

**ODF IRA
RESOURCE EXTENSION FORM**

RESOURCE and INCIDENT INFORMATION

Company Name: _____ IRA No.: _____

Incident Name: _____ Incident No.: _____ Request No.: _____

EXTENSION INFORMATION

Prior to any extension, the health, readiness and capability of the crew will be considered. The health and safety of incident of incident personnel and resources will not be compromised under any circumstances.

Length of Extension and Last Work Day: _____

Justification (Select One):

- Life and property are imminently threatened,
- Suppression objectives are close to being met, or
- Replacement resources are unavailable or have not yet arrived.

Mandatory R&R Day(s) will be taken on: _____

R&R Instructions (Select One): ***The first two selections are paid at 8 hour guarantee rate.

- Government directed R&R at ICP/Fire Camp ***
- Government directed R&R at specified location away from ICP/Fire Camp *** Travel paid
- Government directed R&R at Contractor DDL/home. Travel paid
- Government allows Contractor to choose R&R location
- Government directed R&R at specified location, but Contractor chooses to R&R elsewhere

If resource travels to DDL after Government directed R&R at ICP/Fire camp, resource forfeits 8 hour guarantee rate for paid travel.

Additional Documentation (if needed): _____

Requested By:

Incident Supervisor: _____ Incident Position: _____
(print/sign legibly) Contact Phone: _____ Date: _____

Approved By:

Contractor/CRWB: _____ Date: _____

Team IC, Deputy IC or OSC: _____
(print/sign legibly) Contact Phone: _____ Date: _____