

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

☐ Employee Information Received and Complete

☐ Entered into ITS by (initials): _____

Request # **O-**_____

Overhead Assignment: _____

Agency: _____

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ENGINE CHECK-IN SHEET

Request Number: E-

AGENCY-OWNED ENGINE

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

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

Check-In Date: Check-In Time:

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

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

Vehicle ID: (Government Vehicle ID#)

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

CONTRACT ENGINE

Contractor/Cooperator Name:

Address:

Check-In Date: Check-In Time:

Demob City: Demob State:

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

Vehicle ID: (VIN # or Serial # and License #)

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

Engine accessory inventory provided to Finance? YES NO

Please List Crew Members:

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

*Check mailing address for AD employees only

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"/> 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-LetterIdentifier) (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
	<input type="checkbox"/> T-Card Completed
Checked in by (initials):	<input type="checkbox"/> Entered into IRSS
	<input type="checkbox"/> Manifest (filed & attached)

Request # C-

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

Agency:

FINANCE INFORMATION

Please attach a complete manifest for the crew, including complete names for all crew-members. 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 FINANCE

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

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EQUIPMENT CHECK-IN SHEET

Request Number: E-

Equipment Type: _____

Agency: _____

Primary Operator's Name: _____

Company Name: _____

Check-In Date: _____ Check-In Time: _____

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: _____

=====

TO BE COMPLETED BY PLANS

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

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: _____

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

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

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

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

TO BE COMPLETED BY FINANCE

Aircraft/Module Information Received and Complete
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 #: _____

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

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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", 80/page in 4 columns. Fits 1" plastic tab.

113 cut - Avery # 8366 filing labels 11/16" x 37/16", 30/page in 2 columns. Fits 3/4" 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 on the NWCG 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.**

