

CAL FIRE
Madera-Mariposa-Merced Unit
2020 Local Government
Assistance by Hire Agreement

Madera-Mariposa-Merced Unit 2020 Local Government Assistance by Hire Agreement

Purpose

The Madera-Mariposa-Merced Unit (MMU) desires to have local agreements that provide for Assistance by Hire (ABH) utilization of local government firefighting resources to augment CAL FIRE resources in support of the State's mission within the State Responsibility Areas (SRA) of MMU when the need arises.

To provide direction to CAL FIRE Incident Commanders and local government cooperating agencies within and adjacent to MMU in regards to the appropriate utilization of local government firefighting resources for State mission purposes on CAL FIRE controlled incidents; and the terms under which they will or will not be reimbursed.

Parties to this agreement agree that local government firefighting resources have commonly understood and/or mandated local responsibilities within their jurisdiction that may have concurrent, overlapping and/or adjacent State and local initial attack resource response to what may be a CAL FIRE controlled incident.

Per this agreement during these incidents local government resources will only be reimbursed by CAL FIRE if they meet the terms of this agreement and are assigned by the CAL FIRE Incident Commander to support State mission.

MMU Local Government ABH Reimbursement "Time Threshold"

Reimbursement

Reimbursement for local government resources under this agreement, when assigned to State mission, will begin January 1, 2020, two (2) hours after initial response and be retroactive back to the time of initial response of the individual resource assigned to the primary task of wildland suppression.

When CAL FIRE hires local government resources for station coverage the local government entity will be reimbursed from the time they are staffed until they are released from the station coverage assignment.

Water Tenders that respond on the Initial Dispatch would be compensated after being assigned to an incident two (2) hours after initial response and be retroactive back to the time of initial response of the individual resource.

Non-Reimbursement

CAL FIRE cannot reimburse for apparatus that has been assigned under the Federal or State Excess Property Programs. This apparatus is "on loan" and remain the property of the lending level of government.

CAL FIRE cannot reimburse for resources assigned to local government fire departments by Cal OES.

MMU Local Government ABH Agreement Procedures

Initiating Agreement

Local Government Fire Departments shall contact the designated MMU Hired Equipment Coordinator to request participation in the MMU Assistance by Hire (ABH) Program. Local government apparatus and personnel to be included in the program are required to be under agreement prior to utilization as identified on the MMU ABH Agreement Form. See attached.

Agreements and Rates shall be renewed every three years on January 1. Updates and/or edits can be initiated annually as needed between January 1 and March 31.

Establishing Rates

The MMU Local ABH reimbursement rates for both equipment and personnel shall be based on those effective in the CFAA and Cal OES Salary Survey on January 1. These rates will not change if the CFAA and/or Cal OES Salary Survey or equipment rates are updated mid year.

MMU ABH Agreement and Form

The local government agency to provide ABH will verify the engine and water tender gallon per minute pump capacity rating (GPM) so the hourly rate for each may be calculated and entered on the MMU ABH Agreement Form. CAL FIRE reserves the right to have the local government agency bring the resource to a state facility to have it pump tested.

The agreement number shall be the MMU Units "three letter identifier" followed by the eight digit CAL FIRE vendor number. If the vendor number is not available, a CAL FIRE Payee Data Record STD-204 must be completed.

Both the MMU Unit Chief and the local government agency representative completing the MMU ABH Agreement Form will sign the agreement. A copy will go to the MMU Hired Equipment Coordinator and the MMU Assistant Chief – Administration.

The local government agency to provide ABH will receive a copy of this signatory agreement and the MMU ABH Agreement Form for each apparatus and personnel to be included in the ABH program.

It is the responsibility of the local government agency desiring to provide ABH to read and ensure compliance with all provisions of this agreement and each applicable MMU ABH Agreement Form.

MMU Local Government ABH Payment Procedures

Time Keeping

It will be the responsibility of the Incident Commander or designee to assure the appropriate timekeeping forms for all apparatus and personnel are completed.

The only acceptable timekeeping documentation is the CAL FIRE-297 Shift Ticket with evaluation or a Form FC33. See attached.

The CAL FIRE Incident Commander or designee, responsible for assigning the local government resource shall also be responsible for compiling, auditing and processing all timekeeping and payment documentation in a timely manner.

Payment Documents

A CAL FIRE-93 will be used to pay the local government agency providing ABH. It will have as attachments a copy of the MMU ABH Agreement Form, completed CAL FIRE-297 Shift Ticket and a completed CAL FIRE-20. In addition, a CAL FIRE ME-15 and ME-107 may be attached as required. See Sample Pay Documents Package.

MMU Local Government ABH Apparatus

Apparatus Condition

Apparatus must be in good mechanical condition and can sustain arduous duty assignments. CAL FIRE reserves the right to perform safety compliance inspections of local government apparatus prior to acceptance of apparatus to be hired under this agreement.

Apparatus Liability

CAL FIRE assumes no liability for any damages to any local government equipment. No local government official or fire department may obligate the State to financial liability.

Apparatus Repairs

Minor damage caused by the incident or operating conditions may be reimbursed by CAL FIRE and documented on a CAL FIRE ME-107 form. Major damage will be addressed through the California Victim Compensation and Government Claims Board procedures. Driver negligent damage is the responsibility of the local government agency providing the ABH. Any inspection will be documented on a CAL FIRE ME-15 form.

CAL FIRE must be notified of any damage to local government apparatus hired under this agreement prior to release from the incident.

Unstaffed versus Staffed ABH Guidelines

Unstaffed

When local government owned apparatus is hired unstaffed, the apparatus will be staffed by CAL FIRE personnel to meet CAL FIRE operational needs. When hired unstaffed, local government fire apparatus is considered to be a State resource. Apparatus will not be limited to the original locality of hire and will be available for statewide response as needed.

When hired unstaffed, the State furnishes fuel, oil and lube at no cost to the local government agency. Mechanic services and/or parts are chargeable back to the local government agency when routine wear and tear repairs are necessary. In the event of accident or mechanical breakdown to the apparatus, CAL FIRE will repair apparatus to condition at initial time of hire. Engines hired unstaffed should be equipped with Self Contained Breathing Apparatus (SCBA) of the current CAL FIRE specification prior to being placed in service. Utilizing the SCBA under the current CAL FIRE specification will allow for CAL FIRE personnel to maintain compliance under Federal OSHA 29CFR1910.134.

Staffed

When apparatus is hired staffed, the apparatus with personnel is hired to assist CAL FIRE based on operational need. The crew must be trained as outlined in the training section of this policy and adhere to CAL FIRE staffing levels required for response at all times. As with apparatus hired unstaffed, local government fire apparatus and personnel hired staffed is considered to be a State resource. Apparatus and personnel will not be limited to the original locality of hire and will be available for statewide response as needed. Engines will be staffed 2.0, 3.0 or 4.0 based on type. Water Tenders will be staffed 1.0 or 2.0. At no time, will CAL FIRE pay for 2 operators to staff the Water Tender at the same time. One operator should be off shift resting away from the Water Tender.

When hired staffed, the local government agency providing ABH retains responsibility for fuel, oil and lube until such time as this agreement is replaced by another, such as the CFAA and/or the resource continues to be committed into the second operational period.

Mechanic services and/or parts are chargeable back to the local government agency if and when routine wear and tear repairs are necessary.

On apparatus hired staffed, personnel shall have all mandated wildland and structural personal protective clothing (PPE) while under hire. A second set of wildland clothing (PPE) is recommended.

