

ACTIVITY RECORD
FOREST SERVICE, REGION 5
LOCAL COOPERATIVE FIRE AGREEMENT

AGREEMENT NO: 09-FI-11051200-039 DEPARTMENT: SAN BERNARDINO COUNTY FIRE

Date and Time Departed: _____ / _____ hrs.	Return Date and Time: _____ / _____ hrs.
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Above is where you write when you left for the incident and when date you are returning with estimated time of arrival (portal to portal).

DISPATCH INFORMATION

Incident Name: _____	Reporting Location _____
Incident Number: _____	Incident Code: _____
Resource Order Number _____	Reporting Date/Time: _____

Dates of Services	Request Number	Payroll Name(s)	ICS Position	Total Hours to be reimbursed

Above is where you put name of the incident, where you are going (be specific on reporting location). The Incident number (should start with CA-XXX-XXXXXX). Incident code is the fire project code (may start with a P or N, but not always). Resource Order Number is the same as the Incident Number. Reporting Date/Time is when you arrived on the incident. Put the travel dates and hours of Service of the first day on the first line, Request Number is the E or O number on your Resource Order Number then the next line, write the remainder of the days on the incident and finally, the next line put the return travel dates and hours. Name and ICS position of each piece of equipment (i.e. one engine, one dozer, etc.) Total hours to be reimbursed, with the exception of first and last days, should be cumulative. Please be sure to calculate the hours accurately.

PERSONNEL INFORMATION

APPARATUS/EQUIPMENT/VEHICLE INFORMATION

Dates of Services	Type of Apparatus / Module <small>Engine, Water Tender, Dozer, Crew or Other</small>	Strike Team #	Apparatus or Vehicle #	Vehicle Category <small>Sedan SUV Van PU 2x4 4x4</small>	Vehicle Information <small>POV or Rental Company</small>	Total Mileage Or Operating Hours

Above put first day dispatched and the next line put a cumulative of days on the incident and last the travel home. The rest of the boxes are pretty self-explanatory

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Signature of Authorizing Officer For Department: _____

Date Signed: _____

Only the Fire Chief or Deputy Fire Chief can sign as the Authorizing Officer for Department.

Below is where the IC or Finance Chief on the Incident sign.

Approved by
IC or FSC:

Date: _____

Form Distribution:

Original: Local Government Agency
(Attach to Dept invoice/bill)

Copy: **Incident Management Team
Finance Section**

FOR TRAINING ONLY

