

2025 Fire Department Manual and Rates



**FORESTRY, FIRE
& STATE LANDS**

State of Utah,

Department of Natural Resources
Division of Forestry, Fire & State Lands

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2025 CHANGES AND ADDITIONS

1. Updated Cooperator Letter (We will update this section when all changes are completed)
2. Added language referencing NWCG Standards for Interagency Incident Business Management, PMS 902
3. Added language that for extended attack equipment not on a FRA should not be on the incident.
4. Added language stating that equipment description in IROC needs to identify the owner of the equipment.
5. Added language clarifying that only if all personnel are listed on Equipment Shift Ticket a CTR is not also required.
6. For prescribed fire and other fire management project work increased the maximum amount that can be billed to \$10,000 per calendar year using the UWRMOU.
7. Added language stating that engines used only for transportation can only bill for mileage.
8. Updated FEPP rate language.
9. Fuel Issue Tickets are required when fuel is not paid via credit card on the incident.
- 10. Updated language regarding mandatory days off after completing a 14 day assignment that allows for 3 mandatory days off to be charged to the incident. (NWCG, PMS 902, SIIBM)**

INTRODUCTION

The Utah Division of Forestry, Fire & State Lands (FFSL or the Division) Fire Department Manual & Rate Book defines the required procedures for wildland fire certification and establishes program requirements. Payment methods are defined for Utah Fire Departments and Districts (FD) and supporting agencies providing services on wildland fires outside their jurisdictional area of responsibility or during extended attack. For the purposes of this document, the term 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 the U.S. Department of Agriculture (i.e. Forest Service).

The described procedures are designed to be used on fire management activities by fire departments and local and county government agencies. As defined in the Cooperative Fire Management Agreement, it is FFSL's responsibility to be the single hiring point for equipment and personnel obtained from Utah FD's for all resources dispatched outside their jurisdictional responsibility.

It is the responsibility of the local FFSL Area Manager (or designee) to establish a Utah Wildfire Resource Memorandum of Understanding (UWRMOU) with fire service organizations for work on wildland fires outside their area of jurisdictional responsibility. A list of FFSL Area offices and contacts is included in this manual. (Reference Section pg 23)

Agencies using equipment or personnel from FD's are responsible for equipment and personnel timekeeping at the incident. **It is the responsibility of the FD to enter fire billings into the Fire Business System, and then submit all original payment documentation from the incident, both personnel and equipment, to the appropriate FFSL Area office for payment.**

When five (5) or more engines are dispatched to an incident, FFSL 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 Fire Rate Agreements (FRA's) are valid and FD resources are familiar with the IMTs procedures, (i.e. timekeeping, caterers, showers, re-supply, etc.). Although Incident Management Teams (IMT) are responsible for keeping time for all cooperators, **ALL original payment packages are to be sent home with the FD for FFSL to audit and issue payment.**

AGREEMENTS

FFSL is a party to the Master Cooperative Wildland Fire Management and Stafford Act Response Agreement. This agreement defines the relationships and procedures for working with Federal Cooperators on wildland fires in Utah. Clause 10 under Section VII, Interagency Cooperation, states, "The local, city, and county fire resources are considered resources of the state." It also directs that, "The state will maintain all required agreements with those entities." FFSL maintains a Wildland Fire Protection Agreement with every county and many towns and cities. If a FD chooses, they may enter into a UWRMOU with FFSL.

The UWRMOU becomes an addendum to the Wildland Fire Protection Agreement with eligible entities as described in 65A-8-203(1)(a). This document provides a mechanism for procurement, use and compensation for FD resources outside their jurisdictional area of responsibility and/or during extended attack on Wildland fires. This procedure is reinforced and restated in the current statewide Operating Plan (OP) to which all wildland fire management agencies in Utah are party. Section 2.1.12 states, "Local fire departments that respond to fires outside their area of statutory authority will establish a UWRMOU with FFSL." Local OPs further define the specific roles and responsibilities of wildland fire management agencies. Each interagency dispatch zone has an OP. Non wildland fire response is not covered by this guide and the agreements in place do not allow for reimbursement on non-wildland fire assignments.

There is limited exemption for Presidential declared emergencies. Contact your local Area office with any questions.

SIGN-UP PROCEDURE

Eligible FDs are to contact the local FFSL Area office. Contact information is listed in the Reference Section of this document. Division personnel will assist the FD in establishing an UWRMOU with FFSL. This UWRMOU defines the roles and responsibilities of each party.

The FD will also develop a Fire Rate Agreement (FRA) as part of the UWRMOU. The FRA is within the Fire Business System (FBS) and shall be entered and maintained by the FFSL Area FRA Manager. The local area FFSL office can and will guide you through the process using FBS. The FRA will identify all equipment available for fire assignments, set hourly rates, and identify minimum and standard staffing levels for each piece of equipment. Minimum staffing levels are defined by National Wildfire Coordinating Group (NWCG) standards. See the FRA general provisions in the Reference Section.

Nothing in the UWRMOU commits the FD to make equipment or personnel available to fire assignments outside their jurisdictional responsibility. The FD may restrict resource availability in order to provide an adequate level of fire protection on lands within their jurisdictional boundary or service area.

Once the department has established a UWRMOU and Rate Agreement with FFSL, and the equipment is found to be in safe working condition, it will be listed at the local interagency dispatch center. It will be the responsibility of the Division to notify the Dispatch Center when equipment and/or personnel are available for dispatch and the duration of the availability. FFSL may restrict the availability of resources to prioritize the needs of Utah.

Yearly UDOT equipment inspections will be required for all equipment placed on the department FRA. A copy of the UDOT safety inspection shall be sent to the Area office annually prior to the fire season. No payment will be made until this document has been received by the FFSL area office.

ASSIGNMENTS

In order for FD resources to be eligible for reimbursement under the UWRMOU, they must be requested or approved by the Division or its Federal Cooperators. Payment will be made only for fire management activities on lands outside the FD's established jurisdictional boundaries, extended attack within the FD jurisdictional area, when requested by FFSL or on state or federal lands within the FD jurisdictional boundaries when requested by the jurisdictional agency. Independent action taken by the FD on lands owned by the state or federal government is not eligible for reimbursement without immediate notification to the Division and approval of the agency having jurisdiction. Although action may occur under "closest forces or mutual aid, in order to protect the FDs jurisdiction or neighboring jurisdictions during IA, reimbursement should not be assumed.

Initial attack on private lands is the responsibility of local government per 65A-8-202 & 202.5 until fire management authority is delegated to FFSL per 65A-8-203.

The Division's Area duty officer must approve resources dispatched outside of the local interagency fire center dispatch zone.

Incident business policy and procedures that are not specifically addressed in the FD Manual will follow NWCG Standards for Interagency Incident Business Management, PMS 902. [NWCG SIIBM](#)

Initial Attack: (IA) A FD may be the first and/or only resource to respond to a wildland fire on behalf of

FFSL or its Federal Cooperators. In this case, the FD must be able to communicate by radio with the local interagency fire center. Communication must include, but not be limited to, fire size-up, fire status, and accurate location, as well as times on-scene, returning to station and out-of-service. Radio frequencies, Size-Up and reporting forms are available at the local FFSL area office and the Interagency Fire Centers.

If there are no state or federal engines on the fire the FD resource will also be expected to provide other information regarding the incident in the form of a Fire Report. The information in the Fire Report is necessary to process the invoice for reimbursement to the FD. On small IA fires, the local interagency fire center may or may not issue a Resource Order.

Extended Attack: When dispatched to an extended attack incident, it is required that a Resource Order be obtained from the local dispatch center. This will be used to track equipment and personnel while assigned to the incident and is necessary for the billing process. 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 Cooperative Fire Rate Agreement). Equipment not currently listed on a FRA and appropriately ordered through dispatch, should not be on the incident and may not be reimbursed.

If an IMT is managing the fire, check-in takes place in the Planning Section and a copy of the Cooperative Fire Rate Agreement must be provided to the Finance Section. On a smaller incident, check-in and confirmation of the Rate Agreement may be handled by the Incident Commander (IC).

A Vehicle/Heavy Equipment Inspection may be required at check-in. A copy of the inspection is kept with the vehicle at all times. If equipment is damaged on the incident, the inspection document is required to verify the condition of the equipment prior to use on the incident.

Damage to rolling equipment in excess of normal wear and tear will be documented at the incident and follow Property Management Guidelines (Chapter 30 Standards for Interagency Incident Business Management Handbook) and vehicle accident incident reporting procedures. Supply numbers may be issued for repairs/replacement. All claims for damage must be approved by State Office Fire Management personnel.

Claims for damaged vehicles and equipment must be reported to the jurisdictional agency or IMT and to a Division representative upon arrival home. All equipment and supplies that were used on the incident should be restocked before leaving the incident. While on the incident a Supply (S) Number must be obtained for items that cannot be replaced on the incident. Although this is required by the state for payment an S# alone is not approval for reimbursement. Form OF-289 will be required for Property Loss and Damage caused by the incident. (pg 30-31)

Resources will be tracked by the local interagency fire center by use of systems such as Interagency Resource Ordering Capability (IROC) or Wildland Fire Computer Aided Dispatch (WildCADe). Descriptions of equipment need to accurately identify the equipment. Changes need to be reported to dispatch so that IROC is updated with correct information regarding the agency owner of the equipment so that it is displayed correctly on the resource order. 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 may be required on equipment. Ensure Emergency Equipment Shift Tickets (Shift Tickets) and/or Crew Time Reports (CTR's) are complete and **signed**. A performance evaluation should be completed whenever possible. The standard assignment length is up to 14 days, exclusive of travel to and from home the unit. After completion of a 14 day assignment, and return to the home unit, three mandatory days off will be provided and charged to the incident when the next day(s) immediately following the return travel from an incident is a regular work day. If any of the mandatory days off

immediately following the return to the home unit are a regularly scheduled day off, there will be no pay or any other form of pay compensation for those regularly scheduled days off. Regularly scheduled days off can not be billed to the incident for mandatory rest days.

Time Keeping In all cases, a Shift Ticket for equipment that lists all personnel and a Crew Time Report (CTR) for a single resource shall be completed and signed at the end of each operational period. Equipment starting and ending mileage should also be recorded on each shift ticket. 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 must sign the CTR and/or Shift Tickets and **legible copies** must be turned into finance daily. If finance is collecting original and electronic documents it is possible that the original documents will not be kept by finance and will be destroyed at the incident, therefore always confirm with finance that any original documents will be available to be picked up at the end of the assignment. It is strongly recommended to keep your original documents because there is not a guarantee that you will get them back from finance at the end of the assignment. **Original copies (pinks for the Shift Ticket and white for the CTR) must be submitted with the invoice to the FFSL Area office, electronic or hard copy.** When electronic Shift Tickets or CTRS are used, a fully signed copy of the document must be included with the invoice to the FFSL Area Office. It is advised that the FD keep a legible copy for internal records. Fire time will be documented using military time that is rounded to the nearest quarter hour.

Compensable meal periods: Personnel on the fireline may be compensated for their meal period if **ALL** of 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 may not show a meal break but must be documented on time reporting documents, AND
- ❑ The compensable meal break is approved by the supervisor and documented on the CTR and/or Shift Ticket at the next level and it is documented on the CTR, SF-261, AND
- ❑ 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 the "Remarks" section as "No lunch taken due to uncontrolled fireline with further explanation such as structure protection or to meet daily objectives". If a lunch is not documented on the CTR or Shift ticket, the lunch will be automatically deducted by the State if no explanation is noted.

****Note**** If the resource is asked to show no break for the equipment being used then a staggered lunch period should be shown on all time records (CTR/ST) Leaving at least one person on the clock while the others take a lunch break. This should be noted on the CTR/ST to show that there is always at least one person on shift. Failure to stagger lunches assigned to equipment requesting no break for equipment will negate reimbursement and a break will be deducted from the equipment time.

