenai		
10314530	Southwest		
10314630	Copper River		
10314830	Fairbanks		
10314930	Delta		
10315030	Tok		
10315130	Southeast		
73X36023	ALL	EFF High Fire Danger Regular Time & Overtime	Used to code EFF <b>regular and overtime</b> hours when there is no specific to code to. Usually applies to extended staffing situations in anticipation of new fire starts.

### **Ledger Codes For Payroll**

The Incident Number (ledger code) is an eight-digit number **assigned ONLY by the State Coordinator at AICC** according to the fire area location and is annotated after the collocation code as in the following example: 10310130 73X03011. **Example: Incident number 73X03011.**

- The first and second digits (73) denote the ledger number in the State accounting system.
- The third digit (X) is the last digit of the calendar year (CY) in which the incident occurred (200X).
- The fourth digit (0) represents the Region in which the incident occurred (Coastal).
- The fifth digit (3) represents the specific area within the general area in which the incident occurred (Kenai).
- The sixth, seventh and eighth digits (011) compose the consecutive fire incident number in the State of Alaska, issued from the Statewide log book located at AICC (the 11th fire incident that year).
- The ninth and tenth digits (00) are used to complete the required 10 digit Ledger Code.

### **When Coding an Invoice**

**The 8 digit LC becomes a 10 digit function code, by the addition of 2(00)s following the 8 digit number.**

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1 <sup>st</sup> and 2 <sup>nd</sup> Digits	3 <sup>rd</sup> Digit	4 <sup>th</sup> Digit	5 <sup>th</sup> Digit	6 <sup>th</sup> , 7 <sup>th</sup> and 8 <sup>th</sup> Digits	9 <sup>th</sup> and 10 <sup>th</sup> Digits
<b><u>LEDGER</u></b>	<b><u>YEAR CODE</u></b>	<b><u>REGION CODE</u></b>	<b><u>AREA CODE</u></b>	<b><u>INCIDENT NUMBER ASSIGNED BY AICC</u></b>	<b><u>LC' S Becomes 10 DIGITS Function Codes</u></b> <b><u>For INVOICES</u></b>
<b>73</b>	<b>X</b>	<b>Coastal - 0</b>	Anchorage/Mat-Su – 1	<b>XXX</b>	<b>00</b>
			Kenai/Kodiak – 3		
			Southwest – 4		
			Haines – 5		
		<b>Coastal – 4</b> <small>For severe fire season use *</small>	Anchorage/Mat-Su – 1		
			Kenai/Kodiak – 3		
			Southwest – 4		
			Haines – 5		
		<b>Northern - 1</b>	Fairbanks – 1		
			Delta – 2		
			Tok – 3		
			Valdez/Copper River – 4		
		<b>Northern – 5</b> <small>For severe fire season use *</small>	Fairbanks – 1		
			Delta – 2		
			Tok – 3		
			Valdez/Copper River - 4		
		<b>Chief, Fire Management – 3</b>	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					
ADES 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 eight digit ledger code to be used.

Emergency Firefighters (EFF)

EFF timesheets will be coded with appropriate eight digit State incident number in the Incident Name block of the OF-288. The appropriate AFS/USFS incident number is recorded in the Fire Code block of the OF-288.

State Code (Fire Name Block)	AFS/USFS Code (Fire No. Block)	Special Provisions
8 digit incident # (ex. – 73X11013)	4 or 6 digit incident # (ex. – BX3Z or PNBX3Z)	Enter both State and AFS/USFS codes, if incident numbers are exchanged.
8 digit incident # (ex. – 73X11013)	(blank)	Enter only State code, if incident numbers are not exchanged.
73X36023	(blank)	Enter when EFF are hired for High Fire Danger

Special purpose incident numbers are controlled by the Chief, Fire Management, and are issued solely by the AICC State Coordinator. Advance approval by the State Fire Operations Forester is mandatory. A memo of explanation supporting the request is advised.

