

Division of Forestry



INCIDENT MANAGEMENT TEAM (IMT) SUPPLEMENTAL

2022

Welcome to Alaska!

Thank you for coming to help 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.

Table of Contents

<i>Introduction</i>	5
Primary State of Alaska Incident Business Management Contact	5
Protection Responsibility	6
Crews	6
<i>EFF Hiring</i>	6
Pay/Qualifications	7
<i>Incident Payroll</i>	7
EFF (Emergency Fire Fighter) versus Casual/AD	7
Pay/Time	7
2022 Payroll Schedule	8
Mandatory Day Off/Fatigue Management	9
Excess Hours	9
Closing out OF-288's	9
Demobilization	10
<i>Commissary</i>	10
<i>Workers Compensation (Injury)</i>	11
Burn Injury Protocol – refer to AIBMH Chapter 4 Appendix D	11
Provider Contacts	11
Filing Procedures/Responsibilities	12
Emergency Medical Care	12
Non-Work-Related Medical Treatment for Alaska Natives	12
Non-Work-Related Medical Treatment for Non-Natives	13
Timekeeping Adjustments	13
Medical Unit	13
Pharmacy/Prescriptions	14
Dental	14
Contacts for Paperwork	15
Procedures for Contract/Agency Crews	15
<i>Performance Evaluations and Discipline</i>	17
Evaluation Routing	17
Employee Conduct/Discipline	17

<i>Equipment Acquisition</i>	17
Definitions – Immediate Family Members.....	17
Rental Vehicles.....	17
MA’s.....	18
NERV	18
OLAS Innovative Procurement Plan and Fire Hires	18
Equipment Reassignments.....	19
Tracked Vehicles	19
Transports	19
AKDOT Weekend/Holiday Restrictions	20
Equipment Time	20
Equipment Hires as an S#.....	21
Services.....	21
Fuel Slips.....	21
Boats	21
Use of ATV’s/UTV’s	22
Emergency Field Hires	22
Field Hires	23
<i>Cooperator Equipment Hire</i>	24
Combined/Standard Rates	24
Payment Packet	24
<i>Government Property Management</i>	25
Damage/Loss	25
<i>Meals/Lodging</i>	25
Lodging.....	25
Meals	25
<i>Vehicle Accidents</i>	26
Applicable Forms	26
State Owned Vehicles in Accident	26
Leased Vehicles in Accident	26
Rental Vehicles in Accident	26
Emergency Equipment Rentals with Operator	27
Vehicle Damage Claims	27
Where to Submit Forms.....	27

Vendor and Employee Property Claims..... 28
 Procedures for Vendor Claims 28
 Procedures for all Employee Claims (personal property not purchased by state)..... 28

Cost Calculation and Reporting..... 29

Emergency Procurement..... 29

Land Use and Facility Rental Agreements 30

Final Fire Finance Package..... 30

Forms

Check In Forms 31
 EFF Classification..... 32
 THSP Request Form..... 33

Time Forms 34
 CTR 35
 OF288 36
 Justification Statement..... 37

Comp/Claim Forms 38
 Employee Report of Occupational Injury or Illness to Employer 39
 Supervisor Accident Investigation Report..... 41
 Physician Report..... 42
 Health Care Provider Memo..... 43
 Workers Compensation Notice to Employees..... 44
 AK Native Medical Center 45
 Tanana Chiefs Conference..... 46
 Property Loss/Damage Report..... 47
 AK Motor Vehicle Crash 48
 Liability Accident Notice 50
 SOA DOV Certificate of Insurance 51
 Lost/Stolen/Damaged Property Review 52

Procurement Forms..... 53
 Equipment Rates 54
 Vehicle Equipment Pre-Use Inspection Checklist..... 55
 Emergency Equipment Rental Agreement (EERA) 57

Conditions of Hire	58
ATV Field Inspection Tag.....	62
ATV/UTV List of Operator/Driver Responsibilities	63
Emergency Equipment Use Invoice – OF-286.....	64
Emergency Equipment Shift Ticket	65
Cost Forms	66
MA Vehicle Cost Sheet.....	67
2022 Incident Cost Worksheet	68
Equipment Daily Rate Out of Service Worksheet.....	71

Introduction

This Incident Management Team (IMT) Briefing emphasizes the critical financial and administrative procedures to be followed within the State of Alaska protection area. Greater detail can be found in the referenced chapters of the Alaska Incident Business Management Handbook (AIBMH). Please feel free to contact the Area Administrative Assistant or Regional Administrative 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

Northern Regional Administrative Officer

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

Coastal Region Administrative Officer

101 Airport Rd
Palmer, AK 99645
(907) 761-6217

Other Contact

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

Upon arrival acquire the following:

- Thumb drive with the AIBMH.
- Alaska - Type II Crew Management Guide.
- Area Orientation (dispatch) Guide.
- 2022 Incident Management Team Supplemental
- SOA-Electronic Documentation Manual (Finance Section)

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

Protection Responsibility

The State of Alaska is divided among three agencies:

- The Northern part of the State is protected by the BLM - Alaska Fire Service.
- The Southern part of the State is protected by State of Alaska, Department of Natural Resources, Division of Forestry and Fire Protection (except the Chugach National Forest).
- The Southeastern part of the State is protected by Department of Agriculture, U.S. Forest Service except for the Haines State Forest which falls under the Division of Forestry.

The State’s Jurisdictional Agency Administrator is the Division Deputy Director or a Regional Forester, but responsibilities may be delegated to an Area Forester. There is a Central Office located in Anchorage. The State area is further divided into individual Area Offices as follows:

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

Crews

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

State-managed crews

- 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...mix of UAF and State (EFF) employees

Contract Crews

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

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

EFF HIRING - See AIBMH - Chapter 1

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

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

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

Any EFF hired as a Warehouse Worker (WHHR), Driver (DRIV), Equipment Manager (EQPM), or Ground Support Unit Leader (GSUL) is required to fill out a Qualification Inquiry - Firearms Possession form.

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

Pay/Qualifications

State of Alaska adheres to the red card requirements as outlined in the ([PMS 310-1](#)), the AIBMH, and the [NWCG Standards for Interagency Incident Business Management \(SIIBM\)](#). 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. PAY FOR ANY POSITION NOT SHOWN IN SAID LIST WILL BE DETERMINED BY THE STATE FIRE OPERATIONS FORESTER and entry into IQS of qualification as a THSP will be requested from the Training Officer. The THSP Form must be filled out and submitted.

Example

Alaska only pays for the position that is on the Resource Order for that person. If you are resourced for a Personal Time Recorder (PTRC) and have a higher qualification, you will only be paid at the PTRC rate as that is what you are resourced for.

INCIDENT PAYROLL - See AIBMH - Chapter 2

EFF (Emergency Fire Fighter) versus Casual/AD

State of Alaska casual hire employees have a different pay plan than Casual/ADs. EFF are paid overtime for any hours worked above 40 hours in the work week. The work week begins at 0001 Monday and ends at 2400 Sunday.

Pay/Time

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

Any State of Alaska employees from other Departments/Division than Forestry supporting an incident are to receive the same documentation as other resources. (Any equipment resources provided by other State agencies also require shift tickets and Resource Order's as documentation.)

State employees, both EFF and regular, must have a signed OF-288 turned in to their Home Unit per payroll deadlines. EFF OF-288's must be either interim or a final version, draft copies will not be accepted.

2022 PAYROLL SCHEDULE

PAY PERIOD #	PAY PERIOD END DATE	PAYDAY	
01	12/26/2021	1-7	Friday
02	1/9/2022	1-21	Friday
03	1/23/2022	2-4	Friday
04	2/6/2022	2-18	Friday
05	2/20/2022	3-4	Friday
06	3/6/2022	3-18	Friday
07	3/20/2022	4-1	Friday
08	4/3/2022	4-15	Friday
09	4/17/2022	4-29	Friday
10	5/1/2022	5-13	Friday
11	5/15/2022	5-27	Friday
12	5/29/2022	6-10	Friday
13	6/12/2022	6-24	Friday
14	6/26/2022	7-8	Friday
15	7/10/2022	7-22	Friday
16	7/24/2022	8-5	Friday
17	8/7/2022	8-19	Friday
18	8/21/2022	9-2	Friday
19	9/4/2022	9-16	Friday
20	9/18/2022	9-30	Friday
21	10/2/2022	10-14	Friday
22	10/16/2022	10-28	Friday
23	10/30/2022	11-10	Thursday
24	11/13/2022	11-25	Friday
25	11/27/2022	12-9	Friday
26	12/11/2022	12-23	Friday

Mandatory Day Off/Fatigue Management

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

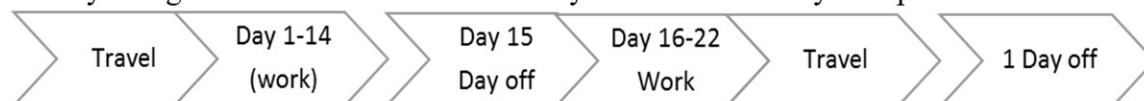
Assignment Timeframes:

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

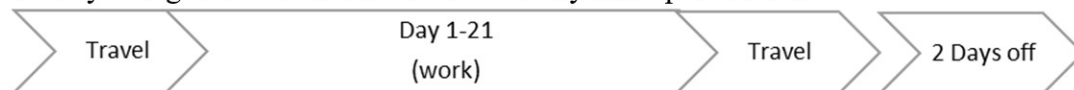
14-Day Assignment exclusive of travel: 1 day off upon return



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



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



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



Excess Hours

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

Closing Out OF-288's

Regular State Government

Travel time started and left open - it will be closed out by the employee's home unit.

Crew/Single Resource EFF

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

Federal (AD)

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

Regular Federal Government

Travel time started and left open - it will be closed out by the employee's home unit.

Other Agency Personnel

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

Demobilization

- Demobilization should have a clear objective and attainable glide path. The Demobilization Plan should be developed as early as possible with ample lead time to implement and should include identification of resource available for reassignments. The Dispatch Supervisor should be given tentative releases/availability for reassignment information a minimum of 48 hours before expected release.
- To the extent possible, it is expected that your team will process demobilization for all resources except for those remaining on the incident after your departure. Any in-progress demobilization, as well as a listing of those resources still assigned to the incident, should be identified in the transition plan that your team will prepare. This plan will be communicated to the Dispatch Supervisor prior to your teams' departure.
- Performance evaluations will be done where appropriate.

COMMISSARY - See AIBMH - Chapter 3

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

WORKERS COMPENSATION (INJURY) - See AIBMH - Chapter 4

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

Tom Greiling	Safety Officer	(907) 414-0994
David Calvert	Designee, Medical Programs Coordinator	(907) 761-6374 or (907) 707-9197
Jeremy Douse	Northern Regional Forester	(907) 451-2670
Hans Rinke	Coastal Regional Forester	(907) 260-4262

Burn Injury Protocol

Refer to Appendix D in Chapter 4 of the AIBMH

The State of Alaska does not have any type of Agency Provided Medical Care (APMC) available.

Provider Contacts

The worker’s compensation insurance adjuster for State of Alaska employees.

<p><i>Penser North America Inc.</i> <i>P.O. Box 241148</i> <i>Anchorage, Alaska 99524</i> <i>Toll free: 1-844-463-2727</i> <i>Phone: (907) 313-7650</i> <i>Fax: (907) 302-3803</i> <i>www.pensernorthamerica.com</i> <i>Amber Treston-Claims Administrator: (907) 465-2184</i> <i>Marie Lam-Risk Management (Light duty Return to Work Coordinator):</i> <i>(907) 465-2181 (Medical documentation goes to Marie)</i></p>

Workers Compensation Contact

doa.dop.roi@alaska.gov

Any Alaskan EFF (crew or single resource) traveling to a medical facility for treatment of an injury or illness will have a fire medic 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 taken to a medical facility. Area Admin may request notification as well and this can be coordinated as appropriate.

