

# 2022 State of Alaska Incident Business Management Handbook



Lichen Fire



Munson Creek IC DIVS



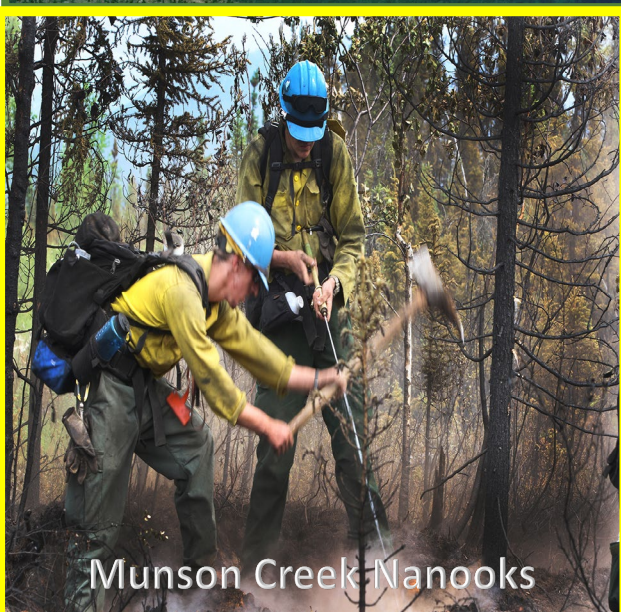
Munson Creek-Nanooks



Munson Creek Air Attack



Maud Road Fire



Munson Creek Nanooks



Munson Creek White Mountain



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From the following resources:**

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1. Tanker 540 makes a retardant drop on the Lichen Fire north of Willow on July 4, 2021.  
Photo by Tristan Reid/Caswell Volunteer Fire Department
2. UAF Nanooks Wildland Fire Crew member Ketra Pope uses a drip torch to ignite vegetation during a burnout operation near Chena Hot Springs Resort on July 5, 2021 to help protect the resort from the Munson Creek Fire.  
Photo by Mike McMillan/Alaska DNR-Division of Forestry
3. Division Supervisor Aaron Schumacher, left, points out a location to use retardant on the Munson Creek Fire while discussing tactics with Task Force Leader Erik Jansen, second from left, Incident Commander Zane Brown, second from right, and Operations Chief Jerry Horton on Sunday, July 11, 2021. The load of retardant was used to keep the fire from spreading towards cabins and homes along Chena Hot Springs Road between mileposts 52 – 54.  
Photo by Sam Harrel/Alaska DNR-Division of Forestry
4. UAF Nanooks Wildland Fire Crew member John Mallory carries a chainsaw while fighting the Munson Creek Fire east of Fairbanks on July 7.  
Photo by Ira Hardy/Alaska DNR-Division of Forestry
5. The Munson Creek Fire burns through black spruce on Friday, July 2, 2021. The fire continued burning for another month and eventually burned an estimated 50,965 acres.  
Photo by Ryan McPherson/BLM Alaska Fire Service

6. A member of the Gannett Glacier Type 2 Initial Attack Crew uses a drip torch to ignite vegetation for a burnout operation during the Maud Road Fire on May 8, 2021.  
Photo by Bryan Quimby/Alaska DNR-Division of Forestry
7. UAF Wildland Fire Crew members Nathan O'Donnell uses a Pulaski tool to dig up a hot spot on the Munson Creek Fire on July 7, 2021 while fellow crew member Elliott Wiegand uses a Fedco to hose it down.  
Photo by Ira Hardy/Alaska DNR-Division of Forestry
8. A helicopter fills a bucket with water from a gravel pit along Chena Hot Springs Road to douse hot spots on the Munson Creek Fire on July 10, 2021.  
Photo by Ira Hardy/Alaska DNR-Division of Forestry

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## Statement of Purpose

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

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

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

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

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

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



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## **2022 Summary of Changes**

Administrative Briefing – No Change

Changes throughout the Handbook

Chapter 1 – Hiring

- Updated THSP Forms

Chapter 2 – Incident Payroll

- Removed language requiring CTRs for in area assignments or support to incidents (see Appendix D-1)
- Added GGU & SU Daily OT timesheet process and LOAs
- Reorganized information in chapter

Chapter 3 – Commissary

- No Change

Chapter 4 – Compensation for Injury

- No Change

Chapter 5 – Performance Evaluation

- No Change

Chapter 6 – Equipment Acquisition

- Updated - NERV rentals can only be arranged by Dispatch

Chapter 7 – Cooperator Fire Departments

- Updated verbiage

Chapter 8 – Property Management

- No Change

Chapter 9 – Meals, Lodging, and Travel

- Reorganized information in chapter
- Updated the Dinner rate to \$32 to match State of Alaska Per Diem rates -Change happened last season but wasn't reflected in the handbook.

Chapter 10 – Vehicle Accidents

- Removed all rental car procurement information. See chapter 6 for vehicle acquisition

Chapter 11 – Contractor and Employee Property Claims

- No Change

Chapter 12 – Cost Calculation and Reporting

- No Change

Chapter 13 – Suppression Component Coding

- No Change

Chapter 14 – Procurement

- No Change

Chapter 15 – Allowable Fire Activity Cost

- No Change

Chapter 16 – Land Use and Facility Rental Agreements

- No Change



## **BUYING TEAM PROCEDURE**

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

Buying Teams are ordered by the incident agency and report to the DOF Agency Administrator but supervision is often delegated to an Incident Business Advisor or the Regional Administrative Officer or other designated Regional personnel. Incident agency acquisition staff may be assigned to assist the Buying Team.

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

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

The Buying Team Leader (BUYL) will:

- establish lines of communication and coordinate Buying Team responsibilities with other incident functions (Administrative Staff, Dispatch, Finance Section, Logistics Section and all acquisition personnel involved in the incident acquisition activities)
- Coordinate with the Ordering Manager and the local dispatch office on how the Buying Team will receive Resource Orders. Documents and shares the process with all applicable parties
- Ensure all orders placed are legal and consistent with agency policies. Consults with the INBA, Agency Administrator or Regional Administrative Officer when needed.

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

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

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

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## Chapter 1 - Emergency Firefighter Hiring

### PURPOSE

This chapter provides guidance on hiring of Emergency Firefighters (EFF) including specific forms needed under certain circumstances as well as distribution of the hiring paperwork.

### EFF Employment Information

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.

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

EFF's must be 18 years of age to be eligible for employment. Individuals can receive crew training at age 16 or older.

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

- Type II EFF crews
- Non-crew EFF

Type II EFF crews are hired, managed, and paid by the State of Alaska under the guidelines set forth in the Alaska Emergency Firefighter Type II Crew Management Guide.

All EFF, crew and non-crew, being considered for work are required to submit a [BLM and DNR Emergency Firefighter or Casual Support Worker](#) (Form 1) application annually.

Employees, including EFF, may not rent equipment/facilities to the Division of Forestry.

Any EFF hired as a driver must bring a recent copy (within 10 days of hire) of their driving record obtained from their local Department of Motor Vehicles.

### ACCESS TO FIREARMS

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 4).

Note: Firearms Inquiry forms should be accompanied by the definitions of “misdemeanor crime of domestic violence”, Select Portions of Title 18 United States Code at the following link: [\(1117. Restrictions on the Possession of Firearms by Individuals Convicted of a Misdemeanor Crime of Domestic Violence | USAM | Department of Justice\)](#)

### HOURS OF WORK

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



## **ALASKA JOB CENTER**

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

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

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

## **ALTERNATE HIRING PROCEDURES**

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

Each DOF office will use the [BLM and DNR Emergency Firefighter or Casual Support Worker](#) (Form 1) to hire non-crew EFF's when needed. Each DOF office will keep a log of all applicants. This log will be kept for three years.

## **REQUESTING A NON-CREW EFF**

All EFF hires will be initiated and documented on a Resource Order. Requests for non-crew EFF will be made utilizing the List of Approved EFF [Classification Pay Rates](#) (Appendix C) and will be submitted on a [General Message](#) (Form 5) to the respective Dispatch Office for processing with the following information: Non-crew EFF position requested

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

## **SELF SUFFICIENCY**

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

## **FELONY AND MISDEMEANOR CONVICTIONS FOR EFF**

When applications reveal a misdemeanor conviction within the preceding five years or a felony conviction regardless of the date it occurred (2 AAC 07.091), a hiring supervisor or manager may not make a job offer without DOA Human Resources' review of the conviction information and detailed duties of the position and approval. Scan the [Judgement Memo to HR](#) (Form 19) to [dnr.recruitment@alaska.gov](mailto:dnr.recruitment@alaska.gov). After receiving approval, the EFF can be offered the position. Felony and misdemeanor convictions regardless of date it occurred, require additional processing if access to Ft. Wainwright is necessary.

## **CLASSIFICATION OF EFF**

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

## **PAY/QUALIFICATIONS**

State of Alaska adheres to the red card requirements as outlined in the PMS 310-1 ([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 in Appendix C. Pay for any position not shown 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](#) (Form 6a) or [THSP Pre Approved Form](#) (Form 6b) must be filled out and submitted.

If the work assignment changes, the worker's classification and pay will be appropriately changed to reflect the new duties. Any incidental changes in assignment that cause a rate change must be documented on the crew time report (CTR). Permanent or long-term changes require a [General Message](#) (Form 5) and new Resource Order.

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

**EFF HIRE PAPERWORK**

FORM	FREQUENCY	ROUTING
<a href="#">Personnel Action EFF*</a>	Every season and when there is an address change	To payroll
<a href="#">BLM Job Center EFF Application</a>	Every season	To payroll
<a href="#">Equal Employment Opportunity Survey</a>	Every season (not mandatory).	To payroll - Then shred
<a href="#">Designation of Beneficiary**</a>	Every season and when changes occur	To payroll
<a href="#">W-4***</a>	Every season	To payroll
<a href="#">I-9***</a>	Every season	To payroll
<a href="#">Firearms Possession/Qualification</a>	Only if being hired as driver, warehouse worker, GSUL, or EQMG	To payroll
<a href="#">Direct Deposit</a>	Every season (not mandatory)	To Payroll
<a href="#">Classification Pay Rates</a>	Every season	Does not go to payroll Stays with file
<a href="#">Fatigue Management Policy</a>	Every season	Does not go to payroll Stays with file
<a href="#">Nepotism Waiver</a>	Only if non-crew EFF is related to regular DNR employee or another non-crew EFF	Does not go to payroll Stays with file
<a href="#">Blood-borne Pathogens</a>	Every season	Does not go to payroll Stays with file
<a href="#">Conditions of Hire</a>	Every season	Does not go to payroll Stays with file

\* See Appendices E and F for example and instructions

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

\*\*\* DO NOT USE WHITEOUT, edit, or modify a W-4 or I-9. It will not be accepted by payroll.  
Please use a new form if corrections are needed.

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

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

**Social Security card:** A Social Security card must be presented only if the EFF chooses to use it as a document to complete the I-9.

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

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

## NEPOTISM

If a non-crew EFF is related<sup>1</sup> to a Department of Natural Resources (DNR) employee or another non-crew EFF, the following procedure is required:

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

## CREW HIRING

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

- [Passenger and Cargo Manifest](#), (Form 16) SOA Form 10-3138
- Crew Time Report (CTR) book given to Crew Boss or Crew Representative
- OF-288's with headers completed including Employee ID's and time started are given to Crew Boss or Crew Representative

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

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

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

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<sup>1</sup> Includes father, mother, brother, sister, son, daughter, spouse, person in conjugal relationship, grandparent, grandchild, brother-or sister-in-law, stepfather, stepmother, stepsister, stepbrother, stepson, or stepdaughter.

<sup>2</sup>Unit supervisors are the Regional Admin Officer, Fire Operations Forester, Aviation Supervisor, Fire Support Forester, etc.

## DISTRIBUTION OF HIRING PAPERWORK

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

<b>Coastal Region - Palmer</b> PH (907) 761-6289 Fax: (907) 761-6213 <a href="mailto:dnr.dof.cr.admin@alaska.gov">dnr.dof.cr.admin@alaska.gov</a>	<b>Northern Region - Fairbanks</b> PH (907) 451-2660 Fax: (907) 451-2690 <a href="mailto:dnr.nroeff@alaska.gov">dnr.nroeff@alaska.gov</a>
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## TERMINATION OF ASSIGNMENT OR EMPLOYMENT DUE TO DOCUMENTATION INSUFFICIENCIES

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

- Failure to obtain approval of a [Nepotism Waiver](#) (Form 3)
- Failure to submit a [Nepotism Waiver](#) (Form 3) within 3 days of hire

Termination of employment for any EFF will occur for:

- Failure to submit ID/documents for [I-9](#) (Form 9) verification within three days of hire
- Just cause

## ROUTING AFS HIRING/PAYROLL PAPERWORK (CASUALS)

Note: Please enter the Federal Financial Fire Code into EISuite for OF-288's.  
Originals to employee.

### Alaska Fire Service (AFS) Crew Time Hiring/Payroll Paperwork

Please scan/email OF-288's/hire paperwork to Alaska Fire Service using Form 17 below to:
Alaska Fire Service P.O. Box 35005 Fort Wainwright, AK 99703-0005 PH: (907) 356-5579 Fax: (907) 356-5784 <a href="mailto:blm_ak_afs_casualhire@blm.gov">blm_ak_afs_casualhire@blm.gov</a> <a href="#">Processing Incident Time Reports for Casuals</a> (Form 17)

**2022 - Fairbanks Job Center Application - 2022**  
**BLM or DNR Emergency Firefighter or Casual Support Worker**

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

PERSONAL INFORMATION: Print Name and Address below. List all contact telephone numbers.

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

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

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

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

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

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

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

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

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 \*\*\*\*\*Agency Use Below\*\*\*\*\*

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

<b>JOB CENTER CONTACT INFO AND DATE:</b>
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**2022 - IMPORTANT INFORMATION from FAIRBANKS JOB CENTER - 2022**  
**EMERGENCY FIREFIGHTER AND CASUAL SUPPORT WORKER APPLICANTS**

1. The recruitment period for EFF (Emergency Firefighters and Incident Support Workers) is the month of April. Applications will be accepted by the Fairbanks Job Center during normal business hours in April. Recruitment time may be extended if there is a shortage of applicants.
2. Completion of an application **does NOT guarantee you a job, nor does it guarantee you a referral.**
3. Only one (1) application per person. **Yellow applications are for military veterans and white applications are for non-veterans.**
4. YOU MUST HAVE A HOME TELEPHONE NUMBER OR A **RELIABLE** MESSAGE PHONE NUMBER (OR BOTH)! An incomplete application **will** hinder your chances of being referred.
5. Submit completed applications to the Fairbanks Job Center at 675 7th Avenue, Monday through Friday, 8:30 a.m. to 4:30 p.m. You will not be interviewed at the time of application.
6. Applications will be kept on file with the EFF Coordinator at the Fairbanks Job Center.
7. **The only time you should contact the Fairbanks Job Center EFF Coordinator is if your telephone number changes.** Please call 451-5958 to report changes in your telephone number.
8. **Job openings are dependent on fire activity.** When we are notified of openings, applicants will be contacted by telephone. If called, you will be given whatever information or instructions you will need (i.e., where to report, etc.). Please don't tie up our phone lines asking when there will be openings. Your guess is as good as ours, and we won't know until the fire agencies call us whether they need anyone or not. When we get the call, we'll notify qualified applicants with a phone call. As with all openings, veterans will be afforded preference in referral. **Remember,** if we are unable to contact you or if you do not respond to a telephone message quickly enough, we must continue calling other qualified applicants in order to fill the opening by the time needed.
9. Firefighter positions will require an Interagency Qualifications Card (Red Card). Some support positions hired for Fairbanks do not require a Red Card. Check the bulletin board in the hallway for Red Card/Physical Fitness Test dates and information.

# PERSONNEL ACTION - EMERGENCY FIREFIGHTER 2022

Employee ID \_\_\_\_\_

New Hire ☐ Yes ☐ No ☒ Change of Address

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

☐ Crew ☒ Single Resource

Date of Birth: \_\_\_\_\_

Are you at least 18 years old? ☐ Yes

Home Phone: \_\_\_\_\_

Are you a State Employee? ☐ Yes ☐ No

☐ Married ☐ Single

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

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

Same address for W-2? ☐ Yes ☐ No

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

## EMERGENCY CONTACT INFO

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

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

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

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

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

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

## CONDITION OF HIRE AND BLOODBORNE PATHOGEN ACKNOWLEDGMENT

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

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

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

Signature of EFF Employee \_\_\_\_\_

Date \_\_\_\_\_

Signature of Witness (Hiring Person) \_\_\_\_\_

Date \_\_\_\_\_

## TO BE COMPLETED BY HIRING PERSONNEL:

EFF Hire Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Home Unit/Task \_\_\_\_\_

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

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

EFF Type - Check One:

Crew Member \_\_\_\_\_  
Squad Boss \_\_\_\_\_  
Crew Boss \_\_\_\_\_  
Other \_\_\_\_\_

Pay Rate - Check One:

EFF 7 \$23.76  
EFF 8 \$26.64  
EFF 9 \$29.42  
EFF 10 \$32.43  
EFF 11 \$35.61  
EFF 12 \$42.64  
EFF 13 \$50.69

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

3/16/2022

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

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

Date: \_\_\_\_\_

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

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

**EFF Non-crew Employee**

_____ Name	_____ Relationship
_____ Location	_____ Position

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

_____ Name	_____ Relationship
_____ Location	_____ Title

\_\_\_\_\_  
Additional information for Area Forester/MTM member consideration.

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

**Approvals/Disapprovals**

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

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

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

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

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

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

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

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

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

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

Yes ☐ No ☐

Today's Date: \_\_\_\_\_

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

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

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

Court/Jurisdiction (Copy of ACTUAL judgement): \_\_\_\_\_

Docket/Case Number: \_\_\_\_\_

Statute: \_\_\_\_\_

Charge: \_\_\_\_\_

Date Sentenced: \_\_\_\_\_

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

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## GENERAL MESSAGE (ICS 213)

<b>1. Incident Name</b> (Optional):		
<b>2. To</b> (Name and Position):		
<b>3. From</b> (Name and Position):		
<b>4. Subject:</b>	<b>5. Date:</b> Date	<b>6. Time</b> HHMM
<b>7. Message:</b>		
<b>8. Approved by:</b> Name: _____ Signature: _____ Position/Title: _____		
<b>9. Reply:</b>		
<b>10. Replied by:</b> Name: _____ Position/Title: _____ Signature: _____		
<b>ICS 213</b>	Date/Time: Date _____	



## ICS 213

### General Message

**Purpose.** The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

**Preparation.** The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

**Distribution.** Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

#### Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	<b>Incident Name</b> (Optional)	Enter the name assigned to the incident. This block is optional.
2	<b>To</b> (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	<b>From</b> (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	<b>Subject</b>	Enter the subject of the message.
5	<b>Date</b>	Enter the date (month/day/year) of the message.
6	<b>Time</b>	Enter the time (using the 24-hour clock) of the message.
7	<b>Message</b>	Enter the content of the message. Try to be as concise as possible.
8	<b>Approved by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Signature</li><li>• Position/Title</li></ul>	Enter the name, signature, and ICS position/title of the person approving the message.
9	<b>Reply</b>	The intended recipient will enter a reply to the message and return it to the originator.
10	<b>Replied by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

# **THSP Technical Specialist Request Form**

**This form is for Qualifications that DO NOT have approved rates, check the Pre-Approved THSP Request form before submitting.**

*Fill out the top portion and the Job/Rate Requested box, the form must be signed and dated to be valid. The request is sent to Statewide Training for approval routing and IQS entry. It can then be used as a pay document to justify the approved rate.*

**Employee Full Name:** \_\_\_\_\_

**Worksite Location:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Job Requested:**

**Rate Requested:**

**Justification of Job and Rate:**

**Send request to the Statewide Training Office:**

***kelly.gisolo@alaska.gov - sunshine.meitzner@alaska.gov - carrie.hale@alaska.gov***

**Requested by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

***DO NOT WRITE IN THIS SECTION! DO NOT FORWARD TO REGIONAL ADMIN OR OPERATIONS FORESTER!***

\_\_\_\_\_  
Signature of Regional Administrative Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Operations Forester

\_\_\_\_\_  
Date

**THSP forms expire 12/31 of the calendar year they were approved**

*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, each additional job/rate requires a new request form.*

# THSP Technical Specialist Request Form - Pre- Approved Qualifications

**This form is for Qualifications that have Pre-Approved rates.**

**Fill out the top portion and select the qualification you are requesting from the box below, the form must be signed and dated to be valid.**

**The request is then sent to Statewide Training for IQS entry and can then be used as a a pay document to justify the given rate.**

Employee Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Work Location: \_\_\_\_\_

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

## **Pre-approved THSP Qualifications**

	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	EFF-4
	2 + 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

**Send request to the Statewide Training Office:**

***kelly.gisolo@alaska.gov - sunshine.meitzner@alaska.gov - carrie.hale@alaska.gov***

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

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, each additional job/rate requires a new request form.

**THSP forms expire 12/31 of the calendar year that they are approved**

# STATE OF ALASKA

## DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION

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

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

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

☐ INITIAL AUTHORIZATION

☐ CHANGE

PRIMARY BENEFICIARY (IES)				CONTINGENT BENEFICIARY (IES)			
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
TOTAL PRIMARY PERCENTAGE MUST EQUAL		<b>100%</b>		TOTAL CONTINGENT PERCENTAGE MUST EQUAL		<b>100%</b>	

Employee Signature	Date	Witness	Date
--------------------	------	---------	------

### INSTRUCTIONS

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

Return this completed form to your Payroll Services Section or Agency HR Office, or you may send it directly to Dept. of Administration, Div. of Finance, Payroll Section, P.O. Box 110204, Juneau AK 99811-0204.

# Employee's Withholding Certificate

OMB No. 1545-0074

**2022**

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
► **Give Form W-4 to your employer.**  
► **Your withholding is subject to review by the IRS.**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		► <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ► ☐

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ► \$		
	Multiply the number of other dependents by \$500 . . . . . ► \$		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	► <b>Employee's signature</b> (This form is not valid unless you sign it.)		► <b>Date</b>
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

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

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

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

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

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

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

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title		<div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



CONDITIONS OF HIRE FOR  
EMERGENCY FIREFIGHTERS

1. You are being hired as an emergency firefighter (EFF) by an agency of the U.S. Government or the State of Alaska. These agencies are referred to in this document collectively as the "Government". Procedures or policies that refer to either the federal or state agencies are specifically addressed. The work is hard and shifts often exceed 12 hours. Prompt compliance with your supervisor's instructions always is essential and mandatory. You must be at least 18 years old and in good physical health (a physical examination may be required at the discretion of your supervisor). Close living conditions in incident camps require personal cleanliness. Personal hygiene must meet standards set by your supervisor, particularly your hair, which must be maintained in such a way that a safety hat can be properly worn.
2. Disclosure of your Social Security Number (SSN) is NOT mandatory. Always provide YOUR FULL LEGAL NAME on your hiring documents, not nicknames.
3. You must have a current valid Government issued picture identification card (ID card) in your possession at the time of hire and for the duration of the assignment. You must also have documents that meet federal I-9 requirements to be hired.
4. Standard length for each assignment is 14 days, exclusive of travel time; however, this is not a guarantee of employment. The hiring agency or incident organization may release you at any time.
5. You are required to bring a sufficient supply of all necessary prescription medication for each incident assignment. Notify your regular Government supervisor of any potential life-threatening medical conditions, i.e., allergic reactions to bee stings.
6. You will be paid at an hourly rate. The Officer-in-Charge will advise you of the salary rate for your position.
7. Income tax will be withheld from your check. All pay as an EFF must be included as gross income for Federal Income Tax purposes. You may have to report it on your state income tax report, if applicable, in accordance with state instructions.
8. You will be given the opportunity to complete federal income tax withholding forms. Failure to complete the W-4, Employee's Withholding Allowance Certificate, will result in federal income tax withheld at the default tax rate (the highest withholding rate).
9. Alaska does not have a state income tax. If you wish income tax withheld for another state, you must provide the proper state income tax form to the Officer-in-Charge.
10. When you sign your OF-288 (timesheet), you are agreeing it is correct. Do not sign the report until you agree! Keep your time sheet copy until you are paid.
11. You can expect to receive payment within three to four weeks after the end of your employment period. The State of Alaska will mail your check to the address you provide on your hiring paperwork. Federal payments will be made either by Direct Deposit (if you complete the Direct Deposit form) or Treasury check mailed to your address of record.
12. You are required to bring your own personal items to and from the incident in a single bag. The total weight of your bag cannot exceed 45 pounds for the entire duration of the assignment. Radios, "boom boxes", or other electronic gear must not exceed one pound. Individuals exceeding the personal gear weight limitation must leave excess weight items behind. The Government will not be responsible for these items. MINIMUM clothing requirements are listed in the Emergency Fire Fighter Crew Management Guide, Section IV.B.2.a-h.
13. When you are hired for incident assignment whether or not you may be restricted to an incident camp or staging area is at the discretion of the Incident Commander, or local, regional, or agency policy. Your pay status will be determined by the Officer-in Charge following Interagency Incident Business Management Handbook and/or the Alaska Incident Business Management Handbook and the Emergency Firefighter Crew Management Guide.
14. Whenever the Officer-in-Charge decides it is necessary, the Government will furnish meals and lodging with no cost to you. You will not receive reimbursement for meals or lodging that you purchase, meals you do not accept, or when the Government is temporarily unable to furnish meals or lodging.
15. The Government will provide or pay for necessary transportation from the point of hire to the work location. The Government will also provide or pay for transportation back to the point of hire unless you are discharged due to a disciplinary action, quit without good reason, or intentionally deviate from your provided travel itinerary.

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

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

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

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

EFF'S PRINTED NAME	EFF'S SIGNATURE	SOCIAL SECURITY ( <b>LAST 4 DIGITS</b> )

HIRING OFFICIAL'S PRINTED NAME	HIRING OFFICIAL'S SIGNATURE	DATE



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

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

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

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

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

Yes ☐ No ☐

Today's Date: \_\_\_\_\_

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

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

Court/Jurisdiction (Copy of ACTUAL judgement): \_\_\_\_\_

Docket/Case Number: \_\_\_\_\_

Statute: \_\_\_\_\_

Charge: \_\_\_\_\_

Date Sentenced: \_\_\_\_\_

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

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised: 2020

**APPENDIX L**  
**HEPATITIS B VACCINATIONS**

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

If you receive an exposure to bloodborne pathogens, DOF-Alaska will offer the vaccinations at no cost to the employee or volunteers through a designated medical facility. The vaccinations protect personnel from Hepatitis B, a very serious form of hepatitis.

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

\*\*\*\*\*

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

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

**STATE OF ALASKA**



**PROTECTING EMPLOYEES FROM**

**HEPATITIS A VIRUS  
HEPATITIS B VIRUS  
AND  
HUMAN  
IMMUNODEFICIENCY  
VIRUS**

**Rev. 1/2020**

## **APPENDIX L (Continued)**

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

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

**HEPATITIS A VIRUS (HAV)** is transmitted through contact with an infected person's feces or indirect fecal contamination of food or water supply. The Hepatitis A virus can survive outside the body for months. High temperatures, such as boiling or cooking food or liquids for at least 1 minute at 185°F (85°C), kills the virus, although freezing temperatures do not. Hands and utensils may carry sufficient amounts of the virus to enter the mouth to cause infection.

Protection for employees who may be occupationally exposed to Hepatitis A through exposure to human feces shall include safe work practices, personal protective equipment and employee awareness. Currently the Hepatitis A vaccination is not offered through DOF.

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

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

## **SAFE WORK PRACTICES**

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

- \* Always protect yourself using a barrier kit (gloves, CPR pocket mask with one-way valve and face shield). The Crew boss and overhead personnel should always carry these when in the field.
- \* Use disposable equipment and devices only once, then dispose of items properly.
- \* Disinfect reusable equipment after each use.

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

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

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

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

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

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

### **5. Camp Life**

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

**Rev. 1/2020**

**APPENDIX F**  
**LEVEL I**  
**BLOODBORNE PATHOGENS TRAINING**  
**ACKNOWLEDGEMENT**

I have read the State of Alaska Division of Forestry's Exposure Control Plan and/or the brochure entitled "Protecting Employees from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus" and realize by doing so I have fulfilled the **Level I training** requirement of the Bloodborne Pathogens Standard.

\_\_\_\_\_  
Employee's First and Last Name

\_\_\_\_\_  
Employee's Job Title/Area Office

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**STATE OF ALASKA  
PAYROLL DIRECT DEPOSIT FORM**

<b>EMPLOYEE ID NUMBER:</b>	<b>DEPT #:</b>	<b>NAME:</b>
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Electronic direct deposit complies with AS 37.25.050 and 2 AAC 15.130.

**ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION**

Authorizations can be made for both net pay deposits and/or one flat amount deposit.

Direct deposit to foreign financial institutions is not allowed.

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

<b>NET PAY DEPOSIT:</b> <input type="checkbox"/> Initial Authorization <input type="checkbox"/> Change <input type="checkbox"/> Cancellation <input type="checkbox"/> No Change	
Financial Institution Name _____ Institution Transit Routing Number _____ Account Number _____	<b>CHECK ONLY ONE</b>  <input type="checkbox"/> SAVINGS  <input type="checkbox"/> CHECKING

<b>FLAT AMOUNT DEPOSIT:</b> <input type="checkbox"/> Initial Authorization <input type="checkbox"/> Change <input type="checkbox"/> Cancellation <input type="checkbox"/> No Change	
Financial Institution Name _____ Institution Transit Routing Number _____ Account Number _____ Amount of Deduction _____	<b>CHECK ONLY ONE</b>  <input type="checkbox"/> SAVINGS  <input type="checkbox"/> CHECKING

<b>FREQUENCY OF FLAT AMOUNT (CHECK ONLY ONE):</b>	
<input type="checkbox"/> <b>FIRST PAY PERIOD</b> (Calendar Days 1 <sup>st</sup> – last day of month) <input type="checkbox"/> <b>SECOND PAY PERIOD</b> (Calendar Days 1 <sup>st</sup> – 15 <sup>th</sup> )	<input type="checkbox"/> <b>TWICE MONTHLY</b> (Both pay periods – for employees on Biweekly payroll, the third paycheck will be skipped for months with three paydays) <input type="checkbox"/> <b>ALL PAY PERIODS</b> ( <u>Biweekly only</u> – all pay periods including the third paycheck in months with three paydays)
<small><b>Note:</b> Pay period dates listed apply to semi-monthly pay employees only. Bi-weekly employees should make selections based on the frequency of deduction.</small>	

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

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

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

<b>SIGNATURE:</b>	<b>DATE:</b>
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## SPECIAL NOTE

State of Alaska employees can create or modify a Direct Deposit Authorization for their **NET PAY DEPOSIT** electronically through the [Employee Self Service Portal](#). Setups and modification to a **FLAT AMOUNT DEPOSIT** may only be requested by submitting a signed copy of this Payroll Direct Deposit Form to your Payroll Services Office or Agency HR Office.

A voided check or other banking documentation **MUST** be attached with this agreement to verify your banking information. Failure to provide documentation will result in your form not being processed.

This form does not set up payments made to you in IRIS Financial (e.g., travel reimbursements) for direct deposit. To have these payments go direct deposit, you must fill out the State of Alaska Electronic Payment Agreement form for State Employee Reimbursements at this link: [http://doa.alaska.gov/dof/forms/resource/EDI\\_agreement\\_StateEE.pdf](http://doa.alaska.gov/dof/forms/resource/EDI_agreement_StateEE.pdf)

## COMPLETION INSTRUCTIONS FOR THE STATE OF ALASKA PAYROLL DIRECT DEPOSIT FORM

Enter Employee ID, Name, and Department

### NET PAY DEPOSIT

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

Indicate by marking the appropriate box:

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

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

Indicate either **Savings** or **Checking**. Only indicate ONE type of account. Monies may not be divided between savings and checking.

### FLAT AMOUNT DEPOSIT

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

Indicate by marking the appropriate box:

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

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

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

Indicate either **Savings** or **Checking**. Only indicate ONE type of account. Monies may not be divided between savings and checking.

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

### WHEN TO EXPECT YOUR FIRST DEPOSIT

Please allow up to two pay periods for processing a new deposit or change. If you are making a change to the flat dollar amount only, no pre-note will be necessary and no delay in electronic deposits will occur. After set up, a pre-note process is initiated where information regarding your account is sent to the banking institution, but no monies are sent. During this verification process, any pay will be issued to you with an actual payroll warrant. Once verified, your NET pay will be sent electronically and your warrant stub will be available online through the [IRIS Employee Self Service \(ESS\) Portal](#) under the **My Info > My Compensation > Issued Checks/Advices** link.

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





# MEMORANDUM

DEPARTMENT OF NATURAL RESOURCES

# State of Alaska

FORESTRY STATE OFFICE

TO: DOF Staff

DATE: May 10, 2017

FILE NO: 2167

FROM: John "Chris" Maisch  
Director and State Forester

TELEPHONE NO.: (907) 451-2666

SUBJECT: Fatigue Management Policy

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

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

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

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

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

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



## Fire Assignments:

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

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

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

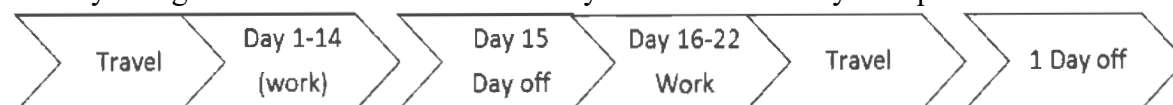
### Assignment Timeframes:

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

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



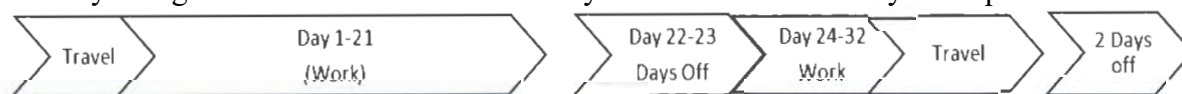
21-Day Assignment exclusive of travel: 1 day off at 15 and 1 day off upon return.



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



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



# STATE OF ALASKA

<b>DIVISION of FORESTRY</b>	<b>PASSENGER and CARGO MANIFEST</b>						
ORDERING UNIT OR ORDER NUMBER			INCIDENT NAME				INCIDENT NUMBER
NAME OF CARRIER			VEHICLE # AND TYPE				VEHICLE OPERATOR or AIRCRAFT PILOT NAME
CHIEF OF PARTY			REPORT TO				IF DELAYED, CONTACT

DEPARTURE			INTERMEDIATE STOPS			DESTINATION		
PLACE	ETD	ETA	PLACE	ETD	ETA	PLACE		

PASSENGER AND OR CARGO NAME	M	F	PASS WEIGHT	CARGO WEIGHT	DUTY ASGMT. IF APPLICABLE	HOME UNIT
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.			0	0		0

SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE

## Processing Incident Time Reports for Casuals

### TRANSMITTAL SHEET

Date:

From:

Subject: Incident Time Reports and/or Hiring Documents

To: [blm\\_ak\\_afs\\_casualhire@blm.gov](mailto:blm_ak_afs_casualhire@blm.gov)

Unique Unit "Batch" Number to track this payroll submission: \_\_\_\_\_

(Use Incident/Fire number followed by sequential number; i.e., ID-BOF-000006-001 for the first batch, ID-BOF-000006-002 for the second batch and so forth. For Incidents/Fires with multiple teams assigned, please incorporate the team name in the batch)

List of casual names submitted (attach list for more than 3): \_\_\_\_\_

Number of individuals with OF-\*288s in this transmittal: \_\_\_\_\_

Please provide your Team and Unit contact information below:

Incident team contact Name/email: \_\_\_\_\_ Phone#: \_\_\_\_\_

Incident team contact Name/email: \_\_\_\_\_ Phone#: \_\_\_\_\_



## STATE OF ALASKA

### Equal Employment Opportunity Survey

Completing this questionnaire is optional; if you do not provide this information, no adverse action will result. The federal government requires the State of Alaska to collect this information. The State reports aggregate data biennially to the U.S. Equal Employment Opportunity Commission. Data is used for statistical and EEO reporting purposes. The information may be subject to disclosure under federal or state law or regulation. If you choose not to self-identify your sex/race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.

**Anti-Discrimination Notice:** It is an unlawful employment practice for an employer to refuse to hire or dismiss any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, sex, color, religion, national origin, disability, age, marital status, changes in marital status, pregnancy, or parenthood.

<b>Employee Name</b> (Last, First, M.I):	<b>Date:</b>
<b>Employee ID #</b> (if known):	<b>Sex:</b> Male                  Female

### Race/Ethnicity

Please mark the one box describing the race/ethnicity with which you most identify:

- ☐ **Hispanic or Latino (H):** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian (A)** (not of Hispanic origin): All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, the Philippine islands, Korea, Cambodia, China, India, Japan, Malaysia, Pakistan, Thailand, and Vietnam.
- ☐ **Black or African American (B)** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- ☐ **Alaska Native or Native American (I)** (not of Hispanic origin): All persons having origins in any of the original peoples of the Americas and who maintain tribal affiliation or community attachment. The terms "Alaska Native" and "Native American" or "American Indian" represent many separate groups of people with distinct ethnic and cultures throughout Alaska and the lower 48. Alaska Native peoples include Iñupiaq, Yup'ik/Cup'ik, Alutiiq, Aleut, Eyak, Athabaskan (comprising eleven cultural and linguistic groups), Tlingit, Haida, and Tsimshian.
- ☐ **Pacific Islander or Native Hawaiian (P)** (not of Hispanic origin): All persons having origins in any of the original peoples of Hawaii, Samoa, Guam, or other Pacific Islands.
- ☐ **White (W)** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- ☐ **Two or more races (T)** (not of Hispanic origin): All persons who identify with more than one of the five categories of races above.

**Note:** This form will be shredded after entry.

**To:** [dnr.recruitment@alaska.gov](mailto:dnr.recruitment@alaska.gov)

**Subject:** Re: HIRING APPROVAL NEEDED

Attached is the court judgment for \_\_\_\_\_. We wish to hire him/her as a \_\_\_\_\_ here at NRO.

Under supervision, this individual will actively engage in wildfire suppression in driving personnel and/or supplies within Forestry and to/from incidents to assure that lives, property, and natural resources are protected from fire. As emergency services personnel firefighters will be required to participate in other all-risk emergencies utilizing the Incident Command System (ICS) as defined under the National Interagency Management System (NIMS).

He/She potentially would have access to firearms in the course of his duties.

Please send us either approval/not approved to email: **[dnr.nroeff@alaska.gov](mailto:dnr.nroeff@alaska.gov)**

Thank you.

# POINT OF HIRE TASK LIST

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

**POINT OF HIRE TASK LIST...continued**

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

## Home Unit and Acronym List

Fairbanks – JBA - Home Unit Z31F

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

Anchorage – EBA – Home Unit Z31A

### ALL OTHER LOCATIONS

#### **AFS Areas:**

GAD - Galena Zone, Galena

TAD - Tanana Zone, Tanana

UYD - Upper Yukon Zone, Fairbanks

#### **DOF Areas:**

SWS - Southwest Area, McGrath – Home Unit Z31A

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

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

TAS - Tok Area, Tok – Home Unit Z31F

DAS - Delta Area, Delta – Home Unit Z31F

FAS - Fairbanks Area, Fairbanks – Home Unit Z31F

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



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 Resource*	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 Equip)***	GMEC	EFF-7
Clerk***		THSP	EFF-3	Mechanic, Maintenance***	FMNT	EFF-6
Comp for Injury Specialist		INJR	EFF-5	Medical Unit Leader*	MEDL	EFF-8
Cook, Head Camp***		COOK	EFF-6	Operations Branch Director*	OPBD	EFF-11
Cook Helper***		THSP	EFF-3	Ordering Manager*	ORDM	EFF-5
Crew Administrative Representative***		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						
3/15/2022						

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

**STATE OF ALASKA**  
**Division of Forestry**

TO: All Fire Staff

DATE: August 5, 2014

Thru: Tom Kurth   
Chief, Fire and Aviation  
[tom.kurth@alaska.gov](mailto:tom.kurth@alaska.gov)

TELEPHONE NO.: (907) 451-2675

SUBJECT: Single Resource  
Self Sufficiency



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

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

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

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

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

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

# PERSONNEL ACTION - EMERGENCY FIREFIGHTER 2022

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

## **13 EMERGENCY CONTACT INFO**

Name: _____ Address: _____ _____ Phone #: _____	Name: _____ Address: _____ _____ Phone #: _____
--	--

### CONDITION OF HIRE AND BLOODBORNE PATHOGEN ACKNOWLEDGMENT

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

- I. State of Alaska - Division of Forestry's Conditions of Hire; and I agree to abide by them throughout the duration of employment, and  
 II. State of Alaska brochure entitled "Protecting Employee from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus"  
 and realize that by doing so, I have fulfilled the Level I training requirement of the Bloodborne Pathogens Exposure Control Plan.

<b>14</b> _____	<b>15</b> _____
Signature of EFF Employee	Date
<b>16</b> _____	<b>17</b> _____
Signature of Witness (Hiring Person)	Date

### TO BE COMPLETED BY HIRING PERSONNEL:

EFF Hire Date:	<b>18</b> _____
Job Title:	<b>19</b> _____
Home Unit/Task	<b>20</b> _____
Crew Name (if applicable):	<b>21</b> _____
3 Letter Designator:	<b>22</b> _____ (3-letter code)
EFF Type - Check One:	Pay Rate - Check One: <b>23</b>
<b>24</b> Crew Member _____	EFF 1 <u>\$13.48</u>
Squad Boss _____	EFF 2 <u>\$14.79</u>
Crew Boss _____	EFF 3 <u>\$16.53</u>
<b>25</b> Other _____	EFF 4 <u>\$18.16</u>
	EFF 5 <u>\$20.00</u>
	EFF 6 <u>\$21.80</u>
	EFF 7 <u>\$23.76</u>
	EFF 8 <u>\$26.64</u>
	EFF 9 <u>\$29.42</u>
	EFF 10 <u>\$32.43</u>
	EFF 11 <u>\$35.61</u>
	EFF 12 <u>\$42.64</u>
	EFF 13 <u>\$50.69</u>

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

3/16/2022

**26** Reviewed by (initials): \_\_\_\_\_  
 Date sent to Region: \_\_\_\_\_

## INSTRUCTIONS FOR PERSONNEL ACTION-EMERGENCY FIREFIGHTER

1. Employee ID#: Make sure it matches on all paperwork
2. Always mark “New Hire” the first time the EFF Personnel Action is done each season
3. Name: Full legal name, include Jr., Sr., etc. No nick names
4. Hired as crew or single resource
5. Date of Birth: Verify 18 years of age
6. Must be at least 18 year’s old
7. Home Phone: Village phone, cell phone, or contact phone may be used
8. Are you a State Employee?
9. Married or single
10. For non-crew EFF only: If answer to this question is “yes”, a request for EFF Nepotism Waiver form must be filled out
11. Where paycheck should be mailed (Mandatory)
12. If not the same as paycheck, you must provide address where your W-2 should be sent
13. Emergency Contact Information: At least one. Be sure is legible. (Mandatory)
14. Employee Signature
15. Date of employee signature
16. Witness or Hiring Person: Must be signed
17. Date of Witness Signature
18. Date of Hire: Must match thru out paperwork
19. Job Title: Must be from the EFF Classification List. Exceptions must be requested through the Training Office and approved by the State Fire Operations Forester
20. Home Unit: See Appendix B
21. Crew name: If none, write “Single Resource”
22. 3 Letter Designator: See Appendix A
23. EFF Pay Rate: Must match EFF type and qualifications
24. EFF Type: Check only one
25. Other: Check when hiring non-crew EFF
26. Admin Initial

## Chapter 2 - Incident Payroll

### PURPOSE

This chapter addresses payroll provisions for regular State employees, Emergency Fire Fighters (EFF), and contract/agency crews.

### DOCUMENTATION

Fire personnel time is kept on an [Emergency Firefighter Time Report \(OF-288\)](#) (Form 3). For regular State employees, a signed OF-288 is the **mandatory** backup for out-of-area assignments and must be turned in with the regular State timesheet. In the event an OF-288 is not generated by the Requesting Agency, [Crew Time Report's \(CTR's\)](#) (Form 7 & 7a) signed by the assignment supervisor are acceptable. All time must match between the regular State timesheet and OF-288's or CTR's. A checklist will be maintained showing receipt of signed timesheet's/OF-288's/CTR's with follow-up as needed. See memo regarding OF-288 and CTR requirements. ([Appendix D-1](#))

All Division of Forestry (DOF) personnel record base hours worked on incidents to the incidents supported. Exception: Admin staff charge base hours to incidents only when on assignment under a Resource Order.

### PAY ADMINISTRATION FOR STATE EMPLOYEES

#### Work Week

For overtime computation purposes, the work week begins Monday morning at 12:01 AM (0001) and ends Sunday night at 12:00 midnight (2400), unless the work week is otherwise defined by union agreement. Overtime is paid per applicable bargaining unit rules for regular State employees. Type 2 Crew EFF are paid no less than eight hours of work per day except first and last days. Non-crew EFF only receive pay for actual hours worked. Mandatory days off are uncompensated for all employees.

#### EFF versus Casual/AD

State of Alaska (EFF) employees have a different pay plan than Casual/AD's. EFF are paid overtime for any hours worked above 40 hours in the work week. The work week follows the same schedule as it does for State employees (see above).

#### Pay/Time

[CTR's](#) (Form 7) and [OF-288's](#) (Form 1) 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](#) (Form 9) and Resource Order(s) as documentation.

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

### Shifts and Daily Work/Rest Ratio

Work shifts that exceed 16 hours (after 1<sup>st</sup> shift) and/or consecutive days that do not meet the 2:1 work/rest ratio must have [written justification](#) (Form 6) from the Incident Commander or Agency Administrator. No work shift should exceed 24 hours. If extenuating circumstances such as initial attack dictate an excessive shift, incident personnel must resume 2:1 work/rest ratio as quickly as possible.

### Length of Commitment

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

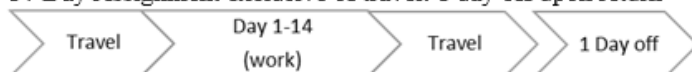
### Compensable Travel Time

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

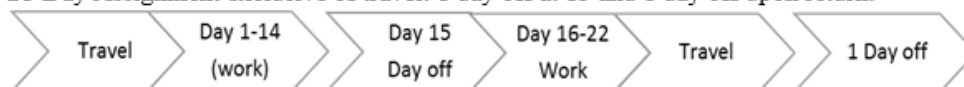
### **MANDATORY DAY OFF/FATIGUE MANAGEMENT** (see Appendix E)

- For non-routine activity, on station activity, or in-State assignments: one day of rest is required in 21 days. This requirement should rarely be needed if scheduled or non-scheduled days off are given during periods of routine activity.
- Assignments outside of Alaska: Travel days will not count towards the days off policy. The first shift at an assignment, including staging and preposition periods, will start the clock for calculating days towards the work-rest policy. See examples below of 14, 21, and 30-day assignments outside of Alaska.

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.



- A Regular or Mandatory day off is a calendar day, not a 24-hour period. Exception: the 24-hour break in work option can only be used to reset days off before departing on a new resource order assignment. **It may not be used between back-to-back assignments.** An employee may not be in pay status.
- If the workweek threshold has not been met, employees may elect to use personal or annual leave, overtime conversion, or unpaid time off for a mandatory day off that fall on a regularly scheduled workday. (LTC rules are different from GGU and SU.)

- If an employee is working a normal work week and has not worked overtime or banked flex time hours under a flex time agreement, there will be no need to reset their work-rest period before departing on assignment.
- Drivers are limited to 10 hours/day of driving in a 16-hour shift.
- Employees should identify the date(s) and time(s) of the applicable mandatory day off in the comment section on their timesheet.
- A work week consists of 37½ or 40 hours in pay status within the State work week in accordance with SU, ASEA, and LTC bargaining unit agreements.
- An employee cannot be placed on standby (standby is work status) when taking a mandatory day off.
- When on assignment in-state or out-of-state and assigned a day off, that day will be uncompensated. State employees and EFF must show zero hours worked on State timesheets and/or the [OF-288](#) (Form 1) for that calendar day.

## OVERTIME CALCULATIONS

### EFF

Receive overtime pay for all hours worked in excess of 40 hours in the work week. Mandatory day(s) off DO NOT apply to meeting the 40-hour threshold for overtime calculation purposes.

#### General Government Unit (GGU) and Supervisory Unit (SU) - Overtime Eligible Members

The Department of Natural Resources (DNR) has established Letter(s) of agreement (LOA) with both GGU and SU unions to allow daily overtime to be shown on State of Alaska timesheets.

DNR Forestry & All-Risks Response Activities; Overtime Compensation Timesheet Recording 20-GG-142 (Appendix K)

DNR Forestry & All-Risks Response Activities; Overtime Compensation Timesheet Recording 22-SS-002 (Appendix J)

Mandatory day(s) off, leave hours, and paid non-worked holidays DO NOT apply to meeting the threshold for overtime calculation purposes. All hours worked on a holiday by an overtime eligible employee will be compensated at 1½ times the members' regular hourly rate and do apply toward meeting the threshold for overtime calculation.

#### General Government Unit (GGU) and Supervisory Unit (SU) - Overtime Ineligible Members

The Department of Natural Resources (DNR) has established Letter(s) of agreement (LOA) with both GGU and SU unions to allow overtime ineligible employees to be compensated for overtime hours while assisting in All Risk Response Activities. Each employee must have a Resource Order that is approved by the DOF Deputy Director. See LOAs for additional details.

GGU - DNR Forestry & All-risk Response Activities; Compensation 20-GG-006 (Appendix A)

SU - DNR All-risk Response Activities; Compensation 22-SS-001 (Appendix B)

Mandatory day(s) off, leave hours, and paid non-worked holidays DO NOT apply to meeting the threshold for overtime calculation purposes when applying the above referenced LOAs. OT Ineligible employees who work on a holiday will float their holiday (holiday hours are added to their leave bank) and work a minimum of their normal work hours or take leave. All hours worked on a holiday by an OT Ineligible employee will be compensated at the members' regular hourly rate and do apply toward meeting the threshold for overtime calculation.

### Public Employees Local 71 (LTC)

Receive daily overtime pay in accordance with their contract.



## **SEASONAL OVERTIME CONVERSION**

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

## **SHIFT DIFFERENTIAL**

- EFF are not entitled to shift differential.
- Bargaining unit members check Contracts for when shift differentials apply.
- Shift differentials are shown twice on the State timesheet, once as hours worked and once as swing or grave shift hours.

## **RECALL (GGU/SU) / CALL-BACK (LTC)**

- EFF are not entitled to “recall” pay.
- Bargaining unit members eligible for overtime check Contracts for situations in which this provision does and does not apply.
- Please note the memo regarding LTC bargaining unit members who are called back to work immediately prior to the start of their regularly scheduled shift (Appendix F)

## **HOLIDAYS**

- EFF are not entitled to holiday pay.
- Short-term non-perms are not entitled to holiday pay.
- Long-term non-perms are entitled to holiday pay.
- All hours worked on a holiday are considered as overtime hours for OT Eligible bargaining unit members. For SU and GGU, hours worked apply for overtime calculation purposes.
- All hours worked on a holiday must be coded to High Fire Danger (HFD) or a fire and are entered on a separate line from the regular holiday line.
- Employees working alternate workweek schedules should contact their Area or Regional Administrative support with questions regarding the effect of their work week on holidays.

## **STANDBY (GGU/SU) / ON-CALL (LTC)**

### Individuals Ordered on Standby

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

### Regular Standby Status

Individuals may be on standby for an Overhead Team, Duty Officer rotation, specific fires or HFD. If the individual is on standby for HFD or rotation, see Chapter 13 - Suppression Component Coding for correct coding. If a specific fire has requested an employee to standby, code to the incident.

- EFF are not entitled to standby pay.
- Short-term non-perms and long-term non-perms are not entitled to standby pay.
- Employees may not claim standby on mandatory days off.
- LTC and GGU bargaining unit members record standby/on-call for each calendar.
- SU bargaining unit members record standby for a portion of each calendar day.



## HAZARD PAY

- EFF are not entitled to Hazard pay.
- Hazard pay is addressed in GGU Article 21.05 B., LTC Article 13.06 D., and SU Article 24.5 A.
- To provide clarification about Forestry's operations, *two types of activities are considered when working under a helicopter. Those two activities include 1) hover hook-ups, and 2) loading or unloading people or equipment when the helicopter rotors are in motion.* See State Forester memo of August 17, 2007 (Appendix C) for more information.
- Bargaining unit members who are required to work under dangerous conditions as determined by their bargaining unit contract shall receive hazard pay in four-hour increments worked.
- To claim Hazard Pay, bargaining unit members performing this work must indicate Hazard Pay on their timesheet and submit a [Hazard Pay Worksheet](#) (Form 2). Time actual worked under Hazard Pay activities is recorded on the Hazard Pay Worksheet, not four-hour increments. Payroll will determine the four-hour increments.

## MEAL BREAKS

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

### General Government Unit (GGU) and Supervisory Unit (SU)

LOA's for additional meal breaks (apply only to Forestry) are in place for GGU and SU that allow for additional compensation for meal periods and are specific only to wildland fire activities and not to all Forestry activities (i.e., long hours doing timber or resource field work). These LOA's are intended to recognize the shifting hours and start times that are so prevalent in HFD situations, increased preparedness levels, fire occurrence, and fire assignment. The LOA's allow for calculating payment for meal breaks based on continuous hours of work rather than looking at time prior to and after normal shift assignments. The LOA's apply when in work status two hours or more in addition to a normal shift. An employee can claim both union contract **and** LOA meal breaks during the same pay period. Specific language and dates must be noted on timesheets in the comments section to claim extra meal breaks. Employee will be compensated by payroll per the referenced LOA.

Division of Forestry Meal Breaks: LOA 20-GG-005, (see Appendix I).

**WORKING ON SU MEAL BREAKS LOA**, for now.....(see Appendix L)

Meal Break taken per LOA: For use when employee takes an additional thirty-minute meal break at a time when the shift is dedicated toward wildland fire activity.

Meal Break not taken per LOA: For use when employee does NOT take an additional thirty-minute meal break at a time when the shift is dedicated toward wildland fire activity.

Meal Break taken per Contract: For use when employee takes an additional thirty-minute meal break at a time when the shift is NOT dedicated toward wildland fire activity.

Meal Break not taken per Contract: For use when employee does NOT take an additional thirty-minute meal break at a time when the shift is NOT dedicated toward wildland fire activity.

### **LTC**

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

### **REFURBISHMENT**

If there is an immediate business need (determined and authorized by the supervisor) for a resource returning from an assignment to refurbish equipment upon return, it is allowed. There must be a time sensitive need that can't wait until the next shift. Otherwise, refurbishment should wait until the next shift. Time for processing paperwork is not considered refurbishing but administrative work which is allowable up to two hours.

Allowable times:

- Instate: up to four hours depending on equipment/gear in need of refurbishment.
- Out of State: up to eight hours depending on equipment/gear in need of refurbishment.

TCC, UAF, Chugachmiut crews are governed by their cooperative agreement. Fire Department cooperators must receive home unit Fire Manager Officers approval per AIBMH Chapter 7.

### **PAY RATE CHANGES**

If the work assignment changes, the worker's classification and pay will be appropriately changed to reflect the new duties. Any incidental changes in assignment that cause a rate change must be documented on the CTR. Permanent or long-term changes require a [General Message](#) (Form 5) and new Resource Order.

### **HIRING EMPLOYEES OF OTHER STATE OF ALASKA DEPARTMENTS**

Persons employed by the State in Divisions other than DOF or Departments other than Natural Resources, may work on an incident or in certain support functions through [Reimbursable Service Agreements-RSA](#) (Form 8) Contact the Regional Administrative Officer so an RSA can be established as needed. Employees of other Departments in State government cannot take leave from their regular job to work for the DOF. Documentation requirements for all work done is the same as for DOF employees. Resource Orders are required for all personnel working under a fire RSA. (Equipment may also be resource ordered and used on incidents as documented through [Shift Tickets](#). (Form 9)

### **CLOSING OUT [OF-288's](#) (Form 1)**

Payroll is on a bi-weekly schedule. Each pay period will start on a Monday at 0001 and end on the second Sunday at 2400. Timesheet deadlines are on the Monday following the end of the pay period unless it is a State of Alaska holiday. Before closing out timesheets, use the checklist on page 8.

### **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 or 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.

### Regular State Employees

Admins will inform employees of payroll deadlines. Any timesheet not submitted in time to meet deadlines will have a timesheet submitted for them showing only base hours worked and an amended timesheet will be submitted as soon as possible by the employee. OF-288's are the normal mandatory backup documentation. Time recorded on regular State timesheet must match that shown on OF-288's/CTR's.

### Emergency Firefighters

Effective June 1, 2020 if feasible or practical, interim time reports may be submitted on the same schedule as regular employees. Due to payroll deadlines, one or more days at the end of a pay period may need to carry over on the next OF-288.

### Signing Off EFF Crews/Single Resource EFF

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

1. Crew/Single Resource goes to another fire and timesheet is closed out  
It is preferable to close out the time when the resource is released and start a new OF-288. Time on an incident ends when travel to another incident begins.
2. Crew/Single Resource goes to another fire and timesheet goes with them  
It may not be feasible to close out a timesheet due to rapid mobilization needs, in which case the checklist on page 8 should be consulted to ensure all items necessary have been considered before signing off timesheets. The column showing the last hours worked on the first incident should be closed out and signed off by the incident Finance Section. Travel time to the next incident should start at the top of the next column, or a new OF-288 started upon reaching the new incident. In the case of a crew, the timesheets should be given either to the Crew Representative (CREP) or the Crew Boss to be handed over to the Finance Section on the new incident.
3. Crew/Single Resource is sent home and timesheets are sent with them  
This option is only viable if there will be someone at the home unit office to sign off the crew/single resource once they arrive there. Before signing off the timesheets, review the checklist on page 8. The column showing the last hours worked on the incident should be closed out and signed off by the incident Finance Section. Travel time to the home unit should start at the top of the next column to be closed out at the home unit.
4. Crew/Single Resource is going home and travel time is projected  
When the arrival time at the home unit can be reliably predicted, the incident may close out the timesheet. If crew members are traveling home on different aircraft, end times for the same crew will vary. Where practical, start a new column for travel time home.

### 5. Crew/Single Resource is going home and arrival time is reported by phone

In cases where the distance to the hometown, air service availability or potential weather factors may affect arrival at a particular time, the individual resource or Crew Boss will call Dispatch or the Area with their arrival time(s) so that it can be correctly recorded. Arrival times, when using CWN (Call When Needed), aircraft can be verified through flight following records in the Area Dispatch or Logistics office. This can often be the case when resources are traveling home to remote villages. The time of arrival is relayed to the Finance Unit for completion. The original OF-288 is given to the Crew Boss to take home.

### Projecting Time for Crew's ETA on the OF-288

Before signing off the timesheets, use the checklist below. Projecting time makes sense when the crew is returning to their home and there is no Forestry employee to sign off their time.

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

### **CHECKLIST FOR CLOSING OUT EFF TIME REPORTS ([OF-288 Example](#)) (Form 3)**

✓	There must be a Doc ID in the upper righthand corner. If not...make one up!
✓	Block 2: Employee Common Identifier - Employee ID#.
✓	Block 3: Check one of the three boxes
✓	Block 5: Name
✓	Block 8: Incident Name
✓	Block 9: Incident Order Number
✓	Block 10: Fire Code
✓	Block 11: Resource Order #
✓	Block 12: Position Title (ex: PTRC)
✓	Block 13: AD Class - (ex: EFF5)
✓	Block 14: Rate
✓	Block 15: Fire Code...same as block 10
✓	Block 19: Remarks - if any apply
✓	<b>Block 20: Employee Signature (OF-288 MUST be signed by the employee) If no signature available, you must write "Unavailable for Signature" and then you must obtain an ORIGINAL signature at later date for payroll.</b>
✓	<b>Block 21: Timekeeper Signature</b>

- ✓ Have Crew Boss examine CTR's and OF-288's before crew members sign OF-288's.
- ✓ Excess time must have IC approval on [CTR](#) (Form 7 & 7a), Resource Order or [General Message](#) (Form 5) and [written justification](#) (Form 6) must go with the employee.
- ✓ Correct or settle time record disputes and initial changes before crew member's sign.
- ✓ Match signature to name in Block 5.
- ✓ Verify appropriate pay rate.
- ✓ Verify dates (missing/duplicate).
- ✓ Draw diagonal line through unused portions of time columns.
- ✓ Verify destination (home/another fire). For new fire, start new OF-288.
- ✓ Confirm CTR's have been turned in and posted.
- ✓ Confirm commissary has been posted and added up correctly.
- ✓ Verify travel time back to point of hire, whether it has been authorized, agreed upon and recorded on time report.

## INCIDENT DISTRIBUTION OF EFF TIME REPORTS (OF-288's)

### Original

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

### Copy

Final fire package

### Home Units

Will scan OF-288 and excess hours' justifications to the appropriate Regional Office:

<b><u>Coastal Region</u></b> - Palmer <a href="mailto:dnr.dof.cr.admin@alaska.gov">dnr.dof.cr.admin@alaska.gov</a> PH: (907) 761-6289 Fax: (907) 761-6213	<b><u>Northern Region</u></b> - Fairbanks <a href="mailto:dnr.nroeff@alaska.gov">dnr.nroeff@alaska.gov</a> PH: (907) 451-2660 Fax: (907) 451-2690
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Regional Administration Offices will:

1. audit OF-288's.
2. send to payroll for processing.
3. maintain copies for the Region.
4. archive a copy of the excess hours' justification and Commissary Issue Record.

## CONTRACT CREWS - CHUGACHMIUT OR TANANA CHIEFS

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

<b><u>Chugachmiut</u></b> Daisy Barnes Human Resources Manager 1840 Bragaw St. Suite 110 Anchorage, AK 99508-3463 PH: (907) 562-4155 Fax: (907) 743-0644 <a href="mailto:Daisy@chugachmiut.org">Daisy@chugachmiut.org</a>	<b><u>Tanana Chiefs</u></b> Elise Alexander HR Generalist/TCC 122 1st Avenue Fairbanks, AK 99701 PH: (907) 452-8251 ext: 3259 Cell: (907) 347-2220 1-800-478-6822 <a href="mailto:elise.alexander@tananachiefs.org">elise.alexander@tananachiefs.org</a>  Point of Contact for the Fire Crew Jolene Bante PH: (907) 452-8251 ext. 3472 <a href="mailto:Jolene.bante@tananachiefs.org">Jolene.bante@tananachiefs.org</a>
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### **AGENCY CREW - UNIVERSITY OF ALASKA (UAF) FAIRBANKS**

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

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

### Alaska Fire Service (AFS) Crew Time Hiring/Payroll Paperwork

Please scan/email OF-288's/hire paperwork to Alaska Fire Service using Form 4 below to:

Alaska Fire Service  
P.O. Box 35005  
Fort Wainwright, AK  
99703-0005  
Attention: Financial Service  
PH: (907) 356-5579  
Fax: (907) 356-5784  
[blm\\_ak\\_afs\\_casualhire@blm.gov](mailto:blm_ak_afs_casualhire@blm.gov)  
[Processing Incident Time Reports for Casuals](#) (Form 4)

- Please enter the Federal Fire Financial Code into EISuite for OF-288's
- DO NOT insert AK Fire Numbers on their OF-288
- Use "Form 4": Processing Incident Time Reports for Casuals" as the cover sheet when emailing OF-288/hire paperwork
- See "[OF-288 Example](#)" (Form 3)
- Originals go to employee

INCIDENT TIME REPORT															1. Hired At (e.g., ID-BOF)					
2. Employee Common Identifier					3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input type="checkbox"/> Other					4. Hiring Unit Name (e.g., Ranger District)										
5. Name (First, Middle, Last)										6. Hiring Unit Phone Number					7. Hiring Unit Fax Number					
Column A					Column B					Column C					Column D					
Same as Column					Same as Column					Same as Column					Same as Column					
8. Incident Name					8. Incident Name					8. Incident Name					8. Incident Name					
9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					
10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			
12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		
15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	
Year	2022		16. Total Hours		Year	2022		16. Total Hours		Year	2022		16. Total Hours		Year	2022		16. Total Hours		
In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel															17. Total Hours (all columns):					
18. Commissary and Travel										For Payment Center use only										
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement		18e. Deduction		18f. Firecode											
Total					\$		\$				20. Employee Signature									
19. Remarks										21. Time Officer Signature										
																				NOTE: The above items are correct and proper for payment from available appropriations.



## HAZARD PAY WORKSHEET

NAME: LAST, FIRST MI

EID#: XXXXXX

PAY PERIOD ENDING: \_\_\_\_\_

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

[illegible]

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

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

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

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

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

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



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

(there must be a doc ID here. You make up one if there is none.)

EX: NRO EFF 7052022-1

INCIDENT TIME REPORT															1. Hired At (e.g., ID-BOF)				
2. Employee Common Identifier Emp ID or NEW (if no Emp ID)					3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other					4. Hiring Unit Name (e.g., Ranger District)									
5. Name (First, Middle, Last) Santa Clause										6. Hiring Unit Phone Number					7. Hiring Unit Fax Number				
Column A					Column B					Column C					Column D				
8. Incident Name McCash					8. Incident Name					8. Incident Name					8. Incident Name				
9. Incident Order Number (e.g., ID-BOF-000123) CA-SRF-000651					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)				
10. Fire Code (e.g., B2C5) 7313714300		11. Resource Request Number (e.g., O-33) O-254			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)		
12. Position Code (e.g., FFT2-T) RADO		13. AD Class 4	14. AD Rate \$17.74		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate	
15. Home/Hiring Unit Accounting Code 7313714300					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code				
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours
7	5	0800	1200	4															
7	5	1230	1630	4															
Year 2022	16. Total Hours 8				Year	16. Total Hours				Year	16. Total Hours				Year	16. Total Hours 8			
In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel															17. Total Hours (all columns):				
18. Commissary and Travel															For Payment Center use only  If no employee sig available, write in: "Unavailable for Signature" and then obtain the sig ASAP and resend to payroll ASAP				
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement		18e. Deduction		18f. Firecode										
Total					\$		\$												
19. Remarks															20. Employee Signature MUST HAVE SIGNATURE				
															21. Time Officer Signature MUST HAVE SIGNATURE				
															NOTE: The above items are correct and proper for payment from available appropriations.				

## Attachment C: Processing Incident Time Reports for Casuals

### TRANSMITTAL SHEET

Date:

From:

Subject: Incident Time Reports and/or Hiring Documents

To: [blm\\_ak\\_afs\\_casualhire@blm.gov](mailto:blm_ak_afs_casualhire@blm.gov)

Unique Unit "Batch" Number to track this payroll submission: \_\_\_\_\_

(Use Incident/Fire number followed by sequential number; i.e., ID-BOF-000006-001 for the first batch, ID-BOF-000006-002 for the second batch and so forth. For Incidents/Fires with multiple teams assigned, please incorporate the team name in the batch)

List of casual names submitted (attach list for more than 3): \_\_\_\_\_

Number of individuals with OF-\*288s in this transmittal: \_\_\_\_\_

Please provide your Team and Unit contact information below:

Incident team contact Name/email: \_\_\_\_\_ Phone#: \_\_\_\_\_

Incident team contact Name/email: \_\_\_\_\_ Phone#: \_\_\_\_\_

## GENERAL MESSAGE (ICS 213)

<b>1. Incident Name</b> (Optional):		
<b>2. To</b> (Name and Position):		
<b>3. From</b> (Name and Position):		
<b>4. Subject:</b>	<b>5. Date:</b> Date	<b>6. Time</b> HHMM
<b>7. Message:</b>		
<b>8. Approved by:</b> Name: _____ Signature: _____ Position/Title: _____		
<b>9. Reply:</b>		
<b>10. Replied by:</b> Name: _____ Position/Title: _____ Signature: _____		
<b>ICS 213</b>	Date/Time: Date _____	

## ICS 213

### General Message

**Purpose.** The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

**Preparation.** The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

**Distribution.** Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

#### Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	<b>Incident Name</b> (Optional)	Enter the name assigned to the incident. This block is optional.
2	<b>To</b> (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	<b>From</b> (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	<b>Subject</b>	Enter the subject of the message.
5	<b>Date</b>	Enter the date (month/day/year) of the message.
6	<b>Time</b>	Enter the time (using the 24-hour clock) of the message.
7	<b>Message</b>	Enter the content of the message. Try to be as concise as possible.
8	<b>Approved by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Signature</li><li>• Position/Title</li></ul>	Enter the name, signature, and ICS position/title of the person approving the message.
9	<b>Reply</b>	The intended recipient will enter a reply to the message and return it to the originator.
10	<b>Replied by</b> <ul style="list-style-type: none"><li>• Name</li><li>• Position/Title</li><li>• Signature</li><li>• Date/Time</li></ul>	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

**\*JUSTIFICATION FOR SHIFTS IN EXCESS OF 16 HOURS/2:1**

The following criteria has been determined to justify working shifts exceeding 16 hours and/or consecutive days that do not meet the 2:1 work rest guidelines.

**FIRE NAME:** \_\_\_\_\_ **FIRE#** \_\_\_\_\_

**EMPLOYEES**

NAME	NAME

\_\_\_\_\_ Shifts in excess of 16 hours/exceeding 2:1 on \_\_\_\_\_ (Date) was due to establishing initial control of the fire.

\_\_\_\_\_ Shifts in excess of 16 hours/exceeding 2:1 on \_\_\_\_\_ (Date) was due to dispatching manpower and resources during critical fire situation.

