

The 2024 Emergency Equipment Shift Ticket, OF 297, has replaced the 1990 version. Some blocks were eliminated, and others were created to make the form beneficial. If completing the form electronically, only one box may be checked for blocks 13 and 14.

The required information for blocks 1-10 is obtained from a resource order or agreement.

	IBPA	EERA	LUA	Cooperative	Resource Order
Form Number	SF-1449	OF-294	PMS 902-2		
Agreement/Contract Number	Block 2	Block 2	Agreement Number Block	Front Page of agreement	
Contractor/Agency Name	Block 17a or Vendor Information	Block 4	Owner Block	Front Page of agreement	Resource Assigned Block
Resource Order Number			Incident Information Block		Block 12
Incident Name		Block 3	Incident Information Block		Block 2
Incident Number		Block 3	Incident Information Block		Block 3
Financial Code					Financial Codes Block
Equipment make/model, type, serial/VIN	Schedule of Items	Block 11		Operating Plan or rate sheet	Resource Assigned Block
License/ID Number				Operating Plan or rate sheet	Resource Assigned Block, or pre-use inspection

Block 13: If the ticket is for mobilization or demobilization travel, check appropriate box.

Block 14: If equipment is paid based on miles or hours, check correct box. If not, leave blank.

Block 15: Enter date worked for equipment.

Block 16-18: Enter hours or miles start, stop, and total. If paid daily, leave blank.

Block 19-20: Enter any special rates that apply (e.g., ALS bag). These can be put on the same line as the miles/hours in blocks 16-18.

Block 21: Note travel time or other remarks, e.g., breakdown 1600-1800. Additional details can be provided in block 30. If unstaffed/paid daily, enter "Daily Rate" and start/stop as needed.

For staffed equipment paid on a daily rate, the personnel hours will determine if a full or half day rate is applied. Time under hire and calendar day as defined in agreement clauses apply.

Block 22: Enter date worked for personnel. If unstaffed, leave blank.

Block 23: Enter First and Last Name of each person with the equipment. If none, enter n/a.

Block 24-28: Log hours worked and total. If unstaffed, leave blank.

Block 29: Note travel time or other remarks; e.g., unstaffed, injury/illness.

Block 30: Provide details such as crew changes, breakdowns, or other pertinent information.

Block 31–32: Contractor/Agency Representative prints name and signs. A date may be added.

Block 33-34: Incident Supervisor prints name, resource order, and signs. A date may be added.

*The Contractor must sign before the Incident Supervisor if using the electronic form.