

AIRCRAFT CHECK-IN SHEET

Request Number: A-

PLANS INFORMATION

FINANCE INFORMATION

Aircraft Type: _____ Aircraft Make/Model: _____ Tail #: _____
(e.g., HEL1, 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: _____

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.

Request # O- _____

OVERHEAD CHECK-IN SHEET

Request #
Name:

Plans Information

Last Name: _____ First Name: _____

Agency: COOPERATOR Check-In Date/Time: _____ Date/Time Travel Began: _____
(e.g., NPS, FS, BIA)

Home Unit/Name: WY STATE COOPERATOR 5-Letter designator: _____

Demob City: _____ Demob State: WYOMING
(Final Destination) (Final Destination)

Method of Travel (circle one) AIR AOV POV BUS PAS

If AIR: Jetport/Airport: _____ Jetport Code: _____
(3-letter Code, If Known)

If AOV, POV, BUS: Vehicle ID: _____
(e.g., Gov't Veh #, License #, etc.)

Vehicle Description: _____
(e.g. Dodge PU, Chevy Sedan)

If rented, where was vehicle rented: _____

Who is responsible for rented vehicle: _____
(e.g., (Name, Buying Team, Dispatch Center)

Assigned E#: _____

Overhead Position: _____

Other Qualifications: _____

Were you reassigned directly from another incident? YES NO

Finance Information

Home Unit Address: _____

Home Unit Phone #: _____

Home Unit Fax #: _____

Dispatch Center Name: _____

Dispatch Center 24-hr #: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

AD Employees Only

Social Security Number: _____

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

Ad Hire Form copy attached? YES NO

AD Classification: _____ AD Pay Rate: _____

Hiring Agency Name: _____

Point of Hire: _____

To Be Completed by Plans

- Red Card Checked
- Demob Information Supplied
- Checked in by: _____ (initials) Demob Form Printed
- T-Card Completed
- Entered into IRSS

White – Plans
Yellow – Finance
Pink – Grnd Suppt

To Be Completed By Finance

- Employee Information Received and Complete
- Entered into ITS by:

Request # O- _____ Incident #: _____
(DRAFT) ICS-211-OH

ID Badge Authorizations (authorized to receive cache/supply items)
Circle One: ALL ONLY SUPERVISORS
ID Badge Restrictions (circle all that apply): Laundry Nomex

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? Date of Last Shift: _____ Checked in by (initials): _____	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)
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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: _____

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 N W C G 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 N W C G 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 box(s) 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.

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 3/4”, 80/page in 4 columns. Fits 1 3/4” plastic tab.
- 1/3 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 N W C G 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 N W C G 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.

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 c o p y 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**