Filing Procedures/Responsibilities

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

- **Employee Report of Occupational Injury or Illness to Employer 07-6100**
Completed by the employee and submitted immediately to the Incident Finance Section or directly to the employee's Home Unit. The Finance Section will immediately submit all paperwork to the employee's Home Unit. The employee must complete this form within 30 days after the accident date or when they become aware that they have an illness or injury caused by their work.
- **Supervisor's Accident Investigation Report 02-932**
Completed by Incident Supervisor.
- **Physician's Report 07-6102**
If this form is used, it must be signed by a Physician. NOT A PA.
- **Authorization for Treatment memo**
Give to Health Care Provider.
- **State of Alaska Workers' Compensation Notice to Employees**
Provided to eligible State employees (does not apply to EFF).

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 Fire Medic will need to obtain a doctor's work release (if needed).

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, Alaska Native Medical Center (ANMC) and Tanana Chiefs Contract Health (TCCH) have strict guidelines for what they will cover and what they will not cover. Documents with these guidelines can be found in Appendices A and B in Chapter 4 of the AIBMH. Please refer to the crew list on Appendix C in Chapter 4 of the AIBMH to determine which agency is medically responsible for the employee.

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

When receiving treatment by a non-Indian Health Services Provider, or as soon as possible afterwards, contact TCCH or the ANMC 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 TCCH. If the medical treatment is being sought on a weekend or after hours, call the appropriate Native health agency at the numbers shown below as soon as possible during their normal business hours. Both contract health agencies in Alaska will only pay for emergency medical treatment.

Tanana Chiefs Contract Health
(907) 451-6682, ext. 3613 or 1-800-478-6682, ext. 3613

Alaska Native Medical Center Contract Health
(907) 563-2662 or 1-800 478-1636

Non-work-related Medical Treatment for Non-Natives

If the employee is not an American Indian or Alaska Native, seek medical treatment in the most practical and expedient manner. The employee should be informed that worker's compensation does not cover non-work-related problems and they will be responsible for all medical expenses if their claim is denied by the Worker's Compensation Adjustor. A State of Alaska Report of Occupational Injury or Illness 07-6100 must be completed and submitted.

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

Timekeeping Adjustments

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

Medical Unit

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

Pharmacy/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 employees' commissary. The employee can seek reimbursement from the adjustor.

Prescriptions can be paid for as follows:

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

Dental

Because dental charges are frequently NOT approved by worker's compensation, all dental charges will be paid by the employee directly or charged to the employee's commissary and they may seek reimbursement through the worker's compensation carrier.

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

<u>OFFICE</u>	<u>PHONE</u>	<u>PRIMARY</u>	<u>ALTERNATE</u>	<u>EMAIL</u>
COASTAL	(907) 761-6289	Kat Olson	Will Pace	dnr.dof.cr.admin@alaska.gov
MSAO/Palmer	(907) 761-6389	Lisa Vietmeier	Valerie Hendrickson	lisa.vietmeier@alaska.gov
KKAO/Soldotna	(907) 260-4200	Becky Howard	Jody Fenton	becky.howard@alaska.gov
SWAO/McGrath	(907) 414-9349	Tina Clifford	Lisa Vietmeier	tina.clifford@alaska.gov
VCRAO/Glennallen	(907) 822-5534	Kate Wilson	Mike Trimmer	kate.wilson@alaska.gov
NORTHERN	(907) 451-2660	Lynn Crance	Lee Lemay	dnr.nroeff@alaska.gov
FAO/Fairbanks	(907) 451-2600	Tina Donahue	Cecelia Simon	tina.donahue@alaska.gov
DAO/Delta	(907) 895-4225	Jessica Brooks	Mike Goyette	jessica.brooks@alaska.gov
TAO/Tok	(907) 883-1400	Christine Crites	Kato Howard	dnr.dof.tas@alaska.gov
SER/Ketchikan	(907) 225-3070	Mindy Byron	Greg Staunton	mindy.byron@alaska.gov
Statewide Aviation	(907) 761-6270	Candy Turner	VACANT	candy.turner@alaska.gov
Statewide Fire	(907) 451-2611	Sarah Burnett	Lynn Crance	sarah.burnett@alaska.gov

Procedures for Contract/Agency Crews

Chugachmiut Crew

Report of Occupational Injury or Illness forms for Chugachmiut crew members will be completed to the extent Forestry is 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 Daisy Barnes @ (907) 743-0644 and then mailed to:

Daisy Barnes
 Human Resources Manager
 1840 Bragaw St. Suite 110
 Anchorage, AK 99508-3463
 PH: (907) 562-4155
 FAX: (907) 743-0644
Daisy@chugachmiut.org
 Any questions during normal work hours should go to Daisy

After hours or on weekends, please call Robert Lacy @ (907) 562-4155, robert@chugachmiut.org.

Tanana Chiefs Crew

After initial medical treatment, management of the employees' 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 Occupational Injury or Illness 07-6100 and scan to TCC, attention Elise Alexander at elise.alexander@tananachiefs.org, then mail original to:

Elise Alexander HR Generalist/TCC 122 1st Avenue Fairbanks, AK 99701 (907) 452-8251 Ext: 3259 Cell: (907) 347-2220 1-800-478-6822 elise.alexander@tananachiefs.org Any questions during normal work hours should go to Elise.	Point of Contact for the Fire Crew Jolene Bante (907) 452-8251 Ext: 3472 Jolene.bante@tananachiefs.org
--	--

After hours or on weekends, please call in the following order:

1) Clinton Northway (907) 978-0075	2) Jolene Bante (907) 452-8251
------------------------------------	--------------------------------

The following is only for TCC employees

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

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

University of Alaska Fairbanks Crew

Notify Julie Biddle of any injury. The members of the crew that are hired as EFF will have paperwork processed through the Northern Region as their Home Unit.

Julie Biddle Director, UAF Interior Alaska Campus 125C Harper Building 810 Draanjik Drive/PO Box 756720 Fairbanks, Alaska 99775 jliddle@alaska.edu Phone: (907) 474-6490 Fax: (907) 474-5208

PERFORMANCE EVALUATIONS & DISCIPLINE - See AIBMH - Chapter 5

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

Evaluation Routing

Performance evaluations should be coordinated between the incident and home unit supervisor as necessary.

Employee Conduct and Discipline

It is the intent of the Division of Forestry that all government employees, regular state employees, crew EFF and non-crew 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. For conduct and discipline of crew and non-crew EFF, contact the incident jurisdictional home unit.

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., completed on an employee.

EQUIPMENT ACQUISITION - See AIBMH - Chapter 6

The Division of Forestry, Fire Protection prohibits Forestry employees from contracting with the Division of Forestry, Fire Protection. Only as a last resort may an employees' immediate family members' equipment be hired. [This requires pre-approval from the Regional Forester.](#)

Definitions - Immediate Family Member

- a) The spouse of a 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 a Forestry employee.
- d) A parent, sibling, grandparent, aunt, or uncle of a Forestry employee.
- e) A parent or sibling of a Forestry employee's spouse or conjugal partner.

Rental Vehicles

May be procured through Statewide or Forestry-specific Master Agreements (MA), National Emergency Rental Vehicles (NERV) (Reserved via dispatch only) or through the On-Line Application System (OLAS) Innovative Procurement Plan and Fire Hires. Use of rental vehicles must be authorized by the jurisdictional agency administrator and be properly documented on the Resource Order (including the name of the agency administrator that authorized). The ordering Dispatch office will order vehicles for IMT's.

MA's

Coastal or Northern Transportation Unit will create packets and perform inspections which will travel and remain with the vehicle.

MA Equipment Packets are BLUE and include:

- The rental car company contract.
- Rental car company inspection diagram card OR a copy of the Vehicle/Heavy Equipment Safety Inspection Checklist (the pre-use inspection) OF-296 Front - Back to include marking the relevant diagrams on the back side of the form showing any damage upon receipt of the vehicle and listing damages in the damage section at the bottom of the Vehicle/Heavy Equipment Safety Inspection Checklist (the pre-use inspection) OF-296 Front - Back
- Emergency Equipment Shift Ticket (OF-297) showing the date/time of hire.
- Copy of the Resource Order.
- Finance Section MA Cost Sheet.

Ground Support Section will track MA vehicles, maintain copies of shift ticket(s), provide a copy of the MA cost sheet to COST, and ensure that the vehicle and all originals including the vehicle packet remains intact and is returned to the hiring Transportation Unit. Copies of shift tickets are to be kept in the final fire package.

If a MA rental vehicle is assigned to an individual, they are responsible for the tracking and providing a copy of the MA Cost Form to COST.

If a rental vehicle becomes inoperable, the rental company must be contacted to let them know it has been taken out of service and given the option to replace or repair the vehicle. The rental company must be contacted to authorize repairs prior to the repairs being made.

NERV

NERV Vehicle can only be rented by dispatch. All paperwork pertaining to NERV Vehicle remains in the packet and is turned into the employee's home unit for submittal to Enterprise. Submittal procedures will be included in on the cover sheet of the packet.

Rented per the criteria listed on the [NERV website](#).

OLAS Innovative Procurement Plan (IPP) and Field Hires

Online Application System (OLAS) is considered to be an IPP. OLAS allows vendors to add, edit, or delete equipment. OLAS is used by dispatchers to search for and hire equipment. Equipment in OLAS may be IPP compliant or non-compliant and must be documented as such on the Emergency Equipment Rental Agreement (EERA) and the Resource Order. Equipment may on occasion be hired in the field. IPP non-compliant and field hired equipment are called Field Hires.

Fire Department equipment that is not fire apparatus (i.e. not engines and tenders) is registered on the Vendor side of OLAS and is treated as other vendor equipment. Cooperator Fire Department fire apparatus is also registered in OLAS but in a different area and is treated differently in some aspects than vendor equipment - see the next section for information.

“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 (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 Reassignments

If the piece of equipment is not released to the new incident before 0800, the releasing fire will pay the full day. A new packet will be created with the new Resource Order, a starting shift ticket and an OF-296 upon release of original incident. That packet travels with the equipment to the new incident.

Tracked vehicles

When posting time for a Type 1-3 tracked utility vehicle, an additional rate is allowed for the use of a water tank. This use must be noted daily on the shift tickets.

Transports

The State of Alaska hires Transports in three ways. When ordering heavy equipment, it is Operations who determines how the transports are to be ordered. Dispatch will put in the Resource Orders’ documentation how each transport is to be hired. Point to Point and Assigned Transports will be paid at the rates appropriate for the hauled equipment. Reference Appendix A in the AIBMH Chapter 6 for equipment rates.

1. POINT TO POINT- Default hiring method. The vendor arranges transport and payment is posted to the hired equipment’s Emergency Equipment Use Invoice OF-286. If the transport is used under six hours, it will receive the ½ day rate. No inspection of transport is needed.
2. ASSIGNED TRANSPORTS - This option is used if the transport is to remain with the piece of equipment. The vendor is still responsible for arranging the transport and it will be paid on the equipment’s Emergency Equipment Use Invoice OF-286. No inspection of transport is needed. When a transport is assigned to a piece of equipment and uses the same operator, the daily rate for the transport will be deducted by **\$565** for single shift and **\$940** for a double shift. On the first/last day, if equipment receives ½ day rate, these deductions will be reduced by half. State of Alaska pays for fuel of an Assigned Transport.

3. STAND ALONE TRANSPORTS - On a large incident with several pieces of equipment, the Incident Commander (IC) or Operations Chief may approve a request for a Stand-Alone Transport. This transport may be used to move other Vendor's equipment and the transport Vendor is required to carry commercial motor carrier's insurance with a minimum liability coverage of \$1 million. A stand-alone transport will be issued its own E# and shift tickets will be generated. This is the only type of transport treated as a separate piece of equipment (requires inspection, a hiring packet, Resource Order (E#), shift tickets, and Emergency Equipment Use Invoice OF-286.

The vendor (owner of the hauled equipment) is always responsible for arranging the transport of their equipment to and from the fire. This includes any special permits and pilot cars if required.

AKDOT - Weekend and Holiday Restrictions

AKDOT restricts the movement of heavy equipment on weekends and holidays. Please make operations aware of these restrictions when demobing heaving equipment.

http://dot.alaska.gov/mscve/assets/webdocs/permits_manual.pdf

Equipment Time

If the equipment is under hire less than eight hours (equipment hired after 1600) on the first day of hire, the vendor will receive payment for ½ the daily rate. If the equipment is under hire less than eight hours (equipment released before 0800) on the last day of hire, the vendor will receive payment for ½ of the daily rate. On the final day of hire, the release time will be used to determine the payment due. The release time should be documented on the shift ticket and should be calculated to allow the vendor to return to the point of hire. Vendors will not be paid for additional time if they elect or are unable to demobilize equipment that has been released.

