FIRE DEPARTMENT MANUAL & RATE BOOK

UTAH DIVISION OF FORESTRY, FIRE & STATE LANDS

2008

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INTRODUCTION

The Utah Division of Forestry, Fire & State Lands (FFSL) Fire Department Manual & Rate Book defines the required procedures for wildland fire certification, establishes an agreement and payment method for Utah fire departments providing services on wildland fires outside their jurisdictional responsibility.

The procedures described are designed to be used on wildland fire incidents by fire department. 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 Fire Departments or Districts for all dispatches outside their jurisdictional responsibility. The only exception is initial attack as described in inter local mutual aid agreements.

It is the responsibility of the local FFSL Area Manager (or designee) to establish a Memorandum Of Understanding with Fire Service Organizations for work on wildland fires outside their jurisdictional responsibility. A list of FFSL Area Offices and contacts is included in this document.

Agencies using equipment from Fire Departments or Districts are responsible for equipment and personnel timekeeping at the incident. **It is the responsibility of the Department or District to submit all their original payment documents from the incident, both personnel and equipment, along with invoice to the appropriate FFSL Area Office for payment.**

When five or more engines are dispatched to an incident, FFSL may furnish, upon request, a liaison to make sure the departments and the incident are made aware of their responsibilities. Incident management teams are responsible for keeping time on city, county, and rural fire departments in the same manner as any other cooperator. **However, all original payment packages are to be sent home with the Department or District for FFSL to audit and issue payment**.

The role of the liaison is to ensure Cooperative Fire Rate Agreements are valid and Department or District resources are familiar with the Incident Management Team's (IMT) procedures i.e.: timekeeping, caterers, showers, re-supply, etc.

AGREEMENTS

The Utah Division of Forestry, Fire & State Lands is a party to the Cooperative Fire Management Agreement. This agreement defines the relationships and procedures for cooperating with Federal agencies on wildland fires in Utah. In paragraph 8 of the INTERAGENCY COOPERATION section it 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." The FFSL maintains a Wildland Fire Protection Agreement with every county. If a fire department chooses, they may enter into a Memorandum of Understanding (MOU) with FFSL. This MOU becomes an addendum to the county Wildland Fire Protection Agreement. This document provides a mechanism for procurement, use and compensation for fire department resources outside their jurisdictional responsibility. This procedure is reinforced and restated in the State Wide Annual Operating Plan (AOP) which all wildland fire management agencies in Utah are a party to. Section seven states that: "Local fire departments that respond to fires outside their area of statutory authority will establish a memorandum of understanding with the Division of Forestry, Fire & State Lands." Local Annual Operating Plans further define the specific roles and responsibilities of wildland fire management agencies. Each interagency dispatch zone has its own annual operating plan.

SIGN UP PROCEDURE

The first step in making your department eligible for reimbursement for fire suppression services outside your jurisdictional responsibility is to contact your local FFSL office. Division personnel will assist you in establishing a memorandum of understanding between FFSL and your department. The MOU will become an addendum to the County Wildland Fire Protection Agreement. This agreement will define the roles and responsibilities of each party.

You will also develop a Cooperative Rate Agreement (Form FM 100) as part of the MOU. The FM 100 will identify all equipment available for fire assignment, sets hourly rates, minimum and standard staffing levels for each piece of equipment. Rates are based on Great Basin / Rocky Mountain established rates for similar equipment. Minimum staffing levels are defined by NWCG standards. See other Engine provisions.

Nothing in the MOU commits the department to make equipment or personnel available to fire assignments outside their jurisdictional responsibility. The Department or District may restrict resources availability in order to provide an adequate level of fire protection on lands within its own jurisdictional boundary or service area.

All equipment identified in the cooperative agreement with the FFSL will be subject to inspection prior to use. FFSL will conduct pre-season inspections annually of all equipment to insure mechanical soundness, safety and equipment inventory meet the requirements set forth in this document.

Once the department has established an 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 the equipment is available for dispatch and the duration of the availability.

ASSIGNMENTS

In order for fire department resources to be eligible for reimbursement under this MOU, they must be requested or approved by the Division or its Cooperators. Payment shall be made only for fire suppression activities on lands outside the Department or District's established jurisdictional boundaries. The Department or District is also eligible for reimbursement for fire suppression on state or federal wildlands within its jurisdictional boundaries when requested by the Division. Independent action taken on lands owned by the State or Federal government by the Department or District is not eligible for reimbursement if the Division is not immediately notified of the fire and the State and/or Federal agency does not approve of the action being taken. Although, action may occur under closest forces or mutual aid in order to protect the Department or District's jurisdiction or neighboring jurisdictions during initial attack, reimbursement should not be assumed.

The Division's duty officer must approve dispatches outside of the local Interagency Fire Center dispatch zone.

Initial Attack. A fire Department or District may be the first and/or only resource to respond to a wildland fire on behalf of FFSL or it's cooperators. In this case the Department or District must be able to communicate by radio with the local interagency fire center. Communication may include but not limited to: fire size up, fire status, accurate location, times on-scene, returning to station and out of service times. Radio frequencies, size-up and reporting forms are available at your local FFSL Area Office.

The Department or District resource may be also 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 Department or District. On small initial attack fires the local Interagency Fire Center may or may not issue a Resource Order and Request Number.

Extended Attack. When dispatched to a larger extended attack incident be sure to get a Resource Order Number and Request Number. These numbers will be used to track your equipment while assigned to the incident and will be needed for the billing process. Find out where to report and who to report to. Also find out who to report to and how to contact them.

Upon arrival at the incident check in with the appropriate person and provide the required documentation. On a large incident you typically will check in with the planning section and provide financial information to the finance section. On a smaller incident, check-in may be handled by the incident commander.

On a larger incident you will have a Vehicle/Heavy Equipment Inspection done at check-in. Maintain a copy of the inspection. If your equipment is damaged on the incident, you will need this document to verify the condition of your equipment prior to use on the incident.

A shift ticket must be completed at the end of each operational period. A government official and the fire department representative, or his authorized agent, must sign each shift ticket. Shift tickets must be turned into finance daily. You MUST pick up original copies from Finance Section at demob. Original copies must accompany your invoice to the Division. Report claims for damaged vehicles and equipment immediately to a Division representative. Whenever possible, restock all equipment and supplies that were used on the incident while still at the incident. Items not able to be replaced at the incident will be assigned an “S” number in order that the item(s) may be replaced.

Resources will be tracked by the local Interagency Fire Center by use of systems such as ROSS or WildCad. Resources shall comply with ICS/NIMS demobilization procedures and not “self demobilize” from the assigned incident. When released from an incident, have a release inspection and post-inventory performed on your equipment. Insure Emergency Equipment Shift Tickets are complete. Have a performance evaluation completed when ever possible.

Non-fire assignments. It is becoming more and more common for wildland fire resources to assist with non-fire incidents. The ability to mobilize a large and versatile work force skilled and knowledgeable in the incident command system has proven valuable in recent disaster recovery efforts. It is possible for Utah state resources to assist in these efforts when requested under the authority of the Stafford Act. 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 your local FFSL Area office before accepting any of these assignments.

PAYMENT PROCEDURE

In order for the fire department to receive prompt payment for assignments outside their jurisdictional responsibility it is imperative that the correct documentation is submitted in the appropriate time frame. Claims for reimbursement must be submitted to the local FFSL Area office within 30 days after release from an incident. Claims with incomplete documentation will be returned to the department and not processed. A list of the appropriate forms is listed below.

