

2013 Fire Department Manual and Rates



Utah Division of
Forestry, Fire & State Lands

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2013 Changes and Additions (Changes noted here are included in the text.)

SIGN-UP PROCEDURE

If an inspector has been to a fire department and the fire apparatus was not available for inspection, or apparatus has been repaired due to failing the inspection, a 12-point inspection will need to be done by the local Utah Highway Patrol (UHP). A copy of the passed inspection must be provided to the Area FMO.

New equipment that is ready to be added to a rate agreement, after the inspector has already been to the Area, will only be signed-up as incident only. This applies to equipment that is not on an MOU or equipment that has not submitted a 12 point inspection to the local FMO. Rates will be 66% lower than the established rate. FEPP will be at 56% lower than the established rate.

ASSIGNMENTS

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. Original copies (pinks for the Shift Ticket and white for the CTR) must be submitted with the invoice to the FFSL Area office.** It is advised that the FD keep a legible copy for internal records.

Compensable meal periods Personnel on the fireline may be compensated for their meal period if all the following conditions are met:

The fire is not controlled, and

The Operations Section Chief makes a decision that it is critical to the effort of controlling the fire that personnel remain at their post of duty and continue to work as they eat, and

The compensable meal break is approved by the supervisor and documented on the CTR and/or Shift Ticket at the next level and it is documented on the CTR, SF-261.

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 as IA in "Remarks" section as "No lunch taken due to uncontrolled fireline". If a lunch is not documented on the CRT or Shift ticket, the lunch will be automatically deducted by the State.

PAYMENT PROCEDURE

Loss of Personal Property (OF 95). On larger incidents the IBA approves non-cache items. The Agency Administrator (AA) and FMO should also be included.

If requesting reimbursement for travel expenses, a county, city or FD per diem reimbursement form must be attached to the invoice. If per diem rates are not established, state or GSA rates may be used.

TRAINING AND CERTIFICATION

ENGB Requirements L-280

VEHICLE, EQUIPMENT AND PERSONNEL RATES

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

Other Provisions

- Any additional personnel, beyond standard staffing, must be listed on a CTR.
- Tactical water tenders that do not have two people listed on the Shift Ticket, one as an ENGB, will only be paid as a support water tender. "Tactical" must be printed on the Shift Ticket for payment as a tactical tender.

Personnel Positions

Overhead Position	Rate
EMT Basic	\$26
EMT Advanced	\$27
Paramedics	\$29
Overhead positions (see handbook)	\$26

*Paramedics that are full-time, career EMS may charge actual wages and benefits, otherwise the \$29 per hour will be used.

EMTs and Paramedics: 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) / WFFI (UFRA) 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 Paramedic must have a Resource Order from the interagency dispatch center that must have "with kit" 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.

TRAVEL

While in travel status, reimbursement for meals will be made at the FDs established per diem rate. If the FD has no established per diem rate, the GSA may be used. A FD or county per diem forms must be filled out and attached to billing document for reimbursement.

GSA rate can be found at:

http://www.gsa.gov/portal/content/104877?utm_source=OGP&utm_medium=print-radio&utm_term=perdiem&utm_campaign=shortcuts

Travel is not allowed outside of the hours of 0500 – 2200.

Travel cannot exceed 10 hours per operator or 15 hours per day.

½ hour lunch must be taken while in travel status over 8 hours.

Lodging – Lodging will be reimbursed at actual cost, therefore; receipts for all lodging must be provided for reimbursement

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, Fire 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 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 FFSLs responsibility to be the single hiring point for equipment and personnel obtained from Utah FDs for all resources dispatched outside their jurisdictional responsibility. The only exception is IA 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 (MOU) 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 document.

Agencies using equipment or personnel from FDs are responsible for equipment and personnel timekeeping at the incident. **It is the responsibility of the FD to submit all original payment documentation from the incident, both personnel and equipment, along with a Cooperators Use Invoice 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 FDs and the incident are made aware of their responsibilities. The role of the liaison is to ensure Cooperative Fire Rate Agreements 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 IV, 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. If a FD chooses, they may enter into a MOU with FFSL. The MOU becomes an addendum to the county Wildland Fire Protection Agreement. This document provides a mechanism for procurement, use and compensation for FD resources outside their jurisdictional area of responsibility and/or during extended attack. This procedure is reinforced and restated in the current statewide Annual Operating Plan (AOP) to which all wildland fire management agencies in Utah are party. Section 2.6.1 states, "Local fire departments that respond to fires outside their area of statutory authority will establish a MOU with the FFSL." Local AOPs further define the specific

roles and responsibilities of wildland fire management agencies. Each interagency dispatch zone has an AOP.

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 MOU with FFSL. This MOU defines the roles and responsibilities of each party.

The FD will also develop a Cooperative Rate Agreement (FM 100) as part of the MOU. The FM 100 will identify all equipment available for fire assignment, 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 FM 100 general provisions in the Reference Section.

Nothing in the MOU 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.

All equipment identified in the Cooperative Rate Agreement with FFSL will be inspected prior to use. FFSL will conduct annual pre-season inspections of all equipment listed on the Rate Agreement to ensure mechanical soundness, safety and that equipment inventory meet the requirements set forth in this document.

Once the department has established a MOU 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.

If an inspector has been to a fire department and the fire apparatus was not available for inspection, or apparatus has been repaired due to failing the inspection, a 12-point inspection will need to be done by the local Utah Highway Patrol (UHP). A copy of the passed inspection must be provided to the Area FMO.