<b>2016 DOF Codes</b>				
	<b>State #</b>	<b>AFS #</b>	<b>Agency</b>	<b>Remarks</b>
				Central office log books maintained by AICC Coordinator(s) <b>USFS Override code for DOI and DOF:1502</b>
<b>DOF AFS Agreement Codes</b>	<b>10310130-73631991</b>	<b>JKJ6</b>	State Fire Warehouse	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
	<b>10310130-73632992</b>	<b>JKK5</b>	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.
	<b>10310130-73632901</b>	<b>JJ3U</b>	Alaska Fire Service	Division of Forestry Support to MID/Military.
	<b>10310130-73631993</b>	<b>JJ3V</b>	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 crossbilling purposes only.
	<b>10310130-73632994</b>	<b>JJ3W</b>	Alaska Fire Service	Division of Forestry Support to the Alaska Fire Service for standby or for prepositioning of Overhead, Equipment, Air Tankers, Lead Planes, Air Attack Aircraft for DOF/AFS crossbilling purposes only. Includes Duty Officer time.
	<b>10310130-73631995</b>	<b>JJ3X</b>	State Regions and Central Office	Alaska Fire Service support to the Regions or Central Office for standby or for prepositioning of <b>Smokejumper</b> personnel. Includes SMJ aircraft, pilots and aircraft fuel for DOF/AFS crossbilling purposes only.

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	10310130-73631902	PNJJ3R	State Regions and Central Office	USFS Smokejumper support to DOF.
	(no state equivalent)	JJ1F	Alaska Fire Service	AFS Training Support to DOF-meals, barracks, etc.
	(no state equivalent)	JJK3	Alaska Fire Service	AFS Radio Shop supporting DOF
Issued by AICC State Coordinator ONLY!	10310130-73631001-73631999		State Reimburses BLM/AFS	Issued to fires on State and privately owned lands within BLM and AFS protection areas of the USFS protection area. Establishes a cross-reference number for incidents which the State will reimburse BLM or the USFS. AFS bills DOF
	10310130-73632001-73632999		BLM/AFS reimburses State	Issued to fires in AFS and USFS protection that start on federal lands where the State of Alaska providing support. DOF bills AFS.
	10310130-73633001-73633999		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. <b>Assigned to FEMA incidents in Alaska.</b>
	10310130-73634001-73634999		State Regions and Central Office	Assigned to the Division of Forestry non-suppression reimbursable projects in support of other agencies
	10310130-73635001-73635999		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.
	10310130-73637001-73637999		State Regions and Central Office	Assigned to wildfires and severity orders in the L-48; assigned to FEMA incidents in the L-48("F" codes); Can only be assigned to USFS P, S, G, WG, WFSU and F numbers <b>(NO WFPR #)</b>
	10310130-73638001-73638999		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.
	10310130-73639001-73639999		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. <b>ALL ADHS&amp;EM INCIDENTS MUST HAVE AN RSA.</b>

## **All Risk Emergency Procurement**

The purpose of this chapter is to define procedures for procurement under emergency conditions and authority delegated to the Department/Division for fire suppression and all-risk emergency activity.

### **Introduction and 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 fire fighting equipment and for fire fighting 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 10/24/00. 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 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, 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 WFSA

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, Form NFES 1406. 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, misc. Area office supplies and initial attack expenses.

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

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4. Aircraft
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 can not 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 or Field Purchase Order 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. It will then be submitted through the Area to the Regional Fire Management Officer for payment. 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.

**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.

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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 Offers (ARO)**

An Aircraft Rental Offer (ARO) is a vendor's response to a Division of Forestry request for offers solicited prior to or during fire season. ARO may result in contracts for aircraft during suppression operations. ARO provide the Division of Forestry with information about what equipment or services may be available, the cost, and from what vendors. Each ARO is individually numbered and is valid for one calendar year, many are renewed from the previous year.

The Statewide Logistics Center (SLC) is responsible for maintaining a record of AROs for aircraft needed during fire suppression operations. 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. AROs may be updated and added during the course of the fire season as need arises.

*Establishing Aircraft Rental Offers*

The SLC with assistance from the Regional Aviation Managers will provide public notice of the request for offers for the services anticipated during fire activity prior to the fire season.

Prior to fire season, public notice of the request for offers shall be made by at least one of the following methods:

- Electronic notices to vendors that have previously participated in the ARO program
- In a newspaper of general circulation
- In a newspaper of local circulation in the area pertinent to the procurement
- In the On-line Public notice system or other appropriate media

AROs established during fire suppression operations will be reasonably solicited to the extent necessary to fulfill the requirements of the situation taking into consideration availability of aircraft from existing offers. All AROs for the use of aircraft will be established or reviewed by the Regional Aviation Managers to ensure compliance with all administrative and safety requirements and policies and procedures.