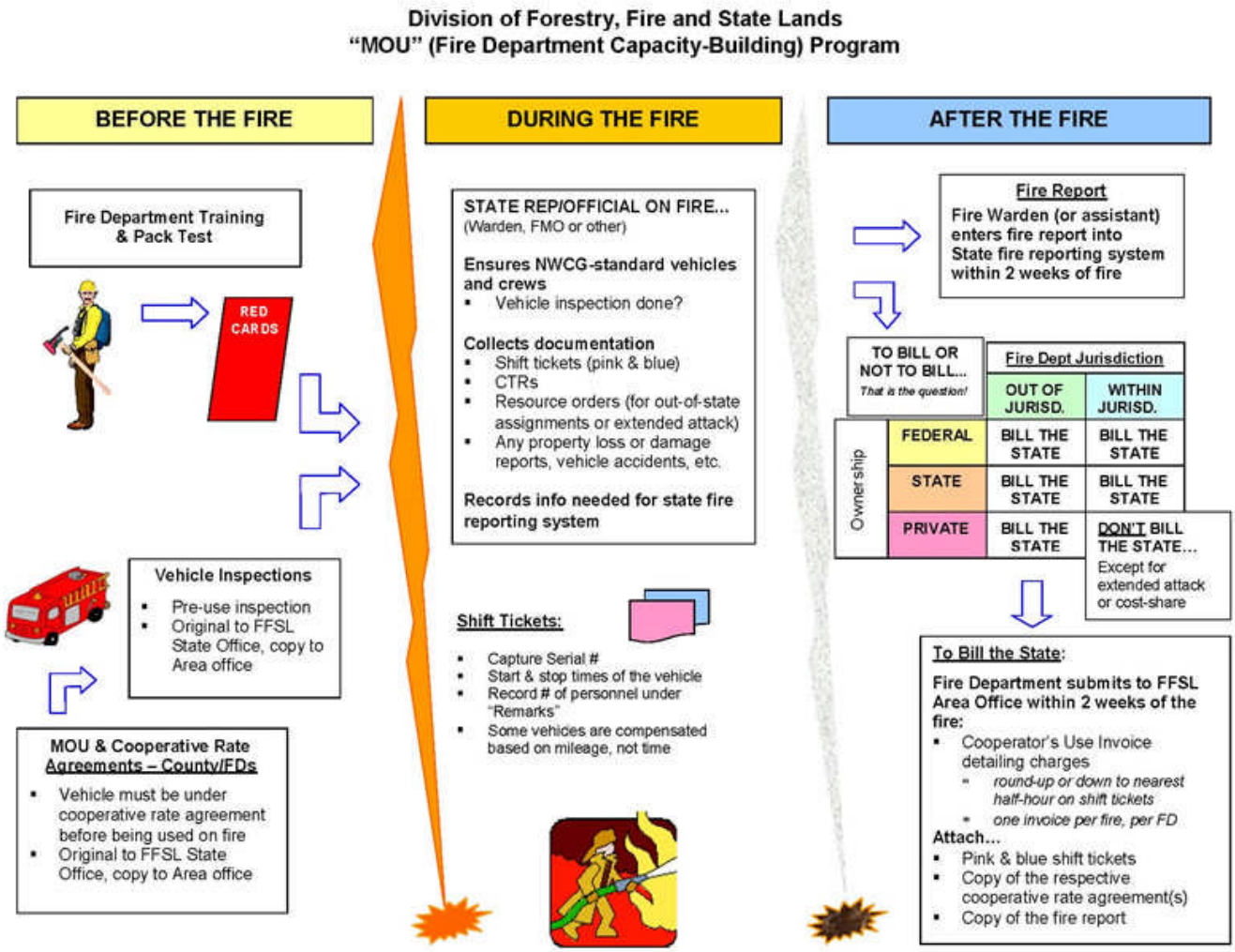
- All claims for reimbursement will, at a **minimum**, have the Cooperators Use Invoice form, ORGINAL Emergency Equipment Shift Tickets form (OF 297) and Emergency Firefighter Time Report form (OF 288). Also, a copy of the Resource Order, “S” number(s) if issued. A resource order and request number will be required to be submitted with the invoice package on all Type 1, 2, and 3 incidents.

- Claims for reimbursement must be submitted on incidents where equipment or supplies were used and were unable to be replaced on the incident. Claims for reimbursement must have the minimum documentation listed above plus a General Message Form (213 ICS) identifying item, Property Loss or Damage report (OF 289) signed by finance/claims, IC or Division representative, a Replacement Acquisition form (OF 315) for items available through the national cache system signed by IC and Supply, and/or a Claim for Loss of Personal Property (OF 95).

- If your vehicle was involved in an accident while assigned to an incident, in addition to the minimum required documentation, the claim for reimbursement will need to have a motor accident form from your own Agency. If your agency does not have a form then you need to fill out a Motor Accident Form (SF 91) and Witness Statement form (SF 94). Notify a Division representative immediately.

- If an individual in your party was sick or injured while on an incident and filed a medical claim the department's Worker's Comp form should be used. For minor injuries use Agency Provided Medical Care (APMC) and a Notice of Occupational Disease and Claim for Compensation (CA-2) or Report of Traumatic Injury and Claim for Compensation (CA-1) must accompany the minimum required documentation.

If the department or district engine is the sole responding resource to the incident, a fire report is required to be completed and submitted with the invoice package to the FFSL Area Office.



TRAINING AND CERTIFICATION

Fire departments entering into an agreement with FFSL must meet National Wildfire Coordinating Group (NWCG) training and qualification standards for the position they are filling on the incident for fire assignments outside the local interagency dispatch zone. Federal agencies may require Department or District resources meet NWCG requirements on lands under their jurisdiction. Utah's process for becoming certified is somewhat unique. Fire department personnel receive their Red Cards through the Utah Fire Service Certification System. The system has successfully blended NFPA and NWCG standards so the system is slightly different from what most wildland fire agencies are accustomed to. The training requirements are the same but the testing procedure is slightly different. The training requirements to reach the Single Resource Engine Boss position are listed below. Currently the Utah Fire Service Certification System has developed certifications for Wildland Firefighter 1 & 2 or NWCG FFT2 & FFT1 respectively. For the training requirements for additional positions contact your local FFSL Area Office.

Position:	**UFRA**	**WFF1**	**WFF2**	
	NWCG	**FFT2**	**FFT1**	**ENGB**
Required Training		S-130 S-190 L-180 I-100	S-131 Completion of the FFT1 Position Task Book	S-230 S-231 S-234 S-260 S-270 S-290 I-200 Completion of the ENGB Position Task Book

The process for becoming certified is outlined in certification standards available from the Certification office at the Utah Fire and Rescue Academy in Provo. There is also information available online at: http://ufra.uvsc.edu The process can be summarized in the four step process below.

Step one: Get trained

There are many opportunities to receive training. The Utah Fire and Rescue Academy, The Utah Wildfire Academy, or your local FFSL Area Office can all provide the required training at no cost to the department. Much of this training can be delivered to your department and presented according to your schedule. Although the training received from each of these organizations is standardized, be sure that you are receiving the information that will prepare your people to successfully pass the Certification exam.

Step two: Get tested

Upon successful completion of training, all participants may take the state certification manipulative skills test and written exam. Testing must be scheduled at least 30 days in advance. The written test consists of 100 questions. Students must score 70% or better to pass. Participants must produce a training record at the time of testing indicating the student has been trained and passed in house manipulative skills testing. The manipulative skills test is a random sampling of three skills. The student is given two attempts, if necessary, to successfully perform each skill. A list of manipulative skills as well as testing procedures is listed in the certification standards and available from the certification office at the Fire & Rescue Academy in Provo, UT.

Step three: Complete the physical fitness test

Once you have received notification of passing state certification, you will then need to take the physical fitness test as identified in the certification standard. This test can be administered in house and verified by the chief. The physical fitness test is required to be taken once a year to remain current.

Step four: Get certified

The final step to receiving a Red Card is ensuring that the proper documentation containing all this information is given to the Utah Fire and Rescue Academy Certification department. Once the testing and physical fitness requirements have been completed the department chief or administrator may apply for certification using the official “Request for Certification “ form.

All Red Cards are good for one year from the date it was issued.

For wildland fire qualifications that the Utah Fire Service Certification System has not yet developed a certifications, simply present your training documentation to the training officer at the FFSL state office. Once the requirements have been verified, FFSL will notify the Certification System and request a Red Card be issued to you with your NWCG qualifications listed on it.

Individuals serving on structural engines deployed outside the local dispatch zone for structure protection shall, at a minimum, be certified at the WWF1 level as well as Firefighter 1.

WILDLAND FIRE PERSONAL PROTECTIVE EQUIPMENT

Fire departments entering into an agreement with FFSL will wear appropriate personal protective equipment (PPE) while engaged in fire suppression activities. A list of the required PPE is listed below. The local FFSL Area Office can assist you in acquiring wildland fire PPE.