Consumables & Damaged and/or Destroyed Supplies

If local government owned supplies are damaged and/or destroyed through no fault of local government and verified by a CAL FIRE line supervisor, CAL FIRE may replace it with like kind. Consumables, such as highway flares, rations, drinking water, batteries, fuel, fuel mix, lubricants and firefighting foam utilized under CAL FIRE direction will be replaced by CAL FIRE.

All items consumed, damaged and/or destroyed under hire shall be documented on appropriate forms to be approved by an authorized CAL FIRE representative. These forms include the

Incident Replacement Requisition (FC-315) and Property Certification of Location or Damage (CAL FIRE-101). See attached Sample Replacement Forms package.

CAL FIRE shall be notified of any used consumables and/or damaged and/or destroyed equipment and local government agencies hired under this agreement must obtain an approved FC-315 signed by the IC or appropriate designee prior to release from the incident.

Local government agencies providing ABH and claiming replacement of incident consumables and/or damaged and/or destroyed equipment have no more than twenty calendar (20) days from the date of the incident to provide all required and appropriately completed and signed documentation to the MMU Service Center to effect replacement.

*** Fuel, refer to page 4 Staffed second paragraph***

Communications

It is the responsibility of the local government agency providing ABH to ensure the apparatus has adequate communications capability. Personnel and apparatus, which cannot adequately and effectively communicate with other resources on the incident will be released and not paid. All radios will be Narrow band capable & programmable with current CAL FIRE radio frequency load; CAL FIRE ECC can assist if needed.

MMU Local Government ABH Personnel Standards

Training

Agencies providing ABH under this agreement shall ensure all personnel be qualified for their respective position including the appropriate level per Wildland Fire Qualification NWCG 310-1 Sub System Guide or the California Incident Command Certification System (CICCS). All apparatus driver/operators shall have the appropriate driver's license for the apparatus being operated.

It will be the responsibility of the local government agency providing ABH to maintain all records of the above required training, certification and/or licensing and provide copies of certifications and training upon request.

Respiratory Protection Standards

All local government personnel providing ABH shall fully meet CAL OSHA Title 8 Section 5144. Additionally, all local government personnel providing ABH shall be fully compliant with the Federal OSHA 29CFR1910.134 Respiratory Protection (fit test) Standard within the past year.

Local Government Personnel Feeding

Local government agency personnel providing ABH assigned to a "going" incident shall be provided meals by CAL FIRE at no cost to local government personnel.

Local government personnel on apparatus under hire assigned to station coverage of a MMU CAL FIRE station may obtain meals at the CAL FIRE facility being covered at no cost to the local government personnel. These meals shall be documented on the CAL FIRE "Fireline Meal Sheet" available at the station being covered with names, dates and incident numbers as

required.

Restaurant feeding for local government resources providing ABH under this agreement shall only be authorized by either the Incident Commander if assigned to an incident or the MMU Duty Chief (or designee) if assigned to station coverage.

MMU Local Government ABH Apparatus Staffing Standards

Engine Staffing Levels

Fire engine staffing in this agreement shall meet the minimum standards as follows:

Type I engines shall have a minimum of (3) person staffing to include one (1) Company Officer/Engine Boss and two (2) Firefighters.

Type II engines shall have three (3) person staffing to include one (1) Company Officer/Engine Boss and two (2) Firefighters.

Type III Engines shall have three (3) person staffing to include one (1) Company Officer/Engine Boss and two (2) Firefighters.

Type VI Engines shall have two (2) person staffing to include one (1) Company Officer/Engine Boss and one (1) Firefighter.

There will be only one (1) Company Officer/Engine Boss compensated per apparatus, regardless of their rank in local government department.

Water Tender Staffing Levels

Staffing for initial attack water tenders shall typically be one (1) Apparatus Operator. Twelve (12) hour "planned need" staffing shall typically be one (1) Apparatus Operator per twelve (12) hour operational shift. In addition to the Apparatus Operator, water tender staffing for both initial attack and "planned need" can include one (1) Firefighter.

For extended operations exceeding sixteen (16) hours and/or planned need twenty-four (24) hour operational shift assignments, a Relief Operator and Firefighter are required.

Logistical Support Personnel

Staffing shall be one (1) Firefighter with a shift not to exceed sixteen (16) hours. For extended operations exceeding sixteen (16) hours, a Relief Firefighter is required.

Trained firefighters with full PPE will be required due to potential for line assignments. Duties may include, but not be limited to, fireline delivery of food, drinks, ice and supplies.

**Madera-Mariposa-Merced Unit
2020 Local Government Assistance by Hire Agreement**

The 2020 Madera-Mariposa-Merced Unit Local Government Assistance by Hire Agreement with attachments has been approved and authorized by the individuals found on the accompanying signatory page. See attached.

Attachments

1. Madera-Mariposa-Merced Unit Assistance by Hire Agreement Form
2. Current Cal OES CFAA Rate Letter
3. Sample CAL FIRE-297 Shift Ticket
4. Sample FC-315 – Incident Replacement Requisition
5. Sample CAL FIRE-93 – Service Order
6. Sample CAL FIRE-20 – Contractor Certification Clauses for Services
7. Sample CAL FIRE ME-15 – Report of Equipment Inspection
8. Sample CAL FIRE ME-107 – Forestry Mobile Equipment Work Order
9. Sample CAL FIRE AO-341 – Emergency Meal – Hotel Purchase Report
10. Sample CAL FIRE – 230 – Supplier Performance Evaluation
11. Sample Cal Fire – FC-33 – Personnel and Equipment Report
12. Sample CAL FIRE – 101 – Property Certification of Location or Damage Certificate of Responsibility for Incident Occurrence

The 2020 Madera-Mariposa-Merced Unit Local Government Assistance by Hire Agreement with attachments has been approved and authorized by the following:

Mike van Loben Sels, Unit Chief
CAL FIRE
Madera-Mariposa-Merced Unit
5366 Highway 49 North
Mariposa, Ca. 95338

Steve Carrigan
City of Merced – City Manager

APPROVED AS TO FORM:



SCHUYLER A. CAMPBELL
Deputy City Attorney

6/4/20
Date



May 1, 2020

TO: CALIFORNIA FIRE AND RESCUE MUTUAL AID SYSTEM AGENCY RESPONDERS

SUBJECT: **2020 Agreement for Local Government Fire and Emergency Assistance to the State of California and Federal Fire Agencies California Fire Assistance Agreement (CFAA) Rate Letter.**

Dear Chief:

The following reimbursement rates apply to responses under the terms and conditions of the CFAA for the period beginning May 1, 2020.

Personnel Base Rates: These rates ONLY apply if your agency does NOT have rates on file.

- Overhead at or above Strike Team/Task Force Leader: \$27.14(ST) \$40.71 (OT) per hour
- Engine Company and Overhead at or below Strike Team/Task Force Leader (Trainee): \$22.58 (ST) \$33.87 (OT) per hour

NOTE: Base Rates are required to be shown at straight time (ST) on the annual salary survey; however, agencies will be reimbursed at an overtime rate (OT) of time and a half at invoicing for base rates. Both straight and overtime rates are reflected above.

The following apparatus rates will apply to responses effective at the time of initial dispatch:

There is a 16-hour maximum allowable charge per 24-hour period from the time of initial dispatch.