New equipment that is ready to be added to a rate agreement, after the inspector has already been to the Area, will only be signed-up as incident only. This applies to equipment that is not on an MOU or equipment that has not submitted a 12 point inspection to the local FMO. Rates will be 66% lower than the established rate. FEPP will be at 56% lower than the established rate.

ASSIGNMENTS

In order for FD resources to be eligible for reimbursement under the MOU, they must be requested or approved by the Division or its Federal Cooperators. Payment will be made only for fire suppression activities on lands outside the FDs established jurisdictional boundaries or on state or federal lands within the FDs jurisdictional boundaries when requested by the jurisdictional agency. Independent action taken by the FDs 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.

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

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 your local FFSL area office.

If there are no state or federal engines on the fire the FD resource may 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 Rate Agreement)

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.

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. This is required by the state for reimbursement.

Resources will be tracked by the local interagency fire center by use of systems such as Resource Ordering and Status System (ROSS) or Wildland Fire Computer Aided Dispatch (WildCAD). 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) are complete and **signed**. A performance evaluation should be completed whenever possible.

Time Keeping In all cases, a Shift Ticket for equipment and Crew Time Report (CTR) for additional personnel or single resource must be completed and signed at the end of each operational period. 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. **Original copies (pinks for the Shift Ticket and white for the CTR) must be submitted with the invoice to the FFSL Area office.** It is advised that the FD keep a legible copy for internal records.

Compensable meal periods Personnel on the fireline may be compensated for their meal period if all the following conditions are met:

- ❑ The fire is not controlled, and
- ❑ The Operations Section Chief makes a decision that it is critical to the effort of controlling the fire that personnel remain at their post of duty and continue to work as they eat, and
- ❑ The compensable meal break is approved by the supervisor and documented on the CTR and/or Shift Ticket at the next level and it is documented on the CTR, SF-261.
- ❑ 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 as IA in "Remarks" section as "No lunch taken due to uncontrolled fireline". If a lunch is not documented on the CRT or Shift ticket, the lunch will be automatically deducted by the State.

Prescribed fire (RX) and other fire management projects: Under the direction of the Division, the MOU may be used for procuring personnel and equipment for other fire management activities such as fuels mitigation and RX projects, inside and outside the FD jurisdictional area. 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 MOU 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. Claims for reimbursement **must be submitted to the local FFSL Area office within 30 days after release from an incident.** For every 30 days past due, beyond the original 30 days described, 10% may be deducted from the invoice amount as a penalty. **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.

- Reimbursement request will, at a **minimum**, contain the Cooperators Use Invoice form, original Shift Tickets (OF 297) and/or CTRs (OF 261), a copy of the Resource Order (if on a Type I or II incident), and any "S" numbers, if issued..

- 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, 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 was filed, the FD Workman's Compensation form must be used. Be sure to meet the timeline requirements on first notification for Workman's Compensation, i.e. – the documents must be filed within a certain time frame or will not be accepted.
- If requesting reimbursement for travel expenses, a county reimbursement form must be attached to the invoice. If county/city per diem rates are not established, state or GSA rates may be used.

TRAINING AND CERTIFICATION

FDs entering into a MOU with FFSL must meet NWCG training and qualification standards for the position they are filling on the incident, for fire assignments outside the local interagency dispatch zone.

FFSL has established a developmental standard for FDs working toward becoming fully qualified under NWCG standards. The developmental standard will be in effect until June 1, 2014 and will apply to FD resources responding to incidents within their local interagency dispatch zone. Under this classification, all firefighters are required to be certified, Red Carded wildland firefighters, however; the engine is not required to have a fully qualified Engine Boss (ENGB) in command. This classification has a separate and lower rate structure. Federal agencies may not accept this standard and may require that FD resources meet NWCG standards when operating on lands under federal jurisdiction.

FD personnel receive their Red Cards, official documentation of NWCG qualification, through the Utah Fire Service Certification System. Firefighters with structure fire certifications may be eligible to take the same training through the Skills Crosswalk. This program recognizes portions of the structure fire curriculum as equivalent to portions of NWCG wildland fire training. Firefighters that qualify for this program can significantly reduce the total training hours required to certify for these positions. For information on the Skills Crosswalk or training requirements for additional positions contact your local FFSL 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	S-131 S-133 Completion of the FFT1 Position Task Book S-211 S-212	S-230 S-231 S-234 S-260 S-270 S-290 I-200 L-280 Completion of the ENGB Position Task Book

Currently the Utah Fire Service Certification System has developed certifications for Wildland Firefighter 1 & 2 (WFF1 / WFF2) or NWCG Firefighter Type 2 & 1 (FFT2 / FFT1). The process for becoming certified is outlined in certification standards available from the Certification Office at the Utah Fire and Rescue Academy (UFRA) in Provo, Utah. There is also information available online at: www.uvu.edu/ufra/ . The process is outlined below.

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 prepare trainees for subsequent testing through the Utah Firefighter Certification System.

2. Testing

Upon successful completion of training, all participants are required to take the State Certification Manipulative Skills Test and a written exam. Testing must be scheduled at least 30 days in advance. The written test consists of 100 questions, and 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 an in-house manipulative skills test. The state certification 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 UFRA.

3. Pass the physical fitness test

Once notification of passing the written exam and manipulative skills tests have been received, the physical fitness test must be taken, as identified in the certification standard. 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 testing 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 UFRA Certification Office. UFRA will then issue a Red Card with appropriate NWCG qualifications listed.

