

**Appendix B: Planning Toolbox**

**OVERHEAD CHECK-IN SHEET**

Request Number: **O-** \_\_\_\_\_

**PLANS INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Agency: \_\_\_\_\_ Check-In Date: \_\_\_\_\_ Check-In Time: \_\_\_\_\_  
 (e.g., NPS, FS, BIA)

Home Unit: \_\_\_\_\_ Demob City: \_\_\_\_\_ Demob State: \_\_\_\_\_  
 (3-Letter Identifier) (Final Destination) (Final Destination)

Method of Travel (circle one): **AOV** **POV** **AIR** **BUS**

If Air: Jetport/Airport: \_\_\_\_\_ Jetport Code: \_\_\_\_\_  
 (3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: \_\_\_\_\_  
 (e.g., Dodge PU, Chevy Sedan)

Vehicle ID: \_\_\_\_\_  
 (e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: \_\_\_\_\_

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): \_\_\_\_\_

Were you reassigned directly from another incident? **YES** **NO**

If Yes: Original Request #: \_\_\_\_\_ Name of Incident: \_\_\_\_\_

First day of first assignment for calculation of 14-day tour: \_\_\_\_\_

**TO BE COMPLETED BY PLANS**

Have you had entrapment avoidance training?	Yes / No
Date of Last Shift: _____	<input type="checkbox"/> Red Card Checked
Checked in by (initials): _____	<input type="checkbox"/> T-Card Completed
	<input type="checkbox"/> Entered into IRSS
	<input type="checkbox"/> Manifest (filed & attached)

**FINANCE INFORMATION**

Cell phone: \_\_\_\_\_ Fed/Other: \_\_\_\_\_

Position Held on Fire: \_\_\_\_\_  
 (e.g., FFT1, CRWB, PTRC, SCKN)

Home Unit Name: \_\_\_\_\_

Home Unit Address: \_\_\_\_\_

Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

**AD Employees Only**

Social Security Number: \_\_\_\_\_

Is this your first assignment for the calendar year? **YES** **NO**

AD Position Held on Fire: \_\_\_\_\_  
 (e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: \_\_\_\_\_ AD Pay Rate: \_\_\_\_\_

Hiring Agency Name: \_\_\_\_\_

Check Mailing Address: \_\_\_\_\_

**TO BE COMPLETED BY FINANCE**

<input type="checkbox"/> Employee Information Received and Complete
<input type="checkbox"/> Entered into ITS by (initials): _____

**Request # O-** \_\_\_\_\_

**Overhead Assignment:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

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## ENGINE CHECK-IN SHEET

Request Number: E-

### AGENCY-OWNED ENGINE

### CONTRACT ENGINE

Engine Name & Designator: \_\_\_\_\_  
(e.g., Mt. Hood #6435)

Contractor/Cooperator Name: \_\_\_\_\_

Agency: \_\_\_\_\_ Configuration: \_\_\_\_\_  
(e.g., FS, NPS, BIA) (S, ST, TF)

Address: \_\_\_\_\_

Check-In Date: \_\_\_\_\_ Check-In Time: \_\_\_\_\_

Check-In Date: \_\_\_\_\_ Check-In Time: \_\_\_\_\_

Home Unit: \_\_\_\_\_ Demob City: \_\_\_\_\_ Demob State: \_\_\_\_\_  
(3-Letter Identifier) (Final Destination) (Final Destination)

Demob City: \_\_\_\_\_ Demob State: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_  
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle Description: \_\_\_\_\_  
(e.g., Dodge 1 Ton, Ford F-250 & specify if 2-WD or 4-WD)

Vehicle ID: \_\_\_\_\_  
(Government Vehicle ID#)

Vehicle ID: \_\_\_\_\_  
(VIN # or Serial # **and** License #)