Effective May 1, 2020	
Typing	Hourly
Type I	140.00
Type II	132.00
Type III	126.50
Type IV – VII	120.00
Water Tender Tactical I	119.50
Water Tender Tactical II	102.67

Support Equipment Rates:
Government Owned Vehicles:

Sedan	\$119.00 per day
Pickup	\$140.00 per day
Van	\$194.00 per day
SUV	\$205.00 per day
Other (3/4 ton & above)	\$230.00 per day

POV Rate:
Privately Owned Vehicles:

\$0.575 per mile

De minimis Administrative Rate: 10.00%

REQUIRED SIGNATURE:

Fire agency's authorized representative **MUST** sign, to the best of their knowledge and belief, and **UNDER PENALTY OF PERJURY**, the annual salary survey agreeing to comply with the terms and conditions of the Agreement, as well as the cooperator agency's internal accounting and expense reimbursement standards. Fire agencies will be required to accept either the base rate(s), and/or the fire agency's salary rates through the required signature process.

If the California Governor's Office of Emergency Services (Cal OES) does not receive a signed [2020 Salary Survey](#) from your agency's authorized representative indicating your agency's rates, Cal OES will have no basis to process an invoice back to your agency for payment for any responses ordered and requested through the CFAA.

REVIEW:

California Fire and Rescue Mutual Aid System Agencies will be required upon request to provide Cal OES supportive documentation used to establish rates and method of pay. Cal OES will request yearly samples from selected agencies for review by Cal OES and the Committee. Upon request, the California Fire and Rescue Mutual Aid System Agencies will have thirty (30) calendar days to provide Cal OES with required information. The process does not supersede the Examination and Audit process as outlined in this Agreement.

For any questions regarding the 2020 Rate Letter or the [Instructions for Completing the 2020 Cal OES Salary Survey](#), please contact the Fire and Rescue Division support staff at (916) 845-8711 or by email at cfaareimbursement@caloes.ca.gov. If you have questions regarding the management and oversight of the CFAA, please contact Deputy Chief Lori Lopez at lori.lopez@caloes.ca.gov.

Sincerely,



BRIAN S. MARSHALL
State Fire and Rescue Chief

C: file

Madera-Mariposa-Merced Unit Assistance by Hire Agreement Form

ORDERING OFFICE:		AGREEMENT NUMBER:	
CAL FIRE 5366 Highway 49 North Mariposa, CA 95338		MMU- 86499-00	
Department/District Name and Address: <div style="text-align: center;"> City of Merced Fire Department 99 E. 16th Street Merced, CA 95340 </div>		DATE: 1/01/20 - 12/31/22	
Telephone Number (day): (209) 385-6891 Telephone Number (night): (209) 385-6912 Fax Number: (209) 388-7930		EIN/SSN:	
It is the responsibility of the local government agency providing ABH to ensure compliance with all provisions of the MMU Assistance by Hire Agreement. Only CAL FIRE requested and agreed to equipment and staffing will be reimbursed.		It is the responsibility of the local government agency providing ABH to ensure compliance with all provisions of the MMU Assistance by Hire Agreement. Only CAL FIRE requested and agreed to equipment and staffing will be reimbursed.	
ITEM DESCRIPTION (make, model, year, serial number, etc.)		RATE (Hourly or Daily)	
a. Engine 51, Type I, 1500 GPM 2016 Quantum; Ca Lic. # 1471046 Veh. I. D. # 4P1BAAFFXGA016547		\$78.90 Hr. Daily max 16 hrs. 3.0 = See attached 4.0 = See attached	
b. Engine 52, Type I, 1500 GPM 2008 Quantum; Ca. Lic. # 1300065 Veh. I. D. # 4P1CU01E08A008785		\$78.90 Hr. Daily max 16 hrs. 3.0 = See attached 4.0 = See attached	
c. Engine 53, Type I, 1500 GPM 2018 Quantum; Ca Lic. # 1520039 Veh. I. D. # 4P1BAAFF9JA019043		\$78.90 Hr. Daily max 16 hrs. 3.0 = See attached 4.0 = See attached	
d. Engine 54, Type I, 1500 GPM 2014 Quantum; Ca Lic. # 1409880 Veh. I. D. # 4P1CU01AEA014532		\$78.90 Hr. Daily max 16 hrs. 3.0 = See attached 4.0 = See attached	
e. Engine 55, Type I, 1500 GPM 2008 Quantum; Ca. Lic. # 1300064 Veh. I. D. # 4P1CU01E98A008784		\$78.90 Hr. Daily max 16 hrs. 3.0 = See attached 4.0 = See attached	
f. Engine 251, Type I, 1500 GPM 2000 Dash; Ca Lic. # 1117322 Veh. I. D. # 4P1CT02S2A002033		\$78.90 Hr. Daily max 16 hrs. 3.0 = See attached 4.0 = See attached	
g. Engine 253, Type I, 1500 GPM 2001 Dash; Ca Lic. # 1117321 Veh. I. D. # 4P1CT02S2A002033		\$78.90 Hr. Daily max 16 hrs. 3.0 = See attached 4.0 = See attached	
h. Engine 254, Type I, 1500 GPM 2006 Dash; Ca Lic. # 1230077 Veh. I. D. # 4P1CD01FX6A006063		\$78.90 Hr. Daily max 16 hrs. 3.0 = See attached 4.0 = See attached	
i. S55, Support, n/a 2004 Ford F350; Ca Lic. # 1176210 Veh. I. D. # 1FTSW31P45EB36072		\$96.00 per Day	
j. S51, Support, n/a 2003 Ford F350; Ca Lic. # 1144421 Veh. I. D. # 1FTSW31P03EC43576		\$96.00 per Day	
k. Duty Chief, 4x4 2017 Chevy; Ca Lic. # 1535020 Veh. I. D. # 1GC1KVEG9JF187741		\$96.00 per Day	
l. C-500 2016 Ford Explorer; Ca Lic. # 1475174 Veh. I. D. # 1FM5K8AR2H6A13200		\$96.00 per Day	

m.	C-501 2007 Ford Expedition; Ca Lic. # 1257086 Veh. I. D. # 1FMFK16527LA72495	\$96.00 per Day
n.	C-502 2006 Ford F350, Ca Lic. # 1236519 Veh. I. D. # 1FTWW31P26ED28201	\$96.00 per Day
o.	Prevention 2006 Ford Taurus; Ca Lic # 1236582 Veh. I. D. # 1FAFP53UX7A172175	\$47.00 per Day
<p>Special Provisions: Type I engines shall have a minimum of 3 person staffing to include 1 Company Officer and 2 Firefighters. 4 person staffing to include an Engineer is desirable. Type II and III engines shall have a minimum 3 person staffing to include 1 Company Officer and 2 Firefighters. Water Tenders may have a single Operator during initial attack or on 12 hour shifts. Planned need Water Tenders shall include a Firefighter. A second Water Tender Relief Operator shall be required after 16 hours or on 24 hour shifts. There is no rate for foam use but foam used shall be replaced.</p>		
Department Chief or Authorized Agent's Signature		Date
CAL FIRE Signature		Date
		Print Name And Title