*Forms and Format*

Aircraft Rental Offer (form 10-3135) and Rental of Aircraft Conditions (form 10-3134) will be used to establish Aircraft Rental Offers for use during suppression activity.

Each Aircraft Rental Offer must contain the following information:

- Aircraft Rental Offer number 16 (calendar year) -DOF-Number  
*Example ARO# 16-DOF-003*
- Time period for which the offer is valid
- Vendor's name, address, and phone number
- Tax ID code or SSN of the vendor

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- AK business license number
- Services or supplies offered
- Unit prices for the services offered
- Signature of the vendor
- Signature of state representative

*Maintenance and Distribution*

The State Logistics Center (SLC) will be responsible for maintaining a statewide database of AROs. AROs obtained immediately prior to purchase shall be forwarded to SLC.

*Hiring from Aircraft Rental Offers*

A rental agreement from Aircraft Rental Offers 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: Chris Olson – Palmer - 907-761-6229  
Robert McAlpin – Fairbanks - 907-451-2691***

**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. 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 a Aircraft Rental Offer which solicits rates from vendors. These rates are established through a complex analysis of construction blue book rates, commercial market rates and the appropriate labor rates for each type or class of equipment. The rates are located in the Emergency Equipment Rental Rate document, found as an appendix to Chapter 6. These rates are also posted on the Divisions 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 Structure Fire Department (SFD) equipment after speaking with the EERA vendor or SFD Chief to ensure the equipment and personnel are able to 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.

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 Sixteen.*

**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 Three.*

Meals, Lodging and Travel

Meals and lodging, although exempt, should be solicited by Areas or Regional Office. Meals and lodging may also be procured as needed by Areas, Regional Offices, or SLC personnel. 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 Nine.*

#### **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 into Cooperative Agreements with the Bureau of Land Management/Alaska Fire Service, the United States Forest Service, and Structure 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.

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: Rashaad Esters

Anchorage Office - 269-8461  
[rashaad.esters@alaska.gov](mailto:rashaad.esters@alaska.gov)

### **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) documents a need 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?)
  
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 vendors 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.*

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**Invoicing and 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 expediter 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.

**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 submitted to fiscal)
- 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

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Approval for Payment The supervisor or designee determines the template, when coding an invoice the 8 digit LC becomes a 10 digit function code by adding 2(00)s following the 8<sup>th</sup> digit and the four-digit object code (such as 4002 for stationery and business supplies). Suppression invoices will be coded then approved as follows:

<b>Office</b>	<b>First Signature</b>	<b>Second Signature</b>
Areas	Admins to their delegation \$2,500	Not Required
Areas	FMOs to the amount of ≤\$10,000	Not Required
Areas	>\$10,000 FMO	>\$10,000 Regional Forester
Palmer Aviation	Aviation Manager	>\$10,000 Central Off, Admin Ops Mgr. Regional Forester
Palmer Warehouse	Warehouse Manger	>\$10,000 Central Off, Admin Ops Mgr. Regional Forester Northern
State Fire Warehouse	State Support Forester	>\$10,000 Central Off, Admin Ops Mgr. Region Forester
State Logistics Center	State Support Forester	>\$10,000 Central Off, Admin Ops Mgr. Region Forester

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:

<b>Type of Purchase</b>	<b>Amount</b>	<b>Required Documentation on Invoices</b>	<b>DOA Reportable</b>
Commissary	\$ all	FY, template, function, object, approval Emp ID, coded by, RO attached	No
Meals/Lodging	\$ all	FY, template, function, object, approval Emp ID, coded by, manifest, RO attached	No
Equip/Aircraft Rental MA	\$ all	FY, template, function, object, approval Emp ID, coded by, MA#	No
Supply Purchase MA	\$ all	FY, template, function, object, approval Emp ID, coded by, MA#	No
NICC or GSA	\$ all	FY, template, object approval Emp ID, coded by	No
Small Procurement With/Without Bids	≤\$10,000	FY, template, function, object, approval Emp ID, coded by	No
<b>Small Procurement Without Bids</b>	<b>&gt;\$10,000</b>	<b>FY ,template, function, object, approval Emp ID, coded by **EMG-10999</b>	<b>Yes</b>
Small Procurement With Bids	≤\$50,000	FY, template, function, object, approval Emp ID, coded by	No
<b>Small Procurement With Bids</b>	<b>&gt;\$50,000</b>	<b>FY, template, function, object, approval Emp ID, coded by **EMG-10999</b>	<b>Yes</b>
Equip/Aircraft Services/Rental Continuing Offers	≤\$50,000	FY ,template, function, ARO#, object, approval Emp ID, coded by	No
<b>Equip/Aircraft Services/Rental Continuing Offers</b>	<b>&gt;\$50,000</b>	<b>FY, template, function, ARO#, object, approval Emp ID, coded by **EMG-10999</b>	<b>Yes</b>
EERA	≤ \$10,000	FY, template, function, object, approval Emp ID, coded by	No
<b>EERA</b>	<b>&gt; \$10,000</b>	<b>FY, template, function, object, approval Emp ID, coded by **EMG-10999</b>	<b>Yes</b>

≤ = less than or equal to > = over, ARO = Aircraft Rental Offer EERA = Emergency Equipment Rental Agreement \*\* EMG-10999 References are required for gathering information for reporting emergency purchases, MA = (Master Agreement) to DNR Procurement for approval.

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**Reporting Emergency Procurements**

Through the use of AKSAS, the Alaska State Accounting System, 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 reference type EMG-10999. The Audit Trail report will provide total cost summary by vendor, account number, and ledger 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 EMG-10999 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.

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<b>Field Purchase Order</b>	<b>State of Alaska</b>	<b>Field Purchase Order Number</b>
	<b>Department of Natural Resources</b>	<b>10310130-73</b>
	<b>Division Of Forestry</b>	

SHIP TO:		DATE DELIVERY REQUIRED	DATE OF ORDER
		FAX NUMBER	F.O.B. POINT
VENDOR CONTACT NAME	TELEPHONE NUMBER		

VENDOR NAME & ADDRESS	SHIPPING INSTRUCTIONS

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.

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXT PRICE
<b>Emergency Purchase In Support of an Incident</b>					

Mailing Address			Page 1 of

FIN	AMOUNT	SY	CC	LC	ACCOUNT	STOCK REQUEST

Purchasing Authority Name	Title	Purchasing Authority Signature	Telephone Number
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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.

INCIDENT/PROJECT ORDER NUMBER	RESOURCE ORDER			INITIAL DATE/TIME	2. INCIDENT/PROJECT NAME				3. INCIDENT /PROJECT ORDER NUMBER				4. OFFICE REFERENCE NUMBER						
	5. DESCRIPTIVE LOCATION/RESPONSE AREA					6. SEC.	TWN	RNG	Base MDM	8. INCIDENT BASE/PHONE NUMBER				9. JURISDICTION/AGENCY					
						7. MAP REFERENCE								10. ORDERING OFFICE					
	11. AIRCRAFT INFORMATION					LAT.				LONG.									
BEARING		DISTANCE		BASE OR OMNI	AIR CONTACT		FREQUENCY		Ground Contact		FREQUENCY		RELOAD BASE		OTHER AIRCRAFT/HAZARDS				
12. Request Number	Ordered Date/Time		From To	QTY	RESOURCE REQUESTED			Needed	Deliver To	To From	Time	Agency ID	RESOURCE ASSIGNED			ETD ETA	RELEASED		Time ETA
								Date/Time									Date	To	
13. ORDER RELAYED				ACTION TAKEN					ORDER RELAYED				ACTION TAKEN						
Req. No.	Date	Time	To/From						Req. No.	Date	Time	To/From							

**DRAFT - Fire Suppression RDU Expenditures, May 2005**

**PURPOSE STATEMENT**

This document 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 into necessary contracts for protection and; hire emergency personnel.
- **A.S. 41.15.050 Fire season:** Provides that the period from May 1 to September 30 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.
- **AS 36.30.310 Emergency Procurement:** Defines when emergency procurement may be used in lieu of regular procurement procedures.
- **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 and the Department of Agriculture, 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 (10/98 consolidation) 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 will be stamped **EMG 10999** in red with appropriate coding.