Does your engine have foam capability? **YES NO** CAFS? **YES NO**

Does your engine have foam capability? **YES NO** CAFS? **YES NO**

Were you re-assigned directly from another incident? **YES NO**  
**IF YES:** Original Request # \_\_\_\_\_ Name of Incident: \_\_\_\_\_

Were you re-assigned directly from another incident? **YES NO**

**IF YES:** Original Request # \_\_\_\_\_ Name of Incident: \_\_\_\_\_  
First day of first assignment for calculation of 14-day tour: \_\_\_\_\_

First day of first assignment for calculation of 14-day tour: \_\_\_\_\_

Engine accessory inventory provided to Finance? **YES NO**

### **Please List Crew Members:**

<u>Name</u>	<u>Social Security #</u>	<u>AD/Fed/Other</u>	<u>Home Unit</u>	<u>Home Unit or *Mailing Address</u>	<u>Home Unit Phone #</u>	<u>Home Unit Fax #</u>
ENGB - _____	_____	_____	_____	_____	_____	_____
ENOP - _____	_____	_____	_____	_____	_____	_____
ENOP - _____	_____	_____	_____	_____	_____	_____

\*Check mailing address for AD employees only

#### TO BE COMPLETED BY PLANS

Have you had entrapment avoidance training? Date of Last Shift: _____	Yes / No <input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into IRSS <input type="checkbox"/> Manifest (filed & attached)
Checked in by (initials): _____	

#### TO BE COMPLETED BY FINANCE

<input type="checkbox"/> Employee Information Received and Complete
<input type="checkbox"/> Entered into ITS by (initials): _____

Request # E- \_\_\_\_\_

Agency: \_\_\_\_\_

Engine Type: Type I Ⓢ Type II Ⓢ Type III Ⓢ Type IV Ⓢ Type VI Ⓢ Type VII Ⓢ

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**CREW CHECK-IN SHEET**

Request Number: C-

**PLANS INFORMATION**

Crew Name & Designator: \_\_\_\_\_ Agency: \_\_\_\_\_  
 (e.g., Blackfeet 21, Flathead IHC) (e.g., FS, NPS, BIA, BLM)

Check-In Date: \_\_\_\_\_ Check-In Time: \_\_\_\_\_

Home Unit: \_\_\_\_\_ Demob City: \_\_\_\_\_ Demob State: \_\_\_\_\_  
 (3-Letter Identifier) (Final Destination) (Final Destination)

Method of Travel (circle one): **AOV** **POV** **AIR** **BUS**

If Air: Jetport/Airport: \_\_\_\_\_ Jetport Code: \_\_\_\_\_  
 (3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: \_\_\_\_\_  
 (e.g., Dodge PU, Chevy Sedan)

Vehicle ID: \_\_\_\_\_  
 (e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: \_\_\_\_\_

Who is responsible for rented vehicle (Individual's Name, Buying Team Dispatch Center, etc.): \_\_\_\_\_

Were you reassigned directly from another incident? **YES** **NO**

If Yes: Original Request #: \_\_\_\_\_ Name of Incident: \_\_\_\_\_

First day of first assignment for calculation of 14-day tour: \_\_\_\_\_

**FINANCE INFORMATION**

Please attach a complete manifest for the crew, including complete names for all crewmembers. If pre-printed FTR's or crew books are not furnished, the following information needs to be provided to Finance for each crewmember.

**Federal/State Employees**

Name  
 Social Security Number  
 Crew Position  
 Home Unit Name  
 Home Unit Address  
 Home Unit Phone #  
 Home Unit Fax #

**Casual (AD/EFF) Employees**

First Assignment for Calendar Year?  
 Name  
 Social Security Number  
 Crew Position  
 AD Classification (AD-2, AD-3, etc.)  
 AD Rate  
 Hiring Unit Name  
 Hiring Unit Address  
 Hiring Unit Phone #  
 Check Mailing Address

