

ODF HELICOPTER/FIXED WING SHIFT TICKET						PERFORMANCE RATING INSERT (1-5) RECOMMENDATIONS							
OWNER/CONTRACTOR (name)		TAIL NO.		CONTRACT NO.		A=    B=    C=    D=    E=    F=    G=    H=    I=    J=							
TYPE OF RESOURCE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> CONTRACT <input type="checkbox"/> CWN <input type="checkbox"/> FEPP				RESOURCE REQ. NO.		PERFORMANCE RATING REMARKS							
ICS TYPE HELICOPTER <input type="checkbox"/> TYPE 1 <input type="checkbox"/> TYPE 2 <input type="checkbox"/> TYPE 3		PERSONNEL		COMPANY EMPLOYEE NAME		START	END	EXT. STBY. HRS.	RON Y/N & RATE		UNAV. <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIPTION		
AIRCRAFT MAKE/MODEL		PILOT							<input type="checkbox"/> Yes <input type="checkbox"/> No				
FUEL TRUCK MAKE/MODEL/LIC. #		PILOT							<input type="checkbox"/> Yes <input type="checkbox"/> No				
SERVICE TRUCK MAKE/MODEL/LIC. #		MECHANIC							<input type="checkbox"/> Yes <input type="checkbox"/> No				
HELIBASE TRAILER MAKE/MODEL/LIC #		FUELER							<input type="checkbox"/> Yes <input type="checkbox"/> No				
SPECIAL EQUIPMENT Example :(Dip Tank)		SERVICE							<input type="checkbox"/> Yes <input type="checkbox"/> No		UNAV. TIME		
DATE MO/DAY/YR	EQUIPMENT TIME				INCIDENT NAME OR PROJECT/UNIT NAME	FLIGHT START TIME/ END TIME	INCIDENT NO./PROJECT NO. CHECK IA OR EX	AGENCY	# OF BUCKETS/PAX CARGO/ACRES TREATED	FUEL TRUCK MILEAGE PER INCIDENT		SERVICE TRUCK MILEAGE PER INCIDENT	
	HOBBS/HOUR METER/DAILY		FLIGHT (*See key below)							START	END	START	END
	START	END	TOTAL	CODE			<input type="checkbox"/> IA <input type="checkbox"/> EX			START	END	START	END
	START	END	TOTAL	CODE			<input type="checkbox"/> IA <input type="checkbox"/> EX			START	END	START	END
	START	END	TOTAL	CODE			<input type="checkbox"/> IA <input type="checkbox"/> EX			START	END	START	END
	START	END	TOTAL	CODE			<input type="checkbox"/> IA <input type="checkbox"/> EX			START	END	START	END
AIRCRAFT SUMMARY	START	END	TOTAL		REMARKS (Entity requesting extended standby, canceled flights, identify lend/lease situations, and personnel transport fee (if applicable). Remarks cont. on back of form)				TOTAL FUEL TRUCK MILEAGE		TOTAL SERVICE TRUCK MILEAGE		
COMPANY REPRESENTATIVE PRINT NAME				ODF REP/MANAGER PRINT NAME				*KEY: 12=Personnel Transport, 21=Reconnaissance, 31=Fire Mapping, 42=Fire Support Cargo 53=Air Attack, 54=Aerial Suppression, 71=Maintenance Flight, 72=Dead Head No Pax					
COMPANY REPRESENTATIVE SIGNATURE				ODF REP/MANAGER SIGNATURE				DATE		POSTED BY			
<b>FINANCE (1 COPY) / SUPERVISOR (1 COPY) / OWNER (1 COPY)</b>													

**ODF HELICOPTER/FIXED WING SHIFT TICKET – REMARKS CONTINUED**

MANAGER INITIALS

COMPANY REPRESENTATIVE INITIALS