The vendor is not paid for times that the equipment is not operable due to mechanical reasons or staffing issues (for equipment hired with operator). If down for a full shift, no part of the daily rate is paid. If down for part of a 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).

Equipment Daily Rate Out of Service Worksheet

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

Fire apparatus from State of Alaska Departments/Divisions other than Forestry require shift tickets and Resource Order's as documentation.

Equipment Hired as an S#

Point-to-Point Hires

Vehicle inspections are not required except for buses.
The State does not accept damage claims.

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

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

Services

Porta-potties are available through MA's.

Porta-potties

An S# is issued which includes servicing. Subsequent porta-potties can be ordered using the same S#, and a complete documentation package must be maintained showing number of units in service on each day, copies of the Resource Order's, daily shift tickets that show the rental fees for the porta-potties, servicing/pumping fees, and any additional fees such as relocation fees. As the incident begins to wind down, porta-potties are often removed incrementally, and this affects the daily rental and servicing fees. This situation would hold true for dumpster services as well.

Most of the paperwork requirements referred to under the IPP and Field Hires would apply to Services with the following exceptions: executed vendor contract may be substituted for Emergency Equipment Rental Agreement (EERA) OF-294; agreed-upon rate will be listed on the Resource Order; mobilization inspections are not required; Emergency Equipment Use Invoice OF-286 may be used as backup documentation, but vendor is required to submit an invoice; and final equipment packet is forwarded to the Jurisdictional Area Office to be audited against the vendor provided invoice and submitted for payment.

Fuel Slips

Work with the jurisdictional admin/dispatch to set up a bulk purchase agreement with local vendors in close proximity to incident for fueling vehicle that do not have fuel cards available.

Boats

State of Alaska requires that all boats that are hired to move passengers, the operator must be a U.S. Coast Guard credentialed merchant mariner for the class of boat being hired. If the boat is hired to haul cargo only the U.S. Coast Guard credentials are not required. More information pertaining to this requirement can be found on the U.S. Coast Guard link https://www.uscg.mil/pvs/UPV.asp#Passengers_for_Hire.

All boat owners are required to go into OLAS to update their equipment by changing the category for their boat to one of the following categories: Passenger Boat, Passenger Airboat, Cargo Boat, or Cargo Airboat. All boats are currently found under Other Support Equipment. We will only hire boats using the new categories.

State of Alaska does not hire inflatable rafts or canoes.

Use of ATV's/UTV's

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

1. Resource Ordering

The person ordering the ATV's/UTV's needs to specify who the equipment will be issued to. This could be the Ground Support or Facility Unit Leader if the equipment is to be used in logistics, or the Operations Section Chief or Division Supervisor if the equipment will be assigned to Operations. The Incident Commander could elect to have the equipment issued in their name. At no time can 3-wheelers be hired.

2. Daily Field Inspection Tag

ATV's and UTV's will be inspected daily on a field inspection tag which is attached. The primary goal is to have the operator consciously look at the equipment before they ride off without ever paying attention to deteriorating condition of the equipment. The tags will be zip-tied to the equipment and completed tags will be kept in the equipment packet.

3. ATV/UTV Operator Responsibilities

Everyone operating ATV's/UTV's must do so in a responsible manner and should exercise due care when operating in rough terrain. The copy of the ATV/UTV List of Driver/Operator responsibilities will be signed by incident personnel prior to operating the equipment. The goal is for everyone to take more responsibility for the condition of the equipment so that ATV's/UTV's will continue to be a useful tool for field personnel. Management personnel on the incident should determine who should be the authorized user of the equipment.

Emergency Field Hires

Field Hiring of Equipment Preference should be given to vendors from OLAS first that are IPP Compliant, second to IPP Non-Compliant Vendor's. However, field personnel have the ability to hire equipment on-site that meets the immediate needs of the incident. For equipment not hired through OLAS (Field Hire), an Emergency Equipment Rental Agreement (EERA) OF-294 and Conditions of Hire can be found online at (<http://www.forestry.alaska.gov/equipment.htm>). If EERA forms are unavailable, they may be obtained from the Jurisdictional Area Office, or the forms may be copied from the back of this chapter. A signed agreement must be in place before any equipment is put to work.

Field Hires

1. The IC has the ability to hire equipment in the field and should use the current Equipment Hiring Package available at the website (<http://www.forestry.alaska.gov/equipment.htm>) that includes the Emergency Equipment Rental Agreement (EERA), the State of Alaska Conditions of Hire, and the current year suggested Equipment Rate Chart. The Remarks section must note that the equipment is Field Hired.
2. **Equipment that is hired at a rate higher than the State suggested rate should be replaced as soon as possible.** Non rate compliant field hire agreements are only valid for 48 hours. The IC/operations staff should try to hire the Vendor’s equipment at the State suggested rate.
3. 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 agreed upon rates.
4. If the temporary offer exceeds the suggested rate, the equipment should be replaced with another Vendor who has agreed to the State suggested rate. The local Area Forester needs to document any decision regarding the use of equipment that exceeds the suggested rates. In remote locations, it may be impractical or cost-prohibitive to replace temporarily hired equipment.
5. When an IMT field hires equipment, the Ordering Manager will submit an order to AK-NFDC or their Expanded Dispatch Office, with “Filled Locally” and all pertinent information regarding the Resource Assigned.
6. 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. 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.

COOPERATOR EQUIPMENT HIRE - See AIBMH - Chapter 7

Cooperators **ALWAYS** take the original completed equipment packet for fire apparatus, including the final inspection checklist, back to their home unit for processing. Non-fire apparatus (i.e. ATV's/UTV's, boats, etc.) are processed the same as equipment in the AIBMH Chapter 6.

Cooperator Fire Departments (CFD's) are required to register their fire department in 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, ATV's and trailers will be signed up under the IPP part of OLAS.

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

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

Combined/Standard Rates

There are two methods the CFD's may choose from to be reimbursed (determined by Dispatch and CFD at time of hire). Both methods require Emergency Equipment Use Invoice OF-286 and OF-288's regardless of method chosen. Rates are located in Chapter 6, Appendix A.

1. Combined Rate

This method pays one rate for the equipment and operator(s). If minimum staffing is not met, this method cannot be used. All staff must be fire department employees and paid by the fire department.

2. Standard Rate

This rate is for the equipment only. The operator(s) may be fire department employees, EFF, or regular government employees.

Payment Packet

Regardless of the method chosen, the following items make up the Payment Packet:

- Cooperator's Use Invoice or invoice on their CFD letterhead.
- Emergency Equipment Use Invoice OF-286 - originals.
- Completed Equipment Shift Tickets - originals.
- Completed OF-288's - originals, unless operator(s) are EFF (then copies).
- Any receipts documenting reimbursable expenses accrued on the assignment - originals.
- Emergency Equipment Rental Agreement (EERA).
- Vehicle/Heavy Equipment Safety Inspection Checklist (the pre-use inspection) OF-296 Front - Back - original.
- Resource Order.

GOVERNMENT PROPERTY MANAGEMENT - See AIBMH - Chapter 8

Damage/Loss

All employees shall provide an adequate explanation when damage or loss occurs. Explanations are documented on a modified Property Loss or Damage Fire Suppression (OF-289). The employee, supervisor or a witness must include any appropriate comments or statements on the form. The Incident Agency Representative will add comments and make a decision on the claim, if within their delegation, or **forward the claim to the Incident Area Office**. Damage claims should be submitted to the administering agency as soon as the forms are completed.

MEALS/LODGING - See AIBMH - Chapter 9

Resources with agency provided credit cards, deemed self-sufficient should utilize their credit cards for pre-approved lodging and per diem.

Lodging

Any lodging not provided at the Incident must be pre-approved by the Jurisdictional 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 Jurisdictional Area Office prior to setting up any lodging.

Meals

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

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

- Sack Lunches.
- Contract meals - Contract meals are sometimes provided as an alternative to catered meals and may be delivered to fire camps or provided in restaurants.
- Meals in the McGrath dining hall - Personnel staged at the McGrath Division of Forestry (DOF) station are provided meals in the station Dining Hall. At each meal, personnel provide their name, Resource Order #, and incident #. Personnel whose Home Unit is McGrath will reimburse the State for meals eaten by payroll deduction or personal check.
- Meals Ready to Eat (MRE's).
- Fresh food boxes - When it is determined that an incident will extend past three days, the incident may order fresh food boxes on a Supply Resource Order. Cook kits and coolers should be ordered with the first fresh food order. Subsequently ordered personnel may need to eat MRE's until such time an additional fresh food box order is placed and ordered.
- Catered meal - Once incident personnel numbers reach 150 and are expected to remain at that level or higher for three days or more, the State may choose to contract with a Mobile Food Service Unit to provide hot meals at the incident at rates in accordance with the individual contract.

**VEHICLE ACCIDENTS - See AIBMH - Chapter 10
(All completed forms should be turned in to the home unit)**

Applicable Forms

In the case of damage to a vehicle, these Applicable Forms are to be filled out.

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

State-owned Vehicles in an accident

Fill out items # 1, 2, 3, 4, and 5.

Leased Vehicles in an accident

Fill out items # 1, 2, 3, and 4 and 5. 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 (MA, NERV, or OLAS IPP EERA and EERA and Field Hires) are the responsibility of the Department/Division assigned the vehicle.

Rental Vehicles in an accident

Fill out items # 1, 2, 3, and 4 plus any rental agency accident forms. Rental vehicles are most often with a commonly recognized national auto rental company.

A statewide 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 minivan. Other vehicles and/or situations may be exempt from these contract requirements. Check specifically for off-road use limitations.

Forestry non-mandatory MA's are in place. Limited 4 x 4 vehicles may be available. All other auto rentals either in-state or out-of-state are covered under the State self-insurance plan.

Emergency Equipment Rentals With Operator

The vendor is responsible for filling out any paperwork that satisfies municipality or state requirements plus State forms listed in items #1, 2, 3, and 4. 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 Safety Inspection Checklist (the pre-use inspection) OF-296 Front - Back (or a separate piece of paper) or you can use the online [fillable Vehicle/Heavy Equipment Pre-Use Inspection Checklist OF-296](#) 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 AIBMH Chapter 11.

Where to Submit Forms

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

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

All applicable forms will be routed through the Jurisdictional Area Office.

VENDOR AND EMPLOYEE PROPERTY CLAIMS - See AIBMH - Chapter 11

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

Finance Section Chief (FSC) may settle claims for equipment hired under an EERA up to \$1,000 (depending on Delegation) via payment on the Emergency Equipment Use Invoice OF-286.

Procedures for Vendor Claims

- Claimant fills out State of Alaska (SOA) Division of Forestry (DOF) “Property Loss/Damage Report” within 30 days of release from incident.
- If the claim involves an automobile accident, refer to Chapter 10 for the appropriate forms.
- A Supervisor’s Accident Investigation Report must be completed.
- Include narrative of events.
- Signed witness statements (printed home unit names, addresses, and phone numbers).
- Owner/contractor will submit claim to the incident or Jurisdictional Area Office.
- Claims requires a bid for repair if the damage is over \$3,000; two bids for repairs will be required. **UNDER NO CIRCUMSTANCE WILL CLAIMS BE FRAGMENTED TO KEEP THE COST UNDER \$3,000.**

Procedures for all Employee Claims (Personal property not purchased by the State)

- Claimant fills out SOA 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 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.

COST CALCULATION AND REPORTING - See AIBMH - Chapter 12

The State of Alaska manages Cost Share through the yearly Alaska Master Agreement. This eliminates any Cost Share reporting by the IMT. Finance Section Chief's (FSC's) will coordinate with Cost Unit Leaders to ensure that finance records reflect true activity on the fire. COST will coordinate with the Incident agency on cost estimates to be used in eISuite. Coordinate with the incident agency at in-brief on what cost reports jurisdictional agencies want to see and how frequently. Daily cost estimates will be calculated through e-ISuite. Cost reports will be sent to the following:

A complete list will be provided during the Finance In-Brief.

