

**STATE OF OREGON**  
**2022-2024**  
**Incident Resource Agreement - WATER HANDLING / HEAVY EQUIPMENT**  
**Part B - Additional Terms and Conditions**  
***Resource Information & Rate Sheet***

**General Description of Duties**

Fire suppression and mop-up activities. **Operators** may be required to transport loads of up to the maximum GVWR rating of the tractor- trailer combination on steep and poorly maintained roads. **Operators** should expect to drive on secondary roads with grades of up to 15 percent, with close radius switchbacks and road surfaces of natural material. Truck and trailer shall be capable of working on secondary forest/range roads with adequate horsepower and trailer clearance to excel in this environment. **Operators** shall understand load securement and tractor-trailer limitations.

**During the Term of the Agreement, the Resource Provider shall comply with the following additional federal and state regulations as applicable:**

[Migrant and Seasonal Agricultural Worker Protection Act](#)  
[Oregon Bureau of Labor Farm/Forest Labor Contractors License](#)

**Compensation**

Rates provided by **Resource Provider** on the ***Resource Information and Rate Sheets (Attachments Section 3)*** are understood to be '**Wet**' Rates, and shall include any equipment, **Qualified Operator(s)**, drivers, fuel, and any required maintenance. Payment shall be at rates specified (unless specified by 'Exceptions' as listed below) and shall be in accordance with the following:

- **Daily Rates** shall apply when equipment (with **Qualified Operator**) is ordered by the **State** and **On-Shift**, including the relocation of equipment under its own power. **On-Shift** includes time the equipment (with **Qualified Operator**) worked, time that equipment (with **Qualified Operator**) is held or directed to be in a state of readiness, time that the **Qualified Operator(s)** spend at **Operational Period** briefings, mobilization (Check-in time), demobilization (Check-out time), and compensable travel that has a specific start and end time.
- **Daily Rate** payment shall be made based on a minimum of eight (8) hours of **On-Shift** work time (with **Qualified Operator**) per day, between 0001 and 2400 hrs. **On-Shift** work time (with **Qualified Operator**) under eight (8) hours shall be paid at half (1/2) the agreed upon daily rate.
- **Extended-Shift** time for equipment (with **Qualified Operator**) shall be paid 165% of the agreed upon daily rate if worked eighteen (18) hours or more, in a single day, between 0001 and 2400 hrs.
- **Double-Shift Rate** option for equipment is staffed with two operators for a 24-hour period, from 0100-2400 hrs. (Two 12-hour shifts with separate operators for day shift and night shift) and must be documented on **Resource Order**. The **Double-Shift Rate** is paid 165% of the agreed upon Daily Rate.

Exceptions

- If a lowboy delivers a piece of equipment to an Incident, and if two **Qualified Operators** arrive and stay with the lowboy and equipment (dozer, skidgear, etc.), then both the lowboy and the equipment shall be paid their full daily rate for the day of transportation (unless under eight (8) hours of **On-Shift** time or the lowboy is released).
- If only 1 **Qualified Operator** arrives with the lowboy and the equipment, (i.e., one person operating the lowboy and the equipment) the equipment cannot be paid during transport.
- Likewise, if the equipment is being operated and the lowboy has been instructed to stay at the Incident, the lowboy cannot be paid while the equipment is operating. While checking in, with only one **Qualified Operator**, the lowboy shall be paid for that **On-Shift** time, not the piece of equipment.
- The equipment shall begin receiving payment once it begins its **On-Shift** time on the line. Once a piece of equipment is delivered and unloaded at the Incident, the lowboy shall either be ordered to stay at the Incident or released. If ordered to stay at the Incident, the lowboy (with **Qualified Operator**) shall be paid at full rate (unless under eight (8) hours of **On-Shift** time). The lowboy shall be documented on its own shift ticket. If the lowboy has been released from the Incident, but the **Resource Provider** elects to keep it at the incident location, no payment shall be made for time that the lowboy is in release status.

- No further payment shall accrue during any period that the equipment **On-Shift** is **not in a safe or operable condition** or when the **Qualified Operator** is not available for the assigned shift or portions of the assigned shift. Payment shall be based on the hours the equipment is operational during the assigned shift, as documented on the shift ticket versus the designated shift, as shown on the **IAP**. Equipment work time (with **Qualified Operator**) under eight (8) hours shall be paid at half (1/2) the agreed upon daily rate. After inspection and acceptance for use, equipment and/or **Qualified Operator(s)**, or both that cannot be replaced or equipment that cannot be repaired at the site of work within 24-hours, may be considered as being withdrawn by the **Resource Provider**.
- If the **Resource Provider** withdraws equipment, **Qualified Operator(s)**, or both prior to being released by the **State**, no further payment shall accrue, and the **Resource Provider** shall bear the costs of returning equipment, **Qualified Operators**, or both to the **Point of Hire**.
- No payment shall accrue when the **Resource** is off-shift in compliance with the mandatory 'Work/Rest' and 'Length of Assignment' provisions. As an option to rotating personnel, or taking a mandatory day off without pay, the **Resource** may be released from the Incident.