SHIFT TICKET EXAMPLE

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name						
Incident or Project Name WALL		Incident Number CABTU 010975		Request Number E or S # Here		Contractor Name H2O DUDE					
Agreement Number XXX - 000000 - 00					Operator #1 BOB SMITH						
Equipment Make FREIGHTLINER					Operator #2 BOB SMITH						
Equipment Model / Type WATER TENDER 2500 + GAL					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Serial Number 1XP3ESMP14239012					Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Licence Number 55555555					Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement						
Equipment Use (Circle) Hours Days / Miles					Released by Government Withdrawn by Contractor						
Date Mo / Day	Start	Stop	Work	Assignment							
8/3	0700	1900	12	DIV Z							
8/4	1900	2400	5	OFF SHIFT							
8/4	0001	0700	7	OFFSHIFT							
Vendor Rating					Remarks/Comments **						
<table border="1"> <tr> <td>Poor*</td> <td>Avg.</td> <td>Good</td> <td>Exc.</td> <td>N/A</td> </tr> </table>					Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Name and Position - PRINT Mike Weber	
Poor*	Avg.	Good	Exc.	N/A							
Met Performance Expectations					Govt. Rep. Signature <i>Mike Weber</i>						
Equipment in Safe Working Condition					Contractor Signature <i>Bob Smith</i>						
Operator Skill Level					Date 08/04/15						
Operates Safely					Time 0800						
Operator's Cooperation Level					<p>* NOTE: Any rating of POOR requires an explanation in Comment Section.</p> <p>**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p>						
Overall Performance					<p>CALFIRE 297 (Rev 3-2011)</p>						

Pink - Finance

Blue - Home Unit HE Coordinator

Yellow - Vendor

White - Govt Representative

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name						
The responsible Government Officer will complete this form each shift					Contractor Name WATER GUY						
Incident or Project Name WALL		Incident Number CABTU 010975		Request Number E OR S # Here		Operator #1 BOB SMITH					
Agreement Number XXX - 000000 - 00					Operator #2 BILL SMITH						
Equipment Make PETERBUILT					Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Equipment Model / Type WATER TENDER 2500 + GAL					Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Serial Number 1XP3ESMP14239012					Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement						
Licence Number 99999999					Released by Government Withdrawn by Contractor						
Equipment Use (Circle) Hours Days / Miles					Remarks/Comments **						
Date Mo / Day	Start	Stop	Work	Assignment							
8/3	0700	2400	17	DIV M							
8/4	0001	0700	7	DIV M							
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber						
<table border="1"> <tr> <td>Poor*</td> <td>Avg.</td> <td>Good</td> <td>Exc.</td> <td>N/A</td> </tr> </table>					Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Signature <i>Mike Weber</i>	
Poor*	Avg.	Good	Exc.	N/A							
Met Performance Expectations					Contractor Signature <i>Bob Smith</i>						
Equipment in Safe Working Condition					Date 08/04/15						
Operator Skill Level					Time 0800						
Operates Safely					<p>* NOTE: Any rating of POOR requires an explanation in Comment Section.</p> <p>**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p>						
Operator's Cooperation Level					<p>CALFIRE 297 (Rev 3-2011)</p>						
Overall Performance											

Pink - Finance

Blue - Home Unit HE Coordinator

Yellow - Vendor

White - Govt Representative

Turn shift tickets into Finance.

SHIFT TICKET EXAMPLE

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name						
Incident or Project Name WALL			Incident Number CABTU 010975		Request Number E#						
Agreement Number XXX - 000000 - 00					Operator #1 BOB SMITH						
Equipment Make CAT					Operator #2 TOM SMITH						
Serial Number 111111			Equipment Model / Type D6XM		Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Licence Number 111111			Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement						
Equipment Use (Circle) Hours Days / Miles					Released by Government <input type="checkbox"/>						
Date Mo / Day	Start	Stop	Work	Assignment	Withdrawn by Contractor <input type="checkbox"/>						
8/3	0700	2400	17	DIV M	TWO OPERATORS NO DAMAGE/ NO CLAIMS						
8/4	0001	0700	7	DIV M							
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber						
<table border="1"> <tr> <td></td> <td>Poor*</td> <td>Avg.</td> <td>Good</td> <td>Exc.</td> <td>N/A</td> </tr> </table>						Poor*	Avg.	Good	Exc.	N/A	Govt. Rep. Signature <i>Mike Weber</i>
	Poor*	Avg.	Good	Exc.	N/A						
Met Performance Expectations					Contractor Signature <i>Bob Smith</i>						
Equipment in Safe Working Condition					Date 08/04/15						
Operator Skill Level					Time 0800						
Operates Safely					<p>* NOTE: Any rating of POOR requires an explanation in Comment Section.</p> <p>**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p>						
Operator's Cooperation Level					CALFIRE 297 (Rev 3-2011)						
Overall Performance					<p>Pink - Finance Blue - Home Unit HE Coordinator Yellow - Vendor White - Govt Representative</p>						

EMERGENCY SHIFT TICKET and EVALUATION FORM					Contractor Name						
The responsible Government Officer will complete this form each shift					DUDE TRANSPORT						
Incident or Project Name WALL			Incident Number CABTU 010975		Request Number E # Here						
Agreement Number XXX - 000000 - 00					Operator #1 BOB SMITH						
Equipment Make TRANSPORT/ KENWORTH			Equipment Model / Type COZAD TRAILER /26 WHEELS		Operator #2 TOM SMITH						
Serial Number 1XP3ESMP14239012			Licence Number 99999999		Operator Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Equipment Use (Circle) Hours Days / Miles					Operating Supplies Furnished By: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government						
Date Mo / Day	Start	Stop	Work	Assignment	Equipment Status <input checked="" type="checkbox"/> Inspected <input checked="" type="checkbox"/> Under Agreement						
8/3	0700	2400	17	DIV M	Released by Government <input type="checkbox"/>						
8/4	0001	0700	7	DIV M	Withdrawn by Contractor <input type="checkbox"/>						
					2 OPERATORS NO DAMAGE/ NO CLAIMS						
Vendor Rating					Govt. Rep. Name and Position - PRINT Mike Weber						
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Met Performance Expectations					Contractor Signature <i>Bob Smith</i>						
Equipment in Safe Working Condition					Date 08/04/15						
Operator Skill Level					Time 0800						
Operates Safely					<p>* NOTE: Any rating of POOR requires an explanation in Comment Section.</p> <p>**Final evaluation or for more documentation, use an ICS Form 230 or equivalent.</p>						
Operator's Cooperation Level					CALFIRE 297 (Rev 3-2011)						
Overall Performance					<p>Pink - Finance Blue - Home Unit HE Coordinator Yellow - Vendor White - Govt Representative</p>						

Turn shift tickets into Finance.

INCIDENT REPLACEMENT REQUISITION

[illegible]

STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY AND FIRE PROTECTION
INCIDENT REPLACEMENT REQUISITION
FC-315 (11/05) Formerly Optional Form - Page 2 of 3

INCIDENT REPLACEMENT REQUESTION, Continuation Page

[illegible]

FC-315 INSTRUCTIONS FOR USE

INITIAL AND EXTENDED ATTACK INCIDENTS:

The Incident Commander approves replacement request based on Engine Accountability sheets or other fire equipment inventory documents approved by the requesting resource's home unit.

- If equipment and supplies are available at the incident for replacement, the request is filled at the incident host unit.
- If equipment and supplies are unavailable at the incident for replacement AND the requesting resource is not being immediately demobilized, the hosting unit will place a resource order for needed items through appropriate channels to the servicing fire cache or vendor. The order will be shipped to the incident and replacement will take place at the host unit.
- If equipment and supplies are unavailable at the incident for replacement, AND the requesting resource is being demobilized, an FC-315 will be completed by the host unit, 'S' number issued, signed by the authorizing official and given to the requesting resource.
- On an Initial or Extended Attack incident, where a Supply Unit has not been established, approvals are limited to the Incident Commander or Agency Representative.