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

Some NWCG qualifications are not currently offered through the Utah Fire Service Certification System, but may be obtained through a combination of other NWCG certified training and experience on wildland fire incidents. Documentation of this training and experience (i.e. position task books) can be presented to the FFSL Area office upon completion. The Area Office then forwards the documentation to the state Training Committee. After review and approval by the state Training Committee, issuance of Red Cards showing NWCG qualifications will be requested by the FD from the Certification System.

Individuals serving on structural engines deployed outside the local dispatch zone for structure protection will, at a minimum, be certified at the National Fire Protection Association (NFPA) WWF1 level as well as NWCG FFT2.

WILDLAND FIRE PERSONAL PROTECTIVE EQUIPMENT

FDs entering into a MOU 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. 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. 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. 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. An MOU and FM 100 must be signed by the FD Chief, or a designee, stating that both equipment and staffing meet the minimum requirements. The FFSL State office must sign the FM 100 for it to be valid. Equipment lacking this certification will not be enrolled in the MOU program and is not available for reimbursement. Prior to dispatch, it is the FDs responsibility to submit the certification/agreement (FM 100) to the FFSL area office.

Foam Units:

Engines and water tenders ordered with compressed air foam capabilities (CAFS) are paid additional compensation. Compensation will apply when requested on a Resource Order and actual hours of use are properly documented on a Shift Ticket. Use of foam proportioners on the incident will not be compensated at an additional rate. The incident will provide the foam, or make reimbursement when provided by the fire service organization. For rates refer to the Vehicle and Equipment Rate section.

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. However, until June 1, 2014 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 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 vehicle 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 wildland FFT1 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 MOU program.

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 meet minimum specifications of NFPA 1901.

**This includes 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).

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.

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.

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

Structure Engine Inventory 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 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 wildland firefighter 1 level if 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) (5000	2500	1000
Off Load capacity (GPM)	300	200	200
Maximum Refill Time (minutes)	30	20	15
Components	Minimum Standards Non-Tactical Water Tender (WAT)		
Personnel	1	1	1
Drafting Capability or refill pump	Yes	Yes	Yes

Components Type	Minimum Standards Tactical Water Tenders (WTT)		
	1	2	3
Tank Capacity (gallons)			
Minimum	2501	1499	1000
Maximum	NONE	2500	1500
Pump Minimum Flow (gpm)	250	250	250
@ rated pressure (psi)	150	150	150
Hose (feet)			
Live Hose Reel ¾ inch ID	100	100	100
Spray Bar or Equivalent (Monitor)	Yes	Yes	Yes
Pump and Roll	Yes	Yes	Yes
Foam Proportioner System	Yes	Yes	Yes
Drafting Capabilities - MAY USE PORTABLE PUMP THAT MEETS MINIMUM STANDARDS	Yes	Yes	Yes
Personnel (minimum)	2	2	2

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

VEHICLE, EQUIPMENT AND PERSONNEL RATES

General

FD engines and equipment entering into a MOU with FFSL may be reimbursed using two different rate structures; NWCG fully qualified and Developmental. **However, both must meet NWCG minimum staffing requirements listed below.**

- 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, for dispatch anywhere inside or outside the local interagency dispatch zone.
- Developmental: equipment must meet the minimum inventory set forth in the Reference Section. Personnel must be qualified at least to NWCG FFT2 or NFPA WFF1. Equipment under this classification is only available for assignment within the local interagency dispatch zone.

Standard Rate Structure

FD equipment will normally be compensated at an hourly rate.

FD Engines			
Class	Developmental Rate Adjusted	Fully Qualified NWCG	# Persons
T1 Engine	NA	\$241	4
T2 Engine	NA	\$210	3
Wildland Engines			
T3 Engine	\$145	\$185	3
T4 Engine	\$124	\$165	2
T5 Engine	\$117	\$154	2
T6 Engine	\$113	\$144	2
T6 Engine / Gamma Goat	\$113	\$144	2
Water Tenders (Tactical)			
T1 Tender	\$118	\$147	2
T2 Tender	\$109	\$136	2
T3 Tender	\$100	\$120	2
Water Tenders (Non-Tactical)			
T1 Tender	NA	\$115	1
T2 Tender	NA	\$105	1
T3 Tender	NA	\$100	1

Federal Excess Personal Property

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 is determined by using two-thirds (66%) of the rate that best fits 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 FD, the reduction in rate reflects the calculated depreciation amount for the equipment.

FD Rates FEPP Engines			
Class	Developmental Rate	Fully Qualified NWCG	# Persons
T1 Engine	NA	\$189	4
T2 Engine	NA	\$160	3
Wildland Engines			
T3 Engine	NA	\$138	3
T4 Engine	\$112	\$123	2
T5 Engine	\$106	\$117	2
T6 Engine	\$101	\$115	2
Water Tenders_(Tactical)			
T1 Tender	\$98	\$111	2
T2 Tender	\$92	\$104	2
T3 Tender	\$81	\$97	2
Water Tenders (Non-Tactical)			
T1 Tender	NA	\$83	1
T2 Tender	NA	\$77	1
T3 Tender	NA	\$73	1

Other Provisions

- For CAFS – Plumbed into the system, increase the hourly rate by \$20 when use is requested for each operational shift and documented on the Resource Order and Shift Ticket.
- For additional personnel, increase the hourly rate \$21 per person, per hour (NWCG and Developmental). Additional personnel when requested must be approved by the incident. Additional personnel must be agreed to by the FD, and FFSL. Engines may use reduced staffing due to available seating; subtracting \$21 an hour per person for each position less than the standard staffing, but must still meet NWCG minimum staffing. Actual staffing will be recorded on the equipment Shift Ticket. Any additional personnel, beyond standard staffing, must be listed on a CTR.
- No reimbursement will occur for equipment not meeting NWCG minimum staffing requirements
- Tactical water tenders that do not have two people listed on the Shift Ticket, one as an ENGB, will only be paid as a support water tender. “Tactical” must be printed on the Shift Ticket for payment as a tactical tender.
- 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, qualified or developmental.
- Type 1 and 2 engines used for wildland fire suppression, with no structure or vehicle protection involved, will be compensated at the Type 3 engine rate.