**TO BE COMPLETED BY PLANS**

Have you had entrapment avoidance training?	Yes / No
Date of Last Shift: _____	<input type="checkbox"/> Red Card Checked
Checked in by (initials): _____	<input type="checkbox"/> T-Card Completed
	<input type="checkbox"/> Entered into IRSS
	<input type="checkbox"/> Manifest (filed & attached)

**TO BE COMPLETED BY FINANCE**

<input type="checkbox"/> Crew Information Received and Complete
<input type="checkbox"/> Entered into ITS by (initials): _____

Request # C-

Crew Type  I  II (Initial Attack)  II (Other)

Agency: \_\_\_\_\_

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**EQUIPMENT CHECK-IN SHEET**

Request Number: E-

Equipment Type: \_\_\_\_\_

Agency: \_\_\_\_\_

Primary Operator's Name: \_\_\_\_\_

If ordered for a double shift, is there a relief operator available?    **YES**    **NO**

Relief Operator's Name: \_\_\_\_\_

Vehicle or Equipment ID: \_\_\_\_\_  
(Serial #)

Demob City/State: \_\_\_\_\_

Were you reassigned directly from another incident?    **YES**    **NO**  
If Yes: Original Request #: \_\_\_\_\_ Name of Incident: \_\_\_\_\_

First day of first assignment for calculation of 14-day tour: \_\_\_\_\_

Is there another operator available after the primary operator reaches the 14-day limit?    **YES**    **NO**

**For Heavy Equipment:**

Make & Model:    **Light**    **Medium**    **Heavy**  
Is there a lowboy with your equipment?    **YES**    **NO**    If yes: E# \_\_\_\_\_  
Is lowboy staying at incident?    **YES**    **NO**

Does the equipment have lights for night operation?    **YES**    **NO**

Does the equipment have four-wheel-drive?    **YES**    **NO**

**For Water Tenders and other equipment with water tanks:**    **Tank Capacity:** \_\_\_\_\_ **Gal.**

**For Sawyers:**    **Faller qualifications:**    **Class A** ⊗    **Class B** ⊗    **Class C** ⊗

**Other special capabilities/specifications of equipment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_

Check-In Date: \_\_\_\_\_    Check-In Time: \_\_\_\_\_

**FINANCE INFORMATION**

**Casual (AD/EFF) Employees Only:**

Is this your first assignment for the calendar year?    **YES**    **NO**

Employee Name: \_\_\_\_\_

Check Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

AD Position Held on Fire: \_\_\_\_\_

AD Classification: \_\_\_\_\_    AD Pay Rate: \_\_\_\_\_

**Type I** ⊗    **Type II** ⊗    **Type III** ⊗

**SK-1** ⊗    **SK-2** ⊗    **SK-3** ⊗    **SK-4** ⊗    **SK-5** ⊗

**TO BE COMPLETED BY PLANS**

Have you had entrapment avoidance training?	Yes / No
Date of Last Shift: _____	⊗ Red Card Checked
Checked in by (initials): _____	⊗ T-Card Completed
	⊗ Entered into IRSS

**TO BE COMPLETED BY FINANCE**

⊗ Employee Information Received and Complete
⊗ Entered into ITS by (initials): _____

**Request # :** E-

**Kind:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

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**AIRCRAFT CHECK-IN SHEET**

Request Number:   A-                  

**PLANS INFORMATION**

**FINANCE INFORMATION**

Aircraft Type: \_\_\_\_\_ Aircraft Make/Model: \_\_\_\_\_ Tail #: \_\_\_\_\_  
(e.g., HELI, LP, AT, AA) (e.g., Bell 212, Lama)

*SEE REVERSE SIDE FOR REQUIRED FINANCE INFORMATION FOR HELICOPTER MODULES.*

Agency: \_\_\_\_\_ Check-In Date: \_\_\_\_\_ Check-In Time: \_\_\_\_\_  
(e.g., NPS, FS, BIA)

Home Unit: \_\_\_\_\_ Demob City: \_\_\_\_\_ Demob State: \_\_\_\_\_  
(3-LetterIdentifier) (Final Destination) (Final Destination)