LARGE INCIDENTS WHERE A BASE HAS BEEN ESTABLISHED:

The incident Supply Unit Leader (SPUL) will be responsible for handling incident replacement requisitions when a incident base is established. The SPUL approves replacement request based on Engine Accountability sheets or other fire equipment inventory documents approved by the requesting resource's home unit.

- If equipment and supplies are NOT available at the incident for replacement, AND the requesting resource is not being immediately demobilized, The Supply Unit will place a resource order for needed items through appropriate channels to the servicing fire cache or vendor. The order will be shipped to the incident and replacement will take place at the Supply Unit.
- If equipment and supplies are unavailable at the incident for replacement, AND the requesting resource is being demobilized, an Incident Replacement Requisition (FC-315) will be completed by the Supply Unit, a 'S' number issued, signed by the authorizing official and given to the requesting resource.
- Authorized approvals and signatures MUST be included on the FC-315. For large incidents where a Base has been established, these approvals are limited to Incident Supply Unit Leader, Logistics Section Chief, Incident Commander or Agency Representative.

Replacement orders will be based on approved OF-315's and must be processed within 30 days of control of incident. A copy of the FC-315 will be attached to all pay documents charged against an incident number.

(Revision 4/04)



STATE OF CALIFORNIA, NATURAL RESOURCES AGENCY
DEPARTMENT OF FORESTRY AND FIRE PROTECTION

SERVICE ORDER

CAL FIRE-93 (REV. 01/19)

1. AGENCY DOCUMENT/INVOICE NUMBER

UI

2. CONTRACTOR (Name and Address)

3. PHONE:

4. SUPPLIER ID.

5. BILLING CODE/CAN #

PAGE OF PAGE

6. ADMINISTRATIVE UNIT FOR PAYMENT

S/B ☐ M/B ☐ DVBE ☐

7.

☐ CAL FIRE-20 CONTRACTOR CERTIFICATION
CLAUSES SIGNED (**REQUIRED**)

☐ CAL FIRE-501 CONTRACTOR CERTIFICATION
CLAUSES SIGNED (IF APPLICABLE)

8. CONTRACTOR agrees to provide the STATE with the following services:

Agreement Term: Start Date: to End Date:

Detailed description of work to be performed:

9. WAS P- CARD USED FOR THIS PURCHASE? ☐ YES ☐ NO

NOTE: Contract release for and in consideration of receipt of payment in the amount shown on line 14.
Contractor hereby releases the State from any and all claims arising under this agreement except as reserved
below (Item 15)

10. Total Amount Due (This Page)

11. Sales Tax

12. Gross Amount Due

13. Deductions

14. Net Amount Due

15. REMARKS **No damage/No claim**

16. INDICATE STATE PURPOSE

Amount	Appropriation Ref	Fund	ENY	Account	Alt Account
Program	Project ID	Activity	Rptg Structure	Svc Location	
17. CONTRACTORS SIGNATURE	PRINT NAME AND TITLE	DATE			
18. RECEIVING OFFICER'S SIGNATURE	PRINT NAME AND TITLE	DATE			
19. PURCHASE AUTHORIZED By (Signature)	TITLE	PHONE			



STATE OF CALIFORNIA, NATURAL RESOURCES AGENCY
DEPARTMENT OF FORESTRY AND FIRE PROTECTION

SERVICE ORDER

CAL FIRE-93 (REV. 01/19)

**GUIDE FOR EMPLOYEES WHO ISSUE
CAL FIRE-93 SERVICE ORDER**

The CAL FIRE-93 is a Service Order Request document that can be used to acquire certain services up to a maximum of \$9,999.99* **ONLY**. These services include non-repetitive Non-Incident Emergency Services and non-repetitive Non-Incident Urgent Need Services up to \$9,999.99* as specified below. The CAL FIRE-93 can be used to acquire services with no dollar limit **for EMERGENCY FIRE SUPPRESSION COSTS CHARGEABLE TO THE EMERGENCY FUND ONLY**. Hired equipment, emergency aircraft, goods, personnel, or services of a hazardous nature, (e.g., HAZMAT, Pest Control, Drilling, etc.) **cannot** be purchased using the CAL FIRE-93 except what is specified below. Typical uses of the CAL FIRE-93 are as follows:

**Typical Incident
Uses:**

Motels
Facility rental
Local Government Resources
Portapotties
Rental of equipment (**Personnel and Equipment not listed in the Rate Book**)
Chainsaw repair (Parts & Labor)
Canopy rental
Chair rental
Table rental
Computer rental
Copier rental

**Typical Non-Incident Emergency Uses:
(Non-Repetitive)**

Health & Safety for the immediate preservation of life and state property.

- Water and/or sewer services**
- Facility Repair Services*
- Medical Services*

** (For services under \$10,000)

**Typical Non-Incident
Urgent Need Uses:
(Non-Repetitive)**

- Equipment Repair
- Carpet Cleaning
- Vehicle Repair (up to Office of Fleet Administration delegated limit)

Note: Services classified as Urgent/Non-Incident should be unplanned, non-recurring services less than \$10,000 (Except for vehicle repair services.)

*SERVICES BETWEEN \$5,000 AND \$9,999.99 REQUIRE A CAL FIRE-13 PRIOR APPROVAL FORM APPROVED BY THE BUSINESS SERVICES OFFICE (BSO) UNLESS THE SERVICES ARE OBTAINED FOR EMERGENCY FIRE SUPPRESSION CHARGEABLE TO THE EMERGENCY FUND ONLY

1. Agency Document/Invoice Number: Refer to Handbook 3600 Section 3762.3.1 for document numbering schematic for UI documents.
2. Contractor Name and Address: Enter the complete name and mailing address for contractor. Indicate if business is a Certified Small Business (S/B), Certified Micro Business (M/B) or a Disabled Veteran Business Enterprise (DVBE).
3. Phone: Contractor's telephone number.
4. Supplier ID: Number from the FI\$Cal Supplier ID Table or if a new supplier enter STD-204 information into the supplier ID table of FI\$Cal. Upload the STD -204 into the FI\$Cal supplier table and wait for approval from FI\$Cal.
5. Billing Code: Use appropriate agency billing code for incident.
6. Administrative Unit for Payment: Enter address of the appropriate unit.
7. CAL FIRE-20 Contractor Certification Clauses Signed: **CAL FIRE-20 MUST be completed for any services being performed using a CAL FIRE-93.** CAL FIRE-20 will remain with the unit files.
8. Contractor agrees to provide the STATE with the following services: Include the beginning and ending date of the term for the agreement. When used for services or equipment rental give a detailed description of service being provided. When using CAL FIRE-93 for local Government Resources give detailed description of work being done or write as per attached and attach supporting documentation from the local government entity.
9. Was P-CARD used for this purchase: Check appropriate box.
10. Total Amount Due (This Page): Total for page.
11. Sales Tax: Tax for parts (e.g. chainsaw parts, portapotties and shower units)
12. Gross Amount Due: Grand total before deductions.
13. Deductions: Enter any deductions.
14. Net Amount Due: Total amount after deductions.
15. Remarks: Enter any noteworthy information. (e.g., No Damage/No Claim).
16. Indicate State Purpose: **MUST** enter a brief statement of what the valid state purpose of this service was, and note GOING FIRE, if applicable.
17. Contractors Signature: Contractor or authorized representative sign and date CAL FIRE-93.
18. Receiving Officer's Signature: Person verifying receipt of services provided, must sign and date CAL FIRE-93.
19. Purchase Authorized by: Signature, title and phone number of person authorizing acquisition and payment of this service.