Miscellaneous Equipment and EMT/Paramedics Kits

Rates for additional FD equipment and personnel are listed above. Any additional equipment, EMTs or paramedics must be listed on the Cooperative 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
Pumpkin/Porta Tank(min. 1500 gal)	N/A	\$79
Portable pumps > 200 GPM (order specifically)	\$16	\$126
ATV – 4 Wheel Drive	\$12	\$115
UTV – Gators / side by side	\$15	\$147
Command Vehicle (only hrs USED on Fireline when requested)	\$12	\$100**
Sedan Van/Station Wagon	\$10	\$80**
4X2 Truck	\$10	\$80**
4X4 Sport Utility	\$12	\$100*
4X4 Truck	\$11	\$101**
Mechanic Service Truck with operator (For minimum requirements refer to IIBMH)	\$100	\$892
Communications / Command / RV, w/operator	\$100	\$1207
Truck tractor w/Trailer (Lowboy, w/operator	\$3.70/mile	\$525
Truck tractor w/Trailer no standby operator	\$31	\$367
Chainsaws (ordered specifically)	\$10	\$66
Generators 35 kw – 70 kw	\$15	\$100
Command Post Vehicle RV w/operator	\$115	\$1260
Chipper 14" or > – Includes truck w / operator	\$79	\$1102
Ambulance ALS 2 staff 24 hours***	\$157	\$2205
Ambulance BLS 2 staff 24 hours ***	\$136	\$1890
ALS Paramedic Kit	\$18	\$210
EMT Kit	\$9	\$105

** Or 55¢ per mile, whichever is greater, and mileage is verifiable.

*** Hospital transport may be charged at the prevailing ambulance service area rate, not the rate under this agreement.

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 50% of the daily rate for shifts of less than 8 hours.

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.

Personnel Positions

Overhead Position	Rate
Firefighter	\$21
EMT Basic	\$26
EMT Advanced	\$27
Paramedics	\$29
Overhead positions (see handbook)	\$26

*Paramedics that are full-time, career EMS may charge actual wages and benefits, otherwise the \$29 per hour will be used.

EMTs and Paramedics: 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) / WFFI (UFRA) 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 Paramedic must have a Resource Order from the interagency dispatch center that must have “with kit” 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.

Backfill: Backfill refers to a situation when a career FD has to maintain a required staffing level after sending firefighters outside their jurisdictional area to provide assistance to another jurisdiction. Additional firefighters are called in to cover the shift of the firefighters leaving the home jurisdiction. The cost for these additional backfill firefighters is charged to the requesting jurisdiction. However, this practice is generally discouraged. The requesting unit may refuse to fill any position that includes backfill, portal to portal, or other entitlements charged by responding fire department resources. The Division will only agree to pay backfill costs of permanent, full-time, career paramedics and firefighters serving in an overhead position at or above the Unit Leader level or, within the Operations Section, above the Single Resource level (e.g. Task Force or Strike Team Leaders), at a rate equal to or less than the actual salary paid by the fire department of the firefighter assigned under this MOU

Heavy Equipment

All heavy equipment is required to be equipped with certified rollover protection, a safety canopy, an approved spark arrester (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): Included in the rate is an 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	\$105	\$1470	Wet
2	100 HP – 199 HP	\$152	\$2130	
1	200 HP and Greater	\$184	\$2572	

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

Road Grader: Included in the rate is an 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	\$100	\$1197	Wet
3	115 HP – 144 HP	\$121	\$1449	
2	145 HP – 199 HP	\$126	\$1512	
1	200 HP – 250 HP	\$210	\$2520	

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.

TRAVEL

While in travel status, reimbursement for meals will be made at the FDs established per diem rate. If the FD has no established per diem rate, the GSA may be used. A FD or county per diem forms must be filled out and attached to billing document for reimbursement.

GSA rate can be found at:

http://www.gsa.gov/portal/content/104877?utm_source=OGP&utm_medium=print-radio&utm_term=perdiem&utm_campaign=shortcuts

Travel is not allowed outside of the hours of 0500 – 2200.

Travel cannot exceed 10 hours per operator or 15 hours per day.

½ hour lunch must be taken while in travel status over 8 hours.

