

**STATE OF OREGON**  
**2022-2025**  
**Incident Resources Agreement – Type 2 CREWS**  
**Part B**  
**Additional Terms and Conditions**  
***Resource Information & Rate Sheet***  
**Hand Crew Manifest/Equipment Manifest Inspection Forms**

**General Description of Duties**

The typical work of wildland fire suppression crews is performed utilizing hand tools to construct fire line and using power saws to clear brush. Firefighting crews are often called upon to help construct hose lays that bring water to the fire area. Once the fire has been contained, crews may perform mop-up operations. Type 2 firefighting crews may also be utilized as camp crews to assist in setting up and taking down fire camp, loading and unloading supplies, and completing various type of cleanup.

**During the Term of the Agreement, the Resource Provider shall comply with these additional federal and state regulations:**

[Migrant and Seasonal Agricultural Worker Protection Act](#)  
[Oregon Bureau of Labor Farm/Forest Labor Contractors License](#)

**The Resource Provider shall furnish the following Additional Documentation to the appropriate Incident AGR upon arrival and Check-In at the Incident:**

- ✓ **Resource Order**
- ✓ A copy of this **Agreement (Part A and Part B for Type 2 Crews)**
- ✓ An accurate **Hand Crew Manifest Form**
- ✓ Current Year NWCG approved **Incident Qualification Cards (IQC)** for all Crew Members
- ✓ A **government issued photo identification document** as described below.

**Crew Standards, Position Qualification Requirements and Training**

All **Crew Members** shall meet NWCG standards for wildland fire position qualifications as detailed in [PMS 310-1](#).

Each Type 2 20-person **Crew** shall consist of the following categories of firefighters:

- 1 – **Crew Boss, Single Resource (CRWB)**
  - 3 – **Advanced Firefighter/Squad Boss (FFT1)**
  - 16 – **Firefighter Type 2 (FFT2)** or higher level
- Each **Crew** shall have a minimum of three (3) **Crew Members** that are **Qualified** sawyers for chainsaw operations.
  - Each sawyer under this Agreement shall be certified as Basic Faller (FAL3).
  - Twenty percent (20%) of the Type 2 20-person **Crew Members** shall have completed one **Season** or more of documented firefighting experience.
  - For **FFT1** and **CRWB** trainee positions, only three training positions are permitted for each 20-person **Crew** on each incident assignment.

Each Type 2 10-person **Crew** shall consist of the following categories of firefighters:

- 1 – **Crew Boss, Single Resource (CRWB)**
  - 2 – **Advanced Firefighter/Squad Boss (FFT1)**
  - 7 – **Firefighter Type 2 (FFT2)** or higher level
- Each **Crew** shall have a minimum of two (2) **Crew Members** that are **Qualified** sawyers for chainsaw operation.

- Each sawyer under this Agreement shall be certified as Basic Faller (FAL3).
- Thirty percent (30%) of the Type 2 10-person **Crew Members** shall have completed one **Season** or more of documented firefighting experience.
- For FFT1 and CRWB trainee positions, only one training position is permitted for each 10-person crew on each incident assignment.

Sawyers shall not perform as hazardous tree fallers while under this Agreement. Hazardous trees may include, but are not limited to fire weakened trees, cat-faced trees, leaners, stove pipes (hollowed out), hang-ups, snags with missing/loose/compromised tops.

All **Crew Members** provided under this Agreement shall complete annual training for RT-130 Basic Fireline Safety (including Fire Shelter Deployment) and arduous level Work Capacity Fitness Test (WCFT). Training shall be provided or approved by a certified recognized national or local firefighting training association or public education provider.

All **Crew Members** provided under this Agreement shall arrive at an Incident with a current year **IQC** that identifies the name, qualifications, and annual training completion dates for RT-130 Basic Fireline Safety (including Fire Shelter Deployment) and arduous level Work Capacity Fitness Test (WCFT).

All **Crew Members** shall carry a legal government (state or federal) issued photo identification document while **Under Hire**. The identification shall not be expired by more than 30 days. Documents which satisfy this requirement include a driver's license, passport, or government identification card. A student identification card is not acceptable. Both the **IQC** and the photo identification shall be available for inspection upon arrival at the Incident and upon request thereafter.

