

# Local Gov't - Water Tenders

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name	
The responsible Government Officer will complete this form each shift					Butte County F.D.	
Incident or Project Name <b>Centerville</b>		Incident Number <b>CABTU XXXXX</b>	Request Number <b>E-10</b>		Operator #1 <b>Smith</b>	Operator #2 <b>Jack</b>
Agreement Number <b>802500-02</b>					Operator Furnished By: <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Government	
Equipment Make <b>Kenworth, 1991</b>		Equipment Model / Type <b>WT-27, CO # 776</b>			Operating Supplies Furnished By: <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Government	
Serial Number <b>VIN# 1XKADB9X7MS559791</b>		Licence Number <b>E-1085613</b>			Equipment Status <input type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement	
Equipment Use					<input checked="" type="checkbox"/> Released by Government	
Date					<input type="checkbox"/> Withdrawn by Contractor	
		(Circle) <u>Hours</u> / Days / Miles			Remarks/Comments ***	
Mo / Day	Start	Stop	Work	Assignment		
<b>6/11</b>	<b>1800</b>	<b>2400</b>	<b>14</b>	<b>DIV A</b>		
<b>6/12</b>	<b>0001</b>	<b>2400</b>	<b>24</b>	<b>Div A</b>		
<b>6/13</b>	<b>0001</b>	<b>0300</b>	<b>3</b>	<b>Div-A &amp; Released</b>		
Vendor Rating					Govt. Rep. Name and Position - PRINT	
	Poor*	Avg.	Good	Exc.	N/A	<b>Brian Alderman, FC</b>
Met Performance Expectations				✓		Govt. Rep. Signature
Equipment in Safe Working Condition				✓		<b>Brian Alderman</b>
Operator Skill Level				✓		Contractor Signature
Operates Safely				✓		<b>Sam Smith</b>
Operator's Cooperation Level				✓		Date
Overall Performance				✓		Time
* NOTE: Any rating of POOR requires an explanation in Comment Section.					<b>6/13/XX</b> <b>0300 hrs</b>	
**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.					CALFIRE 297 (Rev 3-2011)	

Pink - Finance

Blue - Home Unit HE Coordinator

Yellow - Vendor

White - Govt Representative

# Local Gov't - Engine Type 3

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name			
The responsible Government Officer will complete this form each shift					Bradley Fire Dept			
Incident or Project Name <b>Bridge</b>		Incident Number <b>CABTU XXXXXX</b>	Request Number <b>E-15</b>		Operator #1 <b>Zarate</b>	Operator #2		
Agreement Number <b>162872-00</b>					Operator Furnished By:			
					<input type="checkbox"/> Contractor	<input checked="" type="checkbox"/> Government		
Equipment Make <b>2004, IH</b> <b>E-76</b>		Equipment Model / Type <b>FTH, Type 3</b>			Operating Supplies Furnished By:			
					<input type="checkbox"/> Contractor	<input checked="" type="checkbox"/> Government		
Serial Number <b>1HTWEAZN15J147965</b>		Licence Number <b>E1156856</b>			Equipment Status			
					<input type="checkbox"/> Inspected	<input checked="" type="checkbox"/> Under Agreement		
Equipment Use					<input checked="" type="checkbox"/> Released by Government			
					<input type="checkbox"/> Withdrawn by Contractor			
Date				(Circle) <u>Hours</u> Days / Miles				
Mo / Day	Start	Stop	Work	Assignment				
<b>7/4</b>	<b>1600</b>	<b>2400</b>	<b>8</b>	<b>Cover Stn-35</b>				
<b>7/5</b>	<b>0801</b>	<b>1600</b>	<b>16</b>	<b>Cover Stn - 35 Released to Stn 76</b>				
					Remarks/Comments *** <b>move up &amp; cover Stn-35 - Paradise</b>			
Vendor Rating								
							Govt. Rep. Name and Position - PRINT <b>Miguel Watson, FC</b>	
							Govt. Rep. Signature <b>Miguel Watson</b>	
							Contractor Signature <b>R. Zarate</b>	
							Date <b>7/5/XX</b>	
					Time <b>1600</b>			
* NOTE: Any rating of POOR requires an explanation in Comment Section.					CALFIRE 297			
***Final evaluation or for more documentation, use an ICS Form 230 or equivalent.					(Rev 3-2011)			