\_\_\_\_\_ Shifts in excess of 16 hours/exceeding 2:1 on \_\_\_\_\_ (Date) was due to emergency rescue work.

\_\_\_\_\_ Arduous travel. Travel on overtime necessary because suitable subsistence and lodging not available to remain until following day *(May be applicable when returning from fire.)*

\_\_\_\_\_ Travel time not administratively controllable. Required to return to home unit as quickly as possible and by most expedient method because of fire situation. *(May be applicable when returning from fire detail assignment.)*

\_\_\_\_\_ Other:

\_\_\_\_\_ Mitigation measures used to reduce fatigue: As Per Redbook page 157, all personnel resumed normal 2:1 schedule the following operational period.

X \_\_\_\_\_  
**Incident Commander (Requestor)**

**Operational Duty Officer (Approver):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Method of Contact:** ☐ Phone ☐ In person

**Official Document for Extended Work Shift  
and/or  
Deviation from 23:1 Work Rest Policy**

Date:	Time:	Incident Number:	Incident Name:	Unit:
Incident Type:	Operational Period:	Incident Commander:	IC Type (1-5)	

**Justification**

Name of Individuals(s) or Crew:		

**Description of Situation: (Y)**

Shifts in excess of 16 hours on \_\_\_\_\_ was due to:

- ☐ Travel time not administratively controllable.
- ☐ Mobilization and travel of resources to incident location or relocation to incident facilities.
- ☐ Establishing and maintaining administrative, planning, and logistical support for incident.
- ☐ Evacuation, triage, structure protection, or emergency rescue.
- ☐ Establishing initial control of lines of the fire.
- ☐ Extended attack efforts to control potentially devastating incident activity.
- ☐ Incident unable to provide personnel with adequate food and lodging.
- ☐ Other/Additional:

Extended hour(s):	Date:	Work Hours:	Total Hours:
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**Rational: (Y)**

- ☐ Emergency mobilization of resources to and from incident or facilities.
- ☐ Efforts required setting up, supporting, and undertaking incident control actions.
- ☐ Imperative operational defensive actions to prevent loss of life, resources and property damage.
- ☐ Extenuating circumstances resulted in personnel being left on-location without food and lodging.
- ☐ Other/Additional:

**Mitigation Measures**

**Actions taken to reduce impact on firefighter safety and reduce fatigue: (Y)**

- ☐ Rest extended into the following operational period. Hours adjusted \_\_\_\_\_ On shift by: \_\_\_\_\_
- ☐ Other:

Mitigation hour(s)	Date:	Hours:	Total Hours:
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\_\_\_\_\_  
**Incident Supervisor**







<b>State of Alaska</b>		<b>Reimbursable Services Agreement</b>		ORIGINAL <input type="checkbox"/>	AMENDMENT # <input type="checkbox"/>																																													
<b>Payment Process</b> <input type="checkbox"/> Internal Exchange Trans (IET) <input type="checkbox"/> Internal Trans Agreement (ITA) <input type="checkbox"/> Other _____																																																		
Requesting Agency (Buyer)		Results Delivery Unit (RDU)		Component	ADN #																																													
Servicing Agency (Seller)		Results Delivery Unit (RDU)		Component	ADN #																																													
<b>I. Project or program title:</b> <b>II. The servicing agency agrees to provide the requesting agency with the following service(s):</b> (Answer who, what, where, when, why and how cost estimates are derived. Use attachment if necessary.)           																																																		
Buyer Program Contact/Phone: _____		Seller Program Contact/Phone: _____																																																
<b>III. Terms and mechanics of reimbursement:</b> <input type="checkbox"/> Payment upon approval <input type="checkbox"/> Payment upon receipt of inter-agency billing <input type="checkbox"/> Payment upon completion of service(s) <input type="checkbox"/> Other (Specify) _____		<b>Buyer Vendor/Customer #:</b> _____ _____ _____ _____																																																
Commencement date _____		Completion date _____		Billing Email Address: _____	Phone # _____																																													
<b>IV. Servicing Agency cost based on:</b> <input type="checkbox"/> Itemized costs of service(s) provided <input type="checkbox"/> Cost allocation schedule (description of allocation methodology must be attached)																																																		
<b>V. Schedule of maximum costs to be incurred by the Servicing Agency:</b> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">Original Agreement</th> <th style="text-align: center;">Previous Amendment(s)</th> <th style="text-align: center;">This Amendment</th> <th style="text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>Personal Services</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____ 0.00</td> </tr> <tr> <td>Travel</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____ 0.00</td> </tr> <tr> <td>Services</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____ 0.00</td> </tr> <tr> <td>Commodities</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____ 0.00</td> </tr> <tr> <td>Capital Outlay</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____ 0.00</td> </tr> <tr> <td>Grants and Benefits</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____ 0.00</td> </tr> <tr> <td>Other</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ 0.00</td> </tr> <tr> <td><b>Total</b></td> <td><b>\$ _____ 0.00</b></td> <td><b>\$ _____ 0.00</b></td> <td><b>\$ _____ 0.00</b></td> <td><b>\$ _____ 0.00</b></td> </tr> </tbody> </table> <input type="checkbox"/> Servicing Agency may not change line items without approval of Buyer Agency							Original Agreement	Previous Amendment(s)	This Amendment	Total	Personal Services	\$ _____	\$ _____	\$ _____	\$ _____ 0.00	Travel	\$ _____	\$ _____	\$ _____	\$ _____ 0.00	Services	\$ _____	\$ _____	\$ _____	\$ _____ 0.00	Commodities	\$ _____	\$ _____	\$ _____	\$ _____ 0.00	Capital Outlay	\$ _____	\$ _____	\$ _____	\$ _____ 0.00	Grants and Benefits	\$ _____	\$ _____	\$ _____	\$ _____ 0.00	Other	_____	_____	_____	_____ 0.00	<b>Total</b>	<b>\$ _____ 0.00</b>	<b>\$ _____ 0.00</b>	<b>\$ _____ 0.00</b>	<b>\$ _____ 0.00</b>
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<b>VI. Budgeting and Accounting Information :</b> <b>Requesting Agency Authorization</b> <input type="checkbox"/> Capital <input type="checkbox"/> Operating <b>Financial coding to be charged</b> Buyer Dept _____ AR _____ Fund _____ Org Unit _____ Program _____ Task _____ Template _____ Activity _____ Location _____ Function _____ Exp Obj _____  (Open Item # or Doc ID # (RS, EN, or AJE) _____ (Format: Sec Ch SLA Pg Ln OR RPL # XX-X-XXXX) Federal funds <input type="checkbox"/> No <input type="checkbox"/> Yes, Amount _____ <b>Appropriation Cite</b> _____ Federal Pass Through: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ <b>Appropriation Cite</b> _____ Federal Agency/Program/CFDA/Grant/Contract No. _____ <b>Date funds lapse</b> _____																																																		
<b>Servicing Agency Authorization</b> Is this agreement using budgeted authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes AR _____ Fund _____ Org _____ RR _____ Program _____ Other _____ Template _____ AR _____ Fund _____ Org _____ RR _____ Program _____ Other _____ Template _____				<b>Seller Vendor/Customer #</b> _____ <b>Seller Dept</b> _____																																														
<b>VII: Approvals &amp; Certification:</b> The buyer agency and seller agency agree to the terms and conditions above. In addition, the buyer agency certifies that sufficient funds are encumbered to pay this obligation or that there is sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be take up to and including dismissal.																																																		
Requesting Agency Authorized Signature		Printed Name		Date																																														
Servicing Agency Authorized Signature		Printed Name		Date																																														
Requesting ASD Authorized Signature		Printed Name		Date																																														

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

NSN 7540-01-119-562850297-102

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

**LETTER OF AGREEMENT**  
between the  
**STATE OF ALASKA**  
and the  
**ALASKA STATE EMPLOYEES ASSOCIATION**  
representing the  
**GENERAL GOVERNMENT UNIT**  
  
**DNR All-risk Response Activities; Compensation**  
  
**20-GG-006 (Amended)**

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

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

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

During such assignment, with required approvals, a bargaining unit member shall receive compensation at the annualized hourly rate for each hour of work in excess of seven and one-half (7:30) hours of work in any one shift and thirty-seven and one-half (37:30) hours of work and less than forty (40) hours of work in the workweek, and shall receive compensation at one and one half (1.5) times the annualized hourly rate of pay for each hour of work in excess of eight (8) hours of work in any one shift and forty (40) hours of work in the workweek.

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

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

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

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

This Agreement as amended supersedes LOA 17-GG-197 and shall be effective ~~July 1, 2019~~ upon signing through June 30, 2022, except that it may be canceled by either party with fifteen (15) calendar day's written notice.

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

**FOR THE STATE OF ALASKA:**

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

8/28/2020

Date

**FOR ASEA/AFSCME Local 52:**

Jake Metcalfe  
Jake Metcalfe  
Executive Director

8/27/2020  
Date

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

**DNR All-risk Response Activities; Compensation**

**22-SS-001**

It is agreed and understood between the parties that the following terms and conditions of employment apply to all Supervisory Unit employees, at Ranges 24 and below, that are exempt from the Fair Labor Standards Act (FLSA). No provision of the master agreement not specifically referenced herein is modified by this agreement.

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

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

During such assignment, with required approvals, an employee shall receive compensation at one and one half (1.5) times the annualized hourly rate of pay for each hour of work in excess of eight (8) in any one shift AND forty (40) hours of work in the workweek.

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

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

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

This Agreement supersedes LOA 21-SS-065, and shall be effective July 1, 2021 through June 30, 2024, except that it may be canceled by either party with fifteen (15) calendar day's written notice.

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

**FOR THE STATE OF ALASKA:**

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

06/30/2021

Date

**FOR APEA/AFT (AFL-CIO):**

Brian Penner  
Brian Penner  
Business Manager

6/24/21  
Date

**MEMORANDUM**  
DEPARTMENT OF NATURAL RESOURCES

**STATE OF ALASKA**  
DIVISION OF FORESTRY  
CENTRAL OFFICE

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

**DATE:** August 17, 2007

**PHONE:** 451-2666

**FROM:** Chris Maisch  
State Forester

**SUBJECT:** Forestry Work  
Under a Helicopter

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

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

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

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

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

cc: Forestry Management Team  
Norm McDonald, Acting MSAO FMO






**MEMORANDUM**  
Department of Natural Resources

**STATE OF ALASKA**  
Forestry / Central Office

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

DATE: April 13, 2018

TELEPHONE: 269-8476

FROM: Dean Brown   
Deputy Director

SUBJECT: Employee signatures, and other supporting  
documents for timesheets

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

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

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

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

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

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



# MEMORANDUM

Department of Natural Resources

STATE OF ALASKA  
Division of Forestry

TO: Division of Forestry Staff

DATE: February 23, 2022

TELEPHONE: 269-8474

FROM: Helge Eng  
Director

SUBJECT: OF-288 and CTR  
Requirements

In recent state legislative audits, there were questions about completion and submission of OF-288s and CTRs. To help clarify the auditors' concerns, we worked with our federal agency partners on the wording in the 2020-2025 Alaska Master Cooperative Wildland Fire Management and Stafford Act Response Agreement (Master Agreement). In the Master Agreement, Section VII. Source Documentation, it states:

"Accounting records for each incident must be supported by source documentation such as cancelled checks, paid bills, time and attendance records, contract or sub-award documents, etc. Such documents must be made available to the Federal agency upon request."

This means that Division of Forestry personnel do not need to create, maintain, and/or submit OF-288s and CTRs for initial attack fires in Alaska. It also means that Division of Forestry personnel that serve in support roles on project fires in Alaska do not need to create, maintain, and/or submit OF-288s and CTRs. Your state timesheet will serve as adequate source documentation for these situations.

If you are assigned to an extended attack or project fire (Type 1, 2, or 3) via an individual resource order, you will need to include OF-288s and CTRs in addition to your state timesheet as source documentation.



# MEMORANDUM

## DEPARTMENT OF NATURAL RESOURCES

# State of Alaska

## FORESTRY STATE OFFICE

TO: DOF Staff

DATE: May 10, 2017

FILE NO: 2167

FROM: John "Chris" Maisch  
Director and State Forester

TELEPHONE NO.: (907) 451-2666

SUBJECT: Fatigue Management Policy

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

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

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

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

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

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

## Fire Assignments:

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

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

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

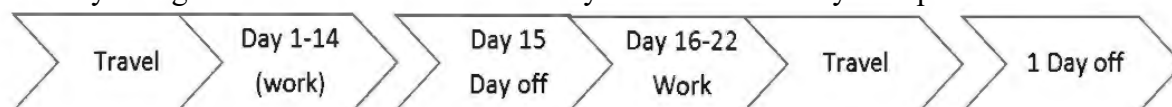
### Assignment Timeframes:

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

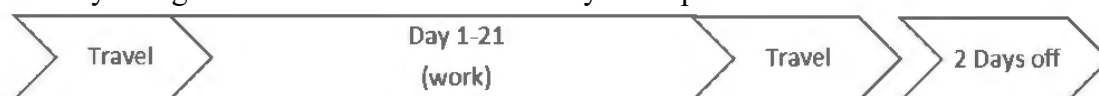
14-Day Assignment exclusive of travel: 1 day off upon return



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



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



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







**MEMORANDUM**  
Department of Natural Resources

**STATE OF ALASKA**

Support Services Division  
Human Resources Section

TO: Administrative Managers  
Administrative Assistants

DATE: 2 February 2000

PHONE: 465-2463

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

SUBJECT: Call Back – Contiguous Hours

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

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

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

Here's an example:

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

The employee is paid as follows:

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

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

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

## OF288 Final Documentation Matrix

RESOURCE	ORIGINAL 288	1 <sup>ST</sup> COPY 288	2 <sup>ND</sup> COPY 288
Forest Service AD's	Give Original to Employee (copy will be emailed to ABQ for payment)	<b>For Payment Processing</b> <b>Email to SM.FS.asc_ipc@usda.gov</b>  Albuquerque Casual Pay: <b>Fax:</b> 1-866-816-9532 <b>Mail Address:</b> 5141 Masthead NE Albuquerque, NM 87109  505-563-7336	File Copy in Finance Final Fire Package (FFP)
DOI AD's Single Resource	Give to employee to take back to their home unit for processing.	Give to Employee	File in Finance Final Fire Package (FFP)
State of Alaska EFF's Single Resource or Crews	Give to employee to take back to their home unit for processing.	Give to Employee	File in Finance Final Fire Package (FFP)
Alaska AD Crews TAD, UYD & GAD	Send to appropriate <u>Zone Admin</u> to process for payment.	Give to Crew Members	File in Finance Final Fire Package (FFP)
Alaska Local AD Hire	Sent to appropriate <u>Zone Admin</u> to process for payment.	Give to Employee	File in Finance Final Fire Package (FFP)
Regular Fed. Employees	Give to employee to take back to their home unit for processing.	File in Finance Final Fire Package (FFP)	N/A
Regular State of Alaska Employee	Give to employee to take back to their home unit for processing.	File in Finance Final Fire Package (FFP)	N/A

**\*\*Unless a Forest Service AD, There should never be Original OF288's left in the Final Fire Package. If an employee DEMOB's w/out their original, do not file it in the FFP. Notate it in pending issues document and give to Zone Admin\*\***

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

**Division of Forestry; Meal Breaks**

**20-GG-005**

It is agreed between the parties that the following terms and conditions of employment will apply to Department of Natural Resources, Division of Forestry employees while working in support of wildland fire activities. No provision of the July 1, 2019 through June 30, 2022 master agreement not specifically referenced herein is modified by this agreement.


1. **Article 23.02 (A) and (E)**, shall be amended to read:  
A. An additional lunch period of thirty (30) minutes shall be allowed when a bargaining unit member works continuously for two (2) hours or more in addition to the normal shift. Another additional lunch period of thirty (30) minutes shall be allowed when a bargaining unit member works continuously for more than 11.75 hours.

E. A bargaining unit member who works under an alternate workweek agreement shall be subject to the provisions of 23.02 A & B. An additional lunch period of thirty (30) minutes shall be allowed when a bargaining unit member works continuously for more than 4.25 hours in addition to their normal shift.

This agreement supersedes LOA 17-GG-129. This agreement is effective July 1, 2019 and remains in effect through June 30, 2022, except that it may be canceled by either party with fifteen (15) days written notice.

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

**FOR THE STATE OF ALASKA:**

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

8/2/19  
\_\_\_\_\_  
Date

**FOR ASEA/AFSCME Local 52:**

  
\_\_\_\_\_  
Jake Metcalfe  
Executive Director

8/1/2019  
\_\_\_\_\_  
Date

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

**DNR Forestry & All-Risks Response Activities;  
Overtime Compensation Timesheet Recording**

**22-SS-002**

It is agreed and understood between the parties that the following terms and conditions of employment apply to all overtime eligible bargaining unit members who are employed in the Division of Forestry within the Department of Natural Resources (DNR) AND to all other overtime eligible bargaining unit members (whether eligible under the master agreement or under LOA 22-SS-002) who are assigned to an Incident Resource Order for the purposes of all-risks emergency response. No provision of the master agreement not specifically referenced herein is modified by this agreement.

1. Article 25.3 shall be amended as follows:
  - a) Overtime eligible bargaining unit members employed in the Division of Forestry shall record overtime on the member's timesheet for all work in excess of eight (8) hours of work in any one shift AND forty (40) hours of work in any one week to receive one and one-half (1.5) times the basic rate of pay.
  - b) Any overtime eligible bargaining unit members who are assigned to an Incident Resource Order for the purpose of all-risks emergency response shall record overtime on the member's timesheet for all work associated with the all-risks emergency response in excess of eight (8) hours of work in any one shift AND forty (40) hours of work in any one week to receive one and one-half (1.5) times the basic rate of pay.
2. Overtime pay or other premium pay shall not be pyramided or duplicated. Hours paid at the rate of one and one-half (1.5) the appropriate rate of pay for any reason shall be credited only once in the calculation of hours in the workweek.

This agreement supersedes LOA 20-SS-143 and is effective July 1, 2021 through June 30, 2024, except that it may be canceled by either party with fifteen (15) days written notice. This agreement is entered into solely to address the specific circumstance of this particular situation. It does not establish any practice or precedent between the parties. This agreement shall not be referred to in any other dispute, grievance, arbitration, hearing or any forum, except as may be necessary for execution of its terms.

**FOR THE STATE OF ALASKA:**

for *Jared Goecker*  
Kate Sheehan, Director  
Division of Personnel & Labor Relations  
Department of Administration

06/30/2021

Date

**FOR APEA/AFT (AFL-CIO):**

*Brian Penner*  
Brian Penner  
Business Manager

6/24/21  
Date



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

**DNR Forestry & All-Risk Response Activities  
Overtime Compensation**

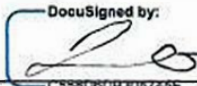
**20-GG-142**

It is agreed between the parties that the following terms and conditions of employment apply to all overtime eligible bargaining unit members who are employed in the Division of Forestry within the Department of Natural Resources (DNR) and overtime eligible bargaining unit members employed within DNR who are assigned to an Incident Resource Order for the purpose of all-risk emergency response. No provision of the July 1, 2019 through June 30, 2022 master agreement not specifically referenced is modified by this agreement.

1. Article 22.02 (B) shall be amended as follows:
  - a. DNR overtime eligible bargaining unit members employed in the Division of Forestry shall receive overtime for all work in excess of seven and one-half (7:30) hours of work in any one shift and thirty-seven and one-half (37:30) hours of work in any one week, at one and one-half (1.5) times the basic rate of pay.
  - b. Any DNR overtime eligible bargaining unit members who are assigned to an Incident Resource Order for the purpose of all-risk emergency response shall receive overtime for all work associated with the all-risk emergency response in excess of seven and one-half (7:30) hours of work in any one shift and thirty-seven and one-half (37:30) hours of work in any one week, at one and one-half (1.5) times the basic rate of pay.
2. Overtime pay or other premium pay shall not be pyramided or duplicated. Hours paid at the rate of one and one-half (1.5) the appropriate rate of pay for any reason shall be credited only once in the calculation of hours in the workweek.

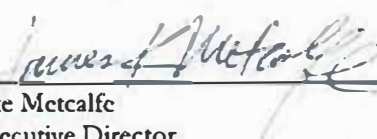
This agreement is effective upon signing and remains in effect through June 30, 2022, except that it may be canceled by either party with fifteen (15) days written notice. This agreement is entered into solely to address the specific circumstances of this particular situation. It does not establish any practice or precedent between parties. This agreement will not be referred to in any other dispute, grievance, arbitration, hearing, or any other forum, except as may be necessary for the execution of its terms.

**FOR THE STATE OF ALASKA:**

DocuSigned by:  
  
C359D60B306749F...  
Kate Sheehan, Director  
Division of Personnel & Labor Relations  
Department of Administration  
5/13/2020

Date

**FOR ASEA/AFSCME Local 52:**

  
Jake Metcalfe  
Executive Director  
May 13, 2020

Date

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

DNR, Division of Forestry, Wildland Fire Activities; Meal Breaks

19-SS-037

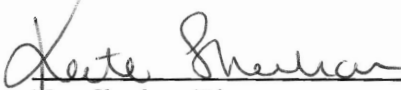
It is agreed between the parties that the following terms and conditions of employment will apply to Department of Natural Resources, Division of Forestry employees while working in support of wildland fire activities. No provision of the July 1, 2018 through June 30, 2021 master agreement not specifically referenced herein is modified by this agreement.

1. **Article 13.2 (A) and (E) Additional Meal Break**, shall be amended to read:
  - A. One additional lunch period of thirty (30) minutes shall be allowed when a bargaining unit member works continuously for ten (10) hours or more and another additional lunch period of thirty (30) minutes shall be allowed when a bargaining unit member works continuously for twelve (12) hours or more.
  - E. A bargaining unit member covered under an alternate workweek agreement will receive one additional lunch period of thirty (30) minutes when they work continuously for two (2) hours or more after their normal scheduled hours for that day and another additional lunch period of thirty (30) minutes shall be allowed when a bargaining unit member works continuously for four (4) hours or more after their normal scheduled hours for that day. A bargaining unit member who works under an alternate workweek agreement shall be subject to the provisions of 13.2.B.

This agreement supersedes LOA 17-SS-207 and shall be effective July 1, 2018 through June 30, 2021, except it may be canceled by either party with fifteen (15) calendar days written notice.


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

FOR THE STATE OF ALASKA:

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

6/21/18  
\_\_\_\_\_  
Date

FOR APEA/AFT (AFL-CIO):

  
\_\_\_\_\_  
Pete Ford  
Business Manager

2/2/18  
\_\_\_\_\_  
Date

## Chapter 3 - Commissary

### PURPOSE

This chapter covers the types of commissary allowed by the State of Alaska Division of Forestry (DOF), including Emergency Commissary in the Lower 48.

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. All commissary for State employees is paid for by the individual or through payroll deduction posted to the employees' [OF-288](#) (Form 4). All commissary purchases must be documented.

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

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

Locals or persons working at their point-of-hire cannot utilize commissary unless they are actually camped at the incident and cannot go home. The Incident Agency is responsible for providing direction to the Incident Management Team (IMT) regarding availability of emergency commissary and agency-specific requirements regarding commissary items and documentation. To that end, commissary items must be pre-approved by the Incident Commander (IC)/Safety Officer. Any other items require approval by Regional Administrative Officer before ordering.

All commissary will be purchased through payroll deduction and posted to the employee's EFF [OF-288](#) (Form 4) prior to their release from the assignment. Commissary items will be sold at actual cost. Commissary will not be allowed for anyone scheduled for demobe.

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

### EMERGENCY COMMISSARY

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

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

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

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

## **PROCUREMENT OF COMMISSARY**

### **Purchase and Delivery**

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

### **Inventory**

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

### **Distribution**

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

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

Other things to bear in mind:

- Have the original order from the Crew Boss in hand in case any questions arise.
- Individuals should examine items when they are received.
- Boots should be tried on to ensure proper fit.
- All employees must sign the [Commissary Issue Record](#) (Form 1).

### Returns

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

### **ACCOUNTABILITY**

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

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

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


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COMMISSARY ISSUE RECORD										1. FIRE LOCATION		2. FIRE NAME		3. FIRE NO	
										4. FIRE CAMP NAME		5. FIRE CAMP NO.		6. DATE	
8. COMMODITY →								9. TOTAL COST	10. CREW IDENT.	11. PURCHASER'S NAME (Print) AND SIGNATURE		12. I.D. No. (from OF—288 Emergen- cy F.F. Time Re- port)			
A	UNIT PRICE									SIGNATURE		I.D. NO.			
	QUANTITY											INITIALS			
	SUB-TOTAL														
B	UNIT PRICE									SIGNATURE		I.D. NO.			
	QUANTITY											INITIALS			
	SUB-TOTAL														
C	UNIT PRICE									SIGNATURE		I.D. NO.			
	QUANTITY											INITIALS			
	SUB-TOTAL														
D	UNIT PRICE									SIGNATURE		I.D. NO.			
	QUANTITY											INITIALS			
	SUB-TOTAL														
E	UNIT PRICE									SIGNATURE		I.D. NO.			
	QUANTITY											INITIALS			
	SUB-TOTAL														
F	UNIT PRICE									SIGNATURE		I.D. NO.			
	QUANTITY											INITIALS			
	SUB-TOTAL														
G	UNIT PRICE									SIGNATURE		I.D. NO.			
	QUANTITY											INITIALS			
	SUB-TOTAL														
H	UNIT PRICE									SIGNATURE		I.D. NO.			
	QUANTITY											INITIALS			
	SUB-TOTAL														
I	UNIT PRICE									SIGNATURE		I.D. NO.			
	QUANTITY											INITIALS			
	SUB-TOTAL														
J	UNIT PRICE									SIGNATURE		I.D. NO.			
	QUANTITY											INITIALS			
	SUB-TOTAL														

NSN 7540-01-120-4063

Original – Commissary

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

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



# COMMISSARY PHYSICAL INVENTORY

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

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

Beginning Balance \_\_\_\_\_

Value of Stock Issued \_\_\_\_\_

Balance \_\_\_\_\_

Value of Stock on Hand \_\_\_\_\_

Difference +/- \_\_\_\_\_

INCIDENT TIME REPORT															1. Hired At (e.g., ID-BOF)														
2. Employee Common Identifier					3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input type="checkbox"/> Other					4. Hiring Unit Name (e.g., Ranger District)																			
5. Name (First, Middle, Last)										6. Hiring Unit Phone Number					7. Hiring Unit Fax Number														
Column A					Column B					Column C					Column D														
Same as Column					A					Same as Column					A   B					Same as Column					A   B   C				
8. Incident Name					8. Incident Name					8. Incident Name					8. Incident Name														
9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)														
10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)												
12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate			12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate			12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate			12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate												
15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code														
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours										
Year    2022	16. Total Hours				Year    2022	16. Total Hours				Year    2022	16. Total Hours				Year    2022	16. Total Hours													
In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel															17. Total Hours (all columns):														
18. Commissary and Travel															For Payment Center use only														
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement		18e. Deduction		18f. Firecode																				
Total					\$		\$				20. Employee Signature																		
19. Remarks										21. Time Officer Signature																			
															NOTE: The above items are correct and proper for payment from available appropriations.														

## Chapter 4 – Compensation for Injury

### PURPOSE

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

### INJURY NOTIFICATION

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 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

The State of Alaska does not have any type of [Agency Provided Medical Care \(APMC\)](#) (Appendix F) available.

### CONFIDENTIALITY

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

### 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 medic will need to obtain a doctor's work release.

### COVERAGE

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

### WORK INJURIES/ILLNESSES GENERALLY COVERED

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

## CONDITIONS WHICH MAY VOID COVERAGE OF WORKERS COMPENSATION

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

## PROVIDER CONTACTS

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

**Penser North America Inc.**

**P.O. Box 241148**

**Anchorage, Alaska 99524**

**Toll free: 1-844-463-2727**

**Phone: (907) 313-7650**

**Fax: (907) 302-3803**

**[www.pensernorthamerica.com](http://www.pensernorthamerica.com)**

**Amber Treston-Claims Administrator: (907) 465-2184**

**Marie Lam-Risk Management (Light duty Return to Work Coordinator):  
(907) 465-2181 (Medical documentation goes to Marie)**

**Worker's Compensation Contact:** [doa.dop.roi@alaska.gov](mailto: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 AND 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 \(Form 1\)](#)  
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 \(Form 2\)](#)  
Completed by Incident Supervisor.
- [Employer Report of Occupational Injury or Illness 07-6101 \(Form 3\)](#)  
May be started by the Incident but is completed by the Home Unit. This form must be submitted to Worker's Comp within 10 days after a supervisor has knowledge that the employee has had or is claiming injury or illness due to work (do not wait for the employee to fill out the [Employee Report of Occupational Injury or Illness to Employer 07-6100 \(Form 1\)](#)). (Failure to file forms and supporting documentation within the required time may subject the Area/Region's operating budget to a penalty equal to 20% of the amount of compensation payable to the injured employee.)

- [Physician's Report 07-6102 \(Form 4\)](#)  
If this form is used, it must be signed by a Physician. NOT A PA.
- [Injury Illness Info for Safety Officer \(Form 5\)](#)  
Completed by Home Unit.
- [Authorization for Treatment memo \(Form 6\)](#)  
Give to Health Care Provider.
- [State of Alaska Workers' Compensation Notice to Employees \(Appendix E\)](#)  
Provided to eligible State employees (does not apply to EFF).

### **ROUTING OF INITIAL CLAIM FORMS - by the Home Unit**

- Division of Worker's Compensation at [doa.dop.roi@alaska.gov](mailto:doa.dop.roi@alaska.gov)  
[Employee Report of Occupational Injury or Illness to Employer 07-6100 \(Form 1\)](#)  
[Employer Report of Occupational Injury or Illness 07-6101 \(Form 3\)](#)
- Safety Officer, Regional Forester or equivalent Manager, Region Office  
[Supervisor's Accident Investigation Report 02-932 \(Form 2\)](#)  
[Injury Illness Info for Safety Officer \(Form 5\)](#)

### **Follow up Information**

- Any follow up medical documentation after initial appointment, [Physician Report 07-6102 Form 4](#) or return to work notes from the physician must be scanned to the following address: [DOA.DRM.Penser@alaska.gov](mailto:DOA.DRM.Penser@alaska.gov) and [Marie.lam@alaska.gov](mailto:Marie.lam@alaska.gov)

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

### **Incident Supervisor's Responsibility**

- Be sure the employee has been provided first aid and/or medical treatment if needed.
- Assure the completion of [Employee Report of Occupational Injury or Illness to Employer 07-6100 \(Form 1\)](#) by the injured employee, work comp specialist, supervisor, finance unit, or agency admin.
- The supervisor must complete a [Supervisor's Accident Investigation Report 02-932 \(Form 2\)](#). This form will be submitted with the original [Employee Report of Occupational Injury or Illness to Employer 07-6100 \(Form 1\)](#) and will be included in the injury package sent to the Finance Section or Home Unit Admin, whichever is applicable.

At no time should an employee comment on the likelihood of a claim being covered other than to inform the injured or ill party of their financial liability if the claim is determined not to be work related. Final determination of work-related validity is the responsibility of the Adjustor. It is important that an employee is forewarned that they may be liable for any medical costs incurred if the injury/illness is determined NOT to be work-related.

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

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

### CHUGACHMIUT CREWS

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 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 <a href="mailto:Daisy@chugachmiut.org">Daisy@chugachmiut.org</a> Any questions during normal work hours should go to Daisy	After Hours/Weekends Robert Lacy (907) 562-4155 <a href="mailto:robert@chugachmiut.org">robert@chugachmiut.org</a>
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### 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 [Employee Report of Occupational Injury or Illness to Employer 07-6100 \(Form 1\)](#) and scan to TCC, then mail original to:

Elise Alexander HR Generalist/TCC 122 1st Avenue Fairbanks, AK 99701 (907) 452-8251 Ext: 3259 Cell: (907) 347-2220 <a href="mailto:elise.alexander@tananachiefs.org">elise.alexander@tananachiefs.org</a> Any questions during normal work hours should go to Elise.	Point of Contact for the Fire Crew Jolene Bante (907) 452-8251 Ext: 3472 <a href="mailto:Jolene.bante@tananachiefs.org">Jolene.bante@tananachiefs.org</a>
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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](mailto:jliddle@alaska.edu)  
Phone: (907) 474-6490  
Fax: (907) 474-5208

**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 PCard may be used to purchase the medication.
  - \* *The cardholder must then:*
    1. Request a Resource Order (S#) from the Incident for the purchase.
    2. Inform the Incident Finance Section that the cost of the medication is to be entered on the injured/ill employees' [OF-288 \(Form 7\)](#) as a payroll deduction (they will need a copy of the receipt).
    3. Make sure that the charge is showing up on the employees' [OF-288 \(Form 7\)](#) as a payroll deduction (if regular State employee, must be noted on timesheet as well).
    4. 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:*
    1. Turns in the receipt to the adjustor for reimbursement.

## STATE OF ALASKA CREWS OR EMPLOYEES ON OUTSIDE ASSIGNMENT

[Federal Agency Provided Medical Care \(APMC\)](#) (Appendix F) may be utilized for State of Alaska employees and crews on a federal or out-of-state assignment. Refer to the [NWCG Standards for Interagency Incident Business Management PMS 902](#) for explanation of APMC coverage and forms required.

All State of Alaska employees must fill out the [Employee Report of Occupational Injury or Illness to Employer Form 07-6100](#) (Form 1) if they seek any medical treatment, have a work-related injury or illness, or use [Federal Agency Provided Medical Care \(APMC\)](#) (Appendix F). If [APMC](#) is utilized, [Employee Report of Occupational Injury or Illness to Employer Form 07-6100](#) (Form 1) should clearly specify at the top, “**APMC UTILIZED**” to avoid duplicate payment. Any federal or medical forms filled out (i.e. physician’s statement) should be attached to the original [Employee Report of Occupational Injury or Illness to Employer Form 07-6100](#) (Form 1).

## AUTHORIZATION LETTER FROM THE DIRECTOR OF THE DIVISION OF FORESTRY (Form 6)

The intent of this letter is to show authorities and medical providers that State of Alaska Workers Compensation will cover Alaskan crews and overhead on fires in Alaska, Canada, and the Lower 48 for work-related injuries or illnesses.

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

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

## 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 Contract-[ANMC](#) (Appendix A) and Tanana Chiefs-[TCC](#) (Appendix B) have strict guidelines for what they will cover and what they will not cover. Please refer to the [crew list](#) (Appendix C) to determine which agency is medically responsible for the employee.

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



When receiving treatment by a non-Indian Health Services Provider or as soon as possible afterwards, contact the [TCC](#) (Appendix B) or the [ANMC](#) (Appendix A), 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](#) (Appendix A) or [TCC](#) (Appendix B). 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 [Employee Report of Occupational Injury or Illness to Employer Form 07-6100](#) (Form 1) may 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. All paperwork must be sent to the DOF Home Unit point of contact listed above..

### **FEDERAL WORKER'S COMPENSATION CLAIMS DISTRIBUTION**

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

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

<u>Alaska Fire Service</u> Financial Services P.O. Box 35005 Ft. Wainwright, AK 99703 Phone: (907) 356-5786 Fax: (907) 356-5789	<u>Other BLM Employees</u> Fax the forms to the home unit within 48 hours.	<u>US Forest Service</u> Fax and mail the original to: Fax: (866) 339-8583 US Forest Service, ASC-HRM-Annex Attn: Workers' Compensation 3900 Masthead St. NE Albuquerque, NM 87109
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If you have any questions, please call the Forest Service Workers' Comp office at (877) 372-7248 and press 2, option 2, during the hours of 7am and 6pm, Monday through Friday, Mountain Time.

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

1.	Chugach Duty Officer	(907) 743-9433
2.	Eric Stahlin	(907) 743-9435 Cell (907) 240-1208
3.	Kevin Martin	(503) 703-4334

If the injured is a Chugachmiut employee, please call Robert Lacy @ (907) 562-4155, [robert@chugachmiut.org](mailto:robert@chugachmiut.org).

For a Tongass National Forest employee, contact (907) 772-5879 or cell: (907) 209-2446

## **Burn Injury Protocol**

### **See Appendix D**

# EMPLOYEE REPORT OF OCCUPATIONAL INJURY OR ILLNESS TO EMPLOYER

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

<b>1. Employee Name Last*</b>				<b>First*</b>		<b>Middle</b>		<b>Suffix</b>	
<b>2. Mailing Address &amp; Telephone Number*</b>					<b>3. Date of Birth*</b>			<b>4. Date of Death</b>	
					<b>5. Social Security Number*</b>			<b>6. Gender Code</b> <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U	
<b>City*</b>		<b>State*</b>		<b>Zip Code*</b>		<b>7. Marital Status</b> <input type="checkbox"/> M-Married <input type="checkbox"/> S-Separated <input type="checkbox"/> U-Unmarried <input type="checkbox"/> K-Unknown			
<b>Country, if outside the United States</b>				<b>Telephone No.</b>					
<b>9. Date of Injury / Illness*</b>					<b>10. Time of Injury / Illness</b>		<b>11. Did Injury / Illness Occur on Employer's Premises?</b> <input type="checkbox"/> Y-Yes <input type="checkbox"/> N-No		
<b>12. Explain where injury / illness occurred</b>					<b>13. Employer Name*</b>				
<b>14. Describe Nature of Injury / Illness* (i.e., sprain, laceration, etc.)</b>					<b>15. Describe Part of Body Affected*</b>				
<b>16. Describe How the Injury / Illness Happened</b>									
<b>17. Injury / Illness Due to Machine/Product Failure?</b> DROP DOWN					<b>18. Mechanical Guard/Safeguards Provided?</b> DROP DOWN				
<b>19. List Any Machine/Substance/Object Causing Injury / Illness</b>					<b>20. If Machine What Part?</b>				
<b>21. Witness Name</b>					<b>Witness Business Phone Number</b>				
<b>22. Attending Physician Name &amp; Contact Information</b>					<b>23. Hospital Name &amp; Contact Information</b>				
<b>24. Initial Treatment*</b> <input type="checkbox"/> 0-No Medical Treatment <input type="checkbox"/> 1-Minor On-site Remedies by Employer Medical Staff <input type="checkbox"/> 2-Minor Clinic/Hospital Remedies and Diagnostic Testing <input type="checkbox"/> 3-Emergency Evaluation, Diagnostic Testing, and Medical Procedures <input type="checkbox"/> 4-Hospitalization Greater than 24 Hours <input type="checkbox"/> 5-Future Major Medical/Lost Time Anticipated									
<b>25. Employee Authorization to Release Medical Records*</b> <b>To all health care providers:</b> 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.									
<b>Employee Signature:</b>					<b>27. Date Signed</b>				
<b>26. If Employee Unavailable for Signature, Explain Circumstances in this Space</b>									

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

**ORIGINAL TO EMPLOYER IMMEDIATELY**

**COPY TO EMPLOYEE**

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

**STATE OF ALASKA**  
**SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

Name of Injured/Damaged Equipment/Property \_\_\_\_\_

Job or Activity at Time of Accident \_\_\_\_\_ Date of Accident \_\_\_\_\_

Exact Location \_\_\_\_\_ Time \_\_\_\_\_

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

2. **WHY DID IT HAPPEN?** \_\_\_\_\_ Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **OPERATION FACTORS TO BE CONSIDERED:**

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

  
\_\_\_\_\_

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

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

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

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

Cost of lost wage and medical expenses? ..... \_\_\_\_\_

Damage to State property or equipment? ..... \_\_\_\_\_

Damage to third parties, property and people? ..... \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Investigated By \_\_\_\_\_ Date \_\_\_\_\_

Unit/Division/Department \_\_\_\_\_

FORMS\INVESTIG – Form 02-932

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

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

<b>1. Employer Name*</b> State of Alaska 1003DNR-FOR			<b>2. Industry (NAICS) Code Required on New Claims*</b> See <a href="http://www.census.gov/cgi-bin/sssd/naics/naicsrch">http://www.census.gov/cgi-bin/sssd/naics/naicsrch</a>			115310		
<b>3. Employer Contact Name &amp; Telephone</b> XXXXXX 451-2675				<b>4. FEIN*</b> 926001185		<b>5. UI Number</b> 588997		
<b>6. Employer Mailing Address*</b> State of Alaska DNR-DOF 3700 Airport Way <b>City</b> Fairbanks <b>State</b> AK <b>Zip Code</b> 99709 <b>Country, if outside the United States</b>				<b>7. Employer Physical Address</b> State of Alaska DNR-DOF 3700 Airport Way <b>City</b> Fairbanks <b>State</b> AK <b>Zip Code</b> 99709 <b>Country, if outside the United States</b>				
<b>8. Employee Name, Last</b> XXXXX			<b>First</b> XX		<b>Middle</b> XX		<b>Suffix</b> XX	
<b>9. Employee Mailing Address*</b> XXXXX <b>City</b> <b>State</b> <b>Zip Code</b>			<b>10. Date of Birth*</b> XX			<b>11. Date of Death</b>		
			<b>12. Employee ID Type &amp; Number*</b> S Social Security Number xxx <b>Country, if outside the United States</b>					
<b>Blocks 13 – 20 are to be completed by the Insurer / Claims Administrator submitting this report to the Division of Workers' Compensation</b>								
<b>13. MTC Report*</b> SELECT ONE		<b>14. JCN / AWCB*</b>		<b>15. Claim Status*</b> SELECT ONE		<b>16. Claim Type*</b> SELECT ONE		<b>17. Late Reason Code</b> DROP DOWN LIST
<b>18. Full Denial Reason Code</b> DROP DOWN LIST DROP DOWN LIST DROP DOWN LIST DROP DOWN LIST DROP DOWN LIST			<b>19. Full Denial Effective Date</b>		<b>20. Denial Reason Narrative</b>			
<b>21. Policy Information Number</b>			<b>Effective Date</b>			<b>Expiration Date</b>		
<b>22. Insurer Name</b> State of Alaska			<b>23. Insurer FEIN</b> 926001185			<b>24. Insurer Type Code*</b> S Self-Insurer		
<b>25. Claim Administrator Name*</b> PENSER NORTH AMERICA INC			<b>26. Claim Administrator Primary Address*</b> PO BOX 241148 <b>City</b> Anchorage <b>State</b> AK <b>Zip Code</b> 99524					
<b>27. Claim Admin FEIN*</b> 912180915		<b>28. Claim Admin Claim No.*</b> LEAVE BLANK						
<b>29. Claim Admin Physical/Alternate Postal Code*</b>								
<b>30. Insured Name</b> State of Alaska			<b>31. Insured FEIN</b> 926001185			<b>32. Insured Type Code*</b> S Self-Insured		
<b>33. Employment Status*</b> SELECT ONE		<b>34. Days Worked / Week</b>		<b>35. Wage</b> 0		<b>36. Wage Period Code</b> DROP DOWN LIST		<b>37. Employee Hire Date</b>
<b>38. Occupation / Job Title</b>								
<b>39. Full Wages Paid for Date of Injury Indicator</b> DROP DOWN			<b>40. Employer Paid Salary in Lieu of Compensation Indicator</b> SELECT ONE					
<b>Employer must complete either Block 41 or 42 AND Block 43:</b>			<b>44. Date of Injury / Illness*</b>			<b>45. Time of Injury / Illness</b>		
<b>41. Accident Site Information, if not on Employer Premises</b> <b>Organization Name</b> <b>Street</b> <b>City</b> <b>State</b> <b>Zip Code</b> <b>Country, if outside the United States</b>			<b>46. Date Employer First Knew of Injury / Illness</b>			<b>47. Date Claim Admin Knew of Injury / Illness</b>		
<b>42. Explain Where Injury Occurred</b>			<b>For Blocks 48, 49 &amp; 50 see:</b> <a href="https://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx">https://www.wcio.org/Document%20Library/InjuryDescriptionTablePage.aspx</a>					
<b>43. Accident Premises Code*</b> SELECT ONE			<b>48. Part(s) of Body Affected*</b>			<b>49. Nature of Injury / Illness*</b>		
<b>52. Initial Last Day Worked</b>			<b>53. Initial Date Disability Began</b>			<b>54. Initial Return to Work Date</b>		
						<b>55. Return to Work Type Code*</b> DROP DOWN LIST		
<b>56. Return to Work With Same Employer?</b> DROP DOWN			<b>57. Physical Restrictions Indicator</b> DROP DOWN LIST					
<b>58. Signature of Authorized Employer or Representative</b>			<b>59. Title</b>			<b>60. Date Signed</b>		

**Instructions for**

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

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

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

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

AS 23.30.070

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

**OSHA REQUIREMENTS**

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

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

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

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

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

	<b>Alaska Division of Worker's Compensation Offices:</b>	<b>Alaska Division of Labor Standards and Safety Offices:</b>
Anchorage:	3301 Eagle Street, #304 Anchorage, AK 99503-4149 (907) 269-4980	1251 Muldoon Road, Suite 109 Anchorage, AK 99504 (907) 269-4940 or (800) 770-4940
Fairbanks:	675 Seventh Avenue, Station K Fairbanks, AK 99701-4531 (907) 451-2889	
Juneau:	1111 West 8th Street, #305 PO Box 115512 Juneau, AK 99811-5512 (907) 465-2790	1111 West 8th Street, #304 PO Box 111149 Juneau, AK 99811-1149 (907) 465-4855

# PHYSICIAN'S REPORT

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

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

AWCB Case Number:

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

SEE INSTRUCTIONS ON BACK

**INSTRUCTIONS TO PHYSICIANS:**

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

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

**INSTRUCTIONS TO EMPLOYEE:**

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

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

43. Report Date

44. REMARKS (or Treatment Plan continued)

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



Name \_\_\_\_\_ Date of Injury/Illness \_\_\_\_\_

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

Position Title: \_\_\_\_\_

Work Location where injury/illness occurred (if other than Home Unit; explain): \_\_\_\_\_

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

City/State: \_\_\_\_\_

Employment Status:

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

Admitted to Hospital: ☐ YES ☐ NO (Admitted is remaining overnight/beyond Emergency Room).

Description of injury, body part effected, activity involved \_\_\_\_\_

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

Supervisor Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

**Department of Natural Resources**

DIVISION OF FORESTRY/DIRECTOR'S OFFICE

550 W 7<sup>th</sup> Ave Ste 1450  
Anchorage, AK 99501-3566  
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  
Coastal Region Administrative Assistance at (907) 761-6217

Your assistance is greatly appreciated.

Sincerely,

Helge Eng  
State Forester and Division Director

INCIDENT TIME REPORT															1. Hired At (e.g., ID-BOF)				
2. Employee Common Identifier					3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input type="checkbox"/> Other					4. Hiring Unit Name (e.g., Ranger District)									
5. Name (First, Middle, Last)										6. Hiring Unit Phone Number					7. Hiring Unit Fax Number				
Column A					Column B					Column C					Column D				
					Same as Column <input type="checkbox"/> A					Same as Column <input type="checkbox"/> A <input type="checkbox"/> B					Same as Column <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				
8. Incident Name					8. Incident Name					8. Incident Name					8. Incident Name				
9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)				
10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)		
12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate			12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate			12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate			12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate		
15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code				
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours
Year    2022	16. Total Hours				Year    2022	16. Total Hours				Year    2022	16. Total Hours				Year    2022	16. Total Hours			
<i>In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel</i>															<b>17. Total Hours (all columns):</b>				
<b>18. Commissary and Travel</b>															<b>For Payment Center use only</b>				
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement		18e. Deduction		18f. Firecode										
<b>Total</b>					\$		\$				<b>20. Employee Signature</b>  <b>21. Time Officer Signature</b>								
<b>19. Remarks</b>																			
NOTE: The above items are correct and proper for payment from available appropriations.																			



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](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](http://www.anthc.org/ps/contracthealthsvc)

## TANANA CHIEFS CONFERENCE

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***Purchased/Referred Care***, 201 1<sup>st</sup> Ave Suite 121, Fairbanks, Alaska 99701

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

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

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

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

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

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

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

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

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

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

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

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

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

Examples of emergency that may be treated in the ER:

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

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

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

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

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

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

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

I have read and understand the above information.

Have a safe and speedy return to Alaska!

---

Signature

---

Date

---

Purchased/Referred Care Witness

cc: CAIHC medical records

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

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

**DESIGNATED INTERAGENCY EFF CREW LIST**

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

DESIGNATED INTERAGENCY EFF CREW LIST

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

**AFS Areas:**

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

**DOF Areas:**

Coastal Region

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

Northern Region

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

**Native Medical Clinics:**

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

# State of Alaska Department of Natural Resources

## Division of Forestry

### Burn Injury Protocol

#### Filing Procedures and Responsibilities

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

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

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

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

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

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



## **Required Treatment for Burn Injuries**

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

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

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

### **Burn Injury Criteria**

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

### **Severity Determination**

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

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

Link to the Interagency Standards for Fire & Aviation Operations 2020; see Chapter 7, page 177 for additional burn injuring information.

<https://www.nifc.gov/PUBLICATIONS/redbook/2020/RedBookAll.pdf>

**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**

## **AGENCY PROVIDED MEDICAL CARE & OWCP**

*According to the Interagency Incident Business Handbook, Chapter 10, Section 15*

There are two distinct programs for compensation for injury/illness for federal employees. They are federal worker's compensation program and Agency Provided Medical Care (APMC) program.

Medical treatment for traumatic injury claims are most appropriately processed following the federal worker's compensation procedures, rather than APMC procedures. This will establish a record for the employee with OWCP and provides the greatest protection and timely service should further treatment be necessary upon return to the home unit.

Injured federal employees do not have a right to treatment under APMC as they do under FECA. It is the agency's choice whether or not to offer APMC. Per OWCP, the employee's use of APMC instead of FECA is voluntary. The COMP/INJR on the incident is responsible to counsel the employee on the difference between APMC and OWCP treatment and allow the employee to choose.

### **APMC**

Agency Provided Medical Care (APMC) is a program under which agencies pay for limited first aid costs for minor injuries or illnesses that involve only one treatment. The coverage is separate from the provisions of the Federal Employee's Compensation Act (FECA). APMC is not intended to pay for medical treatment beyond first aid and is not to interfere with employee's rights under FECA for treatment of work related injuries and illness.

The use of APMC is appropriate for injury/illness first aid cases involving only one APMC visit which occurs on the day of the injury/illness. One follow-up visit is permissible if it occurs during non-duty hours and the employee is agreeable to this. APMC can only be used while the employee remains at the site of the incident. Injury/illness cases treated under APMC cannot have lost time charged to sick leave, annual leave or Continuation of Pay (COP). If using APMC procedures, FS-6100-16, APMC Authorization and Medical Report will be completed. If a follow-up appointment, after duty hours if needed, another FS-6100-16 is issued.

Use of APMC for traumatic injuries must be limited to first aid type of treatment and may **not** include authorization for therapy, stitches, x-ray or other non-first aid treatments.

APMC may be used to authorize first aid treatment only for illnesses such as respiratory infections, colds, sore throats, and similar conditions associated with exposure to smoke, dust and weather conditions, etc. APMC is appropriate as an interim measure until the employee can arrange for private medical attention, at the individual's expense, or file a claim under FECA and await OWCP's approval to incur medical expenses.

APMC should not be authorized for non-work related injuries or illnesses. Do not authorize APMC for dental treatment, e.g., toothache due to cavity, where there is question whether it related to a work related injury. However, where it is deemed necessary by the incident agency, a payroll deduction is made to cover the cost.

Contract employees may not utilize APMC services. State authorities vary, check with the State's incident business coordinator.

## **FECA**

The Federal Employee's Compensation Act (FECA) provides compensation benefits to civilian employees of the United States for disability due to personal injury or disease sustained while in performance of duty. The Office of Worker's Compensation Programs (OWCP) administers the FECA. Included in coverage are those under a permanent, seasonal, temporary appointment or casual hire. All related medical care including first aid; physician services; surgery; hospitalization; drugs and medicine; orthopedic; prosthetic; and other appliances and supplies; are covered under FECA.

Generally, federal employees are covered under FECA while in travel status away from their home unit unless they are engaged in non-work related activities or deviate from the authorized course of travel for personal reasons.

OWCP has authorized agencies to issue CA-16, Request for Examination and/or Treatment, to medical facilities/providers authorizing medical treatment for work related traumatic injuries. This form can only be issued once by the agency and provides treatment up to 60 days, or until OWCP rules otherwise on the case.

OWCP rarely allows agencies to authorize medical treatment related to an occupational disease or illness. The employee is responsible for the cost of treatment and can file a claim (CA-2, Notice of Occupational Disease and Claim for Compensation) with OWCP for adjudication of the claim. A CA-1 or CA-16 should not be issued for occupational disease or illness. There is no entitlement to Continuation of Pay (COP) for an occupational disease or illness (CA-2).

If it is expected that treatment by a medical provider occurs after the date of injury, follow-up treatment is necessary after the individual is released from the incident and/or loss of time occurs the claim must be processed by FECA.

## **Form Distribution**

Federal agencies are required to submit workers' compensation claims documents to OWCP within 10 days of the date signed by the employee. In order for home units to comply, the COMP/INJR faxes and mails the original injury/illness forms, supporting documentation and medical treatment records to the individual's home unit compensation specialist within two days of receipt of the CA-1/CA-2. This allows the home unit to review the information, contact the incident if clarification is necessary, meet OWCP reporting requirements and ensure injured workers receive timely and quality service. A temporary copy may be retained by the Compensation/Claims Unit

Travel to and from a medical provider and/or time spent receiving medical treatment is compensable as work hours if it falls within the normal guaranteed work schedule (8, 9, 10 hours). FECA does not allow payment of overtime for either of these activities.

## Chapter 5 – Performance Evaluation

### PURPOSE

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

### EVALUATIONS

State of Alaska uses performance evaluations to keep personnel qualifications current. Employees should seek to have an evaluation completed and submitted for every assignment. An evaluation will be prepared for all crews and single resources, regular State and Emergency Firefighters (EFF), assigned to an incident, mobilization base, dispatch or logistics office, or elsewhere; and Incident Management Teams (IMTs). These evaluations are confidential and should be treated as such. An evaluation should be a thorough, accurate, and fair reflection of a single resources or crews' performance in all aspects for the entire period of their assignment.

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

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

### Crews

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

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

### Single Resources

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

[Incident Management Teams](#) (see Form 3)

## **ROUTING**

Performance evaluations should be coordinated between the incident and home unit supervisor as necessary. When an evaluation is completed, it is routed as follows:

### State employee

- A copy will be given to the individual.
- A copy will be given to the Plans Section (to be forwarded to the individual's home unit).

### EFF Crew/Non-Crew

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

## **RETENTION**

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

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

## **CONDUCT AND DISCIPLINE**

### EFF

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

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

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

## **REGULAR STATE/GOVERNMENT EMPLOYEES CONDUCT AND DISCIPLINE**

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

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



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# CREW PERFORMANCE RATING (instructions on back)

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

# CREW PERFORMANCE RATING FORM KEY AND INSTRUCTIONS

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

## **LEADERSHIP (CREW OVERHEAD) PERFORMANCE:**

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

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

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

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

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

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

## **TACTICS:**

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

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

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

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

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

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

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

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

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

## **SPECIALIZED OPERATIONS:**

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

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

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

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

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

## **AVIATION OPERATIONS:**

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

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

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

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

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

## **MISCELLANEOUS:**

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

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

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

## **REMARKS:**

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

## **RATINGS:**

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

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

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



## Incident Management Team Evaluation Form

Team Incident Commander:	
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Type:	
-------	--

Incident Name:		Incident Number:	
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Dates:	From:		To:	
--------	-------	--	-----	--

1.	<p>Did the Team place proper emphasis on safety, adhere to the 10 Standard Orders, evaluate the situation in relation to the 18 Situations and incorporate LCES?</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Comments:</p>
2.	<p>Did the Team accomplish the objectives described in the Wildland Fire Situation Analysis (WFSA), the Delegation of Authority, and the Agency Briefing?</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Comments:</p>
3.	<p>Was the Team sensitive to resource limits and environmental concerns?</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Comments:</p>
4.	<p>Was the Team sensitive and responsive to local and social concerns and issues?</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Comments:</p>
5.	<p>Was the Team professional in the manner in which they assumed management of the incident, managed the incident, and returned it to the hosting agency?</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Comments:</p>

6.	<p>Did the Team anticipate and respond to changing conditions in a timely and effective manner?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
7.	<p>Did the Team activate and manage the demobilization in a timely, cost-effective manner?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
8.	<p>Did the Team place proper emphasis on safety, adhere to the 10 Standard Orders, evaluate the situation in relation to the 18 Situations and incorporate LCES?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
9.	<p>Was the IC an effective manager of the Team and its activities?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
10.	<p>Was the IC obviously in charge of the Team and incident? Was the IC performing a leadership role?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
11.	<p>Was the IC effective in assuming responsibility for the incident and initiating action?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
12.	<p>Did the IC express a sincere concern and empath for the hosting unit and local conditions?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>

13.	<p>Was the Team cost effective in their management of the incident?</p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Comments:</p>
	<p>Other Comments:</p>

Agency Administrator Signature:		Date:	
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Incident Commander Signature:		Date:	
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## **Chapter 6 – Equipment Acquisition**

### **INTRODUCTION**

This chapter contains information regarding equipment procurement and obtaining emergency services in support of fire suppression operations. Various methods are discussed including Master Agreements (MA's), Services, and Emergency Equipment Rental Agreements (EERA's). Suggested State of Alaska (SOA) Equipment Rates are provided. Procurement and purchasing authorities are discussed in Chapter 14. Hiring of Cooperator Fire Department apparatus is discussed in Chapter 7 of the AIBMH. Hiring of Cooperator Fire Department non-apparatus falls under this chapter. Land Use Agreements are discussed in Chapter 16. For Aviation hiring, refer to <http://forestry.alaska.gov/aviation/rental>.

### **ETHICS IN CONTRACTING/CONTRACTING WITH EMPLOYEES OR EMPLOYEE'S IMMEDIATE FAMILY MEMBERS**

The State prohibits an employee from using, or attempting to use, an official position for personal gain (AS 39.52.120, 150). An employee or employee family member(s) may not be party to, or have interest in, a state contract if the employee may take or withhold action on the contract. Furthermore, procedures for awarding contracts should ensure fairness to all potential offerors and provide equal opportunity. It is each employee's responsibility to report to their designated supervisor a personal or financial interest in a contract that is awarded, executed or administered by the agency in which the officer serves.

### **FORESTRY PROVISIONS FOR CONTRACTING WITH EMPLOYEES OR FAMILY MEMBERS**

The Division of Forestry (DOF) and Fire Protection prohibits Forestry employees from contracting with the DOF Fire Protection. Only as a last resort may an employees' immediate family members' equipment be hired. This requires pre-approval from the Regional Fire Management Officer (FMO).

Contracting with a Forestry employee's immediate family member will be prohibited unless both conditions below are present.

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

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

1. A [Contract Exception Form](#) (Form 1) is completed by the administering office and submitted to the Area FMO and Regional Forester.
2. The Area FMO and Regional Forester determines if conditions are met and reviews for potential or appearance of improper influence.
3. Based on the information provided, the Area FMO and Regional Forester approves or disapproves the request or requests further review by the Department of Natural Resources (DNR) Ethics Officer.



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

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

### Definitions

#### Immediate Family Member

- a) The spouse of 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.

#### Receiving Office

The Area or Unit that requests and utilizes the contract or service.

#### Administering Office

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

#### Field Hire

Equipment typically procured by resources in the field that is not listed in OLAS; documentation must be sent to hiring officials to finalize the hiring.

#### Fire Hire

Equipment that is listed in OLAS but is not Innovative Procurement Plan Compliant or equipment that is field hired.

#### Forestry Employee

Any State of Alaska Forestry employee, including EFF.

#### Innovative Procurement Plan (IPP)

Equipment listed in OLAS; equipment is Compliant if it meets all the licensing and insurance requirements, it is Non-Compliant if it does not meet all the requirements.

#### Master Agreement (MA)

Agreements procured through the DNR or the Department of Administration with commercial businesses to supply services such as rental vehicles or porta-potties.

## EQUIPMENT PROCUREMENT

### Rental Vehicles

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

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 cars must be authorized by the incident and documented on a Resource Order.

Authorization to use a rental vehicle must be on the person's Resource Order and must be approved by the Incident Commander (IC) or the Area Forester of the receiving unit.

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

- 1) Division of Forestry Vehicle Rental Master Agreements (MA). The ordering Dispatch office will order vehicles for IMT's. Coastal or Northern Transportation Unit will create packets, perform inspections which will travel and remain with the vehicle. Some 4 X 4 vehicles are available. These contracts ARE NOT mandatory. Copies of these agreements are located on the Division of Forestry Internal web page:
  - Alaska Auto Rental Inc.
  - Avis Rental
  - Delta Leasing LLC
- 2) SOA Rental Vehicle Agreements. Non-mandatory contracts in place for Anchorage, Fairbanks, Kenai, and Juneau. These vehicles are limited to use in non-fire settings, i.e. Dispatchers and others who work away from ICP's/fireline. Contract is with Budget Rent A Car. Information may be found on the SOA Department of Administration Division of General Services website.
- 3) National Association of State Procurement Officers (NASPO): To use a NASPO contract, the state must sign a Participating Addendum (PA). Alaskan PAs are in place with Hertz, National, and Enterprise.

VENDOR	PRICE AGREEMENT NUMBER	PARTICIPATING ADDENDUM	PA SIGNED
Hertz	9409	2020-RENT-0001	Yes
Enterprise/National	9408	2020-RENT-0002	Yes

- These vehicles can be rented through the normal on-line booking process ([eTravel](#)). These vehicles are limited to use in non-fire settings, i.e. Dispatchers and others who work away from ICPs/fireline.
  - Operator must be at least 21 years of age if the vehicle can carry 10 or more personnel, including the driver.; 25 years old to rent 12- and 15- passenger vans.
- 4) National Emergency Rental Vehicle (NERV):
- NERV vehicles can be used if one of the conditions below is true:
    - i. Vehicle will be driven off road.
    - ii. A Sport Utility Vehicle (SUV) or 4x4 pickup is required to meet the needs of the incident.
    - iii. The vehicle will be managed by Ground Support Unit or Regional Transportation units and utilized by multiple resources.
    - iv. The renter is not self-sufficient or able to procure the vehicle needed for the assignment through an agency travel reservation system.
  - All NERV rental vehicles must be ordered through Dispatch via the NERV website.
  - Rental requests are made electronically through the NERV website [NERV website](#) with a valid Resource Order.
  - Alaska Interagency Coordination Center NERV Standard Operating Procedures: [AK ICC NERV Standard Operating Procedures](#).
  - Must say “NERV rental authorized” on Resource Order.
  - Operator must be at least 18 years of age.
- 5) Online Application System (OLAS): Rental companies without MAs and private citizens may register their vehicles through the OLAS process. See the On-Line Application System (OLAS) section of this chapter for additional information.

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

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

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

### Cars Rented In-Area

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

### Rental Pool Vehicles

For vehicles going to an incident or Area office, a shift ticket will be started and included in the equipment packet that goes with the vehicle to its assigned location. When returned to the Coastal or Northern Transportation Unit, the vehicle will be cleaned and fueled, and returned to the vendor. The packet will be completed and submitted to the appropriate administrative office. Once the vendor submits their final invoice, the invoice will be processed for payment.

### 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](#) (Form 3) to include marking the relevant diagrams on the back side of the form showing any damage upon receipt of the vehicle.
- [Emergency Equipment Shift Ticket \(OF-297\)](#) (Form 4) showing the date/time of hire.
- Copy of the Resource Order.
- [Finance Section Cost Form](#) (Form 8).

Ground Support Section will track pool vehicles, maintain shift tickets, process any damage paperwork (with Finance Section), provide the [Finance Section Cost Form](#) (Form 8) to COST, and ensure that the vehicle and original packet are returned to the Mobilization Center or Transportation Unit that originally hired the vehicle. The Finance Section will track costs and assist with any damage paperwork. Copies of time records 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 the Cost Form to the Finance Section 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: rented per the criteria listed on the [NERV website](#).

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

The NERV rental Equipment Packet will include:

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

**AUTHORIZATION TO USE PRIVATELY OWNED VEHICLE (POV)**

Occasionally, personnel are given authorization to use a privately-owned vehicle (POV) on an incident, usually when there are major rental car shortages. **Authorization to use a POV must be on the person's Resource Order and must be approved by the Incident Commander (IC) or the Area Forester of the receiving unit.**

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

If a POV was authorized, the POV should be used for official business only, and the owner of the POV is responsible for carrying insurance and paying for their own fuel. The employee must file a mileage claim to get reimbursed for the use of their POV and in no case shall the state sign up the employee's vehicle under an [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2). An employee usually needs to use their POV to get to and from their assignment. Once on the assignment, the employee should be cost effective and ride with others or use vehicles assigned to the incident, where possible.

**USE OF ATV's/UTV's**

ATV's/UTV's may be hired through an [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2) or with an agreement with a commercial company. If hired through an [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2), see that section for information. If with a commercial company, check the agreement.

Due to the ongoing high number of claims for damages to All Terrain Vehicles (ATV's), and Utility Task Vehicles, or sometimes Utility Terrain Vehicles (UTV's) the following procedures have been developed to reduce damages and tighten up property management.

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 Operation. The IC could elect to have the equipment issued in their name. At no time can 3-wheelers be hired.

1. [Daily Field Inspection Tag \(Form 7\)](#)

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.

2. [ATV/UTV List of Driver/Operator Responsibilities](#) (Appendix F)

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](#) (Appendix F) 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.

ATV/UTV Damage

Damages are to be reported immediately to the incident supervisors and the operator or incident personnel should take photos of the damage. On larger incidents, the Safety Officer may need to do an investigation. This investigation could be conducted by the Area or even the incident on fires without Incident Management Teams. Information on the claims process is found in Chapter 11.

In addition, a three-person board shall review all damage claims related to ATV's/UTV's and determine if operator negligence was involved. This could result in a letter being sent to the operator's home unit supervisor or some other appropriate action. This could also result in the repair costs coming from the Area budget rather than being charged to the incident. The Area needs to instill a sense of responsibility within their personnel and a cultural change needs to take place regarding individual responsibility. The review board would be formed by the State Fire Support Forester and shall include an unaffected Area FMO, a mechanic, and the Transportation Manager in Palmer or Fairbanks. When a claim or notification of damage is received, the review board needs to make recommendations within 21 days. The review board does not need to formally meet in person but may share the information electronically and could meet telephonically. Letters notifying the unit supervisor that damages occurred due to an employee's negligence or recommendations indicating that the Area will need to pay for damages will be routed through the Regional Forester.

**HIRING EQUIPMENT AS A SERVICE**

A hiring office can determine if it would be more appropriate to hire equipment as a service or under an [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2). Services can be obtained from commercial vendors and can include such things as point-to-point transportation or delivery of supplies and personnel, rental of office equipment, dumpster services, installation of power and telephones, computer rentals, and rental of portable toilets. Portable toilets and hand wash stations are contracted through MA's.

Services can be obtained by issuing a supply order number (S-number) and obtaining a copy of the written contract with the vendor that includes the rates that will be paid. Sometimes special provision rates for services such as point-to-point hires are stated within an [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2). In this case, a copy of the pertinent EERA would provide the documentation needed as backup for the vendor-provided invoice paid as a service on an S-number.

The vendor would be contacted to ensure that they could meet the desired delivery and can provide the service at the **agreed-upon rate which shall be documented on the Resource Order**. Any documentation or notes of conversations between the vendor and the state should be noted on the Resource Order.

An S-number is issued for a company to provide portable toilets with servicing to an incident. Subsequent portable toilets can be ordered using the same S-number, and a complete documentation package must be maintained showing number of units in service on each day, a copy of the Resource Order, daily [shift tickets](#) (Form 4) that show the rental fees, servicing/pumping fees, any additional fees such as relocation fees, and a copy of the contract.

As the incident begins to wind down, portable toilets are often removed incrementally; this needs to be shown on [shift tickets](#) (Form 4). This process may also be used for dumpster services.

Most of the paperwork requirements outlined in Hiring Equipment Under an [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2) would apply to this section with the following exceptions: executed vendor contract may be substituted for [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2); agreed-upon rate will be listed on the Resource Order; mobilization inspections are not required; [Emergency Equipment Use Invoice Form OF-286](#) (Form 9) may be used as backup documentation, but vendor is required to submit an invoice; and final equipment packet is forwarded to the billing office to be “married up” with the vendor-provided invoice.

#### Point-to-Point Hires

Default hiring method. The vendor arranges transport and payment is posted to the hired equipment’s [Emergency Equipment Use Invoice Form OF-286](#) (Form 9). When an S-number is issued for point-to-point transportation, formal vehicle inspections are not required except for buses. The State does not provide fuel for equipment hired under an S-number for point-to-point transportation. The State does not accept damage claims for point-to-point hires. It is recommended that an inspection for buses be conducted regardless of the method of hire because of the liability of carrying a busload of firefighters or overhead personnel. Equipment hired to provide point-to-point transport of personnel or heavy equipment will be paid on a suggested daily rate if they are under hire for six hours or more in a calendar day. The contractor will receive half the suggested daily rate if they are under hire for less than six hours. No inspection of transport is needed.



## **HIRING EQUIPMENT UNDER AN EERA**

All procurement of equipment for incident use shall be covered by a rental agreement prior to use. [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2), and the State of Alaska EERA [Conditions of Hire](#) (Appendix B) shall be used.

The Vendor and the State both sign the [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2) and the Vendor signs the [Conditions of Hire](#) (Appendix B).

[Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2) are valid only for the length of the assignment.