Prescribed fire (RX) and other fire management projects: Under the direction of the Division, the UWRMOU may be used for procuring personnel and equipment for other fire management activities such as Division fuels mitigation and RX projects, inside and outside the FD jurisdictional area. There is a \$10000 maximum that can be billed per calendar year using the UWRMOU. 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. The ability to mobilize a large and versatile workforce, skilled and knowledgeable in ICS, has proven invaluable in recent disaster recovery efforts. When requested under the authority of the Stafford Act, it is possible for Utah state resources to assist with these incidents. However, such incidents must have a presidential declaration of disaster before our services are eligible for reimbursement. All such incidents must be handled on a case-by-case basis. Be sure to check with the local FFSL Area office before accepting all risk assignments under the UWRMOU program.

PAYMENT PROCEDURE

For the FD to receive prompt payment for assignments outside their area of jurisdictional responsibility, it is imperative that the correct documentation is submitted in the appropriate time frame. When submitting the initial billing from your fire department a W-9 form must be attached to the first bill of the year. Claims for reimbursement **must be submitted to the local FFSL Area office within 30 days after release from an incident or as soon as possible. No request for reimbursement will be accepted after the end of the calendar year.** Invoices and claims submitted with incomplete documentation will be returned to the FD and not processed until all required documentation is received by the Division. Necessary forms are listed below. There is also a checklist available to FD resources at the following link under "Other Useful Links. <https://ffsl.utah.gov/fire/resources-for-fire-departments/>

- A fire department may choose to utilize additional personnel from another fire department to meet minimum staffing standards. For billing purposes, the rate used for reimbursement will be the rate associated with the individual person that was utilized. The rate that will be used is established by their home unit department.
- Reimbursement requests will, at a **minimum**, contain the invoice from the Fire Business System, original Shift Tickets (OF 297) and/or CTRs (SF 261), a copy of the Resource Order (if on a Complex incident), and any "S" numbers, if issued. Original Receipts for any hotel stays are required. Meals (per diem) must have documentation in the form of a worksheet showing the meals that the individual(s) is/are eligible for.
- Items requested for resupply will need a General Message form (213 ICS) identifying item, Property Loss or Damage Report (OF 289) signed by finance/claims, the IC or a Division representative, and a copy of the Resource Order or a Replacement Acquisition form (OF 315) for items available through the national cache system signed by the IC and Supply, and/or a Claim for Loss of Personal Property (OF 95). On larger incidents the Incident Business Advisor (IBA) approves non-cache items. The Agency Administrator (AA) and FMO should also be included.
- Accident claim for reimbursement will need to have a Motor Accident form from the FD. If the FD does not have a form, a Motor Accident Form (SF 91) and Witness Statement form (SF 94) will need to be completed. All forms must be approved by finance/claims or the IC if a finance section is not available. A Division representative must be notified immediately.
- While on an incident, if personnel are sick or injured, and a medical claim is filed, the FD Workman's Compensation form must be used. Be sure to meet the timeline requirements on first notification for Workmen's Compensation, i.e. – the documents must be filed within a certain time frame or will not be accepted.

TRAINING AND CERTIFICATION

FDs entering into a UWRMOU with FFSL must meet NWCG training and qualification standards for the

position they are filling on an incident.

FD personnel receive their Red Cards, official documentation of NWCG qualification, through the Division by providing NWCG training documentation to the local Area office. The training requirements to reach the Single Resource ENGB position are listed below.

Position:	NFPA	WFF1	WFF2	
	NWCG	FFT2	FFT1	ENGB
Required Training		S-130 S-190 L-180 I-100 IS-700 RT-130	S-131 RT-130 Certification of the FFT1 Position Task Book	S-230 RT-130 0 S-290 I-200 Certification of the ENGB Task Book

1. Training

There are several opportunities to receive training. UFRA or the local FFSL Area offices can provide the required training at no cost to the FD. Much of this training can be delivered to the FD and presented according to the needs and scheduling availability of the participants. Regardless of the source of the instruction provided, all training must be standardized and performed to the NWCG standard by qualified instructors as outlined in the PMS 901-1.

2. Testing

NWCG courses outline the way a test will be administered. Upon completing and passing a course students must obtain a NWCG course certificate from the authorized NWCG course provider and supply that to the local Area office for training record input.

3. Pass the physical fitness test

A work capacity test is required for most positions as outlined by NWCG. This test can be administered in-house and verified by the FD Chief. To remain current, the physical fitness test is required to be taken annually.

4. Certification

Once the courses and physical fitness requirements are completed, the FD Chief or administrator may apply for certification using the official Request for Certification form. The proper documentation containing testing results must be submitted to the Area Office. FFSL will then issue a Red Card with appropriate NWCG qualifications listed. You can submit a request for a red card on this website <https://ffsl.utah.gov/fire/resources-for-fire-departments/>

All Red Cards are valid for one year from the date issued.

Individuals serving on structural engines deployed outside the local dispatch zone for structure protection will, at a minimum, be certified at the NWCG FFT2 level.

WILDLAND FIRE PERSONAL PROTECTIVE EQUIPMENT

FDs entering into a UWRMOU with FFSL will be required to wear appropriate personal protective equipment (PPE) while engaged in fire suppression activities. The local FFSL Area office can assist in acquiring wildland fire PPE. There is also an annual Utah Fire Department Assistance Grant (UFDAG) that may be awarded to the department that could be used to purchase the required PPE for the

department personnel, UFDAG prioritizes building firefighting capacity as the primary purpose. Required PPE is listed below.

1. Boots: All leather, lace-up type, minimum 8 inches high with lug-type soles and are in good condition (steel toe boots are not allowed).
2. Hard Hat: Plastic, Class B, ANSI Z89.1, 1986, OSHA approved, with chin strap. Note: Hard hat meeting NFPA Standard 1977, 2003 Edition, is required.
3. Gloves: One pair of heavy-duty leather gloves per person.
4. Eye Protection: One pair per person (meets standards ANSI 287, latest edition).
5. Headlamp: One lamp per person with batteries and attachment for hard hat.
6. Canteen: One-quart size, two per person required, four per person recommended (filled prior to arrival at incident).
7. New Generation Fire Shelter: One serviceable shelter per person.
8. Flame Resistant Clothing: Shirt and trousers for fireline duties, flame resistant clothing must:
 - a. Self-extinguish upon removal from heat source.
 - b. Act as an effective thermal barrier by minimizing conductive heat transfer.
 - c. Not melt or shrink to any appreciable degree upon decomposition during exposure to a high heat source.
 - d. Be manufactured from flame retardant treated (FRT) cotton, FRT rayon, FRT wool, aramid (Nomex), or other similar fabric. Must be NFPA 1977 compliant
9. Turn-out Gear (structural engines only)

ENGINES AND WATER TENDERS

Classifying:

When classifying engines and water tenders, all of the requirements for both equipment and staffing must be met and must be certified. A UWRMOU must be signed by the FD Chief, or a designee, stating that both equipment and staffing meet the minimum requirements. The FFSL State area office must validate the FRA for it to be valid. Equipment lacking this certification will not be enrolled in the UWRMOU program and is not available for reimbursement. Prior to dispatch, it is the FDs responsibility to submit the certification/agreement (FRA) to the FFSL area office.

Tank Baffling:

The water tanks must be equipped with partitions which reduces the shifting of the water load. Engines need to have the water tank baffled in a manner that conforms to NFPA Standards for Mobile Water Supply Apparatus, or the American Society of Mechanical Engineers standards.

Training Requirements (Engines and Tactical Water Tenders only)

Engines and tactical water tenders must have a qualified ENGB in command to meet NWCG standards. If an engine/water tender is working within the department's jurisdictional boundary all crew member(s) need to be qualified to at least the NWCG FFT2 or NFPA WFF1 level.

Additional Requirements:

When fully loaded, including operators and accessory equipment, the vehicle 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 manufacturer's gross axle weight rating.

Vehicles shall be configured in a manner that the vehicle's center of gravity is within the design limits of the equipment.

ENGINE REQUIREMENTS

The following information applies to both structural and wildland engines.

At the time of the pre-season inspection, the FD must provide a complete inventory list of the firefighting accessories on the vehicle. A copy of the inventory must be given to the FFSL fire warden. In addition, while on an incident, the inventory may be requested by the Procurement Unit. The required inventory list is in the Reference Section. Additional Training Requirements:

Individuals serving on structural engines, deployed outside the local interagency dispatch zone, for structure protection must, at a minimum, be certified at the NWCG FFT2 level as well as structural Firefighter 1.

Classification for Engines:

MINIMUM STANDARDS: The following guide is to aid in the classification of engines. When typing equipment, all standards must be met for the equipment to be qualified to NWCG standards. Failure to meet any standard will place the equipment in a lower type or lead to disqualification from the UWRMOU program. Apparatus utilized for transportation only should bill the applicable mileage rate when not being requested or used as equipment.

Components	Engine Classifications Minimum Standards For Type						
	1*	2*	3	4	5	6	7
Pump Capacity (GPM at PSI)	1000+ 150	250+ 150	150 250	50 100	50 100	30 100	10 100
Tank Capacity	400+	400+	500+	750+	400-750	150-400	50-200
Hose, 2 ½" (feet)	1200	1000	--	--	--	--	--
Hose, 1 ½" (feet)	400	500	1,000	300	300	300	--
Hose, 1" (feet)	-0-	-0-	500	300	300	300	200
Ladder (feet)	**48'	**48'	--	--	--	--	--
Master Stream (GPM)	500	--	--	--	--	--	--
Personnel (minimum number) Must have one ENGB	4	3	3	2	2	2	2
4 X 4 required	N	N	N	Y	Y	Y	Y

*Type 1 and 2 structural engines must meet minimum specifications of NFPA 1901.

**This includes a 24' extension ladder, 14' roof ladder and 10' attic ladder for a total of 48'

Guide for Apparatus Classification

NFPA Minimum Standards for Structure Fire Apparatus

Purpose: This guide was developed to aid those not familiar with structural fire apparatus, but who have a need to access the capabilities and minimum equipment standards required of this apparatus to function within a particular ICS type (for dispatch and payment purposes).

Universal Requirements:

- All hose and appliance thread must meet the national standard, not iron pipe or others.
- Adapters are acceptable.
- A red flashing light, or lights visible through 360 degrees in a horizontal plane, must be installed. In addition, a pair of flashing, oscillating or rotating warning lights must be affixed on the front of the vehicle facing forward and below the windshield level with another pair affixed at the back of the vehicle facing to the rear. An intersection light must be affixed between the front wheel and the front of the vehicle on each side.
- Two universally mounted sealed beam rear lights must be provided.
- Audible warning equipment in the form of one automotive horn and one electric or electronic siren must be provided.
- The ignition key, if any, cannot be removable.

Standards for Structural Fire Apparatus: The following is a list of equipment deemed necessary for structural apparatus to operate safely and efficiently on the fire ground. This list, while not complete, is taken from NFPA Standards 1901, 1903, and 1904, 2003 editions. Type 1 and 2 engines would be expected to follow these requirements and to include the equipment when in the structure firefighting mode. These NFPA Standards should be consulted if additional information or equipment listing is needed.

NFPA 1901, 2016 Edition – Additional Standards for Type 1 and 2 Engines

- Axes, 1 each, pick head and flat head, 6lb.
- Ladders, 1 each, 14 ft. roof (folding hooks) and 24 ft. 2-section extension.
- Suction hose, minimum of 15 ft.
- Pike pole or plaster hook, 1 each, 6 ft.; and 1 each, 8 ft or longer.
- Hand lights, portable, 2 each.
- Fire extinguisher, portable, 2 each, 80 BC Dry Chem. Or 10 BC CO₂.
- Fire extinguisher, 1 each, 2-½ gal water.
- One double female swivel connection with pump intake threads on one end and one or more 2 ½" female connections with National Standard hose thread on the other.
- SCBA, 1 each for each firefighter; 30-minute positive pressure, NFPA 1981 compliant. (Type I and II structural engines only)
- SCBA spare cylinders, 1 each for each SCBA carried, for SCBA type used. (Type I and II structural engines only)
- First Aid Kit, 1 each, 24 unit
- Combination fog nozzles, 2 each, 200 GPM minimum; 2 each, 95 GPM minimum
- Double male, 2 each and double female, 2 each (sized to fit hose used).
- Double-gated reducing wye, 1 each (sized to fit hose used).