Prompt and efficient communications between **Crew Members** and Incident personnel are mandatory for safe and effective performance. At a minimum, all of the **Resource Provider's CRWBs** and **FFT1s** shall be proficient in the English language. In addition, the **CRWB** shall be proficient in all languages used by the **Crew**, and the **FFT1s** shall be able to communicate proficiently in any language used by the **Crew Members** they supervise. The **CRWB** and the **FFT1s** shall also be able to read the **IAP**, Safety Alerts, etc. and communicate the information contained therein to all **Crew Members**. All radio communication on **State**-assigned frequencies shall be in English.

### **Equipment Standards**

#### Vehicles:

Vehicles used on an Incident shall be shown on the **Hand Crew Manifest Form**. **Crew** vehicles provided by the **Resource Provider** for **Crew** transportation may not provide any other service other than for the safe transport of the **Resource Provider's Crews** while **Under Hire**.

#### Sawyers, Chainsaws and Equipment:

Three (3) chainsaw kits are required for each 20-person **Crew**. Two (2) chainsaw kits are required for each 10-person **Crew**. Each kit shall consist of a chainsaw (minimum 24-inch Bar and 3.60 cubic inch size motor), chaps, extra chain, chainsaw wrench, and appropriate size round and flat sharpening files. A falling axe and falling wedges are required for bucking downed trees. The **Resource Provider** shall also provide hearing protection and chainsaw chaps to sawyers and ensure that they are worn during saw operations. The chaps shall meet requirements of ATSM F-1897 (current version). Chaps meeting Forest Service 6170-4 meet the ASTM standards and are acceptable. The chaps shall be in good condition and shall cover the full length of the thigh to 2 inches below the top of the boot on each leg to protect the legs from injury due to inadvertent and accidental contact with a moving power chainsaw.

#### Radios:

- The **Resource Provider** shall supply a minimum of four (4) multi-channel programmable hand-held radios, per crew (either 10 or 20 person), with one programming or cloning cable, if necessary, to facilitate communications between **IMT** personnel and the **Crew**. Authorized radios are listed on the [NIFC Wildland Fire Communications](#) link.
- Radios shall be capable of communicating within a frequency range from 148 MHZ to 174 MHZ on established federal and **State** frequencies.
- For each **Crew**, every supervisory position shall have a programmable hand-held radio. **Resource Providers**

shall have the capability to program their radios upon arrival and as may be required at the incident. The **Resource Provider** shall not use the firefighting frequencies or USFS frequencies for other than fire suppression activities.

- The **Resource Provider** shall comply with all [National Telecommunications and Information Administration \(NTIA\)](#) rules and regulations on all federal incidents and with all [Federal Communications Commission \(FCC\)](#) rules and regulations on **State** Incidents.

#### Hand Tools:

The **Resource Provider** shall ensure that each **Crew** arrives with the type and number of tools and equipment specified in the following Table. The **Resource Provider** shall ensure that the tools are operable, in good condition, and meet the following minimum standards. The **State** may allow 24 hours for the **Resource Provider** to replace equipment or resolve issues of non-compliance.

| HAND TOOLS                             |  |                 | TOOL COMBINATION REQUIRED             |                                       |
|--|--|-----------------|---------------------------------------|---------------------------------------|
|  |  |                 | 10-PERSON CREW                        | 20-PERSON CREW                        |
| Combi/ Rheinhardt/ Hazel Hoe or McLeod | 3 lb. Head   | 36" Handle      | 04                                    | 08                                    |
| Pulaski                                | Head weight shall not be less than 3 lbs. 11 oz. nor more than 4 lbs. 2 oz.                            | 36" Handle      | 05                                    | 10                                    |
| Shovel                                 | Size 0 or 1, Round Point   | Long Handled    | 04                                    | 08                                    |
| Chainsaw (For line construction only)  | With Fuel & Oil and Kit  | Minimum 24" bar | 02                                    | 03                                    |
| 10-Person Belt First Aid Kit           | ANSI # Z308.1 Current Standards  |                 | 01                                    | 02                                    |
| Fire Extinguishers                     | For each chainsaw – 8 oz. minimum capacity by weight<br>For each Vehicle – UL rating of at least 4. BC |                 | 01 per chainsaw<br><br>01 per Vehicle | 01 per chainsaw<br><br>01 per Vehicle |

#### Personal Protective Clothing (Shirt and Pants):

Each **Crew Member** shall have a minimum of two (2) full sets of fire-resistant shirts and pants certified to NFPA 1977 standards.