Pilot's Name: \_\_\_\_\_ Relief Pilot: \_\_\_\_\_

Mechanic's Name: \_\_\_\_\_ Mechanic Truck Lic #: \_\_\_\_\_

Fuel Truck Driver's Name: \_\_\_\_\_ Fuel Truck Lic #: \_\_\_\_\_

Were you reassigned directly from another incident? **YES** **NO**

If Yes: Original Request #: \_\_\_\_\_ Name of Incident: \_\_\_\_\_

First day of first assignment for calculation of 14-day tour: \_\_\_\_\_

***PLEASE FILL OUT THE MODULE INFORMATION ON REVERSE SIDE OF THIS FORM***

**TO BE COMPLETED BY PLANS**

**TO BE COMPLETED BY FINANCE**

Have you had entrapment avoidance training? Date of Last Shift: _____	Yes / No <input type="checkbox"/> Red Card Checked <input type="checkbox"/> T-Card Completed <input type="checkbox"/> Entered into IRSS <input type="checkbox"/> Manifest (filed & attached)
Checked in by (initials): _____	

<input type="checkbox"/> Aircraft/Module Information Received and Complete
<input type="checkbox"/> Entered into ITS by (initials): _____

**Request # A-** \_\_\_\_\_

**HELICOPTER TYPE:**     **I**         **II**         **III**

**Call-When-Needed**

**Agency:** \_\_\_\_\_

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### HELICOPTER MODULE INFORMATION

Module Name: \_\_\_\_\_  
(e.g., Aircraft Tail # if ordered with A#)

Are the crewmembers attached to the ship, or do they have separate O-Numbers? (Check One)     Attached (ordered with A#)                       Ordered as Module (ordered with O#)

HEMG Name: \_\_\_\_\_ O- \_\_\_\_\_ SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_ Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

HECM Name: \_\_\_\_\_ O- \_\_\_\_\_ SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_ Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

HECM Name: \_\_\_\_\_ O- \_\_\_\_\_ SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_ Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

HECM Name: \_\_\_\_\_ O- \_\_\_\_\_ SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_ Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

HECM Name: \_\_\_\_\_ O- \_\_\_\_\_ SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_ Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

HECM Name: \_\_\_\_\_ O- \_\_\_\_\_ SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_ Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

HECM Name: \_\_\_\_\_ O- \_\_\_\_\_ SS# \_\_\_\_\_

Home Unit Name/Address: \_\_\_\_\_ Home Unit Phone #: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

**Please ensure that all crewmembers with O-numbers have completed the Check-In process individually.**

## Appendix B: Planning Toolbox

### IMT Instructions for Fire Incident Records Management Version 04/06/2010

Incident Management Teams (IMTs) can find complete information and a variety of tools to manage incident records at the NWCG website <http://www.nwcg.gov/policies/records/index.html>. The current version of the Interagency Standards for Fire and Aviation Operations (Redbook) also gives direction on incident records management in Chapter 11-13. A summary of requirements, guidance and tools follows:

#### **Retention Guidance**

Found under "Agency **Policy and Guidance**" on the NWCG website, this reference sheet shows the documents with Permanent retention value that will be transferred to the National Archives by the incident agency. Other documents have Temporary (7 years or less) retention value.

#### **Incident History File**

Documents with long-term retention value are compiled at the close of the incident into the "Incident History File" (IHF) per the Redbook, Chapter 11.

IMTs will create an IHF to present to the host unit at close of incident.

Planning Section gathers the Permanent records from the various sections/units where generated to assemble the IHF (see Retention Guidance to identify IHF contents).

Permanent maps should be folded flat and boxed with the rest of the IHF.

File the IHF at the front of the first box of records or in a separate boxes) labeled as "Permanent Records, Incident History File" when documentation is handed off to the host unit.

In event of multiple team transitions, incident records should remain at the ICP so the IHF can be assembled by the final IMT and handed off to the host unit at incident closeout.