STATE OF CALIFORNIA
 Department of Forestry and Fire Protection
Contractor Certification Clauses for Services
 CAL FIRE-20 (Rev. 05/15) (Page 1 of 3)

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Firm Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of</i>	
ATTENTION CONTRACTOR: Please be sure to initial clauses, where required.		

1. DARFUR CONTRACTING ACT VENDOR CERTIFICATION

FORM CAL FIRE-720: Under the Darfur Contracting Act (Public Contract Code Sections 10475-10481), if a company that currently, or within the previous three years, has had business activities or other operations outside of the United States submits a bid or proposal for a State of California contract for goods or services, the State agency must require the company to certify that it is not a *scrutinized* company as defined in Public Contract Code Section 10476, or that it is a scrutinized company that has been granted permission by the California Department of General Services to submit a bid or proposal for the contract.

CONTRACTOR: You MUST INITIAL either line (a) or (b) below, to indicate your company's current certification requirement:

_____ (a) We currently have, or have had within the previous three years, business activities or other operations outside of the United States, and, therefore, are REQUIRED to and shall complete and submit a form CAL FIRE-720 (Darfur Contracting Act Vendor Certification) with our bid or proposal for this contract for goods or services.

OR

_____ (b) We currently do not have, and have not had within the previous three years, business activities or other operations outside of the United States, and, therefore, are NOT REQUIRED to complete and submit a form CAL FIRE-720 (Darfur Contracting Act Vendor Certification) with our bid or proposal for this contract for goods or services.

2. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

3. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

- a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
- b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;
 - 3) any available counseling, rehabilitation and employee assistance programs; and,
 - 4) penalties that may be imposed upon employees for drug abuse violations.
- c. Every employee who works on the proposed Agreement will:
 - 1) receive a copy of the company's drug-free workplace policy statement; and,
 - 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

4. NATIONAL LABOR RELATIONS BOARD CERTIFICATION:

Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

5. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT:

Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003. Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

6. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

7. SWEATFREE CODE OF CONDUCT:

- a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.
- b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

8. DOMESTIC PARTNERS: For contracts over \$100,000 executed or amended after January 1, 2007, the contractor certifies that contractor is in compliance with Public Contract Code section 10295.3.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California:

1. PROMPT PAYMENT CLAUSE: Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927. In the event of an emergency, as defined in section 927.11, late payment penalties may not apply. **Specific to the California Department of Forestry and Fire Protection (CAL FIRE), if an invoice from a business under contract with CAL FIRE becomes subject to late payment penalties during the annually declared fire season, then the required payment approval date shall extend thirty (30) calendar days beyond the initial forty-five (45)-day period, except in the case of a contract with a certified small business, a certified Disabled Veteran Business Enterprise, a non-profit organization, or a non-profit public benefit corporation.**

2. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

- 1) No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2) No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

- 1) For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2) For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

3. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

4. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

5. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

6. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

- a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.
- b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.
- c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

7. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

8. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

9. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

10. PREVAILING WAGES: (Rates can be viewed at www.dir.ca.gov/DLSR)

- 1) In accordance with the provisions of Section 1770 and 1773 of the Labor Code, contractor and any subcontractor shall conform to the general prevailing wages as determined by the Director of Industrial Relations. Copies of these wage rate determinations or amendments may be reviewed at the principal office of the contracting agency.
- 2) In accordance with Labor Code section 1813, contractor shall forfeit to the State a penalty of twenty-five dollars (\$25) for each calendar day or portion thereof for any of contractor's workers or subcontractors paid less than the stipulated prevailing wage.
- 3) Contractor further agrees to pay each worker the difference

between the actual amount paid for each calendar day or portion thereof, and the stipulated prevailing wage rate. This provision does not apply to properly registered apprentices.

- 4) In accordance with Labor Code sections 1810, 1811, and 1814, the maximum hours a worker will be employed is limited to eight (8) hours a day and 40 hours a week, except as permitted below. Contractor shall forfeit twenty-five dollars (\$25) per day as a penalty to the State for each worker employed under the contract in violation of this law.
- 5) In accordance with Labor Code section 1815, contractor is permitted to employ workers more than eight (8) hours a day and 40 hours a week at not less than 1 1/2 times the basic rate of pay.

11. CHILD SUPPORT WITHHOLDING DISCLAIMER: Payment for services provided under this contract may be subject to withholding pursuant to a child support income withholding order. California FC 5206, 5246, and 17512.

TYPE OF INSPECTION: ☐ SAFETY ☐ COMPLIANCE ☐ DEMOB

Make _____ Body Type _____ Mileage _____

	OK	REP		OK	REP
1. Engine & Accessories	<input type="checkbox"/>	<input type="checkbox"/>	10. Tires & Wheels	<input type="checkbox"/>	<input type="checkbox"/>
2. Lights, Code 3, Wipers	<input type="checkbox"/>	<input type="checkbox"/>	11. Springs & "U" Bolts	<input type="checkbox"/>	<input type="checkbox"/>
3. Clutch	<input type="checkbox"/>	<input type="checkbox"/>	12. Cab, Paint & Glass	<input type="checkbox"/>	<input type="checkbox"/>
4. Brake Components	<input type="checkbox"/>	<input type="checkbox"/>	13. Auxiliary Motor Unit	<input type="checkbox"/>	<input type="checkbox"/>
5. Brake Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	14. Pump	<input type="checkbox"/>	<input type="checkbox"/>
6. Air System Test/Leak Down. Etc.	<input type="checkbox"/>	<input type="checkbox"/>	15. Vehicle Connection Device	<input type="checkbox"/>	<input type="checkbox"/>
7. Steering & Front End	<input type="checkbox"/>	<input type="checkbox"/>	16.	<input type="checkbox"/>	<input type="checkbox"/>
8. Transmission	<input type="checkbox"/>	<input type="checkbox"/>	17.	<input type="checkbox"/>	<input type="checkbox"/>
9. Differential	<input type="checkbox"/>	<input type="checkbox"/>	18.	<input type="checkbox"/>	<input type="checkbox"/>

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery.

Title

White-Unit Yellow-Vehicle Pink-Incident

[illegible]



STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY AND FIRE PROTECTION
EMERGENCY MEAL - HOTEL PURCHASE REPORT
AO-341 (REV. 2/05)

RESTAURANT/MOTEL NAME:

DATE:

INCIDENT NAME:

FIRE NUMBER:

INCIDENT NUMBER:

CALCARD (Holder Name: Print)

PAGE

OF

Reference DPA Rule: 599.622c, 599.623d

NAME (Please print)	REQUEST NO.	STATION/CREW #	ROOM #	SINGLE ROOM	DOUBLE ROOM	SIGNATURE
1.				<input type="checkbox"/>	<input type="checkbox"/>	
2.				<input type="checkbox"/>	<input type="checkbox"/>	
3.				<input type="checkbox"/>	<input type="checkbox"/>	
4.				<input type="checkbox"/>	<input type="checkbox"/>	
5.				<input type="checkbox"/>	<input type="checkbox"/>	
6.				<input type="checkbox"/>	<input type="checkbox"/>	
7.				<input type="checkbox"/>	<input type="checkbox"/>	
8.				<input type="checkbox"/>	<input type="checkbox"/>	
9.				<input type="checkbox"/>	<input type="checkbox"/>	
10.				<input type="checkbox"/>	<input type="checkbox"/>	
11.				<input type="checkbox"/>	<input type="checkbox"/>	
12.				<input type="checkbox"/>	<input type="checkbox"/>	
13.				<input type="checkbox"/>	<input type="checkbox"/>	
14.				<input type="checkbox"/>	<input type="checkbox"/>	
15.				<input type="checkbox"/>	<input type="checkbox"/>	
16.				<input type="checkbox"/>	<input type="checkbox"/>	
17.				<input type="checkbox"/>	<input type="checkbox"/>	
18.				<input type="checkbox"/>	<input type="checkbox"/>	
19.				<input type="checkbox"/>	<input type="checkbox"/>	
20.				<input type="checkbox"/>	<input type="checkbox"/>	



