

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. AGREEMENT NUMBER		2. CONTRACTOR (name)		3. INCIDENT OR PROJECT NAME		4. INCIDENT NUMBER	
6. EQUIPMENT MAKE		7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
9. SERIAL NUMBER		10. LICENSE NUMBER		14. REMARKS (released, down time and cause, problems, etc.)		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 c. Withdrawn by Contractor	
12. DATE MO/DAY/YR		13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) WORK SPECIAL		16. INVOICE POSTED BY (Recorder's initials)		19. DATE SIGNED	
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE		18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED		19. DATE SIGNED	

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OPTIONAL FORM 297 (Rev. 7-90)
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