#### **Compensation**

- The **State** will not provide **Subsistence** for any **Crew-day Under Hire** of less than 8 hours.
- Travel time for under strength **Crews** or replacement of **Crew Members** will be paid as follows:
  - If a **Crew** arrives at an Incident without the required number of **Crew Members**, and the **State** chooses to hire the **Crew**, the **Point of Hire** will be the Incident and no travel time to the Incident will be paid. In addition, travel time to the Incident will not be paid for additional **Crew Members** necessary to complete a **Crew**. The **State** will pay return travel time for all **Crew Members** to return to the **Point of Hire**.

- At time of dispatch, if the **State** accepts a **Crew** consisting of less than 20 persons (for a Type 2 20-person **Crew**) or less than 10 persons (for a Type 2 10-person **Crew**) and the approval is documented on the **Resource Order**, travel time for the **Crew Members** will be paid by the **State**.
- If a **Crew Member**, or **Crew** is terminated, quits, or otherwise is released from an incident for any reason, the **Resource Provider** is responsible for returning the **Crew Member** or **Crew** to the **Point of Hire** with a departure time from the Incident Command Post (ICP) within the time specified by the **AGR**. If the **Resource Provider** does not act in a timely manner (i.e., **Crew Member** does not depart from the ICP for return to **Point of Hire** within the specified time period), the **IMT** has authority to transport the **Crew Member** or arrange transportation for such **Crew Member** and to deduct all such transportation costs from the **Resource Provider's** compensation.

#### Special Circumstances

- Check-in time is compensable.
- Check-out time is not compensable.
- Meal Periods are non-compensable, with the exception that **Resources** on the fire line may be compensated for their meal period only if all of the following conditions are met:
  - ✓ The fire is not controlled,
  - ✓ The **IMT** 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 **IMT** and is documented on the shift ticket.
    - In those situations where the **Resource** cannot be relieved from performing work and shall 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 shift ticket. Proper documentation includes a written **Statement**, such as "Paid Meal Break." If not documented, no meal period will be paid, and a meal break (if not shown) will be deducted from the total time submitted.
    - After control of the fire, a meal period of at least 30 minutes shall be ordered and taken for each work shift and shall be clearly shown on the shift ticket.
- Shift Briefing – The **State** will only compensate the **Resource Provider** for the attendance of the CRWB at daily operational briefings. If a **Crew** is directed to a location for shift briefing during travel to an assignment, all **Crew Members** will be compensated while **On-Shift**, as documented on the shift ticket.
- Shift Guarantee – The **Resource Provider** shall be paid a minimum guaranteed payment for each calendar day the **Crew** is **Under Hire**. The Guarantee Rate will be calculated as follows:
  - 8 hours x number of **Crew Members** x Hourly Rate from the **Resource Information & Rate Sheet**
    - For the first day of dispatch and last day when released from the Incident, the **Resource Provider** will be compensated for only the actual hours worked including travel time.
    - The minimum guaranteed payment does not apply if the **Resource Provider** cancels a confirmed dispatch at any time; or if the **Resource Provider** or the **Crew** is in default with the terms of the Agreement or if the **Crew** is unable to perform part or all of its designated shift/hours. In such event, only actual **On-Shift** hours will be paid.
- Call-Back - The **State** shall compensate the **Resource Provider** for one (1) hour call-back time if **Resource** availability has been confirmed by the **Resource Provider** and is then canceled by the **State** before the **Resource** leaves the **Point of Hire**. Payment will be made on the basis of the verified **Crew** strength. If the **State** cancels the order while the **Resource** is in travel status, the **State** will compensate the **Resource Provider** according to the actual travel time (but no less than one (1) hour).
- Noxious Weed Control - Time spent by the **Crew Member** performing this task is considered **On-Shift** time. (Not all **Crew Members** will be considered **On-Shift** if the task is not required while the **Crew** is in travel status.)
- Severity/Preparedness Assignments - The **Resource Provider** will be compensated at the Hourly Rate contained in the **Resource Information & Rate Sheet** for each hour worked by each **Crew Member** when a **Crew** is (a) **Under Hire** and (b) **On-Shift**.

#### **Dispatch and Assembly**

Whenever there is a change of information on the **Hand Crew Manifest Form**, including an incident reassignment, a new **Hand Crew Manifest Form** listing the changes shall be presented to the appropriate Incident **AGR** (finance section, and ICPI if applicable).

The **Resource Provider** shall complete the **Hand Crew Manifest Form** as follows: Line 1 shall list the CRWB, lines 2, 11 and 20 shall list each **FFT1**. The **Hand Crew Manifest Form** shall contain only the 20 **Crew Members** assigned to the incident and shall at all times match the shift tickets submitted at the incident.