Lodging – Lodging will be reimbursed at actual cost, therefore; receipts for all lodging must be provided for reimbursement

REFERENCE SECTION

Utah Division of Forestry, Fire & State Lands Directory

Main Salt Lake Office	
<p>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</p>	<p>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</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 phone 435-890-2071 cell dustinrichards@utah.gov</p>	<p>Counties Served: Utah, Davis, Morgan, Salt Lake, Tooele</p> <p>Dave Vickers Fire Management Officer 1594 West North Temple, Suite 3520 PO Box 145703 Salt Lake City, Utah 84114-5703 801-538-5351 phone 801-554-8984 cell dvickers@utah.gov</p>
Northeast Area	Central Area
<p>Counties Served: Daggett, Duchesne, Summit, Uintah, Wasatch</p> <p>Steve Rutter Fire Management Officer 2210 S Hwy 40 Suite B Heber City, Utah 84032 435-671-3327 cell stephenrutter@utah.gov</p>	<p>Counties Served: Juab, Millard, Piute, Sanpete, Sevier, Wayne</p> <p>Fred Johnson Fire Management Officer 1139 N Centennial Park Dr. Richfield, Utah 84701 435-896-5697 phone 435-851-1546 cell fredjohnson@utah.gov</p>
Southwest Area	Southeast Area
<p>Counties Served: Beaver, Garfield, Iron, Kane, Washington</p> <p>Mike Melton Fire Management Officer 585 North Main Street Cedar City, Utah 84721 435-586-4408 phone 435-590-4712 cell mikemelton@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 phone 435-650-0114 cell rudysandoval@utah.gov</p>

Cooperator letter



State of Utah

Department of
Natural Resources

MICHAEL R. STYLER
Executive Director

Division of
Forestry, Fire &
State Lands

RICHARD BUEHLER
*State Forester/
Division Director*

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

January 1 2013

To Whom It May Concern:

The Utah Fire Departments are Cooperators of the State of Utah. It is recognized, under the Master Cooperative Wildland Fire Management and Stafford Act Response 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.

They 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 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 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 jurisdictional agency responsible for the fire. The original documentation must be returned with the suppression resource!

Should you have questions concerning these resources, contact:

Tracy Dunford
State Fire Management Officer
Office: 801-538-5502
Cell: 801-558-6508

Shane Freeman
Assistant State Fire Management Officer
Office: 801-538-5501
Cell: 801-560-1072

Sincerely,

A handwritten signature in black ink, appearing to read "TD-11".

Tracy Dunford
State Fire Management Officer

Cooperative Rate Agreement- FM 100

AS PART OF THE _____ COUNTY AGREEMENT Page 1 of _____
 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 <input type="checkbox"/> INCLUDED IN EQUIPMENT RATE <input type="checkbox"/> SEPARATE					(12) TYPE OF DEPARTMENT <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> CAREER <input type="checkbox"/> COMBINATION						
(13) EQUIPMENT DESCRIPTION List make, model, year, ICS Type, Gallons, GPM, Unit #, License #, 4x4, foam capability				(14) STAFFING		RATES					
				Minimum Required	FD Standard	(15) WORK OR HRLY			(16) SPECIAL		
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

GENERAL PROVISIONS TO COOPERATIVE RATE AGREEMENT FORM FM 100 (2/12)

This Cooperative Fire Rate Agreement is entered pursuant to the Cooperative Intergovernmental Agreement and/or Memorandum of Understanding currently in effect between the Utah State Forester and the Cooperator. The following terms and provisions apply, but in the event of a conflict between this Rate Agreement and the Cooperative Intergovernmental Agreement and/or Memorandum of Understanding, the Cooperative Intergovernmental Agreement and/or Memorandum of Understanding shall prevail.

1. **Dispatch:** At the time of dispatch, an Incident Resource Order will be created. Upon arrival and check in at the incident the Cooperator must furnish a copy of the order and copy of the Cooperator Rate Agreement. When such resources are furnished to FFSL, the following provisions shall apply;
2. **Condition of Equipment:** All equipment furnished must be in acceptable condition. Prior to incident use or anytime the resource is under hire, FFSL reserves the right to perform inspections to insure compliance with the FD Rate Book requirements, and the right to reject equipment, which is not in safe and operative condition. No payment will be made for rejected equipment.
3. **Time Under Hire:** The time under hire shall start at the time agreed upon when equipment is ordered by FFSL and end by notification to the Cooperator by FFSL that equipment is released back to its point of hire, except as provided in Clause 8.
4. **Operating Supplies:** Operating supplies are to be provided by the Cooperator. Operating supplies include fuel, oil, filters, and lube/oil changes. Even though all operating supplies are to be furnished by the Cooperator, FFSL 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.
5. **Accountable, Durable and Consumable Goods:** The Cooperator is allowed the re-supply of consumable goods by the incident at no cost. Replacement of damaged or lost equipment will follow standards for government agencies identified by the incident and jurisdictional agency.
6. **Repairs:** Repairs to equipment shall be made and paid for by the Cooperator. FFSL may, at its option, elect to make such repairs when necessary to keep the equipment operating. The cost of such repairs will be deducted from payment to the Cooperator.
7. **Timekeeping and Invoicing:** Time will be recorded by the Incident Commander or FFSL representative responsible for ordering and/or directing use of each piece of equipment. Time will be recorded as follows:
 - a. Hourly rate - To nearest half hour.
 - b. Daily rate - By calendar day except for first and last day, this will be recorded to nearest hour.
 - c. Mileage Rate - To nearest mile.
 - d. Invoices to FFSL must include original Crew Time Reports (Form 261) and Emergency Equipment Shift Tickets (Form 297) signed by an authorized government official on the incident or FFSL representative. Itemized receipts for authorized meals, lodging, repairs and re-supply will accompany the cooperator's invoice.
8. **Payments:**
 - a. Rates of payments: Payment for equipment and staffing furnished shall be in accordance with the following, except as provided in clause 9:
 - i. Inclusive rates (column 11): Rates for equipment include the NWCG minimum required staffing levels as marked in column 14. If FFSL orders additional personnel above the minimum required staffing listed in column 14, cooperators may bill separately for these personnel hours per clause 8a6.
 - ii. Separated rates (column 11): Rates for equipment will not include staffing costs. Staffing will be paid at additional costs per clause 8a6.
 - iii. Hourly Work Rates (column 15): Shall apply when the cooperator's resources are under hire as ordered by FFSL and on shift, including relocation of equipment under its own power. (On shift, actual units ordered and performed.) Hourly rates may apply to either inclusive or separated equipment staffing rate methods as checked in column 11 (staffing inclusive or separate).
 - iv. Mileage Work Rates (column 15): These rates when applied are without staffing. Staffing will be paid at additional costs per clause 8a6.
 - v. Special Rates (column 16): Shall normally apply to a maximum daily rate for equipment that is listed without staffing. The maximum daily rate 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. Staffing will be paid at additional costs per clause 8a6