2022 Incident Cost Worksheet Fillable

High cost or underutilized equipment will be addressed to appropriate Command and General Staff for discussion on incident retention or release. IMT's will document and summarize key strategic decisions that affect incident costs. This documentation should include key decisions made by the IMT that increased or decreased the overall cost of the incident. The documentation will be presented to the Agency Administrator at the IMT close out. A copy will be put in the financial records box.

EMERGENCY PROCUREMENT - See AIBMH - 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. All invoices such as equipment use charges, etc., should be invoiced and submitted to the Jurisdictional Area Office. This allows the State to audit all billings prior to payment.

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

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

LAND USE AND FACILITY RENTAL AGREEMENTS - See AIBMH - Chapter 16

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

- Fair market rental rates for the property in the area.
- Costs to the property owner, loss of rental fees from other sources, disruption.
- Alterations needed and who will make them.
- Impacts on the property.
- Costs of restoration and who will do the restoration work.
- Duration of the rental, (emphasis should be on weekly or monthly rates), with a limit on total costs.
- Schools and other governmentally owned facilities should be compensated for operating costs only since these facilities are funded by the taxpayers through tax revenues. Additional costs incurred will be paid for by the incident such as additional janitorial services or cleaning fees.
- A pre-inspection and post-inspection shall be made of the premises using the forms found in Chapter 16. 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.

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

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

FINAL FIRE FINANCE PACKAGE

All Type 1,2 & 3 fires that are managed by an IMT will establish their incident within FIRENET Microsoft Teams. You will be provided a copy of our SOA Electronic Documentation Processes Manual. This manual provides standard operating procedures for incident documentation in FIRENET Microsoft Teams. The incident will submit the final finance package to the Jurisdictional Area Office.

CHECK IN FORMS

2022 LIST OF APPROVED EFF CLASSIFICATIONS

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

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

** Must be dispatched as part of a Structure Fire Department (SFD) unit 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	\$13.48	EFF-6	\$21.80	EFF-11	\$35.61
EFF-2	\$14.79	EFF-7	\$23.76	EFF-12	\$42.64
EFF-3	\$16.53	EFF-8	\$26.64	EFF-13	\$50.69
EFF-4	\$18.16	EFF-9	\$29.42		
EFF-5	\$20.00	EFF-10	\$32.43		

To get the rate of a position not listed here, the equivalent can be found in the Federal AD pay plan or contact the Admin Officer Northern Region at (907) 451-2663.

All THSPs must be approved by the State Fire Operations Forester through the Statewide Training Officer Kelly Gisolo (907) 761-6264 or Carrie Hale (907) 822-5534.

5/5/2022

THSP Technical Specialist Request Form

The Technical Specialist Qualification is used for Agency specific jobs that do not cross over to IROC, it is for a specific job and must have an associated pay rate.

Full Name: _____

Location: _____

Supervisor: _____

Option #1		
	Admin Aide	EFF-5
	Camp Crew Squad Boss	EFF-3
	Cache Liaison	EFF-7
	Clerk	EFF-3
	Cook Helper	EFF-3
	Crew Administrative Representative	EFF-8
	Firefighter, Single Resource, IA 2 yr 2 +	EFF-4
	Food Service Worker	EFF-1
	Fueler	EFF-2
	Laborer	EFF-3
	Warehouse Worker	EFF-4
	Warehouse Work Leader	EFF-5
	FEMA - Greeter/Observer	EFF-5
<i>Send request to:</i>		

Option #2	
<u>Job Requested:</u>	
<u>Rate Requested:</u>	
<u>Justification of Job and Rate:</u>	
Requested By:	
<i>Send request to: Operations Forester and Admin Officer for approval & Statewide Training for entry to IQS</i>	
Signature of Regional Administrative Officer	Date
Signature of Operations Forester	Date

TIME FORMS

Justification Statement for Shifts that Exceed Work/Rest Guidelines (over 16 hrs.)

Incident Name and Identifier: _____

Name: _____ Date: _____ Hours: _____

- Excess shift length due to establishing initial control of the incident.
 - Excess shift length due to shortage of personnel and resources during a critical situation.
 - Excess shift length due to extreme fire conditions.
 - Excess shift length due to long commutes from incident base camp to remote work sites through hazardous terrain.
 - Excess shift length due to emergency rescue work.
 - Excess shift length to arduous travel necessary to return from the incident. (Unable to remain due to food and lodging limitations)
 - Excess shift length due to travel outside administrative control. Required to return to duty station by most expeditious method.
- Other(explain) _____
- _____
- _____

Supervisor's Statement and Mitigation Measures (to be completed by Section Chief, Unit Leader, Division Sup):

Supervisor's Signature and Position: _____

Approval: I concur that the above excess shift was necessary to accomplish the mission. Mitigation measures are appropriate.

, Incident Commander

COMP/CLAIMS FORMS

EMPLOYEE REPORT OF OCCUPATIONAL INJURY OR ILLNESS TO EMPLOYER

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

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

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

ORIGINAL TO EMPLOYER IMMEDIATELY

COPY TO EMPLOYEE

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

Instructions for EMPLOYEE REPORT OF OCCUPATIONAL INJURY OR ILLNESS TO EMPLOYER

TO THE EMPLOYEE

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

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

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

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

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

www.labor.state.ak.us/wc

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

TO THE EMPLOYER

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

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

Alaska Division of Worker's Compensation Offices

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

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

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

STATE OF ALASKA SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of Injured/Damaged Equipment/Property _____

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

Exact Location _____ Time _____

1. WHAT HAPPENED? _____

Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.

2. WHY DID IT HAPPEN? _____

Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.
OPERATION FACTORS TO BE CONSIDERED:

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

3. WHAT SHOULD BE DONE? _____

What action(s) will prevent similar accidents in the future?

4. WHAT HAVE YOU DONE THUS FAR? _____

Take or recommend action, depending on your authority.

5. HOW WILL THIS IMPROVE OPERATIONS? _____

How will it help us meet our objective - ACCIDENT PREVENTION?

6. WHAT IS YOUR ESTIMATED COST OF THIS ACCIDENT?

Cost of lost wage and medical expenses?

Damage to State property or equipment?

Damage to third parties, property and people?

TOTAL...

Investigated By _____ Date _____

Unit/Division/Department _____

PHYSICIAN'S REPORT

ALASKA DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
 Alaska Workers Compensation Board
 P.O. Box 11512, 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:

SECTION 1	1. Employee's Name (Last, First, Middle Initial)		2. Insurer Claim Number		3. Date of Injury	
	4. Address		5. <input checked="" type="radio"/> Male <input checked="" 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			
SECTION 2	12. Date Last Worked		13. Was Body Part Injured Before? <input type="radio"/> No <input checked="" type="radio"/> Yes (If Yes, when and describe)			
	14. Describe Injury and Tell How It Happened:					
	16. Have You Seen Any Other Doctor for This Injury? <input type="radio"/> No <input checked="" type="radio"/> Yes (If Yes, list name and address)			16. Hospitalized As a Result? <input type="radio"/> No <input checked="" type="radio"/> Yes (Name of Hospital)		
SECTION 3	17. Your First Treatment Date		18. Describe Complaints:			
	19. Fully Describe Findings on First Examination (Specify Right or Left):					
	20. Diagnosis:					
	21. X-Rays? <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes, X-Ray Diagnosis:					
	22. Is Condition Work Related? <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes Explain- <input type="radio"/> Undetermined (Explain).					
SECTION 4	23. Treatment Date(s) Since Last Report		24. Next Treatment Date		25. Estimate Length of Further Treatment Days Weeks Months	
	26. Medically Stable? <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes		27. Date of Medical Stability		28. Injury Permanent? <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes (Include Injuries)	
	29. Impairment Rating		29. Injury Result in Permanent Impairment? <input checked="" type="radio"/> No <input checked="" type="radio"/> Yes (Undetermined)			
	30. Impairment Rating: 31. Factors on Which Rating is Based					
	32. Please Estimate Length of Disability: <input checked="" type="radio"/> Q1-30 days <input checked="" type="radio"/> Q4-7 Days <input type="radio"/> Q8-14 Days <input type="radio"/> Q9-21 Days <input type="radio"/> Q22-280 days <input type="radio"/> Q More Weeks 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.					
	35. Physician's Signature				36. IRS I.O. Number	
	City State Zip Code				39. Report Date	
				41. Telephone		

Health Care Provider Memo



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Natural Resources

DIVISION OF FORESTRY/DIRECTOR'S OFFICE

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

DATE: _____

To Health Care Provider

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

Name: _____

Social Security Number: _____

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

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

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

Northern Region Administrative assistance at (907) 451-2663

Your assistance is greatly appreciated.

Sincerely,

Helge Eng
State Forester and Director

**STATE OF ALASKA
WORKERS' COMPENSATION NOTICE TO EMPLOYEES**

Subject: Notice to employees regarding procedures for Workers' Compensation (WC) payments, pay, and leave adjustments. This procedure applies to all leave eligible State employees except those covered under the Public Safety Employees Association (PSEA State Troopers, Airport Safety Officers and Correctional Officers who qualify for injury leave).

You or your supervisor filed a Report of Occupational Injury or Illness. The State's insurance adjuster will make a determination as to your eligibility for WC payments. If you qualify, you should receive your first WC payment from the adjuster within 21 days from the date of disability. Subsequent WC payments should be received every 14 days while you remain eligible. Most employees receive approximately 80% of their net weekly wage. Note: Some exceptions are employees who have worked less than 13 weeks, seasonal employees, and individuals who work a second job. Some collective bargaining union agreements may provide additional benefits.

FIRST THREE DAYS AFTER DATE OF WORK-RELATED INJURY/ILLNESS

You will not receive WC payments for this "three-day waiting period". However, you will be able to use your available leave to remain in pay status with the State of Alaska.

APPROXIMATELY DAY 3 TO 21 AND FORWARD

If you are determined eligible the State's insurance adjuster will begin making WC payments to you. The WC payments are yours to keep; this is compensation for time loss from work due to injury/illness. You will continue to use your available leave to cover work missed due to injury/illness for the portion that is not covered by WC.

In the beginning there may be a **duplication of payments*** to you: WC payments and payments for your leave from the State of Alaska. This will require an adjustment to your State of Alaska paycheck and leave account.

Once the State of Alaska has been notified by the adjuster that you are eligible and receiving WC payments, you will be placed in WC leave without pay (LWOP) status with the State of Alaska for the portion of time the WC adjuster is paying you. The portion of time not covered by WC payments will be paid using your available leave with the State of Alaska. The amount of paid leave plus the WC payments should be about the same in total as your usual State of Alaska paycheck.

APPROXIMATELY DAY 29

If your time loss from work due to WC injury/illness extends beyond 28 days, you will be paid retroactively by the WC adjuster for the initial "three-day waiting period". Because this is also a **duplicate payment*** it will require an adjustment to your State of Alaska paycheck and leave account.

***ADJUSTMENT PROCESS**

The required adjustments will be made to your pay and leave accounts for any **duplicate payments**. A portion of your leave will be returned to your leave balance and the dollar amount you were paid for that leave will be deducted from your State of Alaska paycheck. Your department Human Resource Office and Technical Service Group will notify you about the timing and amount of deductions to your paycheck.

ADDITIONAL INFORMATION

- ✓ Time that is not covered by your leave and paid by WC payments will be WC LWOP
- ✓ WC LWOP will substantially reduce your State of Alaska paycheck
- ✓ Your leave accrual will be reduced by periods of WC LWOP
- ✓ Your Merit Anniversary date and leave base date may be adjusted due to WC LWOP
- ✓ Once your leave is exhausted you will default into full WC LWOP
- ✓ You may need to make other arrangements for any automated deductions, i.e., loan payments
- ✓ WC LWOP may affect health insurance eligibility and deferred compensation contributions
- ✓ WC LWOP may affect your Public Employees' Retirement (PERS) time. If you wish to buy back your service time reduction contact the Division of Retirement and Benefits at 465-4460

**If you have any questions,
Please contact your department's Human Resource Office/Technical Service Group**



Dear Traveler:

This letter outlines the required guidelines 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 be an Alaska resident and are required to provide proof that Alaska residency has been maintained. Indian Health Service (IHS) facilities must be utilized when they are available. Prior to departing Alaska, you can verify if there is an IHS facility close to where you will be traveling by checking the web site at **“http://www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices_index.asp”**. If an IHS facility is not available, seek care at the closest medical facility.