- Hydrant wrench, 2 each, combination spanner wrench, 4 each
- Two-wheel chocks (meets industry standards)
- Rubber mallet, 1 each, suitable for loosening suction hose connections

**Structure Engine Inventory is listed in the Reference Section

WATER TENDER REQUIREMENTS

Tactical Water Tenders

Tactical water tenders (WTT) are intended for use in the following tactical operations; in support of urban interface incidents when structures are involved, for use on the fireline or in direct support of fire suppression activities. Tactical use is defined as “direct fire suppression missions such as; pumping hose lays, live reel use, running attack and use of spray bars and monitors to suppress fires”.

Non-Tactical Water Tenders

Non-tactical water tenders (WAT) are intended for use in the following operations, dust abatement, water transfer and unloading into a port-a-tank or engine. Water tenders will not be used in direct suppression activities.

Water tenders must have a spreader bar or other apparatus that is capable of broadcasting an even spray.

Training Requirements

Non-tactical water tender operators need to be qualified at the NWCG FFT2 or NFPA WFF1 level when supporting suppression activities on the fireline.

Water Tender and Tactical Water Tender Classification

Components	Minimum Standards Non-Tactical Water Tender (WAT)		
	1	2	3
Pump capacity (GPM)	300	200	200
Tank capacity (Gallons) (4000	2500	1000
Off Load capacity (GPM)	300	200	200
Maximum Refill Time (minutes)	30	20	15
Personnel	1	1	1
Drafting Capability or refill pump	Yes	Yes	Yes
Staffing	2	2	2
Components	Minimum Standards Tactical Water Tenders (WTT)		
Type	1	2	
Tank Capacity (gallons)			
Minimum	2000	1000	
Maximum	NONE	1999	
Pump Minimum Flow (gpm)	250	250	
@ rated pressure (psi)	150	150	
Hose (feet) Live Hose Reel ¾ inch ID	100	100	
Spray Bar or Equivalent (Monitor)	Yes	Yes	
Pump and Roll	Yes	Yes	
Foam Proportioner System	Yes	Yes	

Drafting Capabilities (May use portable pump that meets minimum standards)	Yes	Yes
Personnel, NWCG Engine Boss	1	1
Personnel, NWCG FFT2 or better	1 (minimum)	1 (minimum)

Minimum Required Components for Water Tenders can be found in the Reference Section.

VEHICLE, EQUIPMENT AND PERSONNEL RATES

General

All Fire Department engines and equipment entering into a UWRMOU with FFSL will be reimbursed using a daily max rate. Shifts less than 8 hours will be reimbursed at an hourly rate. When equipment deploys to multiple incidents within the same 24 hour period the equipment cannot bill more than the maximum daily rate and will need to adjust FBS bills accordingly. All apparatus entering into the UWRMOU program will be NWCG Fully Qualified. All rates associated with Department equipment will be labeled as UNSTAFFED.

- NWCG fully qualified: personnel training and qualifications must meet all NWCG standards. A single resource ENGB must be in command of the engine or tactical water tender to be fully qualified. Equipment may be available, at the FD Chief's discretion and FFSL area FMO approval, for dispatch anywhere inside or outside the local interagency dispatch zone.
- NWCG Fully Qualified UNSTAFFED rates will be used by all departments. Resources using this rate must carry with them their personnel rates listed with each individuals' rate. The standard rate for personnel will be reimbursed at the individuals assigned position on the assignment noted on the resource order.

Departments utilizing the True Cost to Government Rate will work closely with their home unit. They must also work with the division's area offices, to make sure the approval and rates have been implemented correctly and can be entered into the Fire Business System (FBS). This needs to take place before being deployed to an assignment. The Standard Rate or True Cost to Government Rate once implemented, should be maintained for the remainder of the fire season. Mid-season changes to personnel rates are not a priority during the "Utah statutory fire season".

Once the area office has worked with the individual department, the area will reach out to the Salt Lake Office by contacting a Fire Business Specialist. The FBS specialist will review rates and authorize the approval of rates to be entered into the Fire Business System by the Area Manager Role.

In situations where the department is relying on FFSL for support, a list of information will be gathered from the department. These items may include employee names, work schedules, and pay rates associated with department personnel. If additional information is requested, it will be provided from the home unit to the FFSL Area Office for initial review.

Standard Rate Structure

FD equipment will be compensated at a Daily Max rate plus mileage as noted on the resources Fire Rate Agreement. Shifts less than 8 hours will be compensated at the hourly rate shown in the table below.

Fire Department Engines				
Class	Hourly Rate	Daily Rate	Mileage Rate	Minimum NWCG Staffing
T1 Engine	\$338	\$2704	\$1.56	1-ENGB, 1-FFT1, 1-FFT2
T2 Engine	\$318	\$2544	\$1.56	1 ENGB, 2 FFT2
Wildland Engines				
T3 Engine	\$322	\$2576	\$1.56	1-ENGB, 2-FFT2
T4 Engine	\$322	\$2576	\$1.56	1-ENGB, 1-FFT2
T5 Engine	\$176	\$1408	\$1.07	
T6 Engine	\$176	\$1408	\$1.07	
Water Tenders (Tactical)				
T1 Tender	\$302	\$2416	\$1.56	1-ENGB, 1-FFT2
T2 Tender	\$302	\$2416	\$1.56	
Water Tenders (Non-Tactical)				
T1 Tender	\$242	\$1936	\$1.56	1-FFT2
T2 Tender	\$242	\$1936	\$1.56	
T3 Tender	\$242	\$1936	\$1.56	

Federal Excess Personal Property (FEPP)

Some fire service organizations have on loan FEPP equipment.

All FEPP vehicles must be painted to distinguish them from military vehicles before they are eligible for reimbursement under this program.

The rate for this equipment will be negotiated separately. Equipment rates for FEPP should only include operating costs that include maintenance, fuel, oil, etc. Costs may not include amortization, depreciation, replacement costs, modification, start-up costs, or related charges. Since the title of FEPP equipment stays with the federal government, maintenance beyond normal wear and tear requires additional written approval.

Fire Department Rates FEPP Engines				
Class	Hourly Rate	Daily Rate	Mileage Rate	Minimum # Persons and Position
T1 Engine	N/A	N/A	N/A	1-ENGB, 1-FFT1, 2-FFT2
T2 Engine	N/A	N/A	N/A	1 ENGB, 2 FFT2
Wildland Engines				
T3 Engine	\$176.88	\$1,415.04	\$1.56	1-ENGB, 2-FFT2
T4 Engine	\$176.88	\$1,415.04	\$1.56	1-ENGB, 1-FFT2
T5 Engine	\$100.32	\$802.56	\$1.07	
T6 Engine	\$100.32	\$802.56	\$1.07	
Water Tenders (Tactical)				
T1 Tender	\$169.76	\$1,358.00	\$1.56	1-ENGB, 1-FFT2
T2 Tender	\$169.76	\$1,358.00	\$1.56	
Water Tenders (Non-Tactical)				
T1 Tender	\$135.96	\$1,087.68	\$1.56	1-FFT2
T2 Tender	\$135.96	\$1,087.68	\$1.56	
T3 Tender	\$135.96	\$1,087.68	\$1.56	

Other Provisions

- Additional personnel, when requested, must be approved by the incident or agency administrator fiscally responsible for the incident. Additional personnel must be agreed to by the FD, the incident and FFSL. All personnel will be recorded on the equipment Shift Ticket. Pay entitlement, including administrative leave, for up to 3 mandatory days off that will be charged to the incident. A paid day(s) off cannot be authorized on the individual's regular day(s) off at their home unit. Individual firefighters' days off must be established at the home unit, or the typical days off will be assumed to be Saturday and Sunday.
- No reimbursement will occur for equipment not meeting NWCG minimum staffing requirements on out of area assignments.
- Tactical water tenders that do not have two people listed on the Shift Ticket, one as an ENGB, will only be paid as "support" water tender. "Tactical" (or WTT) must be printed on the Shift Ticket for payment as a tactical tender.
- Type 1 engines not meeting minimum staffing standards (4) may be compensated as a Type 2 engine if minimum staffing is 3.

If engine/crew personnel are switched out during an incident and the swap results in a change in qualifications (ENGB replaced with FFT1/WFF2), the rate will be adjusted at that time to reflect the appropriate rate.

- Type I and Type II engines do not require an NWCG qualified Engine Boss but must be staffed with Red-Carded personnel at the basic firefighter level. (In state only, out of state RO may require the ENGB qualification).
- **NO other equipment, outside of Tactical Water Tenders and Type 1 engines, not meeting NWCG staffing will be reimbursed.**

Rates for additional FD equipment and personnel are listed above. Any additional equipment, EMTs or paramedics must be listed on the Cooperative Fire Rate Agreement and approved by the Division.

FD Rates Miscellaneous Equipment			
Rates were determined after a comparison study was completed between geographic areas.			
Additional Equipment			
	Hourly Rate	Maximum Daily Rate	NWCG Minimum Staffing
Pumpkin/Porta Tank (min. 1500 gal)	N/A	\$85	0
Approved Crew Member Rate (Approved Crews Only)	\$64.90	n/a	0
Portable pumps > 200 GPM (order specifically)	\$17	\$135	0
ATV – 4 Wheel Drive	\$9	\$100	0
UTV – Gators / side by side	\$13	\$125	0
Command Vehicle (Only miles. USED on Fireline when requested)	\$1.03 per mile**	n/a	0
Sedan/ Van/Station Wagon	\$1.03 per mile**	n/a	0
4X2 Truck	\$1.03 per mile**	n/a	0
4X4 Sport Utility	\$1.03 per mile**	n/a	0
4X4 Truck	\$1.03 per mile**	n/a	0
Crew Carrier (7 passengers or more)	\$2.35 per mile**	n/a	0
Crew Carrier (6 passengers or less)	\$1.70 per mile **	n/a	0
Portable Office Trailer w/o operator	--	\$300	1
Mechanic Service Truck with operator (For minimum requirements refer to NWCG SIIBMH)	\$100	\$892	1
Communications / Trailer / RV, w/operator (2)	\$165.63	\$1,325	2 RADO's for DS
Truck tractor w/Trailer w/operator	\$3.70/mile** or \$70 Hr*	\$840	2
Truck tractor w/Trailer no operator	\$44	\$525	1
Chainsaws (ordered specifically)	\$8	\$50	0
Generators 35 kw – 70 kw	\$15	\$175	0
Command Post Vehicle RV w/operator	\$120	\$1440	1
Chipper 14" or > – Includes truck w / operator	\$65	\$910	2
Ambulance ALS (Unstaffed)	\$160 \$1.49/mile	\$1280	2
EMT Basic	\$52.80	N/A	1
EMT Advanced	\$60.50	N/A	1
Paramedic / Medic ALS	\$67.10	N/A	1
Insertion/Rescue Bag (IRB) and Medical Kit (ALS)****	\$15	\$210	0

* *Whichever is greater for transport*

** *Per mile will only be reimbursable when mileage is verified on shift ticket or CTR.*

*** *Hospital transport may be charged at the prevailing ambulance service area rate, not the rate under this agreement. If the prevailing ambulance service area rate is used, when an ambulance is in transport it will be off the clock from the incident. When transport is complete an hourly rate will be used for that day. Not to exceed the daily maximum. **SS = Single Shift (16 or less hours), DS = Double Shift, Double shift requires 24/7 coverage with 2:1 being met by switching crew***

members out daily.

**** ALS kits are assigned to EMTs or Paramedics; the rate for ALS/IRBs have not been included in the rates above. When the FD **personnel** are using the FD rate (True Cost to government) or the Standard rates shown above, **the rate structure is hourly for personnel, the day or hourly rate for the ALS or IRB kits should be added.**

If a rental vehicle is utilized after being approved, FFSL will reimburse rental and fuel costs incurred when costs have been properly documented. (Receipts are required)

Daily Rate: Equipment paid by a daily rate is based on a calendar day (0001-2400). For partial days worked, either at the beginning or ending time of hire, payment will be based on the established hourly rate for shifts of less than 8 hours. When equipment is deployed to multiple incidents within a 24 hour period, the equipment cannot bill more than the maximum daily rate and FBS bills need to be adjusted accordingly.

