EMERGENCY CREW TIME REPORT				A. DIV/UNIT		B. SHIFT		
C. RESOURCE NAME			D. Office Ro	D. Office Responsible for Fire			E. RESOURCE REQ#	
F. CONTRACT/AGREEMENT#		G. INCIDENT NAME						
H. TYPE OF RESOURCE: GOVERNMENT CONTRACT COOPERATOR		I. INCIDENT NUMBER						
J. K.		L.	L. M. Date			N. Date		
REMARKS	NAME OF EMPLOYEE	=	CLASSIFI-					
NO.	NAME OF EMPLOYEE	•	CATION	BEGIN TIME	END TIME	BEGIN TIME	END TIME	
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			FO	RES	RY			
O. REMARKS Justification(s) for no meal break and for HAZ claimed are mandatory. Include other information as appropriate								
P. POST	ED BY							
Q. RESO	DURCE SIGNATURE			R. D	ATE SIGNE	)		
S. Officer in Charge T. PRINTED N.			NAME/RES. OR	AME/RES. ORDER # U. D			DATE SIGNED	
UTAH SF-261								

## Instructions for using the electronic version of the Crew Time Report (Utah SF-261)

- A. Enter Division or Unit you are working in
- B. Enter Shift (Day or Night)
- C. Enter Resource Name
- D. Enter Office responsible for Fire (ie. FFSL, USFS, BLM, etc.)
- E. Enter Request Number from Resource Order
- F. Enter Agreement/Contract number (Agency name if a State Resource, ie. Parks, FFSL, DWR, etc.)
- G. Enter Incident Name for resource order
- H. Check mark the appropriate resource type
- I. Enter Incident Number from Resource Order
- J. Enter Remarks Number and (O) REMARKS remarks should be identified by a number in the remarks column (J) next to the employee name. A remarks statement should be entered in block (O) and keyed to the number listed in the remarks number in column (J).
- K. Name of Employee, Complete First and Last name should be entered
- L. Classification Pay Plan and Grade (Position of Fire is acceptable)
- M. Date, Enter month, day and year, Enter military time ON the job and OFF the job
- N. Date, Enter month, day and year, Enter military time ON the job and OFF the job
- O. Remarks (enter corresponding number from column J)
- P. Posted By, reserved for Finance Section initials or signature
- Q. Signature of person filling out form (Click the red arrow for signature options)
- R. Enter date of signature of person filling out form
- S. Signature of the officer in charge of the resource (Click the red arrow for signature options)
- T. Print officer in charge position on the fire and resource number
- U. Enter date of signature for the Officer in Charge of resource on the incident

RESET - Clicking the RESET button will clear all data entered into the current form so that you can start a new CTR.

SAVE - Clicking the SAVE button will bring up a screen so that you may save the document to your device and then be able to send the form via email to your line supervisor for signature or to Finance for entering your time for the incident.