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

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

Services not covered include:

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

Travelers must provide medical records, within 30 days, for all out-of-state medical care you receive. This can be accomplished by signing a release of information form from the facility to ANMC. The records will be reviewed by medical professionals to determine if the care you received is emergent. If upon medical review, the medical care received is considered non-emergent, 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

Revised: February 14, 2014

TANANA CHIEFS CONFERENCE

Purchased/Referred Care, 201 1st Ave Suite 121, Fairbanks, Alaska 99701
Telephone: 907-451-6682, ext. 3613; 1-800-770-8251, ext. 3613 Fax: 907-459-3813
Hours: Monday through Friday, 8:00 am to 5:00 pm, Alaska Time

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

Thank you for asking about Purchased/Referred Care funding for emergent medical services while you are outside of Alaska. Tanana Chiefs Conference may cover you for emergency medical services for 180 days (6 months) from the date you leave Alaska. *You may be asked to show proof of the date you departed Alaska.*

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

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

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

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

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

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

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

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

Examples of emergency that may be treated in the ER:

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

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

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

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

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

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

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

I have read and understand the above information.

Have a safe and speedy return to Alaska!

Signature


Date

Purchased/Referred Care Witness

cc: CAIHC medical records

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

Property Loss/Damage Report

PROPERTY LOSS/DAMAGE REPORT Vendors, Contractors, & Employees Please fill out top portion of form			State of Alaska Department of Natural Resources Division of Forestry	Date received: _____ Received by: _____		
Name and Address of Claimant		Claim Amount: \$ _____				
		Date of Loss/Damage: _____				
		Date Claim Submitted: _____				
		Phone # () _____				
Incident #/Name		RO#:	Email:			
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
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Two estimates are required for any item totalling \$3,000 or more, however Forestry reserves the right to require additional estimates.						
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. If Equipment hired Without Operator, include summary of damages 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, 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: _____		
Incident Representative		Above Delegation - Recommend: Approve Deny		Within Delegation: Approve Deny		Amount: \$ _____
Comments: _____						
Name/Title: _____		Signature: _____		Date: _____		
Area Forester		Above Delegation - Recommend: Approve Deny		Within Delegation: Approve Deny		Amount: \$ _____
Comments: _____						
Name: _____		Signature: _____		Date: _____		
Regional Forester		Above Delegation - Recommend: Approve Deny		Within Delegation: Approve Deny		Amount: \$ _____
Comments: _____						
Name: _____		Signature: _____		Date: _____		
Procurement		Approve Deny		Amount: \$ _____		
Comments: _____						
Name: _____		Signature: _____		Date: _____		
For	Template	Function	Object	And Approved	LMP U Use	
				\$		
				\$		
Approval				Title		DOF Rev 6/27/2020
Approver: _____				Title: _____		

If more room is needed for Comments attach a memo.

Exhibit 2

Property Loss/Damage Report

ALASKA MOTOR VEHICLE CRASH FORM 12-209

43 # **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 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 <input type="radio"/> 01 Blowing dirt, snow <input type="radio"/> 07 Sleet, hail (freezing rain) <input type="radio"/> 02 Clear <input type="radio"/> 08 Severe crosswinds <input type="radio"/> 03 Cloudy <input type="radio"/> 09 Snow <input type="radio"/> 04 Fog/ smoke <input type="radio"/> 10 Other* <input type="radio"/> 05 Ice fog <input type="radio"/> 11 Not reported <input type="radio"/> 06 Rain <input type="radio"/> 12 Unknown				Lighting <input type="radio"/> 01 Dark - lighted roadway <input type="radio"/> 07 Not reported <input type="radio"/> 02 Dark - not lighted <input type="radio"/> 08 Unknown <input type="radio"/> 03 Dark - unknown lighting <input type="radio"/> 04 Daylight <input type="radio"/> 05 Twilight <input type="radio"/> 06 Other*
Roadway / Junction <input type="radio"/> 01 Crossover <input type="radio"/> 07 Roundabout <input type="radio"/> 13 Other* <input type="radio"/> 02 Driveway <input type="radio"/> 08 T - intersection <input type="radio"/> 03 Not a junction <input type="radio"/> 09 Y - intersection <input type="radio"/> 04 On ramp <input type="radio"/> 10 Four way intersection <input type="radio"/> 05 Off ramp <input type="radio"/> 11 Five point or more <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)	
COLLISION	NON-COLLISION
<input type="radio"/> 01 Aircraft <input type="radio"/> 09 Ditch <input type="radio"/> 17 Median barrier <input type="radio"/> 25 Train <input type="radio"/> 02 Animal <input type="radio"/> 10 Embankment <input type="radio"/> 18 Moose <input type="radio"/> 26 Tree / shrub <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"/> 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"/> 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"/> 06 Crash cushion <input type="radio"/> 14 Light support <input type="radio"/> 22 Sign <input type="radio"/> 30 Vehicle - head on <input type="radio"/> 07 Culvert <input type="radio"/> 15 Machinery <input type="radio"/> 23 Snow berm <input type="radio"/> 31 Vehicle - angle <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	<input type="radio"/> 33 Cargo loss / shift <input type="radio"/> 40 Overturn <input type="radio"/> 34 Crossed median / centerline <input type="radio"/> 41 Ran off road <input type="radio"/> 35 Downhill runaway <input type="radio"/> 42 Separation of units <input type="radio"/> 36 Equipment failure <input type="radio"/> 43 Other* <input type="radio"/> 37 Explosion / fire <input type="radio"/> 44 Unknown <input type="radio"/> 38 Immersion <input type="radio"/> 39 Jackknife
Location of First Sequence of Events (where did the crash happen first?) <input type="radio"/> 01 Bike lane <input type="radio"/> 04 Outside of trafficway <input type="radio"/> 07 Roadway <input type="radio"/> 10 Unknown <input type="radio"/> 02 Gore <input type="radio"/> 05 Parking lot <input type="radio"/> 08 Shared use paths <input type="radio"/> 03 Median <input type="radio"/> 06 Roadside <input type="radio"/> 09 Shoulder	Road Surface <input type="radio"/> 01 Dry <input type="radio"/> 04 Sand, mud, oil <input type="radio"/> 07 Wet <input type="radio"/> 02 Ice <input type="radio"/> 05 Slush <input type="radio"/> 08 Other* <input type="radio"/> 03 Water <input type="radio"/> 06 Snow
Did police investigate this crash? <input type="radio"/> Yes <input type="radio"/> No	

YOUR DRIVER INFORMATION

Your Name (Vehicle Driver's Last Name, First Name, Middle Name)		Your Date of Birth	Your Contact Telephone
Your Mailing Address	Your Driver License Number	Your Driver License State	Your Driver License Country
Your City	Your State	Your Zip Code	Your Residence Country

YOUR VEHICLE INFORMATION

Your Vehicle Damage <input type="radio"/> 01 None / minor <input type="radio"/> 03 Disabling <input type="radio"/> 05 Unknown <input type="radio"/> 02 Functional <input type="radio"/> 04 Totaled		No. of Occupants <input type="text"/>	Your Vehicle Owner's Name (Last, First, Middle Initial)	Vehicle Owner's Telephone	
		Your Vehicle Owner's Mailing Address			
CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT		Your Vehicle Owner's City		Your Vehicle Owner's State	Vehicle Owner's Zip Code
Vehicle Year	Vehicle Make	Vehicle Model	License Plate #	Vehicle License State	
Your Vehicle's Direction of Travel <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				Damage Estimate <input type="radio"/> Over \$501	
Your Vehicle Driver's Injury Status (vehicle passengers are listed on page 2) <input type="radio"/> 01 Fatal <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 05 None <input type="radio"/> 07 Unknown <input type="radio"/> 02 Incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 06 Not reported					

Roadway Circumstances (that may have contributed to the crash) <input type="radio"/> 01 Debris <input type="radio"/> 07 Road surface condition <input type="radio"/> 13 Other* <input type="radio"/> 02 Inoperative traffic device <input type="radio"/> 08 Ruts, holes, bumps <input type="radio"/> 14 Unknown <input type="radio"/> 03 Missing traffic device <input type="radio"/> 09 School zone <input type="radio"/> 04 Obscured traffic device <input type="radio"/> 10 Work zone <input type="radio"/> 05 Obstruction in roadway <input type="radio"/> 11 Worn, polished road surface <input type="radio"/> 06 Shoulder <input type="radio"/> 12 None			Your Vehicle Action <input type="radio"/> 01 Avoiding objects in road <input type="radio"/> 08 Out of control <input type="radio"/> 15 Straight ahead <input type="radio"/> 02 Backing <input type="radio"/> 09 Passing <input type="radio"/> 16 Turning right <input type="radio"/> 03 Changing lanes <input type="radio"/> 10 Parked <input type="radio"/> 17 Turning left <input type="radio"/> 04 Entering traffic lane <input type="radio"/> 11 Skidding <input type="radio"/> 18 Other* <input type="radio"/> 05 Leaving traffic lane <input type="radio"/> 12 Slowing <input type="radio"/> 19 Unknown <input type="radio"/> 06 Making U-turn <input type="radio"/> 13 Starting in traffic <input type="radio"/> 07 Merging <input type="radio"/> 14 Stopped		
Traffic Control <input type="radio"/> 01 Flashing signal <input type="radio"/> 05 School zone signs <input type="radio"/> 09 Officer / Flagman / Guard <input type="radio"/> 02 No traffic controls <input type="radio"/> 06 Stop sign <input type="radio"/> 10 Yield sign <input type="radio"/> 03 Road construction signs <input type="radio"/> 07 Traffic control signal <input type="radio"/> 11 Other* <input type="radio"/> 04 RR crossing device <input type="radio"/> 08 Warning signs <input type="radio"/> 12 Unknown			Vehicle Configuration <input type="radio"/> 01 Dog sled <input type="radio"/> 05 Off highway vehicle <input type="radio"/> 09 Other* <input type="radio"/> 02 Light truck (4 tires) <input type="radio"/> 06 Passenger car <input type="radio"/> 10 Unknown <input type="radio"/> 03 Motorhome <input type="radio"/> 07 Pedalcycle <input type="radio"/> 04 Motorcycle <input type="radio"/> 08 Pedestrian		

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 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			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
CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT			License Plate #	Vehicle License State	
Other Vehicle's Direction of Travel					Damage Estimate
<input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unknown					<input type="radio"/> Over \$501
Other Vehicle Driver's Injury Status (vehicle passengers are listed below)					
<input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not reported <input type="radio"/> 07 Unknown					

Other Driver's Roadway Circumstances (that may have contributed to the crash)			Other Driver's Vehicle Action		
<input type="radio"/> 01 Debris <input type="radio"/> 02 Inoperative traffic device <input type="radio"/> 03 Missing traffic device <input type="radio"/> 04 Obscured traffic device <input type="radio"/> 05 Obstruction in roadway <input type="radio"/> 06 Shoulder <input type="radio"/> 07 Road surface condition <input type="radio"/> 08 Ruts, holes, bumps <input type="radio"/> 09 School zone <input type="radio"/> 10 Work zone <input type="radio"/> 11 Worn, polished road surface <input type="radio"/> 12 None <input type="radio"/> 13 Other* <input type="radio"/> 14 Unknown			<input type="radio"/> 01 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 Mailing Address	Your City	Your State
VEHICLE OWNER INFORMATION		Your Driver's License Number		Your Driver's License State
		Your Zip Code		Your Contact Telephone
VEHICLE INFORMATION		Vehicle Owner's Name (Last Name, First Name, Middle Initial)		Owner's Date of Birth
		Owner's License Number		Owner's License State
INSURANCE INFORMATION		Vehicle Owner's Mailing Address		Owner's City
		Owner's State		Owner's Zip Code
SIGNATURE		Owner's Contact Telephone		
		Vehicle year	Vehicle make	Vehicle model
INSURANCE INFORMATION		Vehicle License State		Vehicle Identification Number (VIN)
		Did you have a current automobile liability policy in effect covering this accident? <input type="radio"/> YES <input type="radio"/> NO		
SIGNATURE		Insurance Company or Insurance Carrier Name		Insurance Policy Number
		Address and Telephone Number of Insurance Agent		Insurance Policy Period: FROM TO