**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 repositioning 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 Repositioning 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.\* (Forest Resources personnel charge to ordering office HFD charge code; non-Forestry employees require an IPO (RSA))
- Emergency hire and emergency firefighter (EFF) personnel. (charge code 73X36023)
- 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 charge code)

**Fire Operations Forester or Regional 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.) **Fire Operations Forester or Regional FMO approval required.**

**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.

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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.**

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 of time 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.

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.

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- State, federal, and local government cooperators 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 cooperators 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.

#### 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.

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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 RSA 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 RSA process.

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. **Area FMO or Regional Forester.**

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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.

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.

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## **Land /Facilities Acquisition**

### **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 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. 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.

## Land Use Agreements Checklists And General Guidance

### 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**

- Impact – amount of drawdown, site disturbance, etc
- 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

## **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
- Re-seeding / 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
  - 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 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

The Supplement consists of:

- ❖ Emergency Facilities and Land Use Agreement
- ❖ Temporary Emergency Land Pre- and Post-Use Inspection Report
- ❖ Land Use Agreement Negotiated Rate Suggestions
- ❖ Land Use Agreement Checklist

## 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"> <li>• Ask about the taxes on the land/USFS only</li> <li>• Don't pay more than what the taxes are for a year (generally)/USFS only</li> <li>• Try to put a cap; not to exceed X per month or X per incident</li> </ul>	<ul style="list-style-type: none"> <li>• Tilling about \$100 per Ac</li> <li>• Seed \$50-70 per Ac</li> <li>ODF - Damages occurring during an incident are dealt with through State Risk Management. Contact the Local ODF District</li> </ul>
					<b>Watch outs</b>
					<ul style="list-style-type: none"> <li>• Septic Systems</li> <li>• Gates</li> <li>• Sprinklers</li> <li>• Ownership</li> </ul>
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"> <li>• Usually a fixed rate that is established to dispose of grey water</li> <li>• Some places will allow you to use grey water for dust abatement</li> <li>• Most places will make you dispose at a city/county site</li> <li>• Mostly governed by other city/county/government agency</li> <li>• Easier to have grey water equipment dispose &amp; provide us with an invoice</li> <li>• Many require an account to be set up</li> </ul>	N/A
					<b>Watch outs</b>
					<ul style="list-style-type: none"> <li>• Is this truck supporting other incidents</li> <li>• Do the drivers know where they are dumping</li> <li>• Who is keeping track of the gallons dumped</li> <li>• How will dumping fees be paid</li> <li>• Taxing older systems, set a max dumping estimate</li> </ul>

## Land Use Agreement Negotiated Rate Suggestions

<p>Non Potable Water (Tactical Water Needs)</p>	<p>\$.01/gallon \$2 or \$3 per 1,000 gallons</p>	<p>Commercial rate for Tender usually a daily rate</p>		<ul style="list-style-type: none"> <li>•Can be hard to measure</li> <li>•Can measure by tender load/load counts</li> <li>•Daily rate is easier for payment tracking unless there is a meter</li> </ul>	<p style="text-align: center;">N/A</p> <p style="text-align: center;"><b>Watch outs</b></p> <ul style="list-style-type: none"> <li>• Gates</li> <li>• Use Restrictions</li> <li>• Ownership</li> </ul>
<p>Potable/City Water</p>	<p>Usually fixed/commercial rate \$.01 per gallon or \$30 per load \$.75/1,000 gallons \$20.00/1,000 gal</p>	<p>Usually fixed rate est. by city/county Often metered</p>	<p>Negotiate water rates at time of hire. If purchased commercially market rate will be used, receipts are required to reimburse</p>	<ul style="list-style-type: none"> <li>•Easier to track, can look at market rates</li> <li>•City can put a meter on to track water usage</li> <li>•Just one or two loads, keep track on log and measure</li> <li>•ODF - usage log may be required to support cost (shift ticket)</li> </ul>	<p style="text-align: center;">N/A</p> <p style="text-align: center;"><b>Watch outs</b></p> <ul style="list-style-type: none"> <li>• Which meter is yours</li> <li>• Good initial/ final meter reading</li> <li>• Making sure the backflow is returned</li> <li>• Keeping Tactical Trucks out</li> </ul>
<p>Ponds/Dipping Sites</p>	<p>\$50 to \$450/day  Can use 1 cent per gallon for non potable water to estimate daily rate for pond</p>	<p><b>Streams, ponds, lakes are considered "Waters of the State" therefore ODF does not pay for water.</b></p>	<p>Depending on ownership of property, State, Federal or private</p>	<ul style="list-style-type: none"> <li>•Not recommended to keep load counts for payment (cumbersome work) but ok for estimate</li> <li>•We don't pay for flowing water; flowing water is not considered to be "owned" by anyone</li> <li>•We can pay for catching water/pump/equipment/access and replacing water</li> </ul>	<p style="text-align: center;">N/A</p> <p style="text-align: center;"><b>Watch outs</b></p> <ul style="list-style-type: none"> <li>•If Helitack are on site what types of support do they need, add to agreement</li> <li>•Ask how quickly pond replenishes itself naturally</li> <li>•Double check on water ownership/easement/special uses permit</li> <li>• Do not overuse pump</li> </ul>