1. INCIDENT NAME	2. ORDER NUMBER	3. REQUEST NUMBER	4. START – END DATE —
5. SHIFT/OPERATIONAL PERIOD	6. OPERATOR	7. ASSIGNMENT OR LOCATION	

SUPPLIER INFORMATION

8. NAME	9. ADDRESS	10. PHONE AND CONTACT
11. <input type="checkbox"/> SERVICE <input type="checkbox"/> COMMODITY <input type="checkbox"/> RENTAL EQUIPMENT	12. AGREEMENT #	

13. BRIEF DESCRIPTION OF SERVICES/COMMODITY/EQUIPMENT ORDERED:

14. RATING FACTORS	YES	NO
A) GAVE AND MET ACCEPTABLE ETA/COMMITMENT.	<input type="checkbox"/>	<input type="checkbox"/>
B) ARRIVED PREPARED, EQUIPPED, AND READY TO WORK.	<input type="checkbox"/>	<input type="checkbox"/>
C) MET WITH ASSIGNED SUPERVISOR FOR DIRECTION.	<input type="checkbox"/>	<input type="checkbox"/>
D) MET PERFORMANCE EXPECTATIONS.	<input type="checkbox"/>	<input type="checkbox"/>
E) EQUIPMENT IN SAFE WORKING CONDITION.	<input type="checkbox"/>	<input type="checkbox"/>
F) PERSONNEL WERE SKILLED AND OPERATED SAFELY.	<input type="checkbox"/>	<input type="checkbox"/>
G) PERSONNEL'S LEVEL OF COOPERATION WAS ACCEPTABLE.	<input type="checkbox"/>	<input type="checkbox"/>
H) OTHER:	<input type="checkbox"/>	<input type="checkbox"/>
I) RECOMMENDATION FOR REHIRE/REUSE	<input type="checkbox"/>	<input type="checkbox"/> *
J) OVERALL RATING OF PERFORMANCE: <input type="checkbox"/> POOR** <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> EXCEPTIONAL		

* RECOMMENDATION OF NO REHIRE/REUSE **REQUIRES** EXPLANATION OR COMMENT.

RATING OF POOR **REQUIRES EXPLANATION OR COMMENT.

15. COMMENTS:

SIGNATURE BELOW DOES NOT CONSTITUTE AGREEMENT WITH RATING, BUT THAT RATING WAS DISCUSSED WITH SUPPLIER OR REPRESENTATIVE.

16. SUPPLIER/REPRESENTATIVE NAME/TITLE	17. CAL FIRE REPRESENTATIVE NAME/POSITION		
18. SIGNATURE	19. DATE	20. SIGNATURE	21. DATE

NOTE: EQUIPMENT SAFETY/COMPLIANCE INSPECTIONS ARE REQUIRED TO BE DOCUMENTED SEPARATELY.

DISTRIBUTION: ORIGINAL TO INCIDENT PACKAGE. **COPIES** TO ADMINISTRATIVE UNIT AND SUPPLIER.



INSTRUCTIONS FOR COMPLETION OF CAL FIRE-230 SUPPLIER PERFORMANCE EVALUATION

1. Enter the incident name.
2. Enter the incident order number.
3. Enter the request number.
4. Enter the incident start and end dates.
5. Enter the shift to be covered by the evaluation (if appropriate).
6. Enter the operator(s) name(s).
7. Enter the assignment(s) or location(s) addressed by this evaluation.
8. Enter the name of the Supplier.
9. Enter address of Supplier.
10. Enter phone/contact number of Supplier.
11. Check the type of use made of the Supplier by the incident.
12. Enter the Supplier agreement number.
13. Enter a brief description of the goods/services the Supplier is providing.
14. Complete by checking the YES or NO box for items A through I. Enter a specific expectation of the Supplier not previously mentioned in item H and check YES or NO. For item J, check Poor, Average, Good, or Exceptional. Note that for item I, a "No" requires comment in Box 15; for item J, a "Poor" requires comment in box 15.
15. Enter any comments you feel are appropriate or relevant to the Supplier's performance. It is mandatory to explain any rating of "Poor" or "No Rehire/No Reuse". If an entry of "Poor" or "No Rehire/No Reuse" is recommended, the signature of the Logistics Section Chief must be included along with his or her comment in this block.
16. Enter Supplier or representative name and title.
17. Enter government representative name and position.
18. Signature block for Supplier or representative.
19. Enter date Supplier or representative signed the evaluation.
20. Signature block for government representative.
21. Enter date government representative signed the evaluation.



STATE OF CALIFORNIA, NATURAL RESOURCES AGENCY
DEPARTMENT OF FORESTRY AND FIRE PROTECTION
PERSONNEL AND EQUIPMENT REPORT
FC-33 (REV. 01/19)

PROJECT ID/INCIDENT NO.

INCIDENT NAME

REQUEST NO.

<input type="checkbox"/> 0800-0800	<input type="checkbox"/> 0700-0700	<input type="checkbox"/> 0000-2400	HOME UNIT
------------------------------------	------------------------------------	------------------------------------	-----------

Date COMMITTED Time	Date RETURNED Time
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RESOURCE ID

DOC NO.

TIME RECORDER: TIME RECORDER HOME UNIT	RPTG STRUCTURE: SVC LOC:	<input type="checkbox"/> AMENDED COPY
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PAGE	___	O	___	F	___
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EQUIPMENT ACTIVITY		Date		Activity														Totals	
ORG	RADIO NO.	KIND	ID NO.	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	THIS PAGE	ALL PAGES

ORG	PAR	LAST	FIRST, MI	CLASS	Day	MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU	THIS PAGE	ALL PAGES
					Duty																
					ST																
					OT																
					Duty																
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					Duty																
					ST																
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REMARKS:	CELL PHONE:
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FC33 INSTRUCTIONS

Refer to CAL FIRE Handbook Section 3800 for complete policies and procedures. eFC-33 automates many of these fields. See the eFC33 Quick Reference or Tutorial for instructions on entering data into the electronic system.

PROJECT ID / INCIDENT NO: Enter Incident Number; e.g., F18CACDF 001234, F18CAAUE 000654, F18CALAC 003564.

INCIDENT NAME: Enter Incident Name.

REQUEST NO: Alpha/Numeric number assigned to the request for equipment or position; e.g., A-1, C-2, E-3, 12, O-4.

PERSONNEL SHIFT SCHEDULE: Check one box that designates employee(s) duty day. Non-Bargaining Unit 8 employees are 0000-2400 (miscellaneous work schedules).

HOME UNIT: Enter three letter home unit designator; e.g., BTU, LMU, RRU.

DATE AND TIME COMMITTED: Enter calendar date and time (military time) committed to the incident. Enter the EXACT time (do not round it up or down).

DATE AND TIME RETURNED: Enter calendar date and time (military time) returned from the incident. Enter the EXACT time (do not round it up or down).