Wet Rate: The cost of fuel, oil and other lubricants or additives are included in the hourly or daily rate and the FD is responsible for this cost. Deduction of fuel obtained from incident fuel tenders will be deducted from any invoices. If fuel is obtained on the incident and not paid for with a credit card the fuel ticket must be provided with the FFSL financial package and deducted from the final bill.

Personnel Positions

Overhead Positions	RATE
FFT2, AREP, THSP, FOBS, EDSD, RADO, CREP, READ, HECM	\$33
FFT1, ICT5, BCMG, EQTR, EDRC, ENOP	\$38.50
SOFR, SRB, ICT4, LEO, HEQB, ENGB	\$44
Unit Leader, Section Chief 3, LOFR, INV, TFLD, STL	\$55
DIVS, ICT3, Section Chief	\$66
CIMT Command Staff	\$71.50

*Additionally, a Crew Rate has been established for a State approved 20-person crew. The rate associated with each crewmember is \$64.90 per hour. This crew rate may only be used by a State approved crew.

A Squad (5-6 members) member rate for fire personnel has also been established and will be based on the individual squad member's qualifications. This rate should never exceed the SRB rate. The rate should be between the SRB (\$44 hr) and FFT2 (\$33 hr) rates depending on qualifications held by each squad member. The squad rate is only to be utilized when the State has approved squad member's qualifications. Squads shall only be used for in-state assignments.

EMTs and Paramedics: Fireline EMTs (EMTF) and Fireline Paramedics (EMPF) are required to complete the following NWCG training: ICS-100, ICS-200, IS-700, L-180, RT-130, S-130, S-190, S-270 and S-290 for certification. All EMTs and Paramedics dispatched outside their interagency dispatch zone will be "line qualified", meaning the individual must have a minimum qualification of FFT2 (NWCG) / WFF1 (NFPA) with a current red card, with an arduous fitness rating and a current EMT or Paramedic card issued by the Utah Dept. of Health, Division of Emergency Medical Services.

All EMT and Paramedics must have a Resource Order from the interagency dispatch center that must have "with kit and 4x4 vehicle" in the special needs or comment section in order to be reimbursed. This

will also enable the EMT or Paramedic to be resupplied by the incident for items expended from their kit. Kit contents are listed in the Reference Section. Any additional equipment such as IRB's must be ordered and/or noted on the resource order that an EXTRA kit is approved.

Backfill charges are not reimbursable under the agreement.

Heavy Equipment

All heavy equipment is required to be equipped with certified rollover protection, a safety canopy, an approved spark arrestor (if not turbo charged) on all naturally aspirated engines, axe or Pulaski, shovel, fire extinguisher (minimum 10:BC rating), headlights, backup lights and backup alarm.

Dozer (or crawler tractor with dozer blade): Rate does NOT include operator. (DOZ operator does not have to be Heavy Equipment qualified (HEQB) but a qualified HEQB must supervise DOZ operations), FD provided support for pilot cars, fuel, maintenance, operator transportation and hauling/transporting permits, if required.

Type	Engine Net HP At Flywheel	Hourly Rate	Daily Rate Maximum	How to Hire
3	50 HP – 99 HP	\$103	\$1440	Wet
2	100 HP – 199 HP	\$107	\$1503	
1	200 HP and Greater	\$202	\$2835	

Refer to Chapter 20 of the Interagency Incident Business Management Handbook (IIBMH) for make and model within each type.

Road Grader: Rate does NOT include operator (grader operator does not have to be HEQB but a qualified HEQB must supervise grader operations), FD provided support for pilot cars, fuel, maintenance, operator transportation and hauling/transporting permits, if required.

Type	Engine Net HP at Flywheel	Hourly Rate	Daily Rate Maximum	How to Hire
4	75 HP – 114 HP	\$96	\$1350	Wet
3	115 HP – 144 HP	\$112	\$1575	
2	145 HP – 199 HP	\$112	\$1575	
1	200 HP – 250 HP	\$116	\$1620	

Refer to Chapter 20 of the IIBMH for make and model within each type.

Other Rates: Rates for equipment or services not listed here will be negotiated during a pre-season sign-up period.

Equipment not signed up under this agreement may be hired as needed on an incident. Any agreements made under these circumstances will be for the duration of the incident and under a different rate structure.

Operators will bill time using either the True Cost to Gov rate or a Standard Rate of \$44 per hour.

Project Equipment and Personnel Rates

Utilization of FD personnel on projects will require a separate agreement

FD Project Rates	
Rates were determined after a comparison of rental rates minus profits	
Additional Equipment	
Type	Hourly/Mileage Rate
Personnel Rate	\$32.00 per hour
Crew Rate (per person)	\$32.00 per hour
ATV – 4 Wheel Drive (actual hours used)	\$9.00 per hour
Command Vehicle (4x4 – 4x2 pickup)	\$1.03 per mile
Crew Carrier (transport only)	\$1.70 per mile
Water Tender (all sizes)	\$1.49 per mile
Chipper 14" or > – Includes towing truck	\$35.00 per hour
Skidder w/trailer and truck for transport	\$45.00 per hour
Bobcat with Fecon Head (Forestry Mulcher) with trailer and truck for transport	\$55.00 per hour
Chainsaw >16"	\$1.50 per hour or \$15.00 max daily

Mileage is included in the above rates unless identified.

****EQUIPMENT RATES ABOVE DO NOT INCLUDE OPERATORS ****

REFERENCE SECTION

Utah Division of Forestry, Fire & State Lands Directory

Main Salt Lake Office	
<p>Brett Ostler State Fire Management Officer 1594 West North Temple, Suite 3520 PO Box 145703 Salt Lake City, Utah 84114-5703 801-538-5389 Office 385-251-0144 Cell brettostler@utah.gov</p>	<p>Wade Snyder Deputy State Fire Management Officer 1594 West North Temple, Suite 3520 PO Box 145703 Salt Lake City, Utah 84114-5703 801-538-7222 Office 801-554-6121 Cell wadesnyder@utah.gov</p>
<p>Vacant Statewide Fire Business Coordinator 1594 West North Temple, Suite 3520 PO Box 145703 Salt Lake City, Utah 84114-5703 801-538-5413 Office 385-222-0513 Cell benhuntsman@utah.gov</p>	<p>Wes Ashton / Rhonda Shay Statewide Fire Business Specialists 1594 West North Temple, Suite 3520 PO Box 145703 Salt Lake City, Utah 84114-5703 Wes Cell: 385-260-0157 Rhonda Cell: 385-266-2655 washon@utah.gov / rshey@utah.gov</p>
Bear River Area	Wasatch Front Area
<p>Counties Served: Box Elder, Cache, Rich, Weber</p> <p>Dusty Richards Fire Management Officer 1780 N Research Parkway, Suite 104 Logan, Utah 84341 435-752-8701 Office 435-890-2071 Cell dustinrichards@utah.gov</p>	<p>Counties Served: Utah, Davis, Morgan, Salt Lake, Tooele</p> <p>Brett Waters Fire Management Officer 1594 West North Temple, Suite 3520 Salt Lake City, Utah 84114-5703 385-226-1761 Cell brettwaters@utah.gov</p>
Northeast Area	Central Area
<p>Counties Served: Daggett, Duchesne, Summit, Uintah, Wasatch</p> <p>Ryan Lafontaine Fire Management Officer 2210 S Hwy 40 Suite B Heber City, Utah 84032 (385) 375-0552 Cell (603) 391-6964 Other ryanlafontaine@utah.gov</p>	<p>Counties Served: Juab, Millard, Piute, Sanpete, Sevier, Wayne</p> <p>Landon Rowley (Acting) Fire Management Officer 2031 South Industrial Park Road. Richfield, Utah 84701 435-896-2558 Office 435-851-1273 Cell lsrowley@utah.gov</p>
Southwest Area	Southeast Area
<p>Counties Served: Beaver, Garfield, Iron, Kane, Washington</p> <p>Dave Harmon Fire Management Officer 646 North Main Street Cedar City, Utah 84721 435-586-4408 Office 385-370-0023 Cell dcharmon@utah.gov</p>	<p>Counties Served: Carbon, Emery, Grand, San Juan</p> <p>Rudy Sandoval Fire Management Officer 319 N. Carbonville Rd. Suite D Price, Utah 84501 435-613-3770 Office 435-650-0114 Cell rudysandoval@utah.gov</p>



State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Natural Resources
Division of Forestry, Fire & State Lands

JOEL FERRY
Executive Director

JAMIE BARNES
Director/State Forester

June 1, 2025

To Whom It May Concern:

The Utah Fire Departments are Cooperators of the State of Utah. It is recognized, under the Stafford Act Response Agreement and the Master Cooperative Wildland Fire Management Agreement (CFMA) between the State of Utah and the federal land management agencies, as state-controlled suppression resources when dispatched outside their area of responsibility.

Utah Fire Departments should be treated and tracked as a cooperator crew and/or equipment (Crew Time Reports, Emergency Firefighter Time Report, Emergency Equipment Shift Ticket, etc.). They have copies of the Utah CFMA with the federal land management agencies, the state-wide Operating Plan, and the State/County Cooperative Agreement. These resources should have copies of their departments rates for personnel and equipment. Approved departments have a true cost to government rate and will have a copy of their Fire Rate Agreement (FRA). The other Fire Departments will use the standard rates listed in the Utah Fire Department Manual and included on their FRA.

Resources ordered under the Utah CFMA, will be reimbursed by the State of Utah when used on federal wildland fires inside the State of Utah, or any out of state fires regardless of ownership/administration. For federal fires within the state, reimbursement to the state for these resources is made as part of the overall settlement between the State and federal land management agencies for all fires. Out-of-state fire costs are billed by the state to the appropriate fire billing processing center depending on the jurisdictional agency responsible for the fire. When resources are ordered under a state to state agreement such as the Great Plains Interstate Fire Compact, fire billing will be sent to the ordering agency as agreed upon in the agreement. **The original documentation must be returned with the suppression resource!**

Should you have questions concerning these resources please contact:

Brett Ostler
State Fire Management Officer
Office: 801-538-5389
Cell: 385-251-0144

Wade Snyder
Deputy State Fire Management Officer
Office: 801-538-7222
Cell: 801-554-6121

Sincerely,

Brett Ostler

Brett Ostler (May 29, 2025 15:27 MDT)

Brett Ostler
State Fire Management Officer



Resource Order Form

RESOURCE ORDER		Initial Date/ Time		2. INCIDENT/ PROJECT NAME				3. INCIDENT/ PROJECT ORDER NUMBER				4. OFFICE REFERENCE NUMBER																																					
5. DESCRIPTIVE LOCATION/ RESPONSE AREA		6. SEC		6. SEC		RNG		Base MDM		8. INCIDENT BASE/ PHONE NUMBER				9. JURISDICTION/ AGENCY																																			
				7. MAP REFERENCE		LAT		LONG																																									
11. AIRCRAFT INFORMATION		BEARING		DISTANCE		BASE OR OMNI		AIR CONTACT		FREQUENCY		GROUND CONTACT		FREQUENCY		RELOAD BASE		OTHER AIRCRAFT/ HAZARDS																															
12. Request Number		Ordered Date/ Time		From		To		Q T Y		RESOURCE REQUESTED		Needed Date/ Time		Deliver To		To		From		Time		Agency ID		RESOURCE ASSIGNED		ETD		ETA		RELEASED		Date		To		Time		ETA											
13. ORDER RELAYED		Date		Time		To		From		ACTION TAKEN				ORDER RELAYED				ACTION TAKEN																															
		Req. No.		Date		Time		To		From		Req. No.		Date		Time		To		From																													

Emergency Equipment Shift Ticket (OF-297)

Shift tickets must be completed at the end of each operational period. The fire service organization and the person responsible for directing the work of the equipment are responsible to see that Shift Tickets are completed. **Any known defects or damage to equipment going on or off shift must be documented in the "Remarks" section.** All personnel must be listed on the Shift Ticket. Additional personnel must be listed on a CTR.

