

*JUSTIFICATION FOR SHIFTS IN EXCESS OF 16 HOURS/2:1

The following criteria has been determined to justify working shifts exceeding 16 hours and/or consecutive days that do not meet the 2:1 work rest guidelines.

FIRE NAME _____ FIRE # _____

EMPLOYEES

NAME	NAME

_____ Shifts in excess of 16 hours/ exceeding 2:1 on _____ (Date) was due to establishing initial control of the fire.

_____ Shifts in excess of 16 hours/ exceeding 2:1 on _____ (Date) was due to dispatching manpower and resources during critical fire situation.

_____ Shifts in excess of 16 hours/ exceeding 2:1 on _____ (Date) was due to emergency rescue work.

_____ Arduous travel. Travel on overtime necessary because suitable subsistence and lodging not available to remain until following day. *(May be applicable when returning from fire.)*

_____ Travel time not administratively controllable. Required to return to home unit as quickly as possible and by most expedient method because of fire situation. *(May be applicable when returning from fire detail assignment.)*

_____ Other:

_____ Mitigation measures used to reduce fatigue:

X _____
Incident Commander (Requestor)

Operational Duty Officer (Approver): **Name:**

Date: **Time:** **Method of Contact:** Phone In person