Most heavy equipment is hired with operator. The Vendor is then responsible for their own liability, maintenance, and damage in most cases. The Vendor is also responsible for their employees' payroll and worker's compensation claims. *It is essential to ensure the operator provided with equipment is not also being paid as an Emergency Firefighter (EFF).*

Most pickup trucks, skid steer loaders used as forklifts, forklifts, and four wheelers are hired without operators. State employees and incident personnel operate the vehicles.

## **On-Line Application System (OLAS)**

The majority of equipment is ordered through OLAS. Equipment entered in OLAS falls under an Innovative Procurement Plan (IPP) approved through the Department of Natural Resources (DNR) Procurement Office. Equipment in OLAS may be considered compliant or non-compliant under the IPP. Compliant equipment must meet certain criteria regarding licensing and insurance. Non-compliant equipment in OLAS or equipment hired in the field is considered to be a Fire Hire. Each piece of equipment must have documented on the [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2) and Resource Order if it is IPP Compliant, IPP Non-Compliant, or Field Hired.

In general, Vendors who rent equipment with operator must carry adequate commercial liability insurance to protect the Vendors and the State from loss arising from the performance under an order for service.

To be IPP Compliant the Vendor must possess:

- All necessary licenses (including business license) and permits required by state and federal regulations.
- Adequate liability insurance, when hired with operator (minimum of \$300,000 combined single limit per occurrence, however; for passenger-carrying buses, the minimum amount of liability insurance is \$1,000,000.00 combined single limit per occurrence) suitably protecting the Vendor and the State against potential losses arising out of performance of an order for service.
- Worker's Compensation (Vendor must get a waiver from the Department of Administration, Division of Risk Management if this is not in place even if the Vendor has no employees).
- Stand-alone transport Vendors are required to carry an additional \$1,000,000 commercial motor carriers' insurance to cover damage to the transport and transported equipment.

The Vendor must upload copies of all documents in OLAS to be IPP Compliant.



## INDEMNITY & INSURANCE (See Appendix E)

Equipment owners or their designees (Vendors) enter their equipment and agree to the suggested rate or enter their own. Equipment with rates higher than the suggested rate should be hired last and released first, unless a compelling reason exists. The password protected system allows a Vendor to add, edit, or delete equipment. OLAS is used by Dispatchers to search for and hire [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2) equipment after speaking with the vendor to ensure the equipment and personnel are able to meet the desired delivery timeframes.

**Only the legal owner of the equipment or the individual with the legal right to provide the equipment can put their equipment on offer.**

The link Vendor's use to access the OLAS is: <https://dnr.alaska.gov/olas/>. Dispatchers and other state employees access an OLAS administrative site by using their DNR login username and password. The administrative site is: [Register for OLAS](#)

## FIELD HIRING OF EQUIPMENT

Preference should be given to Vendors from OLAS first that are IPP Compliant, second to IPP Non-Compliant Vendors. 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 EERA form 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 local Area, 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 \(EERA\)](#) (Form 2), the State of Alaska EERA [Conditions of Hire](#) (Appendix B), and the current year suggested [Equipment Rate Chart](#) (Appendix A). The Remarks section must note that the equipment is Field Hired. **Equipment that is hired at a rate higher than the State suggested rate should be replaced as soon as possible.** The IC/operations staff should try to hire the Vendor's equipment at the State suggested rate.
2. A pre-hire inspection should be conducted at time of hire and any "pre-existing" damages should be documented. The IC/operations staff should use good judgment and not hire equipment that is unsafe, defective, or operated by minors or inexperienced operators. The IC/operations staff should document any actions to avoid claims for damages or wages, and in no case, encourage the filing of claims or make promises to Vendors regarding benefits or remuneration outside the scope of the agreed upon rates.
3. 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.

4. When an IMT field hires equipment, the Ordering Manager will submit an order to the Jurisdictional Dispatch Office, with “Filled Locally” and all pertinent information regarding the Resource Assigned.
5. Sometimes field hired equipment may have been engaged in initial attack suppression efforts and an inspection was not conducted. A pre-use inspection should be conducted as soon as possible 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.

### **DEVELOPING THE EQUIPMENT HIRE PACKET**

The local Area puts together the Equipment Hire Packet for equipment hired in-Area. The Mobilization Center, the Coastal Transportation Unit, and Northern Transportation Unit will create the Equipment Hire Packets for their use or non-local Area use and keep a copy. The Ground Support Unit and Finance Section of an IMT completes any Equipment Hire Packets for equipment hired on the incident.

The Equipment Hire Packet will include:

- Copy of [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2) (original for field hired equipment).
- Copy of [Vehicle/Heavy Equipment Safety Inspection Checklist \(the pre-use inspection\) OF-296](#) (Form 3) showing time of hire.
- [Emergency Equipment Shift Ticket \(OF-297\)](#) (Form 4) showing the time of hire.
- A copy of the Resource Order.

#### Conditions of Hire and Rate Information

The latest version of the State of Alaska EERA [Conditions of Hire](#) (Appendix B) shall be applied and enforced for the hire of Vendor-provided equipment. All current forms are available at <http://forestry.alaska.gov/equipment.htm>.

### **ACTIVATION OF AGREEMENTS**

All equipment used for support of fires and for prepositioning **will always** be ordered through the Area Dispatch Office via a Resource Order. If a piece of equipment is hired at the fire scene, a Resource Order must be obtained.

Generally, the Vendor will be contacted verbally by the Dispatcher where the local Vendor is located. Mobilization details and any special provisions that might apply will be discussed. The Dispatcher will verify which piece of equipment the Vendor is mobilizing and must note the license number or the VIN on the Resource Order. Information conveyed to the Vendor will be documented on the Resource Order. The IMT may contact the Vendor if they field hire equipment. Whether the equipment is IPP Compliant, Non-Compliant, or Field Hired will be documented on the [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2) and Resource Order.

Area Dispatch will contact the Vendor in situations where the equipment/vehicles will be hired for non-local Area use or project fire support. Resource Orders will be sent through the Area in which the equipment.

Rates will not be changed while equipment is under hire. Pay status for equipment hired under an “S” number starts when the equipment departs the point of hire, and for equipment hired under an “E” number pay starts when the equipment passes inspection. Pay status for point-to-point and assigned transports begin when the equipment being transported passes inspection.

All equipment must be inspected **BEFORE** and **AFTER** use using [Vehicle/Heavy Equipment Safety Inspection Checklist \(the pre-use inspection\) OF-296](#) (Form 3) if possible. If not possible, look the equipment over in as much detail as possible, take pictures, and note any damage or abnormalities on a piece of paper. Have Vendor sign the inspection forms.

If the State directs a Vendor to mobilize without a pre-hire inspection to expedite their arrival on the incident, this should be documented on the Resource Order. The start time for the equipment will be determined by the IC or a Section Chief. The equipment should be inspected by the local Area in which the equipment resides to ensure the equipment is in serviceable condition. If the Vendor drives or transports their equipment a long distance and fails inspection, the State will not pay for any costs associated with mobilization or demobilization.

Buses have a large liability potential and they should always be hired with operator. The Vendor must have a current commercial liability insurance policy with a minimum amount of \$1 million combined single limit per occurrence, and the driver must show a current and appropriate CDL.

Depending on the mission requirements, EFF may be hired as vehicle operators/drivers and be required to possess a CDL. A driver hired as a CDL operator must be added to the random drug testing pool and must have passed the drug test before driving under their CDL. CDL drivers that remain an employee of the Vendor are not added to the State’s drug testing pool and all licensing and requirements are met by the driver’s employer.

Whenever EFF personnel are hired specifically as a driver, they must bring a recent copy of their driving record obtained by the applicant from their local Department of Motor Vehicles (DMV). The individual is responsible to obtain the driving record and pay any associated fees. All drivers need to have a firearms clearance form as they may deliver firearms or ammunition to incidents.

### Inspections

All equipment will be inspected at **SIGN-UP** and **RELEASE** using [Vehicle/Heavy Equipment Safety Inspection Checklist \(the pre-use inspection\) OF-296](#) (Form 3). Once hired, a vehicle will remain under the specific control of the State until released and will not be used for personal transportation. The State will not cover any expenses or claims resulting from off-shift activities.

The Area will conduct inspections for locally hired equipment. Coastal and Northern Transportation Units conduct inspections for all non-Area equipment hired in Fairbanks, Eagle River, Palmer and Anchorage. Equipment that does not pass inspection will not be hired.

All documented damage will be noted on the [Vehicle/Heavy Equipment Safety Inspection Checklist \(the pre-use inspection\) OF-296](#) (Form 3). Always write the Resource Order number (“E” or “S” number) on the inspection checklist. Supplemental to the Inspection\_Checklist, a DVD camcorder or still camera will be used during the inspection process to document pre-existing equipment conditions.

The video footage or still photos should be recorded in the presence of the Vendor or their representative at sign-up and the release inspection. A copy of the sign-up and release video/photo inspections will be kept in the Transportation Unit or Area’s file. A cell phone may be used to document equipment condition.

Always sign, date, and note the time of pre-inspection and release inspection in the appropriate box. The time is important when reconstructing start or end times if conflicts exist. When describing damage on the inspection form, always record the date the comments were made in the remarks section to differentiate between comments on a pre- vs. post- inspection.

The State occasionally hires equipment without an operator, ex. pickup trucks and 4-wheelers. Time under hire for this equipment begins when the State accepts possession of the equipment. The Ground Support Unit or Regional Transportation unit should tag the time and date the equipment was dropped off by the Vendor (or picked up by the State), and the inspection form should be backdated to that time. Equipment that does not pass inspection will not be hired.

Completeness and accuracy in filling out equipment inspection forms are critical to determine if equipment is operable and to establish if damage occurred while under hire. Be sure to note in the remarks section anything that is not covered elsewhere in the inspection checklist.

If personnel are unfamiliar with equipment inspection or are not qualified Equipment Managers, consider resource ordering qualified personnel such as an Equipment Inspector, Equipment Manager, or Mechanic.

If at the time of release the owner/agent waives all claims for damage, a release inspection is not required. The statement “no damage-no claims” may be written on the inspection checklist and signed by the Vendor or the Vendor’s authorized representative. However, if there is damage or a pending claim, a post-inspection is required. The Vendor still signs the release inspection box and “pending claim” will be noted.

### Rates

The suggested State [Equipment Rental Rates](#) (Appendix A) for equipment commonly hired for fire suppression work are also found on-line at <http://forestry.alaska.gov/equipment.htm>.

Daily Rate shall apply for the vast majority of equipment hired by the State regardless of the actual length of the shift that the equipment is used, except for first and last days. Payment shall be made on basis of calendar days (0001-2400). A shift is the shift hours as defined by the Incident Action Plan (IAP) when assigned to an incident or is determined by the dispatching office when not on an incident.

On the first and last day of hire, half the daily rate for periods less than eight hours under hire shall apply. For the first day of the assignment, this means that equipment hired after 1600 (4:00 pm) shall receive ½ the daily rate. On the last day of hire, this means that equipment released before 0800 (8:00 am) shall receive ½ the daily.

On the first day of hire, recording the time that hire began is required on the [Vehicle/Heavy Equipment Safety Inspection Checklist \(the pre-use inspection\) OF-296](#) (Form 3) and the [Emergency Equipment Shift Ticket \(OF-297\)](#) (Form 4). Equally important, the release time must be recorded (which is to 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. Time under hire begins when the equipment has a Resource Order and passes inspection and ends when it is released back to the point of hire.

*Equipment with operator* will be hired “dry,” meaning the State will provide the fuel. The Vendor is responsible for providing all other operating supplies such as oil, filters, and providing for lube and oil changes. Exception: the State will provide fuel and oil for boats.

If the State does not bring in bulk fuel, the Vendors will be reimbursed for fuel that they provide, and an adjustment will be made to cover documented charges. Vendors should be instructed to fill their tanks prior to reporting to duty and will be provided the same tank level of fuel upon release. If equipment was field hired or was on-scene at time of hire, the amount of fuel provided upon release will not exceed what equipment had upon arrival.

*Equipment hired without operator* will be paid at the dry rate. The State is responsible for providing fuel and all operating supplies in this situation as the Vendor does not have an operator on-site to service and supply the equipment.

*Point-to-Point Transport equipment* is hired “wet”, i.e. the Vendor is responsible for providing fuel and all operating supplies.

If there are any circumstances that arise that are not covered in the [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2) or [Conditions of Hire](#) (Appendix B), negotiation must take place to agree on the price for that specific service. One example might be a negotiated trip rate which will differ for each event. Any negotiated offers must be documented on the Resource Order, and any written terms, conditions, or contracts agreed to must be included as backup documentation to the invoice.

Additional compensation is not due to the Vendor if their equipment works a long shift (i.e., in excess of 16 hours). Similarly, a Vendor is not penalized if their equipment is staffed and in service but only operated for five hours. Exceptions are transports and other equipment on the first or last day of hire in which other payment terms apply.

Some equipment may be offered that is not included in the rate tables. The hiring official should determine if there is a commercial rate for the equipment or perhaps compare the offered equipment to the rate table to get an idea of price range for similar types of equipment. The table should be used to determine a rate based on the appropriate type, classification, and horsepower.

## **EQUIPMENT TIMEKEEPING & PAYMENT**

The shift worked will be recorded on [Vehicle/Heavy Equipment Safety Inspection Checklist \(the pre-use inspection\) OF-296](#) (Form 3) and the [Emergency Equipment Shift Ticket \(OF-297\)](#) (Form 4). Shift tickets are required to document any out-of-service time, equipment usage, and to ensure Vendors are staying within the work-rest guidelines. Shift length is specified in the Incident Action Plan or is determined by operations personnel on an incident or at the Area.

[Emergency Equipment Shift Ticket \(OF-297\)](#) (Form 4) are kept by the personnel where the equipment is assigned. This could be at an Area, a Mobilization Center, a Transportation Unit, or on an incident. On an incident, the shift tickets may be filled out by the Ground Support Unit personnel, Facilities Unit Personnel, or even Operations personnel for tactical field equipment, depending on where the equipment is assigned and used. The shift tickets are then collected by the Time Unit and become part of the final equipment packet.

**Shift tickets for equipment hired with operator shall show the shift start and end time. Do not mark “daily” unless the equipment is hired without operator.**

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

## **PERFORMANCE EVALUATIONS FOR EQUIPMENT AND OPERATORS**

Field personnel working with assigned equipment should complete an evaluation of the operator and equipment and the evaluation should be signed by both the evaluator and the operator. This is especially important if there are performance issues and equipment deficiencies. Field personnel should work with operators on an ongoing basis so that corrective actions can be made immediately. Incompetent or careless operators should be removed at the discretion of state personnel ([see Clause 19 of the Conditions of Hire](#)) (Appendix B). Evaluations should be completed and discussed before the equipment is demobilized from the assignment. The original evaluations should be forwarded by the host Area or IMT and filed at the equipment’s home Area (the hiring office).

The file copy of the evaluation should be provided to the operator and a copy is made part of the final fire package. The home Area dispatcher will file the evaluation in the equipment vendor files. Poor operator performance and deficient equipment can be used as a consideration when making decisions for mobilizing equipment for future assignments.



## PROCESSING EQUIPMENT INVOICES FOR PAYMENT

Upon release of equipment other than rental cars, the following documents will be forwarded to the Area where the fire occurred (or the Region if not an Area/incident resource):

1. Original [Emergency Equipment Use Invoice OF-286](#) (Form 9).
2. Copy of [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2).
3. Two copies of [Vehicle/Heavy Equipment Safety Inspection Checklist \(the pre-use inspection\) OF-296](#) (Form 3); one copy of the pre-use inspection, and one copy of the release inspection\*.
4. The pink copies of [Emergency Equipment Shift Ticket \(OF-297\)](#) (Form 4) for the duration of the time under hire.
5. Any invoices that require an adjustment on the [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2) (i.e., fuel receipts for Vendor-provided fuel would be an addition; operator failed to return issued state equipment would be a deduction).
6. A copy of the Resource Order.

\* Note: The release inspection should be conducted at the incident or the Area using the equipment even when the equipment is hired elsewhere. This allows the Area or the incident to maintain control of the equipment hiring package and to submit a complete package for payment. Additional travel time and fuel costs should be included in the final billing.

Fire Department non-apparatus is processed the same as other Vendor equipment under this chapter. (For Fire Department apparatus: Original equipment packets shall be returned to the demobilizing Fire Department personnel to take back to their home unit for processing. The Home Unit Area Office of Fire Department equipment is responsible for submitting completed pay packets for payment - See Chapter 7.)

On incidents with IMT's, equipment is demobilized as a coordinated effort. The equipment operator/driver would go through the IMT's demobilization process. The Ground Support Unit would conduct a final inspection, any issued supplies would be returned to the Supply Unit, and the equipment operator/driver reviews and signs timekeeping records with the Finance Section. The IMT Finance Section sends the final equipment packet to the Area who audits and codes the invoice for payment.

Invoices less than or equal to \$10,000 may be submitted directly for payment. Invoices greater than \$10,000 will be forwarded to the Regional Office for auditing and second approval signatures.

### Payment

[Emergency Equipment Use Invoice OF-286](#) (Form 9) will be used as the payment invoice for equipment hired under an [Emergency Equipment Rental Agreement \(EERA\)](#) (Form 2).

MA or NASPO/WSCA rental vehicles are paid off the rental car agency's invoice.

Equipment hired with an S-number is paid off the Vendor's invoice.

### Damages

Repairs shall be made and paid for by the Vendor. The State may, at its option, elect to make such repairs when necessary to keep the equipment operating (for non-EERA equipment check the specific agreement). The cost of such repairs will be determined by the State and deducted from payment to the Vendor.

### EERA Equipment

#### With Operator

The State will not pay for repairs or damage unless caused by negligence on the part of the State. See Chapter 11 for more details.

#### Without Operator

The State will not pay for loss, damage, or destruction due to wear or tear, mechanical failure, loss of use, pre-existing damage, or the fault or negligence of the Vendor or the Vendor's agents or employees.

*Rental Vehicles (except those hired under an EERA), Equipment hired as a Service, and Equipment hired under other agreements: check the agreements for limitations.*

Claims for damages of equipment hired under EERA's and most other agreements will use the procedures outlined in Chapter 11.



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**CONTRACT EXCEPTION  
FORM**  
**REQUEST TO HIRE EQUIPMENT FROM AN  
IMMEDIATE FAMILY MEMBER**



Vendor Name: \_\_\_\_\_  
Equipment or Service: \_\_\_\_\_  
Resource Order Number: \_\_\_\_\_  
Receiving Unit: \_\_\_\_\_  
Administering Unit: \_\_\_\_\_  
Request Completed By: \_\_\_\_\_  
Submittal Date: \_\_\_\_\_

1. What attempts by the administering office have been made to hire similar equipment or services (including contacts with vendors not on pre-season contract lists)?

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

2. Name of Forestry Employee or EFF who is related to Vendor

\_\_\_\_\_  
Vendor's Relationship to Forestry Employee (i.e., parent, spouse, sibling)

\_\_\_\_\_  
What action will be taken to assure the Forestry employee or EFF has no influence on the contract?

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

☐ VENDOR HIRE APPROVED

\_\_\_\_\_  
Area FMO

\_\_\_\_\_  
Date

☐ VENDOR HIRE APPROVED

\_\_\_\_\_  
Regional Forester

\_\_\_\_\_  
Date

☐ VENDOR HIRE NOT APPROVED

Comments and/or Special Conditions

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

Use back if additional space is required

**EMERGENCY EQUIPMENT RENTAL AGREEMENT**

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

1. PROCUREMENT AGENCY a. name and address:     b. Phone Number: c. FAX Number:		2. AGREEMENT NUMBER (Must appear on all documents relating to this agreement):  3. EFFECTIVE DATES OF AGREEMENT: a. beginning _____ b. ending _____  c. Specific Incident only: Incident Name: Incident Number:				
4. CONTRACTOR a. name and address:     b. EIN/SSN: _____ c. DUNS: _____ d. EMAIL Address: e. Telephone Number (day): Telephone Number (night): Cell Phone Number: FAX:		5. POINT OF HIRE (location when hired if different than Block 4):		6. ORDERING DISPATCH CENTER		
		7. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY:  <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) * (see note below)				
		8. OPERATOR FURNISHED BY:  <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				
		9. Contractor Authorized Commissary:  <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. BUSINESS SIZE OF CONTRACTOR:    a. <input type="checkbox"/> Small    b. <input type="checkbox"/> Other    c. <input type="checkbox"/> Women-Owned    d. <input type="checkbox"/> Small Disadvantaged e. <input type="checkbox"/> HUB Zone    f. <input type="checkbox"/> Service Disadvantaged Vet (Information for tracking purposes only – not used for preferential hiring)						
11. ITEM DESCRIPTION: equipment or animals (include VIN, make, model, year, serial no., accessories or other identifying features).		12. NO. OF OPERATORS PER SHIFT	13. HRLY/ DAILY/MILEAGE/ SHIFT BASIS (ss/ds: ref. Cl. 6) Rate                      Unit		14. SPECIAL	15. GUARANTEE (8 HOURS)
a)						
b)						
c)						
d)						
e)						
f)						
16. SPECIAL PROVISIONS: Your signature constitutes acknowledgement of and agreement to abide by the terms and conditions of hire incorporated herein with the State of Alaska.          * The State of Alaska hires equipment at a DRY Rate with the State providing the fuel only.						
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE		18. DATE	20. CONTRACTING OFFICER'S SIGNATURE a. Warrant No.		21. DATE	
19. PRINT NAME AND TITLE		18. DATE	22. a. PRINT NAME AND TITLE  b. Phone Number: _____ c. FAX: _____			

OPTIONAL FORM 294 (DRAFT)

# **VEHICLE/HEAVY EQUIPMENT PRE-USE INSPECTION CHECKLIST**

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

Section I—HEAVY EQUIPMENT	Acceptable	
	YES	NO
1. ROPS, roll-over protection system: Manufacturer-approved system secured to mainframe of tractor. Must include approved seat belts.	*	
2. Gauges and lights: mounted and function properly.	*	
3. Battery: check for corrosion, loose terminals, and hold downs.		
4. Engine running: check oil pressure, knocks and leaks.		
5. Sweeps, deflectors, safety screens, 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)

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

† Include information for additional operators in REMARKS section.

7540-01-120-0607

SEE SUPPLEMENTAL INFORMATION ON BACK  
**CONTRACTOR COPY - PRE-USE / RELEASE**

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

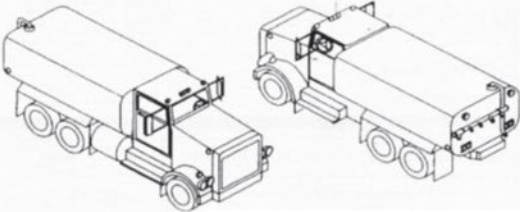
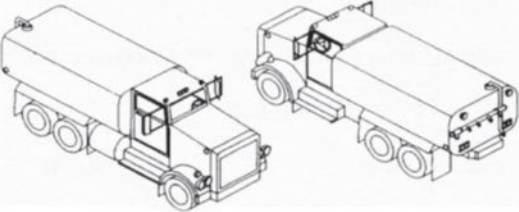
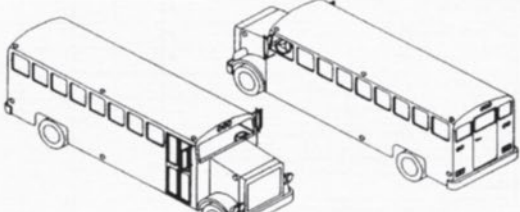
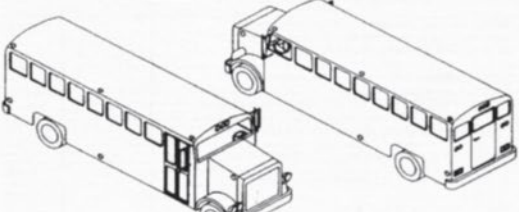
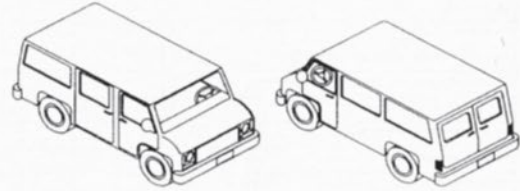
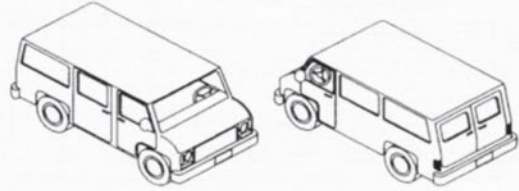
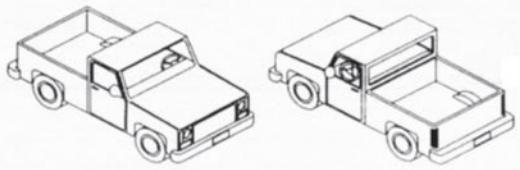
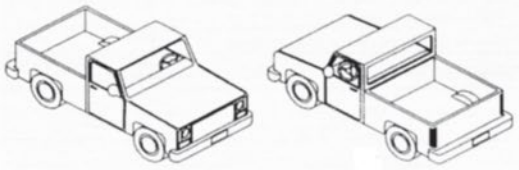
Section III—LIABILITY
The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.
Operator's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

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

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

Contractor \_\_\_\_\_

Resource Order No. \_\_\_\_\_

Section IV, Item 23 - Truck, Bus, Van, Pickup, Body Condition Inspection	
Pre-Use Inspection	Release Inspection
	
	
	
	
<b>Remarks</b>           	

OPTIONAL FORM 296

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

NSN 7540-01-119-562850297-102

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

### **Knowledge of the Job or Equipment Condition**

0	Unsatisfactory	Contractor/Operator is inexperienced and/or unsafe. If performance cannot be substantially corrected, it constitutes a significant impediment in consideration for future awards containing similar requirements. Equipment cannot be repaired or is inadequate and must be (or has been) released.
1	Poor	Contractor has minimal experience. Overall compliance requires close or continuous supervision to ensure achievement of desired results. Significant down time for equipment or equipment is barely adequate.
2	Fair	Overall compliance requires some supervision to ensure achievement of desired results. Some breakdowns or repairs for equipment or equipment is relatively underpowered or slow at achieving contract requirements.
3	Good	There are no or very minimal quality problems and the Contractor has met the contract requirements with minimal supervision. Minimal breakdowns or repairs for equipment.
4	Excellent	There are no quality issues and the Contractor has substantially exceeded the contract performance requirements without commensurate additional costs to the State. No mechanical breakdowns.
5	Outstanding	The Contractor has demonstrated an outstanding performance level that was significantly in excess of anticipated achievements and is commendable as an example to others. It is expected that this rating will be used in those rare circumstances where contractor performance clearly exceeds the performance levels described as "Excellent". Equipment is superior.

### **Fireline Performance or Timeliness**

0	Unsatisfactory	Contractor is failing to meet performance requirements or follow direction. Delays are jeopardizing the achievement of contract requirements. If performance cannot be substantially corrected, it constitutes a significant impediment in consideration for future awards.
1	Poor	Contractor performance is considered marginal. Delays require significant Agency resources to ensure achievement of contract requirements.
2	Fair	Contractor performance meets minimum acceptability standards and some improvements are needed. Delays require minor Agency resources to ensure achievement of contract requirements.
3	Good	Contractor performance is fully acceptable. There are no or minimal delays that impact achievement of contract requirements.
4	Excellent	Contractor has excellent skills and techniques. Performance is consistently above average. There are no delays and the contractor has exceeded the agreed upon time schedule.
5	Outstanding	The Contractor has demonstrated an outstanding performance level. It is expected that this rating will be used in those rare circumstances where contractor performance clearly exceeds the performance levels described as "Excellent".

### **Business Relations**

0	Unsatisfactory	Response to inquiries and/or technical, service, administrative issues is not effective. If not substantially mitigated or corrected it should constitute a significant impediment in considerations for future awards.
1	Poor	Response to inquiries and/or technical, service, administrative issues is marginally effective.
2	Fair	Response to inquiries and/or technical, service, administrative issues is somewhat effective.
3	Good	Response to inquiries and/or technical, service, administrative issues is consistently effective.
4	Excellent	Response to inquiries and/or technical, service, administrative issues exceed State expectations.
5	Outstanding	The Contractor has demonstrated an outstanding performance level. It is expected that this rating will be used in those rare circumstances where contractor performance clearly exceeds the performance levels described as "Excellent".





# ATV/UTV FIELD INSPECTION TAG

It is the responsibility of the person receiving Equipment to Inspect the following before use

**Body Damage-**  
Note any new dents or body damage

**Tires and Wheels-**  
Air pressure and condition

**Controls, Switches and Lights-**  
Throttle, Cables, Brakes,  
Ignition switch, Shutoff switch,  
Headlight switch and Bulb

**Oil and Fuel-**  
Levels and obvious leaks

**Chain/Driveshaft and Chassis-**  
Chain or Driveshaft, Nuts  
and Bolts

**Determine cause of damage and note in comments when receiving**



# DOF MA - VEHICLE COST SHEET

**RENTAL COMPANY**

**MA CONTRACT #**

**E #**

**ORDERING DISPATCH**

**MAKE**

**MODEL**

**LIC PLATE #**

**COLOR**

**VIN #**

**DRIVER**

**MOBILIZATION DATE**

**DEMOB / REASSIGNMENT DATE**

**DAILY COST**

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

**COMMENTS**

**POSTING INSTRUCTIONS**

## EMERGENCY EQUIPMENT – USE INVOICE

1. CONTRACTOR a. name and address   b. EIN/SSN					2. INCIDENT OR PROJECT NAME										
					3. AGREEMENT NUMBER <i>(from OF-294)</i>										
					4. EFFECTIVE DATES OF AGREEMENT a. beginning                      b. ending										
5. EQUIPMENT <i>(list make, model, serial number, etc.)</i>					6. POINT OF HIRE <i>(location when hired)</i>										
					7. DATE OF HIRE			8. TIME OF HIRE							
9. ADMINISTRATIVE OFFICE FOR PAYMENT					10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY:  <input type="checkbox"/> CONTRACTOR <i>(wet)</i> <input type="checkbox"/> GOVERNMENT <i>(dry)</i>										
					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 <i>(14c + 15c)</i>		17. GUARANTEE		18. AMOUNT <i>(COLUMN 16 OR 17, WHICHEVER IS GREATER)</i>			
<div style="display: flex; justify-content: space-between;"> <span>MO</span> <span>DA</span> </div>		a. UNITS WORKED <i>(MI/HR/DA)</i>		b. RATE		c. AMOUNT		a. UNITS WORKED <i>(MI/HR/DA)</i>		b. RATE		c. AMOUNT			
19. CHARGE CODE					20. OBJECT CODE					23. GROSS AMOUNT DUE					
21. EQUIPMENT WAS <input type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN										24. ITEM 23 FROM PREVIOUS PAGE					
DATE: _____ TIME: _____										25. TOTAL AMOUNT DUE					
22. REMARKS   a. NO DAMAGE/NO CLAIMS										26. DEDUCTIONS <i>(attach statement)</i>					
										27. ADDITIONS <i>(attach statement)</i>					
										28. NET AMOUNT DUE					
29. <b>NOTE:</b> 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								

OPTIONAL FORM 286

# **DIVISION OF FORESTRY**

## **EMERGENCY EQUIPMENT RENTAL RATES**

### **EXPLANATION OF RATES**

The suggested rates in this document were calculated based on the Consumer Price Index (CIP) for Anchorage. The rates are fair and reasonable for equipment in generally new and good operating condition. Rates are effective pending any modifications resulting from the previous season, directives, and/or changes in the applicable Service Contract Act Wage Determination (SCA) or marketplace realities.

**Equipment furnished under a contractual agreement with the Division of Forestry may be subject to extreme environmental and/or strenuous operating conditions which could include, but are not limited to, damage from unimproved or narrow roads; steep, rocky, brushy, hilly terrain; dust; heat; and smoky conditions that could cause damage to equipment. Thus, the rates paid for equipment include an additional allowance that is meant to cover expected wear and tear due to adverse conditions under which the equipment is likely to be operated.**

By signing the agreement, the Vendor acknowledges that equipment will be operated under adverse conditions during fire support and suppression activities. Compensation for damages that might accrue to equipment rented by the State is reflected in the Emergency Equipment Rental Rates.

The Division of Forestry does not cover claims for wear and tear of personal clothing, gear, or equipment. In the event damage or destruction occurs, and it is determined the State's negligence has caused the loss, only personal clothing, gear, or equipment that is required for the performance of the job or contract, or are otherwise allowable in the provisions of this chapter, will be covered.

#### **Daily Rate**

Equipment hired at a daily rate is under hire for a 24-hour period each day, except for the first and last day. If equipment is under hire for eight hours or more on the first and last day of hire, a full daily rate is paid. If equipment is under hire for less than eight hours on the first and last day of hire, ½ the daily rate is paid. 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.

Daily Rate applies to equipment hired with one operator/crew that will generally work between 12 and 16 hours, as noted in the Incident Action Plan, by operations staff on the incident, or at the Area. Occasionally, the operator is required to work an excessive shift length and no additional compensation will be due. This is more likely to occur during the initial attack of the incident or when an unexpected blowup occurs.

#### **Special Rate**

A Special Rate shall apply when an additional rate is charged in addition to the Daily Rate for the same piece of equipment. Special Rate examples include: transport rates, rates for an auxiliary water or fuel tank, or an additional operator for a bus.

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

Point-to-point services such as a transport and pilot car(s) delivering or picking up heavy equipment, or a bus delivering or returning a crew, shall be paid at a daily rate when the mission or time under hire is six hours or more, half the daily rate when less than six hours. Vendor provided transport of equipment will be paid separately and information whether the transport is being hired point-to-point or assigned to stay with the equipment shall be stated on the Resource Order for the primary equipment. See Heavy Equipment Transport section for further details.

### **Dry Rate**

All equipment hired by the State will be hired “dry,” meaning the State will provide or pay for fuel costs. The vendor will provide other operating supplies such as oil, filters, lube/oil changes, and so forth. When equipment is hired without operator the State will provide all operating supplies.

### **Daily Rate**

**NOTE: If the exact make and model of equipment is not listed in a particular Rental Class Table, use the horsepower rating to determine the Daily Rate.**

**NOTE: unless otherwise stated under a specific piece of equipment, the following apply:**

- Equipment is hired on a daily basis with the State providing fuel and the Vendor providing the operating supplies and Vendor-hired operator.
- Included in the rate is Vendor-provided support for maintenance, permits, and operator transportation.
- Upon passing inspection equipment will be considered on shift.
- Transportation costs for the equipment will be paid separately per the rates specified under the Transport Vehicle section of this document.
- Unique information is included under the applicable equipment.

### **HEAVY EQUIPMENT**

Includes suppression equipment such as backhoes, dozers, excavators, forklifts, graders, and skidders/skidgines.

The Vendor shall provide the following items on all heavy equipment:

- Ax or Pulaski
- Fire extinguisher (minimum rating, ABC)
- Shovel
- Headlights and backup lights, and backup alarms
- First Aid kit
- Safety equipment including rollover protection (safety canopy) and approved spark arrester or exhaust system
- All heavy equipment shall have cab protection, such as brush guards
- Skidders are required to have tire chains

### **Backhoes and Loaders**

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If a skid steer loader is being used as a forklift, it comes equipped with forks and no operator. A separate rate has been established for this and is found in the skid steer loader tables. Transport rates for a skid steer loader being used as a forklift are included in the established daily rate.

# DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

## Backhoes

TYPE 1 ( > 91 FWHP)	BACKHOE MAKE	MODEL & SERIES
DAILY SHIFT RATE		
	Caterpillar	446B
	John Deere	710D
\$1,825	JCB	217 Series 3

TYPE 2 (71-90 FWHP)	BACKHOE MAKE	MODEL & SERIES
DAILY SHIFT RATE		
	Case	590 Super M Series
	Caterpillar	436B
\$1,325	John Deere	510D

TYPE 3 (63-70 FWHP)	BACKHOE MAKE	MODEL & SERIES
DAILY SHIFT RATE		
	Case	590 Super L Series
	Caterpillar	426C
\$1,300	John Deere	410E
	New Holland	655E

TYPE 4 (56-62 FWHP)	BACKHOE MAKE	MODEL & SERIES
DAILY SHIFT RATE		
	Case	480E, 580 Super M
	Caterpillar	420D
\$1,280	John Deere	310SG
	New Holland	555E

TYPE 5 ( < 55 FWHP)	BACKHOE MAKE	MODEL & SERIES
DAILY SHIFT RATE		
	Bobcat	300
	Case	580M
\$1,230	Caterpillar	416C
	John Deere	310E
	JCB	214E Series 4

BACKHOES		
CLASS (FWHP)		DAILY RATE
Type 1	( > 91 FWHP)	\$1,825
Type 2	(71-90 FWHP)	\$1,325
Type 3	(63-70 FWHP)	\$1,300
Type 4	(56-62 FWHP)	\$1,280
Type 5	( < 55 FWHP)	\$1,230

# DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

## Skid Steer Loaders

Type 1 (50 FWHP)	SKIDSTEER LOADER MAKE	MODEL & SERIES
DAILY SHIFT RATE	Bobcat	843, 843B, 853
	Case	184SC, 420
\$1,195	Daewoo	DSL801, 1760XL
	Deere	6675
	Gehl	4640E, 4840, SL4835, SL5620, SL5625
	Mustang	2060, 960
	New Holland	LX665
	Scat Trak	1700C 1750D
	Thomas	175, T-173HL 5 Series
	Trak International	1700 Series
	Volvo	MC80

**\*If hired as a forklift (without operator) flat rate of \$590/day.**

Type 2 (25-49 FWHP)	SKIDSTEER LOADER MAKE	MODEL & SERIES
DAILY SHIFT RATE	Bobcat	542D, 553
	Boxer	527W, BRUTE
\$1,105	Case	1825, 1825B
	Gehl	SL4514, 3515, 3725
	Prime Mover	L930
	Ramrod Equipment	950
	Thomas	T-82
	Toyota	3SDK5

**\*If hired as a forklift (without operator) flat rate of \$500/day.**

TYPE 3 (<25 FWHP)	SKIDSTEER LOADER MAKE	MODEL & SERIES
DAILY SHIFT RATE	Bobcat	440B, 443, 450, 453, 463, 570
	Deere	3375, 375
\$1,100	Mustang	910,911
	New Holland	L-125, L-250, L-255, 125
	Prime Mover	L570, L575
	Ramrod Equipment	230B, 300B, 550
	Toro	DINGO-220, DINGO 330
	Toyota	350K4

**\*If hired as a forklift (without operator) flat rate of \$495/day.**

# DIVISION OF FORESTRY

## EMERGENCY EQUIPMENT RENTAL RATES

SKIDSTEER LOADERS			
CLASS (FWHP)		DAILY RATE	DAILY RATE AS FORKLIFT (NO OPERATOR)
Type 1	( >50 FWHP)	\$1,195	\$590.00
Type 2	(25-49 FWHP)	\$1,105	\$500.00
Type 3	(<25 FWHP)	\$1,100	\$495.00

### Wheel Loaders

Type 1	WHEEL LOADER MAKE	MODEL & SERIES
( > 200 FWHP)		
DAILY SHIFT RATE	Case	821, 821E, 921
	Caterpillar	962E, 966F, 966F Series II
\$1,930	Daewoo	MEGA 300, MEGA 300-II
	Deere	724
	Dresser	540, 542
	Fiat Allis	FR220.2
	Hyundai	HL760-7
	JCB	456 HT, 456 ZX
	Kobelco	WLK35
	Komatsu	WA400-5, WA420-1
	New Holland	W190B
	Volvo	L120F

Type 2	WHEEL LOADER MAKE	MODEL & SERIES
(101-200 FWHP)		
DAILY SHIFT RATE	Case	521D XT, 621
	Caterpillar	IT28B, 924GZ, 928HZ
\$1,465	Deere	444H, 444J, 544E
	Fiat Allis	FR100, FR108
	JCB	416
	Kobelco	LK500A, LK550 Mark II
	Komatsu	WA180-3, WA200-6
	New Holland	LW110, LW130B
	Terex	SKL863, TL210
	Volvo	L70
	Waldon	8500C



## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

Type 3 (50-100 FWHP)	WHEEL LOADER MAKE	MODEL & SERIES
DAILY SHIFT RATE	Case	121, 21D, 21E, 221D, 902, 904H
	Caterpillar	902, 904B
\$1,215	Coyote	C14, C14B, C14C, C415, C7
	Deere	244E, 244H, 244J, 304J
	Fiat Allis	FR9B
	Gehl	540, KL405
	JCB	406, 406B, 408, 409
	New Holland	LW50, W50TC
	Prime-Mover	LD50
	Scat Trak	3170, 3200
	TCM	E806-2, E820, E820-2
	Terex	SKL823, SKS633
	Volvo	L20B, L30

WHEEL LOADERS		
CLASS (FWHP)		DAILY RATE
Type 1	( > 200 FWHP)	\$1,930
Type 2	(101-200 FWHP)	\$1,465
Type 3	(50-100 FWHP)	\$1,215

### Dozers

POWER CLASS IA ( > 300 FWHP)	DOZER MAKE	MODEL & SERIES
DAILY SHIFT RATE	Caterpillar	D8R, D8K, D8L, D8N, D9
	John Deere	1050
\$4,525	Fiat Allis	21C, FD30, 31, FD40
	Komatsu	D155, D275 , D355, D375
	International/Dresssta (Dresser)	TD25
	New Holland	DC70
	Terex	82-50

# DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

<b>POWER CLASS IB</b> <b>(250-300 FWHP)</b>	<b>DOZER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>	Allis-Chalmers	
	Caterpillar	D7H High Track, D8H
\$3,610	Komatsu	D135A
	Terex	82-30, 82-40

<b>POWER CLASS IC</b> <b>(200-249 FWHP)</b>	<b>DOZER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>	Caterpillar	D7R, D7G, D7H
	Fiat-Allis	FD255, FD20,
\$3,180	John Deere	950
	Komatsu	D85E
	International/Dressa (Dresser)	TD20
	Liebherr	DC70
	Terex	82-20

<b>POWER CLASS IIA</b> <b>(150-199 FWHP)</b>	<b>DOZER MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>DAILY SHIFT RATE</b>	Allis-Chalmers	HD16
	Case	1850
\$2,205	Caterpillar	D6R, D6H, D7F
	Fiat-Allis	FD175, FD195, 14C, FD14E, 16B
	John Deere	850
	Komatsu	D61, D65E, D68E, D85A
	Liebherr	PR732
	Massey Ferguson	MF D700C
	New Holland	DC180

<b>DOZERS</b>		
<b>POWER CLASS (FWHP)</b>		<b>DAILY RATE</b>
IA	> 300 FWHP	\$4,525
IB	250-300 FWHP	\$3,610
IC	200-249 FWHP	\$3,180
IIA	150-199 FWHP	\$2,205
IIB	100-149 FWHP	\$2,035
III	< 100 FWHP	\$1,670

# DIVISION OF FORESTRY

## EMERGENCY EQUIPMENT RENTAL RATES

### Excavators

TYPE 1	EXCAVATOR MAKE	MODEL & SERIES
(> 231 FWHP)		
DAILY SHIFT RATE	Case	CS330, CX460, CX800, 9050B, 9060B
	Caterpillar	330CL, 345BL, 345BL II, 350L, 365BL, 375
\$2,915	Daewoo	SOLAR 330LC-V, SOLAR 400LC-V, SOLAR 450-III
	John Deere	330C LC, 330LC, 370, 370C, 450C LC, 450LC, 600C LC
	Fiat Allis	FX480LC, FX600LC
	Hitachi	ZAXIS 330LC, ZAXIS 370, EX550LC-3, EX700, ZAXIS 450LC, Z
	Hyundai	AXIS 600LC, ZAXIS 800, EX450LC, EX550LC-5
	JCB	JS450, JS460
	Kobelco	SK300LC, SK330LC, SK400LC MARK IV, SK480LC
	Komatsu	PC300HD-6, PC300HD-7, PC300LC-6, PC300LC-7, PC400HD-6, PC400LC-6, PC450LCD-6K, PC600LC-6
	Liebherr	R954B HD, R964B UTILITY, R974
	Link-Belt	330LX, 370LX RB, 460LX, 5800 QUANTUM
	New Holland	EC350LC, EC450LC, EC600LC
	Samsung	SE350LC-2, SE450LC-2
	Volvo	EC330B LC, EC360B LC, EC360 LC, EC460B LC, EC460LC

TYPE 2	EXCAVATOR MAKE	MODEL & SERIES
(161-230 FWHP)		
DAILY SHIFT RATE	Badger	666 Hydro-Scopic, 670 Hydro-Scopic, 888 Hydro-Scopic
\$2,655	Case	CX240, CX290, 9040B, 9045B
	Caterpillar	322CL, 325BL, 325CL, 330BL
	Daewoo	SOLAR 250LC-V, SOLAR 290LC-V
	John Deere	230LC, 230C LC, 270LC, 270C LC
	Fiat Allis	FX240LC, FX270LC, FX350LC
	Gradall	XL5200
	Hitachi	ZAXIS 230LC, ZAXIS 270LC, EX270LC-5, EX330LC-5, EX370-5
	Hyundai	R250LC-3, R290LC-3, R320LC-3
	JCB	JS330
	Kobelco	SK220LC MARK IV, SK250LC, SK270LC MARK IV, SK290LC
	Komatsu	PC220LC-7, PC270LC-6, PC270LC-7, PC308UAK-NFDC-3
	Liebherr	R934HDSL
	Link-Belt	240LX, 290LX, 3900 QUANTUM
	New Holland	EC240LC
	Samsung	SE240LC-3, SE280LC-2, SE280LC-3
	Volvo	EC240B, EC240LC, EC240LR, EC290B, EC290LC, EC290LR

# DIVISION OF FORESTRY

## EMERGENCY EQUIPMENT RENTAL RATES

TYPE 3	EXCAVATOR	MODEL & SERIES
(136-160 FWHP)	MAKE	
DAILY SHIFT RATE	Case	CX210, CX225
	Caterpillar	320C, 320CL, 320C U, 320CL U, 321C LCR, 322BL
\$2,415	Daewoo	SOLAR 220LC-5,
	John Deere	200C LC, 200LC, 225C LC
	Gradall	XL4200
	Hitachi	ZAXIS 200LC, EX230LC-5
	JCB	JS260
	Kobelco	SK200LC MARK IV, 200SRLC, SK210LC, 235SRLC
	Komatsu	PC200-7, PC200LC-7, PC220LC-6, PC228UAK-NFDC-3, PC250LC-6
	Liebherr	R924
	Link-Belt	210LX, 3400 QUANTUM
	New Holland	EC215LC
	Samsung	SE210LC-3
	Volvo	EC210B, EC210LC, EC210LR

TYPE 4	EXCAVATOR	MODEL & SERIES
(111-135 FWHP)	MAKE	
DAILY SHIFT RATE	Case	9030B, 9030BN
	Caterpillar	318B, 318BL N, 318 CL, 318 CL N, 320B, 320BL, 320BN
\$2,195	Daewoo	SOLAR 170-III, SOLAR 170LC-V
	Fiat Allis	FX200LC
	Hitachi	EX200LC-5
	Hyundai	R180LC-3, R210LC-3
	JCB	JS200, JS220
	Kobelco	SK160LC, ED190, 200SRLC
	Komatsu	PC200-6B, PC200LC-6, PC228UAK-NFDC-1, PC228UAK-NFDC-
	Liebherr	R904, R914
	Link Belt	2800 Quantum

TYPE 5	EXCAVATOR	MODEL & SERIES
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# DIVISION OF FORESTRY

## EMERGENCY EQUIPMENT RENTAL RATES

(86-110 FWHP)	MAKE	
<b>DAILY SHIFT RATE</b>	Case	CX130, CX135, CX160, 9010B, 9020B
	Caterpillar	215, 315C, 315CL, 313B, 314C, 314CL, 315B, 315BL, 315C, 315CL
\$1,915	Daewoo	SOLAR 130LC-V
	John Deere	120C, 135C, 160LC, 160C
	Fiat Allis	FX140
	Gradall	XL3200
	Hitachi	ZAXIS 120, ZAXIS 160LC, RC260LC-5,
	Hyundai	R130LC-3, R160LC-3
	JCB	JS160
	Kobelco	SK130LC MARK IV, SK115DZ LC MARK IV, 135SRLC, 135RL, ED150, SK150LC MARK IV
	Komatsu	PC120-6, PC120LC-6, PC128US-1, PC128US-2, PC128UU-2, PC138UAK-NFDC-2, PC150-6, PC150LC-6, PC158UAK-NFDC-2, PC160LC-7
	Link-Belt	160LX, 2700 QUANTUM
	Mustang	ME12002
	New Holland	EC160LC
	Samsung	SE130LC-2, SE130LC-3, SE130LCM-2, SE130LCM-3
	Volvo	EC140BLC, EC140LC, EC140LCM, EC150LC, EC160BLC

TYPE 6	EXCAVATOR	MODEL & SERIES
(76-85 FWHP)	MAKE	
<b>DAILY SHIFT RATE</b>	Caterpillar	311B, 311C, 312B, 312BL
	John Deere	110
\$1,740	Gradall	XL2200
	Hitachi	EX110-5, EX120-5
	JCB	JS130
	Kobelco	115SRDZ
	Komatsu	PC95R-2, PC100-6, PC128UU-1
	Liebherr	R312
	Link-Belt	2650 QUANTUM
	Mustang	ME 8002, ME12002
	New Holland	EC130LC
	Schaeff, Inc.	HR41
	Takeuchi	TB070, TB175

TYPE 7	EXCAVATOR	MODEL & SERIES
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# DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

(61-75 FWHP)	MAKE	
<b>DAILY SHIFT RATE</b>	Bobcat	442
	Gehl	GE802
\$1,630	Komatsu	PC95-1
	Mustang	ME 8002
	Schaeff, Inc.	HR31, HR32
	Terex	HR32

TYPE 8	EXCAVATOR	MODEL & SERIES
(50-60 FWHP)	MAKE	
<b>DAILY SHIFT RATE</b>	Case	CX75, 9007B
	Caterpillar	307B, 307C, 308C
\$1,550	Daewoo	Solar 70-III,
	John Deere	80, 80C
	Hitachi	ZAXIS 80, EX80-5
	JCB	JS70, JZ70
	Kobelco	SK60 MARK IV, 70SR, 80CS
	Komatsu	PC60-7, PC60-7B, PC78US-6
	Link-Belt	75, 1600 QUANTUM
	Nagano	NX75-2
	Schaeff, Inc.	HR22
	Takeuchi	TB070, TB175
	Thomas	T75
	Yanmar	V1070

EXCAVATORS	
CLASS (FWHP)	DAILY RATE
Type 1 ( > 231 FWHP)	\$2,915
Type 2 (161-230 FWHP)	\$2,655
Type 3 (136-160 FWHP)	\$2,415
Type 4 (111-135 FWHP)	\$2,195
Type 5 (86-110 FWHP)	\$1,915
Type 6 (76-85 FWHP)	\$1,740
Type 7 (61-75 FWHP)	\$1,630
Type 8 (50-60 FWHP)	\$1,550

## Mini-Excavators

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

Transportation for the equipment will be provided by the Vendor and is included in the equipment rate.

MINI EXCAVATORS		
(< 50 FWHP)	MAKE	MODEL & SERIES
DAILY SHIFT RATE	Airman	35-2
	Bobcat	329
\$815	Case	CX31
	Cat	303.5
	Kubota	91.2
	Kobelco	30SR-3

### **Farm Tractors**

Included in the rate is Vendor-provided equipment dragged behind the tractor such as disc or harrowing tool. Transportation for the equipment will be provided by the Vendor and is included in the equipment rate.

FARM TRACTORS		
(> 20 FWHP)	MAKE	MODEL & SERIES
DAILY SHIFT RATE	John Deere	210C
SINGLE	Ford Holland	250C
\$880	New Holland	345D, 445D
	Massey Ferguson	MF-40E

### **Forklifts**

Forklifts are hired from commercial rental companies or equipment dealers at the commercial rate without operator. Assigned operator should meet any agency-specific training requirement.

### **Feller Bunchers**

FELLER BUNCHERS	
CLASS (FWHP)	DAILY RATE
Type 1 (> 225 FWHP)	\$3,685
Type 2 (160-225 FWHP)	\$2,640

# DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

## Forwarders

FORWARDERS	
CLASS (FWHP)	DAILY RATE
Type 1 (200+) 1500 gal.	\$3,025
Type 2 (140-199) 1200 gal.	\$2,885
Type 3 (100-139) 1000 gal.	\$2,610
Type 4 (<100) 850 gal.	\$2,475

## Graders

If the grader must be transported by lowboy, transportation costs for the equipment will be paid separately as a special rate per the rates specified under the Transport Vehicle section of this document.

TYPE 1 (200-250 FWHP)	GRADER MAKE	MODEL & SERIES
DAILY SHIFT RATE		
\$2,455	Case	885
	Caterpillar	14H, 16H
	Champion	D-686, 780, 740A, 750A, 780A
	Galion	T-700, 870B, 870C
	John Deere	772CH II
	Komatsu	GD670A-2C, GD670AW-2C, GD750A-1, GD825A-2
	New Holland	RG200, RG200B
	Volvo	G740, G740B, G746B, G780, G780B

TYPE 2 (145-199 FWHP)	GRADER MAKE	MODEL & SERIES
DAILY SHIFT RATE		
\$2,115	Case	865
	Caterpillar	12H, 140H, 143H, 160H, 163h
	Champion	720A, 726A, 730A, 736A,
	Fiat Allis	FG85A, FG105A
	Galion	850B, 850C
	John Deere	670CH II, 672CH II, 770C, 770C II, 770CH, 770CH II, 772CH
	Komatsu	GD650A-2C, GD650AW-2C, GD 655-3, GD675-3
	New Holland	RG170, RG170B
	Volvo	G720, G720B, G726 VHP, G726B, G730, G730B, G736 VHP



## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

TYPE 3 (115-144 FWHP)	GRADER MAKE	MODEL & SERIES
DAILY SHIFT RATE	Case	845
	Caterpillar	120H, 135H
\$1,860	Champion	710A, 716A
	Galion	830B, 830C
	John Deere	670C, 670C II, 670CH, 672CH
	Komatsu	GD530A-2C, GD530AW-2C, GD555-3
	New Holland	RG140, RG140B
	Volvo	G710, G710B, G716VHP

TYPE 4 (75-114 FWHP)	GRADER MAKE	MODEL & SERIES
DAILY SHIFT RATE	Champion	C50A, C60A, C66A, C70A, C76A, C80A, C86A
	Fiat Allis	65C
\$1,575	Ingram	MG747
	Lee-Boy	685
	New Holland	RG80, RG100
	Volvo	G60, G66, G80, G86

GRADERS	
CLASS (FWHP)	DAILY RATE
Type 1 (200-250 FWHP)	\$2,455
Type 2 (145-199 FWHP)	\$2,115
Type 3 (115-144 FWHP)	\$1,860
Type 4 (74-144 FWHP)	\$1,575

### Skidders/Skidgines

CLASS 1 (200-275 FWHP)	MAKE	MODEL & SERIES
DAILY SHIFT RATE	FMC	220CA, 220GA
SINGLE	Clark Ranger	668 Turbo, 880, F68
\$2,660	Caterpillar	535B
	Franklin	Q90, 190
	Timbco	260

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

<b>CLASS 2</b>	<b>MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>(140-199 FWHP)</b>		
<b>DAILY SHIFT RATE</b>	John Deere	740, 740A, 520, 550, 550B, 640G
<b>SINGLE</b>	Timberjack	460, 460D, 520, 550, 550B, 660, 660D
\$2,370	Clark Ranger	667, 668B, 668C, 668, H66DS, H67, H67-II
	Caterpillar	528, 515, 525, 525B, 545
	Garrett	25A, 30, 30A
	Franklin	Q70, Q80, 170, 185
	Tree Farmer	C7F

<b>CLASS 3</b>	<b>MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>(100-139 FWHP)</b>		
<b>DAILY SHIFT RATE</b>	John Deere	548D, 640, 640D, 648D, 360, 380D, 404, 450, 540G
<b>SINGLE</b>	Timberjack	240C, 240D, 240E, 350A, 360, 360D, 380D, 404, 450
\$1,850	FMC	180
	Clark Ranger	665, 666, F65, H66
	Caterpillar	518
	Garrett	21A Turbo, 22
	Case	800 Series
	Int'l Harvester	S10
	Tree Farmer	C6F

<b>CLASS 4</b>	<b>MAKE</b>	<b>MODEL &amp; SERIES</b>
<b>(81-99 FWHP)</b>		
<b>DAILY SHIFT RATE</b>	John Deere	440D, 448D, 540, 540A
<b>SINGLE</b>	Timberjack	225 series, 230 series, 330
\$1,480	Clark Ranger	664, 664B
	Massey Ferguson	320
	Garrett	21A
	Case	600
	International Harvester	S8A

If a skidder is equipped as a skidgine, add the Special Rate as shown by tank size below. Skidgine must have a minimum of a 200-gallon tank and not exceed the manufacturer's load rating. It is recommended that skidgines have 150 feet of 1-inch hardline with  $\frac{3}{4}$  - inch inside diameter hose on a reel, and 200 feet of 1-inch linen hose.

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

TANK SIZE	DAILY RATE
200 gal – 399 gal	\$205
400 gal – 799 gal	\$305
> 800 gal	\$505

SKIDDERS		
CLASS (FWHP)		DAILY RATE (SINGLE SHIFT)
1	200-275 FWHP	\$2,660
2	140-199 FWHP	\$2,370
3	100-139 FWHP	\$1,850
4	81-99 FWHP	\$1,480

All pumps shall have pressure gauges that meet the minimum pump pressure rating. No fiberglass tanks will be accepted. All tanks must be certified and baffled in compliance with NFPA or American Society of Mechanical Engineers' standards or other industry accepted engineering standards.

### Tracked Utility Vehicle

TRACKED UTILITY VEHICLES				
TYPE	MAKE	MODEL & SERIES	MINIMUM PAYLOAD	DAILY RATE
1	Flectrac / Nodwell	FN-110, FN-160, FN- 240	11000 lbs.	\$2,875
	Foremost	Chieftan		
2	Flectrac / Nodwell	FN-60, FN-75	6000 lbs.	\$2,535
3	Flextrac	FN-20	1500 lbs.	\$2,190
	Thiokol	1200C		
	Bombardier	252G		

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

A Tracked Utility Vehicle with an auxiliary tank receives a Special Rate using the following table. Equipment must be equipped with a minimum of a 200-gallon tank and must have the ability to pump water with minimum speed of 30 gpm and minimum pressure of 100 psi. It is recommended that the unit have 150 feet of 1-inch hardline with  $\frac{3}{4}$  - inch inside diameter hose on a reel, and 200 feet of 1-inch linen hose. The use of the auxiliary tank must be noted on the daily shift ticket for the special rate to apply.

TANK SIZE	DAILY RATE
200 gal. – 399 gal.	\$205
400 gal. – 799 gal.	\$305
>800 gal.	\$505

### **Soft Track**

Soft Tracked Utility Vehicles are modified FMC apparatus equipped with a tank, pump, and firefighting configuration. The fee for the water tank is already included in the rate.

SOFT TRACK
DAILY RATE
\$3,675

## **PASSENGER AND CARGO VEHICLES**

### **All Terrain Vehicles (ATVs/UTVs)**

Use State-owned sources before renting. Rental or use of 3-wheeled ATVs is prohibited. The operator shall be a State employee. All ATV/UTV operators are required to wear proper PPE (i.e., helmet, goggles, gloves, etc.). State shall provide fuel and oil. Allow for delivery charges.

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

# DIVISION OF FORESTRY

## EMERGENCY EQUIPMENT RENTAL RATES

### Utility Vehicles

When utility vehicles are needed without operator, use the Vehicle Only rate. In this situation, the State provides all operating supplies and operator. When utility vehicles are hired with operator they are hired on a daily basis with the State providing fuel and Vendor providing the operating supplies. When vehicle is hired with operator they must possess a valid state driver's license. The operator's health and physical condition must be sufficient to perform the duties of driver without causing themselves or anyone else undue harm. **All operators shall be able to occasionally lift objects up to 30 pounds.**

SEDANS		
TYPE	DAILY RATE	VEHICLE ONLY
Compact	\$550	\$75
Mid-Size	\$560	\$80
Full-Size	\$565	\$85

STAKE TRUCKS/FLATBEDS		
TYPE	DAILY RATE	VEHICLE ONLY
8500 GVW – 14,999 GVW	\$580	\$100
15,000 GVW – 24,999 GVW	\$665	\$185
25,000 GVW – 35,500 GVW	\$725	\$240

SUV/VANS	
TYPE	MODEL & SERIES
Light	Chevy Blazer, GMC Jimmy
½ T	Ford Explorer
¾ T	Ford Expedition
1 T	Ford Excursion

4x2	
DAILY RATE	VEHICLE ONLY
\$540	\$65
\$550	\$75
\$565	\$85
\$575	\$95

4x4	
DAILY RATE	VEHICLE ONLY
\$565	\$85
\$570	\$90
\$590	\$110
\$605	\$125

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

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

4x4	
DAILY RATE	VEHICLE ONLY
\$590	\$110
\$600	\$120
\$610	\$130
\$635	\$155

### Buses

Buses ordered as Equipment are hired on a daily basis with the State providing fuel and Vendor providing the operating supplies, and Vendor-hired operator. Included in the rate is Vendor-provided support for maintenance.

Cargo, such as tools, fire packs, and equipment shall not be carried in the bus unless they are securely lashed down or stored behind a well-anchored screen separating the tools and gear from the passengers. The bus shall provide for at least one emergency exit in addition to the main door and access to the emergency exit must be free of barriers.

DOF requires liability insurance in the minimum amount of \$1,000,000 combined single limit per occurrence for all buses.

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

BUSES		
TYPE	MINIMUM CAPACITY	DAILY RATE
Mini Bus	20 passengers	\$1,010
Full Size Bus	40 passengers	\$1,210
Crew Carrier Bus	24 passengers	\$1,220
Additional Driver		\$425

Point-to-point hiring of buses occurs when personnel need to be transported to or from an Area or an incident. Since the bus company or vendor is providing a service, fuel is not provided by the State, nor will claims be processed for the delivery service. Equipment inspections of buses should be conducted to ensure the bus is in a safe operating condition prior to hauling personnel.

Buses hired for point-to-point missions will be paid at the daily rate for any mission that meets or exceeds six hours, ½ the daily rate when under hire for less than six hours

Generally, the Dispatcher will discuss the point-to-point mission in terms of mileage to deliver the crew or personnel and anticipated duration of the mission. The Dispatcher would tell the bus company what is needed and the bus company or vendor would provide the qualified driver, the fuel, other operating supplies, and the equipment. The bus company or vendor will be directed to send the bus to a pickup point or for an equipment inspection at which time the time under hire begins. Arrival times and departure times must be verified by incident personnel or dispatchers on a shift ticket to document invoice charges.

The incident should hire the bus under an E-number if the desire is to assign the bus to a crew, Ground Support or a Transportation Unit. A complete equipment hire packet is required when buses are hired on E-numbers.

**THE BUS CANNOT BE HELD BY THE INCIDENT UNLESS THE VENDOR AGREES, A NEW EQUIPMENT RESOURCE ORDER IS CREATED, AND AN INSPECTION IS COMPLETED BEFORE THE BUS IS PUT UNDER HIRE AND INTO SERVICE AT THE INCIDENT.**

### **TRANSPORT VEHICLES**

Transports may be hired as:

1. Point-to-Point – this is the default method. This is considered a Vendor provided service and a separate payment line will be included in the equipment use invoice. Incident personnel should document arrival and departure times and convey this information to the Dispatcher. The State does not pay for fuel for point to point transports. No S# or separate E# is created.

Point-to-Point Transports are paid at the daily rate for any mission that meets or exceeds 6 hours, ½ the daily rate when under hire for less than six hours

**THE TRANSPORT CANNOT BE HELD BY THE INCIDENT UNLESS THE EQUIPMENT VENDOR AGREES AND THE CHANGE IS REFLECTED ON THE ORDER.**

2. Assigned – may only transport the equipment it was hired for. This may be needed if the incident expects to move the specific equipment frequently. The transport unit is paid separately from the equipment and is not issued a separate resource order. The transport costs are calculated and added on a separate line of the equipment use invoice.

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

3. Stand Alone - On a large incident with several pieces of equipment, the Incident Commander or Operations Section Chief may approve a request to Resource Order a stand-alone transport. This transport may be used to move other Vendor's equipment and the transport Vendor is required to carry commercial motor carrier's insurance with a minimum liability coverage of \$1 million. A stand-alone transport will be issued its own E-number and shift tickets will be generated, as for any other type of equipment.

This is the only type of transport treated as a separate piece of equipment (requires inspections, a hiring packet, Resource Order (E-number), shift tickets, and Equipment Use Invoice).

This rate is higher than point-to-point and assigned transport rates as the vendor must carry \$1 million commercial carrier insurance.

Stand-alone and assigned transports will be paid on a daily basis except for first and last days.

The State provides fuel (except for point-to-point transports), and the Vendor provides operating supplies, pilot car(s) any support vehicles, permits, and Vendor-hired operator. The Dispatcher should contact the Vendor to convey whether the equipment needs no transport, point-to-point transport, or if transport equipment needs to be assigned to the equipment. This should be reflected under Special Needs on the Resource Order. **The Vendor is responsible for arranging transport of their equipment and transport rates will be paid as specified in the transport rate table. The transport provided by the Vendor will be paid under Special Rates**

**When a lowboy/transport is assigned to a piece of equipment, such as a dozer, and both pieces of equipment use the same operator, daily payment for the lowboy/transport will be reduced by \$590 per day. . On first and last day if equipment is under hire less than eight hours the reduced rate will be further reduced by half, (see Conditions of Hire, Chapter 7).**

If a pilot/flag vehicle(s) is/are required by law during transportation of heavy equipment, no additional payment will be made for such vehicles or operators. Included in the rate is Vendor-provided pilot cars and service vehicles plus their maintenance, and operator transportation. Permits, if necessary, are the responsibility of the Vendor owning the transport equipment.

If a Vendor elects to keep a point-to-point or otherwise released transport at the incident location, no further payment is due because the period of hire ended when the transport was released. An example of this is if a Vendor has a shared operator who drives the transport and also operates the equipment but the equipment was ordered to be delivered and picked up (point-to-point method). In this case, the Vendor receives payment for one round trip for the transport equipment and no payment for the transport equipment while it remains at the incident. If the Vendor had a separate driver for the transport, a transport fee would be paid to deliver the equipment and another transport fee to demobilize the equipment when the equipment was released. (The transport's trip to return the equipment to the point of hire is considered a new period of hire.)

### **Transport Hire Guidance**

What type of transport arrangements are required by the incident?

No transport is needed if the equipment is on-site (and does not need to be moved), or if the equipment is "self-propelled" (such as a road grader).

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

Is it mission critical that the Transport stays with the equipment?

**No** → Point-to-Point

**Yes** → Assigned, for that piece of equipment

Is it mission critical to have a Transport for multiple pieces of equipment?

**Yes** → Request a Stand Alone on it's own Resource Order

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Backhoes			
1	3	0	\$1,465
2	3	0	\$1,465
3	3	0	\$1,465
4	Flatbed Truck	0	\$890
5	Flatbed Truck	0	\$890

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Dozers			
IA	1	2	\$3,700
IB	2	2	\$3,485
IC	2	2	\$3,485
IIA	2	2	\$3,485
IIB	2	2	\$3,485
III	3	1	\$2,270

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Excavators			
1	1	1	\$2,900
2	1	1	\$2,900
3	2	1	\$2,680
4	2	0	\$1,880
5	2	0	\$1,880
6	3	0	\$1,465
7	Flatbed Truck	0	\$890
8	Flatbed Truck	0	\$890

EQUIPMENT/TYPE	TRANSPORT TYPE	PILOT CARS	DAILY RATE
Feller Bunchers			
1	1	1	\$2,900
2	2	1	\$2,270



**DIVISION OF FORESTRY  
EMERGENCY EQUIPMENT RENTAL RATES**

<b>EQUIPMENT/TYPE</b>	<b>TRANSPORT TYPE</b>	<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Forwarders</b>			
1	2	1	\$2,680
2	2	1	\$2,680
3	3	1	\$2,270
4	3	1	\$2,270

<b>EQUIPMENT/TYPE</b>	<b>TRANSPORT TYPE</b>	<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Graders</b>			
1	1	1	\$2,680
2	2	0	\$1,880
3	3	0	\$1,465
4	3	0	\$1,465

<b>EQUIPMENT/TYPE</b>	<b>TRANSPORT TYPE</b>	<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Skidders</b>			
1	2	1	\$2,680
2	2	1	\$2,680
3	3	0	\$1,465
4	Flatbed Truck	0	\$890

<b>EQUIPMENT/TYPE</b>	<b>TRANSPORT TYPE</b>	<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Tracked Utility Vehicles</b>			
1	2	0	\$1,880
2	2	0	\$1,880
3	3	0	\$1,465
Soft Track UV	2	0	\$1,880

<b>EQUIPMENT/TYPE</b>	<b>TRANSPORT TYPE</b>	<b>PILOT CARS</b>	<b>DAILY RATE</b>
<b>Stand Alone Transports</b>			
1 (70,000+)	1	2	\$3,930
2 (35,001-69,999)	2	2	\$3,650
3 (20,000-35,000)	3	1	\$3,425

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

### **Transport Hire Examples:**

A Type 5 Excavator is hired for an incident and passes inspection at 1800. It's a two-hour drive each way and the equipment works until 0200 on day one. Equipment works three more days and is available for transport at 2000 on day four.

