

EQUIPMENT - CHECK-IN SHEET

Request #: E- _____
Checked in by: _____
T-Card completed by: _____
Entered into ISUITES by: _____

RED CARD INFO:

- Red Card
- Certifying Official Name _____

Check-in Date: _____

Check-in Time: _____

Kind: _____ Type: _____ # of people: _____

If bus, crew #: _____

Contractor: _____

Operator Name: _____ **Total # of Operators:** _____

Relief Operator Name: _____

Cell Phone #: _____

Agency: NPS FS BLM FWS BIA CALFIRE STATE PVT OES Local FD (circle one) Other: _____

Home Unit: _____

(5 letter designator)

Demob City/State: _____ Drive time to home base: _____

Vehicle or Equipment ID: _____

HEAVY EQUIPMENT:

Make & Model: _____

Lowboy with equipment? Y or N If YES: E# _____

Lowboy staying at Incident? Y or N

Does equipment have lights for night operations? Y or N

Does equipment have 4 wheel drive? Y or N

WATER TENDERS:

Tank Capacity? _____ Gal

SAWYERS:

Class A Class B Class C (circle one) Swamper's Name: _____

WORK/REST INFO:

What time did you start shift today? _____

Were you assigned from another fire? Y or N

If YES: Original Request #: _____

Name of Incident: _____

What was the first day of your first assignment? _____

14th Day (Last Shift Date): _____

I certify that the information provided is correct: _____