STATE OF OREGON 2022-2025

Incident Resource Agreement - SECURITY SERVICES

Part B - Additional Terms and Conditions Resource Information & Rate Sheet

General Description of Duties

May include, but not be limited to, security patrol of Incident Command Post, Fire Camp areas and outlying access roads and equipment staging areas. **Services** include:

- Foot patrols, vehicle patrols, and access control to restricted areas
- Screening individuals for authorized entry into Incident facilities and areas
- Response to issues of trespass, disorder, etc.
- Watch for and report violations of safety rules: illegal drugs/alcohol, dangerous weapons, suspected criminal behavior
- Document security events via documentation log, and photo or video formats if available
- Report for daily briefing with Logistics Coordinator (LSC) or their representative
- Cordially answer questions from the public or direct them to the correct source
- Other duties as assigned

Security personnel shall only inform persons of applicable laws or restrictions. They may not arrest or use physical force to detain persons committing violations except to prevent imminent loss of life or serious bodily injury. They shall report violations to security personnel with law enforcement authority to take appropriate action.

Services Do Not Include

- Carrying or use of firearms or any other defensive equipment such as pepper spray, handcuffs, batons, etc.
- Restraining, detaining or apprehending individuals
- Confiscation of illegal or prohibited substances
- Patrolling Adults in Custody camp area unless specifically requested

Security Manager Specific Duties

The Security Manager is responsible for organizing and supervising the Security unit, as well as for providing safeguards needed to protect personnel and facilities from loss or damage. The Security Manager may supervise multiple Security Specialists or contractors. This position reports to the Logistics Section Chief (LSC) and works in the Logistics Section functional area.

Compensation

Rates provided by **Resource Provider** on the **Resource Information and Rate Sheets** (Attachments Section 3) are understood to be 'Wet' Rates, and shall include any equipment, Qualified Operator(s), drivers, fuel, and any required maintenance. Payment shall be at rates specified (unless specified by 'Exceptions' as listed below) and shall be in accordance with the following:

- Daily Rates shall apply when the Resource is ordered by the State and On-Shift. On-Shift includes time the Resource worked, time that the Resource is held or directed to be in a state of readiness, time that the Resource spends at Operational Period briefings, mobilization (Check-in time), and compensable travel that has a specific start and end time.
- **Daily Rate** payment shall be made based on a minimum of eight (8) hours of **On-Shift** work time (per day, between 0001 and 2400 hrs. **On-Shift** work time under eight (8) hours shall be paid at half (1/2) the agreed upon daily rate.
- Extended-Shift time shall be paid 165% of the agreed upon daily rate if worked eighteen (18) hours or more, in a single day, between 0001 and 2400 hrs.

Required Certifications

- Unarmed Private Security Specialist shall hold a current <u>DPSST Private Security Unarmed Professional Certification.</u>
- Unarmed Private Security Manager shall hold a current <u>DPSST Private Security Supervisory Manager Certification.</u>

References

- Qualifications per OAR 181A.855
- <u>Duties, Exemptions and Prohibited Acts OAR 259-060-0015</u>
- DPSST Private Security Program

Exceptions

Security personnel are exempt from PPE requirements as listed in **Resource** Standards, Personal Protective Equipment (PPE), on Part A, Pages 6-7 of this Agreement.

* For Office Use Only *

Resource Information & Rate Sheet SECURITY SERVICES

Resource Provider / Company Name		Company Owne	er(s)
Mailing / Payment Address	City	State	Zip Code
Email Address	Primary Conta	act	Position
Primary Phone Number Secondar	y Phone Other		
Is the mailing address and the Poi	nt of Hire the same? Ye	es No	If no, then complete:
Physical Address	City	State	Zip Code
Are you willing to be dispatched o	, , ,		eck one: Yes No
**Please indicate the distance (in i	miles) you are willing to tra	evel or list 'ANY':	
OPTION 1:	OPTION 2:		OPTION 3:
	Unarmed Private Security	Specialist Unarr	ned Private Security Manager
Unarmed Private Security Specialist	with Vehicle	•	with Vehicle
*List Quantity of Individuals with Law		*List O	uantity of Individuals with Law
Enforcement (LE) Experience:			ement (LE) Experience:
Quantity: Daily Rate:	Quantity: Daily Rate	: Quanti	ty: Daily Rate:
Double Shift Option	Double S	Shift Option	
COMMENTS:			
AUTHORIZATION: The undersigned ac	cknowledges attests and certifi	es individually and or	hehalf of the Resource
Provider, the above information is true, ac	G	•	
registered with OregonBuys. The undersign	-	•	party represented. Any
falsification, omission, or concealment ma	y subject the applicant to liabilit	γ.	
Authorized Company Signature	Printed Name AND Tit	le	Date
,		<u></u>	
State Representative Signature	State Printed Name Al	ND Title	Date