GENERAL PROVISIONS TO COOPERATIVE RATE AGREEMENT FORM FM 100 (2/12)

- b. Method of Payment: A cooperator invoice will be submitted to FFSL no more than 30 days after returning to their home unit. Payment for each calendar day will be made for a) actual units ordered and performed under Work and/or Special Rates or b) the guarantee earned listed in the cooperator rate agreement.

9. 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 by FFSL, 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 FFSL in accordance with Clause 6, within 24 hours, may be considered as being withdrawn by the Cooperator in accordance with paragraph B above, except that FFSL will bear all costs of returning equipment and/or staffing to the point of hire as promptly as emergency conditions will allow.
10. **Subsistence:** 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. When not provided by the incident, reimbursement for meals and lodging is based on the employees' agency travel policy. The cooperator will provide travel expense documentation for any approved meals and lodging with within 30 days of returning to their duty station. Meals and lodging will be reimbursed by FFSL for approved expenses when not provided by the incident.

11. **Commissary Deductions:** Unless specifically stated elsewhere in this agreement, the cost of any commissary items, supplies, materials or services provided to the employee must be paid by the employee with cash or credit card. No payroll deductions are allowed.

12. **Personal Protective Equipment:** Cooperators must supply the following minimum required personal protective equipment for wildfire response: 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.

13. Safety Requirements:

- a. The cooperator is required to comply with all rules and regulations covered by the Utah Occupational Safety & Health Division, Utah Occupational Safety & Health Act, Title 34A, Chapter 6
- b. All fire department personnel must have completed FFSL Basic Wildland Firefighting Course or equivalent.
- c. Fire department personnel shall be of adequate physical condition to meet the arduous demands of wildland firefighting.
- d. The operator is responsible for operating the equipment within its operating limits and responsible for safety of the equipment.
- e. The Cooperator shall follow driving regulations and work/rest guidelines listed in the Interagency Incident Business Management Handbook (IIBMH). 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. Incident approval of the agency pay document certifies that the required documentation is on file, and no further documentation is required for pay purposes.
- f. Length of Assignment: Standard assignment length is 14 days, exclusive of travel from and to home unit, with possible extensions.

14. **Medical Coverage:** The cooperator must provide worker compensation insurance for their employees. When requested the cooperator will provide insurance notification forms to report work related injury or illness and/or worker compensation insurance contact information.

Resource Order

INCIDENT/PROJECT ORDER NUMBER																															
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. TWN		7. MAP REFERENCE		8. INCIDENT BASE/PHONE NUMBER		9. JURISDICTION/AGENCY																					
												10. ORDERING OFFICE																			
11. AIRCRAFT INFORMATION				L.A.T.		LONG.		OTHER AIRCRAFT/HAZARDS																							
BEARING	DISTANCE	BASE OR OMNI		AIR CONTACT	FREQUENCY	Ground Contact				FREQUENCY	RELOAD BASE																				
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		ETA	EVA	RELEASED Date	To	Time	ETA								
13. 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.

How to fill out a shift ticket

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 HOURS/DAYS/MILES (circle one) WORK SPECIAL		14. REMARKS (released, down time and cause, problems, etc.)		
07/07/09	06:30	11:30	5	Junior Joe Mileage start 13258 Joe Senior Mileage end 13458 Total miles 200	
7/07/09	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	
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 versus Military Time

Regular and military time express minutes and seconds in exactly the same way. When converting from regular to military time and vice versa, the minutes and seconds do not change.

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

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

Regular Time	Military Time	Regular Time	Military Time
Midnight	0000	Noon	1200
1:00 a.m.	0100	1:00 p.m.	1300
2:00 a.m.	0200	2:00 p.m.	1400
3:00 a.m.	0300	3:00 p.m.	1500
4:00 a.m.	0400	4:00 p.m.	1600
5:00 a.m.	0500	5:00 p.m.	1700
6:00 a.m.	0600	6:00 p.m.	1800
7:00 a.m.	0700	7:00 p.m.	1900
8:00 a.m.	0800	8:00 p.m.	2000
9:00 a.m.	0900	9:00 p.m.	2100
10:00 a.m.	1000	10:00 p.m.	2200
11:00 a.m.	1100	11:00 p.m.	2300

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:

hoursminutes

Example: 1331

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		<input type="checkbox"/> REJECTED
MILES / HRS _____	DATE _____	TIME _____
Inspector Name _____	Title _____	
<small>Print</small>		
		<input type="checkbox"/> ACCEPTED
MILES / HRS _____	DATE _____	TIME _____
Vendor Signature _____	Title _____	
Inspector Name _____	Title _____	
<small>Print</small>		

Section I - Tractor, Motor Grader	Pre-use		Release	
	Yes	No	Yes	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. Gauges: 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		Release	
	Yes	No	Yes	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. *				

Section II - Remarks (Describe all unsatisfactory items and identify by line number.)