EMERGENCY PERSONNEL & EQUIPMENT SHIFT TICKET							1. RESOURCE ORDER NO. E-123		2. EQUIPMENT STATUS: INSPECTED & UNDER AGREEMENT <input checked="" type="checkbox"/> RELEASED BY GOVERNMENT <input type="checkbox"/> WITHDRAWN BY CONTRACTOR <input type="checkbox"/>						
3. OWNER / COOPERATOR / CONTRACTOR NAME: Fire Department Name					4. CONTRACT / AGREEMENT NUMBER: UT-####-####					7. INCIDENT NAME: Fire Name				8. INCIDENT NUMBER UT-SSS-00000	
5. OPERATOR FURNISHED BY: GOVERNMENT <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/>			6. OPERATING SUPPLIES FURNISHED BY: GOVERNMENT <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/>			11. REMARKS (travel, released, down time and cause, problems, etc) Joe Firefighter, Jay Firefighter Jane Firefighter (extra Firefighter) on Shift @ 0900 on 01/01/24									
9. EQUIPMENT TYPE: Type 6		10. EQUIPMENT MAKE / MODEL: Ford / F450													
12. VIN #: 123456789123		13. LICENSE #: 123456 EX													
14. DATE MO / DAY / YR	15. EQUIPMENT USE (circle one)			18. TOTAL HOURS	19. TOTAL MILES	20. OPERATOR / PERSONNEL NAMES	21. REMARKS	22. POS'N	PERSONNEL TIME		PERSONNEL TIME				
	HOURS	MILES	DAYS						23. START	24. STOP	25. START	26. STOP			
01/01/24	12345	12456			111	Joe Firefighter	Travel	ENGB	0700	1200	1230	2200			
01/01/24	0700	2200	15			Jay Firefighter	Travel	FFT1	0700	1200	1230	2200			
01/01/24						Jane Firefighter	Travel	FFT2	0900	1200	1230	2200			
01/02/24	12456	12486			30	Joe Firefighter	WORK	ENGB	0700	1200	1230	2200			
01/02/24	0600	2200	16			Jay Firefighter	WORK	FFT1	0700	1200	1230	2200			
01/02/24						Jane Firefighter	WORK	FFT2	0700	1200	1230	2200			
27. CONTRACTOR OR AUTHORIZED AGENT SIGNATURE Signed by ENGB					28. GOVERNMENT OFFICER SIGNATURE Signed by Line Officer			29. DATE SIGNED Date Signed		30. INVOICE POSTED BY (Recorder's initials) Finance signs					

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 UT-NWS-TO-114				2. CONTRACTOR (name) MOAB VALLEY FD				
3. INCIDENT OR PROJECT NAME SLOUGH 6			4. INCIDENT NUMBER P# e.g. P4LAZU		5. OPERATOR (name) JIM DUNCE			
6. EQUIPMENT MAKE CHEVY			7. EQUIPMENT MODEL F350		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
9. SERIAL NUMBER VGA91187			10. LICENSE NUMBER 9999-87		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)			
12. DATE MO/DAY/YR	13. EQUIPMENT USE (circle one)			14. REMARKS (released, down time and cause, problems, etc.)				
	START	STOP	WORK					
07/07/09	06:30	11:30	5	Junior Joe Joe Senior Mileage start 13258 Mileage end 13458 Total miles 200				
07/07/09	12:00	22:00	10					
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							FINANCE	
16. INVOICE POSTED BY (Recorder's initials)								
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Your signature				18. GOVERNMENT OFFICER'S SIGNATURE Div sup's signature		19. DATE SIGNED Date it the day you worked		
NSN 7540-01-119-5628 50297-102							OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI	

Regular Time vs. Military Time

Since military time uses a unique two-digit number to identify each of the 24 hours in a day, a.m. and p.m. is unnecessary.

The following table summarizes the relationship between regular and military time.

Reg Time	Military time Quarter Hours			
1:00 AM	0100	0115	0130	0145
2:00 AM	0200	0215	0230	0245
3:00 AM	0300	0315	0330	0345
4:00 AM	0400	0415	0430	0445
5:00 AM	0500	0515	0530	0545
6:00 AM	0600	0615	0630	0645
7:00 AM	0700	0715	0730	0745
8:00 AM	0800	0815	0830	0845
9:00 AM	0900	0915	0930	0945
10:00 AM	1000	1015	1030	1045
11:00 AM	1100	1115	1130	1145
12:00 PM	1200	1215	1230	1245
1:00 PM	1300	1315	1330	1345
2:00 PM	1400	1415	1430	1445
3:00 PM	1500	1515	1530	1545
4:00 PM	1600	1615	1630	1645
5:00 PM	1700	1715	1730	1745
6:00 PM	1800	1815	1830	1845
7:00 PM	1900	1915	1930	1945
8:00 PM	2000	2015	2030	2045
9:00 PM	2100	2115	2130	2145
10:00 PM	2200	2215	2230	2245
11:00 PM	2300	2315	2330	2345
12:00 AM midnight	2400	ONLY for midnight then it moves to 0001		
12:01 AM	0001	0015	0030	0045

What about Military Minutes?

Regular and military times use the same number of minutes per hour and they use minutes in exactly the same way. Military minutes do not exist and there is no need to convert minutes when going back and forth between the two-time systems.

Is Midnight 2400 or 0000?

The question sometimes arises whether midnight is written as 2400 or 0000. Military and emergency services personnel refer to midnight both ways. However, digital watches and clocks that display time in a 24-hour format and computer equipment treat midnight as the start of a new day and express it as 0000.

Writing Military Time

Different professions and types of organizations write military time differently. The military, emergency services and hospitals usually write military time as hours and minutes without a colon and often add the word "hours" afterward. The format is: hours minutes Example: 1331

GENERAL MESSAGE (ICS 213)

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

Property Loss or Damage Report (OF 289) (2 pages)

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. CREW NAME OR NO. <i>[O#, A#, E# or C#]</i>	2. ID NO. (FORM of-288, Emerg. Firefighter Time Report) Not Applicable
		3. ISSUED TO (Name and Address) <i>(Individual Name [point of contact], Home Unit & Address, email and telephone numbers – fax, cell, work, etc.)</i>	
4. ISSUING OFFICE OR CAMP			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Govt <input type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other _____	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No. if applicable) <i>If request is for such items as parts of an equipment or vehicle, include approximate year of age of equipment.)</i>			QUANTITY
a.			
b.			
c.			
9. Employee report on circumstances of loss or damaged to property listed: <i>(Be specific – date, place, division on fire; be descriptive of damage, loss, how did it occur, etc.)</i>			
10. SIGNATURE		11. DATE	
12. Witness report: <i>(Be specific –date, place, division on fire. Be descriptive of damage, loss, how did it occur, what did you see, etc.)</i>			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage: <div style="text-align: center; padding: 10px;"> See GREAT BASIN ATTACHMENT TO OF-289. Do not fill out this block. </div>			
16. SIGNATURE	17. TITLE	18. DATE	

GREAT BASIN ATTACHMENT TO OF-289

Claim # _____ Claimant Name: _____ Claimant RO# _____

Incident Supervisor Name and Incident Position: _____

Comments (provide complete and legible knowledge of damage/destruction and how it was caused by the incident):

Signature & Date: _____

Do Not Recommend Recommend

Email & Phone #: _____

Subject Matter Expert Name: _____

Ground Support Communications Computer Specialist Other: _____

Comments (provide justification in support of decision):

Signature & Date: _____

Do Not Recommend Recommend

Email & Phone #: _____

Return form to: _____ (FSC or COMP)

Finance – Review package for documentation and completeness. Forward package to approver.

Incident Agency Representative Name and Position: _____

(IBA/Fire Admin Representative, etc. Note: This final approval may be delegated to the IMT IC or FSC)

Decision:

Not Approved Approved

Approved with the following contingencies:

Signature & Date: _____

Contact Phone: _____ Email: _____

Supply Unit:

Sent to Dispatch (Date): _____ Resource Order Assigned: **S**-_____

Claim Form Damage, Injury, or Death (OF 95, 2 pages)

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:			2. Name, address of claimant, and claimant's personal representative if any. (See Instructions on reverse). Number, Street, City, State and Zip code.		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side).					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. WITNESSES					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
12. (See Instructions on reverse). AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See Instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM		14. DATE OF SIGNATURE
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, Imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? Yes No 17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

NWCG Motor Vehicle Accident Form (SF 91 5 Pages)

This form may be downloaded in fillable format from this website link

<https://www.gsa.gov/system/files/SF91-20.pdf>

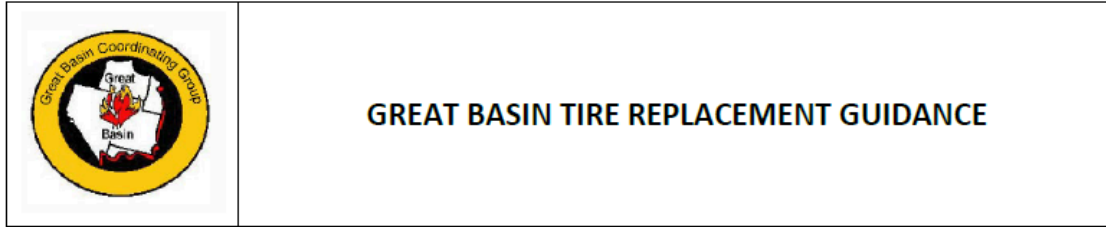
State of Utah Workman's Compensation 1st report of Injury form 122

Form 122E		EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS		Rev 10/2019	
TO BE COMPLETED BY EMPLOYER WITH ORIGINAL SENT TO INSURANCE CARRIER AND COPY SENT TO INJURED WORKER					
INJURED WORKER INFORMATION:					
Name:		Phone:			
Address:		City:		State:	Zip:
Social Security Number:		Date of Birth:			
Marital Status:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/>			
Occupation / Job Title:		Date Hired:			
Employment Status:		Number of Dependents:			
Wage:		Wage Period:		Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Full Pay for Day of Injury: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of Days Worked per Week:			
EMPLOYER INFORMATION:					
Business Name:		Phone:			
Employer Contact:		Phone:			
Mailing Address:		City:		State:	Zip:
Employment Address:		City:		State:	Zip:
Employer FEIN:					
INSURANCE INFORMATION:					
Carrier:		Phone:			
Carrier Address:		City:		State:	Zip:
Policy / Self-Insured Number:		Policy Period:			
OCCURRENCE/TREATMENT:					
Date of Injury / Disease:		Time of Injury:		Date Employer Notified:	
Nature:		Body Part:		Cause:	
Last Day Worked:		Date Disability Began:		Date Returned to Work:	
Fatality: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Death:		Date Administrator Notified:	
Address of Occurrence:		City:		State:	Zip:
Premises: Employer's <input type="checkbox"/> Other <input type="checkbox"/> Description:					
Accident Description:					
Provider Injured Worker Received Care From:					
Provider Address :		City:		State:	Zip:
Treating Physician:		Phone:			
Initial Treatment: No Medical Treatment <input type="checkbox"/> Minor: By Employer <input type="checkbox"/> Minor: Clinic/Hospital <input type="checkbox"/> Emergency Care <input type="checkbox"/> Hospitalized- 24 Hours <input type="checkbox"/> Future Major Medical/Lost Time Anticipated <input type="checkbox"/>					
Witnesses: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes list their names and phone number:					
For your protection, it is required by Utah Law to give notice that workers' compensation fraud is a crime. See next page for full fraud statement.					



160 East 300 South 3rd Floor P.O. Box 146610 Salt Lake City, Utah 84114-6610
 Office: (801)-530-6800 Fax: (801)-530-6804 Toll Free: (800)-530-5090 www.laborcommission.utah.gov

Great Basin Tire Replacement Form (3 pages)



Replacement tire(s) must meet vehicle specifications for size, load rating, speed rating and mission (i.e. off-road use). Ordering shall ensure tires received from the vendor meet the tire specifications requested. Any deviations must be approved by the incident prior to acceptance. Tires shall not have been manufactured more than 3 years prior to the request date.