Equipment Payment Due:  $\frac{1}{2}$  day for Day One + 3 full days = \$6,635

**Point-to-point transport:**    Day 1 Delivery-  $\frac{1}{2}$  day = \$930  
   Day 4 Demob-  $\frac{1}{2}$  day = \$930  
   Total Transport Cost                \$1,860

GRAND TOTAL        \$6,635 + \$1,860 = \$8,495

**Assigned transport:**  $\frac{1}{2}$  day for Day One + 3 full days = \$6,510

GRAND TOTAL        \$6,635 + \$6,510 = \$13,145

### **WATER TRUCKS**

Water Trucks are hired on a daily basis with the State providing fuel and the Vendor providing operating supplies, and Vendor-hired operator(s). Included in the rate is Vendor-provided support for maintenance. Price includes any permits. The daily work rate for the truck is based on a 24-hour period with one operator. The operator must work within the work rest guidelines.

Water trucks shall have a water tank baffled in such a manner that it shall conform to the National Fire Protection Association (NFPA) Standards for Mobile Water Supply Apparatus, 4-2.3, or the American Society of Mechanical Engineers or other industry-accepted engineering standards. NFPA states, *"Any water tank shall be provided with at least one swash partition. Each water tank shall have sufficient number of swash partitions so the maximum dimension of any spaces in the tank, either transverse or longitudinal, shall not exceed 48" (1,220 mm) and shall not be less than 23" (584 mm)."*

When fully loaded, water trucks (including operators and accessory equipment) will conform to Manufacturer's Gross Vehicle Weight Rating (GVWR) or State Highway Gross Vehicle Weight (GVW) limits, whichever is less. This includes balancing the load in a manner that all axle weights comply with the GVWR. An exception to the GVW requirements may be made for Type 1 tenders designed for off-highway construction, where the GVW is less than the GVWR.

Vehicles shall be licensed to carry the loaded GVW of the unit. Vehicles which require a licensed CDL operator when operating on public highways, shall be furnished with, and operated by a licensed CDL operator at all times.

Vehicles shall be configured in a manner that the center of gravity, for the vehicle, is within the design limits of the equipment.

Negotiate water rates, if applicable, at the time of hire. If water is purchased commercially, the market rate will be used and receipts are required to reimburse the vendor. In no case, shall the incident pay more than the commercial rate for water.

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

### **Water Trucks (dust abatement)**

A water truck for dust abatement is required to have, as a minimum, an eight (8) foot wide spray capability (pressure or gravity). They also must have a 100-gallon per minute (gpm) self-loading capability.

<b>WATER TRUCKS (DUST ABATEMENT)</b>	
<b>MIN. GALLONS</b>	<b>DAILY RATE (SINGLE SHIFT)</b>
1000	\$915
2500	\$1,325
5000	\$1,490

### **Water Trucks (potable)**

Potable water trucks are defined as vehicles equipped to store and dispense drinking water. The equipment shall meet state and local requirements for potable water.

<b>WATER TRUCKS (POTABLE)</b>		
<b>GALLONS</b>	<b>DAILY RATE</b>	<b>ADDITIONAL OPERATOR</b>
200 – 500	\$1,110	\$515
501– 999	\$1,260	
1000– 2000	\$1,465	\$540
2001-3000	\$1,815	
3001-4000	\$1,905	

### **Water Trucks (grey water)**

Vendor is responsible for proper removal and disposal of wastewater, including any disposal fees and permits.

Upon approval and documentation, in writing, of a disposal agreement, the State may reimburse the Vendor for the costs associated with the disposal of grey water in accordance with the documented grey water disposal agreement. If costs are associated with the disposal process, the Vendor shall provide an invoice verifying the date, time, and amount of grey water disposed.

<b>WATER TRUCKS (GREY WATER)</b>	
<b>MIN. GALLONS</b>	<b>DAILY RATE (SINGLE SHIFT)</b>
1000	\$915
2500	\$1,325
5000	\$1,490

### **WATER TENDERS**

Tactical Water Tenders will be provided by State Cooperators and staffed with qualified personnel. Rates, terms, and conditions of hire are listed in Chapter 7 of the AIBMH.

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

### **DUMP TRUCKS**

Dump trucks are hired on a daily basis with the State providing fuel and Vendor providing the operating supplies, service vehicle, and Vendor-hired operator. Included in the rate is Vendor-provided support for maintenance and operator transportation. For any portion of a calendar day that a dump truck is used as a transport (provides a tilt bed trailer), \$50 will be added to the daily rate.

<b>DUMP TRUCKS</b>	
<b>CLASS (Capacity)</b>	<b>DAILY RATE</b>
Minimum 5 yards	\$930
Minimum 10 yards	\$2,265

### **FUEL TRUCKS**

Fuel trucks are hired on a daily basis with the State providing fuel for the truck, and the Vendor providing operating supplies and Vendor-hired operator(s). Aviation fuel trucks will be hired using commercial Vendor's standard rates and method of hire. Operators will use the Emergency Equipment Fuel & Oil Issue Record, OF-304. Fuel log must be kept to document fuel dispensed on incident. Vendor shall provide invoices for the commodity vended; the price charged shall reflect the current market price. No separate payment will be made for nursing trucks or required spill-containment equipment.

When the Vendor provides fuel to incident agency vehicles and vehicles owned by other vendors, the E number must be entered on the OF-304 and noted in fuel log. The driver should sign the OF-304. Fuel truck shall be fully registered as a commercial vehicle and be current with all DOT, EPA, and State inspection requirements. Vehicles which require CDL operator when operating on public highways shall be provided with a qualified operator at all times.

Fuel dispensing system shall be so designed to eliminate the wrong product being dispensed, e.g. gasoline being introduced into a diesel-powered vehicle due to the dispensing system not being completely drained from the previous fueling. A separate dispensing system for each product carried is required.

The operator must work within the works rest guidelines.

<b>FUEL TRUCK WITH ONE OPERATOR</b>	
<b>GALLONS</b>	<b>DAILY RATE</b>
1000	\$1,935
2500	\$2,200
3500	\$2,340
5000	\$2,555
Additional Operator	\$585

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

### **FIRE ENGINES**

Fire engines are hired on a daily basis with the State providing fuel and the Vendor providing operating supplies and Vendor-hired operator(s). Additional requirements specifying what type of equipment must be carried, number and qualifications of engine personnel, etc., are listed in the Supplemental Engine Requirements (Appendix C) and must be met for the Vendor's equipment to qualify as a fire engine. When an engine is hired from a private Vendor, the Supplemental Engine Requirements (Appendix C) **MUST** be signed by the vendor and included in the hiring packet.

ENGINES (2 WHEEL DRIVE)		
TYPE	CAPACITY	DAILY RATE
7	50-150 Gal Tank	\$2,060
	10GPM/100PSI	
6	150-400 Gal Tank	\$2,205
	30GPM/100PSI	
5	400-750 Gal Tank	\$2,330
	50GPM/100PSI	
4	750+ Gal Tank	\$2,405
	50GPM/100PSI	

ENGINES (4 WHEEL DRIVE)		
TYPE	CAPACITY	DAILY RATE
7	50-150 Gal Tank	\$2,205
	10GPM/100PSI	
6	150-400 Gal Tank	\$2,370
	30GPM/100PSI	
5	400-750 Gal Tank	\$2,510
	50GPM/100PSI	
4	750+ Gal Tank	\$2,610
	50GPM/100PSI	

### **COOPERATOR FIRE DEPARTMENT (FD) APPARATUS**

FD apparatus is provided by State Cooperators. Rates, terms and conditions of hire are listed in Chapter 7 of the AIBMH.

# DIVISION OF FORESTRY

## EMERGENCY EQUIPMENT RENTAL RATES

### INCIDENT SUPPORT ITEMS

#### Boats

Boats are hired on a daily basis with the State providing fuel and two-cycle motor oil. The Vendor provides a registered boat, operating supplies, boat trailer, any support vehicles. The boat operator is required to operate the boat in a safe and efficient manner. The operator is responsible for navigating waterways and ensuring that passengers are given safety briefings and that the boat is not overloaded with passengers or cargo. The State may provide a river boat manager to help manifest cargo and personnel and to communicate with Operations personnel on an incident.

When Passenger Boats are hired, the operator must be a Coast Guard credentialed merchant mariner for the number of personnel being transported. Passenger Boats can be used to carry cargo and passengers. Boats hired as Cargo Boats **will not** be required to have a credentialed merchant mariner, and **this boat cannot be used to carry passengers**.

**(Note: Canoes, kayaks, scanoes, catamarans, personal water craft, or equipment devised as a floating device will not be hired. Inflatable boats will only be provided by federal or other state agencies or hired from Cooperators at the rates listed directly below (based on size and engine horsepower). For boats hired with operator, Cooperator will provide qualified operator, and the operator rate is included in the daily rate listed below. For boats less than or equal to 20', the engine must not exceed the manufacturer's recommended horsepower for the boat as noted on the manufacturer's label on the boat.)**

The Vendor shall provide the following items on boats:

- Fuel storage cans
- Basic tools and spare parts for maintaining the watercraft
- Anchors and ropes for holding boats in areas where anchoring is reasonable
- First aid kit
- Fire extinguisher (minimum rating, ABC)

The State will provide:

- Sound producing device
- Personal Flotation Device for each passenger
- PPE for boat operator (fire shirt and pants)

CARGO BOATS			PASSENGER BOATS*		
FWHP	SIZE	DAILY RATE	FWHP	SIZE	DAILY RATE
35 - 150 HP	< 16 ft	\$635	35 - 150 HP	< 16 ft	\$775
	16 – 20 ft	\$655		16 – 20 ft	\$795
50 - 250 HP	21 – 23 ft	\$715	50 - 250 HP	21 – 23 ft	\$855
	24 – 26 ft	\$780		24 – 26 ft	\$920
>250HP	16 – 20 ft	\$685	>250HP	16 – 20 ft	\$825
	21 – 23 ft	\$745		21 – 23 ft	\$885
	≥ 24 ft	\$830		≥ 24 ft	\$965
			*Operator must be a Coast Guard Credentialed Mariner		

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

The US Coast Guard has provided some important guidance when credentialed merchant mariners are not available and it is critical to move passengers. The incident or a dispatcher should adhere to the following guidance:

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

In the event there is a need to transport firefighters between Point A and B in a passenger for hire situation upon the navigable waters of the U.S. where the operator of the vessel does not have an appropriate merchant mariner credential, please contact the 24 hour Command Center @ (907) 428-4100 with the following:

1. Person calling and position within the Incident Command System (Incident Commander, Deputy Incident Commander, Section Chief or Deputy Section Chief of Operations, Planning, or Logistics)
2. Call back number
3. State something similar to the following: I am notifying the U.S. Coast Guard we have made efforts to obtain properly credentialed mariner(s) to operate uninspected passenger vessel(s) on the ABC123 River (navigable water of the U.S.) in accordance with Title 46 Code of Federal Regulations Section 15.605 in order to transport persons supporting the ABC123 Fire (incident name). We will continue attempts to identify and hire properly credentialed mariner(s) for this incident.”
4. Full legal name of operator(s) you’d like to hire
5. Driver license number of #4 above
6. Name of navigable water body and approximate transit route(s).

The State is advised of its obligation to obtain the services of properly credentialed mariners (as necessary/appropriate) in order to transport firefighter passengers upon the navigable waters of the United States. The above call procedure is to be used only when necessary to protect life &/or property.

If the Coast Guard approves the waiver for the use of “non-credentialed merchant mariner to haul passengers in cases of emergency the boat will be paid at the Cargo Boat operating rate. The Passenger Boat rate is higher to compensate the owner for obtaining a credentialed merchant mariner as an operator.

**Agency-provided boats, boats hired commercially from registered operators as a service, and boats hired on a cost negotiated per trip basis are not discussed within this document.**

### Airboats

All information listed above regarding boats will apply to airboats. Passengers transported in airboats must be provided a seat. Airboat length will be the sole basis used to determine daily rate. Airboat vendors may be asked to provide their own fuel and will be reimbursed for documented amounts shown on an invoice from the vendor providing the fuel and fuel treatment or lubricants.

CARGO AIRBOATS		PASSENGER AIRBOATS*	
SIZE	DAILY RATE	SIZE	DAILY RATE
< 15 ft	\$970	< 15 ft	\$1,105
15 - 16 ft	\$1,135	15 - 16 ft	\$1,275
17-18 ft	\$1,285	17-18 ft	\$1,420
19 - 20 ft	\$1,425	19 - 20 ft	\$1,560
> 20 ft	\$1,570	> 20 ft	\$1,710
		*Operator must be a Coast Guard Credentialed Mariner	

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

### **Landing craft/Barges**

Landing craft/barges are used to move large amounts of cargo. They should include a drop-down ramp used when loading 4-wheelers and vehicles. Vendor and State specified equipment listed above must be provided. The Vendor will provide a Coast Guard certified mariner as an operator who can navigate the rivers, streams, and lakes as required. Landing craft/barges are categorized based on load hauling capacity.

<b>LANDING CRAFT/BARGES</b>	
<b>CARGO CAPACITY</b>	<b>DAILY RATE</b>
10,000-20,000	\$2,625
20,000-30,000	\$3,030
>30,000	\$4,040

### **Fire Boats**

Fire boats must be owned and operated by FD or Emergency Response agency and must be equipped with an integrated pump system and have foam capability. Fire boats are intended to fight fires in a marine environment but may be suitable for rescue and all-risk incidents. Fire boats will be fully equipped with all support equipment and gear by the fire department or emergency response agency and the state will provide fuel.

<b>FIRE BOATS</b>	
<b>MINIMUM GPM</b>	<b>DAILY RATE</b>
1000	\$2,220
1500	\$2,625
2000	\$3,030

### **Aviation Crash/Rescue Trucks**

Aviation Crash/Rescue Trucks are sometimes ordered to support large helibase or fixed wing base operations in the event of an aircraft emergency. This type of equipment is owned by a FD, the State Department of Transportation or the military. Two trained personnel are included in the rates for this equipment. Aviation Crash/Rescue Trucks are hired on a daily basis with the State providing fuel and the Cooperator providing operating supplies.

<b>AVIATION CRASH/RESCUE TRUCKS</b>		
<b>TYPE</b>	<b>TANK SIZE</b>	<b>SINGLE SHIFT</b>
1	>2000 gal	\$3,945
2	1000 - 2000 gal	\$3,790



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

### **Aerial/Ladder Trucks**

This equipment must be owned and operated by FDs and must be equipped with integral ladder equipment. Aerial trucks also are equipped with tanks and pump units: Aerial/Ladder Trucks are hired on a daily basis with the State providing fuel and the cooperator providing operating supplies and operator. Additional personnel will be hired/billed separately by the Cooperator or hired and paid separately by the State.

<b>AERIAL / LADDER TRUCKS</b>		
<b>TYPE</b>	<b>PUMP GPM</b>	<b>SINGLE SHIFT</b>
1	> 1500	\$3,300
2	1000-1500	\$3,140

### **Shop (Service) Trucks**

A shop truck might be needed to provide a mechanic and tools to repair and service vehicles working in Ground Support or even Operations on an incident. In addition to tools, an air compressor, tire changing equipment, etc. and service trucks will come equipped with fire extinguisher, spare tire, reflectors, and a reflective vest for the mechanic(s) assigned to the shop truck.

<b>SHOP SERVICE TRUCK</b>	
<b>SERVICE TRUCK</b>	<b>DAILY RATE</b>
Mechanic	\$1,420
Mechanic & Helper	\$1,875

### **Mechanic W/Tools & Pickup**

Mechanics are sometimes needed on an incident and can come equipped with a pickup truck and their own hand tools. In addition to mechanic tools, the mechanic vehicle must come equipped with fire extinguisher, spare tire, lug wrench, jack, and reflectors and a reflective vest for the mechanic(s) assigned to the incident.

<b>MECHANIC W/ TOOLS &amp; PICKUP</b>	
<b>SERVICE TRUCK</b>	<b>DAILY RATE</b>
Mechanic	\$920
Mechanic & Helper	\$1,375

## DIVISION OF FORESTRY EMERGENCY EQUIPMENT RENTAL RATES

### **Chainsaws**

The suggested Daily Rate is \$670. The rate includes faller with saw, operating supplies, incidentals, and transportation. Suggested Daily Rate for a chainsaw without operator is \$50.

### **Dumpsters**

Dumpsters are hired at a daily, weekly, or monthly rate. Use commercial vendor's standard rates and method of hire. The vendor should specify delivery, pickup, and disposal rates if possible.

**This type of service should be tracked and ordered under an 'S' number.**

### **Portable Pumps**

Portable pumps are hired without operator and with State-furnished supplies. Equipment may be on a daily, weekly, or monthly rate. Preferred method of hire shall be commercial rate on commercial agreement without operator. Allow for delivery charges. If hired from a non-commercial entity, the suggested Daily Rate is indicated below.

PORTABLE PUMPS			
SIZE	DAILY RATE	WEEKLY RATE	MONTHLY RATE
1-1/2" Pressure Pump	\$25	\$65	\$195
2" Pressure Pump	\$65	\$195	\$490
3" Volume (trash) Pump	\$75	\$235	\$585
4" Volume (trash) Pump	\$100	\$345	\$810
6" Volume Pump, trailer mounted	\$313	\$780	\$2,275

### **Trailers**

A variety of trailers may be used in the fire management/support program. Use commercial rates when procurement personnel set up agreements when commercial vendors are used.

### **Communication Trailers**

Communication Trailers come equipped with radios and are usually used by dispatchers to set up a Communications Unit on an incident or by aviation personnel to set up at a Helibase or Fixed Wing Base. The three type of communication trailers are classified as follows:

- Basic: Equipped with programmable FM radios
- Advanced: Same capability as Basic + Air-to-Ground radio
- Full Capability: Same capability as Advanced + ALRM capable radio

### **Mobile Office Trailers**

Mobile office trailers are defined as a building equipped with electrical hook-up and telephone capabilities, lighting, and set-up to be transported to field locations. Hire mobile offices at a daily, weekly, or monthly rate. The rate should include delivery, set-up, and transport back to the point-of-hire. Use commercial vendor rates.

### **RV and Travel Trailers**

Recreation Vehicle (RV) and travel trailers are defined as having sleeping accommodations and are often equipped with kitchen units and/or bathrooms. Hire on a daily, weekly, or monthly rate. The rate should include delivery, set-up, and transport back to the point-of-hire. Use commercial vendor rates.

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

### **Trailer with Tank**

Trailer with tanks may be hired when a Vendor has mounted a tank to a trailer that may be used to haul water or fuel. A suggested Special Rate is added as per the following table. Hire trailer with tanks at a daily, weekly, or monthly rate.

<b>TANK SIZE</b>	<b>DAILY RATE</b>
200 gal. – 399 gal.	\$205
400 gal. – 799 gal.	\$305
>800 gal.	\$505

### **Office Machines and Equipment**

Office machines include photocopiers, fax, computers, generators, etc. Office equipment is hired at a daily, weekly, or monthly rate. Use commercial vendor's standard rates and method of hire. Negotiate rate for service calls which are realistic, based on response time-frames and distance.

### **Portable Toilets**

In most cases, portable toilets will be procured from Vendors with Master Agreements. If MA Vendors are not available, portable toilets are hired at a daily rate with a service truck mileage rate or per service rate. Use commercial vendor and rates. Negotiate a servicing frequency sufficient for the number of personnel in the incident base or other facility. **This type of service should be tracked and ordered under an 'S' number.**

### **Refrigerator Trucks**

Refrigerator trucks are hired at an un-operated daily rate, plus truck delivery and pick-up rates. Use commercial vendor and rates. Rates for truck-mounted refrigerator units may be higher than trailer units.

### **Shower Units**

There is no specified rate for shower units. The shower unit will follow specifications listed in the National Mobile Shower Unit contract. The Vendor will also need to have storage capacity for potable water and grey water. The State will provide a grey water truck to pump out grey water and the Vendor's potable water truck will be hired to deliver potable water. The Vendor will provide disposable towels and soap.

### **Hand Wash Station**

There is no specified rate for hand wash stations. The hand wash unit will follow specifications listed in the National Mobile Hand Wash Unit contract. The unit will contain at least six sink basins and will include hot and cold running water. The Vendor will also need to have storage capacity for potable water and grey water. The State will provide a grey water truck to pump out grey water and the Vendor's potable water truck will be hired to deliver potable water. The vendor will provide paper towels and soap.

## **ADDITIONAL EQUIPMENT LISTED IN OLAS**

There are additional types of equipment listed in the Online Application System (OLAS) not listed within this document for which suggested rates are not listed. Much of the equipment is rather unique. For the following equipment that says a "placeholder" has been established for a rate, this simply means that the Vendor enters their rate.

## **DIVISION OF FORESTRY**

### **EMERGENCY EQUIPMENT RENTAL RATES**

#### **Articulating Dump Trucks**

The articulating dump trucks differ from the dump trucks as they are very large off-road type of dump trucks used by mining companies or for large construction jobs and are articulated. Suggested rates are listed for a 20-25 Metric ton capacity and a 26-29 Metric ton capacity truck. This type of equipment is a standalone category in OLAS.

#### **Chippers**

Chippers are trailer mounted units provided without operator and used to chip small trees and brush. This work is often associated with rehab operations on an incident. In OLAS, the standalone Chipper category is established and the units are broken into three classes of equipment based on tree diameter chipping capabilities: 4"-8", 8"-12", and >12" diameters.

#### **Self-Propelled Chippers**

A self-propelled chipper is a track mounted piece of equipment that includes chipper machinery that is capable of chipping brush and small trees. This equipment comes with an operator and the State provides fuel for the equipment. This equipment is like the Forestry Mulcher/Masticator listed below except that it does not have a masticating head. Three classes of self-propelled chippers have been established based on the maximum diameter of the trees that are chipped: 10", 15", and 17". No prices have been established for this equipment in OLAS, except as a "placeholder" for each class of self-propelled chipper. This equipment is found in OLAS under Other Support Items.

#### **Remote Fueling Systems**

This category was established in OLAS to allow vendors to provide remote fueling systems for helicopter or fixed wing operation. No prices have been established for this category, except as a "placeholder" in OLAS. Types established were broken into 1,000-gallon, 5,000-gallon, and 10,000-gallon minimum size tank or bladder capacity. This type of equipment was broken into classes dependent on whether the vendor providing a fueling system for jet fuel or aviation fuel.

#### **Forestry Mulcher/Masticator**

The Forestry Mulcher equipment is also known as a masticator. This mobile equipment has a mulching or masticator head and can grind small brush, trees, and may be useful in clearing a fireline in black spruce or willow thickets. The equipment comes with an operator and the State provides fuel for the equipment. No prices have been established for this equipment in OLAS, except as a suggested \$500 "placeholder". This equipment is found in OLAS under Heavy Equipment.

#### **Stump/Tree Grinder**

The Stump/Tree Grinder is heavy equipment sometimes used in land clearing or logging operations. The equipment is hauled into an area or landing with a truck/tractor unit and the logs and woody material is hauled to the stump/tree grinder unit. The equipment comes with an operator and the State provides fuel for the equipment. The stump/tree grinder is further broken into two classes based on the capability or productivity of the equipment type: 40-80 tons/hour or 80-120 tons/hour. No prices have been established for this equipment in OLAS, except as a "placeholder" and the equipment is found under Heavy Equipment.

## **DIVISION OF FORESTRY**

### **EMERGENCY EQUIPMENT RENTAL RATES**

#### **Water Wagon**

This equipment is comprised of a large tank built on a dirt scraper chassis. It has pressurized sprayers and the equipment may be useful for creating a wet line along a secondary road or trail. The equipment comes with an operator and the State provides fuel for the equipment. Two classes have been established for this equipment based on the tank size: 1,000 gal. – 5,000 gal., and >5,000 gal. No prices have been established for this equipment in OLAS, except as a “placeholder” and the equipment is found under Heavy Equipment.

#### **Light Towers**

Light Towers may be needed to light incident base camps when nightfall occurs early or late in the fire season. The lighting needs may be secured through procurement personnel from commercial Vendors. FDs may rent Light Towers to Forestry through the EERA process. The State provides fuel for Light Towers. The Light Tower must include a generator to run the Light Tower. The Light Tower does not come with an operator. Light Towers are found in OLAS under the category Other Support Items.

#### **Ambulances**

Two types of ambulances have been established in OLAS: Basic Life Support (BLS) and Advanced Life Support (ALS). The ambulances are owned and staffed by a FD or an Emergency Response agency or entity, or sometimes large hospitals. The difference between BLS and ALS ambulances is that the ALS ambulance is equipped with higher trained medical personnel (an EMT and a paramedic, for example) whereas the BLS ambulance is staffed with two EMTs. The price of the medics is included in the ambulance and a suggested “placeholder” rate has been established in OLAS. Both types of ambulances come with two medical personnel (EMTs, paramedics, etc.) and one will serve as a driver. The State provides fuel for the ambulance and the owner or sponsoring agency will provide all medical supplies. The ambulances are listed under the Other Support Items in OLAS.

#### **Generators**

Generators may be rented to the State by private individuals, commercial companies, or FDs. The generator is delivered to a site and set up by the owner but does not come with an operator. The two types of generators listed in OLAS are Gasoline-powered and Diesel-powered. The gasoline powered generators are broken into 5 Classes ranging from 2.0 Kilowatt (Kw) to 9.7 Kw. The diesel-powered generators are broken into six classes, ranging from 10 Kw to 85 Kw. The diesel-powered generators are trailer mounted and the gas- powered generators are more portable and only sometimes trailer mounted. The suggested rates established in OLAS are based on a commercial company rate. The State provides the fuel for the generators. Generators may be rented directly from commercial companies and would be arranged and paid for through procurement personnel not using the EERA system discussed herein. Generators are found in OLAS under the Category Other Support Items.

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

### **Portable Repeaters**

In rare circumstances, Forestry may need to rent portable repeaters from FDs or Borough Emergency Services or local government agencies. The repeaters must be set up by qualified personnel and the IMT's Communications Unit Leader (COML) or Communications Technician (COMT) would likely be involved in setting up or maintaining the portable repeaters. The repeaters need to have compatible frequencies or voice groups (voice groups are used by the ALMR system). Three classes of repeaters are set up in OLAS based on the communications frequencies used: VHF, UHF, and ALMR. No suggested rates have been established for this equipment in OLAS, except as a "placeholder" and the equipment is found under Other Support Items.

### **Skid Mounted Water or Fuel Tank**

Vendors may provide skid mounted tanks to the Division that can hold water or fuel. The tank needs to have a pump to be able to dispense the fuel or water and does not come with an operator. The State would provide fuel for the pump. A suggested special rate is added as per the following table.

<b>TANK SIZE</b>	<b>DAILY RATE</b>
200 gal. – 399 gal.	\$205
400 gal. – 799 gal.	\$305
>800 gal.	\$505

**DIVISION OF FORESTRY  
EMERGENCY EQUIPMENT RENTAL RATES**

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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 “Vendor.”

**Scope of Work** – Since the equipment needs of the State and availability of Vendor’s equipment during an emergency cannot be determined in advance, it is mutually agreed that upon request of the State the Vendor shall furnish the equipment listed herein to the extent the Vendor is willing and able at the time of order. The following personnel are authorized to place orders against this agreement: Dispatchers, Buying Team Members, Incident Management Team members, Contracting Officers, and Purchasing Agents. At time of dispatch, a resource order number will be assigned. The Vendor shall furnish the assigned resource order number upon arrival and check in at the incident. The Incident Commander or responsible State Representative is authorized to administer the technical aspects of this agreement. **Equipment furnished under a contractual agreement with the Division of Forestry may be subject to extreme environmental and/or strenuous operating conditions which could include, but are not limited to, damage from unimproved or narrow roads; steep, rocky, brushy, hilly terrain; dust; heat; and smoky conditions that could cause damage to equipment. As a result, the rates paid for the equipment include an additional allowance that is meant to cover expected wear and tear due to adverse conditions under which the equipment is likely to be operated.**

When equipment is furnished to the State, the following clauses shall apply:

- CLAUSE 1. Condition of Equipment:** All equipment furnished under this agreement shall be safe and operable. The State reserves the right to reject equipment that is not safe or is in inoperable condition. The State may allow the Vendor to correct deficiencies within 24 hours. No payment for travel to an incident or point of inspection, or return to the point of hire, will be made for equipment that does not pass inspection. No payment will be made for time that the equipment was not available.
- CLAUSE 2. Time Under Hire:** The time under hire shall start at the time the equipment passes the pre-use inspection after being ordered by the State, and ends at the estimated time of arrival back to the point of hire after being inspected and released, except as provided in Clause 7 of the Conditions of Hire. If equipment is mobilized at the direction of the State for initial attack or without an inspection, the Incident Commander shall determine the start time.
- CLAUSE 3. Operating Supplies:** As identified in Block 7, operating supplies include oil, lubricants, and lube/oil changes. Even though Block 7 may specify that all operating supplies are to be furnished by the Vendor, 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 Vendor. **Fuel will be provided by the State.**
- CLAUSE 4. Repairs:** Repairs to equipment shall be made and paid for by the Vendor. 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 Vendor.



**CLAUSE 5. Timekeeping:** Time will be verified and approved by the State agent responsible for ordering and/or directing the use of each piece of equipment. Time will be recorded to the nearest half hour for daily rate, or whole mile for mileage. Shift length is shown for all equipment furnished with an operator. Shift length is specified in the Incident Action Plan (IAP) or is determined by operations personnel on an incident or at the Area. On-shift time includes time worked, time that equipment is held or directed to be in a state of readiness, and compensable travel time that has a specific start and ending time.

**CLAUSE 6. Payments:**

- A. Rates of Payments: Rates for equipment hired with Vendor-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:
1. Daily Rate shall apply for the vast majority of equipment hired by the State. Payment shall be made on basis of calendar days (0001-2400). For fractional days on first and last day of hire, half the daily rate for periods less than 8 hours of on-shift time shall apply (hired after 1600 or released prior to 0800). If on shift time meets or exceeds 8 hours, the full daily rate applies. A shift is the shift hours as defined by the Incident Action Plan when assigned to an incident or is determined by the dispatching office when not on an incident. Being “on shift” is defined as working or being in a state of readiness during the IAP or dispatch-defined shift.  
a)
  2. Special Rates shall apply when specified. Additionally, when a lowboy/transport and another piece of equipment, such as a dozer, are hired, and both pieces of equipment use the same operator, daily payment for the lowboy/transport will be deducted by \$590. On first and last day if equipment is under hire less than 8 on-shift hours the deduction will be reduced by half.
  3. Guarantee: NOT USED BY THE STATE OF ALASKA
- B. Method of Payment: Lump-sum payment will normally be processed at the end of the emergency assignment. However, partial payment may be authorized as approved by the incident agency. Payment for each calendar day will be made for actual units ordered and performed.
- C. Corrections to Pay Documents: The State has the right to correct the invoice in case of calculation or arithmetic errors

**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 Vendor-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 Vendor withdraws equipment and/or operator(s) prior to being released by the State, no further payment under Clause 6 shall accrue and the Vendor 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 Vendor 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 Vendor 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 Vendor may be released from the incident. See Clause 17
- E. If equipment is reassigned from one incident to another, the maximum payment to a Vendor will be the daily rate. The State will determine how to prorate the payment and this will be communicated to the appropriate parties
- F. Point-to-point hire for equipment such as buses and transports will be paid the daily rate if under hire for 6 hours or more in a calendar day or  $\frac{1}{2}$  the daily rate if under hire for less than 6 hours

**CLAUSE 8. Subsistence:** When State-subsisted incident camps are available, meals and bedding for Vendor'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. Vendors 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 Vendor or the Vendor'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. Vendor's Responsibility for Property and Personal Damages:** Except as provided in Clause 9, the Vendor will be responsible for all damages to property and to persons, including third parties, which occur as a result of Vendor or Vendor'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 Vendor by the State will be deducted from the payment to the Vendor.

**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 Vendor 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 Vendor.

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

**CLAUSE 14. Claims:** Filing a claim is the sole responsibility of the Vendor or the Vendor's insurance company. A claim must be filed with the State within 30 days after the equipment is released from an incident AND must have documentation that damage occurred while the equipment was on the incident and that said damages were the direct result of State employee negligence or that payment was incorrect. Other claims will not be considered.

**CLAUSE 15. Firearms – Weapon Prohibition:** The possession of firearms or other dangerous weapons (18 USC 930(g)(2)) is prohibited at all times while under hire, on State property, and during performance of services under this agreement. The term dangerous weapon does not include pocket knives with a blade less than 2 ½ inches in length or multipurpose tools such as a Leatherman®

- CLAUSE 16. Work Rest and Fatigue Management:** The Vendor is required to follow the most current Division of Forestry fatigue management policy. This includes adhering to the work rest guidelines “For every two hours of work or travel, provide one hour of rest. Personnel are required to take at least one day off within a 21-day period”
- CLAUSE 17. Harassment Free Workplace:** Vendors 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 Vendor 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 Vendor 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 Vendor must carry adequate liability insurance to protect the Vendor 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 Vendor’s stand alone transport equipment (a transport that may be used to move equipment owned by other vendors), the Vendor 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 Vendor 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 Vendor shall also be responsible for all damages to persons and property that occur as a result of the Vendor’s fault or negligence

**CLAUSE 22. Debarment:** CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION (49 CFR Part 29):

1. The bidder/offeror, certifies by submission of this proposal or acceptance of this contract/agreement, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. It further agrees by signature on this agreement, to include this clause without modification in all lower tier transactions, solicitation, proposals, contracts and subcontracts.
2. Where the bidder/offeror/Vendor or any lower tier participant is unable to certify to this statement, it shall attach an explanation to this agreement.

I certify that I have read and agree that I will be subject to the State of Alaska Conditions of Hire, the Emergency Equipment Rental Agreement, and the State of Alaska Equipment Rate Guide. This form supersedes all previous versions which may be referred to in Block 16 of Form OF-294 Emergency Equipment Rental Agreement.

\_\_\_\_\_  
**Vendor's / Authorized Agent's Signature**

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

\_\_\_\_\_  
**Printed Name and Title**

\_\_\_\_\_  
**Company Name**

# STATE OF ALASKA

## SUPPLEMENTAL ENGINE REQUIREMENTS

**In Addition to the State of Alaska Conditions of Hire for Emergency Equipment Rental Agreement Form OF-294, the following requirements will be applicable for EERA Engines:**

**Termination for Convenience** - A State officer may terminate the order for service at any time. When the order for service is so terminated, the State shall be liable only for payments in accordance with payment provisions of Clause 6 of the Conditions of Hire for services rendered prior to the effective date and time of termination.

**Apparatus Types** - Engines shall be defined by standard NWCG types as shown in Table 1, Wildland Engine Types. Apparatus shall be constructed in accordance with NFPA 1906 and meet all applicable federal and state laws. Apparatus with all-wheel drive shall be designated with an “x” suffix, i.e.: T-6x.

**Table 1. Wildland Engine Types**

Type	T-3	T-4	T-5	T-6	T-7
Tank Capacity (gals)	≥500	750+	400 - 750	150 – 400	50 - 200
Pump Minimum Flow (gpm)	150	50	50	30	10
Pump Rated Pressure (psi)	250	100	100	100	100
Hose, 1-1/2” (feet)	500	300	300	300	--
Hose, 1” (feet)	500	300	300	300	200
Operator / Personnel Minimum	2	2	2	2	2

**Equipment Operator/Personnel** - The Vendor shall furnish two operators/personnel per apparatus. The Vendor furnished operator/personnel must possess a valid driver’s license with applicable endorsements. The Vendor will ensure, and show proof, that the operator/personnel are qualified to operate the apparatus. At least one operator will be fully qualified as a Single Resource Engine Boss (ENGB) or higher and meet all NWCG standards.

The other personnel provided by the Vendor will be qualified as a Firefighter 2 (FFT2) or higher. The employees provided by the Vendor are Vendor employees. The Vendor’s equipment will be considered out of service if either of the required personnel is unavailable for work and the payment will be adjusted as per Clause 7 of the Conditions of Hire (Downtime).

**Replacement Personnel** -The Vendor is responsible for providing fully qualified replacement personnel and any costs associated with providing the replacement personnel will be borne by the Vendor.

Any costs incurred regarding replacement personnel for Vendor employees will be deducted on the Emergency Equipment Invoice (OF-296).

**Required Equipment** - The Vendor agrees to furnish apparatus with the following equipment:

- A. Standard equipment will be as specified for the NWCG Engine Type (Table 1.). Other required gear shall be as specified in Table 2

# STATE OF ALASKA

## SUPPLEMENTAL ENGINE REQUIREMENTS

**Table 2. Minimum Engine Inventory**

Qty	Description	Qty	Description
4	1" Nozzle Fog/Straight Stream	2	1-1/2" NPSH F x 1-1/2" NH M Adapter
24'	Suction Hose, 1-1/2" minimum	2	Backpack Pump/Fedco
1	Foot Valve, screened	1	5 Gallon container for drinking water
2	Shovels, Size 0	1	First Aid Kit, (5) person
2	Pulaski	3	Headlamps w/batteries
1	Fire Hose Clamp	1	Reflectors, Set of 3
2	Spanner Wrench, Combo	1	Fire Extinguisher, 5 lb, ABC
1	Live reel w/200' – 1" Hard Line or Live Hose Basket w/200' – 1" FJRL Hose	1	Fuel to operate pump and engine for 12 hrs, (5) gal minimum.
1	1-1/2" NH DBL Male	1	Chain Saw w/24" bar (3.75 cu in, min)
1	1-1/2" NH DBL Female	1	Saw Chaps
1	1" NPSH DBL Male	1	Ear Plugs/Hearing protection
1	1" NPSH DBL Female	1	Saw Gas, Oil and Accessories
4	1-1/2" NH Gated Wye	6	Food for engine crew, 48 hrs, min.
4	1-1/2" NH F x 1" NPSH M Reducer	1	Tent/Tarp per engine crew member
2	1-1/2" NH F x 1-1/2" NPSH M Adapter	1	Wheel Chocks, set
1	Drip Torch	1	Bolt Cutters, 18" minimum

- B. All fire apparatus may be required to carry equipment, in addition to that stated herein subject to vehicle weight limitations. The additional required equipment shall be supplied by the Government
- C. For apparatus with pumps powered by an auxiliary engine, minimum required pump accessories shall be as specified in Table 3

**Table 3. Minimum Pump Accessories**

Qty	Description	Qty	Description
1	Wrench, adjustable	1	Screwdriver, Phillips blade, 4"
1	Wrench, spark plug	2	Starter rope, spare
1	Pliers, slip-joint	1	Grease gun w/grease
2	Quarts crankcase oil	3	Spark plug, spare
1	Screwdriver, Flat blade, 4"		

- D. Vendor agrees to furnish operator/personnel with Personal Protective Equipment as specified in Table 4

**Table 4. Minimum Personal Protective Equipment (per person)**

Qty	Description	Qty	Description
1	Fire Shelter, NFPA Approved	1	Gloves, leather, forestry
1	Canteen, 1 quart Minimum	1	Eye protection, ANSI Z87, latest edition
1	Boot, leather, lace-up, 8", pair	2	Flame resistant clothing set, shirt and pants
1	Hardhat, plastic, w/ chin strap		

- E. Vendor agrees to carry a copy of the inventory which shall be signed by both parties as complete as part of the inspection process

# STATE OF ALASKA

## SUPPLEMENTAL ENGINE REQUIREMENTS

F.

**Loaned Property** - To ensure continued safe, efficient service at the Incident, the Government may loan Accountable Property or Durable Property to the Vendor for use at an incident. The Vendor shall maintain all loaned Accountable Property or Durable Property in good condition during use and shall return all Accountable Property or Durable Property loaned prior to departing from the Incident. Unreturned Accountable and Durable Property will be deducted from payment to the Vendor.

The Government will reimburse the Vendor for Vendor-owned equipment that the Government retains for their use after the Vendor's departure from the Incident. Requests for retention by the Government of the Vendor-owned equipment must be documented and approved by the appropriate operational supervisor and will be replaced by the DOF warehouse or through the claims procedure.

**Claims for Lost, Stolen, or Damaged Property** - The Vendor will file a claim for any personal property or Vendor supplied gear lost, stolen, or damaged while on an incident, with the Incident Management Team or the host unit's administrative section prior to demobilization from the incident. Any supporting documents, witness statements, and reports must be completed by the Vendor. The Government may elect to replace the damaged or destroyed property with like equipment from the warehouse or in accordance with guidelines listed in the Alaska Incident Business Management Handbook. The Vendor will not be reimbursed for normal wear and tear.

**Liability for Fire Suppression** – The Vendor will not be held liable for suppression actions as carried out under the direction of the Government by written or verbal instructions. The Vendor will be working as a Government resource while under hire.

I certify that I have read and will abide by the additional requirements referred to above.

\_\_\_\_\_  
Vendor's/Authorized Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



**STATE OF ALASKA  
SUPPLEMENTAL ENGINE REQUIREMENTS**

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## **Alaska Interagency Coordination Center NERV Standard Operating Procedures**

A National Emergency Rental Vehicle Agreement (NERV) Blanket Purchase Agreement (BPA) was awarded to Enterprise Holding on June 14, 2018.

All who reserve rental vehicles should be familiar with the processes outlined on the NERV website. (<https://sites.google.com/a/firenet.gov/nerv/new-nerv-request>). Regular government and state employees will reserve their own vehicles via the NERV website if one of the conditions below is true.

1. Vehicle will be driven off-road
2. A Sport Utility Vehicle (SUV) or 4x4 pickup is required to meet the needs of the incident
3. The vehicle will be managed by Ground Support unit and utilized by multiple resources
4. The renter is not self-sufficient or able to procure the vehicle needed for the assignment through an agency travel reservation system

Each vehicle rented through the NERV BPA must be requested electronically through the NERV website with a valid resource order. Vehicles obtained through the BPA will be paid by the incident's host agency and reconciled to each resource order associated with the rental by NERV personnel. Fuel must be purchased by the traveler or through other means (i.e. contract fuel tender).

The following process will be used in Alaska for rental vehicles:

- Dispatch will direct individuals to rent a vehicle through NERV. Dispatch will add the proper NERV rental documentation into the resource order.
- Print and complete the NERV Payment coversheet located on the website and return the completed package (i.e. coversheet, resource orders, rental agreement and claims documentation) to the NERV address listed on the coversheet after the rental vehicle has been returned to Enterprise.

Casual employees and incident pool vehicles will be reserved by the local dispatch center.

- Dispatch will provide the complete NERV Payment coversheet to rental drivers or Ground Support upon the rental of each vehicle
- Dispatch will add the proper NERV rental documentation into the resource order <https://sites.google.com/a/firenet.gov/nerv/dispatch-fill-report>.
- The AD or incident Ground Support is responsible for returning the completed package (i.e., coversheet, resource orders, rental agreement and claims documentation) to the local dispatch center after the vehicle has been returned to Enterprise. The local dispatch center or administrative personnel will ensure the package is complete prior to submitting it to the NERV address listed on the coversheet.
- Ground Support personnel shall maintain a log of users for pool vehicles. The log shall remain in the fire package upon demobilization.

Questions regarding the NERV process should be directed to [NERV@fs.fed.us](mailto:NERV@fs.fed.us) or to the Alaska Interagency Coordination Center's Equipment desk: 907-356-5687.

## **APPENDIX B<sup>1</sup>**

### **INDEMNITY AND INSURANCE**

#### **Article 1. Indemnification**

The Contractor shall indemnify, hold harmless, and defend the contracting agency from and against any claim of, or liability for error, omission or negligent act of the Contractor under this agreement. The Contractor shall not be required to indemnify the contracting agency for a claim of, or liability for, the independent negligence of the contracting agency. If there is a claim of, or liability for, the joint negligent error or omission of the Contractor and the independent negligence of the Contracting agency, the indemnification and hold harmless obligation shall be apportioned on a comparative fault basis. "Contractor" and "Contracting agency", as used within this and the following article, include the employees, agents and other contractors who are directly responsible, respectively, to each. The term "independent negligence" is negligence other than in the Contracting agency's selection, administration, monitoring, or controlling of the Contractor and in approving or accepting the Contractor's work.

#### **Article 2. Insurance**

Without limiting contractor's indemnification, it is agreed that contractor shall purchase at its own expense and maintain in force at all times during the performance of services under this agreement the following policies of insurance. Where specific limits are shown, it is understood that they shall be the minimum acceptable limits. If the contractor's policy contains higher limits, the state shall be entitled to coverage to the extent of such higher limits. Certificates of Insurance must be furnished to the contracting officer prior to beginning work and must provide for a notice of cancellation, non-renewal, or material change of conditions in accordance with policy provisions. Failure to furnish satisfactory evidence of insurance or lapse of the policy is a material breach of this contract and shall be grounds for termination of the contractor's services. All insurance policies shall comply with and be issued by insurers licensed to transact the business of insurance under AS 21.

**2.1 Workers' Compensation Insurance:** The Contractor shall provide and maintain, for all employees engaged in work under this contract, coverage as required by AS 23.30.045, and; where applicable, any other statutory obligations including but not limited to Federal U.S.L. & H. and Jones Act requirements. The policy must waive subrogation against the State.

**2.2 Commercial General Liability Insurance:** covering all business premises and operations used by the Contractor in the performance of services under this agreement with minimum coverage limits of \$300,000 combined single limit per claim.

**2.3 Commercial Automobile Liability Insurance:** covering all vehicles used by the Contractor in the performance of services under this agreement with minimum coverage limits of \$300,000 combined single limit per claim.

## 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

## Chapter 7 – Cooperator Fire Departments

### INTRODUCTION

The Division of Forestry (DOF) has close working relationships with Cooperator Fire Departments (FD's). The FD's include paid and volunteer departments. The FD's often are first on scene within the wildland/urban interface. Cooperator resources - engines, water tenders, and personnel who are equipped and trained to provide structure protection - are beneficial to the DOF.

### REFERENCES

Cooperative Fire Protection Agreements  
Annual Operating Plans (AOP) and associated attachments  
DOF Structure Fire Department Guide

### SIGN-UP PROCEDURE

The fire department establishes a formal relationship with the Division by signing a Cooperative Fire Protection Agreement (often referred to as a [“Cooperative Agreement” or CFPA](#)) (Appendix E). The agreement is signed by the fire department's Chief or governing official and sent from the Area, through the Region, to the Central Office for the State Forester's and the Department's signatures. Once activated, the Cooperative Fire Protection Agreement remains in effect until either party terminates the agreement in writing, with 30 days-notice. The Agreement is reviewed every five years. The fire department also signs an Annual Operating Plan (AOP) that contains contact information, a personnel roster that includes hourly rates and equipment they are willing to rent to DOF. The AOP also contains Division contact points, radio frequencies, and so forth. The local Area Forester or Fire Management Officer signs the AOP for the DOF. The original AOP is either sent or scanned to the Central Office.

The Area Fire Management Officer or Area Forester is usually the one who maintains dialogue and establishes a working relationship with the local fire Chiefs. The FMO often discusses mobilization details with the Chief and decides what resources will be available from the FD to fill local or out-of-Area Resource Orders.

Fire departments will follow the [AOP](#) (Appendix D) and use the rates listed therein for engines, water tenders, and command vehicles. The rates are also included within the Online Application System (OLAS). FEPP equipment will be hired at 66% of the established rate for that equipment type. Requirements for each type of equipment and other restrictions are also listed in Appendix A.

Other vehicles/equipment owned by the FD such as boats, ATVs, and trailers will be signed up using the regular Emergency Equipment Rental Agreement (EERA), Conditions of Hire, EERA hiring procedures, and rates listed in Chapter 6. The rate structure differs slightly for FD equipment vs. equipment hired under an EERA. This equipment is also registered through OLAS but on the Vendor side. Personally owned vehicles cannot be signed up under the FD AOP.

### ON-LINE APPLICATION SYSTEM (OLAS)

FDs are required to register their fire department under the (OLAS) and enter information regarding equipment the FD wishes to make available for fire assignments. OLAS will be used in the future for entering and tracking Cooperative Agreements and AOP's submitted by Cooperators. The link for FD's to sign up apparatus and other equipment is: [OLAS](#). This link is also used by DOF personnel to track, hire, and manage equipment in OLAS.

## HIRING

Upon acceptance of an order for service, either verbally or via Resource Order, a binding contract between the Cooperator and Forestry is created incorporating the terms of the Cooperative Fire Protection Agreement, the AOP, and the Cooperator Conditions of Hire. The operator/personnel shall keep a copy of the FD Cooperative Fire Agreement, the AOP, and the Conditions of Hire with the apparatus.

At time of dispatch, a Resource Order number will be assigned for a specific category, type, and class of equipment and this will determine the proper rate to be paid to the Cooperator. Any Cooperator using rates that are non-compliant with Forestry specified rates will normally be the last hired and the first released.

The Cooperator is responsible for providing apparatus to Forestry in a good and safe operating condition. Each apparatus will be subject to a pre-use inspection by the local Area at time of hire. If, in the determination of Forestry, the apparatus is not in good, safe operating condition based upon the manufacturer's general safety specifications when it arrives for work, Forestry may reject it. If equipment is rejected, Forestry will not pay any costs, including transportation costs.

DOF may conduct annual pre-season inspections of all equipment registered in OLAS to ensure that mechanical soundness, safety, and the equipment inventory meet the requirements set forth in the FD Conditions of Hire.

The Cooperator shall furnish the number of personnel as established in Tables 1, 2 and 3 of [Appendix D](#) for each apparatus. Operators/personnel from FD's using the Direct Payment Method (see the Payment/Paperwork Procedure section for payment methods) will be hired by Forestry as Emergency Firefighters (EFF). The operator(s), if hired by Forestry as EFF, will become Forestry employee(s), and are subject to the Conditions of Hire established in the latest version of the [Alaska Emergency Firefighter Type 2 Crew Management Guide](#). EFF Personnel must be Red Carded (meet established NWCG physical fitness and training standards) for the position hired. EFF must complete an EFF hire packet at the local DOF Area office and obtain a Resource Order. Operators from FD's using the Cooperator Reimbursement Method and the Combined Personnel and Apparatus Reimbursement (Lump Sum) Method will remain employees of the department. The operator must possess a valid driver's license with applicable endorsements. The Cooperator will ensure that the operator/personnel are qualified to operate the apparatus. Variations from the staffing levels shall be agreed upon by Forestry and the Cooperator and shall be noted on the Resource Order. The FD must choose the method prior to mobilization so that the appropriate Resource Orders can be generated.

The operator/personnel receive work assignments from, and perform work under, the general direction of Forestry. In the event Forestry terminates an operator for cause, replacement operator/personnel may be requested from the Cooperator. A performance evaluation will be completed for each operator/apparatus under this circumstance.

There is no guaranteed length of hire under any order for service. Forestry may terminate an order for service when it is determined by Forestry that the apparatus is no longer needed. When the order for service is terminated, Forestry shall be liable only for payments in accordance with payment provisions of the contract (see paragraph 1 under Hiring) for services rendered prior to the effective date and time of termination. In the event the Cooperator requires the return of its apparatus, the Cooperator shall notify Forestry, and the equipment shall be released within eight hours.

The Cooperator is responsible for obtaining at their own expense, carrying a copy of, and showing proof at the time of hire, all necessary licenses and permits required by state and federal law/regulation, for both the apparatus and operator/personnel.

The Cooperator is responsible for the cost of all servicing to include providing and maintaining the apparatus with fuel, oil, lubricants, filters, and other operating supplies to maintain the apparatus in a safe operating condition. It is the responsibility of the operator/personnel to determine that the fuel used is the proper fuel for the apparatus. Forestry will provide fuel for apparatus assigned to project fires.

## **ASSIGNMENTS**

For FD resources to be eligible for reimbursement under the Cooperative Agreement, they must be requested or approved by the Division or its Federal Cooperators. Federal Cooperator denotes federal agencies under the Department of the Interior (e.g. Bureau of Land Management, National Parks Service, Bureau of Indian Affairs, U.S. Fish and Wildlife Service) and U.S. Department of Agriculture (i.e. Forest Service). Payment will be made only for fire suppression activities and all-hazard events on lands outside the FD's established jurisdictional boundaries or on State or Federal lands within the FD's jurisdictional boundaries when requested by the jurisdictional agency. Independent action taken by the FDs on lands owned by the State or Federal government is not eligible for reimbursement without immediate notification to the Division and approval of the jurisdictional agency. Although action may occur under "closest forces" or mutual aid to protect the FD's jurisdiction or neighboring jurisdictions during IA, FDs should not assume they will be reimbursed.

The Division's Area Forester or Fire Management Officer (FMO) must approve resources dispatched outside of the local interagency fire center dispatch zone.

### **Initial Attack (IA)**

Initial Attack is defined as an incident lasting for no longer than one shift. Under this definition, no hiring takes place, but the time of hire done under Extended Attack can be retroactive to the original dispatch time of the Initial Attack incident.

### **Extended Attack**

Extended Attack is defined as an incident lasting longer than one shift. Mobilization for Extended Attack assignments usually occur after the local FMO or dispatcher has talked to the FD Chief to ensure that the resources and personnel are available and can meet the desired time frame and resource needs. Resources will be tracked by the local interagency fire center by use of Interagency Resource Ordering Capability (IROC).

When dispatched to an extended attack incident, an Equipment Packet will be provided by the local Area. Equipment will be inspected at the Area before departure to the incident and documented on the Vehicle/Heavy Equipment Inspection form. If equipment is mobilized at the direction of the State without an inspection, the Incident Commander (IC) or Section Chief shall determine the start time. If equipment responded to an incident without a pre-use inspection, the incident personnel must inspect the equipment as soon as feasible.

The interagency dispatch center will inform the resource where to report. Once on the incident, equipment and personnel must check-in with incident management and provide required documentation (e.g. Resource Order and equipment hire packet). If an IMT is managing the fire, check-in takes place in the Planning Section and a copy of the equipment hire packet must be provided to the Finance Section. On a smaller incident, check-in and management of the FD equipment and paperwork may be handled by the IC.

Agencies using equipment or personnel from FD's are responsible for equipment and personnel timekeeping at the incident. However, **ALL original Equipment Packets are to be sent back with the FD to their home Area for their home Area DOF office to audit and process payment documents.** (The incident should keep a copy of the Equipment Packet for inclusion in the final fire package.) **It is then the responsibility of the FD to submit all original payment documentation from the incident, both personnel and equipment, along with a Cooperators Use Invoice or other Cooperator generated invoice to the appropriate Area office for payment.** When five or more engines are dispatched to an incident, DOF may furnish, upon request, a liaison to ensure the FD's and the incident are made aware of their responsibilities. The role of the liaison is to ensure Cooperative Agreements are valid and FD resources are familiar with the IMTs procedures, (i.e. timekeeping, caterers, showers, re-supply, etc.).

Resources will comply with Incident Command System (ICS) / National Incident Management System (NIMS) demobilization procedures and will never "self-demobilize" from an assigned incident. When released from an incident, a release inspection and post-inventory will be required on equipment. FD personnel must ensure that Emergency Equipment Shift Tickets, Emergency Firefighter Time Reports and other needed forms are complete and **signed**. All FD Engines will be evaluated by the incident supervisor and the evaluation form will be included in the equipment packet and a copy kept by the incident upon release from the incident. FD personnel are required to return non-consumable supplies and equipment issued on the incident.

#### Prescribed Fire (RX) and other Fire Management Projects

Under the direction of the Division, the AOP may be used for procuring personnel and equipment for other fire management activities such as fuels mitigation and RX projects, inside and outside the FD jurisdictional area. Project work conducted for federal agencies must be performed under the conditions of agreements specific to their agency specific procurement requirements.

#### All Risk Assignments

It is common for wildland fire resources to assist with non-fire incidents. When requested under the authority of the Stafford Act, it is possible for Alaska state resources to assist with these incidents. However, such incidents must have a State or presidential declaration of disaster before services are eligible for reimbursement or an approved Fire Management Assistant Grant (FMAG). All such incidents must be handled on a case-by-case basis. Cooperators should check with the local DOF Area office before accepting all risk assignments under the Cooperative Agreement program.

### **TIME KEEPING**

Copies of completed and signed [Shift Tickets](#) (Form 5) for equipment and [Crew Time Reports \(CTRs\)](#) (Form 4) for personnel will be turned in to the Finance Section at the end of each operational period so that Finance can generate [Emergency Equipment Use Invoice OF-286's](#) (Form 7) and [OF-288's](#) (Form 6). Any piece of equipment that is rotating personnel must clearly show the hours of the personnel that are being rotated. The line supervisor or IC will sign the CTR and/or Shift Tickets. The **original packet given to the Finance Section (pink for the Shift Ticket and white for the CTR) must be returned to the FD upon release from the incident so that the originals can be submitted with the invoice to the Area office.** The incident should keep copies to be included as part of the final fire package. The FD should also keep a copy for their records.

Operator/personnel will be paid for all hours they are on-shift at the appropriate hourly rate of pay. Operator/personnel may be on a shorter or longer shift than the apparatus to which they are assigned. Hours shall consist of the period working (assigned), ordered standby, or compensable travel time. The number of operator/personnel listed on the rate charts is standard staffing. Any changes to standard staffing will be agreed to in the AOP. No additional personnel will be paid by Forestry unless Resource Ordered.



### Compensable Meal Periods

Personnel assigned to the fire may be compensated for their meal period if all the following conditions are met:

1. The fire is not controlled.
2. The Operations Section Chief decides that it is critical to the effort of controlling the fire that personnel remain at their post of duty and continue to work as they eat.
3. The compensable meal break is approved by the supervisor and documented on the CTR and/or Shift Ticket at the next level.
4. In those situations, where incident support personnel cannot be relieved from performing work and must remain at a post of duty, a meal period may be recorded as time worked for which compensation shall be allowed and documented on the CTR/Shift Ticket in “Remarks” section as “No lunch taken due to uncontrolled fire line”. If a meal break is not documented on the CTR or Shift ticket, the break will be automatically deducted by the State.

Equipment rates have been determined by Forestry for all categories, types, and classes of equipment and are included in [OLAS](#) (Appendix A). Resources rented with higher rates than listed in OLAS/Appendix A should be the last resource hired and the first released. Federal Excess Personal Property (FEPP) apparatus provided by a Cooperator may be paid up to 66% of the normal rate. If apparatus will be used 24 hours per day (a rare circumstance), then the Resource Order must document the need for a double shift and relief crew to work the second shift. Only in this case will a double-shifted rate be paid for the apparatus. The FD will provide a relief crew to work the extra shift. Hours shall consist of the period working (assigned), ordered standby, or compensable travel time.

- The start of the rental period (time under hire) begins at the time the equipment passes inspection or begins travelling to the incident from the point of hire (if requested by the State to go directly to the incident without inspection) after being ordered by the State. The rental period ends at the estimated time of arrival back to the point of hire after being inspected and released from the incident. Each service call will be documented via [shift tickets](#) (Form 5) to an [Emergency Equipment Use Invoice, OF-286](#) (Form 7), or equivalent. The Cooperator or its operator/personnel must sign shift tickets during the assignment and the Emergency Equipment Use Invoice document at the time of release from work.
- On the first and last shift of hire or assignment, the Cooperator shall be paid at the half day or daily rate, provided the apparatus is operable and available. The half day rate will be paid if the apparatus is hired after 1600 hours or released before 0800 hours (depending on estimated time of arrival at home unit). The daily rate will be paid if the apparatus is hired before 1600 hours or released after 0800 hours.
- If the apparatus is inoperable or unavailable during an on-shift period, this will be considered down time, and charges will not accrue.
- For shifts under hire or assignment between the first and last, the Cooperator shall be paid at the daily rate, provided that the apparatus is operable and available the entire shift.
- For apparatus not operable for the full shift, the deduction is calculated by converting the length of shift to determine the hourly rate and paying the Cooperator for the total hours worked before the equipment became nonoperational (not to exceed the daily rate). Apparatus is inoperable when the apparatus itself is inoperable, or when the operator/personnel are unavailable.
- In those cases, where Forestry is the direct cause of the apparatus down time, Forestry will negotiate a reasonable settlement with the Cooperator.
- Forestry has the right to correct the invoice in case of calculation, arithmetic errors, or if the Cooperator chose the improper category, type, class or rate in [OLAS](#).

- A FD is allowed up to four hours with home unit's DOF Fire Manager Officer's approval for refurbishing and rehab of their equipment only for extended attack and/or discretionary response wildland fires.

A shift is the hours worked as stated by the Incident Action Plan (IAP) and/or as determined by the dispatching office. The incident or dispatch office will compile the amount earned by the apparatus on an [Emergency Equipment Use Invoice OF-286](#) (Form 7) which both parties will sign to show concurrence of the amount due the Cooperator at the time of release from assignment. The incident or Area Admin office will also post Cooperator personnel time on [OF-288's](#) (Form 6). OF-286's and OF-288's will be generated whether the Cooperator's method of payment is by Cooperator Reimbursement, Lump Sum, or Direct Payment method.

#### Documentation Requirements for Assignments

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

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

#### Payment/Paperwork Procedure

There are two methods the FD's may choose from to be reimbursed. It is the responsibility of the FD to submit to the Area Forestry office the Equipment Packet with the paperwork listed in the Timekeeping section under Demobilization Equipment Packet.

##### 1. Cooperator Reimbursement

Actual costs of personnel and apparatus are reimbursed to the Cooperator. Personnel remain the employees of the FD. Under Cooperator Reimbursement, the FD will submit an invoice and the Equipment Packet to its own Area Forestry office for the use of its equipment using the rates as listed in [OLAS](#), and personnel with rates documented on the Cooperator Personnel Roster and Pay Rates. Forestry will not pay administrative fees for personnel more than 13.5%. Billing can be submitted using the Cooperator Standardized Invoice or FD's own invoice.

The FD is responsible for payment to its personnel.

In the case of Cooperators being paid by the reimbursement method, both the [Emergency Equipment Use Invoice OF-286](#) (Form 7) and any pertinent Emergency Firefighter Time Report ([OF-288's](#)) (Form 6) will be included as backup documentation for any invoice requesting reimbursement from the State.

## 2. Direct Payment

Where the apparatus is rented from and paid directly to the FD. FD personnel, as mutually agreed to by both the Cooperator and the State, are hired as Emergency Firefighters (EFF) by the State and paid directly. Under Direct Payment, the FD will submit the Equipment Packet and will be paid from an invoice submitted by the FD or the incident generated [Emergency Equipment Use Invoice OF-286](#) (Form 7) for only the apparatus, using the rates established on [OLAS](#). EFF must submit a signed final [OF-288](#) (Form 6) to the Home Unit upon return. The State will directly pay the FD personnel hired as EFF at the level on their Overhead Resource.

Forestry will not pay for backfill positions unless required by municipal ordinance, union contract, or written department policy, under the Cooperator Reimbursement or Lump Sum Methods. In such cases, the State only pays for the difference in the overtime above what the regular salary would be for the backfilling employee.

Forestry has the right to correct invoices in case of accounting errors, or if the Cooperator chose the improper category, type, class or rate in [OLAS](#).

The following items make up the **Payment Packet**

- a. Cooperator's Use Invoice or invoice on their CFD letterhead.
- b. [Emergency Equipment Use Invoice OF-286](#) (Form 7) - originals.
- c. Completed Equipment [shift tickets](#) (Form 5) - originals.
- d. Completed ([OF-288's](#)) (Form 6)- originals, unless operator(s) are EFF (then copies).
- e. Any receipts documenting reimbursable expenses accrued on the assignment - originals.
- f. [Emergency Equipment Rental Agreement \(EERA\) OF-294](#) (Form 8)
- g. [Vehicle/Heavy Equipment Safety Inspection Checklist](#) (Form 3) - original.
- h. Resource Order.

Payment packets totaling \$10,000.00 or less may be sent directly to Juneau for payment if the appropriate signing authority is available in the Area office. If the appropriate signing authority is not available or the invoice totals more than \$10,000.00, the payment packet is sent to the Region Office for approval.

For FD's using Cooperator Reimbursement, the FD's are responsible for filing the appropriate paperwork for any personnel who are injured or become sick while on an incident and a medical claim was filed. For FD's using Direct Payment, the State will use procedures detailed in Chapter 4 for processing and timeline requirements for injured EFF.

If EFF request reimbursement for travel expenses, a State Fire Trip-Details w/ [Trip Closure](#) (Form 10) form needs to be completed and submitted to the local Area office.

If equipment is damaged on an incident, FDs should refer to Chapters 8, 10, and 11 for procedures.

Evaluations should be given to the Area Training Officer.

## **TRAINING AND CERTIFICATION**

FD's entering into a Cooperative Agreement with DOF must meet NWCG training and qualification standards for the position they are filling on an incident for any fire assignment outside the local interagency dispatch zone. Individuals serving on structural engines deployed outside the local dispatch zone for structure protection will, at a minimum, be certified at the National Fire Protection Association (NFPA) WWF1 level as well as NWCG FFT2.

The Division accepts FD personnel qualifications within the Area and it is the responsibility of the FD Chief to ensure that local fire department personnel are properly trained and equipped.

The local Areas maintain NWCG Red Card records for FD personnel through the Incident Qualification System (IQS).

## **TRAVEL**

While in travel status, reimbursement for meals will be made at the State established per diem rate. A Fire Trip-Details w/ [Trip Closure](#) (Form 10) will be completed by FD personnel and submitted to their home Area if they were authorized to receive per diem or travel costs.

No individual can exceed ten hours driving time in one day.

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

### Lodging

Lodging will be reimbursed at actual cost, therefore, receipts for all lodging must be provided for reimbursement.

### Meals and Bedding

If a Forestry-subsisted incident camp is established, meals and bedding for operator/personnel will be furnished without additional charge. Such meals and bedding will be commensurate with that provided to Forestry employees.



### **Knowledge of the Job or Equipment Condition**

0	Unsatisfactory	Contractor/Operator is inexperienced and/or unsafe. If performance cannot be substantially corrected, it constitutes a significant impediment in consideration for future awards containing similar requirements. Equipment cannot be repaired or is inadequate and must be (or has been) released.
1	Poor	Contractor has minimal experience. Overall compliance requires close or continuous supervision to ensure achievement of desired results. Significant down time for equipment or equipment is barely adequate.
2	Fair	Overall compliance requires some supervision to ensure achievement of desired results. Some breakdowns or repairs for equipment or equipment is relatively underpowered or slow at achieving contract requirements.
3	Good	There are no or very minimal quality problems and the Contractor has met the contract requirements with minimal supervision. Minimal breakdowns or repairs for equipment.
4	Excellent	There are no quality issues and the Contractor has substantially exceeded the contract performance requirements without commensurate additional costs to the State. No mechanical breakdowns.
5	Outstanding	The Contractor has demonstrated an outstanding performance level that was significantly in excess of anticipated achievements and is commendable as an example to others. It is expected that this rating will be used in those rare circumstances where contractor performance clearly exceeds the performance levels described as "Excellent". Equipment is superior.

### **Fireline Performance or Timeliness**

0	Unsatisfactory	Contractor is failing to meet performance requirements or follow direction. Delays are jeopardizing the achievement of contract requirements. If performance cannot be substantially corrected, it constitutes a significant impediment in consideration for future awards.
1	Poor	Contractor performance is considered marginal. Delays require significant Agency resources to ensure achievement of contract requirements.
2	Fair	Contractor performance meets minimum acceptability standards and some improvements are needed. Delays require minor Agency resources to ensure achievement of contract requirements.
3	Good	Contractor performance is fully acceptable. There are no or minimal delays that impact achievement of contract requirements.
4	Excellent	Contractor has excellent skills and techniques. Performance is consistently above average. There are no delays and the contractor has exceeded the agreed upon time schedule.
5	Outstanding	The Contractor has demonstrated an outstanding performance level. It is expected that this rating will be used in those rare circumstances where contractor performance clearly exceeds the performance levels described as "Excellent".

### **Business Relations**

0	Unsatisfactory	Response to inquiries and/or technical, service, administrative issues is not effective. If not substantially mitigated or corrected it should constitute a significant impediment in considerations for future awards.
1	Poor	Response to inquiries and/or technical, service, administrative issues is marginally effective.
2	Fair	Response to inquiries and/or technical, service, administrative issues is somewhat effective.
3	Good	Response to inquiries and/or technical, service, administrative issues is consistently effective.
4	Excellent	Response to inquiries and/or technical, service, administrative issues exceed State expectations.
5	Outstanding	The Contractor has demonstrated an outstanding performance level. It is expected that this rating will be used in those rare circumstances where contractor performance clearly exceeds the performance levels described as "Excellent".

