

EMERGENCY EQUIPMENT SHIFT TICKET

NOTE : The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.

1. INCIDENT NAME			2. CONTRACTOR (name)			
3. INCIDENT NUMBER		4.		5. OPERATOR (name)		
6. EQUIPMENT MAKE		7. EQUIPMENT MODEL		8. FLOATED IN BY : <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT		
9. SERIAL NUMBER		10. LICENSE NUMBER		11. FLOATED OUT BY : <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)		
12. DATE MO/DAY/YR	13. EQUIPMENT USE					14. REMARKS (released, down time and cause, problems, etc.)
	START	STOP	HOURS/DAYS/KM (circle one)			
WORK			STAND-BY	OTHER		
					15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor	
					16. INVOICE POSTED BY (Recorder's initials)	
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED	

NB-297-08

WHITE - FINANCE COPY / REGIONAL FIRE CENTRE
 YELLOW - CONTRACTOR'S COPY
 PINK - DISTRICT OFFICE COPY

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