State _____ License No. _____ Class _____
 Endorsements _____ Med.Cert. Expire Date _____

Section III - Power Saw, Pump	Pre-use		Release	
	Yes	No	Yes	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				

11. RELEASE INSPECTION		<input type="checkbox"/> NO DAMAGE / NO CLAIM <small>Not applicable to buses, inspection required.</small>
MILES / HRS _____	DATE _____	TIME _____
Vendor Signature _____	Title _____	
Inspector Name _____	Title _____	
<small>Print</small>		

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") <input type="checkbox"/> Regular Gov't <input type="checkbox"/> Casual Firefighter <input type="checkbox"/> 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) <div style="text-align: center; font-family: cursive;">Get pictures whenever possible.</div>			
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

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. <i>(See instructions on reverse.) (Number, street, city, State and Zip Code)</i>		
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 <i>(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.)</i>					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT <i>(Number, street, city, State, and Zip Code)</i>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. <i>(See instructions on reverse side.)</i>					
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 <i>(Number, street, city, State, and Zip Code)</i>		
12. <i>(See instructions on reverse)</i> AMOUNT OF CLAIM <i>(in dollars)</i>					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL <i>(Failure to specify may cause forfeiture of your rights.)</i>		
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 <i>(See instructions on reverse side.)</i>				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. <i>(See 31 U.S.C. 3729.)</i>			Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. <i>(See 18 U.S.C. 287, 1001.)</i>		

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 <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> 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.)

26. NAME (Last, first, middle)				27. SEX	28. DATE OF BIRTH
29. ADDRESS					
A	30. MARK "X" IN TWO APPROPRIATE BOXES		31. IN WHICH VEHICLE	32. LOCATION IN VEHICLE	33. FIRST AID GIVEN BY
	<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> FED	
	<input type="checkbox"/> INJURED	<input type="checkbox"/> HELPER	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER (2)	
34. TRANSPORTED BY			35. TRANSPORTED TO		
36. NAME (Last, first, middle)				37. SEX	38. DATE OF BIRTH
39. ADDRESS					
B	40. MARK "X" IN TWO APPROPRIATE BOXES		41. IN WHICH VEHICLE	42. LOCATION IN VEHICLE	43. FIRST AID GIVEN BY
	<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> FED	
	<input type="checkbox"/> INJURED	<input type="checkbox"/> HELPER	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER (2)	
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.)				

Witness Statement Form (SF 94)

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

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

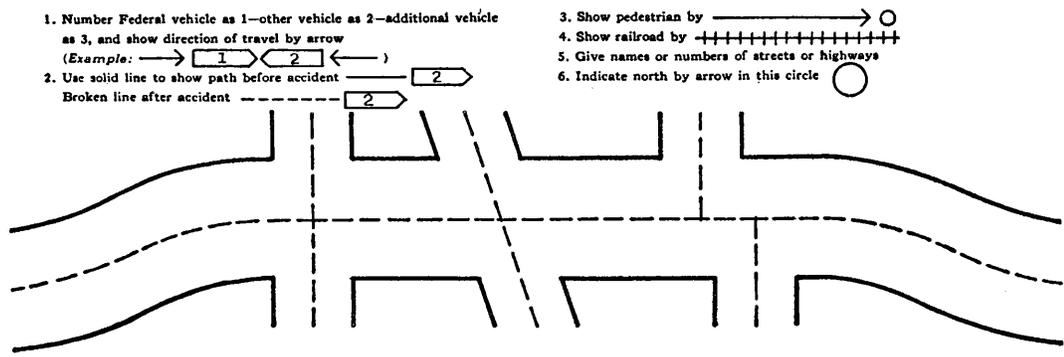
8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY	9. IF TRAFFIC CASE, GIVE APPROXIMATE SPEED OF:
	a. GOVERNMENT VEHICLE <i>Miles per Hr.</i>
	b. OTHER VEHICLE <i>Miles per hr.</i>

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

a. NAMES	b. ADDRESSES <i>(Include ZIP Code)</i>
----------	--

WITNESS COM- PLETING THIS FORM	11. HOME ADDRESS <i>(Include ZIP Code)</i>	12. WITNESS (Print Name)	a. HOME TELEPHONE NO.
		<i>Sign Here</i> ▶	b. TODAY'S DATE
	13. BUSINESS ADDRESS <i>(Include ZIP Code)</i>		TELEPHONE NO.