1. Boots: All leather, lace-up type, minimum 8 inches high with lug-type sole in good condition (steel toe boots are unacceptable).

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. Head Lamp: 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. Fire Shelter: One serviceable shelter per person.

8. Flame Resistant Clothing: Shirt and trousers for routine 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).

ENGINE REQUIREMENTS

The following information applies to both structural and wildland engines.

At the time of pre-use inspection, the Department or District shall provide a complete inventory of the firefighting accessories on the vehicle. A copy of the inventory shall be provided to the inspector and the procurement unit each time the vehicle is used or re-assigned to an incident.

Classifying:

When classifying engines, all of the requirements for both equipment and staffing must be met to be acceptable and must be certified (by signing the Memorandum of Understanding) by the Department or District Fire Chief or his/her designee stating that both meet the minimum requirements. Equipment lacking this certification shall not be signed up. It shall be the Department or District's responsibility to provide the certification/agreement prior to dispatch.

Training Requirements:

All wildland engines must have a qualified Engine Boss (ENGB) in command to meet NWCG standards. However, until June 1, 2010 a developmental classification will be allowed while operating within the local interagency dispatch zone. All crewmembers must be qualified to at least the Wildland Firefighter 1 level.

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

Foam Units:

Any engine with compressed air foam capabilities (CAFS) shall be paid additional compensation. The government shall provide the foam, or make reimbursement when provided by the Fire Service Organization. For foam system rates refer to the vehicle and equipment rate section.

Tank Baffling:

The water tanks must be equipped with partitions that reduce the shifting of the water load. Engines shall have the water tank baffled in a manner that conforms to the NFPA Standards for Mobile Water Supply Apparatus, or the American Society of Mechanical Engineers standards or other industry-accepted engineering standards.

Classification for Engines:

MINIMUM STANDARDS: The following guide is to aid in the classification of engines. When typing equipment, all of the standards must be met to qualify the equipment. Failure to meet any standard places the equipment in a lower type or disqualifies the equipment in its entirety.

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	500	300	300	300	--
Hose, 1'' (feet)	-0-	-0-	500	300	300	300	200
Ladder (feet)	**48'	**48'	--	--	--	--	--
Master Stream (GPM)	500	--	--	--	--	--	--
Personnel (minimum number)	4	3	3	2	2	2	2

*Type 1 and 2 Structural Engines must also meet minimum specifications of NFPA 1901.

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

Additional Requirements for Engines:

1. 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.

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

Listed below is the minimum required engine inventory:

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
		Note:	Must have one hand tool per person on the engine
Hose: Type 4, 5 and 6 Engines		**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 Equipment		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
2	1 ½ inch Combination Nozzles	1	Jack and Lug Wrench
1	Forester Nozzle	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	Gal. Mixed Gas + 1 qt. Bar Oil
1	2 ½ to 1 ½ Hydrant Adapter	1	Chainsaw Tool Kit
20 ft	Suction Hose and Foot Valve	2	Flashlights
1	Spanner Wrenches 1-1 ½ combo	1 box	Extra Batteries (lights + radios)
1	Hose Clamp	2	Wheel Chocks
		5 gal	Drinking Water
		1	Handheld Radio (narrow band)

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).

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 all be expected to follow these requirements and to include this equipment when in the structure firefighting mode. These NFPA Standards should be consulted if additional information or equipment listing is needed.

Universal Requirements:

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

NFPA 1901, 2003 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 or 10 ft.
- 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

NFPA 1904 – Standards for Truck,
Structural – Aerial Ladder or Platform Device

[Refer to NFPA Standard 1904, 2003 Edition for specifics]

WATER TENDER REQUIREMENTS

TACTICAL WATER TENDERS

For purpose of clarification, the tactical water tender (TWT) is intended for use in the following tactical operations; in support of urban interface when structures are involved, for use on the fire line, or in direct support of fire suppression activities.

Foam Units

Water tenders ordered with compressed air foam capabilities (CAFS) shall be paid additional compensation. The government shall provide the foam, or make reimbursement when provided by the Fire Service Organization. For foam system rates refer to the vehicle and equipment rate section.

Water Tank Baffles

- The water tanks must be equipped with partitions that reduce the shifting of the water load.
- Water tenders shall have the water tank baffled in a manner that conforms to the NFPA Standards for Mobile Water Supply Apparatus, or the American Society of Mechanical Engineers Standards, or other industry-accepted engineering standards.

Classifying

When classifying water tenders, all of the requirements for both equipment and staffing must be met to be acceptable and must be certified (by signing the Cooperative Fire Rate Agreement, form FM100) by the Department or District Fire Chief, or his/her designee, stating that both meet the minimum requirements. Equipment lacking this certification shall not be signed up. It shall be the Department or District's responsibility to provide the certification/agreement prior to dispatch.

Training Requirements

Tactical water tenders must have a qualified engine boss (ENGB) in command to meet NWCG standards. However, until June 1, 2010 a developmental classification will be allowed while operating within the local interagency dispatch zone. All crew member(s) need to be qualified to at least the Wildland Firefighter 1 level.

NON-TACTICAL WATER TENDERS

For purposes of clarification, the non-tactical water tender is intended for use in the following operations: dust abatement, water transfer and unloading into a port-a-tank or engine. Water trucks will not be used in direct suppression activities.

Water trucks shall have a spreader bar or equal capability that is capable of broadcasting an even spray.

Water Tank Baffles

- The water tanks must be equipped with partitions that reduce the shifting of the water load.
- Water tenders shall have the water tank baffled in a manner that conforms to the NFPA Standards for Mobile Water Supply Apparatus, or the American Society of Mechanical Engineers Standards, or other industry-accepted engineering standards.

Classifying

When classifying water tenders, all of the requirements for both equipment and staffing must be met to be acceptable and must be certified (by signing the Cooperative Fire Rate Agreement, form FM100) by the Department or District Fire Chief, or his/her designate, stating that both meet the minimum requirements. Equipment lacking this certification shall not be signed up. It shall be the Department or District's responsibility to provide the certification/agreement prior to dispatch.

Training Requirements

Non-tactical water tender operators need to be qualified at the wildland firefighter 1 level if directly involved in suppression activities on the fire line.

WATER TENDER (WT) AND TACTICAL WATER TENDER (TWT) CLASSIFICATION

COMPONENTS	MINIMUM STANDARDS FOR WATER TENDER TYPE		
	1	2	3
Pump capacity (GPM)	300	200	200
Tank capacity (Gallons)	5000	2500	1000
Off Load capacity (GPM)	300	200	200
Maximum Refill Time (minutes)	30	20	15
Personnel Water Tender (WT) Tactical Water Tender (TWT)	 1 2	 1 2	 1 2
Drafting Capability or refill pump	Yes	Yes	Yes

ADDITIONAL REQUIREMENTS FOR NON-TACTICAL WATER TENDERS AND TACTICAL WATER TRUCKS

1. Fully loaded water tenders (including operators and accessory equipment) must 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.

   Pre-season sign up will require the unit to be fully loaded, with the Department or District providing weight tickets for the load from a certified scale. The weight tickets will be by individual axle weight. An exception to the GVW requirements may be made for the Type 1 Tenders, designed for off-highway construction where the GVW is less than the GVWR.

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

MINIMUM REQUIRED COMPLEMENTS
FOR WATER TENDERS

Non-Tactical Water Tenders Minimum Inventory for Type 1, 2 and 3			
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 (narrow band)
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 Batteries (lights + radios)
1	Spanner Wrench	2	Wheel Chocks
		5 gal	Drinking Water
		5 gals	Extra Fuel for truck

Tactical Water Tender must meet the entire Non-Tactical inventory plus:			
Hose		**Tools**	
300 ft	1 inch hose	1	Belt Weather Kit
Water Handling Equipment		2 roll	Flagging
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
1	Backpack Pump	1	Chainsaw Chaps
		1	Chainsaw Tool Kit

VEHICLE & EQUIPMENT RATES

General

Department or District engines and equipment entering into a memorandum of understanding (MOU) with FFSL may be reimbursed under two different rate structures; NWCG Fully Qualified and Developmental. Under the NWCG Fully Qualified rate structure, equipment, staffing, and personnel training and qualifications must meet all NWCG standards. A single resource engine boss (ENGB) must be in command of the engine or tactical water tender to qualify under this category. Equipment under this classification may be available, at the Department or District Chief’s discretion, for dispatch anywhere outside the local interagency dispatch zone. Under the developmental classification equipment must meet the minimum inventory and staffing requirements identified in this document. Personnel must be qualified at least to Wildland Firefighter 1. Equipment under this classification are only available for assignment within the local interagency dispatch zone.