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# Local Gov't - Engine Type 3

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name	
The responsible Government Officer will complete this form each shift					Paradise Fire Dept	
Incident or Project Name <b>Ridge</b>		Incident Number <b>CABTU XXXXX</b>	Request Number <b>E-20</b>		Operator # 1 <b>Castillo</b>	Operator # 2
Agreement Number <b>279392-00</b>					Operator Furnished By:	
Equipment Make <b>Pierce 2001, E-87</b>					<input type="checkbox"/> Contractor	<input checked="" type="checkbox"/> Government
Equipment Model / Type <b>FTH, Type 3</b>					Operating Supplies Furnished By:	
Serial Number <b>1HT5EADN21H359256</b>					<input type="checkbox"/> Contractor	<input checked="" type="checkbox"/> Government
Licence Number <b>E-1074896</b>					Equipment Status	
Equipment Use					<input type="checkbox"/> Inspected	<input checked="" type="checkbox"/> Under Agreement
					<input type="checkbox"/> Released by Government	
					<input type="checkbox"/> Withdrawn by Contractor	
Equipment Use					Remarks/Comments ***	
Date	Start	Stop	(Circle) Hours / Days / Miles			
Mo / Day	Start	Stop	Work	Assignment		
<b>7/4</b>	<b>1530</b>	<b>2400</b>	<b>8.5</b>	<b>Div - A</b>		
<b>7/5</b>	<b>0001</b>	<b>1600</b>	<b>16</b>	<b>Div - A - Released to Pea St 1081</b>		
Vendor Rating					Govt. Rep. Name and Position - PRINT	
	Poor*	Avg.	Good	Exc.	N/A	<b>Mike Waters, FC</b>
Met Performance Expectations						Govt. Rep. Signature
Equipment in Safe Working Condition						<b>Mike Waters</b>
Operator Skill Level						Contractor Signature
Operates Safely						<b>Castillo</b>
Operator's Cooperation Level						Date
Overall Performance						Time
* NOTE: Any rating of POOR requires an explanation in Comment Section.					<b>7/5/XX</b>	
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					CALFIRE 297 (Rev 3-2011)	

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# Local Gov't - Type-2 Engine

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name	
The responsible Government Officer will complete this form each shift					Paradise Fire Dept	
Incident or Project Name <i>Ridge</i>		Incident Number <i>CABTU X XXXXX</i>	Request Number <i>E-21</i>		Operator #1 <i>Hollstrom</i>	Operator #2
Agreement Number <i>279392-00</i>					Operator Furnished By:	
					<input type="checkbox"/> Contractor	<input checked="" type="checkbox"/> Government
Equipment Make <i>Sutphen</i>		Equipment Model / Type <i>E-81 FTA - Type 2</i>			Operating Supplies Furnished By:	
					<input type="checkbox"/> Contractor	<input checked="" type="checkbox"/> Government
Serial Number <i>V#159A1BLD781003129</i>		Licence Number <i>E1381290</i>			Equipment Status	
					<input type="checkbox"/> Inspected	<input checked="" type="checkbox"/> Under Agreement
Equipment Use					<input checked="" type="checkbox"/> Released by Government	
					<input type="checkbox"/> Withdrawn by Contractor	
Date				(Circle) Hours / Days / Miles		
Mo / Day	Start	Stop	Work	Assignment		
<i>7/4</i>	<i>1530</i>	<i>2100</i>	<i>8.5</i>	<i>Div-2</i>		
<i>7/5</i>	<i>0001</i>	<i>1600</i>	<i>16</i>	<i>Div-2 Released to PRA <sup>SHW81</sup></i>		
Vendor Rating					Govt. Rep. Name and Position - PRINT	
	Poor*	Avg.	Good	Exc.	N/A	
Met Performance Expectations				✓	<i>Mike Waters, FC</i>	
Equipment in Safe Working Condition				✓	Govt. Rep. Signature	
Operator Skill Level				✓	<i>Mike Waters</i>	
Operates Safely				✓	Contractor Signature	
Operator's Cooperation Level				✓	<i>S Hollstrom</i>	
Overall Performance				✓	Date	Time
					<i>7/5/XX</i>	<i>1600</i>
* NOTE: Any rating of POOR requires an explanation in Comment Section.					CALFIRE 297	
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# Local Gov't Type 3 Engine

