

## **GREAT BASIN CONSUMABLE SAW PARTS ORDER FORM**



CREW/RESOURCE NAME:		RESOURCE NUMBER:		
POINT OF CONTACT:		INCIDENT NUMBER:		
CONTACT INFO (Phone & E-mail):		DATE REQUESTED:		
MAKE: STIHL HUSQVARNA OTHER	MODEL:       036       361       044       440       441       046       460       461       462         371       372       390       395       500i       572       OTHER			
<b>BAR LENGTH:</b> 22" 24" 25" 28" 30" 32" 36" OTHER:	<b>DRIVERS:</b> 72 84 91 105 114 OTHER:			
TOOTH COMPLIMENT: SEMI-SKIP FULL-SKIP FULL-COMP OTHER	<b>CHAIN GUAGE:</b> .043 .050 .058 .063 OTHER:			
CUTTER STYLE: CHISEL SEMI-CHISEL CHIPPER OTHER:	CHAIN PITCH: ¼" 3/8" .325" .404" ¾" OTHER:			
PARTS NEEDED				
<b>DESCRIPTION</b> (Include model # if ordering for multiple models of saws.)  M		ODEL	PART NUMBER	QTY
SPECIAL DELIVERY INTRUCTIONS OR COMMENTS  (i.e., FILL AT HOME UNIT, Deliver to DP ## by 1200hrs on mo/da/yr, etc.)				
ICS SUPERVISOR / APPROVER PRINT & SIGN:		POSITION ON INCIDENT: DATE:		DATE:
Administrative Use: Supply Unit has filled and marked off all items that were able to be filled by Supply or locally. The remainder of items should be sent to Ordering for S# assignment. Any comments should be written above.				
SUPPLY UNIT LEADER / CACHE MANAGER PRINT & SIGN:			DATE:	