It is the intention that all Departments or Districts under an MOU with FFSL eventually meet NWCG requirements. Therefore, FFSL will continue to assist all Departments or Districts interested in meeting these standards. The two classifications will be available in order to give Fire Departments or Districts sufficient time to meet NWCG standards. However, beginning June 1, 2010 all Departments or Districts under this MOU will have to meet NWCG requirements.

Standard Rate Structure

Fire Department or District equipment will normally be compensated at a fully operated, hourly rate.

2008 Fire Department Or District Rates Structural Engines			
Class	**Developmental Rate**	**Fully Qualified NWCG**	**# Persons**
T1 Engine	NA	$ 230	4
T2 Engine	NA	$ 200	3
Wildland Engines			
T3 Engine	$ 125	$ 167	3
T4 Engine	$ 118	$ 157	2
T5 Engine	$ 111	$ 147	2
T6 Engine	$ 108	$ 137	2
Gamma Goat	$ 92	$ 120	2
Water Tenders (Tactical)			
T1 Tender	$ 112	$ 140	2
T2 Tender	$ 104	$ 130	2
T3 Tender	$ 100	$ 125	2
Water Tenders (Non-Tactical)			
T1 Tender	NA	$ 110	1
T2 Tender	NA	$ 100	1
T3 Tender	NA	$ 95	1

Federal Excess Personal Property

Some Fire Service Organizations have on loan Federal Excess Personal Property (FEPP) equipment.

The rate for this equipment is determined by using two-thirds (66%) of the rate that best describes the equipment. Equipment rates are composed of an operating and depreciation component. The two-thirds rate is intended to cover operating expenses of the equipment. Since the title of FEPP equipment stays with the federal government, and depreciation is not an appropriate expense for the Fire Department or District, the reduction in rate reflects the calculated depreciation amount for the equipment

2008 Fire Department Or District Rates Federal Excess Equipment Structural Engines			
Class	**Developmental Rate**	**Fully Qualified NWCG**	**# Persons**
T1 Engine	NA	$ 179	4
T2 Engine	NA	$ 152	3
Wildland Engines			
T3 Engine	$ 116	$ 131	3
T4 Engine	$ 107	$ 117	2
T5 Engine	$ 101	$ 111	2
T6 Engine	$ 96	$ 110	2
Gamma Goat	$ 83	$ 93	2
Water Tenders (Tactical)			
T1 Tender	$ 93	$ 106	2
T2 Tender	$ 88	$ 99	2
T3 Tender	$ 85	$ 96	2
Water Tenders (Non-Tactical)			
T1 Tender	NA	$ 79	1
T2 Tender	NA	$ 73	1
T3 Tender	NA	$ 70	1

Other Engine Provisions

- For compressed Air Foam System (CAFS) – Plumbed into the system, increase the hourly rate by $20.00.
- For additional personnel increase the hourly rate $20.00/person/hour. Additional personnel must be agreed to by the Department or District and FFSL and identified in the Cooperative Rate Agreement.
- Engines may use reduced staffing due to seating available; subtract $20 an hour per person for each position less than the standard staffing. Actual staffing will be recorded on the equipment shift ticket.
- No reimbursement will occur for equipment not meeting minimum staffing requirements.
- If engine/crew personnel are switched out during an incident and the switch out results in a qualification change, the rate will be adjusted at that time to reflect the appropriate rate: qualified or developmental.
- Type one and two engines that are used for wildland fire suppression (no structures or vehicles protected or involved) <u>will be compensated at the Type three engine rate</u>

Miscellaneous Equipment

Rates for additional Fire Department or District equipment are listed below. Any additional equipment must be identified and agreed to in the Cooperative Rate Agreement and requested or approved by the Division.

2008 Fire Department Or District Rates Miscellaneous Equipment		
Rates were determined after a comparison study was done between geographic areas.		
Additional Equipment		
	Hourly Rate Based on a Eight Hour Day	**Maximum Daily Rate**
Pumpkin/Porta Tank(min. 1500 gal)	N/A	$ 75
Portable pumps(order specifically)	$ 15	$ 120
ATV – 4 Wheel Drive	$ 11	$ 110
ATV – Gators	$ 14	$ 140
Command Vehicle (only hrs USED on Fire Line when requested)	$ 9	$ 75
Sedan Van/Station Wagon	$ 7	$ 56
4X2 Truck	$ 7	$ 56
4X4 Sport Utility	$ 9	$ 75
4X4 Truck	$ 8	$ 68
10 – 29 Passenger Bus	$ 43 (12 hr day)	$ 585 w/operator
Fuel Tender (Gov't pays fuel)	$ 87 (12 hr day)	$ 1050 w/operator
Communications/Mechanics Vehicle	$ 95 (12 hr day)	$ 1,150 w/operator
Truck tractor w/Trailer / 1 driver	$ 3.50/mi	$ 500 stands by w/operator
All Dozers (Heavy Equip)	$ 155	N/A
Chainsaws(ordered specifically)	$ 9	$ 55
Generators	$ 14	$ 95
Command Post Vehicle	$ 110	$ 1,200 w/operator
Ambulance	$ 100	$ 1200
Paramedic Kit	$ 17	$ 200

Other Rates: Use the Interagency Incident Business Management Handbook, Rocky Mountain/Great Basin Coordinating Group Supplements to Chapter 20, Acquisition, for all other equipment rental rates.

LARGE INCIDENT ASSIGNMENT CHECKLIST

Always keep available a copy of the rate book and this checklist.

WHEN CALLED TO AN INCIDENT, QUESTIONS TO ASK:

- ❑ What is my Resource Order Number? This number will be used to track your equipment to the incident, during the incident and when it is released. Obtain a copy of the Resource Order, you must have a copy to attach to your invoice.
- ❑ Where to report? The incident may have several reporting locations. Be sure to have a specific identifiable location in which to report.
- ❑ Who to report to? Name of individual or position title and method of contact i.e. radio frequency, phone number, etc.
- ❑ Agree upon a starting time. Confirm an ETA to the reporting location. This is important to assure payment begins at an agreed upon time.

UPON ARRIVAL AT LOCATION OF INCIDENT:

- ❑ Have Resource Order Number available. If location is different then your original resource order ask for a copy of the new resource order.
- ❑ At this time, you must give finance a copy of your Cooperate Fire Rate Agreement, Form FM100. You must have this document so your equipment can be used and paid according to this agreement.
- ❑ Be sure to have an Emergency Equipment Shift Ticket started at this time with your travel time on it. You must have an authorized shift ticket for all hours of travel and work to receive payment.
- ❑ Be sure to have a Vehicle/Heavy Equipment Inspection done at this time and keep your copy. If your equipment is damaged on the incident, you will need this document to verify the condition of your equipment prior to use on the incident.
- ❑ 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 is completed at the end of each operational period. A government official and the fire department representative, or his authorized agent, must sign each shift ticket. Shift tickets must be turned into finance daily.
- ❑ Be sure to keep your copies of each shift ticket. Your payment is based on the information recorded on these forms. Bring the originals home to attach with your invoice.
- ❑ Claims for damaged vehicles and equipment must be reported as soon as possible. Depending on the nature of the claim, appropriate forms must be filled out and submitted to

the agency. Your supervisor and/or the Finance/Administration Section Chief can provide information.

- Restock of equipment and supplies from the supply unit is allowed. For items that are not able to be filled at the supply or ground support unit upon demobilization, a “S” number shall be given in order that the item(s) may be replaced. A copy of the S resource order must be accompanied with the receipt of purchase.

- Medical injuries or sickness must fill out a CA1 and Utah Worker’s Comp form. The fire will pay for your first medical treatment on the incident. The original CA1 and an original of the Utah Worker’s Comp form should be attached to your paper work to come home. You keep all paperwork in case further questions are asked about the bill. If additional medical attention is needed at the home unit, file with the Worker Compensation Fund.