# VEHICLE/HEAVY EQUIPMENT PRE-USE INSPECTION CHECKLIST

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

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

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

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

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

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

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

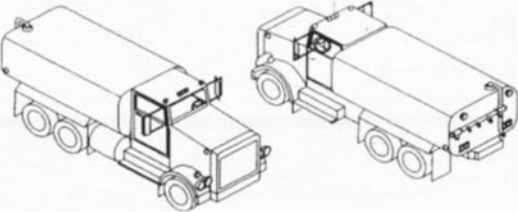
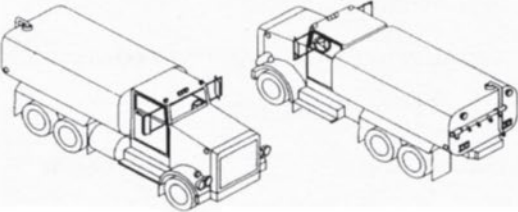
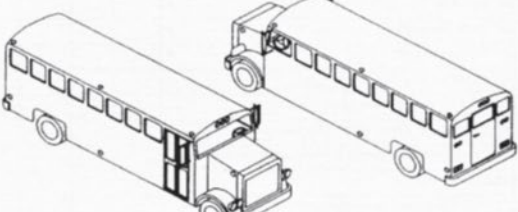
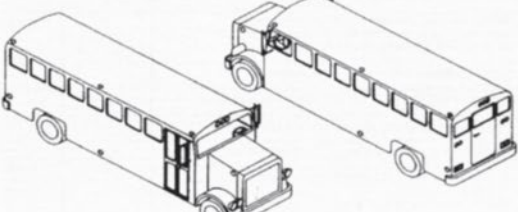
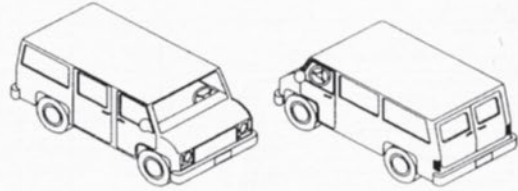
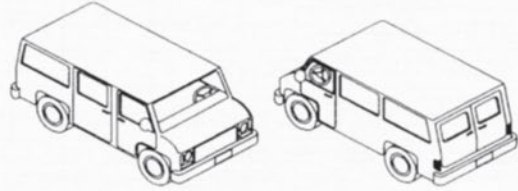
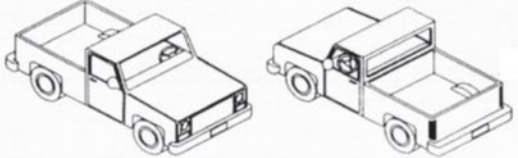
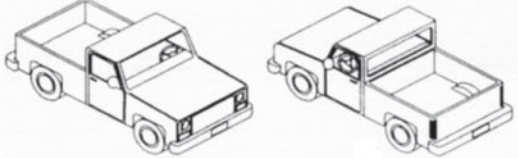
11. RELEASE
<input type="checkbox"/> No Damage/No Claim
MILES/HRS _____ DATE _____ TIME _____
Operator's printed name _____ Title _____
Operator's signature _____ Date _____
Inspector's printed name _____ Title _____

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

SEE SUPPLEMENTAL INFORMATION ON BACKSIDE OF CONTRACTOR COPY





Section IV, Item 23 - Truck, Bus, Van, Pickup, Body Condition Inspection	
Pre-Use Inspection	Release Inspection
	
	
	
	
<b>Remarks</b>           	

OPTIONAL FORM 296



[illegible]

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

NSN 7540-01-119-562850297-102

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

INCIDENT TIME REPORT															1. Hired At (e.g., ID-BOF)					
2. Employee Common Identifier					3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input type="checkbox"/> Other					4. Hiring Unit Name (e.g., Ranger District)										
5. Name (First, Middle, Last)										6. Hiring Unit Phone Number					7. Hiring Unit Fax Number					
Column A					Column B					Column C					Column D					
					Same as Column A <b>A</b> A					Same as Column A <b>A</b> A    B					Same as Column A    A    B    C					
8. Incident Name					8. Incident Name					8. Incident Name					8. Incident Name					
9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					
10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			
12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate			12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate			12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate			12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate			
15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	
Year		16. Total Hours			Year		16. Total Hours			Year		16. Total Hours			Year		16. Total Hours			
In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel															17. Total Hours (all columns):					
18. Commissary and Travel										<b>For Payment Center use only</b>										
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement		18e. Deduction		18f. Firecode											
<b>Total</b>					\$		\$				20. Employee Signature  21. Time Officer Signature									
19. Remarks																				
NOTE: The above items are correct and proper for payment from available appropriations.																				

## EMERGENCY EQUIPMENT – USE INVOICE

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

OPTIONAL FORM 286

**EMERGENCY EQUIPMENT RENTAL AGREEMENT**

PAGE \_\_\_\_ OF \_\_\_\_

**1. Procurement agency: a. name & address**

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**b. Phone #** \_\_\_\_\_**c. Fax #** \_\_\_\_\_**4. Contractor: a. name & address**

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**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**

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**17. Date**

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**18. Print name and title**

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**19. Contracting officer's signature**

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**20. Date**

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**21. Print name and title**

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**Phone #** \_\_\_\_\_

Original to payment center; copy in documentation box.

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

# DNR FORESTRY-FIRE TRIP-DETAILS CLOSURE FORM

REASON FOR TRAVEL (Ex: Fire Preposition, Fire Assignment, Aircraft Support, etc.- \*Note ALL resource order number(s), Fire Name(s), Incident Number(s), and Location(s))

[illegible]

TRIP CLOSURE CHECKLIST	
------------------------	--

Did you execute your travel as booked? If no, explain below.	Personal deviation? If yes, please explain below.	Out of pocket cash & personal credit card reimbursement request(s). Receipts listed below	Was travel booked by SSoA or by Home Unit? Please specify below.	Who paid for your return travel home?	Please list below <b>ONE CARD</b> receipts provided (Simply specify: car rental, hotel/lodging, fuel, parking, conference receipt, taxi, shuttle, ferry, etc.).
			All travel booked by home unit; Itinerary and approvals are attached.		

<b>Traveler Signature</b> _____	<b>Date</b> _____
<b>Approval Signature</b> _____	<b>Approver EID</b> _____

V4 Last Updated: 3/22/22 SMB

# **DIVISION OF FORESTRY**

## **COOPERATOR CONDITIONS OF HIRE**

### **Introduction**

The Division of Forestry has an important cooperative relationship with structure fire departments in the Areas, and occasionally has a need to mobilize resources to assist with structure protection within the Wildland Urban Interface. Cooperator resources - engines, water tenders, and personnel that are equipped and trained to provide structure protection- are beneficial to the Division of Forestry.

The Division of Forestry and the Cooperator establish a formal relationship by signing a Cooperative Fire Protection Agreement. Generally, the Area solicits the Cooperative Fire Protection Agreement with their local structure fire department (CFD). The agreement is signed by the fire department's Chief and sent from the Area, through the Region, to the Central Office for the State Forester's signature. Once activated, the Cooperative Fire Protection Agreement remains in effect until either party terminates the agreement in writing.

General business and administrative information is specified in this, the Cooperator Conditions of Hire. The fire department's Chief (or Authorized Agent) will be provided with a copy of this document, which will remain in effect until such time it is revised by the Division of Forestry. The local Area serves as the liaison between the State and the Cooperator. Any claims for damages while assigned to the incident should be documented prior to leaving the incident. The incident retains a copy of the paperwork for the assigned Cooperator resources for the final fire package, but the original packet is returned to the Cooperator's home Area for completion and processing.

All personnel responding to wildland fire shall be equipped with proper personal protective equipment as stipulated in the DOF Policy and Procedures Manual Section 2120. This includes a fire-retardant shirt and jeans or coveralls, helmet (non-metal), eye protection, heavy-duty leather gloves, 8" tall lace up leather boots, and a fire shelter for each person.

### **Agreement**

The State of Alaska, Department of Natural Resources, Division of Forestry will be referred to as "Forestry" in this document. Cooperator Fire Departments (CFD) under Cooperative Agreement with Forestry will be referred to as "Cooperator" in this document.

1. Order for Service - Upon acceptance of an order for service, either verbally or via Resource Order, a binding contract between the Cooperator and Forestry is created incorporating the terms of the Cooperative Fire Protection Agreement, the Annual Operating Plan, and these Cooperator Conditions of Hire.
2. Reporting for Service - The Cooperator is responsible for providing apparatus to Forestry in a good and safe operating condition and will be subject to pre-use inspection at time of hire. If, in the determination of Forestry, the apparatus is not in good, safe operating condition based upon the manufacturer's general safety specifications when it arrives for work, Forestry may reject it. If equipment is rejected, Forestry will not pay any costs, including transportation costs. The operator/personnel shall keep a copy of the CFD Cooperative Fire Agreement and Cooperator Conditions of Hire document with the apparatus.
3. Timekeeping - The start of the rental period begins upon passing inspection and said time shall be documented on the initial shift ticket. Each service call will be documented via shift tickets to an Emergency Equipment Use Invoice, OF-286, or equivalent. The Cooperator agrees that service call documents may be signed by the Cooperator's operator/personnel as a duly authorized representative for certification as to the number of hours or other units of pay earned. The Cooperator or its operator/personnel must sign shift tickets during the assignment and the Emergency Equipment Use Invoice document at the time of release from work.
4. Equipment Operator/Personnel - The Cooperator shall furnish the required staffing as listed in Tables

## **DIVISION OF FORESTRY COOPERATOR CONDITIONS OF HIRE**

1-3 or 4-7, for each apparatus, based on the reimbursement method selected. Operators/personnel from CFDs using the Direct Payment Method will be hired by Forestry as Emergency Firefighters (EFF). The operator, if hired by Forestry as EFF, will become Forestry employee(s), and are subject to the Conditions of Hire established in the latest version of the Alaska Emergency Firefighter Type 2 Crew Management Guide. Operators from CFDs using the Cooperator Reimbursement and the Lump Sum Method will remain employees of the department. The operator must possess a valid driver's license with applicable endorsements. The Cooperator will ensure that the operator/personnel are qualified to operate the apparatus. Additional Cooperator personnel may staff the apparatus as specified in the AOP. Variations from staffing levels listed in the AOP must be agreed upon by Forestry and the Cooperator and must be noted on the Resource Order.

5. Transportation of Apparatus - Subject to Item 2, apparatus shall be delivered, at Forestry's expense, from point of hire to the work site and returned to the point of hire.
6. Performance and Direction of Work - The operator/personnel are responsible always for the safe and efficient operation of apparatus and may refuse to work in a situation:
  - exceeding operator/personnel ability
  - that exceeds the capability of the apparatus
  - that may result in damage to the apparatus

The operator/personnel receive work assignments from and perform work under the general direction of Forestry. In the event Forestry terminates an operator for cause, replacement operator/personnel may be requested from the Cooperator. A performance evaluation will be completed for each operator/apparatus.

7. Termination of Order for Service - There is no guaranteed length of hire under any order for service. Forestry may terminate an order for service when it is determined by Forestry that the apparatus is no longer needed. When the order for service is terminated, Forestry shall be liable only for payments in accordance with payment provisions of this contract for services rendered prior to the effective date and time of termination. In the event the Cooperator requires return of apparatus, the Cooperator shall notify Forestry, and the equipment shall be released within eight hours.
8. Custody - When the operator/personnel remain employees of the Cooperator, the apparatus remains in operator/personnel custody. When the operator/personnel are hired as EFF, the apparatus remains in Forestry custody during the period of use. During such time, Forestry, as custodian, will exercise ordinary prudence and diligence in the use and care of the apparatus. Control of apparatus and personnel shall follow the Incident Command System.
9. Licenses and Permits and Insurance - The Cooperator is responsible for obtaining at their own expense, carrying a copy of, and showing proof at the time of hire, all necessary licenses, permits required by state and federal law/regulation, for both the apparatus and operator/personnel.
10. Servicing and Repairs - The Cooperator is responsible for the cost of all servicing to include providing and maintaining the apparatus with fuel, oil, lubricants, filters, and other operating supplies to maintain the apparatus in a safe operating condition. It is the responsibility of the operator/personnel to determine that the fuel used is the proper fuel for the apparatus. Forestry will provide fuel for apparatus assigned to project fires.
11. Tools, Spares, and Accessories - The operator/personnel are responsible, always, for tools, spares, and accessories belonging to the Cooperator, and shall secure them in the apparatus if possible. Items



## DIVISION OF FORESTRY COOPERATOR CONDITIONS OF HIRE

that cannot be so secured may be placed in a Forestry-designated storage area, if available.

12. Required Equipment - The Cooperator agrees to furnish apparatus, except command vehicles, with the following equipment:
- a. All apparatus listed on the Cooperators CFD Cooperative Fire Agreement AOP will be accompanied by a complete vehicle inventory in hard copy format
  - b. All fire apparatus resource ordered as part of an Engine Task Force/Strike Team are required to carry structural firefighting equipment necessary to conform with Cooperator Standard Operating Procedures and are required to carry the following minimal equipment upon leaving for the incident. These items will be supplied by Forestry upon request of the Cooperator and shall be returned to the same Forestry Area Office upon completion of the assignment

4 ea. 100' length of 1½" hose (Forestry)	1 ea. Fire Shelter per seat
1 ea. 400' 1½" Progressive hose lay bag	1 ea. EFF bag per Firefighter
5 ea. 1½" nozzle to fit 1 ½" hose	1 ea. King Radio w/Clam Shell & Batteries
5 ea. 100' length of 1" hose (Forestry)	5 ea. 1" nozzles to fit 1" hose
2 ea. Shovel	3 ea. Pulaski
4 ea. 1½" NHx1½ NH double female	2 ea. Back pack pump (FEDCO) (full)
4 ea. 1½" NHx1½ NH double male	1 ea. Back pack pump (FEDCO) (empty)
6 ea. 1½" NHx1" NPSH (female-male)	2 ea. Cases MRE's
1 ea. 1" NPSH x1½" NH (female/male)	2 ea. Cubitainer Water
6 ea. 1½" NH x 1 ½" NH x 1 ½" NH	2 ea. Pack of fusees (10 ea./pk) OR
2 ea. Hose clamp for 1" and 1½" hose	1 ea. Drip torch w/5 gallons drip torch fuel
1 ea. Portable Tank, 1500 gallons or larger (Water Tenders only, all types)	

13. Apparatus Loss, Damage, or Destruction - Equipment furnished under a contractual agreement with Forestry may be subject to extreme environmental and/or strenuous operating conditions which could include, but are not limited to, unimproved roads, steep, rocky, brushy, hilly terrain, dust, heat, and smoky conditions. Thus, what is considered normal wear and tear under any agreement with the State for fire suppression or other all-risk incident actions is more than what equipment is subjected to under normal highway operations. Wear and tear includes worn or cracked tire tread on the running surfaces, chips and scratches to the vehicles painted and other surfaces; small dings and scratches to the bumpers, and surface chips and scratches to the vehicle's windshield, glass, and mirrors.

If the Cooperator wishes to file a claim for non-Forestry provided equipment, a State Property Loss/Damage Report documenting lost, stolen, or damaged equipment not arising from the above conditions or as the result of negligence on the part of Forestry must be completed and submitted to the State within thirty days of demobilization. Incomplete or unsupported claims will be returned to the Cooperator for further information and/or documentation.

In the event damage or destruction occurs because of negligence on the part of the State, Forestry's liability is limited to the lesser of the actual repair costs or market value. Forestry is not responsible for the costs of loss or physical damage to Cooperator's equipment due to negligence on the part of Cooperator's personnel, for indirect damages such as loss of use or lost profits, or for wear and tear.

14. Accessories for Apparatus - All apparatus must have the following: seat belts for all occupants, three portable emergency reflectors, one 5-lb. functional ABC fire extinguisher, and any additional accessories as specified in the Annual Operating Plan.

## **DIVISION OF FORESTRY COOPERATOR CONDITIONS OF HIRE**

15. Meals and Bedding - If a Forestry-subsisted incident camp is established, meals and bedding for operator/personnel will be furnished without additional charge. Such meals and bedding will be commensurate with that provided to Forestry employees.
16. Personnel Pay Rates - Operator/personnel will be paid for all hours they are on-shift at the appropriate hourly rate of pay. Note: operator/personnel may be on a shorter or longer shift than the apparatus to which they are assigned. The number of operator/personnel listed on the rate charts is standard staffing. Any changes to standard staffing will be agreed to in the AOP. No additional personnel will be paid by Forestry unless Resource Ordered.

Forestry will not pay administrative fees more than 13.5% to Cooperators using the Cooperator Reimbursement method, nor will Forestry pay for backfill positions unless required by municipal ordinance, union contract, or written department policy. As a cost containment measure, higher paid Cooperators shall be considered for release first.

17. Equipment Payments - Equipment rates have been determined by Forestry for all categories, types, and classes of equipment and are included in the Online Application System (OLAS). OLAS is used by the Cooperator to register or list their equipment and by the dispatcher and others to search for and hire equipment. Any Cooperator using rates that are non-compliant with Forestry specified rates will normally be the last hired and the first released. The link to OLAS is <https://dnr.alaska.gov/olas/>. Rates are also listed in Tables 1, 2 and 3, below. Each shift must be documented on an Emergency Equipment Shift Ticket and must be signed by the Cooperator's operator/personnel and the supervisor on the incident as the duly authorized representative for certification as to the number of hours or other units of pay earned. Hours shall consist of the period working (assigned), ordered standby, or compensable travel time.

The incident or dispatch office will compile the amount earned on the Emergency Equipment Use Invoice which both parties will sign to show concurrence of the amount due the Cooperator at the time of release from assignment whether the Cooperator's method of payment is by Cooperator Reimbursement, Direct Payment, or Lump Sum method. OF-288s will be posted for Cooperator staff by the incident or Area. In the case of Cooperators being paid by the reimbursement method, both the Emergency Equipment Use Invoice and any pertinent OF-288s will be included as backup documentation for any invoice requesting reimbursement from the State.

Apparatus is inoperable when the apparatus itself is inoperable, or when the operator/personnel are unavailable. A shift is the hours worked as defined by the Incident Action Plan and/or as determined by the dispatching office.

Apparatus rental rates include routine maintenance; normal wear and tear (minor scratches, chips in windshield, etc.); insurance; and other pertinent overhead expenses. Rental rates will not exceed the rates listed below (Tables 1, 2 and 3). Federal Excess Personal Property (FEPP) apparatus provided by a Cooperator will be paid 66% of the normal rate. If apparatus is ordered and staffed with a relief crew, then a double-crewed daily rate will be paid for the apparatus.

- a. For fractional days at the beginning and ending time under hire, payment will be based on 50 percent of the Daily Rate for periods less than eight hours. To clarify, equipment initially hired after 1600 (4:00 pm) shall receive half the daily rate for the first day of hire, and equipment released back to the point of hire before 0800 (8:00 am) on the last day of hire shall receive

## DIVISION OF FORESTRY COOPERATOR CONDITIONS OF HIRE

half the daily rate for the final day of hire.

- b. For shifts under hire or assignment between the first and last, the Cooperator shall be paid at the daily rate, if the apparatus is operable and available the entire shift.
- c. If the apparatus is inoperable or unavailable during an on-shift period, this will be considered down time and charges will not accrue. Payment will be based on the hours the equipment was operational during the assigned shift as documented on the shift ticket versus the designated shift shown on the Incident Action Plan. If the equipment was not operational for the full shift, the deduction from the daily rate is calculated by converting the length of shift from the IAP to determine the hourly rate and deducting pay for the total hours the equipment was non-operational, i.e.,  $\text{daily rate} \div \# \text{ hours of shift in IAP} = \text{hourly rate to be deducted}$ .
- d. Forestry has the right to correct the invoice in case of accounting errors, or if the Cooperator chose the improper category, type, class or rate in OLAS.

18. Command Vehicles - When ordered by Forestry, command vehicle rates will be applicable when an individual in any of the following positions uses the vehicle:

- |                             |                             |                                    |
|-----------------------------|-----------------------------|------------------------------------|
| • Incident Commander        | • Operations Section Chief  | • Structural Protection Specialist |
| • Branch Director           | • Division/Group Supervisor | • Strike Team/Task Force Leader    |
| • Water Handling Specialist | • Fire Chief/Designee       |                                    |

Command Vehicles **MUST** come equipped with the following equipment:

- |                         |                     |                           |
|-------------------------|---------------------|---------------------------|
| • Four Wheel Drive      | • First Aid Kit     | • Emergency Lighting      |
| • Seating for 3 persons | • Fire Extinguisher | • Field Programable Radio |

19. Insurance - The Cooperator must carry and maintain motor vehicle liability insurance as required by AS 28.22.01. In the case of the Cooperator's operator/personnel being hired by the State as an EFF, the State covers Worker's Compensation and potential liability based on apparatus operations in response to and operation on a wildland fire. In the case of the Cooperator's operator/personnel remaining an employee of the Cooperator, the Cooperator must carry and maintain Worker's Compensation coverage as required by AS 23.30.045.

20. Evaluations - All CFD Engines will be evaluated by the incident supervisor and the evaluation form will be included in the equipment packet upon release from the incident.

### 21. Documentation Requirements for Assignments

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

- |                                    |   |
|------------------------------------|---|
| <u>Mobilization Finance Packet</u> | b. Annual Operating Plan                |
| a. Resource Order                  | c. Emergency Equipment Rental Agreement |

## DIVISION OF FORESTRY COOPERATOR CONDITIONS OF HIRE

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

- a. Resource Order
- 22. Non-Engine Vehicle Rates - Any vehicle owned by the signatory Fire Department not reflected in #22 below, if accepted, will be paid at rates shown in Chapter 6 of the Alaska Incident Business Management Handbook. Personally-owned vehicles cannot be signed up under this Conditions of Hire.
- 23. Rates - Tables 1-3 are related to the Cooperator Reimbursement and Direct Payment methods. Tables 4-7 are related to the Lump Sum (Apparatus and personnel combined rate) method.

**Table 1- Engine Types, Rates & Minimum Requirements (Apparatus ONLY)**

Rates & Components (excluding personnel costs)	Water Tender Types				
	Support			Tactical	
	S1	S2	S3	T1	T2
Single Shift Rate	\$1,950	\$1,630	\$1,300	\$1,630	\$1,300
Double Shift Rate	\$3,055	\$2,550	\$2,040	\$2,550	\$2,040
Hourly Rate for refurb*	\$140	\$115	\$95	\$115	\$95
Tank Capacity (gal)	4000	2500	1000	2000	1000
Pump Min. Flow (GPM)	300	200	200	250	250
At Rates Pressure (psi)	50	50	50	150	150
Max. Refill Time (minutes)	30	20	15	-	-
Pump and roll	-	-	-	Yes	Yes
Personnel minimum	1	1	1	2	2

\* Refurb time must be approved by FMO as per AOP

# DIVISION OF FORESTRY COOPERATOR CONDITIONS OF HIRE

**Table 2- Water Tender Types & Minimum Requirement (Apparatus ONLY)**

Rates & Components <i>(excludes personnel costs)</i>	Structure Engines		Wildland Engines				
	1	2	3	4	5	6	7
Daily Shift Rate - Single	\$2,840	\$2,680	\$1,785	\$1,545	\$1,265	\$1,070	\$860
Daily Shift Rate - Double	\$4,460	\$3,890	\$2,805	\$2,420	\$1,985	\$1,680	\$1,355
Hourly Rate for refurb*	\$200	\$190	\$130	\$110	\$95	\$80	\$60
Tank minimum capacity (gal)	300	300	500	750	400	150	50
Pump Min Flow (GPM)	1000	500	150	50	50	30	10
Rated pressure (psi)	150	150	250	100	100	100	100
Hose (feet) 2 1/2 inch	1200	1000	-	-	-	-	-
Hose (feet) 1 1/2 inch	400	500	1000	300	300	300	-
Hose (feet) 1 inch	-	-	500	300	300	300	200
Ladders per NFPA 1901	Yes	Yes	-	-	-	-	-
Master Stream 500 GPM Min	Yes	-	-	-	-	-	-
4-Wheel Drive Required	-	-	Yes	Yes	Yes	Yes	Yes
Personnel (minimum)	3	3	2	2	2	2	2

\* Refurb time must be approved by FMO as per AOP

**Table 3- Command Vehicles & Minimum Requirements (Apparatus ONLY)**

COMMAND VEHICLE RATE <i>(excluding personnel costs)</i>	
Daily Shift Rate	
Single	\$545
Double	\$855
Hourly Refurb*	\$40
Personnel	1

\* Refurb time must be approved by FMO as per AOP

**Table 4- Engine Types, Rates & Minimum Requirements (COMBINED RATE)**

## DIVISION OF FORESTRY COOPERATOR CONDITIONS OF HIRE

Rates & Components <i>(includes personnel costs)</i>	Structure Engines		Wildland Engines				
	1	2	3	4	5	6	7
Single Shift Rate	\$4,005	\$3,845	\$2,525	\$2,285	\$2,005	\$1,810	\$1,600
Double Shift Rate	\$6,245	\$5,675	\$4,045	\$3,660	\$3,225	\$2,920	\$2,595
Hourly Rate for refurb*	\$285	\$275	\$180	\$165	\$145	\$130	\$115
Tank minimum capacity (gal)	300	300	500	750	400	150	50
Pump Min Flow (GPM)	1000	500	150	50	50	30	10
Rated pressure (psi)	150	150	250	100	100	100	100
Hose (feet) 2 1/2 inch	1200	1000	-	-	-	-	-
Hose (feet) 1 1/2 inch	400	500	1000	300	300	300	-
Hose (feet) 1 inch	-	-	500	300	300	300	200
Ladders per NFPA 1901	Yes	Yes	-	-	-	-	-
Master Stream 500 GPM Min	Yes	-	-	-	-	-	-
4-Wheel Drive Required	-	-	Yes	Yes	Yes	Yes	Yes
Personnel (minimum)	3	3	2	2	2	2	2

\* Refurb time must be approved by FMO as per AOP

**Table 5- Water Tender Types & Minimum Requirement (COMBINED RATE)**

Rates & Components <i>(includes personnel costs)</i>	Water Tender Types				
	Support			Tactical	
	S1	S2	S3	T1	T2
Single Shift Rate	\$2,365	\$2,045	\$1,715	\$2,370	\$2,040
Double Shift Rate	\$3,750	\$3,245	\$2,735	\$3,790	\$3,280
Hourly Rate for refurb*	\$170	\$145	\$120	\$170	\$145
Tank Capacity (gal)	4000	2500	1000	2000	1000
Pump Min. Flow (GPM)	300	200	200	250	250
At Rates Pressure (psi)	50	50	50	150	150
Max. Refill Time (minutes)	30	20	15	-	-
Pump and roll	-	-	-	Yes	Yes
Personnel minimum	1	1	1	2	2

\* Refurb time must be approved by FMO as per AOP

**Table 6- Command Vehicles & Minimum**

**Requirements**

# DIVISION OF FORESTRY COOPERATOR CONDITIONS OF HIRE

<b>(COMBINED RATE)</b>	
<b>COMMAND VEHICLE RATE</b> <i>(includes personnel costs)</i>	
<b>Daily Shift Rate</b>	
Single	\$960
Double	\$1,550
Hourly Refurb*	\$70
Personnel	1
* Refurb time <b>MUST</b> be approved by FMO as per AOP	

<b>&amp; Minimum Requirements (COMBINED RATE)</b>	
<b>Pre-Approved Staffing Change</b>	
<b>Shift Rate</b>	
<b>Single</b>	<b>Double</b>
\$325	\$545
*This rate <b>ONLY</b> applies if approved by Forestry & Fire Chief	

**Table 7- Pre-Approved Staffing Change**

**24. Debarment- CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION (49 CFR Part 29):**

1. The bidder/offeror, certifies by submission of this proposal or acceptance of this contract/agreement, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. It further agrees by signature on this agreement, to include this clause without modification in all lower tier transactions, solicitation, proposals, contracts and subcontracts.
2. Where the bidder/offeror/contractor or any lower tier participant is unable to certify to this statement, it shall attach an explanation to this agreement.

I certify that I have read and agree to the conditions of hire and rates contained on this form.

This document supersedes all prior versions of this agreement. Earlier versions must be deleted/destroyed and replaced with this document.

\_\_\_\_\_  
**Contractor's / Authorized Agent's Signature**

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

\_\_\_\_\_  
**Printed Name and Title**

\_\_\_\_\_  
**Company Name**

**DIVISION OF FORESTRY  
COOPERATOR CONDITIONS OF HIRE**

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EMERGENCY EQUIPMENT SHIFT TICKET						E 10	
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.							
1. AGREEMENT NUMBER			23407			2. CONTRACTOR (name)	
3. INCIDENT OR PROJECT NAME			4. INCIDENT NUMBER			Northern Lights VFD	
moose Run			73411075			5. OPERATOR (name)	
6. EQUIPMENT MAKE			7. EQUIPMENT MODEL			8. OPERATOR FURNISHED BY	
CHEVY			F350 (T-7)			<input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER			10. LICENSE NUMBER			11. OPERATING SUPPLIES FURNISHED BY	
VGA91187			9999-87			<input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR		13. EQUIPMENT USE		14. REMARKS (released, down time and cause, problems, etc.)			
		START STOP		HOURS/DAYS/MILES (circle one) WORK SPECIAL			
7/7/14		06:30 11:30		Junior Joe			
7/7/14		12:00 22:00		Joe Senior			
				15. EQUIPMENT STATUS			
				<input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor			
				16. INVOICE POSTED BY (Recorder's initials)			
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE			18. GOVERNMENT OFFICER'S SIGNATURE			19. DATE SIGNED	
Your Signature			Div sup's signature			Date it the day you worked	

NSN 7540-01-119-5628  
50297-102

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

FINANCE



**2020**

**Annual Operating Plan**

**State of Alaska, Department of Natural Resources, Division of Forestry and  
Cooperator Fire Departments**

**Area:**

**Fire Department:**

**Sections**

- A. Fire Response and Notification Procedures in the FD Service Area**
- B. Discretionary Response Procedures**
- C. Communications**
- D. Command**
- E. Fire Reports and Reporting**
- F. Prepositioning**
- G. Investigation Procedures**
- H. Prevention**
- I. Training Standards and Physical Fitness**
- J. Fire Department IMT and National Participation**
- K. Fire Stores/Equipment**
- L. Operating Procedures**

## **Purpose**

The Annual Operating Plan (AOP) is a supplement to the Cooperative Fire Protection Agreement (CFPA) and outlines the procedures to be followed in this agreement. The CFPA implements the intent of AS 41.15.010 - 41.15.170 to provide protection from wildland fire and other destructive agents, commensurate with the values at risk, on forested land that is owned privately, by the state, or by a municipality. It is also recognized by the Cooperator (FD) that an obligation exists to provide protection to life and property from wildland fires within their area of responsibility, subject to available resources, funding, and personnel. Therefore, it is to the mutual advantage of the FD's and the State of Alaska to coordinate efforts in the prevention, detection, and suppression of wildland fires. It is in the best interests of both the FD's and the State of Alaska to suppress wildland fires quickly and efficiently to minimize the destruction of natural resources and threat to life and property.

### **A. Fire Response and Notification Procedures in the FD Primary Service Area**

1. Within a FD's Primary Service Area, State of Alaska Division of Forestry (Forestry) will generally not respond to wildland fires during Low or Moderate Fire Danger Levels listed in the Fire Staffing and Action Guide. This section does not preclude a FD from requesting Forestry assistance on any wildland incident that exceeds the capability of their resources for control.
2. Upon receipt of an incoming call for a wildland fire within State's protection area, the FD's Dispatch Center will contact local Area Forestry Dispatch or the Area Forestry Duty Officer to forward fire information.
3. The FD's Senior Fire Officer (SFO) will notify Forestry, either through the State's primary radio frequency (ALMR) or call local Area Forestry Dispatch for any response to a wildland fire within the FD's primary response area. The FD's SFO may instruct their dispatch center to make this call to Forestry at the time of dispatch.

### **B. Discretionary Response Procedures**

1. Within the FD's Primary Response Area: A response that occurs after a fire has been contained and Forestry assumes single command of a wildland fire and request that the FD remain on scene. Forestry is responsible for FD cost.
2. The FD's Senior Fire Officer (SFO) will be contacted prior to apparatus or staff responding to Discretionary Response inside or outside FD's response area by the Forester or designee.
3. Outside of the Primary Response Area: When requesting a discretionary response outside the FD's service area, Forestry will contact the FD's Dispatch Center who will notify the appropriate SFO. The decision of accepting a discretionary response request is at the sole discretion of the FD. In accordance with their department's policy, the Senior Fire Officer will make all appropriate notifications prior to the acceptance of the discretionary response request. When requesting a FD's discretionary response, Forestry will designate the type and number of apparatus or equipment needed. If available and with FMO and Fire Chief approval, a department SFO may accompany the unit(s). Forestry is solely responsible for costs associated with Discretionary Response.

### **C. Communications**

1. Forestry units responding to incidents within the protection area of a FD will advise the SFO of their response on pre-season designated Tactical Frequency.

- 2 For multiple agency response and helicopter communications, Tactical Frequencies are recommended for initial contact only. Incident frequencies will be established and coordinated by responding agencies once on scene and reported back to local Area Forestry Dispatch. Responding units may contact the FD dispatch as a back-up for the communications plan.
- 3 On scene communications between ground forces and any aircraft will be routed through a single point Forestry contact as designated by the incident commander. The primary frequency for aircraft communication is State Tactical Air to Ground.

#### **D. Command**

- 1 Upon arrival at a wildland fire incident, the first unit on the scene establishes command until it is determined that a unified command is needed.
- 2 Upon transfer of command by a FD Incident Commander, a Forestry Incident Commander must be established as either Unified or Single Command when Forestry resources remain on scene. This command change must be documented by calling local Area Forestry Dispatch with notification of change.

#### **E. Fire Reports and Reporting**

1. FD's will provide Forestry with a copy of:
  - Incident map
  - Alaska National Fire Incident Reporting System (ANFIRS) report with a narrative stating pertinent information and suspected cause.
  - Email ANFIRS report to local Area Forestry Dispatch within 48 hours of the incident being called out.

#### **F. Prepositioning**

1. Forestry will provide the FD with a daily Prepositioning Report listing available resources and hours of availability during fire season.
2. When Forestry engine crews are prepositioned in a service area; they will be dispatched simultaneously to wildland fires with the cooperating FD. Forestry ground resources will acknowledge their response to the FD's Senior Fire Officer and Forestry Dispatch.
3. Forestry Dispatch will always have discretion when assigning Forestry resources and can direct them to a higher priority fire at any time.
4. Local Area Forestry Offices and local FD's may establish different protocols and procedures for prepositioning. Differences in preposition procedures need to be established prior to the start of fire season.

#### **G. Investigation Procedures**

1. Upon arrival at a wildland fire incident, the first arriving units on the scene shall establish a chain of custody on scene, secure any suspected fire origin areas from encroachment or tampering, protect evidence in place and identify any potential witnesses and/or suspects prior to the arrival of Forestry. Forestry will provide fire investigators to determine the cause of wildland fires. The request for an investigator must be placed early in the incident and every effort must be made to protect the point of origin of the fire until the investigator arrives on scene to begin a formal investigation.

2. During the established wildland fire season, the FD, if they are the first arriving agency on an incident, will establish and maintain a chain of custody for both escaped or non-escaped fires which may involve any potential violations of State wildland fire protection laws under AS 41.15 and/or 11 AAC 95. This chain of custody shall be maintained until transferred by the FD to Forestry. In the event the FD has insufficient resources to maintain a chain of custody due to fire activity or staffing, they shall be responsible for documenting the incident, both in writing and pictures, prior to departing. Investigation information shall be provided to Forestry as soon as possible.
3. The FD may be requested to assist or provide information to Forestry for both escaped and non-escaped fires that may be in violation of State wildland fire protection laws under AS 41.15 and/or 11 AAC 95. Should criminal or civil legal action be taken by Forestry against a party for violation of State wildland fire protection laws under AS 41.15 and/or 11 AAC 95, the FD may be required to provide additional information and/or be called to testify in court on Forestry's behalf. The FD and Forestry may establish a separate agreement for any costs that would be incurred to either party should this occur.
4. The FD may not enforce, through verbal or written warnings or citation, State wildland fire protection laws under AS 41.15 and/or 11 AAC 95 unless the FD has collateral law enforcement duties and has been granted authority to undertake such actions.

## H. Prevention

1. The statewide Wildland Fire Prevention Program Office coordinates all wildland fire public education outreach, engineering, investigation and enforcement efforts on all lands under Forestry's statutory authority. Area specific Wildland Prevention programs are managed by local Area Forestry Offices. The FD may assist Forestry with public education about wildland fire prevention, permitted burning, safe burning practices and providing them with Forestry approved public education materials where available.
2. When requested, Forestry will assist with FD fire prevention programs contingent on staff availability and fire activity.
3. Forestry has authority under Sec. 41.15.060 to establish and maintain burn permit requirements on all State, municipal and private forested lands. FD's under 11 AAC 95.412(d)(4) may implement their own local burn permit program if the requirements are equal to or more stringent than those required by the State.
4. Forestry has established two type of permitted burning during the designated fire season:
  - Small-Scale permitted burning which is limited to one burn barrel of up to 55 gallons in size, one brush pile up to 10 foot in diameter and four feet in height, **or** the burning of up to one acre of maintained lawn no more than four inches in height. This permit does not require a site inspection by Forestry prior to burning.
  - Large-Scale permitted burning that involves operations that are more complex than those allowed under a Small-Scale permit. This permit may require a site inspection by Forestry prior to burning. The Cooperator may assist Forestry in distributing Small-Scale Burn Permits within their Primary Response Area when applicable.
5. Forestry has authority under 11 AAC 95.445. to temporarily suspend Small and Large-Scale permitted burning on all state, municipal and private forested lands. Forestry will announce temporary burn suspensions by notifications on the Division of Forestry's Internet website and by recorded telephone message at local Area Forestry offices. The announcement will specify the area under suspension and the effective dates and time period of the suspension. Forestry will notify the

FD of burning suspensions, wind advisories, closures, and Red Flag Warnings through the Daily Prepositioning Report. Additional information about weather and burning conditions may be found at <http://forestry.alaska.gov/burn>. Telephone notification will be made for emergencies not covered in the Prepositioning Report.

6. The Commissioner of Department of Natural Resources (DNR) may immediately close an area to the setting of fires, smoking, use of specified approved burning devices, entry, or other use on the land when the commissioner determines that these activities would significantly increase the fire danger. (b) An emergency burn closure applies to all activities and on all state, municipal, and private land identified in the closure, including burning conducted under 11 AAC 95.412(d)(4). Forestry will announce an Emergency Burn Closure by notification on the Division of Forestry's Internet website, local radio, and local print media if any exist. Notices will specify the area closed, the activities restricted, and the effective dates of closure.
  - The FD may close open burning in accordance with the provisions of the local fire codes or ordinances.
  - The FD's SFO may request the local Area Forestry to open, suspend or close both permitted and/or non-permitted burning under Forestry's jurisdiction by contacting the Forestry Fire Management Officer (FMO) by email, phone or in person. Requests of this nature will follow Forestry policies and procedures.

## I Training Standards and Physical Fitness

1. Forestry and their delegated agencies will issue National Wildfire Coordinating Group (NWGC) Interagency Red Cards after proof of training and physical fitness. Qualifications will be demonstrated by possession of a current, valid Red Card appropriate to the position being hired. All personnel hired as Emergency Fire Fighter (EFF) by Forestry must meet established physical fitness and training standards for the position hired. There will be no exceptions.
2. FD personnel assigned to a Discretionary Response shall be certified by the FD's chief as trained and fit for the duty(s) requested. Personnel not possessing NWCG Interagency Red Cards shall remain employees of the FD. They are the liability of the FD and are not eligible to be hired as EFF.
3. FD Personnel Certification: FD Chiefs or Training Officer **will** crosswalk and certify fire personnel from National Fire Protection Association (NFPA) to NWCG positions of Fire Fighter 1 (FFT1), Fire Fighter 2 (FFT2) and Engine Operator (ENOP). These positions are Job Aids or may require completed Position Taskbooks (PTB).
4. Red Card certification must be made prior to any assignments (preferably at the beginning of wildfire season) for FD personnel assigned to a Discretionary Response **outside the FD's Primary and Mutual Aid Response Area** and sent to the local Area Forestry Training Officer. Certification letter will include FD personnel name, FD position and cross-walked position, prior to red card being issued and be delivered prior to local Area Forestry Training Officer by **May 1<sup>st</sup> of every year**.
5. For other positions, FD's will follow NWCG training and Certification guidelines under PMS 310-1.
6. Consideration for fully qualified NWCG position requires attending appropriate position classroom training, successful performance on assignments and completing a PTB.
7. Personnel shall meet all established physical fitness and training standards for these positions.
8. FD personnel assigned to a Discretionary Response **within the FD's Primary and Mutual Aid**



**Response Area** shall be certified by the FD's Chief or designee as trained and fit for the duty(s) requested. Personnel not possessing NWCG Interagency Red Cards shall remain employees of the FD. They are the liability of the cooperator and are not eligible to be hired as EFF.

9. Mutual Aid requests from other FD's follow FD certification process.
10. Forestry may assist in the training of agency personnel in preseason wildland fire protection, refresher and pack test.

#### **J. Fire Department IMT and National Participation**

1. Individual FD personnel fulfilling Incident Management Team (IMT) positions, qualified or trainee are not subject to preparedness level thresholds. As such, these resource orders will be filled accordingly through local Area Dispatch Office.
2. Qualified FD personnel will be made available, after mutual consent of Forestry and FD Chief, for assignments by notifying local Area Dispatch
3. In the interest of advancing FD employee experience, "trainees" may be assigned to incidents under this agreement where FD will cover all costs except travel, food, and lodging through prior mutual agreement of Forestry on a case by case basis.
4. On National assignments, all regular full-time FD personnel will be reimbursed at their regular FD rates to include benefits for the hours worked. The FD will not be reimbursed for associated costs for backfill or minimum staffing levels.
5. FD personnel must be self-sufficient; they must have the ability to provide for food, lodging, fuel and miscellaneous maintenance for equipment.

#### **K. Fire Stores/Equipment**

1. Discretionary assignment outside the Fire Response/Service Area, Forestry will issue to the FD additional supplies as needed to complete the required minimum equipment inventory. The FD will maintain the fire equipment issued under this Agreement in an operable condition. Issued equipment will be returned to the issuing Forestry Office upon completion of the assignment. Forestry will not hold the FD accountable for consumable fire supplies. Upon return from fire assignment all stores items will be returned to the local Area Forestry Warehouse.
2. FD's will outfit apparatus based on Minimum Required Equipment and Supply Table. Wildland fire issued from FD supplies that are lost or damaged can be replaced through the State Fire Warehouse, with appropriate Resource Order (RO) and fire number. Any lost or damaged supplies or equipment may also be replaced by filling out the appropriate Property Loss Damage Report and submitting with Finance Packet.
3. All personnel responding to wildland fire shall be equipped with proper personal protective equipment as stipulated in the Division of Forestry (DOF) Policy and Procedures Manual Section 2120. This includes a fire-retardant shirt and jeans or coveralls, helmet (non-metal), eye protection, heavy-duty leather gloves, 8" tall lace up leather boots, and a fire shelter for each person.

#### **L. Operating Procedures**

1. Timekeeping: The start of the rental period begins upon passing inspection and receiving a completed Pre-use inspection form (OF-296). Time shall be documented on the initial shift ticket. Each service call will be documented via shift tickets to an Emergency Equipment Use Invoice, OF-286, or equivalent.

The FD agrees that service documents may be signed by the FD's staff as a duly authorized representative for certification as to the number of hours or other units of pay earned. The FD staff or a designee must sign shift tickets during the assignment and the Emergency Equipment Use Invoice document at the time of release from work.

2. Crew Time Reports (CTR) should be started for apparatus staff once equipment is inspected and placed in service.
3. Apparatus Staffing: The FD shall furnish the required staffing as listed in Tables 1-6, for each apparatus. Personnel from FD's may be hired by Forestry as EFF. The operator, if hired by Forestry as EFF, will become Forestry employee(s), and are subject to the Conditions of Hire for EFF established in the latest version of the Alaska Emergency Firefighter Type 2 Crew Management Guide. The personnel must possess a valid driver's license with applicable endorsements and complete a Forestry Hiring Packet prior to hire. The FD will ensure that the personnel are qualified to staff the apparatus.
  - Additional FD personnel above minimum staffing levels listed in rate table may staff the apparatus. Variations from staffing levels listed in the AOP rate tables must be mutually agreed upon by Area Forestry FMO and the FD and adjustments must be noted on the RO and documented daily with the Equipment Shift Tickets (OF-297).
  - Apparatus may be staffed below recommended minimum with approval from FMO. If staffed below minimum it will be noted on RO at the time of hire.
  - **All personnel staffing apparatus will be listed legibly daily on Equipment Shift Ticket's (OF-297) with FD or EFF status next to each name and position filled on the apparatus. (i.e. FFTR1, FFTR2, ENOP) (example: Jane Smith EFF FFTR1)**
4. Transportation of Apparatus: Apparatus shall be delivered, at Forestry's expense, from point of hire to the work site (incident) and returned to the point of hire.
5. Performance and Direction of Work: The FD staff are always responsible for the safe and efficient operation of apparatus and may refuse to work in a situation:
  - exceeding FD staff ability
  - that exceeds the capability of the apparatus
  - that may result in damage to the apparatus

The FD staff receive work assignments from and perform work under the general direction of Forestry. In the event Forestry terminates an operator for cause, replacement FD staff may be requested from the FD. A performance evaluation will be completed for each operator/apparatus.
6. Servicing and Repairs: The FD is responsible for the cost of all servicing to include providing and maintaining the apparatus with fuel, oil, lubricants, filters, and other operating supplies to maintain the apparatus in a safe operating condition. It is the responsibility of the FD staff to determine that the fuel used is the proper fuel for the apparatus. Forestry will provide fuel or reimburse fuel receipts once apparatus is placed on RO. Fuel receipts should be submitted during invoice process.
  - If no FD personnel staff the apparatus, Forestry will maintain and service the apparatus while it is on a RO.
7. Tools, Spares, and Accessories: The FD staff are responsible, always, for tools, spares, and accessories belonging to the FD and shall secure them in the apparatus if possible. Items that cannot be so secured

may be placed in a Forestry-designated storage area, if available.

**8. Required Equipment:** The FD agrees to furnish apparatus, except command vehicles, with the following equipment:

- All apparatus listed in the Online Application System (OLAS) will be accompanied by a complete vehicle inventory in hard copy format.
- All fire apparatus resource ordered as part of an Engine Task Force/Strike Team are required to carry structural firefighting equipment necessary to conform with FD Standard Operating Procedures and are required to carry the following minimum equipment upon leaving for the incident. These items will be supplied by Forestry upon request of the FD and shall be returned to the same Area Forestry Warehouse upon completion of the assignment.

**Minimum Equipment and Supply Tables**

3 ea. 100' length of 1½" hose (Forestry)	1 ea. Fire Shelter per seat
2 ea. 1" nozzles to fit 1" hose	1 ea. EFF bag per Firefighter
2 ea. 1½" nozzle to fit 1 ½" hose	1 ea. Radio w/Clam Shell & Batteries
3 ea. 100' length of 1" hose (Forestry)	24 ea. AA battery
1 ea. Shovel	3 ea. Pulaski
1 ea. 1½" NHx1½ NH double female	1 ea. First Aid Kit, Crew, Belt Type
1 ea. 1½" NHx1½ NH double male	2 ea. Backpack pump (FEDCO) (empty)
2 ea. 1½" NHx1" NPSH (female-male)	2 ea. Cases MRE's
1 ea. 1" NPSH x1½" NH (female/male)	2 ea. Cubitainer Water
2 ea. 1½" NH x 1 ½" NH x 1 ½" NH	2 ea. Pack of fusees (10 ea./pk) OR
1 ea. Hose clamp for 1" and 1½" hose	1 ea. Drip torch w/5 gallons drip torch fuel
1 ea. Portable Tank, 1500 gallons or larger (Water Tenders only, all types)	

- 9. Apparatus Loss, Damage or Destruction:** Equipment furnished under a contractual agreement with Forestry may be subject to extreme environmental and/or strenuous operating conditions which could include, but are not limited to, unimproved roads, steep, rocky, brushy, hilly terrain, dust, heat, and smoky conditions. Thus, what is considered normal wear and tear under any agreement with the State for fire suppression or other all-risk incident actions is more than what equipment is subjected to under normal highway operations. Wear and tear include worn or cracked tire tread on the running surfaces, chips and scratches to the vehicles painted and other surfaces; small dings and scratches to the bumpers, and surface chips and scratches to the vehicle's windshield, glass, and mirrors.
- If the FD wishes to file a claim for non-Forestry provided equipment, a State Property Loss/Damage Report documenting lost, stolen, or damaged equipment not arising from the above conditions or as the result of negligence on the part of Forestry must be completed and submitted to the State within thirty days of demobilization. Incomplete or unsupported claims will be returned to the FD for further information and/or documentation.

- In the event damage or destruction occurs because of negligence on the part of the State, Forestry's liability is limited to the lesser of the actual repair costs or market value. Forestry is not responsible for the costs of loss or physical damage to FD's equipment due to negligence on the part of FD's personnel, for indirect damages such as loss of use or lost profits, or for wear and tear.
- State Property Loss/Damage Report forms and claims procedures may be found in the Alaska Incident Business Management Handbook (AIBMH), Chapter 11, Contractor and Employee Property Claims.
- Loss, Damage or Destruction claims will **not be accepted** without Post Inspection documentation from the incident.

10. Accessories for Apparatus: All apparatus must have seat belts for all occupants, three portable emergency reflectors, one 5-lb. functional ABC fire extinguisher, and any additional accessories as specified in the AOP.

11. Travel, Meals and Lodging: Travel time between the point of hire and the incident is reimbursable. Forestry will either pay per diem at established State of Alaska, rates or provide meals and lodging for FD employees on assignment away from their Primary Fire Response Service Area.

Compensable meal periods - Personnel assigned to the fire may be compensated for their meal period if all the following conditions are met:

The fire is not controlled, and

- The Operations Section Chief decides that it is critical to the effort of controlling the fire that personnel remain at their post of duty and continue to work as they eat, and
- The compensable meal break is approved by the supervisor and documented on the CTR and/or Shift Ticket at the next level.
- ½ hour lunch must be taken while in travel status over eight hours.
- In those situations, where incident support personnel cannot be relieved from performing work and must remain at a post of duty, a meal period may be recorded as time worked for which compensation shall be allowed and documented on the CTR/Shift Ticket in "Remarks" section as "No lunch taken due to uncontrolled fire line". If a meal break is not documented on the CTR or Shift ticket, the break will be automatically deducted by the State.

12. Fatigue Management: FD personnel hired as EFF or FD staff will follow SOA work rest guidelines. To maintain safe and productive incident activities, personnel must appropriately manage work and rest periods, assignment duration and shift length.

Personnel should receive adequate time off to safely perform the essential functions of their positions. The following is established to promote safety, limit fatigue, and reduce work-related injuries while adhering to specific bargaining unit contract provisions.

- 2 to 1 Work-Rest Ratio
- Requires at least 1 calendar day off in 14 Days or 2 calendar days off in 21 days
- Provide for Meal Breaks
- On travel days, employees should be at home or in a hotel for the night by 22:00 HRS.
- Drivers are limited to driving 10 hours/day in a 16-hour shift.

For complete Fatigue Management Policy Reference: Dept. Natural Resources, Division of Forestry, Policy and Procedures Manual, 2100 Wildland Fire Safety.

**13. Rate Definitions:** FD's may choose between two options for rates, **Standard** or **Combined Daily Rate**.

**Standard Daily Rate** (Apparatus and personnel are invoiced separately).

Standard Daily Rate is commonly used for assignments with minimal personnel rotation or long duration (up to 14 days away from home station). The Standard Daily Rate has separate rates for apparatus and personnel, (see Tables 1 through 3).

- Firefighter pay rates are based on actual FD pay rate or EFF skill-based pay rate.
- Apparatus personnel may be a mix of FD or EFF personnel.
- Administrative fees may be assessed for FD personnel.

**Combined Daily Rate** (Apparatus with Personnel in one rate):

Combined Daily Rate is commonly used for FD's that rotate personnel frequently (daily) on apparatus. This is tracked using the Emergency Shift Ticket (OF-297) only. The Combined Daily Rate includes a single established rate for both the apparatus and personnel, (See Tables 4 through 6).

- All apparatus personnel remain FD employees, as single rate for both apparatus and personnel. The FD shall furnish the required minimum staffing as listed in the Combined Daily Rate tables. The FD will ensure that the operator/personnel are qualified to operate the apparatus.
- FD's will not be allowed to invoice for administrative fees when using the Combined Daily Rate.
- Under the Combined Daily Rate, all FD resources will be tracked on the Emergency Shift Ticket (OF-297) and paid via the Emergency Equipment Use Invoice (OF-286)

**14. Personnel Pay Rates:** FD staff will be paid for all hours they are on-shift at the appropriate hourly rate of pay. Note: personnel may be on a shorter or longer shift than the apparatus to which they are assigned. The number of FD staff listed on the rate charts is the minimum required staffing. Any changes to standard staffing will be agreed to in the AOP and document on RO's. No additional personnel will be paid by Forestry unless resource ordered.

**Hourly Rates for FD employees by position only, will be established when the AOP is signed. FD's will provide a position qualification list with hourly rates to Forestry.** No private information will be included in this list. This list will be used for cross reference at the time of invoice, for FD employee name, position on apparatus and hourly rate.

**Example:**

Position	Hourly Rate	Backfill Overtime Hourly Rate
Non-Supervisory, Structural Firefighter, Advanced	\$27.82/Hour	\$35.42/Hour
Driver/Operator/Engineer	\$33.14/Hour	\$41.23/Hour

**15. Backfill:** Forestry will reimburse backfill overtime costs only. Forestry only pays for the overtime

above what the regular salary would have been for the employee(s) deployed. Backfill reimbursement will be approved only when the FD is required to supply a firefighter at their station to comply with Fire Department policy, municipal ordinance, or union contract.

**16. Administrative Rate:** Forestry will not pay administrative fees more than **13.5%**.

- The administrative rate is only applied to the personnel cost, not the total invoice. As a cost containment measure, higher paid FD's shall be considered for release first.

**17. Apparatus Pay Rates:** Apparatus rates have been determined by Forestry for all categories, types, and classes of Apparatus and are included in the OLAS. OLAS is used by the FD to register or list their apparatus and by the dispatcher and others to search for and hire Apparatus. Any FD using rates that are non-compliant with Forestry specified rates will normally be the last hired and the first released. The link to OLAS is <https://dnr.alaska.gov/olas/>. Rates are also listed in Tables 1 through 6.

- Non-apparatus equipment rates have been determined by Forestry for all categories, types, and classes of equipment and are included in the OLAS. Any equipment or vehicle owned by the FD and not reflected in the Apparatus Rate Tables, will be paid at the rates shown in Chapter 6 of the AIBMH and OLAS. Any FD using rates that are non-compliant with Forestry specified rates will normally be the last hired and the first released.
- Non-apparatus equipment needs to be registered on the "Vendor" entry tab of OLAS prior to hire. Non-apparatus includes but not limited to heavy equipment, tracked vehicles, ATV/UTV, sedans or trucks, boats, generators, aviation crash and rescue trucks, chainsaws, portable pumps, light towers and Ambulances.
- Each shift for apparatus or equipment must be documented on an Equipment Shift Ticket (OF-297) and must be signed by the FD's personnel and the supervisor on the incident as the duly authorized representative for certification as to the number of hours or other units of pay earned. Hours shall consist of the period working (assigned), ordered standby, or compensable travel time.
- **All personnel staffing apparatus will be listed legibly daily on Equipment Shift Ticket's (OF-297) with FD or EFF status next to each name and position filled on the apparatus. (i.e. FFT1, FFT2, ENOP) (example: Jane Smith EFF FFT1)**
- Apparatus pay rates will be based on resource type ordered. If agreed to by both the FMO and Fire Chief prior to hire and documented on RO at the time of hire as a change, a different apparatus may be substituted.
- All apparatus pre and post inspections can be performed at local Area Forestry Office or on incident if apparatus leaves directly from station directly to assignment.
- A Mobilization Finance packet will be given to each apparatus at the start of the hiring process. Upon completion of an assignment a Demobilization Finance Packet will need to be submitted to the local Area Administrative staff.

The incident or dispatch office will compile the amount earned on the Emergency Equipment Use Invoice (OF-286) which both parties will sign to show concurrence of the amount due the FD at the time of release from assignment. OF-288s will be posted for FD staff or FD staff hired as EFF by the incident or Area.

**18. Rate Calculations:** The rates are calculated for Interagency use based on the Consumer Price Index (CIP) for Anchorage. The rates are fair and reasonable for apparatus or equipment in generally new and

good operating condition. Rates are effective pending any modifications resulting from the previous fiscal year, directives, and/or changes in the applicable Service Contract Act Wage Determination (SCA) or marketplace realities.

- Rates are reviewed annually for OLAS, CFPA, AOP and the AIBMH.
- Rates are reviewed by SOA and Federal Interagency partners. A fair market rate that is allowable under all (State of Alaska & Federal partners) agency procurement policies is adopted.
- Daily rates may fluctuate between annual changes.

**Invoice Matrix**

<b>Invoice Matrix: Apparatus and Personnel Billing</b>				
<b>Use TABLE's for specific rates</b>	<b>Invoice for Apparatus</b>	<b>Invoice for FD Staff</b>	<b>Invoice for DOF Technicians or EFF Personnel</b>	<b>Additional Invoice Billable Documentation Items***</b>
Apparatus Only	<b>YES</b>	NO	NO	Refurb** and incidentals
Apparatus w/FD Staff only	<b>YES</b>	<b>YES</b>	NO*	Refurb** and incidentals, FD staff @ Dept rates and Admin Fees
Apparatus w/Mixed FD and DOF/EFF Personnel	<b>YES</b>	<b>YES, For FD staff only</b>	NO*	Refurb** and incidentals, FD staff @ Dept rates and Admin Fees
Apparatus w/All DOF/EFF Personnel	<b>YES</b>	NO	NO*	Refurb** and incidentals
Non-apparatus equipment or vehicles	<b>YES, Equipment Shift Tickets</b>	NO	NO	Incidentals.
Federal Excess Personal Property (FEPP) Apparatus Only	<b>YES, @ 66% of Daily Rate</b>	****	****	Refurb** and incidentals
Combined Daily Rate	<b>YES, invoice includes personnel</b>	<b>NO, personnel cost included in rate</b>	NO	Refurb**, incidentals Equipment Shift Tickets (OF-297), Emergency Equipment Use Invoice (OF-286)

\*EFF are managed by SOA, no invoice from FD is needed.

\*\*Refurb rate based on length of time on assignment, 4 hours for an assignment of 10 days or less, 8 hours for an assignment greater than 10 days.

\*\*\* Not all inclusive, additional documentation may be required. Claims packets need to be included but not invoiced. (i.e. Per Diem if approved, fuel, maintenance)

\*\*\*\* For FEPP Staffing follow procedures in all non-FEPP Apparatus categories in the matrix.

Apparatus rental rates include routine maintenance; normal wear and tear (minor scratches, chips and scratches in windshield, punctured or flat tires etc.); insurance; and other pertinent overhead expenses. Rental rates will not exceed the rates listed below (Tables 1-6). Federal Excess Personal Property (FEPP) apparatus provided by a FD will be paid 66% of the normal rate.



19. For fractional days at the beginning and ending time under hire, payment will be based on 50 percent of the Daily Rate for periods less than eight hours. To clarify, apparatus initially hired after 1600 (4:00 pm) shall receive half the daily rate for the first day of hire, and apparatus 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.
20. For shifts under hire or assignment between the first and last, the FD shall be paid at the daily rate, if the apparatus is operable and available the entire shift. A shift is the hours worked as stated by the Incident Action Plan and/or as determined by the dispatching office.
21. If the apparatus is inoperable or unavailable during an on-shift period, this will be considered down time and charges will not accrue. Payment will be based on the hours the apparatus was operational during the assigned shift as documented on the shift ticket versus the designated shift times shown on the Incident Action Plan (IAP). If the apparatus 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 apparatus was non-operational, i.e.,  $\text{daily rate} \div \# \text{ hours of shift in IAP} = \text{hourly rate to be deducted}$ .
22. Invoicing: For invoicing include apparatus and FD staff on the same invoice. If a new RO is created to transfer assignments, a separate invoice should be done.

Examples for apparatus under both **Standard** and **Combined** Daily Rates:

- Example #1 - The apparatus spends 7 days on Incident A and is then transferred to Incident B with a new RO for 7 days. Two separate invoices need to be submitted in one package.
- Example #2 - If the apparatus stays on one incident the whole time, one invoice with personnel and apparatus may be submitted.
- Example #3 - The apparatus goes to Incident C for ten days and returns home for a break in service. If the apparatus is then RO to the same or a different incident, separate invoices need to be submitted.

Following these examples will speed up the payment cycle and reduce billing errors.

23. **The Area Forester or designee has the authority to correct or change the invoice in case of accounting errors or needed additions or subtractions from invoice, or if the FD chose the improper category, type, class or rate in OLAS.**
24. Insurance: The FD must carry and maintain motor vehicle liability insurance as required by AS 28.22.01. In the case of the FD staff being hired by the State as an EFF, the State covers Worker's Compensation and potential liability based on apparatus operations in response to and operation on a wildland fire. In the case of the FD's staff remaining an employee of the FD, the FD must carry and maintain Worker's Compensation coverage as required by AS 23.30.045.
25. Evaluations: All FD Engines will be evaluated by the incident supervisor and the evaluation form will be included in the documentation packet upon release from the incident.
26. Refurb/Rehab: With the local Area Forester's approval, FD's are allowed up to 4 hours of refurb for an assignment less than or up to 10 days and up to 8 hours of refurb for an assignment longer than 10 days for refurb and rehab of their equipment.
27. Documentation Requirements for Assignments

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

- Mobilization packets will be created at the local Area Dispatch office.
- Prior to inspection Documentation package will be reviewed with Area Dispatch and FD.

### Finance Packet Matrix

<b>Mobilization Finance Package</b>	<b>Demobilization Finance Package</b>
<i>Packet received upon successful inspection. Maintained for duration of assignment.</i>	<i>Turn completed packet in at completion of assignment.</i>
<b>This Finance Packet needs to stay with apparatus and used at check-in on the incident.</b>	<b>This Finance Packet needs to be turned in at the end of an assignment to the local Area Administrative staff.</b>
*Fire Department Position Rates Sheet	*Fire Department Position Rates Sheet
*Apparatus Inventory Sheet (FD Equipment)	*Apparatus Inventory Sheet (FD Equipment)
Resource Order	Resource Order: Multiple RO's will be needed when re-assigned to different Incidents
Billing Type ( <b>Standard Daily Rate</b> w/FD, EFF or Mixed personnel: Or <b>Combined Daily Rate</b> )	Billing Type ( <b>Standard Daily Rate</b> w/FD, EFF or Mixed personnel: Or <b>Combined Daily Rate</b> )
Emergency Equipment Rental Agreement (OF-284):	Emergency Equipment Rental Agreement (OF-284):
Current Annual Operating Plan - AOP	Current Annual Operating Plan - AOP
Current Cooperator Fire Protection Agreement - CFPA	Current Cooperator Fire Protection Agreement - CFPA
Pre-Hire Inspection Checklist (OF-296)	Pre & Post Hire Inspection Checklist (OF-296)
Initial Equipment Shift Ticket Book (OF-297)	Completed Equipment Shift Tickets (OF-297)
Blank Contractor Evaluation	Completed Contractor Evaluation
Crew Time Report Book (SF-261)	Completed OF-288, Emergency Firefighter Time Report
*Crew Manifest with Contact information	*Crew Manifest with Contact information
	Emergency Equipment Use Invoice (OF-286):
	Claims Documentation, if applicable
	Any additional receipts/documentation for reimbursable expense accrued on assignment.

\*Responsibility of FD to provide at the time of hire to the local Area Dispatch.

**28** Rate Tables.

- **Standard Daily Rate:** tables 1-2 are for FD Apparatus only. Table 3 is Command Vehicle rate.
- **Combined Daily Rate:** tables 4-5 are for FD Apparatus and Personnel combined rate. Table 6 is Command Vehicle rate.

Table 1- **STANDARD DAILY RATE:** Table for Water Tender Types, Rates & Minimum Requirements

<b>Rates &amp; Components</b> <i>(excludes personnel costs)</i>	<b>Water Tender Types</b>				
	<b>Support</b>			<b>Tactical</b>	
	<b>S1</b>	<b>S2</b>	<b>S3</b>	<b>T1</b>	<b>T2</b>
Daily Rate	\$1,950	\$1,630	\$1,300	\$1,630	\$1,300
Hourly Rate for refurb	\$170	\$145	\$120	\$170	\$145
Tank Capacity (gal)	4000	2500	1000	2000	1000
Pump Min. Flow (GPM)	300	200	200	250	250
At Rates Pressure (psi)	50	50	50	150	150
Max. Refill Time (minutes)	30	20	15	-	-
Pump and roll	-	-	-	Yes	Yes
Personnel minimum	1	1	1	2	2

Table 2- **STANDARD DAILY RATE**: Table for Engine Types, Rates & Minimum Staffing Requirements

<b>Rates &amp; Components</b> <i>(excludes personnel costs)</i>	<b>Structure Apparatus</b>		<b>Wildland Apparatus</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Daily Rate	\$2,840	\$2,680	\$1,785	\$1,545	\$1,265	\$1,070	\$860
Hourly Rate for refurb	\$285	\$275	\$180	\$165	\$145	\$130	\$115
Tank minimum capacity (gal)	300	300	500	750	400	150	50
Pump Min Flow (GPM)	1000	500	150	50	50	30	10
Rated pressure (psi)	150	150	250	100	100	100	100
Hose (feet) 2 1/2 inch	1200	1000	-	-	-	-	-
Hose (feet) 1 1/2 inch	400	500	1000	300	300	300	-
Hose (feet) 1 inch	-	-	500	300	300	300	200
Ladders per NFPA 1901	Yes	Yes	-	-	-	-	-
Master Stream 500 GPM Min	Yes	-	-	-	-	-	-
4-Wheel Drive Required	-	-	Yes	Yes	Yes	Yes	Yes
Personnel (minimum)	3	3	3	2	2	2	2

Table 3- **STANDARD DAILY RATE**: Table for Command Vehicles & Minimum Staffing Requirements

<b>COMMAND VEHICLE RATE</b> <i>(Excludes personnel costs)</i>	
Daily Rate	\$545
Hourly Refurb	\$70
Personnel	1, may be hired as vehicle only

Table 4- **COMBINED DAILY RATE:** Tables for Water Tender Types & Minimum Staffing Requirements

<b>Rates &amp; Components</b> <i>(includes personnel costs)</i>	<b>Water Tender Types</b>				
	<b>Support</b>			<b>Tactical</b>	
	<b>S1</b>	<b>S2</b>	<b>S3</b>	<b>T1</b>	<b>T2</b>
Daily Rate	\$2,365	\$2,045	\$1,715	\$2,370	\$2,040
Hourly Rate for refurb	\$170	\$145	\$120	\$170	\$145
Tank Capacity (gal)	4000	2500	1000	2000	1000
Pump Min. Flow (GPM)	300	200	200	250	250
At Rates Pressure (psi)	50	50	50	150	150
Max. Refill Time (minutes)	30	20	15	-	-
Pump and roll	-	-	-	Yes	Yes
Personnel minimum	1	1	1	2	2

Table 5- **COMBINED DAILY RATE**: Tables for Engine Types, Rates & Minimum Staffing Requirements

<b>Rates &amp; Components</b> <i>(includes personnel costs)</i>	<b>Structure Apparatus</b>		<b>Wildland Apparatus</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Daily Rate	\$4,005	\$3,845	\$2,525	\$2,285	\$2,005	\$1,810	\$1,600
Hourly Rate for refurb	\$285	\$275	\$180	\$165	\$145	\$130	\$115
Tank minimum capacity (gal)	300	300	500	750	400	150	50
Pump Min Flow (GPM)	1000	500	150	50	50	30	10
Rated pressure (psi)	150	150	250	100	100	100	100
Hose (feet) 2 1/2 inch	1200	1000	-	-	-	-	-
Hose (feet) 1 1/2 inch	400	500	1000	300	300	300	-
Hose (feet) 1 inch	-	-	500	300	300	300	200
Ladders per NFPA 1901	Yes	Yes	-	-	-	-	-
Master Stream 500 GPM Min	Yes	-	-	-	-	-	-
4-Wheel Drive Required	-	-	Yes	Yes	Yes	Yes	Yes
Personnel (minimum)	3	3	3	2	2	2	2

Table 6- **COMBINED DAILY RATE**: Tables for Command Vehicles & Minimum Staffing Requirements

<b>COMMAND VEHICLE RATE</b> <i>(includes personnel costs)</i>	
Daily Rate	\$960
Hourly Refurb	\$70
Personnel	1

29. Command Vehicles: When ordered by Forestry, command vehicle rates will be applicable when an individual in any of the following positions uses the vehicle. Command Vehicles must meet the following criteria and come equipped with the following equipment:

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

When ordered by Forestry, command vehicle rates will be applicable when an individual in any of the following positions uses the vehicle:

- Incident Commander
- Branch Director
- Water Handling Specialist
- Operations Section Chief
- Division/Group Supervisor
- Fire Chief/Designee
- Structure Protection Specialist
- Strike Team/Task Force

30. Ambulance: There are two Types of ambulances: Basic Life Support (BLS) and Advanced Life Support (ALS). The ambulances are owned and staffed by a Fire Departments, Emergency Response agency, vendor or sometimes large hospitals. The difference between BLS and ALS ambulances is the ALS ambulance is equipped with higher trained medical personnel, an EMT and a paramedic as a minimum certification level. The BLS ambulance is staffed with two EMTs as a minimum certification level. The price of the personnel is included in the ambulance daily rate. Both types of ambulances are required to be staffed with a minimum of two personnel and one will serve as a driver. The State provides fuel for the ambulance and the owner or sponsoring agency will provide all medical supplies. The ambulances are listed under the Other Support Items in OLAS.

- All vendor ambulance service personnel must have meet State of Alaska specific certifications or reciprocity requirements.
- All ambulance personnel must meet all scope of practice requirements (medical sponsorship may be required for highly trained and qualified medical personnel)
- Daily Rates are based on one 24-hour period of hire. Personnel changes during this 24-hour period are the fiscal responsibility of ambulance owner.
- FD ambulances are not considered “apparatus”, they are list on the non-FD or Vendor side of OLAS.
- Refurb Rates used for FD equipment only. Refurb Rate requirements follow the same policy as FD apparatus.