The **State** reserves the right to order or accept, 20-person **Crews** consisting of less than 20 persons, or 10-person **Crews** consisting of less than 10 persons, as specified at time of dispatch, and as documented on the **Resource Order**. The **Resource Provider** shall maintain agreed upon **Crew** strength until the **Crew** is released from the Incident by the **State**. At no time will a **Resource Provider** send a **Crew** without the required supervisory and sawyer positions as stated in this Agreement.

If at any time while assigned to an Incident, **Crew** strength is reduced to less than 20 **Crew Members** (or the number that was agreed upon at time of dispatch), the **State** may allow **Resource Provider** to continue working and to bring **Crew** strength back to the agreed upon number within 24 hours. During **Crew Member(s)** absence, the **Resource Provider** will be compensated only for each hour worked by each remaining **Crew Member** as listed on the shift ticket.

If **Crew** strength is not brought back to the agreed upon number within the time allowed or is reduced below 18, the **State** reserves the right to demobilize the **Crew** and may take additional steps as the **State** deems to be appropriate for the noncompliance.

#### **Length of Assignment**

Generally, **Crew** assignments are limited to 14 days or less, exclusive of travel from and to **DDL**, except for **Severity/Preparedness Assignments**. Time spent in staging and preposition status counts toward the 14-day limit, regardless of pay status. The **State's** normal practice will be to demobilize a **Crew** from an Incident after the fourteenth (14<sup>th</sup>) day of an assignment.

Upon demobilization, the **Crew** will return to its **DDL** for two mandatory days off. The days off shall occur immediately following the return arrival at **DDL** and be no less than 48 consecutive hours in length. The **Resource Provider** shall not replace **Crew Members** to avoid demobilization of a **Crew** for Length of Assignment requirements.

The **State** may not reassign the **Crew** and **Resource Provider** may not report that **Crew's** status as *Available* in IROC during the mandatory 48-hour rest period after the **Crew's** return to its **DDL**. The **State** may assign the **Crew** to a new Incident following the mandatory rest period. In such new assignments a new fourteen (14) days, not including the travel time to the Incident, will begin.

**Crews** are not entitled to paid days off upon release from an Incident. However, when **Crews** are directed to their **DDL** for days off while still **Under Hire**, the **State** may pay the Guarantee Rate as outlined in the Shift Guarantee section of this Agreement.

If **Resource Provider's Crews** are allowed or directed to take mandatory days off at an Incident camp or an assigned facility and the **Crews** choose not to use the facility, the Guarantee Rate will not apply.

#### Assignment Extension

The **State** may retain a **Crew Under Hire** after the fourteenth (14<sup>th</sup>) day of an assignment. Prior to extending **Resources** after the initial 14-day assignment, **Resource Provider** and the **State** shall consider health, readiness, and **Crew** capabilities; and shall endeavor not to unduly compromise the health and safety of Incident **Resources**. Assignments may be extended when life and property are imminently threatened, suppression objectives are close to being met, or replacement **Resources** are unavailable or have not yet arrived.

Upon completion of the standard 14-day assignment, an extension of up to an additional 14 days may be allowed (for a total of up to a maximum of 30 days, inclusive of mandatory days off, and exclusive of travel). Regardless of extension duration, two mandatory days off will be provided prior to the 22<sup>nd</sup> day of the assignment.

If a **Crew** is required to remain in camp, compensation while the **Crew** is on mandatory days off prior to the 22<sup>nd</sup> day of the assignment and while the **Crew** remains **Under Hire** will be the Guarantee Rate as outlined in the Shift Guarantee section of

this Agreement. Assignments may be extended only upon a documented and signed Optional Extension Form. Upon demobilization, regardless of extension duration, the **Crew** shall return to its **DDL** for two mandatory days off.

## **Resource Information & Rate Sheet**

### **TYPE 2 FIREFIGHTING CREWS**

|                                  |                 |                  |          |
|----------------------------------|-----------------|------------------|----------|
|                                  |                 |                  |          |
| Resource Provider / Company Name |                 | Company Owner(s) |          |
|                                  |                 |                  |          |
| Mailing / Payment Address        | City            | State            | Zip Code |
|                                  |                 |                  |          |
| Email Address                    | Primary Contact | Position         |          |
|                                  |                 |                  |          |
| Primary Phone Number             | Secondary Phone | Other            |          |
|                                  |                 |                  |          |

|  |      |       |          |
|--|------|-------|----------|
| Is the mailing address and the Designated Dispatch Location (DDL) the same? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, then complete: |      |       |          |
|  |      |       |          |
| DDL Address  | City | State | Zip Code |