Follow this procedure for replacement at the incident's expense when the resource believes the incident caused the damage:

1. Completion of Form OF-289, Property Loss and Damage, with the Great Basin Attachment. This form can be found at: <https://gacc.nifc.gov/gbcc/business.php>.
 - a. The resource requesting the replacement must complete the form with specific documentation regarding how the incident caused the tire damage/destruction.
 - b. All additional documentation and signatures shall be obtained (witness, supervisor, subject matter expert) prior to submission for approval.
 - c. Photos shall accompany the request whenever possible.
 - d. The Great Basin Tire Replacement Order Form shall accompany the request. This form can be found at: <https://gacc.nifc.gov/gbcc/business.php>.
2. Form OF-289 with Great Basin Attachment and all supporting documentation shall be presented to the approving official (i.e., Incident Business Advisor or Agency Administrator). Approving officials should take into consideration all provided documentation, statements and photos when making an approval determination. Refer to the document titled [Federal Agency Vehicle Property Damage - Incident Response Frequently Asked Questions](#) for guidance on incident tire replacement, and the definition for normal wear and tear of tires.
3. Tires will be ordered only when accompanied by the following:
 - a. Approved Form OF-289 with Great Basin Attachment
 - b. Great Basin Tire Replacement Order Form
 - c. Supply resource order number (S#) form. Resource order shall contain the number of tires approved, vehicle description for which tires are being purchased, tire vendor name/location, and purchasing method (buying team name, purchaser name, etc.).

Follow this procedure if payment will be made by the resource (with agency-specific funds):

1. Completion of the Great Basin Tire Replacement Order Form
2. Provide order form and payment information (fleet or card info etc.) to buying team.

TIRE INFORMATION AND INSPECTION

Pre-use inspection of contract equipment is mandatory. Out-of-service criteria for tire condition shall follow the OF-296 inspection form and the requirements of the applicable contract or agreement.

Some agencies have specific tire requirements that exceed DOT requirements (e.g. maximum tire age, minimum tread depth, etc.). Government-owned vehicles must comply with agency-specific tire requirements, where applicable.

Helpful links and references:

BLM tire information poster (includes useful information regarding tire size, load index/range, speed rating, tread depth and tire damage):

<https://www.nwccg.gov/sites/default/files/committee/docs/etc-tire-information-poster.pdf>

OF 296 Vehicle/Heavy Equipment Pre-Use Inspection Checklist (applicable to contractor-owned vehicles and equipment):

https://gacc.nifc.gov/nrcc/dc/mtmcc/DOCUMENTS/Logistics/OF-296_Equipment%20Inspection.pdf

ICS 212 Incident Demobilization Vehicle Safety Inspection checklist (applicable to government-owned and rented vehicles): https://www.nwccg.gov/sites/default/files/products/ics-forms/ics_212_wf.pdf



Great Basin Tire Replacement Order Form

Incident Name: _____
Incident Number: _____

Date of Order: _____ Time of Order: _____

Name of Requestor at Incident (print): _____
Resource Number of Requestor (crew or equipment): _____

Vehicle Description (year, make and model):	
Vehicle License Number:	
Vehicle Ownership (vendor name or name of Government agency):	
Telephone (vendor or Agency Office):	

Tire Size and Type:	
Number of Tires:	
Rim Required or Available?	
Acceptable Alternatives:*	
Suggested Tire Vendor (if known):	
Delivery Location at Incident:	

Date Needed: _____ Time Needed: _____

S Number: _____

VENDOR INSTRUCTIONS: Any substitutions to the above request must be approved by the requestor prior to acceptance of the order. Tires manufactured more than 3 years prior to this request shall not be acceptable.

PURCHASING CONTACT FOR INCIDENT:

Name: _____

Phone Number: _____

4/30/2019

Department Recertification Form for ICT5 and above

Utah Wildland Firefighter Recertification Request, for positions ICT5 and above

Fire Department :

Date:

Fire Fighter Name:

Date of Birth:

Requesting recertification as :

Or LAST 4 of SSN

These requirements have been met and the supporting documentation is on file with the fire department. Hard copies of Pack Test Time and Annual Refresher must accompany this document

Pack Test Time:

Date:

Annual Refresher:

Date:

I as the Chief of the: _____ Fire Department, I am certifying these conditions have been met and the attendance rolls and supporting documentation is on file with the department

Signed _____ Printed _____ Date _____

_____ Date _____

Utah Division of Forestry, Fire and State Lands: Area Fire Management Officer

_____ Date _____

Utah Division of Forestry, Fire and State Lands: Assistant Fire Management Officer

.....

Fire Experience's for the previous year, Only list 1 experience for each position filled

Fire Name	Wildcat Fire #	Fire Class	Location	Type 1-5	Fuel Model	ICS Pos.	Shifts	Dates

**** Fire Departments are also responsible for paying the recertification fee's to the Utah State Fire Certification Council ****

Minimum Inventory Required for Wildland Engine

		Hose: Type 3 Engine			Hand Tools
	500 ft	1 ½		1	Fire Shovel
	500 ft	1 inch		1	Pulaski
	200 ft	¾ inch		1	Scraping Tool of Choice
		Hose: Type 4, 5 & 6 Eng.			Miscellaneous
	300 ft	1 1/2 inch		2 roll	Flagging
	300 ft	1 inch		1	Fire Extinguisher (5BC +)
	200 ft	¾ inch		1	Belt Weather Kit
		Water Handling Equip.		1	First Aid Kit
	2	1 inch Gated Wyes		1	Hydrant Wrench
	2	1 ½ inch Gated Wyes		2	MRE per person (minimum)
	2	1 inch Combination Nozzles		5 gals	Extra Fuel for truck / pump
	2	1 ½ inch Combination Nozzles		1	Jack and Lug Wrench
	1	Forester Nozzle (optional)		1	Drip Torch or 1cs. Fusees
	1	¾ inch Nozzle		1	Backpack Pump
	1	1 ½ inch Double Male		2	Bastard Files
	1	1 ½ inch Double Female		1	Chainsaw 20" bar minimum
	4	1 ½ inch to 1 inch Reducers		1	Chainsaw Chaps
	2	1 inch to ¾ inch Reducer		1	Eye & Ear Protection
	1	2 ½ to 1 ½ Hydrant Adapter		1	Gal. Mixed Gas + 1 qt. Bar Oil
	20 ft	Suction Hose and Foot Valve		1	Chainsaw Tool Kit
	1	Spanner Wrench 1-1 ½ combo		2	Flashlights
	1	Hose Clamp		1 box	Extra Batteries (lights + radios)
		Pump Test: Draft Test:		2	Wheel Chocks
				5 gal	Drinking Water
				1	Handheld Radio (field programmable)
				1	Handheld GPS Unit (NAD 83)
Required Documents: Inventory, UWRMOU, FD Handbook, Cooperator Letter, Rate Agreement, Proof of Insurance,					
Does the apparatus have all of the appropriate interagency frequencies in a narrow band radio?					

Structure Engine Inventory

County: _____ Dept: _____

Engine ID: _____ UWRMOU # _____

Engine Type Class: Type 1 Type 2

List Taken from NFPA Standards 1901, 1903, 1904 2016 edition. Type 1 and 2 engines would all be expected to follow these requirements and to include this equipment when in the structural fire fighting mode.

Refer to Fire Department Manual and Rate book for further information and explanations.

- All hose and appliance threads NST. Adaptors are acceptable
- Red flashing light, or rotating lights visible 360 * Two sealed beam rear lights
- Automotive type horn and electronic siren. Ignition Key if any shall not be removable

1	Axe Pick Head	1	Ladder 14-foot Roof
1	Axe Flat Head	1	Ladder 24-foot extension
	Suction Hose Minimum 15 ft.	1	Ladder 10 ft Attic
1	Pike Pole or Plaster hook 6 foot	1	First Aid Kit (Basic OSHA
1	Pike Pole or Plaster hook 8 or 10 foot	2	Combination Fog Nozzle 200 GPM
2	Hand Lights Portable	2	Combination Fog Nozzle 95 GPM
2	Fire Extinguisher 80 BC or 10 BC CO2	2	Double Male Sized to each hose used
	Wildland Hand Tool (1 per Person)	2	Double Female Sized to each hose used
1	DBL F swivel connection (see manual	1	Gated Wyes Sized to each hose used
	SCBA 1 for each firefighter 30 min PP	2	Hydrant wrench
	SCBA spare cylinder 1 for each SCBA	4	Spanner wrench
2	Wheel Chocks Industry standard	1	Rubber mallet
	Narrow Band Radio (programmable)		UWRMOU Documentation
	Full Wildland PPE for all Personnel		Full Structural PPE for all Personnel
1	Chain Saw + Saw Safety Equipment	1	Handheld GPS (NAD83)
	Pump Test		Draft Test

Comments: _____

Inspected By: _____ Date: _____

Water Tender Minimum Inventory Checklist

County: _____

Dept: _____

Plate: _____

UWRMOU # _____

Tender Type Class: _____

Tactical: Yes • No •

√	Hose		√	Tools	
	100 ft	1 ½ inch hose		1	Fire Shovel
	200 ft	2 ½ inch hose		1	Pulaski
	20 ft	Suction hose with foot valve			
√	Water Handling Equipment		√	Miscellaneous	
	1	1 ½ inch Double Male		1	Fire Extinguisher (5BC +)
	1	1 ½ inch Double Female		1	Handheld Radio (field prog.)
	1	2 ½ to 1 ½ Hydrant Adapter		2	MRE per person (minimum)
	1	1 ½ inch Gated Wye		1	First Aid Kit (5 person)
	1	Hose Clamp		2	Flashlights
	1	Hydrant Wrench		1 box	Extra Bat (lights + radios)
	1	Spanner Wrench		2	Wheel Chocks
				5 gal	Drinking Water
				5 gal	Extra Fuel for truck
Tactical Tenders Must Also Have Items listed Below					
	300 ft	1 inch hose		1	Belt Weather Kit
	2	1 inch Combination Nozzles		1	Drip Torch or 1cs. Fusees
	2	1 ½ inch Combination Nozzles		2	Bastard Files
	4	1 ½ inch to 1 inch Reducers		1	Chainsaw 20" bar minimum
	2 roll	Flagging		1	Chainsaw Chaps
	1	Backpack Pump		1	Chainsaw Tool Kit
	1	GPS Handheld Unit (NAD 83)		1	Eye & Ear Protection
Required Documents: Inventory, UWRMOU, FD Handbook, Cooperator Letter, Rate Agreement, Proof of Insurance, Pre-Use Inspection					
Does the apparatus have all of the appropriate interagency frequencies in a narrow band radio?					
Pump and Draft Test					

Comments: _____ Inspected By: _____ Date: _____

Equipment and Supply Lists (Medical) Emergency Medical Technician (EMT) Personnel

*Additional equipment/supplies as allowed for by licensure, credentialing and/or incident medical director and specific to incident needs. The number of items needed is dependent on the size of the incident. This list is not intended to define or limit contractual purchases.