## Land Use Agreement Negotiated Rate Suggestions

	use	<p>However we can pay for access, power for generator to run pump, personnel to provide access etc. we can replenish the water w/tenders</p>		<ul style="list-style-type: none"> <li>•Heli dipping little to no impact, minimal cost or just replace water</li> </ul>	
Schools/ Fairgrounds	\$1000 to \$2,000/day (Type 1 & 2 assignments)	<p>Depends on how much of the facility is available for use: rooms, showers, fields, etc. also what impact we will have &amp; pop. of facility</p>	\$500.00 to \$1,000.00/day  Type 1 & 2 assignments	<ul style="list-style-type: none"> <li>•Lump sum per day not to exceed X per month or X per incident</li> <li>•I've seen a cap not to exceed \$7K or \$8K per month, some as high as \$15K</li> <li>•Consider renegotiate as the number of people in camp decreases</li> <li>•Impact is greatest on the first couple days</li> <li>•Places where property is high, price goes up</li> <li>•Try to include rehab in daily</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Physical damage ask them to find contractors and provide quotes, pay off that estimate</li> <li>• ODF/Restoration is not a separate item.</li> <li>• Additional charges as Internet</li> </ul>
					<b>Watch outs</b>

## Land Use Agreement Negotiated Rate Suggestions

		<p>ODF rates are to include minimal wear &amp; tear (restoration). Items we can compensate for:</p> <p>Janitorial staff (usually try to add to daily rate)</p> <p>Power, water, gas, phones, etc. if used</p>		<p>cost if possible</p> <ul style="list-style-type: none"> <li>• Minimize or discourage gym access whenever possible: gym floor resurfacing is \$\$\$!!!</li> <li>• Avoid rate/per person/per day</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Additional Room Rates</li> <li>• Restrict Access where you want to keep people out</li> <li>• Janitor or Maintenance fees</li> <li>• Pre inspect everything and document words and pictures</li> <li>• Know the date you have to leave</li> <li>• Try not to use athletic fields if at all possible</li> <li>• Make sure areas that are excluded are clearly marked and communicated</li> </ul>
Bare Ground/Helibase	<p>\$100 to \$500/day</p> <p>As high as \$1,100 / day with varying types of restoration</p>	<p>No Charge to \$1,000 per day consider number / type of aircraft that will be</p>	<p>\$150 to \$200/day</p> <p>\$2,000.00/M</p>	<ul style="list-style-type: none"> <li>• Try to include rehab within daily cost if possible/ODF must include this in the rate</li> <li>• Look at available water source at Helibase site; if water available daily rate may increase</li> <li>• Tenders for dust abatement can be \$1000 to \$1500/day</li> </ul>	<ul style="list-style-type: none"> <li>• Tilling about \$100 per Ac</li> <li>• Seed \$50-70 per Ac</li> <li>• Loss of feed \$100 to \$200 per Ac dependent on crop</li> <li>• Possible hazardous material brought on site.</li> </ul>
<b>Watch outs</b>					