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 03 "9 THIS FORM TO:
DMV Main Office
P.O. Box 110221
Juneau, AK 99811-0221
11POF 907) 465-4361
'BY

**STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION**

Division of Risk Management
PO Box 110218
Juneau AK 99811-0218
Phone (907) 465-2180

LIABILITY ACCIDENT NOTICE

Auto Other

DEPARTMENT		SECTION		LOC. CODE	DIRECTOR		
DIVISION		REGION		LOC. NAME	SUPERVISOR		
STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE	
LAST NAME				FIRST NAME			
ADDRESS			ZIP	RESIDENCE PHONE	BUSINESS PHONE		
WHERE CAN EMPLOYEE BE CONTACTED?				WHEN?			
ACCIDENT		ACCIDENT		ACCIDENT		ACCIDENT	
DATE & TIME OF ACCIDENT OR LOSS A.M./P.M.		LOCATION OF ACCIDENT (INCLUDING CITY & STATE)			POLICE TO WHOM REPORTED		
DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSARY)							
STATE VEHICLE - AUTO ONLY			STATE VEHICLE - AUTO ONLY			STATE VEHICLE - AUTO ONLY	
VEHICLE NO.	YEAR	MAKE	MODEL	VIN (VEHICLE IDENTIFICATION NO.)	PLATE NO.		
STATE OWNED <input type="checkbox"/> OR LEASED <input type="checkbox"/>		ADDRESS OF LESSOR				PHONE	
NAME OF DRIVER		AGE	ADDRESS OF DRIVER			PHONE	
WAS DRIVER A STATE EMPLOYEE? YES <input type="checkbox"/> NO <input type="checkbox"/>		PURPOSE OF USE			USED WITH PERMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DESCRIBE DAMAGE			REPAIR ESTIMATE \$	WHERE CAN VEHICLE BE SEEN?		WHEN?	
PROPERTY DAMAGE			PROPERTY DAMAGE			PROPERTY DAMAGE	
OWNER		ADDRESS				PHONE	
OTHER DRIVER () SAME AS OWNER		ADDRESS				PHONE	
DESCRIBE PROPERTY (IF AUTO: MAKE, YEAR, PLATE NO.)		OTHER CAR OR PROPERTY INSURED YES <input type="checkbox"/> NO <input type="checkbox"/>		COMPANY OR AGENCY NAME & POLICY NO.			
DESCRIBE DAMAGE			REPAIR ESTIMATE \$	WHERE CAN CAR BE SEEN?			
INJURED		INJURED		INJURED		INJURED	
				AGE	STATE VEH. PASS	OTHER VEH. PASS	PED.
NAME		ADDRESS	PHONE	EXTENT OF INJURY			
CLAIMANT: NON-AUTO			CLAIMANT: NON-AUTO			CLAIMANT: NON-AUTO	
OCCUPATION		EMPLOYED BY			ADDRESS OF EMPLOYER		
PROBABLE DISABILITY WEEKS		RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WHY ON PREMISES		STATE VEH.	OTHER VEH.
WITNESS		WITNESS		WITNESS		WITNESS	
NAME		ADDRESS		PHONE			
REMARKS							
DATE		REPORTED BY		REPORTED TO		SIGNATURE(PREPARED BY)	

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

LAW ENFORCEMENT INCIDENT NUMBER: _____

CRASH INFORMATION	Date of Crash: _____		City Where Crash Occurred: _____		
DRIVER	Name: _____		Date of Birth: _____	Driver License #: _____	State: _____
	Mailing Address: _____				
	Street or Box		City	State	Zip
OWNER OF VEHICLE	Name: _____		Date of Birth: _____	Driver License #: _____	State: _____
	Mailing Address: _____				
	Street or Box		City	State	Zip
VEHICLE	Year: _____	Make: _____	Model: _____	License Plate #: _____	VIN: _____
Did you have an automobile liability policy in effect covering this crash? YES <input type="checkbox"/> NO <input type="checkbox"/> Policy Number: _____					
Name & Address of Insurance Agent: _____				Phone Number of Insurance Agent: _____	
Name of Insurance Company: _____				Policy Period: _____ To _____	
Your Signature: _____				Date: _____	

DO NOT WRITE BELOW THIS LINE. THE DIVISION OF MOTOR VEHICLES WILL CONTACT YOUR INSURANCE COMPANY.

Insurance Verification: If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash please check the appropriate box below and mail or fax this form to the Division of Motor Vehicles at the address or fax number listed on the reverse of this form. If indicated coverage was in effect at the time of the crash, no action is required.

REASON NOT VERIFIED: Insurance information is incorrect No insurance in effect at time of crash

Signature of _____
Authorized Representative _____ Date _____

MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY NOTICE

If the actual or estimated damages of any one person's property involved in the crash exceeds \$501, or if there is any personal injury or death, you are subject to the Alaska mandatory insurance and financial responsibility laws. The mandatory insurance laws require you to file proof of insurance with the State of Alaska. Failure to do so will result in the suspension of your driver's license.

The financial responsibility laws require a person to show financial responsibility by one of the following methods: (1) an automobile liability insurance policy in effect at the time of the crash; (2) a release of liability; (3) a settlement agreement and proof of future financial responsibility (SR-22 insurance); (4) a deposit of security and proof of future financial responsibility (SR-22 insurance); (5) a finding of no liability by the court in a civil action (a finding of not guilty of a traffic citation does not apply). Failure to show financial responsibility by one of the listed methods will also result in the suspension of your driver's license for a period of 3 years if there is a possibility you are liable.

After any suspension you must show future financial responsibility (SR-22 insurance), and pay a reinstatement fee of \$100 to \$500, in addition to the fee for the license being requested, to have your driving privileges restored. A notice of suspension returned by the post office because of an incorrect address on your driver's license or DMV records will not invalidate the suspension if the notice was mailed to the last address you provided to DMV.

IMPORTANT: THIS FORM MUST BE COMPLETED IN FULL AND MAILED OR FAXED TO THE DIVISION OF MOTOR VEHICLES WITHIN 15 DAYS FROM THE DATE OF THE CRASH. A participant's crash report is required if the crash was not investigated by a peace officer and the total amount of damage exceeds \$2,000, or there was personal injury.

Mail or Fax Completed Form To:	STATE OF ALASKA DIVISION OF MOTOR VEHICLES ATTN: DRIVER LICENSING	Fax: (907) 465-5509 Phone: (907) 465-4361
---------------------------------------	--	---

State of Alaska
LOST~STOLEN~DAMAGED PROPERTY REVIEW
 (See State Property Manual for Instructions)

No. _____

1. Department	2. Division	3. Section	4. Date
5. Property Location	6. Check One		
<input type="radio"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged, Repairable <input checked="" type="checkbox"/> Destroyed			
7. Police Notified	<input type="checkbox"/> Yes (attach report)	<input type="checkbox"/> No, explain in 13	8. Serial Number
9. Description			
10. Class Code	11. Property Tag Number	12. Value \$	
13. Circumstances (Include Names of Witnesses):			
Signature of Custodian	Printed Name & Title	Date	

COMPLETE 14-18 AND EXPLAIN ACTION TAKEN

14. I certify that to the best of my knowledge, the above is true and correct.		
Negligence apparent <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has disciplinary action been taken?		
Explain precautions taken to safeguard state property.		
14a. Signature of Immediate Supervisor	Printed Name & Title	Date
<input type="checkbox"/> I concur <input type="checkbox"/> do not concur with the above findings and action taken.		Recommendations:
15. Signature of Division Director	Printed Name & Title	Date
The above findings <input type="checkbox"/> are <input checked="" type="checkbox"/> are not consistent with State and Department policies.		Recommendations:
Here <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for damaged items only).		
16. Signature of Department Property Officer	Printed Name & Title	Date
<input type="checkbox"/> I concur <input type="checkbox"/> do not concur with the above findings and/or authorize that action be taken as recommended.		Recommendations:
17. Signature of Commissioner or Designee	Printed Name & Title	Date
1a. <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 dropped from inventory.		Recommendations:

PROCUREMENT FORMS

Equipment Rates

Equipment Rates (See AIBMH Chapter 6 – Appendix A)

or online

(<http://www.forestry.alaska.gov/equipment.htm>)

VEHICLE/HEAVY EQUIPMENT PRE-USE INSPECTION CHECKLIST

GENERAL EQUIPMENT INFORMATION	
1. INCIDENT NAME/NO.	2. RESOURCE ORDER NO.
3. CONTRACTOR NAME	
4. AGREEMENT NO.	5. EXPIRATION DATE
6. MAKE/MODEL	7. EQUIPMENT TYPE
8. VIN/SERIAL NO.	9. LICENSE NO./STATE

Section I—HEAVY EQUIPMENT	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts. *		
2. Gauges and lights: mounted and function properly. *		
3. Battery: check for corrosion, loose terminals, and hold downs. *		
4. Engine running: check oil pressure, knocks and leaks. *		
5. Sweeps, deflectors, safety screens, glass. *		
6. Steering components: tight, free of play. *		
7. Brakes: damaged, worn or out of adjustment. *		
8. Exhaust system: equipped with a USFS-qualified spark arrester unless turbocharged. *		
9. Fuel system: free of leaks and damage. *		
10. Cooling system: full, free of leaks and damage. *		
11. Fan and fan belts: check for proper tension. No fraying/cracks. *		
12. Engine support, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf. *		
13. Belly plate, radiator guards: securely mounted and free from debris. *		
14. Final drive, transmission and differential: check for dripping. *		
15. Sprocket and idlers: crack in spokes, sharp sprocket teeth, no welds. *		
16. Tracks and rollers: no broken pads, loose rollers, broken flanges. Grouser height 1-1/4" min. *		
17. Dozer and assembly: trunnion bolts missing, cracks. *		
18. Rear hitch (drawbar): serviceable, safe. *		
19. Body and cab condition: describe dents and damage. *		
20. Equipment cleanliness: all areas free of flammable materials, noxious weeds, and invasive species. *		
21. All hydraulic attachments: operate smoothly and all cylinders hold at extension; hose, lines, and pumps have no excessive wear and/or leaks. *		
22. Backup or travel alarm (minimum 87 db). *		
23. Oil level and condition: full and clean. *		

Section II—ATTACHMENTS/PUMP/CHAINSAW/OR OTHER (Specify) _____	Acceptable	
	YES	NO
1. No missing/broken components, no loose hardware. *		
2. Sufficient fluid levels (oil, coolant, etc.) *		
3. Cutting bar: straight, chain in good condition. *		
4. Cutting teeth: sharp, good repair. *		
5. Pump: builds pressure, no water or oil leaks. *		
6. Engine starts, idles, and shuts off with switch. *		

Section V—REMARKS
(Describe all unsatisfactory items and identify by line number)

10. PRE-USE INSPECTION
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected
MILES/HRS _____ DATE _____ TIME _____
Inspector's printed name _____ Title _____
Inspector's signature _____

Section III—LIABILITY
The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.
Operator's printed name _____ Title _____
Operator's signature _____ Date _____

Section IV—TRANSPORT OR SUPPORT VEHICLES	Acceptable	
	YES	NO
1. "DOT" or CVSA inspection in the last 12 months (if required). *		
2. Gauges and lights: mounted and function properly. *		
3. Seat belts: operate properly for each seating position. *		
4. Glass and mirrors, no cracks in vision. *		
5. Wipers, washers, and horn operate properly. *		
6. Clutch pedal: proper adjustment (if applicable). *		
7. Cooling system: full, free of leaks and damage. *		
8. Fluid levels (e.g. oil) and condition: full and clean. *		
9. Battery: check for corrosion, loose terminals and hold downs. *		
10. Fuel system: free of leaks and damage. *		
11. Electrical system: alternator and starter work. *		
12. Engine running: check oil pressure, knocks, and leaks. *		
13. Transmission: check for leaks. *		
14. Steering components: tight, free of play. *		
15. Brakes: damaged, worn or out of adjustment. *		
16. 4-Wheel drive: check transfer case, leaks (if applicable). *		
17. Drive line U-joints: check for looseness. *		
18. Suspension systems: springs, shocks, other. *		
19. Differential(s): check for leaks. *		
20. Exhaust system: no leaks under cab or before turbo. *		
21. Frame condition, body/bed properly attached. *		
22. Tires/wheels (including spare and all changing equipment) sufficient load rating, tread depth, no major damage. *		
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23. *		
24. Emergency equipment required. *		
Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Reflectors <input type="checkbox"/>		
25. Operator(s) properly licensed. † Expiration Date _____		
State _____ License No _____ Class _____		
Endorsement _____ Med. Cert. Expiration Date _____		