Table 7 - Ambulance Daily Rate

<b>AMBULANCE DAILY RATE</b> <b>(with staff and fully supplied)</b>		
Type	Advanced Life Support (ALS)	Basic Life Support (BLS)
Daily Rate	\$3500	\$2500
Hourly Refurb	\$125	\$125

31. Workplace Conduct: *The State of Alaska is an equal opportunity employer and does not discriminate in employment on the basis of race, color, religion, sex, national origin, age, disability, marital status, changes in marital status, pregnancy, and parenthood.* This includes behavior such as making threats, abusive language, slurs, unwelcome jokes, teasing and other such verbal or physical conduct. Creating a hostile work environment will not be condoned. This includes verbal or physical conduct of a sexual nature, making unwelcome sexual advances or requests for sexual favors, and unreasonably interfering with the work of others.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION (49 CFR Part 29):** The bidder/offeror certifies, by submission of this proposal or acceptance of this contract/agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. It further agrees by signature on this agreement to include this clause without modification in all lower tier transactions, solicitation, proposals, contracts and subcontracts. Where the bidder/offeror/contractor or any lower tier participant is unable to certify to this statement, it shall attach an explanation to this agreement.

I certify that I have read and agree to the conditions and rates contained on this form.

This document supersedes all prior versions of this agreement. Earlier versions must be deleted/destroyed and replaced with this document.



**Annual Operating Plan  
Signatures**

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

---

Area Forester

Date

**For Cooperator Fire Department**

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Fire Chief or Designee

Date

**2020**  
**Cooperative Fire Protection Agreement**

**State of Alaska, Department of Natural Resources, Division of Forestry and  
Cooperator Fire Departments**

**Area:**

**Fire Department:**

## **Components**

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## 1. Recitals

It is the intent of AS 41.15.010 that the Alaska Division of Forestry (Forestry) provide protection from wildland fire and other destructive agents, commensurate with the values at risk, on land that is owned privately, by the state, or by a municipality. It is also recognized by the fire department (Cooperator) that an obligation exists to provide protection to life and property from fires within their area of responsibility, subject to available resources, funding, and personnel. Therefore, it is to the mutual advantage of the Cooperator and Forestry to coordinate efforts in the prevention, detection, and suppression of wildland fires.

## 2. Scope

This agreement outlines the roles and responsibilities for cooperating Fire Departments (FD) when responding to and suppressing Wildland/Urban Interface fires.

## 3. Definitions

**Annual Operating Plan (AOP):** Negotiated annually between the FD and Forestry to define operational details: Rate Tables, Required Equipment, Training, Documentation and Administrative responsibilities. The local Area Forester or designee signs the AOP for the Division of Forestry. The AOP may be different for each fire department due to department policy, city ordinance or union contract.

**Automatic Aid:** The assistance that is dispatched automatically by contract or agreement between two fire departments, communities or fire districts.

**Back Fill:** When the FD is required to supply a firefighter at their station to comply with Fire Department policy, municipal ordinance, or union contract. Forestry will reimburse backfill overtime costs only. Forestry only pays for the overtime above what the regular salary would have been for the employee(s) deployed

**Cooperator:** A structural fire department that is in good standing and certified by the State Fire Marshall. For the purpose of this document FD shall be used in all descriptors of a Cooperating Fire Department.

**Contained or Containment:** When a wildland fire has a natural barrier, dozer line, wet line, roads, scratch line, retardant line, etc. around it to keep the fire from spreading.

**Cooperative Fire Protection Agreement (CFPA):** The FD establishes a formal relationship with the Division by signing a Cooperative Fire Protection Agreement (CFPA). The agreement is signed by the fire department's Chief or governing official and sent from the Area, through the Region, to the Central Office for the State Foresters and the Department signatures. The CFPA will be the same statewide for all FD's; all cooperating fire departments will have a signed CFPA prior to hire or use of equipment.

**Custody:** When the operator/personnel remain employees of the FD's, the apparatus remains in operator/personnel custody. When the operator/personnel are hired as Emergency Fire Fighter (EFF), the apparatus remains in Forestry custody during the period of use. During such time, Forestry, as custodian, will exercise ordinary prudence and diligence in the use and care of the apparatus. Control of apparatus and personnel shall follow the Incident Command System.

**EERA Equipment:** Emergency Equipment Rental Agreement (EERA) Equipment includes equipment rented to Forestry that is not fire apparatus. The EERA equipment is registered into On-

Line Application System (OLAS) using Agency Suggested Rates.

**Fire Apparatus:** Fire engine, pumper, tender, tanker, brush rig, fire command vehicle, maintenance truck or such other rolling stock as it's typically used by fire departments for fire suppression purposes. Rates for Apparatus are detailed in the AOP.

**Fire Response/Service Area:** The FD's Fire Service Area or designated area where the FD has primary responsibility for fire protection. This may also include an Auto Response or Mutual Aid Response Area. Mutual Aid Response Area also includes DNR Forestry local Area of responsibility.

**Fire Stores:** Items as needed to complete required minimum equipment inventory or Nominal Unit Supply (NUS) as specified in AOP.

**Incident Command System:** An emergency response management system defined by the National Incident Management System (NIMS), and endorsed by the Governor of Alaska via Administrative Order 170.

**Incident Business Management Handbook:** The AIBMH applies existing State of Alaska administrative, contracting, and financial regulations and Department procedures within the framework of fire business management operations. Chapter 7 of the AIBMH, Cooperator Fire Departments, addresses FD apparatus; this is a separate compartment within the OLAS, "Fire Department". Chapter 6 AIBMH, Equipment Acquisition; addresses FD non-apparatus equipment, this compartment within OLAS is "Vendors".

**Land Use and Facility Agreements:** Temporary rental of property for fire purposes. Land Use and Facility Agreements (LUA) may include, but are not limited to; potable water sources, apparatus water sources, parking facilities, land line services, meeting and training rooms and restroom facilities. LUA pre-season inspections and Letter of Agreements (LOA) are preferred over actual incident occurrence.

**Licenses and Permits and Insurance** - The FD is responsible for obtaining at their own expense, carrying a copy of, and showing proof at the time of hire all necessary licenses and permits required by state and federal law/regulation for both the apparatus and operator/personnel.

**Mutual Aid:** Assistance that is dispatched, upon request, by the responding fire department. Usually it is requested upon the arrival on scene but can be requested in route if circumstances dictate. Mutual aid should be defined by a signed agreement.

**OLAS:** On-line Application System is used to register, hire, and track FD fire apparatus and EERA equipment. OLAS will be used in the future for entering and tracking the CFPA's and AOPs submitted by FD's.

**Order for Service:** Upon acceptance of an order for service, either verbally or accepting a Resource Order, a binding contract between the FD and Forestry is created incorporating the terms of the CFPA and the AOP, when the apparatus or equipment passes inspection.

**Property:** Structures and other property located within a fire response area excluding forested land as defined in AS 41.15.170.

**Reporting for Service** - The FD is responsible for providing apparatus to Forestry in a good and safe operating condition and will be subject to pre-use inspection at time of hire. If, in the determination of Forestry, the apparatus is not in good, safe operating condition based upon the manufacturer's general safety specifications when it arrives for work, Forestry may reject it. If equipment is rejected, Forestry

will not pay any costs, including transportation costs. The operator/personnel shall keep a copy of the CFPA and AOP documents with the apparatus.

**Termination of Order for Service** - There is no guaranteed length of hire under any order for service. Forestry may terminate an order for service when it is determined by Forestry that the apparatus is no longer needed. When the order for service is terminated, Forestry shall be liable only for payments in accordance with payment provisions of this contract for services rendered prior to the effective date and time of termination. In the event the FD requires return of apparatus, the FD shall notify Forestry, and the equipment shall be released within eight hours or at the beginning of the next operational period.

**Wildland Fire:** Uncontrolled burning of grass, brush, timber and other natural vegetative material. Any non-structure fire that occurs in vegetation or natural fuels. Wildland fire includes prescribed fire and wildfire.

#### 4. Appropriate Response

##### **Standard/Initial Response:**

A response that a FD undertakes in order to meet its general obligation to protect life and property from fires within its Primary Fire Response/Service Area. A Response in a wildland fire begins at the time of notification and ends when the fire has been contained as determined by the Unified Command and no longer poses a threat to life and property. Unless agreed upon by Forestry Fire Management Officer (FMO) and the FD's Fire Chief, Forestry is not responsible for FD costs. By mutual agreement when *containment* has been reached **if** FD apparatus are requested by Forestry to remain on incident to support Forestry operations, Forestry Dispatch will be notified and Resource Orders for all FD apparatus, personnel and equipment shall be created.

##### **Discretionary Response:**

Within the FD Primary Response Area: a response that occurs after a fire has been *contained* and Forestry assumes single command of a wildland fire and requests that the FD remain on scene. Forestry is responsible for FD costs. Resource Orders for all FD apparatus, personnel and equipment shall be created.

Outside of the FD Primary Response Area: a response to a wildland fire at the request of Forestry to a wildland fire outside a FD's Primary Fire Response/Service Area. Forestry is responsible for FD costs. Resource Orders for all FD apparatus, personnel and equipment shall be created, apparatus and equipment shall pass inspection prior to start of service.

**Unified Command:** A method for all agencies or individuals who have jurisdictional responsibility and in some case those who have functional responsibility at an incident to contribute to:

- Determining overall objectives for the incident
- Selection of a strategy to achieve the objectives
- Joint command of the incident for the first shift during initial attack

#### 5. Non-Suppression Activities

##### **Prescribed fire (RX) and other fire management projects:**

Under the direction of Forestry, the AOP may be used for procuring personnel and equipment for other fire management activities such as fuels mitigation and RX projects, inside and outside the FD

jurisdictional area. Project work conducted for federal agencies must be performed under the conditions of agreements specific to their agency specific procurement requirements.

#### **All Risk Assignments:**

It is common for wildland fire resources to assist with non-fire incidents. When requested under the authority of the Stafford Act, it is possible for Alaska state and FD resources to assist with these incidents. All such incidents must be handled on a case-by-case basis. FD's should check with the local Division of Forestry (DOF) Area Office, Forester or FMO prior to accepting all risk assignments under the CFPA and AOP agreements.

### **6. Command of Incident**

**Standard/Initial Response:** The first responder on-scene shall assume functional command of the incident until the arrival of other responders, after which a Unified Command may be established.

**Extended Response:** By mutual agreement between Forestry and FD's, Forestry will assume single command of the incident once a fire escapes initial attack or is contained. Forestry is fiscally responsible for costs incurred suppressing the wildland fire during extended attack and mop-up when Forestry is in command.

### **7. Rates, Billing and Status of Employees and Apparatus**

- All FD apparatus and EERA equipment will be registered in OLAS. Rate tables for FD apparatus are available in the AOP; for other FD equipment rates review Chapter 6 of the AIBMH..
- Apparatus may be hired unstaffed (apparatus only), Staffed or a mix of FD and Department of Natural Resources (DNR) personnel or staffed by all DNR personnel.
- Rate tables are reviewed annually by DNR.
- The Area Forester or designee has the authority to correct or change the invoice in case of accounting errors or needed additions or subtractions from invoice, or if the FD chose the improper category, type, class or rate in OLAS.
- Billing for fire personnel that will remain FD employees (not EFF) needs to be communicated during the resource ordering process and documented on the Resource Order (RO) prior to hire. During the time of hire FD employee names and position on the apparatus will be documented and manifested.
- Hourly Rates for FD staff by position only, will be established when the AOP is signed. FD's will provide a position qualification list with hourly rates to Forestry. No private information will be included in this list. This list will be used for cross reference at the time of invoice, for FD employee name, position on apparatus and hourly rate.
- If FD personnel will be hired as EFF this needs to be communicated during the resource ordering process and documented in the Resource Ordering and Status System (ROSS) program prior to hire. EFF personnel will get individual resource orders. Rates will be established EFF rates based on position being filled.
- Personnel changes or crew swaps during assignments will be communicated through the home area fire dispatch, regardless of hiring method or management level of fire or location of fire.

- In the event where an AOP has not been signed by Forestry, rates paid for apparatus will not exceed the latest version of the rates listed in the AOP.
- State of Alaska, Division of Forestry employees remain employees of the State whether they work under FD or Forestry command. FD personnel if hired by Forestry as EFF, will become Forestry employee(s), and are subject to the Conditions of Hire for EFF established in the latest version of the Alaska Emergency Firefighter Type 2 Crew Management Guide and the Alaska Single Resource AD/EFF Casual Hire Guide.

## **8. Backfill Reimbursement**

Forestry will reimburse backfill overtime costs only. Forestry only pays for the overtime above what the regular salary would have been for the employee(s) deployed. Backfill reimbursement will be approved only when the FD is required to supply a firefighter at their station to comply with Fire Department policy, municipal ordinance, or union contract.

- Backfill reimbursement costs will be billed and segregated from the deployed personnel.
- Rates for backfill reimbursement should be attached as an addendum to this document.

## **9. Travel, Meals and Lodging**

Travel time between the point of hire and the incident is reimbursable, if the incident is outside of a 50-mile radius of FD service area and authorization for per diem and travel is documented on Resource Order. Forestry will either pay per diem at established State of Alaska, Forestry rates or provide meals and lodging for FD employees on assignment away from their Primary Fire Response Service Area.

## **10. Refurb/Rehab**

With the local Area Forester or Fire Management Officer (FMO) approval, FD's are allowed up to 4 hours of refurb for an assignment less than or up to 10 days and up to 8 hours of refurb for an assignment longer than 10 days for refurb and rehab of their equipment.

## **11. Mutual Aid** resources requested for a mutual aid request must be pre-approved by Forestry to be eligible for reimbursement.

## **12. Automatic Aid** resources will not be reimbursed unless otherwise requested by Forestry as outlined in their AOP.

## **13. Worker's Compensation**

The FD's and Forestry are responsible for Worker's Compensation for their own personnel.

## **14. Liability Insurance**

The FD's and Forestry are responsible for their own liability insurance coverage.

## **15. Fire Stores/Equipment Guidelines**

Upon discretionary assignment outside the Fire Response/Service Area, Forestry will issue to the FD fire stores as needed to complete the required minimum equipment inventory as specified in AOP. The FD will maintain the fire equipment issued under this Agreement in an operable condition. Issued equipment will be returned to the issuing Forestry Office upon completion of the assignment. Forestry will not hold the FD accountable for consumable fire supplies. Upon return from fire assignment all stores items will be returned to the local Area Forestry Warehouse.



If non-consumable fire stores become broken, or otherwise unusable, the FD will return the damaged item, along with a statement (or appropriate forms) of how the item was damaged, to Forestry for repair or replacement. If an item becomes lost or damaged as a result of negligence by the FD, the FD will be liable for replacement.

## **16. Land Use and Facility Agreements**

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

- Fair market rental rates for the property in the area
- Costs to the property owner, loss of rental fees from other sources, disruption of business
- Alterations needed and who will make them in a written scope of work
- 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

Pre-inspection and post-inspection shall be made of the premises using the forms found in the Forms section of the AIBMH, 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. Pre- and post-inspections shall note all improvements and conditions, including items such as fences, buildings, wells, cisterns, road conditions, etc.

Further information can be found in the AIBMH, Chapter 16, Land/Facilities Acquisition.

## **17. Training Standards**

When responding outside its Fire Response/Service Area, all FD employees will be National Wildfire Coordinating Group (NWCG) certified at a minimum of Wildland Firefighter 2, which includes an annual fire line refresher Training and Work Capacity Test. All personnel hired as EFF by Forestry must meet established NWCG physical fitness and training standards for the position hired. Forestry may provide wildfire training material to the FD upon request. Training funds may be available through the Volunteer Fire Assistance (VFA) grants program. For further information see AOP.

## **18. Investigation and Prevention**

See AOP for Investigation and Prevention policy and procedures.

## **19. Annual Operating Plan (AOP)**

As soon as practical after this Agreement is executed and prior to March 15<sup>th</sup>, then annually thereafter, the FD and the State Forester or his designee shall meet to negotiate an AOP. The subject matter of the AOP shall define the necessary operational details. At a minimum, the AOP should include mobilization procedures; approved rates; staffing; a map or description of response area; training and qualifications; contact information; education, prevention, investigation, and coordination procedures; and radio frequencies (communication coordination).

## **20. Notification**

Notification procedures are outlined in the AOP.

## **21. Parties Responsible for their own Acts**

FD and Forestry each agree that it will be responsible for its own acts and the results thereof, and that neither shall be responsible for the acts of the other. FD and Forestry each assumes its own risk and liabilities resulting from its acts under this Agreement.

## **22. Permits and Laws**

The parties shall acquire and maintain in good standing all permits, licenses, and other entitlement necessary to the performance under this Agreement. All actions taken by the parties under this Agreement shall comply with all applicable laws, statutes, ordinances, rules and regulations.

## **23. Non-Waiver**

The failure of the FD or Forestry at any time to enforce a provision of this Agreement shall in no way constitute a waiver of any provision in this Agreement, nor shall it in any way affect the validity of this Agreement.

## **24. Review and Modifications**

Forestry and FD agree to review this Agreement at least every five (5) years, but, Forestry and FD may agree to modifications to this agreement at any time. All modifications to the Agreement shall be incorporated by written amendments to this Agreement and signed by Division of Natural Resources and FD prior to becoming effective.

## **25. Fair Intent**

This Agreement has been jointly drafted by the parties following negotiations between them. It shall be construed according to the fair intent of the language as a whole and not for or against any party.

## **26. Agreement Effective Date and Termination**

This Agreement supersedes all other versions of this document. This agreement is effective as of the date of most recent signature and remains in effect until terminated in writing. Either party may terminate this Agreement at any time by giving written notice to the other party at least thirty (30) days before the effective date of such termination.

- **The CFPA is valid for 5 years after signing. Every 5 years the agreement will be reviewed and resigned.**
- **The AOP is valid for 1 year. Every year it shall be reviewed and resigned.**

## **27. Workplace Conduct**

*The State of Alaska is an equal opportunity employer and does not discriminate in employment on the basis of race, color, religion, sex, national origin, age, disability, marital status, changes in marital status, pregnancy, and parenthood.* This includes behavior such as making threats, abusive language, slurs, unwelcome jokes, teasing and other such verbal or physical conduct. Creating a hostile work environment will not be condoned. This includes verbal or physical conduct of a sexual nature, making unwelcome sexual advances or requests for sexual favors, and unreasonably interfering with the work of others.

## **28. Indemnification**

The Cooperator Fire Departments shall indemnify, hold harmless, and defend the Department of Natural Resources from and against any claim of, or liability for error, omission or negligent act of the Cooperator Fire Departments under this agreement. The Cooperator Fire Departments shall not be required to indemnify the Department of Natural Resources for a claim of, or liability for, the independent negligence of the Department of Natural Resources. If there is a claim of, or liability for, the joint negligent error or omission of the Cooperator Fire Departments and the independent negligence of the Department of Natural Resources, the indemnification and hold harmless obligation shall be apportioned on a comparative fault basis. “Cooperator Fire Departments” and “Department of Natural Resources”, as used within this article, include the employees, agents and other contractors who are directly responsible, respectively, to each. The term “independent negligence” is negligence other than in the Department of Natural Resources selection, administration, monitoring, or controlling of the Cooperator Fire Departments and in approving or accepting the Cooperator Fire Departments work.

## **Cooperative Fire Protection Agreement Signatures**

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

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Area Forester

Date

---

State Forester

Date

---

DNR Procurement Officer

Date

**For Cooperator Fire Department**

---

Fire Chief or Designee

Date

---

Date

---

Date

## **Chapter 8 – Property Management**

### **PURPOSE**

This chapter deals with procuring State of Alaska (SOA) government property. It also covers claims for State of Alaska, other States, and Federal government property. For personal property claims, see Chapter 11.

### **RESPONSIBILITIES**

All employees are responsible for the care, use and custody of all property; the prompt return of unneeded property; and for promptly reporting property that is lost, stolen, or damaged. The Incident Commander (IC) has overall responsibility for establishing and maintaining a sound property management program for the incident. All supervisors are responsible for ensuring that personnel under their supervision adhere to all property accountability procedures.

### **PROPERTY MANAGEMENT PROGRAM PROCEDURES**

An effective property management program includes the following:

- Establishment of areas where the property is stored and protected.
- Designation of personnel to receive property.
- Establishment of receipting procedures.
- Establishment of property identification and marking procedures.
- Designation of employees to issue property.
- Establishment of property accountability controls.
- Establishment of property clearance and demobilization procedures.

### **SECURITY AND STORAGE**

Property stored at an incident base, spike camp, staging area or area office must be adequately protected to prevent theft, vandalism, or damage from the elements. Access to these areas must be restricted to those personnel with designated property management responsibilities. Appropriate protection measures may include private security or agency law enforcement.

### **PROPERTY ORDERING PROCEDURES**

Property movement between Areas, Regions and incidents shall be controlled and initiated by generating a Resource Order. This is an important link in the chain of property management. The Resource Order documents the need for property and is the initial approval level. All ordering should be done with the Incident Commander's direct or delegated approval.

### **PROPERTY RECEIPTING PROCEDURES**

Property and supplies are furnished from a variety of sources and prompt reports of receipt must be made to the administrative unit having jurisdiction. This report of receipt may be in the form of invoices, packing lists or shipping documents. The designated receiving official must verify that the items listed are received and must note any shortages, overages, and damage. If no documents accompany the shipment, there are forms available such as [Alaska DOF Warehouse Issue/Return 10-1505](#) (Form 3) and SOA [Property Receipt 02-657](#) (Form 4) to collect the required information. There are also federal versions of these forms.

### From Commercial Sources of Supply (Charges)

Receipt of property and supplies purchased by this method must be acknowledged by an original bill, sales slip, cash register tape or invoice. If none of these are available, use a blank piece of paper and include vendor's name, address, phone number, tax ID# and signature, along with a list of items purchased.

### **IDENTIFICATION**

Most property received from agency support systems is identified as State or government property. Capitalized property must always be identified, or “tagged.”

### Non-Expendable

These items are usually equipment and must be identified as State or government property and are usually “tagged”.

- State capitalized property is tagged with a 6, 7, or 8-digit tag 13-xxxxx is Enterprise Technology Services property (radios).
- Federal property is usually stamped or painted with “US Govt.”

### Expendable

Items received from GSA are usually stamped “FSS”

## **PROPERTY ACCOUNTABILITY CONTROLS**

### Non-Expendable Property List

All units, including the incident base must maintain a list or inventory of non-expendable property assigned to it as an aid to property control. This list must show the agency tag and serial numbers assigned to the property.

### Issues, Transfers, and Returns

- Issues to Personnel  
The transfer of all tools and other recoverable property must be recorded at the time of issue. This can be done on a SOA [Property Receipt 02-657](#) (Form 4), a [General Message Form OF-213](#) (Form 1) or even on a blank piece of paper, as long as the proper information is recorded and the property items signed.
- Transfers between Crews and Personnel  
Transfers of property must be documented and signed for to maintain accountability. This may be done on a [Property Receipt 02-657](#) (Form 4) or other form that records the same information.
- Returns from Personnel  
Items that are excess to an incident's needs or those items in need of repair must be returned in a timely manner. Resources are limited and many items are cleaned and reused. Items designated as reusable and returnable are to be returned by personnel to the issuing warehouse cache or other designated point. Items returned are inspected and compared with the list and quantities recorded on the issuing document. Shortages and/or damages are noted, and a determination will be made as to charge or not charge the employee.

- Returns from Incidents

Items returned that are excess to an incident's needs or those items in need of repair must be returned in a timely manner. Resources are limited and many items are cleaned and reused. Items returned from incidents must be accompanied by return paperwork to document what is being returned

An Alaska DOF [Warehouse Issue/Return Form 10-1505](#) (Form 3) should be used. Damaged items must be clearly “flagged or tagged” to help aid the warehouse in determining which items need to be repaired or discarded so that they will not be reissued in a defective state.

## **INFORMATION/PROCEDURES FOR DAMAGE/LOSS OF GOVERNMENT PROPERTY**

### 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](#) (Form 5). 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.

- Some damage and/or loss does occur occasionally because of the nature of fire suppression activities. All employees shall provide an adequate explanation when damage or loss occurs.
- [Property Loss or Damage Fire Suppression OF-289](#) (Form 5):
  1. Used by the employee and any witnesses to explain the circumstances; the Incident supervisor and any Subject Matter Experts (SME's) add comments and recommendations.
  2. The Incident Agency Representative will add comments and depending on their delegation, either decide on the claim or forward to the Incident Area Office.
  3. The Area Forester may decide on claims \$5000.00 or less; the claimants will be informed, and a copy sent to the Regional Administrative Officer to log.
  4. For claims above \$5000.00 the Area Forester will forward a recommendation to the Regional Administrative Officer.
  5. The Regional Administrative Officer will review the claim and forward to the Regional Forester.
  6. The Regional Forester will decide on the claim.
  7. Once a decision has been made, it will be communicated back down the line and to the Property Custodian or other governmental agency.
- [SOA LOST/STOLEN/DAMAGED PROPERTY REVIEW 02-627](#) (Form 2): This form is not used on an incident. This form is filled out for SOA accountable and durable property by the Property Custodian (usually an Area Forester) where the property is assigned. This form is also used on its own to report non-fire suppression losses. These reports are submitted to SOA Risk Management or can be submitted through the Forestry Procurement office.

- SOA Property Salvage/Destruction: This form is not used on an incident. It is used for SOA accountable or durable property that is damaged beyond repair. Reporting this property can be done through the Forestry Procurement office. The property should not be disposed of until approval is obtained.

## **CLEARANCE AND DEMOBILIZATION PROCEDURES**

Property and time recording personnel shall coordinate efforts to accomplish clearance through the Plans Section. Employees' final time reports must not be processed until clearance is obtained from the property-managing section. If employees refuse to cooperate, all facts must be recorded in writing and attached to the final time report for processing.

## **SUMMARY OF FORMS**

[Property Receipt 02-657](#) - Form 4.

This form is used for issues to and returns from personnel and transfers of assigned property.

[Division of Forestry Warehouse Issue/Return 10-1505](#) - Form 3.

This form is used for issues and returns to/from State warehouses and caches, staging areas, etc.

[Lost/Stolen/Damaged Property Review 02-627](#) - Form 2.

SOA use only. This form is used to report fire-suppression losses and on its own to document non-suppression losses.

[Property Loss or Damage Report](#) - Form 5.

This form is used by the employee to report loss of property or damage during fire suppression and to record the settle of the claim.

[General Message](#) - Form 1

This form can be used to transfer all tools and other recoverable property that must be recorded at the time of issue.



## GENERAL MESSAGE (ICS 213)

<b>1. Incident Name</b> (Optional):		
<b>2. To</b> (Name and Position):		
<b>3. From</b> (Name and Position):		
<b>4. Subject:</b>	<b>5. Date:</b> Date	<b>6. Time</b> HHMM
<b>7. Message:</b>		
<b>8. Approved by:</b> Name: _____ Signature: _____ Position/Title: _____		
<b>9. Reply:</b>		
<b>10. Replied by:</b> Name: _____ Position/Title: _____ Signature: _____		
<b>ICS 213</b>	Date/Time: Date _____	

## ICS 213

### General Message

**Purpose.** The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

**Preparation.** The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

**Distribution.** Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

#### Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	<b>Incident Name</b> (Optional)	Enter the name assigned to the incident. This block is optional.
2	<b>To</b> (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	<b>From</b> (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	<b>Subject</b>	Enter the subject of the message.
5	<b>Date</b>	Enter the date (month/day/year) of the message.
6	<b>Time</b>	Enter the time (using the 24-hour clock) of the message.
7	<b>Message</b>	Enter the content of the message. Try to be as concise as possible.
8	<b>Approved by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Position/Title</li> </ul>	Enter the name, signature, and ICS position/title of the person approving the message.
9	<b>Reply</b>	The intended recipient will enter a reply to the message and return it to the originator.
10	<b>Replied by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

Page of

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

No.

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

**COMPLETE 14-18 AND EXPLAIN ACTION TAKEN**

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

Form 02-627

Revised 2/3/16

ALASKA Division of Forestry		Warehouse <input type="checkbox"/> Issue <input type="checkbox"/> Return		Requisition #:		
From:	To:	Fire Name:	Fire #	Date Needed		
Mode of Transportation (GBL #)		Account Code:	Resource Order #:			
Order Request #	Catalog #	ITEM DESCRIPTION (Property Number if Applicable)		Qty.	Unit Issue	Weight
Issued By:		Date:		Total Pieces/Weight:		
Received By:		Date:		Posted to Inventory: By:		

From: (Dept./Div./Location)	To: (Dept./Div./Location)	Date:
<input type="checkbox"/> ISSUE STOCK <input type="checkbox"/> TEMPORARY ISSUE (Intra-agency) <input type="checkbox"/> TEMPORARY LOAN (Inter-agency)		

**FOR PERMANENT TRANSFERS USE FROM 02-622. (REF. PROPERTY MANUAL, CHAPTER 4)**

PCN if Applicable	Qty	Description of item	Date to be returned	Date Returned	Initial Partial Returns
Issued By: (Signature)			Received By: (Signature)		
Type or Print Name			Type or Print Name		

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

02-657 (8/90)  
DRAFT

PROPERTY LOSS OR DAMAGE REPORT  Fire Suppression		1. Crew Name or No. (O#, A#, E# or C#)	2. ID NO (Form OF-289) <b>NOT APPLICABLE</b>
		3. ISSUED TO (List: Individual Name, Home Unit Name, Home Unit Address, Email and Telephone Numbers – Fax, Cell, Work, etc.)	
4. ISSUING OFFICE OR CAMP NAME (Name of Incident Agency and the Incident Number)			
5. FIRE NAME	6. FIRE NO. (Fire Account Code)	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Govt <input type="checkbox"/> Casual Firefighter/AD <input type="checkbox"/> Other _____	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property/Serial No. if applicable. Include approximate year of or age of equipment.)		QUANTITY and VALUE per Each Unit	
a.			
b.			
c.			
9. Employee report on circumstances of loss or damaged to property listed: (Be specific – date, place, division on fire; be descriptive of damage, loss, <b>HOW DID THE FIRE CAUSE THE DAMAGE</b> , etc.)			
10. SIGNATURE		11. DATE	
12. Witness report: (Be specific – date, place, division on fire; be descriptive of damage, loss, <b>HOW DID THE FIRE CAUSE THE DAMAGE</b> what did you see, etc.)			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage:  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>Do not complete this section, see next page.</b> </div>			
16. SIGNATURE	17. TITLE	18. DATE	

**Requestor Name:** \_\_\_\_\_

**Resource Order#:** \_\_\_\_\_

**Incident Supervisor:**

Comments:

Name and Position: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

☐

Do Not Recommend

☐

Recommend

Signature & Date: \_\_\_\_\_

**Subject Matter Expert:**

Supply

Ground Support

Communications

Computer Specialist

Other: \_\_\_\_\_

Comments:

Name and Position: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

☐

Do Not Recommend

☐

Recommend

Signature & Date: \_\_\_\_\_

**Incident Agency Representative:**

(Agency Administrator, IBA, Finance Section Chief, Admin Representative, etc.)

**Decision if within Delegation:**

☐

Do Not Approve

☐

Approved

☐

Approved with the following contingencies:

**Recommendation if above Delegation**

☐

Do not Recommend

☐

Recommend

☐

Recommend with the following contingencies:

Comments:

Name and Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ Contact

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

IF ABOVE DELEGATION, SEND CLAIM TO LOCAL INCIDENT OFFICE

**Supply Unit:**

Sent to dispatch on: (date) \_\_\_\_\_

Resource Order(s) Assigned: **S**- \_\_\_\_\_

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

Resource Order#: \_\_\_\_\_

**Area Forester:**

**Decision if \$5000.00 or Less:**

☐

Do Not Approve

☐

Approved

☐

Approved with the following contingencies:

**Recommendation if above \$5000.00**

☐

Do not Recommend

☐

Recommend

☐

Recommend with the following contingencies:

Name and Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

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

**Regional Forester:**

**DECISION:**

☐

Do Not Approve

☐

Approved

☐

Approved with the following contingencies:

Comments:

Name and Title: \_\_\_\_\_


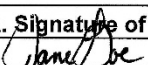
Signature & Date: \_\_\_\_\_

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



State of Alaska  
LOST / STOLEN / DAMAGED PROPERTY REVIEW

No. XXXXXXXX

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

Form 02-627

Revised 2/3/16

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. CREW NAME OR NO. Flame Fighters	2. ID NO. (Form OF-288, Emerg. Firefighter Time Report)
		3. ISSUED TO (Name and Address) PO Box 222 Fairbanks, AK 99707	
4. ISSUING OFFICE OR CAMP NAME Delta Area		5. FIRE NAME Quartz Lake	6. FIRE NO. 73X32172
		7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Govt. <input checked="" type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)			QUANTITY
a. 1 GPS Unit			\$425.00
b. 1 Bendix-King portable Radio			\$650.00
c. 1 North Face Tent			\$255.00
9. Employee report on circumstances of loss or damage to property listed: I was told to leave my gear at Helispot 4 while on the line on 6/27. A windshift sent the fire across the helispot, and my tent and day pack which included my GPS unit and radio burned up.			
10. SIGNATURE Gale Jeger		11. DATE 6/29/XX	
12. Witness report: I was in camp next to the helispot when it burned over. Most gear was saved, but not Gale's.			
13. SIGNATURE Thomas Martin, Crew Boss		14. DATE 6/30/XX	
15. Fire Boss or Property Control Officer comments regarding loss or damage: Gale was ordered to leave her gear at the helispot and it burned up when the wind changed & the helispot burned over. I recommend we replace the above gear at the price guidance allowance.			
16. SIGNATURE Dick Pitt		17. TITLE Incident Commander	18. DATE 7/2/XX

NSN 7540-01-124-7634

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

## Chapter 9 – Meals, Lodging, and Travel

### PURPOSE

This chapter provides guidance for securing meals and lodging while on Division of Forestry (DOF) assignments within the State, as well as rules and guidelines for travel outside the State.

### REFERENCES

The Department of Administration (DOA) travel and moving policy and procedures manual is located at <https://doa.alaska.gov/dof/manuals/aam/resource/60t.pdf>

Per diem rates in the Lower 48 -located at <https://www.gsa.gov/travel/plan-book/per-diem-rates>

Agency-provided subsistence is the default method for providing meals and lodging for personnel on DOF incident assignments. Resources with agency provided credit cards, deemed self-sufficient should utilize their credit cards for pre-approved lodging and per diem.

### SOLICITATION FOR MEALS AND LODGING

Prior to the fire season, and periodically if needed, each Area Office shall contact local vendors soliciting meal and lodging services for incident personnel. Fairbanks and Palmer vendors are solicited by the appropriate Regional Office. Area Admins have access to updated Meal and Lodging Packets. Offers are requested from as many potential vendors as possible to assure equal opportunity. Each interested vendor completes the appropriate Vendor Information Packet and returns it to the Area Office. Each Area Office compiles a list of restaurant, grocery and hotel vendors who have responded. The Area Office provides copies of signed Meal and Lodging offers to their Dispatch Center.

[Meal Vendor Complete Packet](#)

[Lodging Vendor Complete Packet](#)

### MEALS

For guidance on claiming per diem, see the TRAVEL section later in this chapter. The State of Alaska will subsist incident staff in most cases. Personnel assigned to fire support activities at their established duty stations are responsible for providing their own meals. In extreme circumstances, the Area Forester/FMO or equivalent may authorize written exceptions.

Types of meal subsistence for Resource Ordered personnel away from their duty:

- Meal Coupons
- Sack Lunches
- Contract Meals
- Meals in the McGrath Dining Hall
- Meals Ready to Eat (MRE's)
- Fresh Food Boxes
- Catered Meal

Meal Periods are as follows:

MEAL	FROM		TO
Breakfast	0001	to	1000
Lunch	1001	to	1500
Dinner	1501	to	2400

## MEAL COUPONS

[Meal Coupons](#) - Form 1- Is an option for personnel not assigned to a specific incident, (such as Preposition orders) and not subsisted another way. Meal coupons may also be an option for drivers who are picking up/dropping off Resource Ordered personnel (also Sack Lunches). **Meal coupons should be used rarely; other means of subsistence should be considered first.**

Resource-Ordered incident personnel and drivers are eligible when they are away from their normal duty station for more than three consecutive hours during the established meal periods.

Meal coupons are a numbered, secured, warehouse-cataloged stores item. Coupons are ordered as a supply item on a Resource Order. Area and Regional offices are responsible for keeping meal coupons and the “dollar amount” stamp used in a secure location.

Only those with delegated authority from the Regional Admin Officer or Area Admins will issue and approve meal coupons. When meal coupons are issued, an entry is made on the [Meal Coupon Log](#) - Form 2. Due to the changing nature of assignments, personnel should check in each day to receive sufficient meal coupons for meals through the following breakfast (unless they know they will be leaving sooner). A checklist for using [Meal Coupons](#) - Form 1 should be given to the recipient.

At participating vendor establishments, if the meal selected exceeds the established meal rate, the individual using the meal coupon is responsible for paying the difference directly to the vendor. At participating vendor establishments if the meal selected is lower than the established rate, no change is due to the individual.

### Rates for Meal Coupons

\$12.00	Breakfast
\$16.00	Lunch
\$32.00	Dinner

## COMPLETING MEAL COUPONS

- Meal coupons are issued and signed by authorized personnel.
- Dollar amounts are stamped on the face of the coupon.
- The appropriate meal dollar amount is circled.
- Cross out the other meal dollar amounts with an X.
- The date of use, user’s name, charge code/fire number, incident number and request/tail number are entered in the appropriate fields.
- The information from the coupon is entered in the [Meal Coupon Log](#) - Form 2.

## RULES FOR USING MEAL COUPONS FOR RESOURCED-ORDERED INCIDENT PERSONNEL

- Used only on date authorized on the meal coupon.
- Redeemable only at participating vendors.
- Issued for one meal.
- Issued for one user.
- Must be used in the DOF Area where issued.
- Cannot be used in the employee’s home unit.
- Cannot be used for non-food items, taxes, gratuities, alcoholic beverages.
- Any exceptions must be approved by the Area/Regional Forester.

Vendors must provide the DOF with:

- Original [Meal Coupons](#) - Form 1.
- Invoice or [Forestry Meal Program Billing Form](#) - Form 4.

### **SACK LUNCHES**

Sack lunches are provided in fire camps for the noon meal and are an option for providing meals to crews and other personnel who are traveling.

Sack lunch requirements are outlined in the [Meal Vendor Complete Packet](#) sent to vendors soliciting their participation. Sack lunches are requested on a Resource Order as a supply item. Vendors are paid a standard rate of \$16.00 for each sack lunch provided.

Vendors must provide the DOF with

- Invoice or [Forestry Meal Program Billing Form](#) - Form 4
- Resource Order

### **CONTRACT MEALS**

Contract meals are sometimes provided as an alternative to per diem or catered meals and may be delivered to fire camps or provided in restaurants.

Contract meals are paid at the standard rate of \$12.00 for breakfast, \$16.00 for lunch and \$32.00 for dinner. Contract meals may include buffet service, limited or regular restaurant menu items or specific meals for groups at an agreed upon rate. Contract meals are requested on a Resource Order as a “Service” supply item.

Vendors must provide the DOF with

- Invoice or [Forestry Meal Program Billing Form](#) - Form 4.
- [Dining Sign-In Sheet](#) - Form 5.....OR
- List of Names with Resource Order number and function code.....OR
- Crew manifest with Resource Order number and function code.

### **MEALS IN MCGRATH DINING HALL**

Personnel staged at the McGrath DOF station are provided meals in the station Dining Hall. At each meal, personnel provide their name and incident#. Personnel whose Home Unit is McGrath will reimburse the State for meals eaten by payroll deduction.

### **MEALS READY TO EAT (MRE's)**

MRE's are generally provided for the first three days of an incident. After that, another type of subsistence such as fresh food boxes or catered meals is generally provided, although under certain circumstances MRE's may still be necessary.

### **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 received. Fresh food box orders must be made 48 hours prior to desired delivery.

There are two types of fresh food boxes:

1. Box A - Should be ordered initially and supplies two people for three days.
2. Box B - Supplies four people for three days and contains fewer condiments (supplies from Box A should carry over).

Typically, orders for Box A and Box B alternate but depending on use can be adjusted. Contents and pricing may be obtained from the State Fire Warehouse.

### **CATERED INCIDENT MEALS**

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

### **LODGING**

Personnel may be required to:

- Camp on-site at an incident (default if assigned to a specific incident).
- Stay in field quarters.
- Stay in provided facilities.

Resources should expect to pay for their own lodging in hotels and include those charges with their travel documentation. However, locally designated personnel in Dispatch or Admin may make reservations at local lodging vendors to hold a room. Lodging vendors participating in the Forestry Lodging Program will be used whenever possible. When lodging is procured, an entry is made on the [Lodging Log](#) - Form 6.

The lodging invoice must contain the following:

- Guest's name.
- Hotel address and phone number.
- Check-in and check-out dates.
- Total amount due.

Amounts in excess of the agreed-upon room rate such as for phone calls, movies, room service or tips must be paid directly to the vendor by the employee. Reimbursement for work-related charges can be claimed on a [Fire Trip Details Closure Form](#) - Form 3. The original invoice should be paid using the traveler's PCard or personal credit card if they do not have a PCard. The invoice is to be submitted with the [Fire Trip Details Closure Form](#) - Form 3. In the event the traveler is unable to pay for the lodging, they should contact their home unit for arrangements. If the invoice is sent to the ordering Area or Regional office, it may be forwarded to the traveler's home unit for processing (for SOA employees). Invoices for non-SOA employees may be processed by the ordering unit if not paid by the traveler. Required documentation on the lodging invoice includes at least one of the following:

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

## TRAVEL

Emergency Firefighters (EFF) must be provided a completed EFF [Single Resource Hiring Information Form](#) - Form 7 for each assignment prior to departure; this is to be given to Check-In and Finance on the Incident.

Travel for Resource-Ordered personnel is handled by the appropriate dispatch office (or their designee). The individual's dispatch office (for mobilization) and the dispatch office handling the incident (for demobilization) coordinate travel details (i.e., meals, lodging, transportation, etc.). The traveler should confirm that their home unit has received their demobilization information and confirm travel arrangements from the nearest jetport to the home unit.

Approval for a rental vehicle, cell phone or other job-specific equipment, if required for the position ordered, must be documented on the Resource Order. Approval on a Resource Order is assumed to refer to government issued equipment.

Vehicle transport may utilize various contracts, i.e. Forestry Master Agreements (MA) or National Emergency Rental Vehicles [NERV website](#), or use of a Personal Ordered Vehicle (POV). Rental under the NERV program must meet specific criteria and be specifically authorized on the Resource Order. Even if specifically authorized but NERV criteria do not apply, the NERV program should not be used. POV use must be pre-approved by the Incident Commander (IC) or Area Forester of the Receiving Unit for transport to/from in-State incidents, or by the Sending Unit Area Forester, or equivalent when travel is needed to/from airports for out-of-State assignments. The Resource Order should document who approved a POV. See Chapter 6 for more information on rental vehicles.

Additional rental car insurance coverage should not be purchased if rental was initiated by individual's dispatch office. The cost will not be reimbursed to the employee. Individuals will not be reimbursed for rental vehicles if they elect to obtain a rental vehicle that is not authorized on their Resource Order.

Rental vehicle use is authorized for work purposes only. Other arrangements must be made for days off. Rental Vehicle Guidelines can be obtained through the Area Dispatch Office.

No travel advances will be allowed when agency-provided subsistence is available. Reimbursement is not allowed for those portions of any assignment when the agency subsists incident personnel and/or the employee elects to obtain their own meals and/or lodging.

On Resource Ordered assignments (except for in-State Preposition), it is understood that subsistence is provided by the Incident and that per diem is normally reserved for travel to and from incidents and on authorized days off. On Preposition assignments away from the normal duty station, per diem must be approved by the requesting office Area Forester, FMO or equivalent and documented on either the Resource Order or other written documentation .

Certain personnel, generally those not assigned to a specific incident such as Dispatchers and Aviation resources, may not be subsisted and may be on per diem for the duration of the assignment. Some positions are requested to be self-sufficient on the Resource Order and personnel must then be able to pay for travel costs except for airfare. Travel costs paid by the traveler are claimed for reimbursement on a [Fire Trip-Details Closure Form](#) - Form 3. The Home Unit Admin will submit the travel documentation for reimbursement.

On the days of departure and return, the traveler receives 75% of the applicable per diem rate. The per diem rate is based on where the employee spends the night except for the last day of travel. On the last day of travel, the per diem rate is based on where the traveler woke up that morning.

Excess baggage fees should be avoided as much as possible by making use of the Club 49 (Alaska Airlines) or similar programs. The State does not pay for airline seat upgrades.

Travel Deviations are the exception from direct returns after release from an assignment and require pre-approval from the employee's Area Forester/FMO/equivalent prior to approval by the Incident. Any additional expense associated with travel interruption or deviation from provided travel, including compensation for travel time for employee convenience, will be borne by the employee. The employee must return their rental car, if applicable, and arrange their own ground transportation.

#### **UPON RETURN FROM ASSIGNMENT**

- Contact home unit immediately.
- Have travel CTR/OF-288 closed out by Dispatch or Admin.
- Turn in OF-288 to Admin.
- Fill out the [Fire Trip Details Closure Form](#) - Form 3 and submit all travel documentation within five days of return including:
  - a) Original lodging receipts (if lodging is not provided by the requesting agency). If lodging not paid by government credit card, receipt must show last four digits of traveler's credit card number so payment by traveler can be verified.
  - b) Boarding passes (if change from original itinerary), travel itineraries/receipts, extra baggage fee, etc., including return travel itinerary.
  - c) Record of departures and arrivals by nearest town to the incident during travel.
  - d) Travel times, route changes, locations and timing during travel, mode of transportation.
  - e) Time accounting records, including documentation of mandatory day off.
  - f) Signed original receipts for all expenses (taxi, fuel, lodging, rental car, etc.)
  - g) Fire name on each receipt.
  - h) Meals not subsisted.
  - i) Resource Order.
  - j) Explain extenuating circumstances and travel delays/deviations.



DO NOT COPY DO NOT COPY DO NOT COPY DO NOT COPY DO NOT COPY

**56250**

# Forestry Meal Coupon

**\$12 \$16 \$22**

NORTHERN REGION

**NON-TRANSFERABLE**

(print) Valid Only on Date: \_\_\_\_\_

User's Name: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_ Fire #: \_\_\_\_\_




**Division of Forestry**

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## Forestry Meal Coupon

This coupon is **NON-TRANSFERABLE** from personnel to whom it was issued and **VALID ONLY** for:

- Amount stamped on the face of the coupon (\$8, \$9, or \$19);
- Use only on the date listed on the front;
- Use only by Forestry fire personnel printed on front and;
- Food items and non-alcoholic beverages.

STATE FUNDS MAY NOT BE USED TO PURCHASE OR PAY FOR GRATUITIES, ALCOHOLIC BEVERAGES, NON-FOOD ITEMS OR TAXES.

**ONLY** service providers who have entered into an agreement with the Division of Forestry may redeem this coupon for the amount on the front. Service must be in compliance with the terms of the agreement, and completed meal coupons and bills submitted to the Forestry Area Office with which the agreement was signed. Refer to *Vendor Information & Offer Form*.

STATE OF ALASKA  
 DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF FORESTRY

**DO NOT COPY**

2022 SLC/NRO **MEAL** Coupon Log

Meal Coupon #	Authorized By: NAME	First Name	Last Name	Coupon Date	B	L	D	TEMPLATE	Fire # (Function)	RO Number	Redeemed

2022 SLC/NRO **MEAL** Coupon Log

# DNR FORESTRY-FIRE TRIP-DETAILS CLOSURE FORM

REASON FOR TRAVEL (Ex: Fire Preposition, Fire Assignment, Aircraft Support, etc.- \*Note ALL resource order number(s), Fire Name(s), Incident Number(s), and Location(s))

[illegible]

TRIP CLOSURE CHECKLIST	
------------------------	--

Did you execute your travel as booked? If no, explain below.	Personal deviation? If yes, please explain below.	Out of pocket cash & personal credit card reimbursement request(s). Receipts listed below	Was travel booked by SSoA or by Home Unit? Please specify below.	Who paid for your return travel home?	Please list below <b>ONE CARD</b> receipts provided (Simply specify: car rental, hotel/lodging, fuel, parking, conference receipt, taxi, shuttle, ferry, etc.).
			All travel booked by home unit; Itinerary and approvals are attached.		



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

**Department of Natural Resources**  
DIVISION OF FORESTRY/NORTHERN REGION OFFICE

3700 Airport Way  
Fairbanks, AK 99709-4699  
Main: 907.451.2662  
Fax: 907.451.2690

Please complete and submit this document with or in place of your regular invoice to:

**State of Alaska**  
**Division of Forestry**  
**3700 Airport Way**  
**Fairbanks, AK 99709**  
**ATTN: Accounts Payable**

	Invoice # _____ Invoice Date _____ 2022
	Vendor _____
	Address _____
	City _____ Zip _____
	Phone _____ Fax _____

**MEALS**

Type	Quantity	Price	Total
Breakfast		X \$12.00	
Lunch		X \$16.00	
Dinner		X \$32.00	
Total Amount Due			

**CONTRACT MEAL PROGRAM – Diner Sign in Sheet Must be Attached**

Date	Meal Provided	Quantity	Cost	Total	FOR AGENCY USE ONLY Fire Name Charge Code
	Breakfast		X \$12.00		
	Lunch		X \$16.00		
	Dinner		X \$32.00		
Total Amount Due					

**SACK LUNCH PROGRAM**

Date of Service	Quantity Provided	Price	Total	FOR AGENCY USE ONLY Resource Order S Number Attach manifest
		X \$16.00		
Total Amount Due				

**VENDOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

**Department of Natural Resources**

DIVISION OF FORESTRY/NORTHERN REGION OFFICE

3700 Airport Way  
Fairbanks, AK 99709-4699  
Main: 907.451.2662  
Fax: 907.451.2690

**Vendor:** \_\_\_\_\_

**Vendor Reference Number:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

**Meal Type Served**      **B**      **L**      **D**

Printed Name	Signature	R O or Tail Number	Fire Name or Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

**Submitted by:** \_\_\_\_\_

**Print Name**

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

**Invoice Date:** \_\_\_\_\_

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

2022 SLC/NRO LODGING LOG

<u>Full Name</u>	<u>Crew Name</u>	<u>Authorized By:NAME</u>	<u>Conf #</u>	<u>Property (Hotel Name)</u>	<u>In Date</u>	<u>Out Date</u>	<u>Rate</u>	<u># of Nights</u>	<u>Template</u>	<u>Fire # (Function)</u>	<u>RO Number</u>

# SINGLE RESOURCE EFF HIRING INFORMATION

EFF's Name (print) \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Point of Hire: City \_\_\_\_\_ State \_\_\_\_\_ Employee # \_\_\_\_\_

## HIRING UNIT INFORMATION

Office Name: \_\_\_\_\_ Hiring Location (AK-xxx) AK- \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State AK Zip \_\_\_\_\_  
Hiring official's name (print) \_\_\_\_\_ Phone # 907 - \_\_\_\_\_ - \_\_\_\_\_

## POSITION INFORMATION

Incident Name \_\_\_\_\_ Incident Order # (AK-FAS-xxxxx) AK- \_\_\_\_\_  
Fire Code # \_\_\_\_\_ Resource Order # \_\_\_\_\_ Position Code \_\_\_\_\_  
EFF Class \_\_\_\_\_ EFF Rate \_\_\_\_\_ Incident Location \_\_\_\_\_

## TRAVEL/TRANSPORTATION/SUBSISTENCE

Travel for EFF hires will be processed in accordance with current year AIBMH

### Transportation method: (check one)

\_\_\_\_ Airline  
\_\_\_\_ POV (mileage reimbursement pre-authorized)  
\_\_\_\_ Rental vehicle (must be on resource order). Rental provided by \_\_\_\_\_ EFF or by \_\_\_\_\_ Incident  
\_\_\_\_ Other (such as bus, gov't vehicle, EERA): \_\_\_\_\_

### Subsistence (meals, lodging and rental vehicle)

\_\_\_\_ EFF will be subsisted by incident \_\_\_\_\_ EFF will be self-subsisted (must have personal credit card)

## EMPLOYEE VERIFY

\_\_\_\_ I have completed this year's EFF hiring paperwork  
\_\_\_\_ I have with me my valid photo ID, current Red Card and Resource Order (for this assignment)  
\_\_\_\_ I will adhere to the State of Alaska's Fatigue Management Policy  
\_\_\_\_ 2 to 1 work-rest ratio \_\_\_\_ 2 days off in 21 days  
\_\_\_\_ I will adhere to the State of Alaska's travel policy (AAM 60.TRAVEL) and submit a completed  
TA (travel authorization) within **5** business days after travel is complete. (If applicable)

I understand that I am being hired under the "Conditions of Hire for Emergency Firefighters" and the current year EFF pay plan.

EFF signature (required) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Hiring official signature (required) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

THE U.S. GOVERNMENT AND THE STATE OF ALASKA ARE EQUAL EMPLOYMENT OPPORTUNITY EMPLOYERS. Unlawful discrimination or any kind of harassment will not be tolerated. (This includes behavior such as making threats, abusive language, slurs, unwelcome jokes, teasing and other such verbal or physical conduct.) Creating a hostile work environment will not be condoned. (This includes verbal or physical conduct of a sexual nature, making unwelcome sexual advances or requests for sexual favors, and unreasonably interfering with the work of others.)



## Chapter 10 – Vehicle Accidents

### PURPOSE

This chapter provides general information and reporting requirements to ensure that all accidents involving state owned, leased, or rented vehicles are reported properly and in a timely manner. Information on Personal Ordered Vehicles (POV) is also included. (If injury to a State of Alaska employee occurs due to a vehicle accident see Chapter 4 for injury reporting.)

### INTRODUCTION AND GENERAL INFORMATION

The information in this section does NOT apply to vehicles rented under the Online Application System (OLAS) Innovative Procurement Plan (IPP) or Field Hire, specifically suppression or incident-related rentals. Accidents with the OLAS IPP or Field Hire vendor-supplied and operated equipment are the responsibility of the vendor. Any relief from damage arising from such an accident will be dealt with through the claims process. (See Chapter 11)

Employees requiring information or assistance can contact Risk Management at (907) 465-2180, the Division of Forestry Procurement Specialist at (907) 269-8461, Jurisdictional Area Admin.

All accidents or incidents which create a possible claim against the State of Alaska must be reported promptly by the employee citing date, time, location, names of those involved, and witnesses. Include any other information that is available. The report should be reviewed, approved, and signed by the Area or Regional Forester.

There is a difference between “Automobile Liability Coverage” and “Automobile Physical Damage Collision Coverage”. The State of Alaska is “Self-Insured” [Certificate of Self Insurance](#)- (Appendix A). A copy is required in each vehicle and does not provide “Automobile Physical Coverage” for State-owned vehicles. This means that Risk Management does not pay for the repairs of a damaged State-owned vehicle resulting from any cause including an accident. The repairs of a State-owned vehicle are the responsibility of the Department/Division to which the vehicle is assigned and are handled by the Department of Transportation and Public Facilities (DOT&PF) according to their established procedures. Risk Management would only cover a State-owned vehicle if the damage occurred while contained inside an insured building. The vehicle then becomes insured contents. The coverage is only for the peril of fire and has a \$1,000.00 deductible, which is paid by the agency. The State of Alaska does provide “Automobile Liability Coverage” which would cover a non-state or private vehicle involved in an accident with a State vehicle.

DOT&PF is responsible for repair of normal wear and tear on state-owned vehicles, but agencies may be responsible for repair of damage due to other than normal wear and tear.

Major claim notices must have a completed [Supervisor’s Accident Investigation Report](#) – Form 3. These reports are used to identify hazardous conditions or practices and will aid in preventing future accidents.

Passengers not engaged in State business are not to be allowed as passengers in State vehicles. Non-state business passengers in your personal vehicle are not covered by the State.

All State employees are cautioned to **never accept liability**, nor make any statements alluding to guilt, nor furnish information on accidents to unauthorized persons. Obtain names and addresses of witnesses on all potential liability claims.

**Applicable Forms**

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

1. Police Report	If over \$2,000.00 damage or bodily injury.
2. <a href="#">Alaska Motor Vehicle Crash Form 12-209</a> (Form 1)	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. <a href="#">Liability Accident Notice Form 02-919 (03/06)</a> (Form 2)	Must always be filled out and sent to the Area and Risk Management.
4. <a href="#">Supervisor's Accident Investigation Report Form 02-932</a> (Form 3)	Filled out by an immediate supervisor.
5. <a href="#">DMV Certification of Insurance Form 466 (03/11)</a> (Form 4)	List owner as State of Alaska.
6. <a href="#">Lost Stolen Damaged Property Review Form 02-627</a> (Form 5) or (you may use this "online" <a href="#">fillable Lost Stolen Damaged Form 02-627</a> )	If damaged government equipment is a total loss - must be used.

**PROCEDURES FOR VEHICLES****Incident, Injury & Property flyer, Appendix B)****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, 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, 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

**OLAS INNOVATIVE PROCUREMENT OR FIELD HIRE EQUIPMENT 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 Inspection Checklist OF-296](#), - Form 7 (or a separate piece of paper) and keep it with the equipment packet.

**Vehicle Damage Claims**

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

### Where to Submit Forms

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

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

All applicable forms will be routed through the Jurisdictional Area Office. Information will then be passed on to:

1. State of Alaska/Dept. of Natural Resources

Division of Forestry  
550 W. 7<sup>th</sup> Ave., Suite # 1450  
Anchorage, Alaska 99501  
Attn: Procurement Specialist  
(907) 269-8461  
[dnr.ssd.procurement@alaska.gov](mailto:dnr.ssd.procurement@alaska.gov)

2. State of Alaska/Risk Management

P.O. Box 110218  
Juneau, Alaska 99811-0218  
(907) 465-2180

## **PERSONAL VEHICLE USE FOR STATE BUSINESS**

### Liability

Alaska Statute requires all drivers to have auto liability insurance and establishes minimum amounts of coverage. Anyone using his or her personal vehicle on State business must have liability insurance. Most insurance companies include incidental business use of a personal vehicle in their standard policy. Considerable or frequent business use may require an endorsement to the employee's policy. The employee should consult their insurance company for more information. It is the employee's responsibility to be aware of their policy limitations.

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

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

### Collision

The employee's own collision insurance, if any, covers damage to their own vehicle while on State business. The State does not insure any physical damage to the employee's vehicle while on State business. If another party is at fault, the employee may be able to recover their damages through legal action brought by the employee or their insurance company on the employee's behalf. The State of Alaska will not participate in any legal action brought on the employee's behalf to receive damages as a result of an accident involving their personal vehicle while on State business.

### Workers Compensation

Any injury resulting in lost work time or medical expenses to a driver or other State employees riding as passengers while on official State business, will be handled as routine worker's compensation claim.

### Notification of Claims or Accidents

The vehicle owner is required by State law to notify the Department of Public Safety for any accident involving personal injury or damage totaling \$500 or more (per Scott Jordan memo dated 12/21/10). In addition to this, if involved in an auto accident while on State business, the employee is required to complete a [Liability Accident Notice 02-919](#) - Form 2 and forward it to the Area/Region office.

### Passengers

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

<b>CRASH INFORMATION</b>	(One choice per field unless otherwise noted. Other* should be explained in narrative)
--------------------------	--

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

First Sequence of Events (what was the first thing you crashed into, or what was the first event that resulted in the crash. (CHECK <u>ONLY ONE</u> FOR EITHER COLLISION OR NON-COLLISION)			
<b>COLLISION</b>		<b>NON-COLLISION</b>	
<input type="radio"/> 01 Aircraft <input type="radio"/> 02 Animal <input type="radio"/> 03 Bicyclist <input type="radio"/> 04 Bridge / overpass <input type="radio"/> 05 Bridge rail <input type="radio"/> 06 Crash cushion <input type="radio"/> 07 Culvert <input type="radio"/> 08 Curb / wall <input type="radio"/> 09 Ditch <input type="radio"/> 10 Embankment <input type="radio"/> 11 Fence <input type="radio"/> 12 Guard rail face <input type="radio"/> 13 Guard rail end <input type="radio"/> 14 Light support <input type="radio"/> 15 Machinery <input type="radio"/> 16 Mail box	<input type="radio"/> 17 Median barrier <input type="radio"/> 18 Moose <input type="radio"/> 19 Parked vehicle <input type="radio"/> 20 Pedestrian <input type="radio"/> 21 Sideswipe <input type="radio"/> 22 Sign <input type="radio"/> 23 Snowberm <input type="radio"/> 24 Traffic signal pole <input type="radio"/> 25 Train <input type="radio"/> 26 Tree / shrub <input type="radio"/> 27 Utility pole <input type="radio"/> 28 Vehicle in transit <input type="radio"/> 29 Vehicle - rear end <input type="radio"/> 30 Vehicle - head on <input type="radio"/> 31 Vehicle - angle <input type="radio"/> 32 Other fixed object	<input type="radio"/> 33 Cargo loss / shift <input type="radio"/> 34 Crossed median / centerline <input type="radio"/> 35 Downhill runaway <input type="radio"/> 36 Equipment failure <input type="radio"/> 37 Explosion / fire <input type="radio"/> 38 Immersion <input type="radio"/> 39 Jackknife	<input type="radio"/> 40 Overturn <input type="radio"/> 41 Ran off road <input type="radio"/> 42 Separation of units <input type="radio"/> 43 Other* <input type="radio"/> 44 Unknown
Location of First Sequence of Events (where did the crash happen first?)		Road Surface	
<input type="radio"/> 01 Bike lane <input type="radio"/> 02 Gore <input type="radio"/> 03 Median <input type="radio"/> 04 Outside of trafficway <input type="radio"/> 05 Parking lot <input type="radio"/> 06 Roadside <input type="radio"/> 07 Roadway <input type="radio"/> 08 Shared use paths <input type="radio"/> 09 Shoulder <input type="radio"/> 10 Unknown		<input type="radio"/> 01 Dry <input type="radio"/> 02 Ice <input type="radio"/> 03 Water <input type="radio"/> 04 Sand, mud, oil <input type="radio"/> 05 Slush <input type="radio"/> 06 Snow <input type="radio"/> 07 Wet <input type="radio"/> 08 Other*	
		Did police investigate this crash?	
		<input type="radio"/> Yes <input type="radio"/> No	

<b>YOUR DRIVER INFORMATION</b>
--------------------------------

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

<b>YOUR VEHICLE INFORMATION</b>
---------------------------------

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

Roadway Circumstances (that may have contributed to the crash)			Your 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		
Traffic Control			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		

<b>CRASH DESCRIPTION</b>	(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 License Country	
Other Driver's Zip Code		Other Driver's Residence Country			

## OTHER DRIVER VEHICLE INFORMATION

Other Vehicle Damage		Other Vehicle No. of Occupants		Other Vehicle Owner's Name (Last, First, Middle Initial)		Other Vehicle Owner's Telephone	
<input type="radio"/> 01 None / minor <input type="radio"/> 02 Functional		<input type="radio"/> 03 Disabling <input type="radio"/> 04 Totaled		<input type="radio"/> 05 Unknown			
<input type="radio"/> 02		<input type="radio"/> 03		<input type="radio"/> 04			
<input type="radio"/> 01		<input type="radio"/> 08		<input type="radio"/> 07		<input type="radio"/> 06	
<input type="radio"/> 05							
CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT							
Other Vehicle Owner's Mailing Address							
Other Vehicle Owner's City		Other Vehicle Owner's State		Other Vehicle Owner's Zip			
Vehicle Year		Vehicle Make		Vehicle Model		License Plate #	
Vehicle License State							
Other Vehicle's Direction of Travel		Damage Estimate					
<input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unknown		<input type="radio"/> Over \$501					
Other Vehicle Driver's Injury Status (vehicle passengers are listed below)							
<input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating		<input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible		<input type="radio"/> 05 None <input type="radio"/> 06 Not reported		<input type="radio"/> 07 Unknown	

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

Insurance Verification: If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash indicated above, the insurance company is to complete the following and return this form to the Division of Motor Vehicles at the address listed on the bottom right corner on page 2 of this form. If indicated coverage was in effect at the time of the crash, no action is required.		MAIL AD 83J THIS FORM TO:	
REASON FOR DENIAL:		DMV Main Office	
<input type="radio"/> Policy expired before crash <input type="radio"/> Policy effective after crash <input type="radio"/> Policy number given is incorrect		P.O. Box 110221	
<input type="radio"/> Driver is not covered on policy <input type="radio"/> Lapse in policy <input type="radio"/> Other		Juneau, AK 99811-0221	
AIRMH Chapter 10		BZa` W/907) 465-4361	
AK Motor Vehicle Crash Form		8sj, /+ ) fR( ' Z ' " +	
Authorized Representative Signature / Date		Crash Form 12-209 - Page 2	

## LIABILITY ACCIDENT NOTICE

☐ Auto ☐ Other

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

02-919 (03/06)

ONE COPY – RISK MANAGEMENT

SECOND COPY – AGENCY FILES

**STATE OF ALASKA**  
**SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

Name of Injured/Damaged Equipment/Property \_\_\_\_\_

Job or Activity at Time of Accident \_\_\_\_\_ Date of Accident \_\_\_\_\_

Exact Location \_\_\_\_\_ Time \_\_\_\_\_

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

2. **WHY DID IT HAPPEN?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.  
**OPERATION FACTORS TO BE CONSIDERED:**

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

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

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

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

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

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

Cost of lost wage and medical expenses? ..... \_\_\_\_\_

Damage to State property or equipment? ..... \_\_\_\_\_

Damage to third parties, property and people? ..... \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Investigated By \_\_\_\_\_ Date \_\_\_\_\_

Unit/Division/Department \_\_\_\_\_

FORMS/INVESTIG



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

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

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

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

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

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

Signature of \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

**MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY NOTICE**

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

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

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

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

Mail or Fax Completed Form To:

**STATE OF ALASKA  
DIVISION OF MOTOR VEHICLES  
ATTN: DRIVER LICENSING**

**Fax: (907) 465-5509**

**Phone: (907) 465-4361**

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

**COMPLETE 14-18 AND EXPLAIN ACTION TAKEN**

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

PROPERTY LOSS OR DAMAGE REPORT  Fire Suppression		1. Crew Name or No. (O#, A#, E# or C#)	2. ID NO (Form OF-289) <b>NOT APPLICABLE</b>
		3. ISSUED TO (List: Individual Name, Home Unit Name, Home Unit Address, Email and Telephone Numbers – Fax, Cell, Work, etc.)	
4. ISSUING OFFICE OR CAMP NAME (Name of Incident Agency and the Incident Number)			
5. FIRE NAME	6. FIRE NO. (Fire Account Code)	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Govt <input type="checkbox"/> Casual Firefighter/AD <input type="checkbox"/> Other _____	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property/Serial No. if applicable. Include approximate year of or age of equipment.)		QUANTITY and VALUE per Each Unit	
a.			
b.			
c.			
9. Employee report on circumstances of loss or damaged to property listed: (Be specific – date, place, division on fire; be descriptive of damage, loss, <b>HOW DID THE FIRE CAUSE THE DAMAGE</b> , etc.)			
10. SIGNATURE		11. DATE	
12. Witness report: (Be specific – date, place, division on fire; be descriptive of damage, loss, <b>HOW DID THE FIRE CAUSE THE DAMAGE</b> what did you see, etc.)			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage:  <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <b>Do not complete this section, see next page.</b> </div>			
16. SIGNATURE	17. TITLE	18. DATE	

**Requestor Name:** \_\_\_\_\_

**Resource Order#:** \_\_\_\_\_

**Incident Supervisor:**

Comments:

Name and Position: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

☐

Do Not Recommend

☐

Recommend

Signature & Date: \_\_\_\_\_

**Subject Matter Expert:**

Supply

Ground Support

Communications

Computer Specialist

Other: \_\_\_\_\_

Comments:

Name and Position: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

☐

Do Not Recommend

☐

Recommend

Signature & Date: \_\_\_\_\_

**Incident Agency Representative:**

(Agency Administrator, IBA, Finance Section Chief, Admin Representative, etc.)