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name	
The responsible Government Officer will complete this form each shift					Butte County Fire	
Incident or Project Name <b>Bangor</b>		Incident Number <b>CABTU XXXXXX</b>	Request Number <b>E-4</b>		Operator #1 <b>Steed</b>	Operator #2
Agreement Number <b>802500-02</b>					Operator Furnished By: <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Government	
Equipment Make <b>2005, IH E-66, Co#1332</b>		Equipment Model / Type <b>FTH / TYPE-3</b>			Operating Supplies Furnished By: <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Government	
Serial Number <b>1HTWEAZN45J128312</b>		Licence Number <b>E 1194654</b>			Equipment Status <input type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement	
Equipment Use					<input checked="" type="checkbox"/> Released by Government	
Date					<input type="checkbox"/> Withdrawn by Contractor	
(Circle) <b>Hours</b> / Days / Miles					Remarks/Comments *** <b>Cover Stn 54 Robinson Mill</b>	
Mo / Day	Start	Stop	Work	Assignment		
<b>7/10</b>	<b>0800</b>	<b>2400</b>	<b>16</b>	<b>Cover Stn 54</b>		
<b>7/11</b>	<b>0800</b>	<b>0800</b>	<b>8</b>	<b>Cover Stn 54</b>		
<b>7/11</b>	<b>0800</b>	<b>1000</b>	<b>2</b>	<b>Down Staff Return to Stn 66</b>		
Vendor Rating					Govt. Rep. Name and Position - PRINT <b>Shannon DeLong FC</b>	
					Govt. Rep. Signature <b>Shannon DeLong</b>	
Met Performance Expectations					Contractor Signature <b>David Steed</b>	
Equipment in Safe Working Condition					Date <b>7/11/xx</b>	
Operator Skill Level					Time <b>1000hrs</b>	
Operates Safely						
Operator's Cooperation Level						
Overall Performance						
* NOTE: Any rating of POOR requires an explanation in Comment Section.					CALFIRE 297	
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*Local Gov't Type-2 Engine*

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name	
The responsible Government Officer will complete this form each shift					<i>Butte County F.D.</i>	
Incident or Project Name <i>Ridge</i>		Incident Number <i>CABTU XXXXX</i>	Request Number <i>E-7</i>		Operator #1 <i>Chavez</i>	Operator #2
Agreement Number <i>802500-02</i>					Operator Furnished By:	
Equipment Make <i>1995 HME</i>					<input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Government	
Equipment Model / Type <i>E-933, CO#734 FTH / Type 2</i>					Operating Supplies Furnished By:	
Serial Number <i>44KFT4289SWZ18061</i>					<input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Government	
Licence Number <i>E 376242</i>					Equipment Status	
Equipment Use					<input type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement	
					<input checked="" type="checkbox"/> Released by Government	
					<input type="checkbox"/> Withdrawn by Contractor	
(Circle) <u>Hours</u> / Days / Miles					Remarks/Comments **	
Date	Start	Stop	Work	Assignment		
<i>7/4</i>	<i>1530</i>	<i>2400</i>	<i>8.5</i>	<i>Div-2</i>		
<i>7/5</i>	<i>0001</i>	<i>1330</i>	<i>13.5</i>	<i>Div-2 Released to STW 33</i>		
Vendor Rating					Govt. Rep. Name and Position - PRINT	
	Poor*	Avg.	Good	Exc.	N/A	<i>RICK MANSON, FC - STAM</i>
Met Performance Expectations			✓			Govt. Rep. Signature
Equipment in Safe Working Condition				✓		<i>Rick Manson</i>
Operator Skill Level			✓			Contractor Signature
Operates Safely				✓		<i>Joe Chavez, FC</i>
Operator's Cooperation Level				✓		Date
Overall Performance				✓		Time
					<i>7/5/XX</i>	<i>1330</i>
*NOTE: Any rating of POOR requires an explanation in Comment Section.					CAL FIRE 297	
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