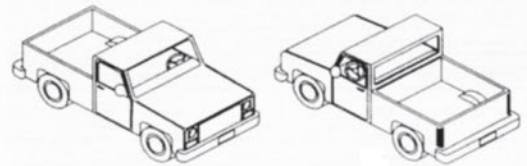
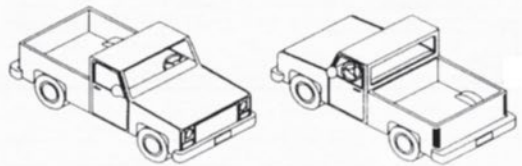
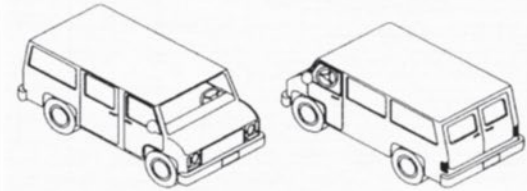
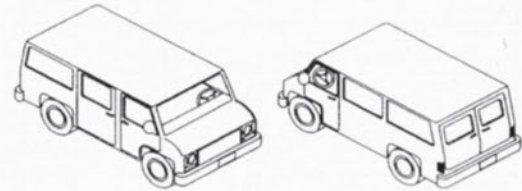
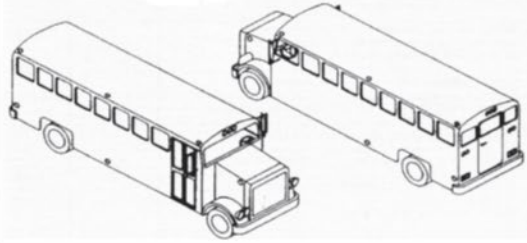
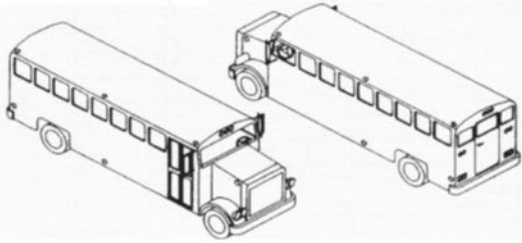
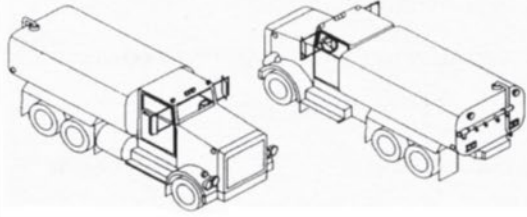
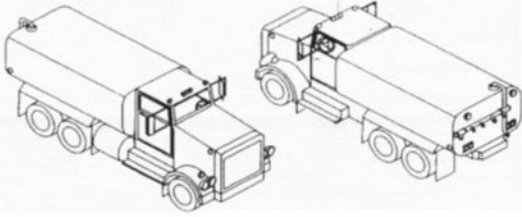
11. RELEASE
<input type="checkbox"/> No Damage/No Claim
MILES/HRS _____ DATE _____ TIME _____
Operator's printed name _____ Title _____
Operator's signature _____ Date _____
Inspector's printed name _____ Title _____

Contractor _____ Resource Order No. _____

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

Pre-Use Inspection

Release Inspection



Remarks

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. Procurement agency: a. name & address

b. Phone # _____
 c. Fax # _____

4. Contractor: a. name & address

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

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

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

5. Incident name _____
 Incident # _____

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

7. Ordering dispatch center _____

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

9. Operator furnished by: Contractor Government

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

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

15. Special provisions:

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

16. Contractor's or authorized agent's signature

17. Date

18. Print name and title

19. Contracting officer's signature

20. Date

21. Print name and title

Phone # _____

Original to payment center; copy in documentation box.

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

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 for a specific category, type, and class of equipment. 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. Wear and tear includes worn or cracked tire tread on the running surfaces; chips and scratches to the vehicle's painted and other surfaces; small dings and scratches to the bumpers. and surface chips and scratches to the vehicle's windshield, glass, and mirrors.**

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 reject the primary equipment if the vendor provided transport equipment fails inspection. 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 begins 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. The point of hire is normally where the inspection will occur. 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 is hired without an operator the inspection form shall be back-dated to when the state accepted possession of the equipment.

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, except for point-to-point hires (where Contractor provides fuel and rates have been adjusted accordingly).**

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. 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:

Special Rates shall apply when determined by the State. An example of a Special Rate are transport rates for heavy equipment.

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 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.

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. Transport rates for vendor provided transports will be handled as a special rate and will be paid on a separate line on the equipment invoice. 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 \$565 for a single shift and by \$940 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.

3. Guarantee NOT USED BY THE STATE OF ALASKA.

- B. Method of Payment: Lump-sum payment will normally be processed at the end of the emergency assignment. However, partial payment may be authorized as approved by the incident agency. Payment for each calendar day will be made for actual units ordered and performed.
- C. Corrections to Pay Documents: The State has the right to correct the invoice in case of accounting errors, or if a vendor chose the improper category, type, or class in OLAS for their equipment.

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 16.
- E. If equipment is reassigned from one incident to another, the maximum payment to a Contractor will be the daily rate. The incident releasing the equipment will pay for the final day for the equipment.
- F. Point-to-point hire for equipment, such as buses and transports will be paid at the daily rate for any mission that meets or exceeds 6 hours, $\frac{1}{2}$ the daily rate when under hire for less than 6 hours.

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.
- B. For equipment furnished under this EERA **with operator**, the State shall not be liable for any loss, damage or destruction of such equipment, except for loss, damage or destruction resulting from the negligence, or wrongful act(s) of State employee(s) while acting within the scope of their employment. The operator is responsible for operating the equipment within its operating limits in a safe manner and is the final arbiter regarding situations under which the equipment is operated.

CLAUSE 10. Contractor's Responsibility for Property and Personal Damages: Except as provided in Clause 9, the Contractor will be responsible for all damages to property and to persons, including third parties, which occur as a result of Contractor or Contractor's agents or employee fault or negligence. The term "third parties" is construed to include employees of the State.

CLAUSE 11. Deductions: Unless specifically stated elsewhere in this agreement, the cost of any supplies, materials, or services, including commissary, provided for the Contractor by the State will be deducted from the payment to the Contractor.

CLAUSE 12. Personal Protective Clothing and Equipment: The State considers operators as fireline personnel who will use and wear specified articles of personal protective equipment.

- A. The following mandatory items will be issued by the State when not required to be furnished by the Contractor to operators performing within the scope of this agreement:
 1. Clothing: (a) flame-resistant pants and shirts; (b) gloves (either Nomex or chrome-tanned leather); (c) hard hat; (d) goggles or safety glasses.
 2. Equipment: (a) fire shelter; (b) headlamp; (c) individual first aid kit.
 3. Other items may be issued by the State.
- B. Operators shall wear the issued clothing and maintain the issued equipment in a usable and readily available condition. Upon completion of the assignment, all issued items of clothing or equipment shall be returned to the State. Deductions will be made for all State-furnished protective clothing and equipment not returned by the Contractor.

CLAUSE 13. Commercial Motor Vehicles: All commercial motor vehicles must meet all DOT requirements. The regulations can be found at the following website: www.fmcsa.dot.gov.

CLAUSE 14. Claims: Filing a claim is the sole responsibility of the Contractor or the Contractor's insurance company. A claim must be filed with the State within 30 days after the equipment is released from an incident AND must have documentation that damage occurred while the equipment was on the incident and that said damages were the direct result of State employee negligence or that payment was incorrect. Other claims will not be considered. Claims for equipment being transported or for the transport equipment itself shall be handled by the insurance company of the Contractor responsible for providing the transport. Claims will not be accepted for equipment hired under the point-to-point method of hire.

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®.

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 and
- 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. 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.

This form supersedes all previous versions which may be referred to in Block 16 of Form OF-294 Emergency Equipment Rental 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

ATV/UTV List of Operator/Driver Responsibilities

ATV/UTV List of Operator/Driver Responsibilities

Note: This document will be signed by an operator prior to their use of the ATV/UTV and establishes some of the responsibilities of the operator. The equipment assigned to the operator is a valuable tool and needs to be treated with due diligence.

I understand and agree to the following responsibilities

- 1.) I am the primary operator of this equipment and others need to have my explicit permission to operate the equipment under my control
- 2.) I agree that the ATV/UTV is to be used for official business only
- 3.) I will fuel and maintain the equipment, as needed, on a daily basis
- 4.) I will operate the ATV/UTV in a safe and reasonable manner, and I recognize and abide by the rule that some areas are not suitable terrain for ATV/UTV operation
- 5.) Any damage to the ATV/UTV will be noted and reported to my incident supervisor
- 6.) Any vehicle accidents causing damage to other parties, to my ATV/UTV shall be reported to my incident supervisor, to the incident Safety Officer, and to the Incident Commander
- 7.) Damages will be documented on a Property Loss and Damage form and photographs will be taken using a cell phone, camera or other device
- 8.) Claims and damage reports will be reviewed by a Damage Review board and I realize that failure to abide by safe and reasonable standards may result in disciplinary or other appropriate action
- 9.) I will complete the Daily ATV/UTV inspection checklist on a daily basis
- 10.) If I was the last user of the equipment, I will complete a performance evaluation prior to the equipment's demobilization

Signature

Date

Request # (O-#)

Printed Name

Position on Incident

EMERGENCY EQUIPMENT – USE INVOICE

1. CONTRACTOR a. name and address				2. INCIDENT OR PROJECT NAME						
				3. AGREEMENT NUMBER (from OF-294)						
b. EIN/SSN				4. EFFECTIVE DATES OF AGREEMENT		a. beginning		b. ending		
				5. EQUIPMENT (list make, model, serial number, etc.)				6. POINT OF HIRE (location when hired)		
9. ADMINISTRATIVE OFFICE FOR PAYMENT				7. DATE OF HIRE		8. TIME OF HIRE				
				10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY:						<input type="checkbox"/> CONTRACTOR (wet)
11. OPERATOR FURNISHED BY						<input type="checkbox"/> CONTRACTOR		<input type="checkbox"/> GOVERNMENT		
						12. RESOURCE ORDER NUMBER				
13. YEAR		14. WORK OR DAILY RATE			15. SPECIAL RATE			16. TOTAL AMOUNT EARNED (14c + 15c)	17. GUARANTEE	18. AMOUNT (COLUMN 16 OR 17, WHICHEVER IS GREATER)
MO	DA	a. UNITS WORKED (M/HR/DA)	b. RATE	c. AMOUNT	a. UNITS WORKED (M/HR/DA)	b. RATE	c. AMOUNT			
19. CHARGE CODE				20. OBJECT CODE				23. GROSS AMOUNT DUE		
21. EQUIPMENT WAS <input type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN				DATE: _____ TIME: _____				24. ITEM 23 FROM PREVIOUS PAGE		
22. REMARKS				a. NO DAMAGE/NO CLAIMS <input type="checkbox"/>				25. TOTAL AMOUNT DUE		
								26. DEDUCTIONS (attach statement)		
								27. ADDITIONS (attach statement)		
								28. NET AMOUNT DUE		
29. NOTE: CONTRACT RELEASE FOR AND IN CONSIDERATION OF RECEIPT OF PAYMENT IN THE AMOUNT SHOWN ON "NET AMOUNT DUE" LINE 28. CONTRACTOR HEREBY RELEASES THE GOVERNMENT FROM ANY AND ALL CLAIMS ARISING UNDER THIS AGREEMENT EXCEPT AS RESERVED IN "REMARKS" BLOCK 22.										
30. CONTRACTOR'S SIGNATURE				31. DATE		32. RECEIVING OFFICER'S SIGNATURE			33. DATE	
34. PRINT NAME AND TITLE						35. PRINT NAME AND TITLE				