#### **Graphic Examples for File Organization**

IMTs can download **Graphic Examples for File Organization** from the IMT tools section on NWCG website.

Use (along with the Master Documentation Index) as a guide for standardizing documentation files to minimize problems for incoming teams and to simplify post-incident use.

Distribute graphics or the Master Documentation Index to each section to help organize records.

#### **IMT Filing Labels**

Filing labels that mirror the *Master Documentation Index* can be downloaded at the NWCG website. Additional labels can be created by editing the WORD document as needed.

Labels are color coded by functional unit. They can also be printed in black and white.

**Permanent** documents are marked "PERM IHF" for identification when the IHF is assembled.

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Sensitive/confidential documents are marked "CONFIDENTIAL" and should be handed off to the appropriate unit official at close of incident.

Labels are available in two sizes (other brands compatible with Avery will also work):

1/5 cut - Avery #5167/8167 mailing labels 1/2" x 1 1/2", 80/page in 4 columns. Fits 1 1/2" plastic tab.

113 cut - Avery # 8366 filing labels 1 1/16" x 3 7/16", 30/page in 2 columns. Fits 3 1/2" plastic tab

Tips for use and formatting of labels:

- Download from NWCG site to computer file BEFORE printing labels.
- Labels were created as a Word2007 file. Formatting problems may occur if using Word2003.
- Practice first on plain paper. Hold up to light against label stock. If misaligned, try adjusting top and left margins by going to File, Page Setup, Margins.
- Inkjet ink runs if labels get wet. If wet conditions are anticipated, print out sets of labels on a laser printer pre-incident.

### Organizing Documents in the Files

File documents into standard (non-hanging) file folders and label those file folders.

Place labeled file folders inside labeled hanging files in plastic bins.

Plastic storage bins that accommodate hanging files are recommended for incident records. Stackable bins with a hinged, interlocking lid facilitate transport and storage. These can be reused for other incidents.

DO NOT leave any empty pre-labeled folders in the documentation package when turned over to the host unit. Remove file folders if not used!

### Master Documentation Index/Box Indexes

Two types of indexes are available to IMTs on the NWCG website.

The Master Documentation Index can be used both to organize records on the incident and as the final index. When a document is present, check it off. The box # identifies the location of a record when there are multiple boxes. Place it in the front of Box #1. The index is formatted as a 2-column table in WORD. Edit as necessary by deleting documents that don't exist and substituting those needed. Additional rows can be added by right clicking, but adjustments to format may then be needed.

The Box Indexes are intended to be printed on card stock and placed inside front of each plastic bin so the contents of each box can be easily seen. A *Box Index* was created for the IHF and each functional section. Contents can be checked off when present. Indexes can be edited in WORD format as needed.

### Records Retention Kit / Kit Supply Ordering Guide

Pre-assembled Records Retention Kits are available from the fire cache (NFES #2990). See Kit, Records Retention in the NFES catalog for a description.

In addition, the Records Retention Kit Supply Ordering Guide (available of the N W C G website) can be used to assemble a local pre-incident records retention kit or to acquire additional supplies through Supply or Procurement on an incident.



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### **Financial and Confidential Records**

Except for the **Final Statement of Costs**, don't mix Finance Section (Fiscal) records with other records. Finance Section records have a different retention period, and the host unit will need to transfer separately to the Federal Records Center.

Sensitive/confidential records covered by the Privacy Act **must be protected**. Social Security Numbers, Tax Identification Numbers, personal information such as personal phone numbers/addresses cannot be left in the documentation package. Hand off to the appropriate agency official at the host unit.

Original **Patient Evaluation (PE)** forms should be given to employee with instructions that it be given to their employer. The PE copy retained by the Medical Unit **MUST** be protected for duration of incident. Post-Incident, additional copies of PE should be destroyed by Medical Unit or the incident agency. **Do NOT leave in incident documentation package.**