UPON RELEASE FROM THE INCIDENT:

- Be sure to have a release inspection and post-inventory performed on your equipment.

- Have a performance evaluation completed when ever possible.

- Emergency Equipment Shift Ticket(s) is/are complete (the original copy of all your time on the fire including travel).

- Completed finance packages (resource order, agreements, inspections, shift tickets, Crew Time Report (if applicable) and Cooperators Use Invoice) must be given to the Fire Department or District for delivery to the appropriate Utah Forestry, Fire & State Lands for payment.

JON M. HUNTSMAN, JR.
Governor

GARY R. HERBERT
Lieutenant Governor

State of Utah

DEPARTMENT OF NATURAL RESOURCES

MICHAEL R. STYLER
*Executive **Director***

Division of Forestry, Fire and State Lands
RICHARD J. BUEHLER
State Forester/Division Director

June 1, 2008

To Whom It May Concern:

The Utah Fire Departments are Cooperators of the State of Utah. They are recognized, under the Cooperative Fire Management Agreement (#01-FI-11046000-018) between the State of Utah and the federal land management agencies, as a state-controlled suppression resource when dispatched outside their area of responsibility.

They should be treated and tracked as a cooperator crew and/or equipment (Crew Time Report, Emergency Firefighter Time Report, Emergency Equipment Shift Ticket, etc.). They have copies of the Utah Cooperative Fire Management Agreement with the federal land management agencies, the State-wide Annual Operating Plan, and the State/County Cooperative Agreement.

By agreement, these resources will be paid by the state of Utah when used on federal fires inside the State of Utah or any out-of-state fires regardless of land 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 Wasatch/Cache National Forest (Capitol City Forest). The original documentation must be returned with the engine/crew!

Should you have questions concerning these resources, contact:

Tracy Dunford	Shane Freeman
State Fire Management Officer	State Assistant Fire Mgmt Officer
Office: 801-538-5502	Office: 801-538-5501
Home: 435-657-0668	Home: 801-446-8715
Cell: 801-558-6508	Cell: 801-560-1072

Sincerely,

Tracy Dunford
State Fire Management Officer

UTAH DIVISION OF FORESTRY, FIRE & STATE LANDS DIRECTORY

Main Salt Lake Office	
Tracy Dunford State Fire Management Officer 1594 West North Temple, Suite 3520 PO Box 145703 Salt Lake City, Utah 84114-5703 801-538-5502 phone 801-558-6508 cell *tracydunford@utah.gov*	**Jane Martinez** Fire Incident Business Specialist 1594 West North Temple, Suite 3520 PO Box 145703 Salt Lake City, Utah 84114-5703 801-538-5427 phone 801-541-6764 cell *janemartinez@utah.gov*
Bear River Area	**Wasatch Front Area**
Counties Served: Box Elder, Cache, Rich, Weber **Blain Hamp** Area Manager 1780 N Research Parkway, Suite 104 Logan, Utah 84341 435-752-8701 phone 435-881-6979 cell *blainhamp@utah.gov*	***Counties Served:*** Utah, Davis, Morgan, Salt Lake, Tooele **Scott Bovey** Fire Management Officer 1594 West North Temple, Suite 3520 PO Box 145703 Salt Lake City, Utah 84114-5703 801-538-5466 phone 801-718-9382 cell *scottbovey@utah.gov*
Northeast Area	**Central Area**
Counties Served: Daggett, Duchesne, Summit, Uintah, Wasatch **Steve Rutter** Fire Management Officer PO Box 270145 Heber, Utah 84032 435-657-9409 phone 435-671-3327 cell *stephenrutter@utah.gov*	***Counties Served:*** Juab, Millard, Piute, Sanpete, Sevier, Wayne **Fred Johnson** Fire Management Officer 1311 S Airport Road Richfield, Utah 84701 435-896-5697 phone 435-851-1546 cell *fredjohnson@utah.gov*
Southwest Area	**Southeast Area**
Counties Served: Beaver, Garfield, Iron, Kane, Washington **Mike Melton** Fire Management Officer 585 North Main Street Cedar City, Utah 84720 435-586-4408 phone 435-590-4172 cell *mikemelton@utah.gov*	***Counties Served:*** Carbon, Emery, Grand, San Juan **Bill Zanotti** Area Manager 1165 South Highway 191, Suite 6 Moab, Utah 84532 435-259-3766 phone 435-260-9809 cell *billzanotti@utah.gov*

FORMS

COOPERATIVE RATE AGREEMENT FM 100

Page 1 of _____

AS PART OF THE _____ COUNTY AGREEMENT
AND WITH
THE UTAH DIVISION OF FORESTRY, FIRE AND STATE LANDS

COOPERATIVE FIRE RATE AGREEMENT

COOPERATIVE FIRE RATE AGREEMENT NUMBER:	
(1) FIRE DEPARTMENT NAME (COOPERATOR)	(5) FFSL AREA OFFICE
(2) ADDRESS	(6) ADDRESS
(3) CITY, STATE, ZIP CODE	(7) CITY, STATE, ZIP CODE
(4a) BUS. PHONE (4b) EMERGENCY PHONE	(8) PHONE
(9) FEDERAL EMPLOYER ID NUMBER	(10) EFFECTIVE DATES OF AGREEMENT
(11) EQUIPMENT STAFFING ☐ INCLUDED IN EQUIPMENT RATE ☐ SEPARATE	**(12) TYPE OF DEPARTMENT** ☐ VOLUNTEER ☐ CAREER ☐ COMBINATION

	(13) EQUIPMENT DESCRIPTION List make, model, year, ICS Type, Gallons, GPM, Unit #, License #, 4x4, foam capability	(14) STAFFING		RATES					
				(15) WORK OR HRLY			(16) SPECIAL		
		Minimum Required	FD Standard	RATE	Wet/Dry*	UNIT	RATE	Wet/Dry*	UNIT
a.									
b.									
c.									
d.									
e.									
f.									
g.									

*** All cooperators are eligible for fuel and expendable items at incident.**

(17) Special Provisions

ADO PAYMENT:
Utah Division of Forestry, Fire and State Lands
1594 West North Temple, Suite 3520
P.O. Box 145703
Salt Lake City, UT 84114-5703

(18) FIRE DEPARTMENT REPRESENTATIVE SIGNATURE	(19) NAME AND TITLE (PLEASE PRINT)	(20) DATE
(21) FFSL REPRESENTATIVE SIGNATURE	(22) NAME AND TITLE (PLEASE PRINT)	(20) DATE

FORM FM 100

DISTRIBUTION: ORIGINAL TO FIRE MANAGEMENT - SLC, COPIES TO AREA OFFICES AND COOPERATORS

Last updated: 03/08

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.**

EMERGENCY EQUIPMENT SHIFT TICKET

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.

1. AGREEMENT NUMBER		2. CONTRACTOR *(name)*
3. INCIDENT OR PROJECT NAME	4. INCIDENT NUMBER	5. OPERATOR *(name)*
6. EQUIPMENT MAKE	7. EQUIPMENT MODEL	8. OPERATOR FURNISHED BY ☐ CONTRACTOR ☐ GOVERNMENT
9. SERIAL NUMBER	10. LICENSE NUMBER	11. OPERATING SUPPLIES FURNISHED BY ☐ CONTRACTOR (wet) ☐ GOVERNMENT (dry)

12. DATE MO/DAY/YR	13. EQUIPMENT USE				14. REMARKS *(released, down time and cause, problems, etc.)*
			HOURS/DAYS/MILES *(circle one)*		
	START	STOP	WORK	SPECIAL	
					15. EQUIPMENT STATUS ☐ a. Inspected and under agreement ☐ b. Released by Government ☐ c. Withdrawn by Contractor
					16. INVOICE POSTED BY *(Recorder's initials)*

17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE	18. GOVERNMENT OFFICER'S SIGNATURE	19. DATE SIGNED

NSN 7540-01-119-5628
50297-102

OPTIONAL FORM 297 (Rev. 7-90)
USDA/USDI

CREW TIME REPORT (SF 261)