14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:



Utah Worker's Compensation Form (Not all cooperators are under WCF)

Form 122		EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS			Print Form	
(Filing this form is not an admission of liability for the claim.)						
GENERAL	Employer (Name & Address include Zip)		Carrier/Administrator Claim Number	OSHA Log Number	Report Purpose Code	
			Jurisdiction	Jurisdiction Claim Number		
			Insured Report Number			
	Industry Code		Employer FEIN		Employer's Location Address (if different)	Location Number Phone Number
CARRIER/CLAIMS ADMINISTRATOR	CARRIER/CLAIMS ADMINISTRATOR					
	Carrier (Name, Address & Phone Number)		Policy Period To	Claims Administrator (Name, Address & Phone Number)		
			Check If Appropriate			
			Self-Insurance <input type="checkbox"/>			
Carrier FEIN		Policy/Ret/Insured Number		Administrator FEIN		
Agent Name and Code Number						
EMPLOYEE	EMPLOYEE/WAGE					
	Name (Last, First, Middle) Address (incl. Zip)		Date of Birth	Social Security Number	Date Hired	State of Hire
			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Marital Status <input type="checkbox"/> Unmarried/ single/Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	Occupation / Job Title	
			Employment Status		NCCI Class Code	
Claimant may need an interpreter: Yes <input type="checkbox"/> No <input type="checkbox"/> Language		Number of Dependents		Phone		
Rate _____ Per <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Other		Number of Days Worked/Week		Full Pay For Day of Injury <input type="checkbox"/> Yes <input type="checkbox"/> No Did Salary Continue <input type="checkbox"/> Yes <input type="checkbox"/> No		
OCURRENCE	OCURRENCE/TREATMENT					
	Time Employee Began Work <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Injury/Illness	Time of Occurrence <input type="checkbox"/> AM <input type="checkbox"/> PM	Last Work Date	Date Employer Notified	Date Disability Begins
	Contact Name/Phone Number		Type of Injury/Illness		Part of Body Affected	
	Did Injury/Illness Exposure Occur on Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> 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		
	Cause Of Injury Code					
	How Injury or Illness / Abnormal Health Condition Occurred, Describe the Sequence of Events and Include Objects or Substances that Directly Injured The Employee or Made The Employee Ill					
Date Returned to Work		If Fatal, Give Date of Death		Were Safeguards Or Safety Equipment Provided? <input type="checkbox"/> YES <input type="checkbox"/> No Were They Used? <input type="checkbox"/> Yes <input type="checkbox"/> NO		
Physician/Health Care Provider (Name & Address)		Hospital (Name & Address)		Initial Treatment <input type="checkbox"/> 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 hrs <input type="checkbox"/> Future Major Medical/Lost Time Anticipated		
OTHER						
Witnesses (Name & Phone Number)						
Date Administrator Notified		Date Prepared		Preparer's Name & Title Phone Number		



Official Form 122 Revised 2/10
 State of Utah • Labor Commission • Division of Industrial Accidents
 160 East 300 South • P. O. Box 146610 • Salt Lake City, UT 84114-6610 • Telephone: (801) 530-6800
 FAX: (801) 530-6804 • Toll Free: (800) 530-5090 • www.laborcommission.utah.gov

For your protection Utah Law requires notice that worker's compensation fraud is a crime. Please see back of this form for the full fraud statement

Utah Fire 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	Wildcad 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 **

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 (FM100) must be given to the Finance Section. Equipment payment is determined by this documentation.
- ❑ 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 must 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.**
- ❑ Restock of equipment and supplies from the Supply Unit are allowed. Upon demobilization, for items that 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. A copy of the S Resource Order must be submitted, with the receipt of purchase, for reimbursement.

- ❑ Medical injuries or sickness must fill out Utah Workman's Compensation form. The fire may pay for minor medical treatment on the incident. The original of the Utah Workman's Compensation form needs to be attached to the paperwork and brought to the home unit. All paperwork must be held by FD in case further questions arise about the bill. If additional medical attention is needed at the home unit, paperwork must be filed with the Workman's Compensation Fund. Form is in the Reference Section.

Upon Release from the Incident:

- ❑ A Release and Post-Inventory Inspection must be performed on equipment before departure from the incident.
- ❑ A Performance Evaluation needs to be completed whenever possible.
- ❑ Emergency Equipment Shift Ticket(s) and CTRs must be complete and signed. FD must submit original copy for reimbursement.
- ❑ Completed finance packages (Original Shift Tickets, CTRs, OF 286/288, and S Numbers, inspections 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**

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
		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)

Structure Engine Inventory

County:		Dept:	
Engine ID:		MOU#	
Engine Type Class:	Type 1	Type 2	

This list is from NFPA Standards 1901,1903,1904 2003 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.

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

1	Axe Pick Head	1	Ladder 14 foot Roof
1	Axe Flat Head	1	Ladder 24 ft. 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 " "
1	DBL F swivel connection	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)		MOU Documentation
	Full Wildland PPE for all Personnel		Full Structural PPE for all Personnel

Comments: _____

Inspected By: _____ **Date:** _____

Minimum Required Components 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

Equipment and Supply List

Emergency Medical Technician (EMT) Personnel

*Additional equipment/supplies as allowed for by licensure, credentialing and/or incident medical director and specific to incident needs. 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 bloodborne 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, Protectiv® Plus, or like, assorted sizes	Tourniquet, IV, Disposable, non-latex
Pressure Infuser Bag, Disposable	Sharps case, 1 qt
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, "VanishPoint®", or like, 3cc w/25g x 5/8" needle	Syringe, Sterile, "VanishPoint®", 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®)

Acronyms

AA	Agency Administrator
AOP	Annual Operating Plan
CAFS	Compressed Air Foam Capabilities
CTR	Crew Time Report
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
FRT	Flame Retardant Treated
GVW	Gross Vehicle Weight
GVWR	Gross Vehicle Weight Rating
HEQB	Heavy Equipment Qualified
IA	Initial Attack
IBA	Incident Business Advisor
IC	Incident Commander
ICS	Incident Command System
IIBMH	Interagency Incident Business Management Handbook
IMT	Incident Management Team
MOU	Memorandum of Understanding
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
UFRA	Utah Fire and Rescue Academy
UHP	Utah Highway Patrol
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