



EQUIPMENT CHECK-IN

Incident Name		Incident Number (if known)	
Equipment Make		Equipment Model	
License Plate Number		Wheels Number	Inventory Tag Number
Ownership	<input type="checkbox"/> VTS	<input type="checkbox"/> State Owned	<input type="checkbox"/> Rental/Contract/Other

Is there a trailer/lowboy with your equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please fill out separate sheet for trailer/lowboy.				
Does the equipment have lights for night operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the equipment have four-wheel drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are there other implements available for your equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please list:				
Is a CDL needed to operate this equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, which type?	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C	<input type="checkbox"/> Endorsements

For Heavy Equipment (if applicable)			
Horsepower		Bucket/Load Capacity (Cu. Yds or Lbs.)	
G.V.W.R. (Trucks/Trailers)		Water Tank Capacity	

Operator Information			
Primary Operator		Number of Personnel	
Travel Start	Date	Time	Location
Home Unit/Vendor		SIGMA Unit Number	
Home Unit Address			
Unit Phone Number		Cell Number	
Work Email			
Direct Supervisor		Administrative Support	
Check-In	Date	Time	Location
Demobilization	Date	Time	Location

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: