



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

EMERGENCY EQUIPMENT SHIFT TICKET

Incident Name				Incident Number (if known)			
Operator				Contractor/Agency			
Equipment Make				Equipment Model			
License Plate Number				Wheels Number			
Ownership		<input type="checkbox"/> VTS		<input type="checkbox"/> State Owned		<input type="checkbox"/> Rental/Contract/Other	
Operator Provided by		<input type="checkbox"/> Agency/Government		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other	
Equipment Provided by		<input type="checkbox"/> Agency/Government		<input type="checkbox"/> Contractor		<input type="checkbox"/> Other	
Equipment Status		<input type="checkbox"/> Inspected & Under Agreement		<input type="checkbox"/> Release by Government		<input type="checkbox"/> Withdrawn by Contractor	

Date	Start Hours	End Hours	Total Hours	Start Mileage	End Mileage	Total Mileage	Maintenance			Location(s) Worked
							Fuel	Oil	Grease	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grand Total Hours				Grand Total Mileage			Equipment damage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
							Incident Report (R3003) completed <input type="checkbox"/>			
Comment(s)										

Operator's Signature						Date			
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Official Use Only

Government Officer's Signature										Date			
Entered	Init:	Date:	Audited	Init:	Date:	Submitted	Init:	Date:					