**Land Use Agreement Negotiated Rate Suggestions**

	<p>(and availability of water, use of tenders etc)</p> <p>Organic alpha field \$500/day for 3 acres</p> <p>*\$400/day for 40 acres of bare land</p>	<p>there (i.e. Type 1 Helo/\$100, Type 2 Helo/\$50)</p> <p>Consider in rate: loss of crops, reseeding etc.</p>			<ul style="list-style-type: none"> <li>• If Helitack are on site what types of support do they need, add to agreement</li> <li>• Work with air ops and landowner if it will turn into a small city</li> <li>• Hidden treasures like old water lines, sprinkler heads, risers</li> </ul>
<p>Helibase - City Municipal</p>	<p>Two or less ships and/or shorter duration: \$100-\$275/day</p> <p>Three or more ships and/or longer duration: \$200-\$400/day</p>	<p>\$360/day</p> <p>Consider relationships w/local municipal. &amp; impact to business when coming up w/rate. Use of facilities (i.e. bathrooms,</p>		<ul style="list-style-type: none"> <li>• Consider wrapping fuel/landing &amp; tie down fees into daily rate</li> <li>• Sometimes commercial rental rates already established</li> </ul>	<ul style="list-style-type: none"> <li>• Physical damage ask them to find contractors and provide quotes, pay off that estimate</li> <li>• ODF - All claims go through State Risk Management</li> </ul> <p align="center"><b>Watch outs</b></p> <ul style="list-style-type: none"> <li>• Como trailers and where they can park</li> <li>• Dust abatement and right sizing tenders on thin asphalt</li> </ul>

## Land Use Agreement Negotiated Rate Suggestions

		power etc.)			
State/PUD/ County Park for ICP	No cost to camping reimbursement only State/County Park: \$500 - \$1200/day	\$200-\$650/day (high for Holiday)	\$200.00 - \$500.00/day	<ul style="list-style-type: none"> <li>•Consider lost revenue on camping/full closure</li> <li>•Boat launch access</li> <li>•Security if park not fully closed/partial public access</li> <li>•Consider number of personnel per site</li> </ul>	<ul style="list-style-type: none"> <li>• Negotiate off of historical use for same period for loss revenue</li> </ul>
					<b>Watch outs</b>
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"> <li>•Usually heavy restoration (compaction, seeding, lost crop, wood chips etc)</li> <li>•ODF can renegotiate land use agreements as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Tilling about \$100 per Ac</li> <li>• Seed \$50-70 per Ac</li> <li>• Loss of feed \$100 to \$200 per Ac dependent on crop</li> </ul>
					<b>Watch outs</b>

## Land Use Agreement Negotiated Rate Suggestions

<p>Day Sleeping (Gym, Community Center, Church, Park)</p>	<p>\$100 to \$250/Day</p>	<p>\$125/day, \$350-\$400/day</p>	<p>\$100.00 to \$300.00/day</p>	<ul style="list-style-type: none"> <li>• Access/ Security</li> <li>• Minimize boots on gym floor</li> <li>• Bathroom/Shower access</li> </ul>	<ul style="list-style-type: none"> <li>• Physical damage ask them to find contractors and provide quotes, pay off that estimate</li> </ul> <div style="background-color: #cccccc; text-align: center; padding: 2px;"><b>Watch outs</b></div> <ul style="list-style-type: none"> <li>• Additional Room Rates</li> <li>• Restrict Access where you want to keep people out</li> <li>• Janitor or Maintenance fees</li> <li>• Pre inspect everything and document words and pictures</li> <li>• Know the date you have to leave</li> </ul>

# EMERGENCY FACILITIES & LAND USE AGREEMENT

INCIDENT AGENCY (name, address, phone number)	Page <u>    </u> of <u>    </u> <b>AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT</b> AGREEMENT NUMBER
OWNER (name, address, phone number-include day/night/cell/fax)  DUNS: EIN/SSN: PAYMENT ADDRESS:[ ] Same as above, or _____ _____	EFFECTIVE DATES a. beginning _____ b. ending _____  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 port-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.