Oxygen & Airway	
Oxygen cylinder, Jumbo-D, filled	Nasal cannula, Adult
Bag-Valve-Mask, Hand Operated, Self Re-Expanding Bag, Adult, Clear Mask, Tubing & Reservoir (no CO2)	Suction unit, hand-powered, wide-bore tubing, rigid pharyngeal curved suction tip, tonsillar, suction catheters, 5F-14F (Suction Easy, or like)
CPR Pocket Mask, "Seal Easy" Blob®, w/Oxygen Port & 2 ea. one-way valve, or like	Bag, oxygen, sized to hold listed contents, & suitable for back country operations
Oxygen regulator, 0-15 LPM & 1 spare gasket	Oxygen Masks, adult, non-rebreather
Airway, Oropharyngeal (1 ea. Size 2, 3, 4, 5 & 6)	Airway, Nasopharyngeal, size 30, 32, 34 & 36 FR

Trauma Supplies	
Bandage, Gauze, Sterile, 4x4	Dressing, Finger Tip, Cloth
Bandage, Gauze, Sterile, 2x2	Dressing, Band-Aid, Cloth, 1" x 3"
Bandage, Gauze, non-sterile, 4x4 bulk	Dressing, Butterfly, Large
Bandage, Gauze, 3" x 5 yards	Dressing, Butterfly, Small
Bandage, Conforming Gauze Bandage, 4.5"	Dressing, Non-Adhering, 3" x 3", "Telfa®" or like
Bandage, Conforming Gauze Bandage, 2", or like	Dressing, Transparent, 4" x 4 1/2", "Tegaderm®" or like
Bandage, Self Adherent Wrap, Coban®, 1" or like	Dressing, Transparent, 2" x 3 1/2", "Tegaderm®" or like
Bandage, Self Adherent Wrap, Coban®, 2" or like	Bandage, underwrap, athletic
Bandage, Self Adherent Wrap, Coban®, 3" or like	Dressing, 2nd Skin®, 1" squares
Bandage, Elastic, 4", ACE® wrap or like	Dressing, 2nd Skin®, 3" circles
Tourniquet, arterial occlusion type	Dressing, 2nd Skin®, pack

Bandage, Triangular, 40" x 40" x 56"	Moleskin®, 10" x 5 yards
Dressing, Knuckle, Cloth	Dressing, Occlusive, 4" x 4" or like
Dressing, Multi-Trauma, 10" X 30"	Tape, Porous (athletic), 2"
Dressing, Combo, 5" x 9"	Tape, Transpore®, 1"
Dressing, Non-Adherent, 2" x 3"	Prep-Pad, Providone / Iodine
Tincture of Benzoin	

Equipment

Pulse Oximeter, finger w/case	Holster, belt type
Safety Pins	Shears, Bandage, 7 1/2"
Ring Cutter	Shears, Bandage, 4 1/2"
Tweezers, splinter	Shears, Trauma, 7 1/2"
Tweezers, splinter w/magnifier	Scissors, Tissue, Straight
Thermometer, Oral, digital w/10 sheath	Scissors, Tissue, Curved
Forceps, 5-1/2"	Clipper, finger nail
Sphygmomanometer, adult, of high quality	Stethoscope, of high quality
Penlight	Clipper, toe nail
Scalpel, disposable	Clipboard, 9" x 12 1/2"
Magnifier, hand held, with light	Bag, Backpack first aid, "True North Medic Pack®", or like, for line walking
Automated External Defibrillator w/appropriate supporting supplies	

Splinting Items

C-Collar, Stiff Neck® Type adjustable, or like	Head Blocks, adjustable
C-Collar, Stiff Neck®, No-Neck, or like	Splint, finger
Splint, Sam® splint or like	Splint, Traction (KTD® folding or like)

Upper and lower extremity immobilization devices, air or vacuum type	Bag or case (hold listed items except backboard) w/attachment system to hold bag to backboard
Backboard, (prefer folding 350 lb. capacity)	Splints, Cardboard, assort. or like in lieu of air or vacuum
Restraint Strap(s), suggest Spider strap-color coded	Extrication Device, KED® or Oregon Spine Splint II® or like
SKED® Rescue Litter , vacuum spine board or like	Pelvic splint, T-POD®, Sam Sling® or like

General Supplies

Pencil, mechanical or writing pen	Emergency blanket
Bag, Bio-Hazard, 5 gal, 12" x 15"	Hot pack, disposable, 5" x 8" or larger
Bag, Plastic, Zip-Lock, (snack size)	Cold pack, disposable, 5" x 8" or larger
Bag, Plastic, Zip-Lock, (gallon size)	Solution, hydrogen peroxide, 16 oz.
Eye protection (full peripheral glasses or goggles)	Bedpan, disposable
Face Mask w/splash shield	Urinal, disposable

General Supplies Cont.

Gloves, non-latex exam, med.	Isopropyl Alcohol, 99%, cleaning
Gloves, non-latex exam, large	Betadine Solution, skin cleaning microbicide
Gloves, non-latex exam, small	Emesis bag
Gloves, non-latex exam, XL	Tongue Depressor, Sterile
Eye, Irrigating solution, 4 oz.	Lock Box to store patient evaluation forms per agency regs.
Disinfectant hand wash, commercial antimicrobial (towelette, spray, liquid)	Disinfectant solution – equipment
Hand sanitizer. 4 oz.	Brush, scrub surgical
Gown, disposable, open back	Syringe, Sterile, 20-60 cc (wound cleaning)
Sterile Water or Normal Saline (wound cleaning)	

Burn Supplies	
Burn sheet, non-disposable	Burn sheet, disposable
Burn Kit, Water-Jel (1 ea. Dressing 36" x 30", 8" x 18", 4" x 16" & face, 3 ea. 4" x 4", 4 ea. 4" x 3" gauze a 1 ea. Scissors) or like kit	Fluid, Sodium Chloride, 0.9% (Normal Saline)
Suggested Printed Items	
Patient care charts/forms	OTC issue/tracking form
First Aid reference guide(s)	Medical Direction approved Protocols

*** Any support supplies or items like batteries or bags to hold equipment, etc. are to be included.**

**** In general, equipment & supplies are to be suitable for remote field operations & fireline walking.**

***** This equipment & supply list may change with updated treatment protocols & standards orders.**

****** When building kits, appropriate personal protective equipment for medical personnel, blood borne pathogen and biohazard exposure is to be included.**

Equipment and Supply List Advanced EMT Personnel

(This list is in addition to the EMT equipment & supplies listed above, when medical control is established)

Airway & Equipment	
Advanced Airway kit -per medics protocols – Multi-lumen only (i.e., LMA®, King Airway, Combitube®, etc.)	Oxygen Mask, Nebulizer w/1 ea. tubing, mouthpiece, tee adapter & reservoir
Equipment	
Glucometer and supplies	

IV Supplies (needleless systems required when available)	
Bag, IV starter Kit	Syringe, Sterile, assorted sizes (10, 20 & 60 cc)
IV Catheters, Protective® Plus, or like, assorted sizes	Tourniquet, IV, Disposable, non-latex
Pressure Infuser Bag, Disposable	Sharps case, 1 qtr.
IV Fluid Administration Set, Needleless, Adjustable (selec-3) Macro-drip 10-15-60 gtts	Fluid, Lactated Ringers, 1000 ml bags (per standing orders)
Syringe, Sterile, "Vanish Point®", or like, 3cc w/25g x 5/8" needle	Syringe, Sterile, "Vanish Point®", or like, 1cc w/25g x 5/8" needle
Needle, Hypodermic, 25 gauge	Needle, Hypodermic, 18 Gauge
Sharps Container, Pocket Size	Prep Pad, alcohol, large
Intraosseous device, w/supporting supplies (per standing orders)	Prep Pad, iodine/povidone, large
Fluid, Sodium Chloride, 0.9% (Normal Saline), 1000 or 500 ml. bags (or fluids per standing orders)	IV Starter kit, Veniguard® or like system
Drugs mg/ml fix	
Albuterol Inhaler, 17 gm, with spacer	Naloxone Hydrochloride, 2 mg per mfg.
Albuterol Sulfate Solution, 2.5 mg/3 ml per mfg.	Nitroglycerin 0.4 mg, Tablet, 25/bottle
Dextrose 50% Injection, 25 g/50 ml per mfg.	

Equipment and Supply List Paramedic Personnel

(This list is in addition to the EMT & Advanced EMT equipment & supplies listed above,
when medical control is established)

Airway & Equipment	
Advanced Airway kit - per medics protocols (i.e., ET Kit, King Airway®, etc.)	Monitor/Defibrillator, Portable, battery-operated w/appropriate supporting supplies
Drugs mg/ml fix	
Atropine Sulfate, 0.1 mg/1 ml, 10 ml per mfg.	Epinephrine 1:10000, 0.1mg/ml, 10 ml per mfg.
Dopamine Medicated IV Drip	Epinephrine 1/1000, 1mg/ml, 1 ml per mfg.
Calcium Chloride 10%, 10 ml vial	Lidocaine 2%, 20 mg/ml, 5 ml per mfg.
Diphenhydramine, 50 mg/ml, 1 ml per mfg.	Lidocaine Medicated IV Drip
Drugs mg/ml fix continue	
Sodium Bicarbonate Preload	Diltiazem – (Cardizem®, Dilacor®, Tiazac®)
Midazolam – (Versed®) 5 mg vial	Magnesium Sulfate 1 gm vial
*Preloaded syringes preferred when available **Additional drugs as allowed for by licensure, credentialing and/or incident medical director.	

Over-the-Counter Products

This list of items is to be provided by established programs, or incident Medical Units, with medical control approval. Unit doses are preferred as available, to assure recipient retains drug identification, indications, contraindications and dosage directions.

Antacid, Tablet, unit dose	Cough Drops, Halls® type or like
Anti-Diarrheal, unit dose	Diphenhydramine, 25 mg caps or dissolving strips, unit dose
Anti-Fungal Cream, Athlete's Foot, .5 oz., unit dose	Hand Lotion, unit dose
Anti-Itch Cream, Hydrocortisone 1%, 1/32oz, unit dose	Eye drops, 1/2, unit dose
Anti-Pain gel or liquid , Tooth, unit dose	Eye Irrigating Solution, 4 oz.
Nasal Spray, saline, unit dose	Lip Balm, unit dose SPF (Hydrating not wax)
Anti-Pain/Inflammatory, Acetaminophen, 500 mg, unit dose	Bacitracin® Ointment, or Polysporin®, or like, 1/32 oz., unit dose
Anti-Pain/Inflammatory, Aspirin, 325 mg, unit dose	Nasal Decongestant, "Afrin Spray®", unit dose
Anti-Pain/Inflammatory, Ibuprofen, 200 mg, unit dose	Nasal Decongestant, Day Time, unit dose
Anti-Pain/Inflammatory, Naproxen, 220 mg, unit dose	Nasal Decongestant, Night Time, unit dose
Muscle Rub, Ben Gay® or like, 2 oz.	Providone-Iodine, ampoules
Bag Balm®/Aquaphor®, unit dose	Glucose, Insta 15g, unit dose
Cough Drop, Chloraseptic®, or like, unit dose	Tampon & Sanitary Napkins
Foot Powder, 2 to 4 oz., Gold Bond® or like	Anti-Itch Cream, Calagel® or like, unit dose
Poison ivy/oak creams – Tecnu®, Zanfel® or like	Lotion, Sun Block, 20 SPF or higher, 1 to 2 oz.
Hemorrhoidal suppositories or creams	Dextrose, tube, 15gm
Cough suppressant, mucolytic or like	Acid Reducer (Prilosec®, Zantac®, Tagamet®)

Large Incident Assignment Checklist

Always keep a copy of the Rate Book available, and refer to this checklist.

When called to an incident, Questions to Ask:

- ❑ What is a Resource Order? This will be used to track equipment and personnel to the incident, during the incident, and when it is released. A copy of the Resource Order must be obtained in order to check-in at an incident and must be attached to the final invoice.
- ❑ Where to report? The incident may have several reporting locations. The dispatch center assigning the Resource Order will provide incident check-in information, including location.
- ❑ Who to report to? Dispatch will provide information for check-in, but typically this takes place with the Planning Section at Status/Check-in. Larger incidents may establish staging areas providing check-in. Incident contact information (i.e. radio frequencies, phone numbers, etc.) is supplied at check-in.
- ❑ Starting time? Communicate with dispatch to determine departure time, hours in travel, and estimated time of arrival at the reporting location. This is important for incident operations and for payment procedures. Time in travel status must be clearly indicated on CTRs and Shift Tickets. While in travel status, personnel **MUST** take a lunch break if travel exceeds 8 hours.