|   |
|---|
| <b>Are you willing to be dispatched out of your local geographic area? Please check one:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>**Please indicate the distance (in miles) you are willing to travel or list 'ANY':</b>   |

|   |                        |                        |                  |   |   |
|---|------------------------|------------------------|------------------|---|---|
| Please complete an <b>Attachment A: Resource Information &amp; Rate Sheet</b> form for each crew being submitted.   |                        |                        |                  |   |   |
| <table style="width: 100%;"> <tr> <td style="width: 30%;"><u>CREW TYPE:</u></td> <td style="width: 30%;">           10 Person<br/>           20 Person         </td> <td style="width: 40%;">Camp Crew Option</td> </tr> </table> | <u>CREW TYPE:</u>      | 10 Person<br>20 Person | Camp Crew Option | <table style="width: 100%;"> <tr> <td style="text-align: center;"> <u>Hourly Rate</u><br/> <u>Per Person</u> </td> </tr> </table> | <u>Hourly Rate</u><br><u>Per Person</u> |
| <u>CREW TYPE:</u>   | 10 Person<br>20 Person | Camp Crew Option       |                  |   |   |
| <u>Hourly Rate</u><br><u>Per Person</u>   |                        |                        |                  |   |   |

**DO NOT submit Crew Member IQCs to the PCSU during the application process. All Crew Members will be subject to inspection of IQCs, and government issued photo identification upon arrival at an Incident.**

|  |                              |      |
|--|------------------------------|------|
| <b>AUTHORIZATION:</b> The undersigned acknowledges, attests, and certifies individually and on behalf of the Resource Provider that the information contained herein is true, accurate and complete, and the required supplemental documentation is attached. Any falsification, omission, or concealment may subject to liability. The Resource Provider is bound by and shall comply with all provisions, terms, conditions, and requirements of this Agreement, including all Addendums, Attachments and Exhibits, and is authorized to perform Services in the state of Oregon. The Resource Provider acknowledges that company and Resource performance history, industry durability and rates offered may affect dispatch priority order of resources. |                              |      |
|  |                              |      |
| Authorized Company Signature   | Printed Name AND Title       | Date |
|  |                              |      |
| State Representative Signature   | State Printed Name AND Title | Date |

| <b>HAND CREW MANIFEST FORM</b> |               |     |     |                          |                          |                              |                               |                          |   |  |
|--------------------------------|---------------|-----|-----|--------------------------|--------------------------|------------------------------|-------------------------------|--------------------------|---|--|
| ORDERING UNIT                  | INCIDENT NAME |     |     | INCIDENT NUMBER          |                          |                              | RESOURCE NUMBER<br><b>C-</b>  |                          |   |  |
| CONTRACTOR                     |               |     |     | AGREEMENT NUMBER<br>IRA  |                          | DESIGNATED DISPATCH LOCATION |                               |                          |   |  |
| CONTRACTOR REPRESENTATIVE      |               |     |     | CONTACT PHONE:           |                          | REPORT TO:                   |                               |                          |   |  |
| DEPARTURE                      |               |     |     | INTERMEDIATE STOPS       |                          | DESTINATION                  |                               |                          |   |  |
| PLACE                          |               | ETD | ETA | PLACE                    |                          | PLACE                        |                               | ETD                      | ETA                                     |  |
|                                |               |     |     |                          |                          |                              |                               |                          |   |  |
| CREW MEMBER NAME               |               |     | M   | F                        | CREW MEMBER<br>NUMBER    | INCIDENT<br>POSITION         | SAWYER                        | EMT                      | EXPERIENCE<br>B-R-Y<br>Blue- Red-Yellow |  |
| 1                              |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | CRWB                          | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 2.                             |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT1                          | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 3.                             |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 4.                             |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 5.                             |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 6.                             |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 7.                             |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 8.                             |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 9.                             |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 10.                            |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 11.                            |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT1                          | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 12.                            |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 13.                            |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 14.                            |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 15.                            |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 16.                            |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 17.                            |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 18.                            |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 19.                            |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT2 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |
| 20.                            |               |     |     | <input type="checkbox"/> | <input type="checkbox"/> |                              | FFT1                          | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Yellow |

| <b>DRIVER AND VEHICLE INFORMATION</b> |                      |                |                    |                     |
|---------------------------------------|----------------------|----------------|--------------------|---------------------|
| Driver Name                           | License Number/State | MSPA Exp. Date | Vehicle Make/Model | Vehicle License No. |
|                                       |                      |                |                    |                     |
|                                       |                      |                |                    |                     |
|                                       |                      |                |                    |                     |
|                                       |                      |                |                    |                     |
|                                       |                      |                |                    |                     |