**Decision if within Delegation:**

☐

Do Not Approve

☐

Approved

☐

Approved with the following contingencies:

**Recommendation if above Delegation**

☐

Do not Recommend

☐

Recommend

☐

Recommend with the following contingencies:

Comments:

Name and Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ Contact

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

IF ABOVE DELEGATION, SEND CLAIM TO LOCAL INCIDENT OFFICE

**Supply Unit:**

Sent to dispatch on: (date) \_\_\_\_\_

Resource Order(s) Assigned: **S**- \_\_\_\_\_

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

Resource Order#: \_\_\_\_\_

**Area Forester:**

**Decision if \$5000.00 or Less:**

☐

Do Not Approve

☐

Approved

☐

Approved with the following contingencies:

**Recommendation if above \$5000.00**

☐

Do not Recommend

☐

Recommend

☐

Recommend with the following contingencies:

Name and Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

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

**Regional Forester:**

**DECISION:**

☐

Do Not Approve

☐

Approved

☐

Approved with the following contingencies:

Comments:

Name and Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

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

# VEHICLE/HEAVY EQUIPMENT PRE-USE INSPECTION CHECKLIST

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

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

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

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

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

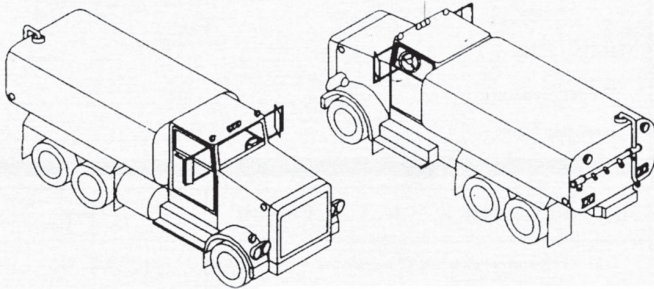
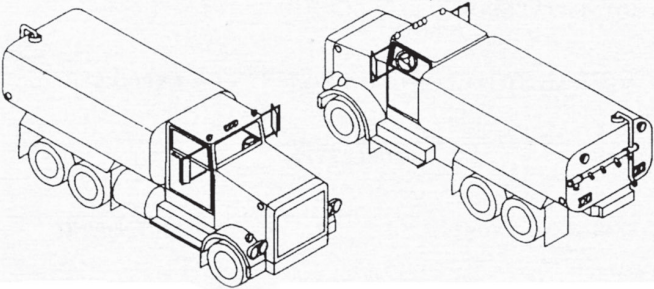
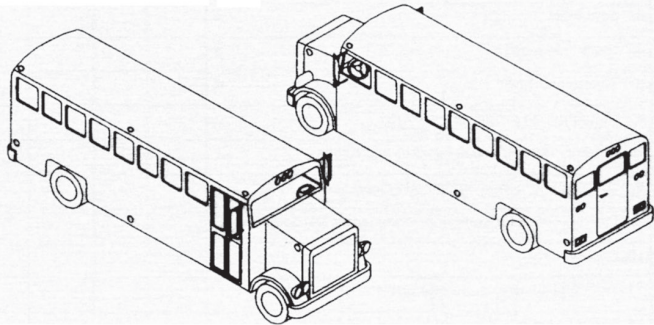
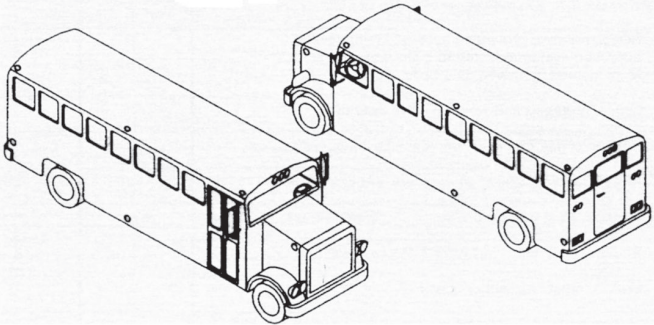
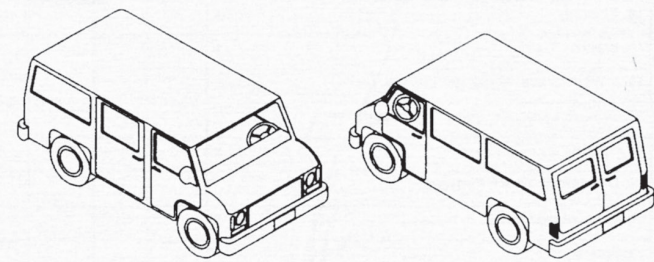
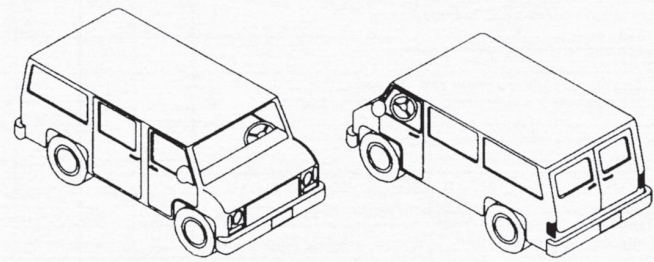
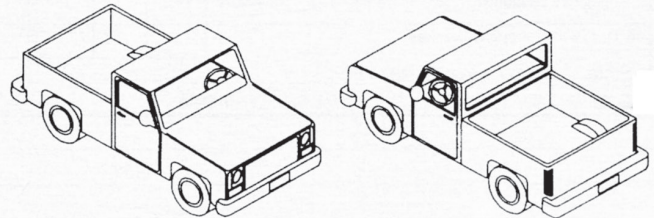
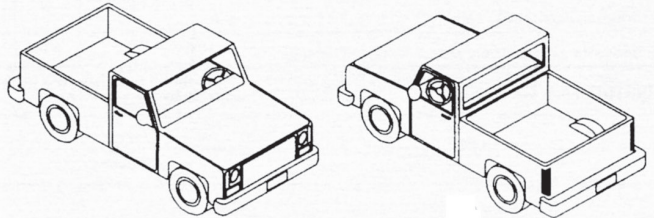
Section III—LIABILITY
The purpose of this checklist is to document pre-existing vehicle/equipment condition and to determine suitability for incident use. I hereby acknowledge full responsibility and liability for the operation and mechanical condition of the vehicle/equipment described herein.
Operator's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

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

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

Contractor \_\_\_\_\_  
Resource Order No. \_\_\_\_\_

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

Pre-Use Inspection	Release Inspection
	
	
	
	

**Remarks**



THE STATE  
*of* **ALASKA**  
GOVERNOR MIKE DUNLEAVY

**Department of Administration**

DIVISION OF RISK MANAGEMENT  
Scott Jordan, Director

P.O. Box 110218  
Juneau, Alaska 99811-0218  
Main: 907.465.2180  
Fax: 907.465.3690

January 3, 2022

Certificate of Self-Insurance

Re: Liability Insurance Coverage for Alaska State Owned Vehicles

To Whom It May Concern:

This notice shall serve as verification that the State of Alaska provides automobile liability insurance protection for all State-owned vehicles and employee drivers of such vehicles, including while traveling through the Sovereign Dominion of Canada.

The State of Alaska provides this coverage through the State's Self-Insurance Program as authorized under AS 37.05.287. The State of Alaska and its agencies are covered for property and liability exposures. Losses that fall within these self-insured levels, including those for which we are contractually liable, are covered by the financial resources of the State and are administered under the self-insured claims program handled by this office.

Any inquiries can be addressed to this office at the address listed above, or you may call me at (907) 465-5724 for additional information. Thank you for your courtesy and attention to this matter.

Sincerely,

*Sheri Gray*

Sheri Gray  
Risk Manager



### Vehicle Accident/Incident

In the event of an accident or incident involving a motor vehicle that is state-owned, privately owned or rented resulting in bodily injury or death of a person, or where property damage is more than \$2,000, the driver (employee) shall immediately notify, by the quickest means, the Alaska State Troopers or local law enforcement. (AS 28.35.080). **Form 12-209** MUST be completed if not investigated by a law enforcement agency and sent to the address on the form.

Afterwards and as soon as possible, the driver (employee) shall notify his Supervisor, State Equipment Fleet and the Regional Safety Officer.

*\*N.R. Safety Officer to complete. Employee Accident Mishap form used in N.R. Only*

All other accidents shall be immediately reported to their supervisor.

The following forms must be completed and forwarded as soon as possible:

1. Supervisors Accident Investigation Report, **Form # 02-932**
2. Liability Accident Notice, **Form # 02-919**
3. Certificate of Insurance (all accidents over \$501), **Form # 466**
4. Employee Accident/Mishap Incident/Accident Review Investigation Folder (If there is damage over \$5,000.00 or a repeat incident within (1) years' time of first incident)
5. Employer Report of Injury or Illness (If the employee was injured), **Form # 07-6101 Due (10) days**
6. Employee Report of Injury (If the employee was injured) **Form # 07-6100 Due (30) days**

### Employee Accident/Injury

In the event of an employee accident that is fatal to one or more employees, or requires in-patient hospitalization of one or more employees, the supervisor shall immediately notify the Regional Safety Officer. \* If the Regional Safety Officer cannot be reached call the Alaska Department of Labor (OSHA). The report must be made immediately but no later than 8 hours. (AS 18.60.058)

All other employee accidents, with or without injury shall be immediately reported to their supervisor.

The following forms must be completed and forwarded as soon as possible:

1. Employer Report of Occupational Injury or Illness, **Form #07-6101 Due (10) days**
2. Employee Report of Occupational Injury or Illness, **Form #07-6100 Due (30) days**
3. Supervisors Accident Investigation Report, **Form #02-932**
4. Employee Accident/Mishap
5. \* Incident/Accident Investigation Folder (When an individual or employee is hospitalized for an injury or there is lost time)

### Damage to Property

In the event of an accident or incident that results in damage to property, the supervisor shall, upon discovery, notify the Regional Safety Officer. If the Regional Safety Officer cannot be reached call the State of Alaska's Risk Management Division.

When the estimated damage exceeds \$15,000.00. Risk Management shall be immediately notified, by telephone or the quickest means.

The following forms must be completed and forwarded as soon as possible:

1. Liability Accident Notice, **Form # 02-919**
2. Supervisors Accident Investigation Report **Form # 02-932**
3. Employee Accident/Mishap
4. \* Incident/Accident Investigation Folder (If there is damage over \$2,500.00 or a repeat incident within (1) years time of the first incident)
5. Employer Report of Occupational Injury or Illness (If the employee was injured), **Form # 07-6101 Due (10) days**
6. Employee Report of Occupational Injury or Illness (If the employee was injured), **Form # 07-6100 Due (30) days**

## Chapter 11 – Contractor and Employee Property Claims

### PURPOSE

Land or property damage of non-contractors as a result of the State's direct suppression effort is not subject to a claim and must be pursued through the courts. If the damage is not the result of the State's direct suppression effort, the claim will be forwarded to Risk Management. For damage to government property, see Chapter 8 - Property Management.

This chapter deals ONLY with claims filed by:

- Contractors, Vendors, and Cooperator Fire Departments for damage to equipment or land/facilities.
- Employees for damage to or loss of personal property necessary for assigned work.

This chapter DOES NOT deal with:

- Property or landowner damage as a result of the State's direct suppression efforts.
- State or Federal property or equipment.

**All claims must be filed at the incident, Jurisdictional Area Office, or Regional Office within 30 days of release from an incident. Claims filed after 30 days will be rejected. The Jurisdictional Area Office or Regional Administrative Office will notify the claimant regarding the decision within 45 days of receipt.**

### AUTHORITIES (see procedures later in this chapter)

- Procurement Unit Leader or a Finance Section Chief 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](#) (Form 2).
- Area Forester may deny, approve, or settle claims that are \$5000.00 or less; for claims above \$5000.00 will make recommendations to approve or deny.
- Regional Forester will deny, approve, or settle claims for equipment/services procured through OLAS Innovative Procurement Plan (IPP) and Field Hires, and employees will make recommendations for claims over \$5000.00 for equipment/services procured through Master Agreements (MA's) and for Cooperator Fire Departments before sending to Department Procurement Officer.
- DNR Procurement Officer will deny, approve, or settle claims related to MA's, Cooperator Fire Departments and other DNR Procurement-type agreements.
- Claim appeals will be decided by the DNR Director.

### RESPONSIBILITIES

State employees will **NEVER**:

- Instigate the filing of a claim.
- Admit liability regarding any case.
- Voice any opinion about the validity or likely outcome of a claim.
- Discuss or furnish information on accidents to unauthorized persons.

State employees will:

- Date the incoming claim upon receipt.
- Immediately notify the incident supervisor and submit the claim to that supervisor or the nearest Area or Regional office.
- Obtain names and addresses of witnesses on all potential liability claims.
- Provide direct knowledge and factual evidence in writing, signed, and dated with any pertinent names, addresses, phone numbers, and incident numbers through the same channels as the original claim.
- Move claim forward promptly as the final Division adjudicator must render a decision and notify the claimant within **45 days of receipt** of the completed claim package.

### **SMALL CLAIMS ON AN INCIDENT**

For claims under \$1,000 and in instances where it is procedurally fair and in the best interest of the State, a Procurement Unit Leader or Finance Section Chief (FSC) with delegation may authorize payment to settle a claim. These settlements may be used if the following are true:

- State had a responsibility or State liability was evident in the damage /loss.
- Equipment was hired through the OLAS IPP or a Field Hire.
- A settlement is likely to limit greater liability or future liability to the State for the claim.
- Both parties are available and able to reach natural justice.
- Procurement Unit Leader or FSC making a settlement is knowledgeable about the loss or damage.

Situations such as repairs to a piece of equipment damaged by a state employee and not as a result of normal wear and tear would be a reason for a small claim. Settling small claims on an incident for equipment will be noted and paid on the [Emergency Equipment Use Invoice OF-286](#) (Form 2).

### **CRITERIA FOR FILING AND APPROVING CLAIMS**

Equipment furnished under a contractual agreement with the Division of Forestry (DOF) may be subject to extreme environmental and/or strenuous operating conditions which could include, but are not limited to, unimproved roads; steep, rocky, brushy, hilly terrain; and dust, heat, and smoky conditions. Thus, what is considered normal wear and tear under any agreement with the State of Alaska (SOA) for fire suppression or other all-risk incident actions, is over and above what equipment is subjected to under normal operations. The rates paid for equipment reflects expected wear and tear due to adverse conditions under which the equipment is likely to be operated.

DOF does not cover claims for normal wear and tear of personal clothing, gear, or equipment. In the event damage or destruction occurs, and it is determined the State had some responsibility for the loss, only personal clothing, gear, or equipment that is required for the performance of the job or contract, or otherwise allowable in the provisions of this chapter, will be covered.

## **FILING A CLAIM**

(See Appendix A - [Claims Processing Flow Chart](#))

All claims need to be documented and filed by the claimant within 30 days of release. Detailed narrative stating facts and providing dates, times, names, phone numbers, and addresses of all involved parties are especially beneficial in the claims process. Photos and drawings also add substantial backup to understanding the circumstances in the case and are highly encouraged.

It is always beneficial to have supporting documentation when filing a claim such as witness statements. Even if no one witnessed the actual event that led to the loss, it is still beneficial to have statements from individuals who may have knowledge of circumstances surrounding the loss. Be sure to have witness names and home unit information (addresses and phone numbers).

Contractors must also include copies of all pertinent paperwork such as pre-inspections and post inspections as well as the Resource Order. If the claim is over \$3,000, **two bids** for repairs will also 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”](#) (Form 1).
- Any State employee may receive the claim and then give it to the Procurement Unit Leader/FSC 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.

#### **PROCEDURES FOR CONTRACTOR/VENDOR/COOPERATOR FIRE DEPARTMENT CLAIMS**

- Claimant fills out DOF [“Property Loss/Damage Report”](#) (Form 1) within 30 days of release from incident.
- If the claim involves an automobile accident, then the police report or a copy of the SOA [“Motor Vehicle Crash Form #12-209”](#), (Form 4) and the [“Supervisor’s Accident Investigation Report #02-932”](#), (Form 3) shall be attached.
- 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.

#### **PROCEDURE FOR CLAIMS ONCE RECEIVED**

Each level should forward as quickly as possible to meet the **45-day review** window.

#### Incident

- Reviews claims and makes decision if within their delegation.
- Enters data in the Incident claims log.
- If above their delegation, submit the claim with recommendation to the Jurisdictional Area Office.

#### Jurisdictional Area Office

- Reviews the claim and investigates the circumstances if not done on the Incident.
- Ensures the claim packet is complete with pre- and post- use inspections, photos, Resource Order, etc. Reviews the equipment packet (even if not ready for payment) to see if there is any other pertinent information.
- Enters data into the Area claims log.
- Area Forester approves, denies, or settles claims that are \$5000.00 or less.
- Area Forester makes a recommendation for claims that exceed \$5000.00.
- Submits with all original documentation to the Regional Administrative Officer, keeping a copy for the fire box.

#### Regional Office

- Regional Administrative Officer reviews the claim packet for completeness and logs it.
- If the Area Forester has made a decision, the Regional Administrative Officer will prepare the appropriate memo to inform the claimant.
- If the Area Forester has made a recommendation, the Regional Administrative Officer will forward the claim to the appropriate Regional Forester.
- For equipment hired under the OLAS IPP, Field Hire or SOA employee claim, Regional Forester approves, denies, or settles claim; Regional Forester will make a recommendation on non-SOA employee claims and their home unit will make the final decision.
- For MA or Cooperator Fire Department claims over \$5,000, the Regional Forester will make recommendations and then forward to the Department Procurement Specialist for determination.
- Decision is returned to the Regional Administrative Officer for informing the claimant and Jurisdictional Area Office.

### **DENIAL OF CLAIMS**

Vendors have a reasonable expectation to be informed of the reasons that a claim is denied. Some reasons for denial might be:

- Damage does not exceed normal wear and tear for the conditions of use.
- Facts do not demonstrate negligence by the State.
- Information provided lack sufficient detail to approve the claim.
- Financial documentation does not demonstrate relation to the equipment of the claim.

If a claim is denied at the Regional level, the claimant may appeal their claim to the Regional Administrative Officer in writing within 90 days. The Regional Administrative Officer will

forward the appeal to the Forestry Division Director/Deputy Division Director for a final decision, or to the DNR Procurement Officer per AS 36.30.620 depending on the type of agreement.

### **EMPLOYING THE USE OF AN ADJUSTOR**

The Area Fire Management Officer (FMO) has the authority to institute the use of and order a claims adjustor when the number of claims exceeds Forestry's ability to handle them. The adjustor will review, investigate, and make recommendations. The claims, with recommendations, will be forwarded following the procedure outlined above.

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**PROPERTY  
LOSS/DAMAGE REPORT**

**Vendors, Contractors, &  
Employees**

**Please fill out top portion of form**



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

*Use blue ink  
Print legibly*

Date received

Received by

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 totaling \$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:

FY	Template	Function	Object	Amt. Approved	EMP ID	Date
				\$		
				\$		

Approval:

Title:

Approval: AIBMH Chapter 11

Property Loss Damage Report

DOF Rev  
Form 16/27/2020

If more room is needed for Comments attach a memo.



## EMERGENCY EQUIPMENT – USE INVOICE

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

OPTIONAL FORM 286

**STATE OF ALASKA**  
**SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

Name of Injured/Damaged Equipment/Property \_\_\_\_\_

Job or Activity at Time of Accident \_\_\_\_\_ Date of Accident \_\_\_\_\_

Exact Location \_\_\_\_\_ Time \_\_\_\_\_

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

2. **WHY DID IT HAPPEN?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.  
**OPERATION FACTORS TO BE CONSIDERED:**

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

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

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

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

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

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

Cost of lost wage and medical expenses? ..... \_\_\_\_\_

Damage to State property or equipment? ..... \_\_\_\_\_

Damage to third parties, property and people? ..... \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Investigated By \_\_\_\_\_ Date \_\_\_\_\_

Unit/Division/Department \_\_\_\_\_

FORMS/INVESTIG

<b>CRASH INFORMATION</b>	(One choice per field unless otherwise noted. Other* should be explained in narrative)
--------------------------	--

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

First Sequence of Events (what was the first thing you crashed into, or what was the first event that resulted in the crash. (CHECK ONLY ONE FOR EITHER COLLISION OR NON-COLLISION			
<b>COLLISION</b>		<b>NON-COLLISION</b>	
<input type="radio"/> 01 Aircraft <input type="radio"/> 02 Animal <input type="radio"/> 03 Bicyclist <input type="radio"/> 04 Bridge / overpass <input type="radio"/> 05 Bridge rail <input type="radio"/> 06 Crash cushion <input type="radio"/> 07 Culvert <input type="radio"/> 08 Curb / wall	<input type="radio"/> 09 Ditch <input type="radio"/> 10 Embankment <input type="radio"/> 11 Fence <input type="radio"/> 12 Guard rail face <input type="radio"/> 13 Guard rail end <input type="radio"/> 14 Light support <input type="radio"/> 15 Machinery <input type="radio"/> 16 Mail box	<input type="radio"/> 17 Median barrier <input type="radio"/> 18 Moose <input type="radio"/> 19 Parked vehicle <input type="radio"/> 20 Pedestrian <input type="radio"/> 21 Sideswipe <input type="radio"/> 22 Sign <input type="radio"/> 23 Snow berm <input type="radio"/> 24 Traffic signal pole	<input type="radio"/> 25 Train <input type="radio"/> 26 Tree / shrub <input type="radio"/> 27 Utility pole <input type="radio"/> 28 Vehicle in transit <input type="radio"/> 29 Vehicle - rear end <input type="radio"/> 30 Vehicle - head on <input type="radio"/> 31 Vehicle - angle <input type="radio"/> 32 Other fixed object
<input type="radio"/> 33 Cargo loss / shift <input type="radio"/> 34 Crossed median / centerline <input type="radio"/> 35 Downhill runaway <input type="radio"/> 36 Equipment failure <input type="radio"/> 37 Explosion / fire <input type="radio"/> 38 Immersion <input type="radio"/> 39 Jackknife		<input type="radio"/> 40 Overturn <input type="radio"/> 41 Ran off road <input type="radio"/> 42 Separation of units <input type="radio"/> 43 Other* <input type="radio"/> 44 Unknown	
Location of First Sequence of Events (where did the crash happen first?)			
<input type="radio"/> 01 Bike lane <input type="radio"/> 02 Gore <input type="radio"/> 03 Median	<input type="radio"/> 04 Outside of trafficway <input type="radio"/> 05 Parking lot <input type="radio"/> 06 Roadside	<input type="radio"/> 07 Roadway <input type="radio"/> 08 Shared use paths <input type="radio"/> 09 Shoulder	<input type="radio"/> 10 Unknown
Road Surface		Did police investigate this crash?	
<input type="radio"/> 01 Dry <input type="radio"/> 02 Ice <input type="radio"/> 03 Water		<input type="radio"/> 04 Sand, mud, oil <input type="radio"/> 05 Slush <input type="radio"/> 06 Snow	
<input type="radio"/> 07 Wet <input type="radio"/> 08 Other*		<input type="radio"/> Yes <input type="radio"/> No	

<b>YOUR DRIVER INFORMATION</b>			
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			

<b>YOUR VEHICLE INFORMATION</b>			
Your Vehicle Damage No. of Occupants		Your Vehicle Owner's Name (Last, First, Middle Initial)	
<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		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"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not reported <input type="radio"/> 07 Unknown			

Roadway Circumstances (that may have contributed to the crash)			Your 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		
Traffic Control			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		

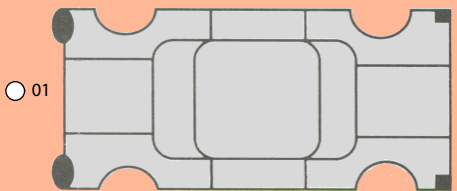
<b>CRASH DESCRIPTION</b>	(Write a brief narrative describing the crash)
--------------------------	--

# ALASKA MOTOR VEHICLE CRASH FORM 12-209

## OTHER DRIVER'S INFORMATION

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

## OTHER DRIVER VEHICLE INFORMATION

Other Vehicle Damage		Other Vehicle No. of Occupants		Other Vehicle Owner's Name (Last, First, Middle Initial)		Other Vehicle Owner's Telephone	
<input type="radio"/> 01 None / minor <input type="radio"/> 02 Functional		<input type="radio"/> 03 Disabling <input type="radio"/> 04 Totaled		<input type="radio"/> 05 Unknown			
<input type="radio"/> 02		<input type="radio"/> 03		<input type="radio"/> 04			
							
<input type="radio"/> 01				<input type="radio"/> 05			
<input type="radio"/> 08		<input type="radio"/> 07		<input type="radio"/> 06			
CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT							
Other Vehicle Owner's Mailing Address							
Other Vehicle Owner's City				Other Vehicle Owner's State		Other Vehicle Owner's Zip	
Vehicle Year		Vehicle Make		Vehicle Model		License Plate #	
Vehicle License State							
Other Vehicle's Direction of Travel							Damage Estimate
<input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unknown							<input type="radio"/> Over \$501
Other Vehicle Driver's Injury Status (vehicle passengers are listed below)							
<input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not reported <input type="radio"/> 07 Unknown							

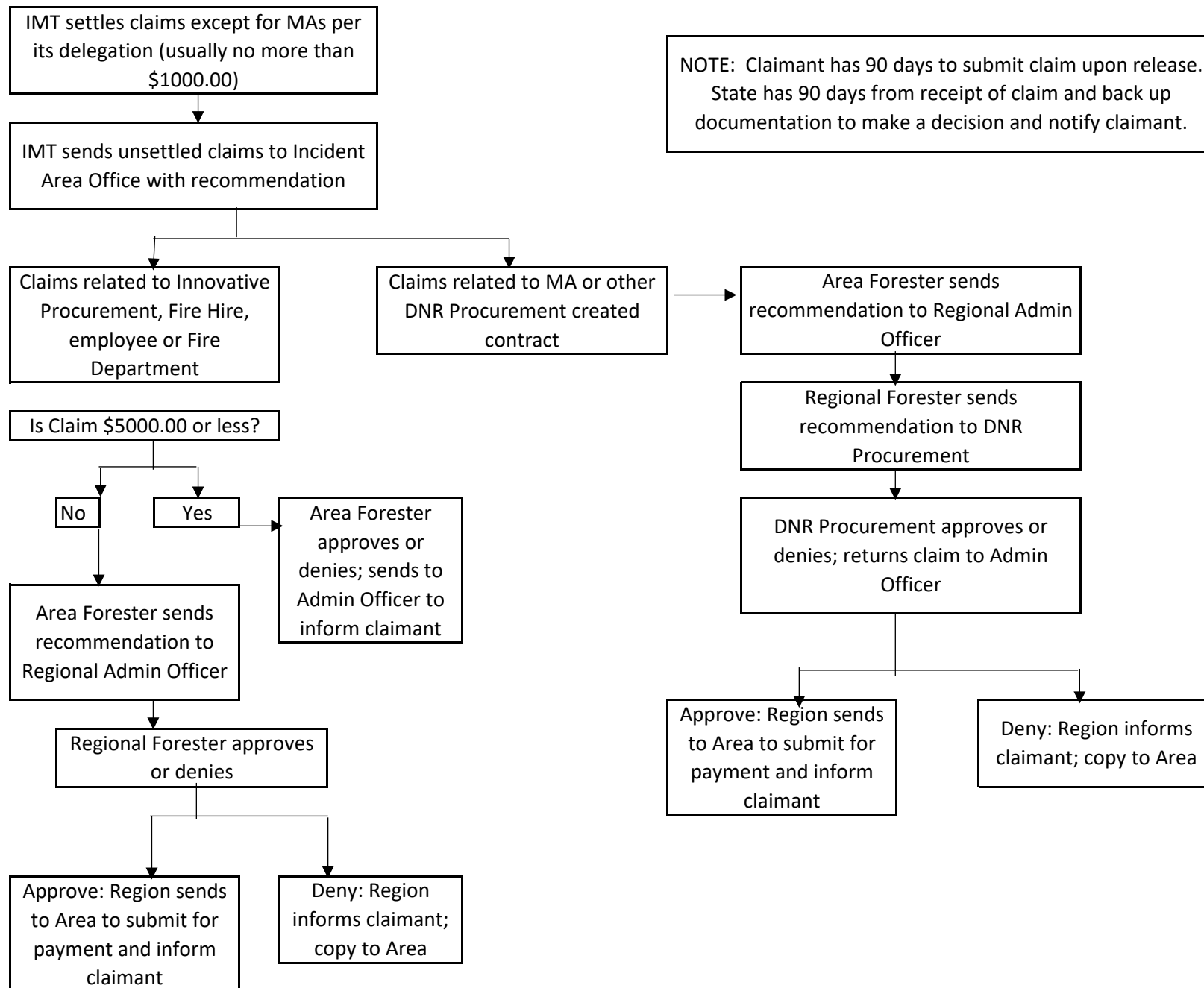
Other Driver's Roadway Circumstances (that may have contributed to the crash)			Other Driver's Vehicle Action		
<input type="radio"/> 01 Debris <input type="radio"/> 02 Inoperative traffic device <input type="radio"/> 03 Missing traffic device <input type="radio"/> 04 Obscured traffic device <input type="radio"/> 05 Obstruction in roadway <input type="radio"/> 06 Shoulder			<input type="radio"/> 07 Road surface condition <input type="radio"/> 08 Ruts, holes, bumps <input type="radio"/> 09 School zone <input type="radio"/> 10 Work zone <input type="radio"/> 11 Worn, polished road surface <input type="radio"/> 12 None		
<input type="radio"/> 13 Other* <input type="radio"/> 14 Unknown			<input type="radio"/> 01 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"/> 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 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"/> 05 Off highway vehicle <input type="radio"/> 06 Passenger car <input type="radio"/> 07 Pedalcycle <input type="radio"/> 08 Pedestrian		
<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"/> 09 Other* <input type="radio"/> 10 Unknown		

INJURY SECTION (Fill in the name of injured person, injury status, telephone number, and which vehicle they occupied when the crash occurred)			
Name		Injury Status	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown	
		<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 Driver's License Number	
		Your City		Your Driver's License State	
		Your State		Your Zip Code	
		Your Contact Telephone			
VEHICLE OWNER INFORMATION		Vehicle Owner's Name (Last Name, First Name, Middle Initial)		Owner's Date of Birth	
		Vehicle Owner's Mailing Address		Owner's License Number	
		Owner's City		Owner's License State	
		Owner's State		Owner's Zip Code	
		Owner's Contact Telephone			
VEHICLE INFORMATION		Vehicle year		Vehicle make	
		Vehicle model		License plate #	
		Vehicle License State		Vehicle Identification Number (VIN)	
INSURANCE INFORMATION		Did you have a current automobile liability policy in effect covering this accident?		<input type="radio"/> YES <input type="radio"/> NO	
		Insurance Company or Insurance Carrier Name		Insurance Policy Number	
		Address and Telephone Number of Insurance Agent		Insurance Policy Period: FROM TO	
SIGNATURE		YOUR SIGNATURE			

Insurance Verification: If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash indicated above, the insurance company is to complete the following and return this form to the Division of Motor Vehicles at the address listed on the bottom right corner on page 2 of this form. If indicated coverage was in effect at the time of the crash, no action is required.		MAIL AD 83J THIS FORM TO:	
REASON FOR DENIAL:		DMV Main Office	
<input type="radio"/> Policy expired before crash <input type="radio"/> Driver is not covered on policy		P.O. Box 110221	
<input type="radio"/> Policy effective after crash <input type="radio"/> Lapse in policy		Juneau, AK 99811-0221	
<input type="radio"/> Policy number given is incorrect		BZa` W 907 465 4361	
Authorized Representative Signature / Date		8sj, /+ ) 18( ' 2 ' " +	
AIRMH Chapter 11		Crash Form 12-209 - Page 2	

# DOF Claims Processing Flow Chart



## Chapter 12 – Cost Calculation and Reporting

### PURPOSE

To track expenditures of suppression funds by individual incidents or activities, to identify the suppression fund balance, and to identify dollar amounts to be billed to other agencies.<sup>1</sup>

### RESPONSIBILITIES

Incidents, Area Dispatch Offices, AK-NFDC, and other sections are required to calculate and report suppression fund expenditures on-a-daily-basis. The reports can be done first thing in the morning for the previous day.

### CALCULATING COSTS

For fires in the state response areas AND responded to by state fire personnel, the total cost is calculated for the entire fire (all agencies). All costs (fire, preposition, non-fire) are entered by Area Dispatch offices, AK-NFDC, Warehouse, and the AICC State Logistics Coordinator into a web-based cost sheet. This cost sheet is accessed through [Integrated Fire Management](#) (IFM) and the reported totals are auto filled into IFM under the respective sections.

The percentage of ownership is determined by the Geographic Information System (GIS) calculations performed daily on acreage and ownership of lands impacted by the fire. As federal AD's do not receive overtime, crew, AD, and EFF costs are currently determined based on a 16-hour day to standardize the amount earned per day. These are issued from Alaska Fire Service (AFS), usually around the last week in April.

### REPORTING COSTS

The purpose of the cost reporting is to monitor available costs. When costs are estimated to exceed the amount currently authorized for fire activity, it is necessary to apply to Office of Management and Budget (OMB) for an increase in authorization.

- Only crews and aircraft that are assigned to the fire or at the station will be tracked in IFM. On Type 1 and 2 fires, the home office will need to maintain financial liaisons with the team.
- Fire acreage is entered as a percentage calculated through GIS in each area office in the case of Type 3, 4, & 5 fires. Type 1 or 2 fire acreage is determined by the Team managing the fire.
- Station Costs are reported the same as a Type 3, 4, or 5 fire; IFM should report those in the duration report as well.
- Personnel Costs are reported by the count of hours or a daily rate depending on the most appropriate method.

Area Dispatch Offices will be responsible to report expenditures that occur within their jurisdictional boundaries. Regions will report their costs directly to AK-NFDC and AK-NFDC will report all costs incurred through State Resources Orders, crews and aircraft, that are not incurred by the areas but are ORDERED by State Fire Management. The State Logistics Coordinator at [AICC](#) will report costs for Tactical Resources (tankers, jumpers, air attack), standby, and Northwest Compact Preposition.

Area Dispatch will report costs through IFM using a "cost" button located in the report panel to access the web-based cost sheet.

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<sup>1</sup> The suppression fund includes Cost of Fires, Fire Stores, Detection and other flights, Preposition, standby, HFD Overtime, Over-budget, all accounts payable where we pay other agencies for incurred state costs, Crew Costs, Single Resource Emergency Firefighters (EFF), all 33 numbers (Engine Training, Crew training, Type 2IA Agency Sponsored Crews, Communications, etc.) and all miscellaneous costs which are exclusively fire.

AK-NFDC Logistics will report costs on behalf of the Area Offices when resources are assigned to the Lower 48 and/or Canada. These costs will also be entered in IFM through the web-based cost sheet accessed by the "cost" button located on the AK-NFDC report panel.

Inputs into IFM will determine the fire cost apportionment. To apportion costs for Alaska wildfires, IFM first requires the initial strategy of the incident. The Computer Aided Dispatch systems (CAD) IFM includes a field that is tied to the Initial Fire Strategy field labeled Strategy with the Integrated Reporting of Wildland Fire Information (IRWIN). Values in this field include Full Suppression, Point Protection, Confine, and Monitor.

Initial Response	Selected Initial Strategy	Default Cost Apportionment Method
Initial attack resources take action on the fire within 12 hours of discovery with the intent to fully contain the fire.	Full Suppression	Costs will be apportioned based on jurisdictional acres burned and the associated responsible fiscal party(ies).
Initial attack resources take action within 12 hours of discovery to protect specific values from the fire, but there is no intent to fully contain the fire.	Point Zone Protection	All cost will be attributed to the agency on whose land the wildfire originated and billed to the fiscally responsible party.
Initial attack resources take action on a portion of the fire within 12 hours of discovery to protect values, but there is no intent to fully contain the fire.	Confine	All cost will be attributed to the agency on whose land the wildfire originated and billed to the fiscally responsible party.
Initial response to the fire within 12 hours of discovery consists of monitoring only. No action is taken to contain the fire or protect values. Also includes fires where the reason no action is taken is a lack of available resources, higher priorities, or safety concerns.	Monitor	All cost will be attributed to the agency on whose land the wildfire originated and billed to the fiscally responsible party.

- **State Costs**  
Costs for which the State is responsible and for which reimbursement is not expected. This includes fires that burn on State, municipal, or privately-owned lands. Activities normally include preposition actions to State protection locations or when resources are directed by the State to stand by. Federal agency expenditures on fires or activities for which the State is responsible for cost reimbursement to the Feds will be reported as state costs. Some exceptions apply, which include Military/ Federal lands fires – where AFS doesn't have an agreement. For JBER, Clear Air Force Base, Eielson Air Force Base, and possibly other military lands, the State has to seek reimbursement through FEMA – Fire Marshal's office in DC. This is a different process than a FEMA fire. Not all State costs are covered.
- **Reimbursable Costs**  
These are expenditures paid by the state for suppression costs for which reimbursement to the state is expected. This includes cost for fires that burn on lands owned by the federal government within state protection areas, state support to a federal agency when the fire is located on lands owned by the federal government, state support to the Lower 48 or to Canada incidents. Also, when the state provides resources, standby, or preposition support to a federal agency.

## Chapter 13 – Suppression Component Coding

### PURPOSE

To provide basic coding information for suppression activity procurement and payroll.

### DEFINITIONS

#### IRIS (Advanced)

The Integrated Resource Information System is the State of Alaska’s accounting system.

#### IRIS FIN

The Financial Module of IRIS includes accounting, financial, and procurement.

#### IRIS HRM

The Human Resources Module of IRIS is the State of Alaska’s payroll and HR system.

### TASK

Four-character alphanumeric code. Suppression Tasks begin with the letter “F”.

### FIRE NUMBER

Six-digit number issued by AICC to each fire, also known as an incident number.

### FUNCTION

Ten-digit code required by the IRIS system. Functions are derived from any given fire number as shown in the matrix on page 4 of this chapter.

### TEMPLATE

Six-character alphanumeric code that encompasses all the “background” coding elements applied to each Task.

### LDP

Five-digit Labor Distribution Profile that encompass all the elements (Task, Function, AR, etc.) required by HRM to process payroll for regular State of Alaska employees.

### CODING

#### Charge Codes for General Procurement

Some invoices may be coded with stand-alone Templates (detection, prepositioning, etc.) but when coding to a specific fire always use a Template/Function combination.

#### EMERGENCY FIREFIGHTERS (EFF)

EFF timesheets will be coded with the appropriate ten-digit State Function number(s) in the Fire Code block of the OF-288. Do not enter a Task or LDP on the OF-288.

State Code (Fire No. Block)	AFS/USFS Code (Fire No. Block)	Special Provisions
10-digit incident # (ex. – 73X1101300)	(blank)	Enter only State Code
73X3602300	(blank)	Used to code EFF <b><u>regular and overtime</u></b> hours when there is no specific incident to charge. Usually applies to extended staffing situations in anticipation of new fire starts.



TEMPLATE	USE	SPECIAL PROVISION
NTF001	Suppression	Always used with a Function/fire number (including PNW Compact incidents) except the 73x37xxx00 series (see next item)
NTFL48	Lower-48 Suppression	Always, and only, used with Function/fire number series 73x37xxx00 (excludes PNW Compact)

TEMPLATE	LOCATION	USE	SPECIAL PROVISION
NTF005	Coastal	Detection Flight Time	Aircraft flight time, fuel, lubricants, specifically used for the discovery of new fires. No payroll.
NTF006	Northern		

NTF002	Northern	Commissary Purchases	The appropriate fire incident number is assigned with these charge codes. Costs for items purchased must be recovered from personnel via payroll deduction.
NTF003	Coastal		

TEMPLATE	LOCATION	USE	SPECIAL PROVISION
NTF10A	Coastal	Fire Force Preposition	<p><b><u>Northern/Coastal Region/State Fire Operations Forester approval required</u></b></p> <p>Covers transportation, meals, and lodging in anticipation of wildland fire activity based on above normal fire danger or multiple fire occurrences when such charges cannot be coded to a specific fire.</p> <p><b>Preposition Restrictions:</b></p> <ul style="list-style-type: none"> <li>• Cannot be used for personnel time</li> <li>• Should not be used if charges can legitimately be coded to a specific fire.</li> <li>• Exception: When there is no actual fire to charge, Federal employees may charge their hours to the P-code or Alaska Fire Service (AFS) code equivalent for prepositioning.</li> </ul>
NTF11A	Northern		
NTF12A	F&A		
NTF13A	Mat-Su		
NTF14A	Kenai		
NTF15A	Southwest		
NTF16A	Copper River		
NTF17A	Fairbanks		
NTF18A	Delta		
NTF19A	Tok		
NTF20A	Southeast		

\*Special Note: Regardless of the coding provided on Preposition Resource Orders, the Emergency Firefighter (EFF) payroll code 73x36023 (73x3602300) cannot be used for any purpose other than EFF payroll.

LDP	LOCATION	USE	SPECIAL PROVISION
30289	Coastal	Standby Time	<b><u>Northern/Coastal Region/State Fire Operations Forester approval required.</u></b>
30292	Northern		
30295	F&A		<p>Codes established for standby time for Preparedness Component employees specifically assigned to standby by Regional/Area FMO or State Fire Operations Forester.</p> <p>Use requesting area's code.</p> <p>If a specific Fire has requested you to standby, use that incident number (L-48 incidents).</p>
30298	Mat-Su		
30301	Kenai		
30304	Southwest		
30307	Copper River		
30310	Fairbanks		
30313	Delta		
30316	Tok		
30319	Southeast		
LDP	LOCATION	USE	SPECIAL PROVISION
30290	Coastal	High Fire Danger	<b><u>Northern/Coastal Region/State Fire Operations Forester approval required</u></b>
30293	Northern		
30296	F&A		<p>In periods of high to extreme fire danger not identified with ongoing fires, use to code overtime (OT) for Preparedness Component Employees.</p> <p>Usually applies to extended staffing situations in anticipation of new fire starts.</p>
30299	Mat-Su		
30302	Kenai		<p><b>High Fire Danger OT Restrictions:</b></p> <ul style="list-style-type: none"> <li>• Cannot be used to code regular/straight time</li> <li>• Cannot be used for EFF time. (See EFF Codes)</li> </ul>
30305	Southwest		
30308	Copper River		
30311	Fairbanks		
30314	Delta		
30317	Tok		
30320	Southeast		

### SEARCH AND RESCUE INCIDENTS (S&R)

AICC shift coordinator will issue a non-suppression reimbursable code to be used.

### AICC ISSUED CODES

Special purpose incident numbers are controlled by the State Fire Program Manager and the State Fire Operations Forester and are issued solely by the AICC State Coordinator. Advance approval by the State Fire Operations Forester or State Fire Program Manager is mandatory. A memo of explanation supporting the request is advised.

<b>2022 DOF Codes</b>					
	<b>State #</b>	<b>AFS #</b>	<b>LDP</b>	<b>Agency</b>	<b>Remarks</b>
	Central office log books maintained by AICC Coordinator(s)				
DOF AFS Agreement Codes	<b>USFS Override code for DOI and DOF:1502</b>				
	NTF001-7323199100	JKJ6		State Fire Warehouse	Alaska Fire Service Support to the State Fire Warehouse when providing fire stores. All AFS supply is issued to this number and is not issued to state fire numbers unless approved by the DOF Coordinator at AICC
	NTF001-7323299200	JKK5		Alaska Fire Service	Division of Forestry Support to the Alaska Fire Service Fire Cache when providing fire stores. All DOF supply is issued to this number and is not issued to AFS fire numbers unless approved by the DOF Coordinator at AICC. Currently overspent.
	NTF001-7323290100	JJ3U		Alaska Fire Service	Division of Forestry Support to MID/Military, non-suppression support.
	NTF001-7323199300	JJ3V		State Regions and Central Office	Alaska Fire Service support to the Regions or Central Office for standby or for prepositioning of Overhead, Equipment, Air Tankers, Lead Planes, Air Attack Aircraft for DOF/AFS crossbilling purposes only.
	NTF001-7323299400	JJ3W		Alaska Fire Service	Division of Forestry Support to the Alaska Fire Service for prepositioning of Overhead, Equipment, Air Tankers, Lead Planes, Air Attack Aircraft for DOF/AFS crossbilling purposes only. Includes Duty Officer time.
	NTF001-7323199500	JJ3X		State Regions and Central Office	Alaska Fire Service support to the Regions or Central Office for standby or for prepositioning of <b>Smokejumper</b> personnel. Includes SMJ aircraft, pilots and aircraft fuel for DOF/AFS crossbilling purposes only.
	NTF001-7323190200	PNJJ3R		State Regions and Central Office	USFS Smokejumper support to DOF.
	(no state equivalent)	JJ1F		Alaska Fire Service	AFS Training Support to DOF-meals, barracks, etc.
	(no state equivalent)	JKK3		Alaska Fire Service	AFS Radio Shop supporting DOF
Issued by AICC State Coordinator ONLY	NFT001-7323499000	JKJ9		Alaska Fire Service	Division of Forestry and Alaska Fire Service Fire Medic Program
	NTF001-7323100100-7323199900			State Reimburses BLM/AFS	Issued to fires on State and privately owned lands within BLM and AFS protection areas or the USFS protection area. Establishes a cross-reference number for incidents which the State will reimburse BLM or the USFS. AFS bills DOF
	NTF001-7323200100-7323299900			BLM/AFS reimburses State	Issued to fires in AFS protection that start on federal lands where the State of Alaska providing support. DOF bills AFS.
	NTF001-7323300100-7323399900			State Regions and Central Office	Assigned to Division of Forestry actions that support overall suppression activities that will not be charged to a specific incident: DOF providing standby for a structure fire that may spread to into the wildlands. Issue one number per year for the Area Office but only after the Area has requested the number. Kenai/Kodiak Area Forestry for mutual aid responses on the Chugach National Forest. Issue one number per year. Only resources identified within the Mutual Aid Agreement will charge to this code. <b>Assigned to FEMA incidents in Alaska.</b>
	NTF001-7323400100-7323499900			State Regions and Central Office	Assigned to the Division of Forestry non-suppression reimbursable projects in support of other agencies
	F001-7323500100-7323599900			State Regions and Central Office	Assigned to Northwest Compact requests when the Division is requesting resources from the Northwest Compact member States, Provinces or Territories. Also assigned when the Division of Forestry requests Canadian suppression agencies to respond to fires on the Alaskan
	FL48-7323700100-7323799900			State Regions and Central Office	Assigned to wildfires and severity orders in the L-48; assigned to FEMA incidents in the L-48("F" codes); Can only be assigned to USFS P, S, G, WG, WFSU and F numbers (NO WFRP #)
	NTF001-7323800100-7323899900			State Regions and Central Office	Assigned to Northwest Compact requests when the Division is <b>sending</b> resources or other support to the Northwest Compact member States, Provinces or Territories. Also assigned to Division of Forestry suppression responses to Canada on the Canadian side of the AK/Canadian border.
	NTF001-7323900100-7323999900			State Regions and Central Office	Assigned to Non-suppression "ALL Risk" incidents managed by the Alaska Division of Homeland Security and Emergency Management to which DOF is providing support. This may include aircraft, personnel, crews, supply and equipment. <b>ALL ADES INCIDENTS MUST HAVE AN RSA.</b>

## **Chapter 14 – All Risk Emergency Procurement**

### **PURPOSE**

This chapter defines procedures for procurement under emergency conditions and authority delegated to the Department/Division for fire suppression and all-risk emergency activity.

### **GENERAL INFORMATION**

During fire suppression and all-risk emergency response activity, conditions and situations require immediate acquisition of equipment rental, services and supplies when time does not allow for normal procurement procedures. The State of Alaska (SOA) recognizes the need for immediate responses and through the authority listed below allows the Division of Forestry (DOF) to procure in a manner that meets the needs of the fire suppression and all-risk emergency response missions with procedures established by the Department/Division. This chapter outlines the policies and procedures for procuring under emergency conditions as well as the delegated authority required.

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:

1. No alternate method (direct billing to the State, State credit card, etc.) to acquire goods and services is available.
2. 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.
3. 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.

### **AUTHORITY**

#### 2 AAC 12.450 (c)

Procurement Methods for Emergency Conditions states that "a procurement by the Department of Natural Resources during a fire suppression emergency shall be made in accordance with the procedures established by that department."

#### 2 AAC 12.440

Determination of Emergency Conditions. Further clarifies the requirements for emergency procurements.

#### AS 36.30.520. (a)

Records of Sole Source and Emergency Procurements. Defines the reporting requirements for emergency procurements.

AS 36.30.310

Emergency Procurements. Defines the requirements under which emergency procurements may be applicable.

AS 41.15.010 - 41.15.170

Outlines Department of Natural Resources responsibilities to protect the State, private, and municipal land from fire.

**DELEGATION OF AUTHORITY**

The Department of Administration's delegation of authority to the Department of Natural Resources (DNR) specifically delegates authority to "contract in unlimited amounts, for the use of firefighting equipment and for firefighting services for use in responding to wildfire and other emergencies." Furthermore, the DNR delegates and allows the State Forester of the DOF to delegate that authority to DOF staff.

Only personnel with delegated authority will procure for the DOF. The DOF may recruit Emergency Firefighter (EFF) for expediting; however, expeditors will always work under staff who have purchasing authority. Delegations for permanent and temporary employees are as follows:

- Permanent Employees

Will have delegated authority defined on the [DNR Delegation of Authority Form # 10.00.0031A dated 11/19/13 or the Revised March 2019](#) version (Form 3). The form is signed by the Director or designee, and copies are maintained at Area and/or Regional levels with a master file maintained at Central Office by the Procurement Specialist. These delegations remain in effect until severance from the position or authority is rescinded.

- Temporary Employees

EFF will have delegated authority through a temporary delegation letter which will expire at the end of a season or at severance. The temporary delegation will be filed at the Area Office level. At the end of a season, the delegations will be filed with the office issuing the delegation for four years prior to disposal.

**EMERGENCY CONDITIONS - DEFINED**

Wildfire suppression and other all-risk emergency response actions undertaken by the DOF are in response to conditions threatening life, property, and natural surface resources. Such actions constitute emergency conditions.

AS 36.30.310

States that "Procurements may be made under emergency conditions as defined in regulations adopted by the commissioner when there exists a threat to public health, welfare, or safety, when a situation exists that makes procurement through competitive sealed bidding or competitive sealed proposals impracticable or contrary to the public interest, or to protect public or private property. An emergency procurement need not be made through competitive sealed bidding or competitive sealed proposals but shall be made with competition that is practicable under the circumstance..."

For the purpose of meeting the requirements of the Alaska Statutes, Regulations, and Codes, a written determination of the emergency stating the factual basis for the emergency shall be documented by a Fire Incident Report, Form 10-2161, or Federal Form DI-1202, prepared and maintained by the Area, and will bear the signature of the Incident Commander (IC).

The determination of emergency conditions relating to state assistance on federal fires will be documented by the [Alaska Interagency Coordination Center \(AICC\)](#).

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Determinations of need for DOF to provide emergency assistance to other state or municipal agencies will be documented by those agencies. Those determinations may be in the form of a [Resource Order](#) (Form 2), emergency declaration, or memo justifying the reason for using emergency procurement procedures.

Emergency conditions exist if:

1. There are conditions of threat.
2. There is documentation of the threat.
3. There is delegation established such as a Fire Incident Report or WFSA.

Even though emergency conditions may exist, if situation and time allows, solicitation should be exercised to the extent that is practical for the situation.

#### **PROCUREMENT UNDER EMERGENCY CONDITIONS**

During fire suppression and emergency preparedness activities, documentation of resource needs is based on the processing of a [Resource Order](#), (Form 2). The following sources will be considered when filling supply and equipment requirements:

- State warehouse inventories.
- Federal caches.
- Other agency agreements or contracts.
- Procurements.

Under most circumstances a Resource Order is generated for any purchase that is charged to an incident, however, there are exceptions such as vehicle fuel, utility charges, copy charges, hotel costs, meals, travel, Area office supplies, initial attack expenses, and misc.

#### **PROCUREMENT METHODS**

The following methods of procurement may be used during fire suppression or all-risk emergency response missions:

1. General procurement of supplies and services.
2. P-Card purchases.
3. Master Agreements.
4. Aircraft Rental.
5. OLAS Innovative Procurement or Field Hires.
6. Land Use Agreements.
7. Exempt Purchases - commissary, meals, lodging and travel.
8. Cooperative Agreements.

1. **General Procurement of Supplies and Services**

**Purchases of supplies and services under \$50,000.00**

A Resource Order that has been reviewed by the warehouse and determined to be a local purchase falls under general procurement. These procurements can be made with any local, state, or national vendor and can be placed over the phone, in person, or by the internet. Alaskan vendors will be used whenever possible when making purchases for the SOA. In general, equipment or property cannot be purchased using suppression funds. When the cost of leasing or renting exceeds the purchase price of the item, consultation with the Agency Administrator or Division Procurement Officer is in order. A [Resource Order](#) (Form 2) or [Field Purchase Order](#) (Form 1) will be used as the purchasing document if one is required by the vendor.

The state does not operate with cash, therefore; vendors must be willing to invoice/charge the SOA for the items purchased. This is common practice and Forestry has accounts set up with many vendors statewide. An invoice must always be received when buying supplies and services. Invoices will be checked for accuracy and to assure items listed on the invoice have been received. If the amount is greater than \$10,000.00 and less than \$50,000.00 the invoice will then be submitted through the Area to the Regional Office for review, then to the appropriate Management Team Member for a second approval signature. The Resource Order must be referenced and accompany the invoice. These purchases can be made with State Credit Cards and from State Contract Awards. For additional instruction on these methods, see #2 and #3 below.

Purchases of supplies and services over \$50,000.00

The Division Procurement Specialist should be consulted prior to making general purchases of supplies and services over \$50,000.00.

2. P-Card Purchases

Purchases of most supplies and services may be made on State credit cards up to the approved credit limit for each specific card and with the delegated authority of the purchaser. State credit cards have a limit per transaction as well as a monthly limit. These limits will be adhered to, and purchases will not be split or fragmented to circumvent these limits. Purchases can be made over the phone or in person, however; the signed receipts/invoices must be forwarded to the reconciler and transactions reconciled in accordance with normal purchasing procedures.

3. Master Agreements

Master Agreements (MA) are agreements established by either the Department of Administration (DOA) or Department of Natural Resources (DNR) prior to an emergency that should be used by the Division. Purchases made from these contracts for commodities or services can be made for unlimited dollar amounts over the phone or in person without a state purchasing document unless required by the vendor. A [Resource Order](#) (Form 2) or [Field Purchase Order](#) (Form 1) may be used if the vendor requests a state purchasing document before providing the services or goods. Purchases of supplies or services on contract award will be made from the contract award vendor whenever the vendor can meet the delivery requirements.

A list of Contract Awards may be found at the Department of Administration (DOA) website at: <http://doa.alaska.gov/dgs/cam/>. Please contact the Procurement Specialist if you have questions regarding Contract Awards.

Porta potties are procured through MA's set up by DNR.

Statewide and Forestry-specific MA's for rental vehicles are available but are not mandatory. Forestry MA's are preferred over Statewide MA's due to the conditions under which they may be operated.

4. Emergency Use Aircraft Contracts

An Aircraft MA is a vendor's response to a DNR's Procurement request for Invitation to Bid (ITB). Multiple open periods will allow vendors to submit bids at various times during the year to accommodate changes and additions and new vendor bids. The DOF may utilize any aircraft listed on the Emergency Use Aircraft Contract list maintained by the DNR procurement office.

AK-NFDC is responsible for maintaining a record of the Emergency Use Aircraft Contracts. Aircraft will be requested through normal resource ordering channels. These offers will be used during suppression activity to assure reasonable solicitation based on the circumstances. They may not be used for non-emergency aircraft needs, however; they may be used in all-risk emergency response operations.

Because Federal funds are often involved in paying some or all the costs of all-risk incidents, all vendors must certify that they are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation.

The bids received by DNR procurement will be reviewed by the Functional Aviation Managers to ensure compliance with all administrative and safety requirements and policies and procedures. AK-NFDC will be responsible for maintaining a statewide database of call when needed aircraft.

#### Hiring from Master Agreement

A rental agreement from Aviation Master Agreement will be based on the ability of the vendor to meet the requirements of the Incident Resource Order, location, availability, and cost. Services will be obtained from the vendors listed whenever possible.

***For establishing aircraft rental offers, please contact the DNR Procurement Office at (907) 269-8665***

#### 5. OLAS Innovative Procurement Plan (IPP) or Field Hire

The IPP/Field Hire is a vendor's response to a DOF request for offers solicited prior to or during a fire season. An IPP/Field Hire may result in contracts for rolling stock or equipment such as vehicles, heavy equipment, boats, generators, etc., required during suppression or incident operations. IPP's/Field Hires provide the DOF with information about what rolling stock or equipment may be available and from what vendors. They may not be used for non-emergency needs, however; they may be used in other all-risk emergency response missions. IPP's/Field Hires are solicited with suggested rates. These rates are based on rate changes on the Consumer Price Index (CPI) for Anchorage. These rates are located in Chapter 6, Appendix A. These rates are also posted on the Division's equipment hiring website <http://forestry.alaska.gov/equipment.htm>.

#### Online Application System (OLAS)

The equipment available for fire assignment will be entered into the database through the On-Line Application System (OLAS) by the owner of the equipment. The password protected system allows an IPP/Field Hire vendor or a Cooperator Fire Department (CFD) to add, edit, or delete equipment. OLAS is used by dispatchers to search for and hire IPP/Field Hire or CFD equipment after speaking with the IPP/Field Hire vendor or CFD Chief to ensure the equipment and personnel can meet the desired delivery timeframes. A dispatcher searches for equipment in OLAS and may hire the equipment after discussing the Resource Order needs with the vendor. An electronic Emergency Equipment Rental Agreement (EERA) (posted on the Division's equipment hiring website <http://forestry.alaska.gov/equipment.htm>) is generated.

The link for vendors to access the OLAS is <https://dnr.alaska.gov/olas/>. Dispatchers and other state employees may access an OLAS administrative site by using their DNR login username and password.



#### Establishing IPP's/Field Hires

IPP's and the vast majority of Field Hires, will be generated by hiring equipment using OLAS. Some equipment may be hired in the field using a Field Hire. IPP and Field Hire Agreements (EERA) are valid for the length of assignment on a particular incident. Information and forms are posted on the Forestry equipment hiring website: <http://forestry.alaska.gov/equipment.htm>.

#### Forms and Format

[EERA OF-294](#) (Form 5) and the State of Alaska Conditions of Hire will be used to establish IPP's/Field Hires for equipment or services for use during incident activity. EERA's will also be the incident agreement for CFD's. See Chapters 6 & 7.

#### Awarding Contracts from IPP's/Field Hires

Award of a contract from IPP's/Field Hires will give preference to IPP compliant vendors, however; the ability of the equipment or services to meet the requirements of the Fire Resource Order, rates, and availability will also be factors determining the vendor selected. [EERA OF-294](#) (Form 5) and Resource Orders will document whether the equipment is IPP compliant or non-compliant. Services will be obtained from the vendors registered in OLAS whenever possible.

#### 6. Rental of Land or Facilities

Circumstances arise where it becomes necessary to initiate a temporary agreement for land or a facility. Land Use agreements are used when the DOF needs to establish incident command posts, staging areas, refurbishing areas, helibases, etc. This is accomplished with an "Agreement for Rental of Temporary Emergency Facilities or Land Use".

***Procedures for Land Use or Facilities Rental and example forms are in Chapter 16.***

#### 7. Exempt Purchases – Commissary, Meals, Lodging and Travel Purchases

The State Administrative Manual states that the following items do not fall under the procurement code, "Payments made to third parties on behalf of a second party when the payments, if made directly to the second party, would not have fallen under the procurement code." Examples are commissary, meals, lodging, and travel.

#### Emergency Commissary

DOF provides to incident personnel items necessary to meet the basic needs to keep them productive while on duty. Commissary items are purchased on an emergency basis and costs are recovered through payroll deductions.

***Procedures of Commissary procurement and example forms are in Chapter 3.***

#### Meals, Lodging and Travel

Meals and lodging, although exempt, should be solicited and procured by Areas or Regional Offices. When lodging is procured or reservations made, the reservation will be entered in the Lodging Log to allow reconciliation of the invoices for payment. Travel will be procured to move resources on an "as needed" basis by Area Dispatch Staff.

***Procedures of meals, lodging and travel procurement and example forms are located in Chapter 9.***

#### 8. Cooperative Agreements

AS 41.15.030. (a) States that "the Commissioner (of DNR) may enter into necessary protection contracts." This authority is sub-delegated by DNR policy and procedures to the DOF.

AS 36.30.700 further states that "a public procurement unit (*State Agency*) may either participate in, sponsor, conduct, or administer a cooperative purchasing agreement for the procurement of supplies, services, professional services, or construction with one or more public procurement units (*State agencies*) or external procurement activities (*federal or municipal agencies*) in accordance with an agreement entered into between the participants."

DOF has entered into Cooperative Agreements with the Bureau of Land Management/Alaska Fire Service, the United States Forest Service, and Cooperator Fire Departments for a wide variety of mutual benefit support and services. The State of Alaska has also signed a compact with several western states and the Canadian provinces of British Columbia and Yukon Territory. Personnel, supplies, equipment, aircraft, and other services may be exchanged by DOF with Federal and Canadian agencies upon processing of a Resource Order or as specified in the Cooperative Agreement.

The use of personnel from other state agencies not covered by existing agreements requires the establishment of a [Reimbursable Service Agreement \(RSA\)](#) (Form 4). The RSA describes the services required and defines the financial terms for both the requesting and servicing agencies to process agreed upon billables. The RSA may be initiated at the Regional level within delegated RSA authority.

The establishment of cooperative agreements will be in accordance with DNR Procurement Policies and Procedures Manual Section 7.2.2. Procurements from Federal agencies are not reportable as emergency procurements; however, purchases on behalf of another agency made by DNR may be reported as emergency procurements.

#### **DNR PROCUREMENT SPECIALIST PURCHASED COMMODITIES**

Special Procedures are in place for the procurement of the items listed below. Contact the Division Procurement Specialist @ (907)269-8461 for these purchases:

- Radio and communication equipment.
- Computer hardware and software.
- Purchases from GSA or NIFC.
- Professional services.
- Vehicles.
- Class A controlled property - guns, radios, etc.
- Retardant.

#### **Forestry Procurement Contacts**

Additional procurement assistance is available through the Division's statewide procurement staff.

#### **CRITICAL INFORMATION CHECKLIST FOR PROCURING UNDER EMERGENCY CONDITIONS**

Alaskan vendors will be used whenever possible when making purchases for the State of Alaska.

A [Resource Order](#) (Form 2) is needed to purchase under emergency conditions and differentiates an emergency purchase from normal procurement. When a Resource Order is received, the following steps should be followed for making a purchase:

1. Determine the specifications before making contacts.
  - What is needed? (Are specific brands required?)
  - When is it needed? (What are the deadlines?)
  - Where is it needed? (What is the FOB or delivery destination?)
  - Who is paying for it? (Is there a fire number on the Resource Order?)

2. Get all the information from the vendor.
  - Are the prices current and do they include shipping to the final destination?
  - Are the items in stock?
  - When will they be able to deliver and can they meet delivery dates?
  - Are substitutes acceptable?
  - How long will they honor the quote?
  - Confirm the quote and provide the vendor with the Resource Order # to act as a tracking number for the purchase.
  - Provide a Resource Order or a [Field Purchase Order](#) (Form 1) if written documentation is required by the vendor.
  - Write pertinent information on the Resource Order regarding the purchase.
  - Return a copy of the completed Resource Order to AK-NFDC.
3. If the situation allows for solicitation:
  - Document your solicitation process in writing on a bid abstract form or other document (a sheet of paper is adequate).
  - Contact multiple vendors - three is adequate.
  - Give all vendors the same information or bid specs- What, When, & Where.
  - Give the vendor a deadline for a response.
  - Document the vendor's name and phone number and contact.
  - Document the vendor's quote.
  - Review the responses to compare cost, shipping, and destination.
  - Are all vendor's Alaskan vendors or do you need to consider Alaskan?
  - Bidder Preference (AK Bidders Preference gives qualified Alaska vendors a 5% advantage. See AS 36.30.170, or contact a Procurement Specialist for more information).
  - Award by total lot or by item? (this should be determined prior to solicitation).
  - Confirm the quote and all requirements of the purchase (shipping cost, delivery time, etc.) and award to the lowest responsive and responsible bidder.
  - Do not reveal bid prices to other vendors until after award is made.

### **INVOICING & BILL PAYMENT**

The purpose of this section is to identify the minimum invoice documentation requirements and the process of review, coding, and approval required to pay the Division's incident bills.

#### Receipt of Goods and Services

On receipt of an invoice, it is the primary responsibility of the Supply Unit, receiving office, or expeditor to determine that the state has received the goods or services listed on the invoice, and that the cost of the goods or service is reasonable and correct.

#### Invoice Requirements

The vendor must sign invoices that are not on printed bill head. Purchase is made with the invoice reflected as being sold to:

State of Alaska

Department of Natural Resources

Division of Forestry

Area or Office Name

Address

#### Information Required on the Invoice

- Date of purchase.
- Vendor's name, address, and telephone number.
- Vendor's Tax ID or SSN (If not previously set up as a vendor in the State system, the State of Alaska Substitute W-9 must be filled out and submitted.
- Vendor invoice number.
- Purchaser's name - print or write legibly.
- Itemized description of each item purchased (if the vendor writes only item numbers, be sure to write in the item name).
- Quantity of items purchased.
- Cost per unit.
- Total purchase price.

#### Approval for Payment

The supervisor or designee determines the template when coding an invoice using a Task and a 10-digit function code by adding two zeros following the 8<sup>th</sup> digit and the four-digit object code (such as 4002 for stationery and business supplies). If there is a sub-object code, it must be used in conjunction with the object code. Invoices with charges over \$10,000.00 must have the Activity Code of **FIRE** added to the coding string, **with the exception of invoices related to MAs, CFDs, IPP (compliant), or other agreements executed by DNR Procurement.**

Suppression invoices will be coded then approved as follows:

If a Resource Order initiated the purchase, a copy must be referenced on and attached to the invoice. Invoice copies must be kept on file for three years + current in the Area or Region responsible for the purchase.

Invoices that were previously sent through DNR Procurement may now be submitted directly for payment.

Office	First Signature	Second Signature
Areas	Admins to their delegation \$2,500	Not Required
Areas	Area Foresters, Regional Admin Officer, To the amount of <\$10,000	Not Required
Areas	>\$10,000 Area Foresters	>\$10,000 Central Off, Admin Ops Mgr., Regional Forester
Aviation	Aviation Manager	>\$10,000 Central Off, Admin Ops Mgr., Chief of Fire & Aviation
Palmer Warehouse	Warehouse Manager	>\$10,000 Central Off, Admin Ops Mgr., Chief of Fire & Aviation
State Fire Warehouse	State Support Forester	>\$10,000 Central Off, Admin Ops Mgr., Chief of Fire & Aviation
AK-NFDC	State Operations Manager	>\$10,000 Central Off, Admin Ops Mgr., Chief of Fire & Aviation

The following table is a summary of the information/documentation required with various types of purchases for fire suppression:

Type of Purchase	Amount	Required Documentation on Invoices	DOA Reportable
Commissary	\$ all	FY, template, function, object, approval Emp. ID, coded by Emp. ID, VPN, RO attached	No
Meals/Lodging	\$ all	FY, template, function, object, approval Emp. ID, coded by Emp. ID, manifest, VPN, RO attached	No
Equip/Aircraft Rental MA	\$ all	FY, template, function, object, approval Emp. ID, coded by Emp. ID, VPN, MA#	No
Supply/Service/Rental Vehicles Purchase MA	\$ all	FY, template, function, object, approval Emp. ID, coded by Emp. ID, VPN, MA#	No
NICC or GSA	\$ all	FY, template, object, approval Emp. ID, coded by Emp. ID, VPN	No
Small Procurement With/Without Bids	<\$10,000	FY, template, function, object, approval Emp. ID, coded by Emp. ID, VPN	No
<b>Small Procurement Without Bids</b>	<b>&gt;\$10,000</b>	<b>FY, template, function, object, approval Emp. ID, coded by Emp. ID, VPN *Activity: FIRE</b>	<b>Yes</b>
Small Procurement With Bids	<\$50,000	FY, template, function, object, approval Emp. ID, coded by Emp. ID, VPN	No
<b>Small Procurement With Bids</b>	<b>&gt;\$50,000</b>	<b>FY, template, function, object, approval Emp. ID, coded by Emp. ID *Activity: FIRE, VPN</b>	<b>Yes</b>
Equip/Aircraft Services/Rental Continuing Offers	≤\$50,000	FY, template, function, MA#, object, approval Emp. ID, coded by Emp. ID, VPN	No
<b>Equip/Aircraft Services/Rental Continuing Offers</b>	<b>&gt;\$50,000</b>	<b>FY, template, function, MA#, object, approval Emp. ID, coded by Emp. ID *Activity: FIRE, VPN</b>	<b>Yes</b>
EERA - Innovative Procurement/Field Hire	≤ \$10,000	FY, template, function, object, approval Emp. ID, coded by Emp. ID, VPN	No
<b>EERA - Field Hire</b>	<b>&gt; \$10,000</b>	<b>FY, template, function, object, approval Emp. ID, coded by Emp. ID, VPN *Activity: FIRE</b>	<b>Yes</b>

≤ = less than or equal to > = over

MA = (Master Agreement)

\*Activity: FIRE - Reference required for gathering information for reporting emergency purchases

## REPORTING EMERGENCY PROCUREMENTS

Using IRIS/ALDER, the Alaska State accounting and reporting systems, the Department of Natural Resources will provide a report to the Department of Administration, Chief Procurement Officer, no later than October 1st of each year documenting the emergency procurements for the prior fiscal year.

The Accounting Supervisor in the Division of Support Services will provide an audit trail report to the Department Procurement Officer based upon Activity code: FIRE. The Audit Trail report will provide total cost summary by vendor, vendor account number, and function code number. Audit trails will be requested no later than September 15, for the previous fiscal year.

Additionally, a copy of the daily Financial Transaction Register for FIRE (Activity code) will be forwarded to the Division of Support Services, Procurement Officer who will review the Audit Trails.

A spreadsheet summarizing emergency expenditures will be forwarded from the Department Procurement Officer to the Department of Administration, Chief Procurement Officer. A cover memo will certify all detailed files including Resource Orders, and original Final Incident Reports will be maintained by the DOF Area Offices for a period of at least five years.