#### **Change of Qualified Operators**

Whenever there is a change in **Resource Provider's Qualified Operator(s)** during an Incident assignment, the incoming **Qualified Operator(s)** shall follow the Incident's Check-in and inspection procedures upon arrival at the Incident.

#### **Personal Protective Equipment (PPE)**

To ensure continued safe, efficient operations at an Incident, the **State** may loan PPE to **Qualified Operators** for use at the Incident, if necessary. **Resource Provider** shall ensure all loaned PPE is maintained in good condition during use and shall return all such property to the **State** prior to departing from the Incident, or less time as directed by the **AGR**. If the **Resource Provider** fails to return the loaned items as required, the replacement cost of the items will be deducted from payment to the **Resource Provider**.

## Resource Information & Rate Sheet

### WATER HANDLING / HEAVY EQUIPMENT

<input style="width: 95%; height: 20px;" type="text"/> Resource Provider / Company Name	<input style="width: 95%; height: 20px;" type="text"/> Company Owner(s)
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<input style="width: 95%; height: 20px;" type="text"/> Mailing / Payment Address	<input style="width: 95%; height: 20px;" type="text"/> City	<input style="width: 95%; height: 20px;" type="text"/> State	<input style="width: 95%; height: 20px;" type="text"/> Zip Code
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<input style="width: 95%; height: 20px;" type="text"/> Email Address	<input style="width: 95%; height: 20px;" type="text"/> Primary Contact	<input style="width: 95%; height: 20px;" type="text"/> Position
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<input style="width: 95%; height: 20px;" type="text"/> Primary Phone Number	<input style="width: 95%; height: 20px;" type="text"/> Secondary Phone	<input style="width: 95%; height: 20px;" type="text"/> Other
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Is the mailing address and the Point of Hire the same?    Yes <input type="checkbox"/> No <input type="checkbox"/> If no, then complete:			
<input style="width: 95%; height: 20px;" type="text"/> Physical Address	<input style="width: 95%; height: 20px;" type="text"/> City	<input style="width: 95%; height: 20px;" type="text"/> State	<input style="width: 95%; height: 20px;" type="text"/> Zip Code

Are you willing to be dispatched out of your local geographic area? Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	
**Please indicate the distance (in miles) you are willing to travel or list 'ANY':	

**AUTHORIZATION:** The undersigned acknowledges, attests, and certifies individually and on behalf of the Resource Provider that the information contained herein is true, accurate and complete, and the required supplemental documentation is attached. Any falsification, omission, or concealment may subject to liability. The Resource Provider is bound by and shall comply with all provisions, terms, conditions, and requirements of this Agreement, including all Addendums, Attachments and Exhibits, and is authorized to perform Services in the state of Oregon. The Resource Provider acknowledges that company and Resource performance history, industry durability and rates offered may affect dispatch priority order of resources.

<input style="width: 95%; height: 20px;" type="text"/> Authorized Company Signature	<input style="width: 95%; height: 20px;" type="text"/> Printed Name AND Title	<input style="width: 95%; height: 20px;" type="text"/> Date
<input style="width: 95%; height: 20px;" type="text"/> State Representative Signature	<input style="width: 95%; height: 20px;" type="text"/> State Printed Name AND Title	<input style="width: 95%; height: 20px;" type="text"/> Date

1. ITEM DESCRIPTION	2. DAILY RATE												
One piece of equipment per line, indicating year, make, model, the last six digits of the VIN or serial number and accessories (i.e. lights). <u>Do not list operators and chase vehicles separately</u> , they are included in main daily rate.													
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><b>Equipment:</b></td> <td style="width: 40%;"><b>Equipment Type:</b></td> <td style="width: 30%; text-align: right;"><i>(leave blank)</i></td> </tr> <tr> <td><b>Accessories</b> <i>(list gallon capacity, hp, lbs, etc.):</i></td> <td><b>Equipment License:</b></td> <td><b>State:</b></td> </tr> <tr> <td></td> <td><b>Equipment VIN:</b></td> <td></td> </tr> <tr> <td><b>Year:</b></td> <td><b>Make:</b></td> <td><b>Model:</b></td> </tr> </table> <p><b>Include equipment photos here -----&gt;</b></p> <p><b>(VIN/Serial #, License, Front, Side, and Back of Equipment.)</b></p>	<b>Equipment:</b>	<b>Equipment Type:</b>	<i>(leave blank)</i>	<b>Accessories</b> <i>(list gallon capacity, hp, lbs, etc.):</i>	<b>Equipment License:</b>	<b>State:</b>		<b>Equipment VIN:</b>		<b>Year:</b>	<b>Make:</b>	<b>Model:</b>	<div style="text-align: center;"> <input type="checkbox"/>                      Double Shift Option                 </div>
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