CREW TIME REPORT

(1) CREW NAME		(2) CREW NUMBER
(3) OFFICE RESPONSIBLE FOR FIRE	(4) FIRE NAME	(5) FIRE NUMBER

(6)	(7)	(8)	(9)		(10)	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIF-ICATION	DATE Military Time		DATE Military Time	
			ON	OFF	ON	OFF

(11) REMARKS

(12) OFFICER-IN-CHARGE (Signature)	(13) TITLE (Officer-in-Charge)
(14) NAME (Person Posting to Emergency Time Report)	(15) DATE

261-101

PRINTED ON RECYCLED PAPER

STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

COOPERATORS USE INVOICE

COOPERATORS USE INVOICE

Administrative Office:
Utah Division of Forestry, Fire & State Lands
1594 W North Temple, Ste 3520
Salt Lake City, UT 84114-5703
801-538-5555 (phone) · 801-533-4111 (fax)

1. Cooperator Name & Address		2. Area Office	3. Area Phone
		4. Incident Name / Land Ownership	
		5. Incident Number / Resource Order Number	
6. EIN/SSN		7. Agreement Number	
8. Date of Hire	9. Date Released	10. Supplies furnished by: ☐ Cooperator ☐ Government	11. Operator furnished by: ☐ Cooperator ☐ Government

12. Date MM-DD-YY	13. Description	14. FF/ EQ	15. Day/ Hr/Mi	16. Units	17. Rate	18. Total Earned	19. Guarantee or one-time rate	20. Amount (greater of 18 or 19)
						$0.00		$0.00
						$0.00		$0.00
						$0.00		$0.00
						$0.00		$0.00
						$0.00		$0.00
						$0.00		$0.00
						$0.00		$0.00
						$0.00		$0.00
						$0.00		$0.00
						$0.00		$0.00

21. Revenue/Expenditure Codes Forestry, Fire and State Lands Use Only							
Org	Approp	Activity	Account	Project	Amount	22. Total amount this page	$0.00
						23. Amount Forwarded *(Total Due from Previous Page)*	
						24. Running Total Amount *(Carry over to continuing page)*	
						25. Deductions *(see attached)* *(Make entry on final page only)*	
						25. Additions *(see attached)* *(Make entry on final page only)*	
27. Remarks						28. Net Amount Due *(Make entry on final page only)*	
						29. Audit Initials	

Note: In consideration of receipt of payment in the amount shown on "Net Amount Due" line 28. Cooperator hereby releases the Government from any and all claims arising under this Agreement except as reserved in "Remarks" block 27.

30. Cooperator Representative Name *(Print)*		31. FFSL Representative Name *(Print)*	
32. Cooperator Representative Signature	33. Date	34. FFSL Representative Signature	35. Date

Revised 03/08- (Based on 08/05 revision)

Page _____ of _____

GENERAL MESSAGE (213 ICS)

GENERAL MESSAGE

TO:	POSITION
FROM	POSITION
SUBJECT	DATE

MESSAGE:

SIGNATURE/POSITION

REPLY

DATE	TIME	SIGNATURE/POSITION

213 ICS 1/79
NFES 1336

PERSON RECEIVING GENERAL MESSAGE KEEP THIS COPY

PROPERTY LOSS OR DAMAGE REPORT (OF 289)

PROPERTY LOSS OR DAMAGE REPORT
Fire Suppression

1. CREW NAME OR NO.

2. ID NO. *(Form OF-288, Emerg. Firefighter Time Report)*

3. ISSUED TO *(Name and Address)*

4. ISSUING OFFICE OR CAMP NAME
Fire Forest or Fire Camp Name

5. FIRE NAME

6. FIRE NO.

7. TYPE EMPLOYEE *(Mark one with "X")*
☐ Regular Gov't. ☐ Casual Firefighter ☐ Other_____

8. DESCRIPTION OF PROPERTY LOST OR DAMAGED *(Include Property No., if applicable)*	QUANTITY
a. (specifics..type, model name/number, size, serial #'s)	
b.	
c.	

9. Employee report on circumstances of loss or damage to property listed:
(be specific--how, where, when)
(who was it reported to?
i.e. if lost/damaged radio, need comment/s from Communications @ ICP, etc.)

10. SIGNATURE

11. DATE

12. Witness report:
(get a witness statement if available)

Get pictures whenever possible.

13. SIGNATURE

14. DATE

15. Fire Boss or Property Control Officer comments regarding loss or damage:

16. SIGNATURE

17. TITLE

18. DATE

NSN 7540-01-124-7634

ORIGINAL—Issuing Office

OPTIONAL FORM 289 (9-81)
USDA/USDI
50289-101

VEHICLE/HEAVY EQUIPMENT SAFETY INSPECTION CHECKLIST (OF 296)

VEHICLE / HEAVY EQUIPMENT SAFETY INSPECTION CHECKLIST

1. INCIDENT NAME / NUMBER	2. ORDER / REQUEST NUMBER
3. OWNER / VENDOR	
4. AGREEMENT, PO, CONTRACT NO.	5. EXPIRES
6. MAKE	7. MODEL, TYPE
8. SERIAL NO. / VIN	9. LICENSE NO.

10. PRE-USE INSPECTION

☐ REJECTED

MILES / HRS _____ DATE _____ TIME _____

Inspector Name _____ Title _____
Print

☐ ACCEPTED

MILES / HRS _____ DATE _____ TIME _____

Vendor Signature _____ Title _____

Inspector Name _____ Title _____
Print

Section I - Tractor, Motor Grader	Pre-use Yes	Pre-use No	Release Yes	Release No
1. ROPS, roll-over protection system: Manufacturer approved system secured to mainframe of tractor. Must include approved seat belts. *				
2. Lights: mounted and working while operating				
3. Battery: check for corrosion, loose terminal, hold downs				
4. Engine running: check oil pressure, knocks and leaks				
5. Guages: all must be working; oil, temperature, etc. *				
6. Steering clutches: must have 3-4" free travel *				
7. Brakes: must hold at half travel. *				
8. Muffler and spark arrester: approved type unless turboed *				
9. Fuel system: must be free of drips and leaks *				
10. Cooling system: must be free of leaks *				
11. Fan and fan belts: check for defects				
12. Engine supports, equalizer bar, springs, main springs: check shackle bolts, shifted spring leaf *				
13. Hydraulic system: no leaks or drips				
14. Belly plate, rock and radiator guards: securely mounted *				
15. Final drive, transmission and differential: check for dripping				
16. Sprocket and idlers: cracks in spokes, sprocket teeth sharp				
17. Tracks and rollers: grousers height under 1-1/4", loose rollers, broken flanges *				
18. Blade, ripper, winch: operate smoothly and hold at any point				
19. Dozer and assembly: trunnion bolts missing, cracks *				
20. Drawbar: serviceable, safe				
21. Body and cab condition: report dents and damage				

Section IV - Truck, Bus, Van, Pickup	Pre-use Yes	Pre-use No	Release Yes	Release No
1. DOT inspection in the last 12 months: when required *			NA	NA
2. Gauges and lights *				
3. Seat belts *				
4. Glass and mirrors *				
5. Wipers and horn *				
6. Clutch pedal: proper adjustment				
7. Cooling system: check radiator and hoses				
8. Oil level and condition: full and clean				
9. Battery: check for corrosion, loose terminals, hold downs				
10. Fuel system *				
11. Electrical system: generator and starter working				
12. Engine running: check for knocks and leaks				
13. Transmission: check for leaks				
14. Steering *				
15. Brakes *				
16. 4-Wheel drive: check gear boxes, leaks				
17. Drive line U-joints: check for looseness				
18. Springs and shocks *				
19. Differential: check for leaks				
20. Exhaust system *				
21. Frame *				
22. Tire and wheels (List failed position/depth in remarks) *				
23. Body and interior condition: describe and locate damage on back of page 3, Section IV, item 23				
24. Emergency equipment required. * ___ Fire Extinguisher ___ Spare Fuses ___ Reflectors				
25. Operator(s) properly licensed. *				

State _____ License No. _____ Class _____

Endorsements _____ Med.Cert. Expire Date _____

Section II - Remarks

(Describe all unsatisfactory items and identify by line number.)