Upon Arrival at Location of Incident:

- ❑ Have Resource Order available for check-in.
- ❑ After check-in, a copy of the Cooperative Fire Rate Agreement (FRA) must be given to the Finance Section. Equipment payment is determined by this documentation.
- ❑ During check-in, If the resource is using the True Cost to Government rate for personnel a rate sheet showing each individual's rate must be included with the FRA. Fire department personnel using the standard rate are listed by position in the FD manual and rates by position ordered.
- ❑ An Emergency Equipment Shift Ticket must be initiated at time of travel. A signed Shift Ticket with a breakdown of travel hours and work hours is required to receive payment.
- ❑ A Vehicle/Heavy Equipment Inspection may be completed upon arrival and a copy must be kept with the vehicle at all times.
- ❑ A complete inventory list must be provided upon check-in. Equipment must meet minimums as outlined in this document.

During Incident:

- ❑ Be sure a Shift Ticket and CTR is completed and signed at the end of each operational period. Shift Tickets and CTR must be turned into the Finance Section daily
- ❑ Keep **originals** of Shift Ticket and CTR. Payment is based on the information recorded on these forms. Signed originals must be retained by the FD for payment from the State of Utah.
- ❑ While on incident, a letter of justification for hotels and meals will be required. This justification can be noted on the resource order. Hotel rates must fall within GSA guidance or an authorization letter from the jurisdictional authority must be provided.

- ❑ Restock of equipment and supplies from the Supply Unit are allowed. Upon demobilization, if there is a need to replace items used on the incident and are not available at the Supply or Ground Support Unit, an “S” number will need to be obtained by the FD for the item(s) that need to be replaced. I completed and signed copy of the property loss and damage form that must also be obtained and submitted with department billing for reimbursement. A copy of the Supply Resource Order must also be submitted, with the receipt of purchase, for reimbursement.
- ❑ Medical injuries or sickness must fill out Workman’s Compensation form. The fire may pay for minor medical treatment on the incident. The original of the Workman’s Compensation form needs to be attached to the release paperwork and brought to the home unit. All paperwork must be held by the FD in case further questions arise about the bill for the medical service that was obtained. If additional medical attention is needed at the home unit, paperwork must be filed with the Workman’s Compensation Fund. Form 122 is in the Reference Section of the FD Manual and Rate book.

Upon Release from the Incident:

- ❑ A Release and Post-Inventory Inspection may be performed on equipment before departure from the incident.
- ❑ A Performance Evaluation should be completed whenever possible.
- ❑ Emergency Equipment Shift Ticket(s) and CTRs must be complete and signed. FD must submit the original copy for reimbursement. (this can be an electronic signed copy or the original hard copy document)
- ❑ Completed finance packages (Original Shift Tickets, CTRs, and S Numbers, inspections, fuel tickets, and General Messages) must be given to the FD for delivery to the appropriate FFSL Area office for payment.
- ❑ Time in travel status must be clearly indicated on CTRs and Shift Tickets. While in travel status, personnel **MUST** take a lunch break if travel exceeds 8 hours

Acronyms

AA	Agency Administrator
OP	Operating Plan
CAFS	Compressed Air Foam Capabilities
CTR	Crew Time Report
EERT	Emergency Equipment Shift Ticket (OF-297)
FBS	Fire Business System
FD	Utah Fire Departments, Fire Districts
FEPP	Federal Excess Personal Property
FFSL	Utah Division of Forestry, Fire & State Lands or the Division)
FFT1	Firefighter Type 1 (NWCG) equivalent to WFF2 Wildland Firefighter 2 (NFPA)
FFT2	Firefighter Type 2 (NWCG) equivalent to WFF1 Wildland Firefighter 1 (NFPA)
FMO	Fire Management Officer
FRA	Fire Rate Agreement
FRT	Flame Retardant Treated
GVW	Gross Vehicle Weight
GVWR	Gross Vehicle Weight Rating
HEQB	Heavy Equipment Qualified
IA	Initial Attack
INBA	Incident Business Advisor
IC	Incident Commander
ICS	Incident Command System
IMT	Incident Management Team
NFPA	National Fire Protection Association
NIMS	National Incident Management System
NWCG	National Wildfire Coordinating Group
PPE	Personal Protective Equipment
ROSS	Resource Ordering and Status System
RX	Prescribed fire
SIIBMH	Standards for Interagency Incident Business Management Handbook
UFRA	Utah Fire and Rescue Academy
UHP	Utah Highway Patrol
UWCAC	Utah Wildland Cooperator Advisory Council
UWRMOU	Utah Wildland Resource Memorandum of Understanding
WAT	Non-Tactical Water Tenders
WFF1	Wildland Firefighter 1 (NFPA) equivalent to FFT2 Wildland Firefighter 2 (NWCG)
WFF2	Wildland Firefighter 2 (NFPA) equivalent to FFT1 Wildland Firefighter 1 (NWCG)
WTT	Tactical Water Tenders

General Provisions and Instructions to Cooperative Fire Rate Agreement

Utah Fire Departments are Cooperators of the State of Utah. Agreement between the State of Utah and federal land management agencies identifies Cooperators as State controlled resources when dispatched outside their area of jurisdictional responsibility.

This Cooperative Fire Rate Agreement (FRA) is established pursuant to the Cooperative Intergovernmental Agreement and/or Utah Wildfire Resource Agreement currently in effect between the Utah State Forester and the Cooperator/County. Refer to the Great Basin geographic supplement to SIIBM chapter 50 and Payment tool kit for additional information on Utah Cooperators.

Incident Financial Guidance

- D Cooperators are afforded the same status and responsibilities as state or federal agencies, including equipment replacement of tools and supplies (Chapter 30-6; 30-7 SIIBM).
- D Damage to rolling equipment in excess of normal wear and tear will be documented at the incident and follow Property Management Guidelines (Chapter 30) and vehicle accident incident reporting procedures. Supply numbers may be issued for repairs/replacement.
- D Equipment use will be recorded each day on shift ticket form (OF-297) including a listing of each assigned personnel by first and last name. Odometer start and end must also be recorded.
- D Single overhead and crews will record time on Crew Time Reports (SF-261)
- D Single overhead with vehicles may record mileage start and end and daily use of vehicle in block 11 (remarks) on Crew Time Reports (SF-261)
- D **Incident agencies should keep file copies only.** Cooperators and/or County must submit original time and payment documents to the State Area Office listed on the FRA for reimbursement.
- D All cooperator personnel have cooperator provided workers compensation coverage. APMC may be used when provided by the benefiting agency and agreed to by the employee.
- D All equipment is provided with operating supplies (wet).
- D Equipment rates do not include minimum NWCG staffing. Staffing rates are by position or a true cost to government rate that has been approved by FFSL.
- D FEPP denotes federal excess equipment loaned to the Cooperator and provided to the incident at reduced rates.

Provisions:

1. Equipment and staffing qualifications will meet State qualifications outlined in the FD Manual. The State reserves the right to perform inspections to ensure compliance with the FD Manual requirements, and the right to reject equipment, which is not in safe and operative condition or does not meet inventory requirements. No payment will be made for rejected equipment.
2. Staff changes on equipment must be indicated in the remarks on the shift ticket OF-297. The number of personnel on shift must meet approved staffing levels.
3. Operating supplies are to be provided by the Cooperator (wet) except generators and volume pumps when ordered. Operating supplies include fuel, oil, filters, and lube/oil changes. Even though all operating supplies are to be furnished by the Cooperator, the benefiting agency may, at its option, elect to furnish such supplies when necessary to keep the equipment operating. The cost of such supplies will be deducted from payment to the Cooperator.

4. Replacement of consumables' or damage/loss of cooperator property will follow IIBMH Chapter 30-6; 30-7, and benefiting agency guidelines when damage or loss is determined not the result of negligence by the Cooperator.
5. Damage / Loss to rolling equipment in excess of normal wear and tear will be documented in writing at the incident prior to demobilization. Damage to vehicles will be reported to the incident safety officer for investigation and documented on appropriate motor vehicle accident forms. Damage and loss reporting of equipment will follow IIBMH Chapter 30-6 and 30-7. A
6. Employee Claims for personal property lost or damaged on the incident will be considered for reimbursement on a case-by-case basis and adjudicated by the State.
7. Payments:
 - a. Rates of payments: Payment for equipment and staffing furnished shall be in accordance with the following, except as provided in clause 8:
 - i. Hourly Work Rates: Shall apply when the cooperator's resources are under hire as ordered and on shift, including relocation of equipment under its own power or when transported.
 - ii. Mileage Work Rate: Mileage plus an hourly or daily rate applies for each calendar day.
 - iii. The maximum daily rate for equipment with mileage will be the total payment for the equipment in a calendar day when the hours worked multiplied by the hourly work rate equal the maximum daily rate.
 - iv. Equipment under a Maximum Daily rate receives full payment when under hire for 8 or more hours. Half day or an hourly rate is applied if work hours are less than 8 hours.
 - v. Equipment will not be compensated for the time when broken down. Personnel time may be charged for the predicted travel hours without the breakdown..
 - vi. Double shift (DS) is staffed with two operators (one per shift). DS may be approved by the incident management team only. There will be no compensation for a double shift unless a separate operator(s) is/are ordered in writing for the second shift. Compensation for DS will be calculated using Equipment Maximum Daily rate, plus additional personnel hours associated with staffing.
 - b. Method of Payment: **Originals are retained by the cooperator when released** from the incident for payment by the State. A cooperator invoice will be submitted to the Utah State Area Office preferably no more than 30 days after returning to their home unit. The Administrative office for payment is the Area Office listed on page 1 of the Cooperative Fire Rate Agreement (CFRA). Original invoices and payment documents generated at the incident are **not** submitted to the jurisdictional agency.
8. Payment Exceptions
 - a. No further payment under Clause 8 will accrue during any period that equipment under hire is not in a safe or operable condition or when Cooperator furnished staffing is (are) not available.
 - b. If the Cooperator withdraws equipment and/or staffing prior to being released, no further payment under clause 8 shall accrue and the cooperator shall bear all costs of returning equipment and/or operator(s) to the point of hire.
 - c. After inspection and acceptance for use, equipment and/or furnished staffing that cannot be replaced or equipment that cannot be repaired at the site of work by the Cooperator or by the benefiting agency, within 24 hours, may be considered as being withdrawn by the Cooperator, except that the benefiting agency will bear all costs of returning equipment and/or staffing to the point of hire as promptly as emergency conditions will allow.
9. Cooperators will be self-supporting when accepting an assignment. The incident may provide food and lodging including a designated camping area and meals ready to eat (MRE). The cooperator shall provide sleeping equipment such as tents or shelters, sleeping bags, etc.
10. When not provided by the incident, reimbursement for meals and lodging is based on the employees' agency travel policy. GSA rates will apply if the agency does not have a documented travel policy. Meals and lodging will be reimbursed by the State when the resource is following travel orders or for approved expenses when not provided by the incident. The cooperator will provide travel expense documentation for any approved meals and lodging preferably within 30 days of returning to their duty station.
11. During unique situations when GSA lodging rates are unable to be acquired such as during travel to/from home an assignment. A letter or memo with the Fire Chief's signature must be included with the uploaded supporting documentation associated with the invoice. This needs to support that rates were not available at or below current published GSA location rates. In the event the rate goes 150% above GSA the Area FMO must be included in the approval process. This method should only be utilized when communication to the agency having jurisdiction can't be made or is unavailable.

12. Commissary must be paid by the employee with cash or credit card. No invoice or payroll deductions are allowed.

13. Personal Protective Equipment supplied by the Cooperator must include, hardhat, goggles or safety glasses, long sleeve fire resistant shirt, fire resistant trousers, leather lace-up boots with minimum 8" top and non-skid soles, leather work gloves, headlamp, and a fire shelter. Personal protective equipment shall meet NFPA 1977-93 where applicable.
14. Accepted driving guidelines and work/rest guidelines listed in the IIBMH and FD Manual and Rate Book will be followed. The Incident Commander or Agency Administrator must justify work shifts that exceed 16 hours and those that do not meet 2:1 work/rest ratio. Justification will be documented in the daily incident records. Documentation shall include mitigation measures used to reduce fatigue. Extended shift documentation from the incident will be included with the bill supporting documents in FBS.
15. Length of Assignment: Standard assignment length is up to 14 days, exclusive of travel from and to home unit.