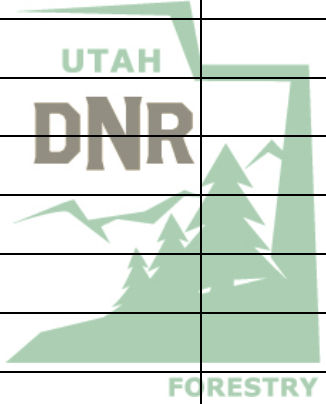


EMERGENCY PERSONNEL & EQUIPMENT SHIFT TICKET					1. RESOURCE ORDER NO.		2. EQUIPMENT STATUS: INSPECTED & UNDER AGREEMENT <input type="checkbox"/> RELEASED BY GOVERNMENT <input type="checkbox"/> WITHDRAWN BY CONTRACTOR <input type="checkbox"/>				
3. OWNER / COOPERATOR / CONTRACTOR NAME:					4. CONTRACT / AGREEMENT NUMBER:						
5. OPERATOR FURNISHED BY: GOVERNMENT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/>			6. OPERATING SUPPLIES FURNISHED BY: GOVERNMENT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/>			7. INCIDENT NAME:			8. INCIDENT NUMBER		
9. EQUIPMENT TYPE:			10. EQUIPMENT MAKE / MODEL:			11. REMARKS (travel, released, down time and cause, problems, etc)					
12. VIN #:			13. LICENSE #								
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
	16. Start	17. Stop									
27. CONTRACTOR OR AUTHORIZED AGENT SIGNATURE				28. GOVERNMENT OFFICER SIGNATURE			29. DATE SIGNED		30. INVOICE POSTED BY (recorder's initials)		



This page to Finance after completed and approved