Section III - Power Saw, Pump	Pre-use Yes	Pre-use No	Release Yes	Release No
1. Visible parts broken *				
2. Visible nuts and bolts tight				
3. Oil in gear case and chain oiler				
4. Cutting bar: straight, chain in good condition *				
5. Exhaust system and spark arrester *				
6. Motor: idles evenly, runs smoothly, satisfactory power				

* Safety Item - Do not accept until brought into compliance.

11. RELEASE INSPECTION

☐ NO DAMAGE / NO CLAIM
Not applicable to buses, inspection required.

MILES / HRS _____ DATE _____ TIME _____

Vendor Signature _____ Title _____

Inspector Name _____ Title _____
Print

7540-01-120-0607
PREVIOUS EDITION NOT USABLE

PRINTED ON RECYCLED PAPER

FINANCE COPY - PRE-USE

OPTIONAL FORM 296 (REV. 4-2000)

INCIDENT REPLACEMENT REQUISITION (OF 315)

INCIDENT REPLACEMENT REQUISITION

INCIDENT ORDER NUMBER	ISSUE NUMBER *(FOR CACHE USE)*
INCIDENT NAME	ACCOUNTING/MANAGEMENT CODE
AGENCY BILLING ADDRESS NAME	AGENCY SHIPPING ADDRESS NAME
UNIT NAME	UNIT NAME
BILLING ADDRESS	ADDRESS (NO P.O. BOX)
CITY STATE ZIP	CITY STATE ZIP
AUTHORIZED BY TITLE	PERSON ORDERING TITLE
TELEPHONE NUMBER	TELEPHONE NUMBER
DATE/TIME ORDERED	DATE/TIME REQUIRED
REQUESTED METHOD OF DELIVERY	

REQUEST NUMBER	NFES NO.	QUANTITY	U/I	ITEM DESCRIPTION PAGE OF

7540-01-475-0708

OPTIONAL FORM 315 (4-2000)
50315-101

COPY 1 - ORIGINAL, CACHE

CLAIM FOR DAMAGE, INJURY, OR DEATH (OF 95)

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 ☐ MILITARY ☐ 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 occurence 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 DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. *(See instructions on reverse side.)*

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF 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 ACCIDENT 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 signatory	14. DATE OF CLAIM

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS**
The claimant shall forfeit and pay to the United States the sum of $2,000. plus double the amount of damages sustained by the United States. *(See 31 U.S.C. 3729.)*	Fine of not more than $10,000 or imprisonment for not more than 5 years or both. *(See 18 U.S.C. 287, 1001.)*

95-109 *NSN 7540-00-634-4046* *STANDARD FORM 95 (Rev. 7-85)*
Previous editions not usable. *PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2*

RESOURCE ORDER

RESOURCE ORDER

INCIDENT/PROJECT ORDER NUMBER

INITIAL DATE/TIME	
2. INCIDENT/PROJECT NAME	
3. INCIDENT/PROJECT ORDER NUMBER	
4. OFFICE REFERENCE NUMBER	
5. DESCRIPTIVE LOCATION/RESPONSE AREA	
6. SEC. / TWN / RNG / Base MDM	
7. MAP REFERENCE	
8. INCIDENT BASE/PHONE NUMBER	
9. JURISDICTION/AGENCY	
10. ORDERING OFFICE	

11. AIRCRAFT INFORMATION

BEARING	DISTANCE	BASE OR OMNI	AIR CONTACT	FREQUENCY	LAT.	LONG.

Ground Contact	FREQUENCY	RELOAD BASE	OTHER AIRCRAFT/HAZARDS

12. RESOURCE REQUESTED

Request Number	Ordered Date/Time	From / To	QTY	Needed Date/Time	Deliver To

13. ORDER RELAYED

Req. No.	Date	Time	To/From

ACTION TAKEN

RESOURCE ASSIGNED

To / From	Time	Agency ID	ETD / ETA	RELEASED Date	RELEASED To	Time / ETA

ORDER RELAYED

Req. No.	Date	Time	To/From

ACTION TAKEN

MOTOR VEHICLE ACCIDENT FORM (SF 91)

MOTOR VEHICLE ACCIDENT REPORT	Please read the Privacy Act Statement on Page 3.	INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding $500.

SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME *(Last, first, middle)*	2. DRIVER'S LICENSE NO./STATE/LIMITATIONS	3. DATE OF ACCIDENT
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS		4b. WORK TELEPHONE NUMBER ( )

5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST $	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED ☐ YES ☐ NO

11. DESCRIBE VEHICLE DAMAGE	

SECTION II - OTHER VEHICLE DATA *(Use Section VIII if additional space is needed.)*

12. DRIVER'S NAME *(Last, first, middle)*	13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS
14a. DRIVER'S WORK ADDRESS	14b. WORK TELEPHONE NUMBER ( )
15a. DRIVER'S HOME ADDRESS	15b. HOME TELEPHONE NUMBER ( )
16. DESCRIBE VEHICLE DAMAGE	17. ESTIMATED REPAIR COST $

18. YEAR OF VEHICLE	19. MAKE OF VEHICLE	20. MODEL OF VEHICLE	21. TAG NUMBER AND STATE

22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS	22b. POLICY NUMBER
	22c. TELEPHONE NUMBER ( )

23. VEHICLE IS ☐ CO-OWNED ☐ LEASED ☐ RENTAL ☐ PRIVATELY OWNED	24a. OWNER'S NAME(S) *(Last, first, middle)*	24b. TELEPHONE NUMBER ( )

25. OWNER'S ADDRESS(ES)

SECTION III - KILLED OR INJURED *(Use Section VIII if additional space is needed.)*

A	26. NAME *(Last, first, middle)*	27. SEX	28. DATE OF BIRTH
	29. ADDRESS		
	30. MARK "X" IN TWO APPROPRIATE BOXES ☐ KILLED ☐ INJURED ☐ DRIVER ☐ HELPER ☐ PASSENGER ☐ PEDESTRIAN	31. IN WHICH VEHICLE ☐ FED ☐ OTHER (2)	32. LOCATION IN VEHICLE / 33. FIRST AID GIVEN BY
	34. TRANSPORTED BY	35. TRANSPORTED TO	

B	36. NAME *(Last, first, middle)*	37. SEX	38. DATE OF BIRTH
	39. ADDRESS		
	40. MARK "X" IN TWO APPROPRIATE BOXES ☐ KILLED ☐ INJURED ☐ DRIVER ☐ HELPER ☐ PASSENGER ☐ PEDESTRIAN	41. IN WHICH VEHICLE ☐ FED ☐ OTHER (2)	42. LOCATION IN VEHICLE / 43. FIRST AID GIVEN BY
	44. TRANSPORTED BY	45. TRANSPORTED TO	

46. Pedestrian	a. NAME OF STREET OR HIGHWAY	b. DIRECTION OF PEDESTRIAN *(SW corner to NE corner, etc.)* FROM	TO
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT *(Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)*		

NSN 7540-00-634-4041
Previous edition not usable

91-110

STANDARD FORM 91 PAGE 1 (REV. 2-93)
Prescribed by GSA - FPMR 101-38.6

WITNESS STATEMENT FORM (SF 94)

STATEMENT OF WITNESS (*Attach additional sheets if necessary*)	1. DID YOU SEE THE ACCIDENT?	2. WHEN DID THE ACCIDENT HAPPEN? a. TIME *a.m.* *p.m.*	b. DATE	FORM APPROVED O.M.B. NUMBER 3090–0118

3. WHERE DID THE ACCIDENT HAPPEN? (*Give street location and city*)

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY

8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY	9. IF TRAFFIC CASE, GIVE APPROXIMATE SPEED OF:
	a. GOVERNMENT VEHICLE *Miles per Hr.*
	b. OTHER VEHICLE *Miles per hr.*

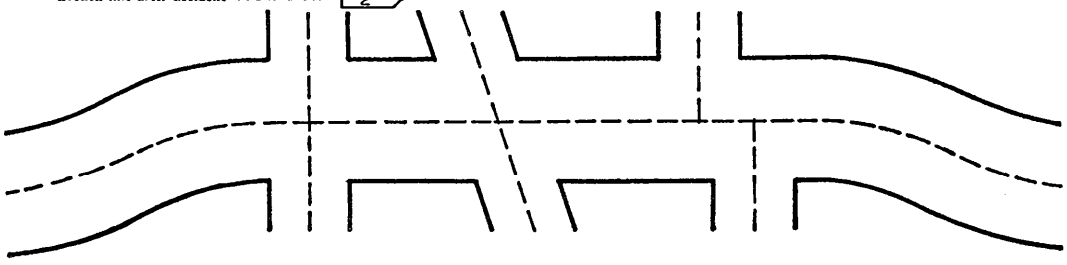
10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT (*If known*)

a. NAMES	b. ADDRESSES (*Include ZIP Code*)

WITNESS COMPLETING THIS FORM	11. HOME ADDRESS (*Include ZIP Code*)	12. WITNESS (Print Name)	a. HOME TELEPHONE NO.
		Sign here ►	b. TODAY'S DATE
	13. BUSINESS ADDRESS (*Include ZIP Code*)		TELEPHONE NO.