<b>Field Purchase Order</b>		<b>State of Alaska Department of Natural Resources</b>	<b>Field Purchase Order #</b>
		<b>Division of Forestry</b>	
SHIP TO:		DATE DELIVERY REQUIRED	DATE OF ORDER
		FAX NUMBER	F.O.B. POINT
VENDOR CONTACT NAME	TELEPHONE #		
VENDOR NAME & ADDRESS		SHIPPING INSTRUCTIONS	

**NOTE: This order constitutes a binding commitment between the state and the contractor listed hereon. Unauthorized modification without the expressed prior approval of the purchasing authority will result in a financial obligation on the contractor and/or unauthorized state personnel making the change.**

ITEM #	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXT PRICE
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**Emergency Purchase in Support of an Incident**


Mailing Address					Page 1 of	
FIN	AMOUNT	SY	CC	LC	ACCOUNT	STOCK REQUEST
Purchasing Authority Name			Title		Purchasing Authority Signature	
					Telephone #	

1. FPO number and receiving agency name must appear on all invoices and documents relating to this order.
2. Do not over ship or substitute.
3. Receipted freight bills must accompany all claims for freight charges.
4. The state is registered for tax-free transactions under Chapter 32, IRS code. Registration #92-601185. Items are for the exclusive use of the state and not for resale.

<b>Field Purchase Order</b>		<b>State of Alaska Department of Natural Resources</b>	<b>Field Purchase Order #</b>
		<b>Division of Forestry</b>	
SHIP TO:		DATE DELIVERY REQUIRED	DATE OF ORDER
		FAX NUMBER	F.O.B. POINT
VENDOR CONTACT NAME	TELEPHONE #		
VENDOR NAME & ADDRESS		SHIPPING INSTRUCTIONS	

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4. The state is registered for tax-free transactions under Chapter 32, IRS code. Registration #92-601185. Items are for the exclusive use of the state and not for resale.



**AK-NFDC LOGISTICS CENTER****RESOURCE ORDER REQUEST**

TO: AK-NFDC                      ATTN: \_\_\_\_\_

FROM: \_\_\_\_\_

OFFICE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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

REC'D: \_\_\_\_, 2022

TIME: \_\_\_\_\_

**1) WHAT IS THE ORDER FOR?**

Resource Type:                      \_\_\_Overhead   \_\_\_Crews   \_\_\_Equipment   \_\_\_Supplies   \_\_\_Aircraft

**2) DESCRIBE HOW MANY & WHAT YOU NEED.**

Resource Description:

**3) WHAT IS THE PURPOSE OR MISSION OF THE REQUESTED RESOURCE?****WHERE AND WHEN DO YOU WANT THE RESOURCE DELIVERED?**

Date & Time Needed:

Deliver to: \_\_\_\_\_

\_\_\_\_\_

Special Instructions/comments regarding delivery: \_\_\_\_\_

**WHAT IS THE CHARGE CODE?**

State Charge Code: \_\_\_\_\_

Authorized By: \_\_\_\_\_

AK-NFDC 2022

**AK-NFDC LOGISTICS CENTER****RESOURCE ORDER REQUEST**

TO: AK-NFDC                      ATTN: \_\_\_\_\_

FROM: \_\_\_\_\_

OFFICE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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

REC'D: \_\_\_\_, 2022

TIME: \_\_\_\_\_

**1) WHAT IS THE ORDER FOR?**

Resource Type:                      \_\_\_Overhead   \_\_\_Crews   \_\_\_Equipment   \_\_\_Supplies   \_\_\_Aircraft

**2) DESCRIBE HOW MANY & WHAT YOU NEED.**

Resource Description:

**3) WHAT IS THE PURPOSE OR MISSION OF THE REQUESTED RESOURCE?****WHERE AND WHEN DO YOU WANT THE RESOURCE DELIVERED?**

Date & Time Needed:

Deliver to: \_\_\_\_\_

\_\_\_\_\_

Special Instructions/comments regarding delivery: \_\_\_\_\_

**WHAT IS THE CHARGE CODE?**

State Charge Code: \_\_\_\_\_

Authorized By: \_\_\_\_\_

**Department of Natural Resources**  
**Delegation of Purchasing Authority Form**

*This form is posted on the DNR Intranet at <http://int.dnr.alaska.gov/ssd/Procurement.htm>*

Name:

PCN #:

Title:

Section:

Division:

**Purchasing Authority**

Purchasing authority is the authority to procure goods and services on behalf of the Department of Natural Resources (DNR) in accordance with the Alaska Procurement Code and department policies and procedures. **Purchasing authority is not the same as funding authority.** If only purchasing authority is delegated, another employee with funding authority is needed to approve a purchase or obligation of funds. DNR requires delegation of purchasing authority and Level I Procurement Certification for all purchases of \$5,000 or less. The Level I Procurement Manual and certification process can be found at: [http://int.dnr.alaska.gov/ssd/procurement/Alaska\\_Public\\_Procurement\\_Manual\\_Level\\_I.pdf](http://int.dnr.alaska.gov/ssd/procurement/Alaska_Public_Procurement_Manual_Level_I.pdf) **Attachment A "Request for Level I Procurement Certification" form is required to be completed and included with delegation of purchasing authority requests.**

The employee identified above is hereby delegated purchasing authority noted within this delegation for their respective division, section, or program. This delegation of purchasing authority is subject to the above-named employee following the Alaska Procurement Code and department policies and procedures related to the exercise of this purchasing authority. The delegated purchasing authority cannot be subdelegated without the approval of the DNR Division of Support Services Director or approved designee and must be within the limits of this delegation of purchasing authority.

**Procurement Training and Certification**

Individual purchasing authority is subject to both obtaining training and maintaining certification in accordance with Department of Administration guidelines at one of the levels below for the procurement of goods and services. The employee is trained and certified at the below level (check one box below).

<b>Level I Training and Certification</b> Up to \$5,000	<b>Level I Training and Certification</b> \$5,001 - \$10,000
<b>Level II Training and Certification</b> \$10,001 - \$100,000	<b>Level III Training and Certification</b> Greater than \$100,000

This individual is hereby granted specific purchasing authority less than or equal to the limit identified below:

**Basic Purchasing Authority**— Authority to procure goods and services with an aggregate cost of no more than \$5,000 (Level I Procurement Certification Required).

**Procurement Officer Purchasing Authority** (Procurement Section only) – Authority to procure goods and services with an aggregate cost of no more than: \$

**Specific Purchasing Authority** - Authority to procure goods and services with an aggregate cost of no more than: \$

**Important: If requesting purchasing authority over \$5,000, requestor must use the box at the top of the next page to provide justification to support this request.**

Restrictions (if any):

**Signatures: Delegation of Purchasing Authority**

By accepting the responsibilities and authority accorded by this delegation, I do hereby affirm that I shall perform these duties and responsibilities in accordance with the Alaska Procurement Code, and directions from the DNR Commissioner and DNR SSD.

I understand that if I commit a procurement or approval violation, I could face disciplinary actions, up to and including revocation of my delegated authority or dismissal.

By my signature below I acknowledge that I have read, understand, and agree to comply with the applicable statutes, regulations, policies, and the Alaska Procurement Code.

**Employee Name:**

**Employee Signature**

**Date**

**Supervisor Approval:**

As a supervisor, or designee, I hereby grant this delegation of authority in accordance with my determination that this employee has read, understands, and agrees to comply with the applicable statutes, regulations, policies, and the Alaska Procurement Code.

**Supervisor (or designee) Name:**

**Supervisor (or designee) Signature**

**Date**

**Division Director Approval**

As a Director, or designee, I hereby grant this delegation of authority in accordance with my determination that this employee has read, understands, and agrees to comply with the applicable statutes, regulations, policies, and the Alaska Procurement Code.

**Director (or designee) Name:**

**Director (or designee) Signature**

**Date**

**Procurement Manager Approval**

**Procurement Manager (or designee) Name:**

**Procurement Manager Signature**

**Date**

## REQUEST FOR LEVEL I PROCUREMENT CERTIFICATION

Now that you have completed reading this manual, complete and submit this Request for Level I Procurement Certification form to your department's certification program administrator. The information may also be transmitted via email.

After receipt, your department will be allowed to delegate purchasing authority to you for the purchase of supplies and services valued at \$10,000 and less.

**NOTE:** Obtaining Level I Procurement Certification by reading the manual does not meet the prerequisites for taking the Level II or III Procurement Academy classes. In order to take the Level II or III Procurement Academy classes and receive Level II or III certification, you must first take the Level I Procurement Academy in-person class.

Name:	Telephone No:
Department:	Fax No:
Agency/Section:	Email Address:
Address:	Supervisor's Name:
City, State, Zip:	Supervisor's Telephone No:

I certify that I have read and understand this Level I Procurement Manual. I agree to be held accountable for the competent, effective, legal, and ethical interpretation and application of this information.

---

Name/Work Title

---

Date

**Required Attachment:**  
**Request for Level I Procurement Certification**  
Minimum Distribution:  
Copy - Division Director  
Copy - Supervisor  
Copy - Employee

<b>State of Alaska</b>		<b>Reimbursable Services Agreement</b>		### ##	ORIGINAL <input checked="" type="checkbox"/>	AMENDMENT # <input type="checkbox"/>																																													
<b>Payment Process</b> <input type="checkbox"/> Internal Exchange Trans (IET) <input checked="" type="checkbox"/> Internal Trans Agreement (ITA) <input type="checkbox"/> Other																																																			
Requesting Agency (Buyer)		Results Delivery Unit (RDU)		Component		ADN #																																													
Servicing Agency (Seller)		Results Delivery Unit (RDU)		Component		ADN #																																													
<b>I. Project or program title:</b> <b>II. The servicing agency agrees to provide the requesting agency with the following service(s):</b> (Answer who, what, where, when, why and how cost estimates are derived. Use attachment if necessary.)																																																			
Buyer Program Contact/Phone: _____ Seller Program Contact/Phone: _____																																																			
<b>III. Terms and mechanics of reimbursement:</b> <input checked="" type="checkbox"/> Payment upon approval <input type="checkbox"/> Payment upon receipt of inter-agency billing <input type="checkbox"/> Payment upon completion of service(s) <input type="checkbox"/> Other (Specify) _____																																																			
Commencement date: 7/1/2021      Completion date: 6/30/2022      Billing Email Address: _____      Phone #: _____																																																			
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<b>V. Schedule of maximum costs to be incurred by the Servicing Agency:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Original Agreement</th> <th>Previous Amendment(s)</th> <th>This Amendment</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Personal Services</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ 0.00</td> </tr> <tr> <td>Travel</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ 0.00</td> </tr> <tr> <td>Services</td> <td>\$ 0.00</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ 0.00</td> </tr> <tr> <td>Commodities</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ 0.00</td> </tr> <tr> <td>Capital Outlay</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ 0.00</td> </tr> <tr> <td>Grants and Benefits</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ 0.00</td> </tr> <tr> <td>Other</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>0.00</td> </tr> <tr> <td><b>Total</b></td> <td>\$ 0.00</td> <td>\$ 0.00</td> <td>\$ 0.00</td> <td>\$ 0.00</td> </tr> </tbody> </table> <input type="checkbox"/> Servicing Agency may not change line items without approval of Buyer Agency								Original Agreement	Previous Amendment(s)	This Amendment	Total	Personal Services	\$ _____	\$ _____	\$ _____	\$ 0.00	Travel	\$ _____	\$ _____	\$ _____	\$ 0.00	Services	\$ 0.00	\$ _____	\$ _____	\$ 0.00	Commodities	\$ _____	\$ _____	\$ _____	\$ 0.00	Capital Outlay	\$ _____	\$ _____	\$ _____	\$ 0.00	Grants and Benefits	\$ _____	\$ _____	\$ _____	\$ 0.00	Other	_____	_____	_____	0.00	<b>Total</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
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Other	_____	_____	_____	0.00																																															
<b>Total</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00																																															
<b>VI. Budgeting and Accounting Information :</b> Requesting Agency Authorization: <input type="checkbox"/> Capital <input checked="" type="checkbox"/> Operating Financial coding to be charged: Buyer Dept: _____ AR: _____ Fund: _____ Org Unit: _____ Program: _____ Task: _____ Template: _____ Activity: _____ Location: _____ Function: _____ Exp Obj: _____																																																			
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<b>Servicing Agency Authorization</b> Is this agreement using budgeted authorization? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes AR: _____ Fund: _____ Org: _____ RR: _____ Program: _____ Other: _____ Template: _____ AR: _____ Fund: _____ Org: _____ RR: _____ Program: _____ Other: _____ Template: _____																																																			
<b>VII: Approvals &amp; Certification:</b> The buyer agency and seller agency agree to the terms and conditions above. In addition, the buyer agency certifies that sufficient funds are encumbered to pay this obligation or that there is sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be taken up to and including dismissal.																																																			
Requesting Agency Authorized Signature		Printed Name			Date																																														
Servicing Agency Authorized Signature		Printed Name			Date																																														
Requesting ASD Authorized Signature		Printed Name			Date																																														

## Completing the RSA form

You need to determine first who is the requestor and who is the servicer

The requestor/buyer is paying for service, an expense account code will debit their account string

The servicer is receiving money for service, a revenue account code will credit their account string

Usually the person requesting/buying the service will route the RSA and complete the JV (but not necessary. The parties can

**Authorized signers** are by Campus: Community Campus Directors or University Vice Chancellor for Administrative Services for

UA VP of Finance

SW Services	Myron Dosch	450-8079	<a href="mailto:midosch@alaska.edu">midosch@alaska.edu</a>
Enterprise Entities			
Vice Chancellor for Administrative Services (VCAS)			
UAA Anchorage Campus	William Jacob	786-4620	<a href="mailto:wjjacob@alaska.edu">wjjacob@alaska.edu</a>
UAF Fairbanks Campus	Amanda Wall	474-7552	<a href="mailto:aiwall@alaska.edu">aiwall@alaska.edu</a>
UAS Juneau Campus	Julie Vigil	796-6494	<a href="mailto:jlvigil@alaska.edu">jlvigil@alaska.edu</a>
UAA Community Campus			
KPC	Cheryl Siemers	262-0292	<a href="mailto:cksiemers@alaska.edu">cksiemers@alaska.edu</a>
Kodiak	Jacelyn Keys	486-1220	<a href="mailto:jrkeys@alaska.edu">jrkeys@alaska.edu</a>
Mat Su	Talis Colberg	745-9721	<a href="mailto:tjcolberg@alaska.edu">tjcolberg@alaska.edu</a>
PWSC	Dan O'Conner	834-1662	<a href="mailto:jdoconnor@alaska.edu">jdoconnor@alaska.edu</a>

Vice Chancellor for Rural, Community and Native Engagement

Bristol Bay

Chukchi Campus

CRCO

Interior Alaska Campus Charlene Stern 474-1865 [cbstern@alaska.edu](mailto:cbstern@alaska.edu)

Kuskokwim Campus

Northwest Campus

UAF Community & Technical College

Contact information for the campuses Budget Directors

UAA Budget Director	Ryan Buchholdt	786-4636	<a href="mailto:rbuchholdt@alaska.edu">rbuchholdt@alaska.edu</a>
UAF Budget Director	Jason Theis	474-6223	<a href="mailto:jwtheis@alaska.edu">jwtheis@alaska.edu</a>
UAS Budget Director	Julie Vigil	796-6494	<a href="mailto:jlvigil@alaska.edu">jlvigil@alaska.edu</a>

## RSA Routing in Docusign

The created RSA is first sent to **Yan Xiong in SW Fund Accounting (yxiong6@alaska.edu)** for review, feedback, logging and

Although only the VCAS or Campus Directors officially sign the RSA, you may want to route to business officers/fiscal staff/d

**\*\*For the UAA Anchorage campus**, route to UAA Budget Director (Ryan Buchholdt) for review first before the VCAS (William

In Docusign, create a place for initials for Ryan Buchholdt to the left of the signatures at the bottom

Example of possible Routing in situation where an Anchorage Campus College is charging a Community Campus for services:

College Business Officer creates RSA and e-mails to Yan Xiong for review, possible edits and assignment of the A

College Business Officer then routes to their Dean for review (according to their individual college processes)

Routed to Community Campus business officer for review

Routed to Community Campus Director for signature

Routed to Anchorage Campus Budget Director for review (Initial on Docusign)

Routed to Anchorage Campus VCAS for signature

If no OMB review is needed, you are done routing.

To be clear, **Yan** has already reviewed the RSAs in the very beginning. She does not need to sign at the very

However, if OMB review is needed, route the RSA to Yan Xiong for that final element of signature gathering

## JV

When all signatures are gathered, you can create the JV and send to your campuses Budget Office for processing. Attach a c

**Yan** should be sent one e-mail with a copy of the signed RSAs and a copy of the JV. CC the Budget Director as well.

**For most transfers, use the appropriate account codes for the expense/revenue.** Delivery of service to internal customers  
RSA accounts codes 8580/9980 are only used when transferring TVEP or other Research or Instruction Awards



/ end, so no need to route through DocuSign to her for each RSA.



# University of Alaska *Internal* RSA Simplified Data Entry Form

**TITLE:**

[illegible]**DESCRIPTION:****AMOUNT:**

## Transfer Info

**FUND****ORGN**

## PHONE

## EMAIL

**TO (Credit)**

**FROM (Debit)**

--

UAF integrates financial manager names into the Banner Organization Structure. For transfers involving other allocations, please enter financial contact person below:

### Servicing (To)

## Receiving (From)

	( )
	( )

()

()

<b>State of Alaska</b>		<b>Reimbursable Services Agreement</b>		### ##	ORIGINAL <input checked="" type="checkbox"/>	AMENDMENT # <input type="checkbox"/>
<b>Payment Process</b> <input type="checkbox"/> Internal Exchange Trans (IET) <input checked="" type="checkbox"/> Internal Trans Agreement (ITA) <input type="checkbox"/> Other						
Requesting Agency (Buyer)		Results Delivery Unit (RDU)		Component		ADN #
Servicing Agency (Seller)		Results Delivery Unit (RDU)		Component		ADN #
<b>I. Project or program title:</b> <b>II. The servicing agency agrees to provide the requesting agency with the following service(s):</b> (Answer who, what, where, when, why and how cost estimates are derived. Use attachment if necessary.)						
Buyer Program Contact/Phone: _____ Seller Program Contact/Phone: _____						
<b>III. Terms and mechanics of reimbursement:</b> <input checked="" type="checkbox"/> Payment upon approval <input type="checkbox"/> Payment upon receipt of inter-agency billing <input type="checkbox"/> Payment upon completion of service(s) <input type="checkbox"/> Other (Specify) _____						
<b>Buyer Vendor/Customer #:</b> _____						
Commencement date 7/1/2021		Completion date 6/30/2022		Billing Email Address:		Phone #
<b>IV. Servicing Agency cost based on:</b> <input type="checkbox"/> Itemized costs of service(s) provided <input checked="" type="checkbox"/> Cost allocation schedule (description of allocation methodology must be attached)						
<b>V. Schedule of maximum costs to be incurred by the Servicing Agency:</b>						
Original Agreement		Previous Amendment(s)		This Amendment		Total
Personal Services	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	0.00
Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	0.00
Services	\$ 0.00	\$ _____	\$ _____	\$ _____	\$ _____	0.00
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Capital Outlay	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	0.00
Grants and Benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	0.00
Other	_____	_____	_____	_____	_____	0.00
<b>Total</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.00
<input type="checkbox"/> Servicing Agency may not change line items without approval of Buyer Agency						
<b>VI. Budgeting and Accounting Information :</b>						
Requesting Agency Authorization <input type="checkbox"/> Capital <input checked="" type="checkbox"/> Operating						
Financial coding to be charged Buyer Dept _____ AR _____ Fund _____ Org Unit _____ Program _____ Task _____ Template _____ Activity _____ Location _____ Function _____ Exp Obj _____						
(Open Item # or Doc ID # (RS, EN, or AJE)) _____ (Format: Sec Ch SLA Pg Ln OR RPL # XX-X-XXXX)						
Federal funds <input type="checkbox"/> No <input type="checkbox"/> Yes, Amount _____		Appropriation Cite _____				
Federal Pass Through: <input type="checkbox"/> Yes <input type="checkbox"/> No		Appropriation Cite _____				
Federal Agency/Program/CFDA/Grant/Contract No. _____		Date funds lapse 30-JUN-2022				
<b>Servicing Agency Authorization</b> Is this agreement using budgeted authorization? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						
AR _____ Fund _____ Org _____ RR _____		Program _____		Seller Vendor/Customer # _____		
AR _____ Fund _____ Org _____ RR _____		Program _____		Seller Dept _____		
AR _____ Fund _____ Org _____ RR _____		Program _____		Other _____ Template _____		
AR _____ Fund _____ Org _____ RR _____		Program _____		Other _____ Template _____		
<b>VII: Approvals &amp; Certification:</b> The buyer agency and seller agency agree to the terms and conditions above. In addition, the buyer agency certifies that sufficient funds are encumbered to pay this obligation or that there is sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be taken up to and including dismissal.						
Requesting Agency Authorized Signature		Printed Name			Date	
Servicing Agency Authorized Signature		Printed Name			Date	
Requesting ASD Authorized Signature		Printed Name			Date	

Myron J. Dosch, CPA  
Chief Finance Officer  
Phone: (907) 450-8079  
Fax: (907) 450-8071  
myron.dosch@alaska.edu




UNIVERSITY  
of ALASKA

*Many Traditions One Alaska*

July 28, 2021

TO: Bill Jacob, Michael Ciri, Julie Queen, Charlene  
Talis Colberg, Jacelyn Keys, Dan O'Connor, M

FROM: Myron Dosch 

SUBJECT: Appropriations rules

The university will have a multiple appropriation structure in structure necessitates that the provisions of AS 37.07.080(e) 1 transfers between appropriations. Based on guidance provide and Budget (OMB), this document provides the rules for com statutes regarding transfers between appropriations.

The two FY22 University of Alaska appropriations follow:

University of Alaska	UA Commu
Budget Reductions/Additions - Systemwide	Kenai Penin
Systemwide Services	Kodiak Coll
Office of Information Technology	Matanuska-
Education Trust of Alaska	Prince Willi
Anchorage Campus	Bristol Bay
Small Business Development Center	Chukchi Ca
Fairbanks Campus	College of I Developme
UAF Community and Tech College	Interior Ala

	Kuskokwim
	Northwest C
	Juneau Carr
	Ketchikan C
	Sitka Camp

The basic rule is that transfers between these appropriations :  
reimbursable services agreement (RSA) is approved or it is e  
An RSA is a State of Alaska OMB form that is a contractual

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Multiple Appropriations  
July 28, 2021  
Page 2

appropriation requesting a service and an appropriation provide  
example, the System Office provides Human Resources servi  
Southeast. As noted in the following tables, some services re  
others do not. OMB has delegated approval authority to the A  
Directors within each State agency, for UA this is the System  
and Budget Director (Alesia Kruckenberg). In all cases, OME  
needed if the cumulative cost of the service is equal to or belc  
limit generally is based on the cumulative and combined annu  
provided to an appropriation, rather than an individual work c

The rules governing inter-appropriation transactions are in the  
*Program Manual* issued by the OMB (see Appendix A).

The Vice Chancellors for Administrative Services at the camp  
for Rural, Community and Native Education, the Chief Finan

Office, and Campus Directors, or their designees, have authority between university appropriations. The following tables list I approved by OMB for specific university transactions:

<b>Core Services</b> <b>RSA form is required. OMB-designee approval is not</b>	
Description	Example(s)
Information Technology (IT) services	Network and se conferencing, s support, telepho consulting, stud
Risk Management services	Claims process programs
Human Resources services	System Office p services, such a
Cash Management (banking) services	Fees for proces

<b>Core Services</b> <b>RSA form is not required unless the cumulative cost i</b>	
Description	Example(s)
Conferencing, Catering and Space Rental services	UAS hosts a Bo
Science and Engineering testing lab services	UAF uses its sp conduct a scien different approj

**Core Services****RSA form is required. OMB-designee approval required over \$100,000.**

Description	Example(s)
Capital Projects oversight services	System Office budgets and co Regents
Physical Plant and Utility services	UAF physical plant Office administrative Fairbanks; UAF Statewide building UAF physical plant Community College

**Programs****RSA form is required. OMB-designee approval required over \$100,000.**

Description	Example(s)
Vo Tech Ed (TVEP/Workforce Development Funds)	Funding is distributed or departmental service
Research and Instruction Awards	System Office biomedical research research activities funding to Rural equipment

**Revenue Distribution Transactions****RSA form is not required. OMB designee approval is**

Description	Example(s)
Student tuition and fee revenue distribution	UAF collects tuition centrally, then distribute the revenue based on internal technology and among appropriate
Indirect Cost Recovery (ICR)	Automated distribution



Indirect Cost Recovery (ICR)	Automated distribution on grants and negotiated indirect federal government
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Multiple Appropriations  
July 28, 2021  
Page 4

<b>Other specific transfers</b>	
<b>RSA form is not required. OMB-designee approval is required.</b>	
Description	Example(s)
Debt service	One appropriation support to another
Bookstore operations	A rural college from the UAF

Note that all transactions or services between appropriations require application of RSA rules, regardless of their lack of identification. An inter-appropriation transaction that is less than \$100,000 and does not require an RSA, but not OMB-designee approval.

RSA Form 02-098 must be completed and signed by all parties involved and servicing agencies and OMB-designee, if necessary, prior to the work.

The RSA instructions are in Appendix B and the RSA form is available at <https://omb.alaska.gov/forms-and-manuals/#rsa>. When OMB-

required, the original Form 02-098, signed by both the requester and the OMB-designee. For consistency, **all** RSAs should be submitted to OMB-designee. For consistency, **all** RSAs should be submitted to OMB-designee. The identifying agency document assigned and copies will be retained for Legislative reporting

The underlying accounting should remain essentially the same for all appropriation services. The university uses the UA Intra-agency authority and the 99XX revenue account code section to identify transactions crossing appropriations. Account codes 9980 and 9981 (Tech Ed (TVEP) and Research and Instruction awards identified by the Budget transfers will no longer be allowed for moving funds. Rather accounting entries will need to be booked that “gross up” the

Yan Xiong, yxiong6@alaska.edu, in System Office Fund Accounting for RSA's. She will receive RSA's from UA departments, coordinate with OMB-designee for approval, maintain a log, and be a resource for questions.

cc: Alesia Kruckenberg, Jason Theis, Julie Vigil, Ryan Buchholz, Wendy Huesties, Jonathan Lasinski, Michelle Rizk

---

209 D Butrovich Building  
2025 Yukon Drive  
PO Box 756540  
Fairbanks, AK 99775-6540

e Stern, Cheryl Siemers,  
Michele Stalder

FY22 similar to FY21. This  
be followed, which limit  
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exempted in the tables below.  
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3-designee approval is not  
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or service order.

e State of Alaska's *Revised*

puses, the Vice Chancellor  
cial Officer at the System

city to approve RSAs  
RSA requirements as

<b>t required.</b>
erver administration, video oftware and hardware one, web design and lent ID card system
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provides Human Resources is recruitment, for UAS
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<b>is over \$100,000.</b>
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<b>ired if cumulative cost is</b>
oversees capital projects’ mmunication with Board of
plant maintains System tration building in A physical plant maintains dings located in Anchorage; plant maintains UA ollege’s plant

<b>ired if cumulative cost is</b>
ributed to an academic unit that provides the required
provides funding to UAS for earch or other specific ties; UAF Provost provides al Colleges for instructional

<b>s not required.</b>
uition and fee revenue processes journal entries to evenue to colleges and units ial agreements; Information l network fees are distributed iations tribution of ICP generated

tribution of ICR generated  
contract activity using  
direct cost rates with the  
Department and State of Alaska.

<b>s not required.</b>
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bookstore purchases books bookstore

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p” the transaction.

counting is the main contact  
oordinate with OMB-  
questions.

holdt, Wei Guo, Yan Xiong,



**EMERGENCY EQUIPMENT RENTAL AGREEMENT**

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

1. PROCUREMENT AGENCY a. name and address:     b. Phone Number: c. FAX Number:		2. AGREEMENT NUMBER (Must appear on all documents relating to this agreement):  3. EFFECTIVE DATES OF AGREEMENT: a. beginning _____ b. ending _____  c. Specific Incident only: Incident Name: Incident Number:				
4. CONTRACTOR a. name and address:     b. EIN/SSN: _____ c. DUNS: _____ d. EMAIL Address: e. Telephone Number (day): _____ Telephone Number (night): _____ Cell Phone Number: _____ FAX: _____		5. POINT OF HIRE (location when hired if different than Block 4):		6. ORDERING DISPATCH CENTER		
		7. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY:  <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) * (see note below)				
		8. OPERATOR FURNISHED BY:  <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				
		9. Contractor Authorized Commissary:  <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. BUSINESS SIZE OF CONTRACTOR:    a. <input type="checkbox"/> Small    b. <input type="checkbox"/> Other    c. <input type="checkbox"/> Women-Owned    d. <input type="checkbox"/> Small Disadvantaged e. <input type="checkbox"/> HUB Zone    f. <input type="checkbox"/> Service Disadvantaged Vet (Information for tracking purposes only – not used for preferential hiring)						
11. ITEM DESCRIPTION: equipment or animals (include VIN, make, model, year, serial no., accessories or other identifying features).		12. NO. OF OPERATORS PER SHIFT	13. HRLY/ DAILY/MILEAGE/ SHIFT BASIS (ss/ds: ref. Cl. 6) Rate                      Unit		14. SPECIAL	15. GUARANTEE (8 HOURS)
a)						
b)						
c)						
d)						
e)						
f)						
16. SPECIAL PROVISIONS: Your signature constitutes acknowledgement of and agreement to abide by the terms and conditions of hire incorporated herein with the State of Alaska.          * The State of Alaska hires equipment at a DRY Rate with the State providing the fuel only.						
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE		18. DATE	20. CONTRACTING OFFICER'S SIGNATURE a. Warrant No.		21. DATE	
19. PRINT NAME AND TITLE		18. DATE	22. a. PRINT NAME AND TITLE  b. Phone Number: _____ c. FAX: _____			

OPTIONAL FORM 294 (DRAFT)

## **Chapter 15 – Allowable Fire Activity Cost**

### **PURPOSE**

This chapter identifies the authorized uses of the Fire Suppression Preparedness and Fire Suppression Activity Budget Components.

### **GOVERNING STATUTES**

- A.S. 41.15.010 Intent  
Provides that resources will be protected commensurate with the value of the resource at risk on private, state, and municipal land.
- A.S. 41.15.030 Contracts  
Provides that the Commissioner may enter necessary contracts for protection and hire emergency personnel.
- A.S. 41.15.050 Fire Season  
Provides that the period from April 1 to August 31 is designated as the fire season.
- A.S. 41.15.200 Statement of Purpose  
Provides a readily (may be repealed) available fund for the payment of expenses incurred by the Department of Natural Resources (DNR) in suppressing fires.
- A.S. 26.23.010 and A.S. 44.19.048 Statement of Purpose and Disaster Relief Fund  
Provides a readily available fund for disasters by proclamation by the Governor.
- A.S. 26.23.020 Governor's Responsibilities and Authorities During an Emergency  
Provides definition of Governor's authority to respond to disaster emergencies.
- A.S. 26.23.050 Financing  
Defines the sources of emergency funding.
- A.S. 37 Public Finance
- A.S. 36 Public Contracts

### **RESPONSIBILITIES & PROTECTION PROGRAM BACKGROUND**

The State of Alaska's (SOA) fire protection program is established by Alaska Statutes 41.15.010 - 41.15.170 granting authority to the Commissioner of the DNR and subsequently delegated to the Division of Forestry (DOF) through Department Order #113 (DO #113) to provide protection, commensurate with the value of the resources at risk, for the natural resources and watersheds on land that is owned privately, by the state, or by a municipality. Private lands protected by the federal government as enacted by law (i.e., Native ownership under ANCSA) are exempted from A.S. 41.15.010. DO #113 delegates the DOF the responsibility to "oversee and control, on behalf of the Department, the fire protection obligation for all State and private lands in coordination with federal and local fire suppression agencies." DO #113 also delegates the DOF the management and control of the State suppression fund and designates DOF as the lead organization to represent the Department's management goals relative to fire management activities.

State, private, municipal, and federal land ownership is intermingled across the entire State making it extremely difficult to provide wildland fire protection services. For that reason, Cooperative Agreements have been negotiated between the DOF and the Department of Interior, Bureau of Land Management, the Department of Agriculture, and Forest Service providing that each agency protect all land within their identified protection boundary eliminating duplication of effort.

These agreements also provide for the exchange of fire suppression resources between agencies when one agency's fire activity exceeds their suppression capability.

The DOF has adopted the National Interagency Incident Management System (NIIMS) Incident Qualifications System (ICS) as its training and qualification standard. Utilizing this system ensures that DOF employees meet national standards that facilitates the free exchange of resources between cooperating state and federal agencies. Meeting these national qualifications standards makes a larger, national pool of resources available to the State during periods of high fire danger when additional resources are required.

The Alaska Interagency Wildland Fire Management Plan 2016 (March 2017 Review) has been adopted by the DNR and provides a coordinated and cost-effective approach to fire management on all lands in Alaska. Fire management decisions are based on values warranting protection, protection capabilities, firefighter safety, and/or land and resource management needs. The plan requires an annual, preseason review of the fire protection needs on fire-prone lands by the responsible land manager/owners. Once fire protection needs are determined, the lands are placed in one of four management options, **Critical**, **Full**, **Modified**, or **Limited**. This categorization ensures that human life, private property, and identified resources receive the appropriate level of protection balanced with the fiscal impact and availability of suppression resources.

### **EMERGENCY PROCUREMENT (AS 36.30.310 / 2AAC 12.450.c)**

Normal purchasing policies, guidelines, and authorities will be followed unless procurements are made under emergency conditions. Procurements may be made during emergency conditions when a situation poses a threat to public health, welfare or safety, or when a situation exists that makes procurement through competitive sealed bidding or competitive sealed proposals impractical or contrary to the public interest, or to protect public or private property. In such cases, procurements will be made with competition that is practical under the circumstances and the purchasing documents with amounts greater than \$10,000.00 will have the Activity Code of FIRE added to the coding string.

### **FIRE SUPPRESSION PREPAREDNESS COMPONENT**

The preparedness component is established to fund activities required to be prepared to fight wildland fires. This component funds personal services, fire and aviation contracts, warehouse and shop activities, and other activities not directly related to suppressing wildland fires. The Society of American Foresters defines preparedness as "Activities undertaken in advance of fire occurrence to help ensure more effective fire suppression; includes overall planning, recruitment and training of fire personnel, procurement and maintenance of firefighting equipment and supplies."

## **FIRE SUPPRESSION ACTIVITY COMPONENT**

It is the intent of the suppression activity component to fund costs associated with actual suppression of wildland fires and to meet abnormal, emergency fire preparedness activities not funded in the fire preparedness component for a normal fire year. Because of the fluctuation of fire season severity, temporary increases above the average preparedness level are also covered by the suppression activity component.

The Fire Suppression Activity Component should be utilized to fund the following broad categories of Fire & Aviation Program costs:

1. Emergency preparedness and prepositioning activities.
2. Actual costs for the suppression of wildland fires.
3. Fire & Aviation Program costs that are not predictable and non-recurring.

## **AUTHORIZED EMERGENCY PREPAREDNESS AND PREPOSITIONING EXPENDITURES**

(Approval delegated to Program Managers, Regional Foresters or designees unless noted)

### High Fire Danger

High Fire Danger (HFD) is defined as periods of higher-than-normal fire danger as predicted by the Canadian Forest Fire Danger Rating System to be in the "very high to extreme" burning range or periods of unusually high wildland fire occurrence at the lower predicted fire danger levels. During periods of high fire danger, allowable costs can be charged to fire suppression activity.

Regular personal services costs for:

- Temporary, permanent seasonal, permanent part-time and (other) non-permanent personnel when extended beyond their regularly budgeted staff months\* (Request approval and charge code via Fire Operations Forester and AICC).
- Personnel not funded in the preparedness budget\* (When working out of their home unit, Forest Resources personnel charge to ordering office HFD charge code; non-Forestry SOA employees working for other departments require an IPO RSA Encumbrance).
- Emergency hire and emergency firefighter (EFF) personnel. (charge code 73X3602300).
- Federal and local government cooperator personnel. (Paid via cooperative agreement).

\*Applicable administrative fiscal management procedure will apply depending on the specific situation. (IPO, RP, CH8, etc.)

Overtime (covering periods of HFD not identified with ongoing fires) for:

- Personnel described above.
- Permanent preparedness personnel within budgeted staff months, (charge to ordering office HFD LDP).

Fire Operations Forester or Area FMO approval required.

Standby for:

State employees placed in standby status and paid via office or region standby charge code (Emergency firefighter personnel are not paid standby pay because EFF are either on or off shift.) requires Fire Operations Forester or Area FMO approval. Standby is considered hours worked, therefore; no standby on mandatory days off.

## **PREPOSITION COSTS**

Prepositioning is defined as the movement of personnel, equipment, and supplies to a specific location in anticipation of wildland fire activity based on above normal fire danger or multiple fire occurrences at the lower predicted fire danger levels.

Appropriate office specific charge codes are used for mobilization, subsistence, and prepositioning of personnel, equipment and supplies to and from specific locations. When conditions above normal fire danger are present, allowable costs are authorized to be paid from fire activity. Fire Operations Forester or Area FMO approval required.

### Meals, Lodging, and Transportation

Meals, lodging, transportation, and daily guarantee for aircraft are appropriate charges when a specific incident cannot be identified.

### Contractual Services

Costs for hiring, rental, contracting of specialized services or equipment for temporary increases in preparedness are authorized.

### Supplies

Procurement of expendable supplies and acquisition and short-term use of non-expendable supplies from commercial vendors or cooperators required for support of a temporary increase in preparedness.

### Statewide Fire Stores Procurement

Replenishment of non-capitalized warehouse stock (includes aviation fuel and fire retardant) depleted by Resource Orders or temporary Normal Unit Strength (NUS) increase based on forecasted activity when a specific incident number cannot be utilized. (Charges made to the Warehouse Stores charge code.) Costs are adjusted based on incident warehouse issues. State Fire Support Forester Approval is required.

### Vehicles

Operating costs for State fleet vehicles not budgeted in the preparedness component used for fire suppression activities are authorized to be charged to the suppression activity component for the period they are equipped for fire suppression.

### Detection Flight Time

Aircraft flight time and associated costs utilized for the discovery of new fires. (Charge to regional detection charge code.)

### Emergency Normal Unit Strength Increase

Procurement of critical fire suppression equipment and supply items required to meet Fire and Aviation Program responsibilities can be purchased when supported by written justification (charge to Permanent NUS charge code). Chief of Fire & Aviation approval is required.

## **AUTHORIZED FIRE SUPPRESSION EXPENDITURES**

All activities associated with the monitoring, suppression, support, documentation, auditing, emergency fireline rehabilitation and investigation of a fire incident may be funded from the suppression activity component. Refurbishment of fire equipment, surveillance of Limited Management Option fires, and removal of fire caused safety hazards that pose an imminent safety hazard to firefighters and the public are included. All costs must be charged to an appropriate incident number.

### Personal Services

Regular personal services charges (including personnel costs) for:

- Temporary, permanent seasonal, permanent part-time and other non-permanent personnel not funded in the fire suppression preparedness component\*
- All permanent full-time personnel not funded in the preparedness component\*
- Emergency hire personnel
- State, federal, and local government cooperator personnel
- Emergency firefighter (EFF) personnel

\*Applicable administrative fiscal management procedure will apply depending on the specific situation. (IPO, RP, CH8, etc.)

### Overtime/Standby/Hazard Time

Overtime/standby/hazard pay for positions funded by the preparedness component may be paid from the suppression activity component when working directly in support of a specific incident identified by an authorized charge code. Incident Commander, Duty Officer, or Line Officer approval required.

### Travel

Meals, lodging, and transportation expenses to and from an incident are chargeable to the specific incident number. Employees will be subsisted on the incident at State expense. Transportation costs, including costs associated with the temporary assignment of interagency cooperator personnel and equipment are coded to the specific incidents.

### Contractual Services

Costs for hiring, rental, contracting for specialized services, equipment, or personnel for wildland fire suppression can be charged to the specific incident.

### Supplies and Materials

All supplies and materials used in the fire suppression effort will be charged to the specific incident. If supplies and materials are stockpiled in anticipation of need on a specific incident, they will be obligated against that incident. Subsequently, if supplies and materials are used on another incident, then the original incident cost will be reduced and the new incident charged for the supplies and materials.

### Critical Component Repair and Replacement

Capital asset repair (or replacement if the cost of repair exceeds the current replacement value) is an allowable expenditure if the need for repair is directly attributed to fire activity or if the need for repair and/or replacement could not have been planned in an upcoming budget cycle. All expenditures must be charged to an established charge code. Chief of Fire & Aviation approval is required.

### Federal, Canadian, and Northwest Compact Support

Regular time, overtime, standby and hazard pay for all permanent seasonal, permanent part-time, permanent fulltime, EFF, and temporary personnel engaged in suppression activities and/or support activities on federal or Canadian lands or in states or provinces through the Northwest Compact are reimbursable from the suppression activity component. All regular time may be paid from the suppression activity component through appropriate administrative procedures.

### Duration of Charges

Obligations for direct suppression action are authorized throughout the year. Obligations begin as soon as an incident is reported and end when all activity associated with the incident is completed.

### Support

Support costs incurred by off-site personnel dedicated to the incident (warehousing, dispatching, procurement, equipment repair shops, administrative services, Geographic Information System (GIS), mapping and photogrammetric services) can be obligated to the suppression activity component.

### Equipment and Vehicles

- Variable costs for use of dedicated State equipment and aircraft, along with leased or rented aircraft and equipment and associated support costs will be charged to specific fire incidents.
- Expenditures for repair or replacement of lost or damaged equipment due to a fire incident may be charged to this component.
- Reimbursed funds received from Risk Management for lost, stolen or damaged equipment will be credited to the suppression activity component if the equipment was procured with fire suppression activity component funding.
- Exhausted specialized fire equipment may be replaced with written authorization of the Chief of Fire & Aviation.
- Costs for state fleet vehicles assigned to a specific incident on an incidental basis for fire suppression support are authorized expenditures to the suppression activity component. The operating rate will be charged based on the number of days assigned.

### Suppression Damage Rehabilitation

Repair of damages caused by suppression activities can be charged to the activity component incident number. This includes but is not limited to repair or replacement of fences, water barring of control lines, emergency seeding of disturbed soils and other related damages.

## **MISCELLANEOUS AUTHORIZED EXPENDITURES**

### Search and Rescue

The Department of Public Safety (DPS) has primary responsibility for search and rescue activities in Alaska. When actual emergencies threaten human life, DOF will respond to assist DPS within the existing capability of equipment, personnel and training. If an agreement, or an IPO RSA Encumbrance exists between the DOF and DPS, costs for requested support for search and rescue will be charged to that specific RSA or billed according to provisions in the agreement. If an IPO or agreement does not exist, costs will be charged to the suppression activity component and recovered from DPS through administrative coordination. State Duty Officer notification required.



The DOF will also participate in search missions for downed aircraft organized and conducted by the State Troopers, Civil Air Patrol or Rescue Coordination Center within the existing capability and availability of the DOF aviation section. The same provisions for administrative cost recovery will apply. State Duty Officer notification required.

#### All Risk Incident Support

DOF will support the Division of Emergency Services (DES) on all risk incidents as available. State Duty Officer notification required. Costs associated with this activity will be charged to an activity charge code and recovered from DES through the IPO RSA Encumbrance process.

#### Legal Actions

Costs associated with administrative, tort actions or court cases requiring subsequent action may be charged to the specific incident at any time. Chief of Fire & Aviation approval is required.

#### Claims

Payment of valid claims created by the suppression activities or support effort will be charged to the appropriate incident charge code. Regional Forester approval is required.

#### Cooperator Support

The Division has no control over the fluctuations in preparedness services obtained from its federal cooperators. Temporary cost increases for support or services obtained will be authorized expenditures from the suppression activity component. If these additional costs are deemed to be a long-term increase in preparedness costs, the increased costs will be moved to the suppression preparedness component.

Local government cooperators not having the ability to purchase wildland fire supplies and equipment directly from federal General Services Administration (GSA) may purchase through the DOF. The cost for these supplies will be charged to a suppression activity component charge code and the costs recovered from cooperators through a direct billing process. Fire Support Forester approval required.

#### Commissary

Commissary purchases are chargeable to the appropriate fire incident number. Costs for commissary items will be recovered from employees through payroll deduction.

#### Emergency Firefighter Village Crew Support

Advanced training support, specialized equipment, transportation and other support costs may be authorized expenditures to the activity component. Written justification and Chief of Fire & Aviation approval is required.

#### Emergency Fire & Aviation Program Activities

Unanticipated and non-recurring projects critical to the mission of the Division may be charged to the activity component. Written justification and Chief of Fire & Aviation approval is required.

#### Declaration of Disaster Emergency

If budgeted suppression activity component funds are depleted, the DOF will prepare a request for Declaration of Disaster, coordinate with Alaska Division of Emergency Services and forward the Declaration through the DNR Commissioner to the Office of Management and Budget who will seek the Governor's signature. This Declaration, when signed by the Governor, will provide funding for continuing action within the framework and intent of the suppression activity component.



### National All-risk Support

The Division may be requested to assist on national all risk incidents declared disasters by the President of the United States. All costs associated with declared disasters will be charged to a suppression activity charge code and recovered through a billing process between the State of Alaska and the U.S. Forest Service.

### Federal Emergency Management Agency (FEMA) Disaster Fires

Wildland fires that meet the criteria for FEMA assistance will be tracked through a separate charge code and authorized costs will be recovered from FEMA. The State Fire Operations Forester is responsible for initiating the FEMA Disaster Fire Declaration process.

## Chapter 16 – Land Use and Facility Rental Agreements

### PURPOSE

This chapter provides information on acquiring the use of land and/or facilities for use in emergencies.

### NOTE

Because Federal funds are often involved in paying some or all the costs of all-risk incidents, all vendors must certify that they are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation by completing the [Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions](#) (Form 3).

### LAND USE AND FACILITY RENTAL AGREEMENTS

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

- Fair market rental rates for 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, Incident Commander (IC), the Finance Section Chief or Procurement Unit Leader depending on their Delegation of Authority.

## **FINAL FIRE FINANCE PACKAGE**

The incident will submit the final finance package to the Incident Area office.

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

#### **Timesheets**

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

Single resources filed alphabetically - CTR's filed chronologically.

#### **Injury Files**

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

#### **Claims**

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

#### **Equipment Procurement**

Original equipment logs

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

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

#### **Land/Facility Use**

Other agreement files - Original agreement, pre-/post- photos, documenting of any potential claims.

## **LAND USE AGREEMENTS CHECKLISTS AND GENERAL GUIDANCE**

(See Appendix C)

### **CLAIMS**

Any damage claims under an Emergency Facilities and Land Use Agreement will follow the claims process outlined in Chapter 11.

**EMERGENCY FACILITIES & LAND USE AGREEMENT**

INCIDENT AGENCY (name, address, phone number)	<div style="text-align: right;">Page ____ of ____</div> <div style="text-align: center;"> <b>AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT</b>            AGREEMENT NUMBER         </div>	
OWNER (name, address, phone number-include day/night/cell/fax)  DUNS: EIN/SSN: PAYMENT ADDRESS:[ ] Same as above, or _____ _____	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">           EFFECTIVE DATES            a. beginning _____ b. ending _____         </div> INCIDENT NAME:  INCIDENT NUMBER:  RESOURCE ORDER NUMBER:	
TYPE OF CONTRACTOR ("X" APPROPRIATE BOXES) <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED		
The owner of the property described herein, or the duly appointed representative of the owner, agrees to furnish the land/facilities for use as _____		
<u>DESCRIPTION OF LAND/FACILITIES:</u> Address or specific location. If street or highway address is unavailable, use distance from nearest city, crossroads, or other significant landmark. The local description of how to get to the land/facilities is also acceptable. _____ _____ _____ _____ _____		
Borough: _____ State: _____ Private: _____		
<u>ORDINARY WEAR AND TEAR:</u> Ordinary wear and tear is based on the customary use of the land/facilities, and not the use resulting from the incident.		
<u>RATE:</u> ( ) Monthly Rate: For each month or portion of a month that the land/facilities are used, Division of Forestry will pay the rate of \$_____ per month. Ordinary wear and tear is included in the rate. ( ) Daily Rate: For each day, or portion thereof, that the land/facilities are used, Division of Forestry will pay the rate of \$_____ per day not to exceed \$_____. Payment shall be in accordance with the State of Alaska payment procedures, payment will be made at the end of the agreement period. Payment for a lesser period shall be prorated based on a month being 30 days and rounded to the nearest dollar.		
<u>UTILITIES AND SERVICES:</u> (check only one) [ ] The above rate includes utility charges for the following: <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> WATER <input type="checkbox"/> TOILET SUPPLIES <input type="checkbox"/> JANITORIAL SERVICES & SUPPLIES <input type="checkbox"/> TRASH REMOVAL <input type="checkbox"/> SEPTIC SERVICE <input type="checkbox"/> EXISTING TELECOMMUNICATIONS [ ] The above rate excludes utility charges. The Government will pay to the owner the sum determined due by the Contracting Officer based on: _____		
<u>RESTORATION:</u> Restoration beyond ordinary wear and tear. (check only one) [ ] The above sum includes Division of Forestry restoration of land/facilities. The Division of Forestry shall restore the owner's land to the condition immediately prior to Government occupancy, as identified in the pre-inspection Restoration shall be performed to the extent reasonably practical. Restoration work includes: _____ [ ] The above sum excludes restoration of land/facilities. Reasonable costs incurred by the owner in restoring land/facilities to their prior condition shall be submitted to the Contracting Officer. Owner shall document restoration to be accomplished at the time of the post-use inspection: the Division of Forestry will document on the post-use inspection. Other - describe in detail: _____		
<u>ALTERATIONS:</u> The Division of Forestry may make alterations, attach fixtures or signs, erect temporary structures in or upon the land/facilities, install temporary culverts, trenching for utilities, which shall be the property of the Division of Forestry. Alterations will be removed by the Division of Forestry after the termination of the emergency use, unless otherwise agreed.		
<u>ORAL STATEMENTS:</u> Oral statements or commitments supplementary or contrary to any provisions of this Agreement shall not be considered as modifying or affecting the provisions of this Agreement.		
<u>CONDITION REPORTS:</u> A joint pre and post-use physical inspection report of the land/facilities shall be made and signed by the parties; the purpose of the inspections shall be to reflect the existing site condition. Refer to attached Checklists		
<u>OTHER:</u> Describe in detail: _____		
<u>CHECKLIST(s):</u> See Supplement.		

Fill in the following drawing showing the land/facilities under agreement. Include buildings, roads, paved areas, utility lines, fences, ditches, landscaping and any other physical features which help describe the area.

OWNER / OWNER'S AGENT SIGNATURE:	DATE:	CONTRACTING OFFICER'S SIGNATURE:	DATE:
PRINT NAME AND TITLE:  PHONE NUMBER (if different from Owner's)		PRINT NAME AND TITLE:  PHONE NUMBER:	

PRE-USE INSPECTION: Description or photos (no digital) or condition immediately prior the State of Alaska's occupancy. Refer to attached checklist.

Owner/Agent: \_\_\_\_\_  
(Print Name)

Contracting Agent: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

POST-USE INSPECTION: Description of photos (no digital) or condition immediately following the Government's occupancy.

TOTAL AMOUNT DUE \$\_\_\_\_\_

**LOSS, DAMAGE or DESTRUCTION:** The Government will assume liability for the loss, damage or destruction of land furnished under this Agreement, provided that no reimbursement will be made for Loss, Damage, or destruction when due to (1) ordinary wear and tear, or (2) the fault or negligence of the owner or the owner's agent(s).

TERMS AND CONDITIONS: This Agreement is subject to AAM 35.120, the authority for which is found in Alaska Statute 37.05.285.

RELEASE OF CLAIMS STATEMENT: Contract release for and in consideration of receipt of payment in the amount shown in 'total amount due'. Contractor hereby releases the State of Alaska from any and all claims arising under this agreement except as reserved in remarks.

REMARKS:

Owner/Agent: \_\_\_\_\_  
(Print Name)

Warranted Contracting Officer: \_\_\_\_\_  
(Print Name)

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**TEMPORARY EMERGENCY LAND PRE- AND POST- USE INSPECTION REPORT**

Page 1 of \_\_\_\_\_

Agreement No:

Pre-Use Inspection:

Owner/Agent: (Print Name)

Government Representative: (Print Name)

Signature:

Signature:

Title:

Title:

Date:

Date:

Business Phone:

Mailing Address:

Cell phone:

Business Phone:

Cell Phone:

**Certification Regarding Debarment,  
Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant's responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ THE INSTRUCTIONS ON THE  
FOLLOWING PAGE WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this bid, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the Statements in this certification, such prospective participant shall attach an explanation to this Proposal.

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Name and Title of Authorized Representative

---

Signature

---

Date

1. Is this company enrolled in the Federal System for Awards Management (SAM)?    YES      NO
2. If Yes, please provide either the DUNS Number \_\_\_\_\_ or  
the Cage Code \_\_\_\_\_.
3. If No, the company must be enrolled in SAM before a contract can be signed or payment made on a contract involving Federal funds. Failure to do so will result in cancellation of the contract.



## Instructions for Certification

1. By signing and submitting this Proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this class is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this Proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "Proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this Proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this Proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this Proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

A complete detailed description of the facility, including specific location and boundaries.

What is the acceptable method of tracking use of facility (shift ticket, sign-in sheet, etc.)?

- a) \_\_\_\_\_ Number of rooms? (What's the condition of room?)
- b) \_\_\_\_\_ Gym (What's the condition of the floor? Do we have to provide a floor covering?)
- c) \_\_\_\_\_ Custodial Services (Who provides - IMT or vendor?) General clean-up (trash removal, final janitorial services, floor waxing, etc.)
- d) \_\_\_\_\_ Use of showers (Included in rental charge or separate?)
- e) \_\_\_\_\_ Government furnished supplies vs. Contractor furnishes supplies.
- f) \_\_\_\_\_ Phones/internet Access (Ability to install more lines and who installs?)
- g) \_\_\_\_\_ Copiers/fax machines (Are we allowed to use? How will reimbursement be made? Can supplies be used? What about final maintenance?)
- h) \_\_\_\_\_ Kitchen (Can we use or will it be restricted?)
- i) \_\_\_\_\_ Keys, Access (Door locked/unlocked? Who will control the keys?)
- j) \_\_\_\_\_ Security (Will someone be available 24 hours a day? Who is responsible to provide the security?)
- k) \_\_\_\_\_ Sleeping Areas (How will they be tracked?)
- l) \_\_\_\_\_ Period of Availability (Will there be any events that will preclude the use of the facility?)
- m) \_\_\_\_\_ AC/Heater (Operational or available?)
- n) \_\_\_\_\_ Sprinkler System/Smoke alarm
- o) \_\_\_\_\_ Reduce/increase cost when camp changes (i.e., from Type 1-2-3 teams). Reduce number of rooms needed, area needed, buildings needed, etc.)
- p) \_\_\_\_\_ Terminate agreement and initiate new agreement when transferring from Type 1-2-3 teams.
- q) \_\_\_\_\_ Adjacent land (i.e., parking, ball field, etc.)
- r) \_\_\_\_\_ Pumping of septic systems (feasible to use system or rely solely on port-a-potties?)

## Land Use Agreement Negotiated Rate Suggestions

Category	Forest Service	ODF	DNR	Comments	Restoration
Bare Land Staging Drop Point Overflow Parking	\$50- \$100/day	\$50/day  ODF rates include any anticipated rehab restoration costs	\$50/day - \$100.00	<ul style="list-style-type: none"> <li>• Ask about the taxes on the land/USFS only</li> <li>• Don't pay more than what the taxes are for a year (generally)/USFS only</li> <li>• Try to put a cap; not to exceed X per month or X per incident</li> </ul>	<ul style="list-style-type: none"> <li>• Tilling about \$100 per Ac</li> <li>• Seed \$50-70 per Ac</li> </ul> <p>ODF - Damages occurring during an incident are dealt with through State Risk Management. Contact the Local ODF District</p>
					<p style="text-align: center;"><b>Watch outs</b></p> <ul style="list-style-type: none"> <li>• Septic Systems</li> <li>• Gates</li> <li>• Sprinklers</li> <li>• Ownership</li> </ul>
Gray Water Disposal	Usually fixed/commercial city rate  \$.12/1,000 gallons \$.50/1,000 gallons	\$.15/gallon  Usually fixed/commercial rate per gallon. Equipment Often will include grey water dump costs	Contractor is responsible for disposal, if a cost is associated the Contractor shall provide an invoice verifying date, time, amount of grey water disposed	<ul style="list-style-type: none"> <li>• Usually a fixed rate that is established to dispose of grey water</li> <li>• Some places will allow you to use grey water for dust abatement</li> <li>• Most places will make you dispose at a city/county site</li> <li>• Mostly governed by other city/county/government agency</li> <li>• Easier to have grey water equipment dispose &amp; provide us with an invoice</li> <li>• Many require an account to</li> </ul>	N/A
					<p style="text-align: center;"><b>Watch outs</b></p> <ul style="list-style-type: none"> <li>• Is this truck supporting other incidents</li> <li>• Do the drivers know where they are dumping</li> <li>• Who is keeping track of the gallons dumped</li> <li>• How will dumping fees be paid</li> <li>• Taxing older systems, set a max dumping estimate</li> </ul>

## Land Use Agreement Negotiated Rate Suggestions

				be set up	
Non Potable Water (Tactical Water Needs)	\$.01/gallon \$2 or \$3 per 1,000 gallons	Commercial rate for Tender usually a daily rate		<ul style="list-style-type: none"> <li>•Can be hard to measure</li> <li>•Can measure by tender load/load counts</li> <li>•Daily rate is easier for payment tracking unless there is a meter</li> </ul>	N/A
					Watch outs
					<ul style="list-style-type: none"> <li>• Gates</li> <li>• Use Restrictions</li> </ul>
					<ul style="list-style-type: none"> <li>• Ownership</li> </ul>
Potable/City Water	Usually fixed/com mercial rate \$.01 per gallon or \$30 per load \$.75/1,000 gallons \$20.00/1,000 gal	Usually fixed rate est. by city/county Often metered	Negotiate water rates at time of hire. If purchased commercially market rate will be used, receipts are required to reimburse	<ul style="list-style-type: none"> <li>•Easier to track, can look at market rates</li> <li>•City can put a meter on to track water usage</li> <li>•Just one or two loads, keep track on log and measure</li> <li>•ODF - usage log may be required to support cost (shift ticket)</li> </ul>	N/A
					Watch outs
					<ul style="list-style-type: none"> <li>• Which meter is yours</li> <li>• Good initial/ final meter reading</li> <li>• Making sure the backflow is returned</li> <li>• Keeping Tactical Trucks out</li> </ul>
Ponds/Dipping Sites	\$50 to \$450/day	Streams, ponds,	Depending on ownership of	<ul style="list-style-type: none"> <li>•Not recommended to keep load counts for payment</li> </ul>	N/A
					Watch outs

## Land Use Agreement Negotiated Rate Suggestions

	Can use 1 cent per gallon for non potable water to estimate daily rate for pond use	lakes are considered "Waters of the State" therefore ODF does not pay for water. However we can pay for access, power for generator to run pump, personnel to provide access etc. we can replenish the water w/tenders	property, State, Federal or private	(cumbersome work) but ok for estimate <ul style="list-style-type: none"> <li>•We don't pay for flowing water; flowing water is not considered to be "owned" by anyone</li> <li>•We can pay for catching water/pump/equipment/access and replacing water</li> <li>•Heli dipping little to no impact, minimal cost or just replace water</li> </ul>	<ul style="list-style-type: none"> <li>•If Helitack are on site what types of support do they need, add to agreement</li> <li>•Ask how quickly pond replenishes itself naturally</li> <li>•Double check on water ownership/easement/special uses permit</li> <li>• Do not overuse pump</li> </ul>
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## Land Use Agreement Negotiated Rate Suggestions

Schools/ Fairgrounds	\$1000 to \$2,000/day (Type 1 & 2 assignments)	Depends on how much of the facility is available for use: rooms, showers, fields, etc. also what impact we will have & pop. of facility ODF rates are to include minimal wear & tear (restoration). Items we can compensate for: Janitorial staff (usually try to add to daily rate)	\$500.00 to \$1,000.00/day  Type 1 & 2 assignments	<ul style="list-style-type: none"> <li>• Lump sum per day not to exceed X per month or X per incident</li> <li>• I've seen a cap not to exceed \$7K or \$8K per month, some as high as \$15K</li> <li>• Consider renegotiate as the number of people in camp decreases</li> <li>• Impact is greatest on the first couple days</li> <li>• Places where property is high, price goes up</li> <li>• Try to include rehab in daily cost if possible</li> <li>• Minimize or discourage gym access whenever possible: gym floor resurfacing is \$\$\$!!!</li> <li>• Avoid rate/per person/per day</li> <li>• It's good to get landowner to sign, even \$50/day in case of restoration costs or do LUA for "no cost" and put into action for liability or restoration as necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Lawns and fields around schools are usually high traffic so fertilizer and water will bring them back to life. Typical \$20 to \$40 per acre for fertilizer</li> <li>• Physical damage ask them to find contractors and provide quotes, pay off that estimate</li> <li>• ODF/Restoration is not a separate item.</li> <li>• Additional charges as Internet</li> </ul> <div style="background-color: #d3d3d3; text-align: center; padding: 5px;"><b>Watch outs</b></div> <ul style="list-style-type: none"> <li>• Additional Room Rates</li> <li>• Restrict Access where you want to keep people out</li> <li>• Janitor or Maintenance fees</li> <li>• Pre inspect everything and document words and pictures</li> <li>• Know the date you have to leave</li> <li>• Try not to use athletic fields if at all possible</li> <li>• Make sure areas that are excluded are clearly marked and communicated</li> </ul>
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## Land Use Agreement Negotiated Rate Suggestions

		Power, water, gas, phones, etc. if used			
Bare Ground/Helibase	\$100 to \$500/day	No Charge to \$1,000 per day consider number / type of aircraft that will be there (i.e. Type 1 Helo/\$100, Type 2 Helo/\$50)  Consider in rate: loss of crops, reseeding etc.	\$150 to \$200/day  \$2,000.00/M	<ul style="list-style-type: none"> <li>• Try to include rehab within daily cost if possible/ODF must include this in the rate</li> <li>• Look at available water source at Helibase site; if water available daily rate may increase</li> <li>• Tenders for dust abatement can be \$1000 to \$1500/day</li> </ul>	<ul style="list-style-type: none"> <li>• Tilling about \$100 per Ac</li> <li>• Seed \$50-70 per Ac</li> <li>• Loss of feed \$100 to \$200 per Ac dependent on crop</li> <li>• Possible hazardous material brought on site.</li> </ul>
	As high as \$1,100 / day with varying types of restoration (and availability of water, use of tenders etc)				
	Organic alpha field \$500/day for 3 acres  *\$400/day				<p style="text-align: center;"><b>Watch outs</b></p> <ul style="list-style-type: none"> <li>• If Helitack are on site what types of support do they need, add to agreement</li> <li>• Work with air ops and landowner if it will turn into a small city</li> <li>• Hidden treasures like old water lines, sprinkler heads, risers</li> </ul>

## Land Use Agreement Negotiated Rate Suggestions

	for 40 acres of bare land				
Helibase - City Municipal	Two or less ships and/or shorter duration: \$100-\$275/day	\$360/day		<ul style="list-style-type: none"> <li>• Consider wrapping fuel/landing &amp; tie down fees into daily rate</li> <li>• Sometimes commercial rental rates already established</li> </ul>	<ul style="list-style-type: none"> <li>• Physical damage ask them to find contractors and provide quotes, pay off that estimate</li> <li>• ODF - All claims go through State Risk Management</li> </ul>
	Three or more ships and/or longer duration: \$200-\$400/day	Consider relationships w/local municipal. & impact to business when coming up w/rate. Use of facilities (i.e. bathrooms, power etc.)			<b>Watch outs</b>
					<ul style="list-style-type: none"> <li>• Como trailers and where they can park</li> <li>• Dust abatement and right sizing tenders on thin asphalt</li> </ul>
State/PUD/County Park for ICP	No cost to camping reimbursement only	\$200-\$650/day (high for Holiday)	\$200.00 - \$500.00/day	<ul style="list-style-type: none"> <li>• Consider lost revenue on camping/full closure</li> <li>• Boat launch access</li> <li>• Security if park not fully</li> </ul>	<ul style="list-style-type: none"> <li>• Negotiate off of historical use for same period for loss revenue</li> </ul>
					<b>Watch outs</b>



## Land Use Agreement Negotiated Rate Suggestions

	State/Coun ty Park: \$500 - \$1200/day			closed/partial public access •Consider number of personnel per site	<ul style="list-style-type: none"> <li>• Make sure other agreements are not already in place</li> <li>• No dual use with public unless barriers exist</li> <li>• Hidden treasures like old water lines, sprinkler heads, risers</li> <li>• If the vault toilets are not part of the deal lock them</li> <li>• Where people are locating/sleeping areas</li> </ul>
Private Land ICP (Usually field)	No Cost to \$800/day 60+ Acres \$1,000/day	No cost to \$1,000/day  Consider # of people and incorp. rehab/rest	\$200.00 - \$500.00/day	<ul style="list-style-type: none"> <li>•Usually heavy restoration (compaction, seeding, lost crop, wood chips etc)</li> <li>•ODF can renegotiate land use agreements as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Tilling about \$100 per Ac</li> <li>• Seed \$50-70 per Ac</li> <li>• Loss of feed \$100 to \$200 per Ac dependent on crop</li> </ul>
					<p style="text-align: center;"><b>Watch outs</b></p> <ul style="list-style-type: none"> <li>• Make sure you are dealing with the owner</li> <li>• Clear any improvements before you do them with the owner</li> </ul>
Day Sleeping (Gym, Community Center, Church, Park)	\$100 to \$250/Day	\$125/day, \$350- \$400/day	\$100.00 to \$300.00/day	<ul style="list-style-type: none"> <li>•Access/ Security</li> <li>•Minimize boots on gym floor</li> <li>•Bathroom/Shower access</li> </ul>	<ul style="list-style-type: none"> <li>• Physical damage ask them to find contractors and provide quotes, pay off that estimate</li> </ul>
					<p style="text-align: center;"><b>Watch outs</b></p> <ul style="list-style-type: none"> <li>• Additional Room Rates</li> <li>• Restrict Access where you</li> </ul>

## Land Use Agreement Negotiated Rate Suggestions

					<p>want to keep people out</p> <ul style="list-style-type: none"><li>• Janitor or Maintenance fees</li><li>• Pre inspect everything and document words and pictures</li><li>• Know the date you have to leave</li></ul>
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### **Schools, Fairgrounds or Other Related Facility Checklist**

- Number of Classrooms
- Gym
- Cleaning/Janitorial/Custodial Services
- Use of Showers
- Government furnished supplies vs. Contractor furnished
- Supplies
- Phones
- Computers
- Kitchen
- Keys, Access
- Security
- Sleeping Areas
- Noxious Weeds
- AC/Heater operational or available
- Sprinkler System
- Reduce/increase costs when camp changes (i.e. from Type I – II – III) (reduce number of classrooms needed, area needed, buildings needed, etc.)
- Other prescheduled/concurrent uses of the facility by owner
- Parking
- Athletic Field

### **DIPPING SITES/PONDS CHECKLIST**

- Fish
- Noxious Weeds
- Water (usage and/or replenishment)
- Water Rights (who owns the water)
- Fences
- Access
- Flight Path
- Livestock/Wildlife
- Loss of Foliage/Crop/Pasture
- Use of pumps or wells
- Impact – amount of drawdown, site disturbance, etc.

## **IC CAMP/HELIBASE CHECKLIST**

- Access – roads, gates
- Noxious Weeds
- Fences / cattle guards / gates
- Livestock
- Flight Path
- Irrigation/Sprinkler System
- Spillage/Hazmat
- Hours of Operation
- Property Impact
- Re-seeding / de-compaction requirements
- Abandonment of improvements
- Specific clean-up requirements (bark, mulch, sawdust, gravel, carpet, etc.)

## **AIRPORTS CHECKLIST**

*Facilities Usage (except for federally funded runways, towers) Check other FAA restrictions.*

- Landing Fee
- Fuel Fee (if Contractor provided)
- Security
- Flight Path
- Hazmat/Spillage
- Parking
- Availability
- Water/Electricity/Phones
- Portable Retardant Plant
- Hours of Operation
- Access
- Check with Air Ops for further concerns

## **LAND/FACILITY RESTORATION CONSIDERATIONS**

- Loss of crop/pasture – how many seasons
- Reseeding / de-compaction requirements
- Noxious Weeds Abatement and Survey
- General clean-up (trash removal, final janitorial service, floor waxing, etc.)
- Re-sod of athletic fields
- Reconditioning floors (of gyms, carpet replacement, etc.)
- Pumping of septic systems (feasible to use systems, or rely solely on port-a-potties?)
- Mending fences damaged during incident

## CONSIDERATIONS FOR DETERMINING RATE

### BEFORE NEGOTIATING RATE:

- Determine ownership of land / facilities o Confirm owner's agent if applicable
- Resources available to confirm ownership
- City or Borough Tax Assessor's Office
- Courthouse
- Private Campgrounds – what are average receipts/revenues for similar time period
- Historical record of rates for use in local area – local rangers may be good source
- Facilities – if facility is abandoned from normal use, consider revenue lost for the activities
- Fairgrounds – were there any events cancelled or rescheduled to make them available?
- Cost of relocating and feeding of stock
- Are there vacant facilities held by other by other agencies that may be available?
- Consider a “not to exceed” rate commensurate with property value
- Sources of market research:
  - Banks
  - Real estate offices
  - Local employees
  - Local assessor offices
  - Local agency lands offices
  - Newspapers
  - Feed store bulletin boards
  - Documentation at local offices from previous incidents