RESOURCE ID: STATION - Station or crew name given to the unit; e.g., WESTWOOD #1, DEVIL'S GARDEN 4, etc. OVERHEAD - Indicate fire line assignment; e.g., DIVS, FOBS, PTRC. STRIKE TEAM/TASK FORCE - Enter the ST/TF number; e.g., ST9223C, ST9488G. Resources assigned to ST/TF also enter the ST/TF number.

DOC NO: eFC33 automatically assigns the Document Number; otherwise, leave blank.

TIME RECORDER: Enter Time Recorder's Name.

TIME RECORDER HOME UNIT: Enter Time Recorder's three letter home unit designator.

REPORTING STRUCTURE: If incident is charged to a specific Reporting Structure (legacy Index Code), enter it; otherwise enter "Home" for home unit Reporting Structure.

SERVICE LOCATION: Enter the correct Service Location for the incident; e.g., 00900 = Wildland Fire Suppression, 00907 = Move Up and Cover, 00908 = Special Staffing Pattern.

AMENDED COPY: Check the box if this is an amended copy.

PAGE __ OF __: Note if more than one page is used.

Equipment Activity

DATE: Show date of month, starting with the first date of the Incident; e.g., if the incident started on a Wednesday, enter the calendar date above the "WE" block, and begin to show activity on that date.

ORG: Only Organization A & B equipment are entered in the eFC33. Paper FC-33 forms may be completed for C, OES, CDC, CYA, etc.

RADIO NO: Radio number of unit; e.g., E2262, B2514, DT2140, OES196, E10, etc.

KIND: Kind of equipment; e.g., Fire Truck Heavy, Sedan, Pickup, Steam Table Unit, Mobile Kitchen Unit, Chainsaw, Generator, etc.

ID NO: Enter the "X" number for the vehicle; e.g., 2X356, 44X36. If there is no "X" number another ID number may be entered.

HOURS: Enter the total number of hours the equipment was used for each day. If eFC33 is used the hours will auto-fill. **NOTE:** Primary equipment hours are entered PORTAL TO PORTAL: When the equipment time is transmitted to the Cost Recovery program it will automatically convert hours to days and calculate the maximum billable hours.

TOTALS: Enter total number of hours for "This page." If multiple pages' fill in the "All Pages" total.

ACTIVITY: Operational period assignment or duties. For example: "IA" for Initial Attack, "TVL" for Travel time, "STG" for Staging, "Rest" for a rest day, "A, B, C, D" for Division assignments. Begin to show activity on first day assigned to Incident.

Personnel Activity

ORG: Only Organization A or B personnel are entered in the eFC33. Paper forms may be completed for OES, CDC, etc.

PAR: This box is checked if the employee was not on the incident for the entire commit/return time. If entered into eFC33 the partial time is automatically calculated. If a paper form, note the partial time in REMARKS.

LAST: Enter employee's Last Name.

FIRST/MI: Enter employee's legal First Name and Middle Initial. Do not enter abbreviated or nicknames.

CLASS: Enter class code or, if unknown, enter abbreviation for civil service title; e.g., BC, FC, FAE, FF1, SSA, AGPA, etc. VOL (Volunteer) and PCF (Paid Call Firefighter) are entered on the paper FC33 form but are not entered in eFC33.

DUTY: Hours scheduled for each duty day.

ST: Total straight time worked for that day. Begin to show activity on first day assigned to the Incident. Hours are calculated to the **QUARTER** hour for BU8 and non-BU8 personnel based on the actual commit and return times.

OT: Total overtime worked for that day. Begin to show activity on first day assigned to the Incident. Hours are calculated to the **QUARTER** hour for BU8 personnel based on the actual commit and return times. **Check MOU's for non-BU8 employees.**

TOTALS: Enter total number of ST and OT hours for "This page." If multiple pages' fill in the "All Pages" total.

REMARKS: Enter any other pertinent information; e.g., personnel schedule changes, personnel change out during the incident, passenger in a vehicle (explains why no equipment on FC33), rental vehicle, etc. FC33s are to be filled out for any resource that is cancelled or diverted (note in remarks). If reassigned, enter to what incident. If covering, note who covering behind with the request number and incident number. For cost recovery purposes, purchases and other financial documents will come from CALSTARS and do not have to be tracked on FC33. DO NOT include items lost, used, or damaged on the incident. Enter this information on proper PL&D and/or Fire Line Replacement forms. (FC-315)

CELL PHONE: Enter the cell phone number for the resource.

NOTE: This form must not be used to certify lost, stolen or worn out property. A STD 152 Property Survey Report must be completed.

LOCATION OF ITEMS: _____

REMARKS: _____

Instructions for Use of CDF 101

Property Certification of Location or Damage

Document Number: for use as a local number system or when attached to a FC-40 document.

Location / Incident Name: Enter the CDF facility property is assigned to. If submitting to an incident base, enter the Incident Name.

Incident Number: Enter the appropriate incident number

Unit: Enter the Unit the property is assigned to. If submitting to an incident base, enter the request number of the person certifying damage example E-320, C-14 or O-355.

Region: Enter the CDF Region where the property was assigned. If submitting to an incident base, enter the CDF Region responsible for the incident.

Date: Enter the date the P.L. or D. was completed.

The following items were: Enter either 'Broken', 'Left on Line', 'Damaged' or other status of the property.

Reminder, this form cannot be used in place of the STD-152 to certify Lost, Stolen, Worn Out or Damaged beyond repair property.

Date of Occurrence: Enter the date the property was broken, left on line or damaged.

Quantity: Enter the quantity for the line item.

Unit of Measure: Enter the unit of measure for the line item (example ea = each).

CDF Stock Number: Enter the PIN or stock number.

Description: Enter the description of the line item, indicate size, make, model and type. Clearly describe the item and provide adequate data to effectively identify equipment or property.

Property Number: Enter the CDF property number assigned to the line item, Capitalized or sensitive property must have their property number entered here.

Location of Items: Where is the property now (example, left on Division B night shift 8/1/04, Drop Point 2). A GPS coordinate, Station 22 or Unit Service Center may also be used to describe Location.

Remarks: Enter specific remarks here, how was the property damaged, what specifically is wrong with it.

Signature of Person Certifying Occurrence as Described:

Signature: The CDF Employee certifying the occurrence must sign.

Printed Name: Enter the printed name of the signature.

Title: Enter the title of the signature.

Date: Enter the date of the signature.

Unit Supervisors Approval:

If submitted on an incident this section must be completed by the supervisor of the property custodian. This may be the Strike Team Leader, Division Supervisor, Receiving and Distribution Manager, Supply Unit Leader, Logistics Section Chief, Agency Representative or Incident Commander.

If submitted at the home Unit this section must also be completed by the supervisor of the property custodian. This may be a Battalion or Division Chief.

Comments: Supervisors may enter comments of approval or disapproval.

Signature of Unit Administrator: Signature of Unit Supervisor reviewing the certification described.

Title: Title of the signature.

Date: Date of the signature.

Notes:

This document is NOT required if exchanging property at an incident base with the exception of capitalized or sensitive property assigned a CDF property number.

This document is required as certification when submitting an MRT to your local Service Center for replacement of property.

An OF-315 (Incident Replacement Requisition) is required as authorization to purchase fire replacement items at your local Unit. This document is required when submitting an MRT to your local Service Center for fire replacement items. A CDF-101 and/or A STD-152 are required for the certification of the status of property being requisitioned for replacement.