Emergency Equipment Shift Ticket

EMERGENCY EQUIPMENT SHIFT TICKET				
<i>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</i>				
1. AGREEMENT NUMBER			2. CONTRACTOR (name)	
3. INCIDENT OR PROJECT NAME		4. INCIDENT NUMBER		5. OPERATOR (name)
6. EQUIPMENT MAKE		7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT
9. SERIAL NUMBER		10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)
12. DATE MO/DAY/YR	13. EQUIPMENT USE			14. REMARKS (released, down time and cause, problems, etc.)
	START	STOP	HOURS/DAYS/MILES(circle one)	
			WORK	
			SPECIAL	
				15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor
				16. INVOICE POSTED BY (Recorder's initials)
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE			18. GOVERNMENT OFFICER'S SIGNATURE	
			19. DATE SIGNED	

NSN 7540-01-119-562850297-102

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

COST FORMS



DOF MA - VEHICLE COST SHEET

RENTAL COMPANY

MA CONTRACT #

E #

ORDERING DISPATCH

MAKE

MODEL

LIC PLATE #

COLOR

VIN #

DRIVER

MOBILIZATION DATE

DEMOB / REASSIGNMENT DATE

DAILY COST

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

COMMENTS

POSTING INSTRUCTIONS

STATE OF ALASKA
DIVISION OF FORESTRY / FIRE PROTECTION

2022*INCIDENT COST WORKSHEET*2022

Pg 69 of 3

Incident Name/ Order No:	
Incident Number/Accounting Code:	
Prepared By Name/Position:	
Cost Report Date:	

PERSONNEL COSTS							
Crew, Type 1	No. of Crews		X	\$13,500.00	Day	Total Crew, T1 Cost	\$0.00
Crew, Type 2	No. of Crews		X	\$8,175.00	Day	Total Crew, T2 Cos	\$0.00
Emergency Firefighter, Support (AD or EFF)	No. of EFF's		X	\$500.00	Day	Total EFF Cost	\$0.00
OH, Regular Government	No. of Gov't		X	\$990.00	Day	Total Reg Gov't Co	\$0.00
Total Personnel Costs This Incident Today (1)							\$0.00

FIXED WING AIRCRAFT COSTS - INCLUDING FUEL, SURCHARGES								
CV-580	T-52, T-55	No. of Hours		X	\$5,175.00	Hour	Total CV-580 Cost	\$0.00
Fire Boss	FB-208, FB-209	No. of Hours		X	\$4,350.00	Hour	Total CL-215 Cost	\$0.00
Fire Boss	FB-241, FB-243	No. of Hours		X	\$3,750.00	Hour	Total CL-215 Cost	\$0.00
Casa-212	N112BH, N117BH, N107BH	No. of Hours		X	\$1,200.00	Hour	Total Casa-212 Cost	\$0.00
C-23a	N178Z	No. of Hours		X	\$1,800.00	Hour	Total C-23a Cost	\$0.00
DO-228 Dornier	N266MC	No. of Hours		X	\$1,150.00	Hour	Total DO-228 Cost	\$0.00
BE-200	N618	No. of Hours		X	\$700.00	Hour	Total BE-200 Cost	\$0.00
AC-500	N909AK	No. of Hours		X	\$675.00	Hour	Total AC-500 Cost	\$0.00
C-208	N864SF	No. of Hours		X	\$1,100.00	Hour	Total C-208 Cost	\$0.00
AC-680FL	N9011N, N309VS	No. of Hours		X	\$850.00	Hour	Total AC-680FL Cost	\$0.00
AC-690B	N44NC	No. of Hours		X	\$1,150.00	Hour	Total AC-690B Cost	\$0.00
AC-840	N840AK	No. of Hours		X	\$1,150.00	Hour	Total AC-840 Cost	\$0.00
AC-1000	N905AK	No. of Hours		X	\$1,200.00	Hour	Total AC-1000 Cost	\$0.00
Kodiak	N700FW	No. of Hours		X	\$625.00	Hour	Total Kodiak Cost	\$0.00
PC-12	N190PE	No. of Hours		X	\$1,125.00	Hour	Total PC-12 Cost	\$0.00
DHC-2 Beaver	N904AK	No. of Hours		X	\$475.00	Hour	Total DHC-2 Cost	\$0.00
		No. of Hours		X		Hour		\$0.00
		No. of Hours		X		Hour		\$0.00
Fixed Wing Total (2a)							\$0.00	

ROTOR WING AIRCRAFT COSTS - INCLUDING FUEL, SURCHARGES								
B-212 (s)	N59633, N16973	No. of Hours		X	\$1,725.00	Hour	Total B-212 Cost	\$0.00
B-212 (s)	N212HL, N212TH, N83230, N811KA	No. of Hours		X	\$1,700.00	Hour	Total B-212 Cost	\$0.00
Bell 212 HP (f)	N399EH, N361EH, N73HJ, N16920	No. of Hours		X	\$1,750.00	Hour	Total Bell 212 HP Cos	\$0.00
AS-350B3 (f)	N911CV	No. of Hours		X	\$1,100.00	Hour	Total AS-350B3 Cost	\$0.00
B-206L1 (f)	N516LE	No. of Hours		X	\$800.00	Hour	Total B-206L1 Cost	\$0.00
B-407GX	N32AT	No. of Hours		X	\$1,350.00	Hour	Total N32AT Cost	\$0.00
BK-117	N117AM	No. of Hours		X	\$1,650.00	Hour		\$0.00
B-205/A	N120SH, N580SH	No. of Hours		X	\$1,750.00	Hour		\$0.00
BK-117	N990SL	No. of Hours		X	\$1,700.00	Hour		\$0.00
								\$0.00
Rotor Wing Total (2b)							\$0.00	

Total Aircraft Costs This Incident Today (2a + 2b):	(2)	\$0.00
---	-----	--------

STATE OF ALASKA
DIVISION OF FORESTRY / FIRE PROTECTION

2022*INCIDENT COST WORKSHEET*2022

Pg 70 of 3

FIRE RETARDANT COSTS							
LC-95A Retardant	No. of Gal.		X	3.00	GAL	Total LC-95A Cost	\$0.00
Class A Fire Foam	No. of Gal.		X	0.15	GAL	Total Foam Cost	\$0.00
Total Fire Retardant Cost This Incident Today:						(3)	\$0.00

Agreement Type/Resource Heavy Equipment	EQUIPMENT RENTAL, LAND USE AGREEMENTS, OTHER					Total Cost	
BACKHOE	No. of Units			@	\$0.00 Day	\$0.00	
Backhoe, Type 1	No. of Units			@	\$1,825.00 Day	\$0.00	
Backhoe, Type 2	No. of Units			@	\$1,325.00 Day	\$0.00	
Backhoe, Type 3	No. of Units			@	\$1,300.00 Day	\$0.00	
Backhoe, Type 4	No. of Units			@	\$1,280.00 Day	\$0.00	
SKIDSTEER LOADER							
Skidsteer, Type 1	No. of Units			@	\$1,195.00 Day	\$0.00	
Skidsteer, Type 2	No. of Units			@	\$1,105.00 Day	\$0.00	
Skidsteer, Type 3	No. of Units			@	\$1,100.00 Day	\$0.00	
DOZER							
Dozer, Class IA	No. of Units			@	\$4,525.00 Day	\$0.00	
Dozer, Class IB	No. of Units			@	\$3,610.00 Day	\$0.00	
Dozer, Class IC	No. of Units			@	\$3,180.00 Day	\$0.00	
Dozer, Class IIA	No. of Units			@	\$2,205.00 Day	\$0.00	
Dozer, Class IIB	No. of Units			@	\$2,035.00 Day	\$0.00	
Dozer, Class III	No. of Units			@	\$1,670.00 Day	\$0.00	
WATER TRUCK (POTABLE)	No. of Units			@	\$1,905.00 Day	\$0.00	
FUEL TRUCK	No. of Units			@	\$2,555.00 Day	\$0.00	
TRACKED UTILITY VEHICLES							
Nodwell, Flectrac, Type 1	No. of Units			@	\$2,875.00 Day	\$0.00	
Nodwell, Flectrac, Type 2	No. of Units			@	\$2,535.00 Day	\$0.00	
Flextrac, Thiokol, Bombardier, Type 3	No. of Units			@	\$2,190.00 Day	\$0.00	
SOFT TRACK	No. of Units			@	\$3,675.00 Day	\$0.00	
ALL TERRAIN VEHICLES							
ATV 4x4	No. of Units			@	\$105.00 Day	\$0.00	
ATV 6x6	No. of Units			@	\$125.00 Day	\$0.00	
UTV 4x4	No. of Units			@	\$150.00 Day	\$0.00	
UTV 6x6	No. of Units			@	\$260.00 Day	\$0.00	
Tag-A-Long Trailer	No. of Units			@	\$25.00 Day	\$0.00	
VEHICLES (EERA)							
Pickups 1/2 Ton 4x4	No. of Units			@	\$120.00 Day	\$0.00	
Pickups 1 Ton 4x4	No. of Units			@	\$155.00 Day	\$0.00	
SUV 1/2 Ton 4x4	No. of Units			@	\$90.00 Day	\$0.00	
SUV 1 Ton 4x4	No. of Units			@	\$125.00 Day	\$0.00	
BUSES							
Full Size Bus 40 passenger	No. of Units			@	\$1,210.00 Day	\$0.00	
Crew Carrier Bus 24 passenger	No. of Units			@	\$1,220.00 Day	\$0.00	
TRANSPORTS							
Dozer, Class IA 2 PILOT CARS	No. of Units			@	\$3,700.00 Day	\$0.00	
Dozer, Class IB 2 PILOT CARS	No. of Units			@	\$3,485.00 Day	\$0.00	
Dozer, Class IC 2 PILOT CARS	No. of Units			@	\$3,485.00 Day	\$0.00	
Dozer, Class IIA 2 PILOT CARS	No. of Units			@	\$3,485.00 Day	\$0.00	
Dozer, Class IIB 2 PILOT CARS	No. of Units			@	\$3,485.00 Day	\$0.00	
Dozer, Class III 1 PILOT CAR	No. of Units			@	\$2,270.00 Day	\$0.00	
Total Equipment, Costs This Incident Today:						(4)	\$0.00

STATE OF ALASKA
DIVISION OF FORESTRY / FIRE PROTECTION

2022*INCIDENT COST WORKSHEET*2022

Pg 71 of 3

SUBTOTAL CALCULATIONS						
Daily Subtotal (1+2+3+4 = A)					(A)	\$0.00
Support costs: add 30% of Daily Subtotal (B)					(B)	\$0.00
Supply costs: add 15% of Daily Subtotal (A)					(C)	\$0.00
Total Incident/Support/Supply Costs This Incident Today (A + B + C = D)					(D)	\$0.00
Air Transportation IN/OUT LOWER 48	No. of Units		@	\$1,000.00 Trip	(E)	\$0.00
Air Transportation IN/OUT IN STATE	No. of Units		@	\$500.00 Trip	(F)	\$0.00
Total Transportation Cost this Incident Today (E+F)					(G)	\$0.00
Total Incident/Support/Supply/Transportation Costs This Incident Today (from (D + G) above)					(H)	\$0.00
Previous Incident/Support/Supply/Transportation Costs (Grand Total (H) from Previous Day)					(I)	
Adjustments to Previous Calculations (as noted in Remarks below)					(J)	
INCIDENT GRAND TOTAL TO DATE (H+I+J=K)					(K)	\$0.00

Equipment Daily Rate Out of Service Worksheet

Incident Name (Optional)			Date:			
Name and Position:			Time:			

Equipment Daily Rate Out of Service Worksheet						
Equipment Description:						
Operational Period:	Start		End		Total Hours Operational	0.0
Time Down:	Start		End		Total Down Time Hours	0.0
Daily Rate:						
Divided by Operational Total Hours						
Equals Hr Rate	#DIV/0!					
Deduction:	#DIV/0!					

Fill in gray fields

Enter time with colons. Exmpl 13:00 or 13:30