|   |      |
|---|------|
| SIGNATURE AND PRINTED NAME OF AUTHORIZED COMPANY REPRESENTATIVE | DATE |
|---|------|



# ODF IRA TYPE 2 CREW EQUIPMENT INSPECTION FORM

CREW NAME: \_\_\_\_\_

C-  
RO#: \_\_\_\_\_

INCIDENT NAME: \_\_\_\_\_

INCIDENT #: \_\_\_\_\_

AGREEMENT #: \_\_\_\_\_

Y      N  
CREW MANIFEST

# of EMPLOYEES: \_\_\_\_\_

| CREW PERSONNEL   | PERSONAL PROTECTIVE EQUIPMENT   |
|--|---|
| Government Photo ID<br>Employee <b>Incident Qualification Card</b> for each employee | 8" High Leather Lug Sole Boots<br>Flame Resistant Pants/Shirts (2 each)<br>Leather Gloves<br>Helmet w/Chinstrap<br>Eye & Ear Protection<br>Head Lamp w/batteries<br>2 liters of Water<br>Fire Shelter (manufactured after 2006) |

## Section I – Power Saws

|                   | Person Crews |    | Pre-Use |
|-------------------|--------------|----|---------|
|                   | 10           | 20 | #       |
| Chainsaws (F 4.1) | 2            | 3  |         |

|                      |                |
|----------------------|----------------|
| A – Make/Model _____ | Serial # _____ |
| B – Make/Model _____ | Serial # _____ |
| C – Make/Model _____ | Serial # _____ |
| D – Make/Model _____ | Serial # _____ |
| E – Make/Model _____ | Serial # _____ |

| Chainsaw Inspection:                                      | A | B | C | D | E |
|---|---|---|---|---|---|
| Visible Parts Not Broken*                                 |   |   |   |   |   |
| Visible Nuts and Bolts Tight                              |   |   |   |   |   |
| Oil in Gear Case and Chain Oiler                          |   |   |   |   |   |
| Cutting Bar: Straight, Chain in Good Condition*           |   |   |   |   |   |
| Functioning Chain Break*                                  |   |   |   |   |   |
| Exhaust System and Spark Arrester*                        |   |   |   |   |   |
| Motor: Idles Evenly, Runs Smoothly, Satisfactory Power    |   |   |   |   |   |
| Gas/Oil for First Shift                                   |   |   |   |   |   |
| Chaps, Extra Chain, Chainsaw Wrench, File, Ear Protection |   |   |   |   |   |
| Fire Extinguisher for Saws (8 oz. minimum)                |   |   |   |   |   |

\*Safety Item – Do not accept until brought into compliance.

Yes \_\_\_\_\_ No \_\_\_\_\_

## Section II – Equipment

### Programmable Hand Held Radios

|                      |                |
|----------------------|----------------|
| A – Make/Model _____ | Serial # _____ |
| B – Make/Model _____ | Serial # _____ |
| C – Make/Model _____ | Serial # _____ |
| D – Make/Model _____ | Serial # _____ |
| E – Make/Model _____ | Serial # _____ |

### Hand Tools

|   | Person Crews |    | Pre-Use |
|---|--------------|----|---------|
|   | 10           | 20 | #       |
| (Combi/Reinhardt/Hazel Hoe/McLeod - 3 lb head, 36" handle | 4            | 8  |         |
| Pulaski - 3 lb 11 oz - 4 lb 2 oz head, 36" handle         | 5            | 10 |         |
| Shovel - Size 0 or 1                                      | 4            | 8  |         |
| 10-person Belt First Aid Kit                              | 1            | 2  |         |
| Programmable Hand Held Radios                             | 3            | 4  |         |
| Radio Programming Cloning Cable, if needed                | 1            | 1  |         |

Remarks:

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|                              |                               |                               |                            |
|------------------------------|-------------------------------|-------------------------------|----------------------------|
| <b>Inspection:</b>           | Pass <input type="checkbox"/> | Fail <input type="checkbox"/> | Remedy: _____              |
| Date: _____                  |                               |                               | Time: In: _____ Out: _____ |
| Company Rep Signature: _____ |                               |                               | Title: _____               |
| Company Rep Print: _____     |                               |                               | Cell #: _____              |
| Inspector (Print): _____     |                               |                               | Title: _____               |