14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow (*Example:* → 1 2 ←)
2. Use solid line to show path before accident ——— 2
   Broken line after accident - - - - - - - 2
3. Show pedestrian by ——→ ○
4. Show railroad by +++++++++++++++
5. Give names or numbers of streets or highways
6. Indicate north by arrow in this circle ○



NSN 7540-00-634-4045
94-105

STANDARD FORM 94 (REV. 2–83)
Prescribed by GSA, FPMR 101–39.8

UTAH WORKER'S COMPENSATION FORM

Form 122

For your protection Utah Law requires notice that worker's compensation fraud is a crime. Please see next page for the full fraud statement.

WORKER'S COMPENSATION EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS
STATE OF UTAH-THE LABOR COMMISSION - DIVISION OF INDUSTRIAL ACCIDENTS
160 E 300 S, P.O. BOX 146610
SALT LAKE CITY, UTAH 84114-6610

GENERAL

EMPLOYER (Name & Address Incl. Zip)

CARRIER/ADMINISTRATOR CLAIM NUMBER | OSHA CASE/FILE # | REPORT PURPOSE CODE

JURISDICTION | JURISDICTION CLAIM NUMBER

INSURED REPORT NUMBER

EMPLOYERS LOCATION ADDRESS (IF DIFFERENT) | LOCATION #

SIC CODE | EMPLOYER FEIN | PHONE #

CARRIER / CLAIMS ADMIN

CARRIER (NAME, ADDRESS & PHONE #)
Worker Compensation Fund
P.O. Box 57929
Salt Lake City , UT 84157-0929
Telephone: (801) 288-8010 Toll Free # 1-800-446-2667

POLICY PERIOD
TO

CHECK IF APPROPRIATE
☐ SELF INSURANCE

CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE #)

CARRIER FEIN | POLICY/SELF-INSURED NUMBER | ADMINISTRATOR FEIN

AGENT NAME & CODE NUMBER

EMPLOYEE

NAME (LAST, FIRST, MIDDLE) | DATE OF BIRTH | SOCIAL SECURITY NUMBER | DATE HIRED | STATE OF HIRE

ADDRESS (INCL ZIP)

SEX
☐ MALE
☐ FEMALE
☐ UNKNOWN

MARITAL STATUS
☐ UNMARRIED SINGLE/DIVORCED
☐ MARRIED
☐ SEPARATED
☐ UNKNOWN

OCCUPATION/JOB TITLE

EMPLOYMENT STATUS

PHONE | # OF DEPENDENTS | NCCI CLASS CODE

WAGE

RATE PER: ☐ DAY ☐ WEEK ☐ MONTH ☐ OTHER: | # OF DAYS WORKED/WEEK | FULL PAY FOR DAY OF INJURY? ☐ YES ☐ NO | DID SALARY CONTINUE? ☐ YES ☐ NO

OCCURRENCE

TIME EMPLOYEE BEGAN WORK ☐ AM ☐ PM | DATE OF INJURY/ILLNESS | TIME OF OCCURRENCE ☐ AM ☐ PM | LAST WORK DATE | DATE EMPLOYER NOTIFIED | DATE DISABILITY BEGAN

CONTACT NAME/PHONE NUMBER | TYPE OF INJURY/ILLNESS | PART OF BODY AFFECTED

DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO | TYPE OF INJURY/ILLNESS CODE | PART OF BODY AFFECTED CODE

DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED | ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED | WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED

HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED, DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL | CAUSE OF INJURY CODE

DATE RETURN(ED) TO WORK | IF FATAL, GIVE DATE OF DEATH | WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? ☐ YES ☐ NO | WERE THEY USED? ☐ YES ☐ NO

TREATMENT

PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS) | HOSPITAL (NAME & ADDRESS)

INITIAL TREATMENT
☐ NO MEDICAL TREATMENT
☐ MINOR: BY EMPLOYER
☐ MINOR CLINIC/HOSP
☐ EMERGENCY CARE
☐ HOSPITALIZED>24 HRS
☐ FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED

OTHER

WITNESS (NAME & PHONE #)

DATE ADMINISTRATOR NOTIFIED | DATE PREPARED | PREPARER'S NAME & TITLE | PHONE NUMBER

FORM 1A-1 12/97 **WC 7551a** (12-97) UNIFORM INFORMATION SERVICES, INC. **SEE NEXT PAGE FOR IMPORTANT INFORMATION** © IAIABC 199
White: Labor Commission Yellow: W.C. Insurance Carrier Pink: Employee Goldenrod: Employer's File

NOTICE OF OCCUPATIONAL DISEASE AND CLAIM FOR COMPENSATION (CA-2)

Notice of Occupational Disease
and Claim for Compensation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 18 below. Do not complete shaded areas.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a. b. and c.

Employee Data

1. Name of employee (Last, First, Middle)
2. Social Security Number
3. Date of birth MO. Day Yr.
4. Sex
5. Home telephone ( )
6. Grade as of date of last exposure Level Step
7. Employee's home mailing address (Include city, state, and ZIP code)
6. Dependents
   - ☐ Wife, Husband
   - ☐ Children under 18 years
   - ☐ Other

Claim Information

9. Employee's occupation
a. Occupation code
10. Location (address) where you worked when disease or illness occurred (Include city, State, and ZIP code)
11. Date you first became aware of disease or illness MO. Day Yr.
12. Date you first realized the disease or illness was caused or aggravated by your employment MO. Day Yr.
13. Explain the relationship to your employment, and why you came to this realization
14. Nature of disease or illness
OWCP Use - NOI Code
b. Type code
c. Source code
15. If this notice and claim was not filed with the employing agency within 30 days after date shown above in item #12, explain the reason for the delay.
16. If the statement requested in item 1 of the attached instructions is not submitted with this form, explain reason for delay.
17. If the medical reports requested in item 2 of attached instructions are not submitted with this form, explain reason for delay.

Employee Signature

18. I certify, under penalty of law, that the disease or illness described above was the result of my employment with the United States Government, and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and other benefits provided by the Federal Employees' Compensation Act.

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ Date

Have your supervisor complete the receipt attached to this form and return it lo you for your records.

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Form CA-2
Rev. Jan. 1997

For sale by the Superintendent of Documents, U.S. Government Printing Office Washington, DC 20402

REPORT OF TRAUMATIC INJURY AND CLAIM FOR COMPENSATION (CA-1)

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.
Witness: Complete bottom section 16.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

1. Name of employee (Last, First, Middle)
2. Social Security Number
3. Date of birth Mo. Day Yr.
4. Sex ☐ Male ☐ Female
5. Home telephone ( )
6. Grade as of date of injury Level Step
7. Employee's home mailing address (include city, state, and ZIP code)
8. Dependents
   - ☐ Wife, Husband
   - ☐ Children under 18 years
   - ☐ Other

Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)
10. Date injury occurred Mo. Day Yr.
    Time : ☐ a.m. ☐ p.m.
11. Date of this notice Mo. Day Yr.
12. Employee's job title
13. Cause of injury (Describe what happened and why)
14. Nature of injury (identify both the injury and the part of body, e.g., fracture of left leg)

a. Occupation code
b. Type code
c. Source code
OWCP Use - NOI Code

Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

☐ a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

☐ b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ **Date** _____

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Name of witness | Signature of witness | Date signed

Address | City | State | ZIP Code

Form CA-1
Rev. Apr. 1999