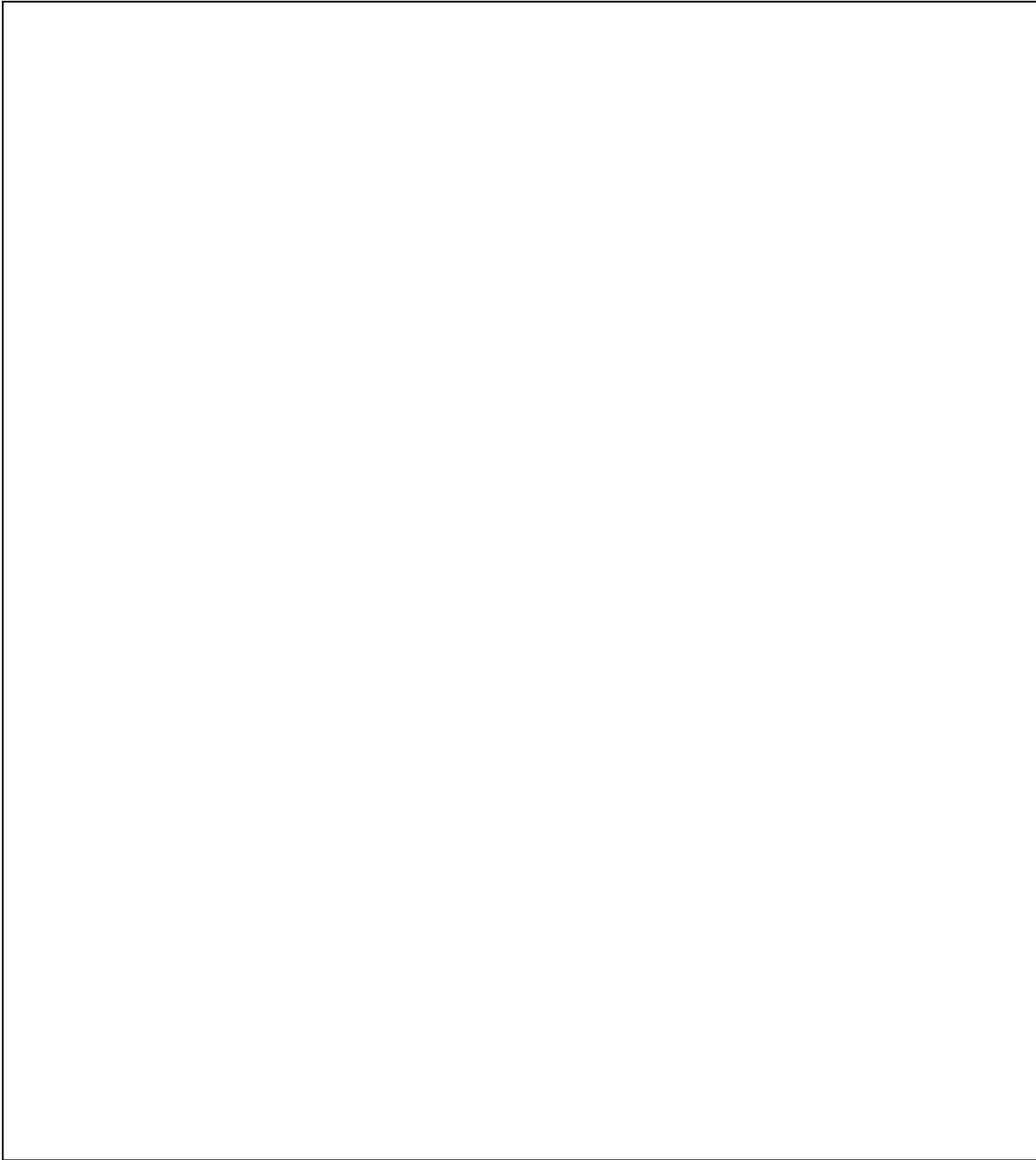
**ORAL STATEMENTS:** Oral statements or commitments supplementary or contrary to any provisions of this Agreement shall not be considered as modifying or affecting the provisions of this Agreement.

**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: <b>PHONE NUMBER</b> (if different from Owner's)		PRINT NAME AND TITLE: <b>PHONE NUMBER:</b>	





## Land Use Agreements Checklists And General Guidance

### 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**

Impact – amount of drawdown, site disturbance, etc

- 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

### **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) o 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:
  - o Determine ownership of land / facilities o Confirm owner's agent if applicable
  - o 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 agencies that may be available?
- Consider a “not to exceed” rate commensurate with property value
- Sources of market research:
  - o banks
  - o real estate offices
  - o local employees
  - o local assessor offices
  - o local agency lands offices
  - o newspapers
  - o feed store bulletin boards
  - o documentation at local offices from previous incidents