Ministry of Forests, Lands and Natural Resource Operations

WEEKLY TIME REPORT

PRENUMBERED #:

FULL LEGAL COMPANY NAME: _____

EVACUATION: ALERT ☐ ORDER ☐ CROWN ☐ PRIVATE ☐ IR ☐ TIME RELEASED FROM INCIDENT: _____

CREW NAMES	FIRE LINE POSITION	ENTER DATES (dd/mm):	__/__	__/__	__/__	__/__	__/__	__/__	__/__
		INITIALS							

EQUIPMENT INFORMATION

MAKE: _____ TYPE: _____ UNIT #: _____ YEAR: _____

MODEL/SIZE: _____ OPERATOR(s): _____/_____

POINT OF HIRE LOCATION: _____ LOWBED(s) USED: _____

EQUIPMENT HAULED FOR: _____ EQUIPMENT HAULED: _____

ATTACHMENTS/MISCELLANEOUS EQUIPMENT

TANK SIZE: _____ PUMP SIZE: _____ CHAIN SIZE: ☐ 23:1 X 26 or ☐ 30:5 X 32 # OF SETS _____

LIST WMB REQUESTED/REQUIRED ATTACHMENTS AND INDUSTRY EQUIPMENT: _____

DATES		WORK/STANDBY								MISCELLANEOUS				
MO	DAY	START	STOP	BREAK TIME	HOURS WORKED	POINT OF HIRE STANDBY	TRANSPORT STANDBY	ON SITE STANDBY	TOTAL HOURS WORKED	FUEL (LITRES)	EXCESSIVE TRAVEL TIME (as per FS101)	INCIDENT OR PROJECT#	OPERATOR OR CREW LEADER INITIALS	FIRELINE SUPERVISOR INITIALS
TOTALS														

ACCOMODATIONS AND MEALS SUPPLIED BY WMB – ENTER DATE FROM ABOVE

DATE: ___/___				DATE: ___/___				DATE: ___/___				DATE: ___/___				DATE: ___/___				DATE: ___/___				DATE: ___/___			
ACC	B	L	D	ACC	B	L	D	ACC	B	L	D	ACC	B	L	D	ACC	B	L	D	ACC	B	L	D	ACC	B	L	D

SIGNATURES

CONTRACTOR REPRESENTATIVE_____ **SUPERVISOR**_____ **TIME RECORDER**_____

QUALIFIED RECEIVER_____ **PRINTED NAME**_____ **EMPLOYEE #**_____

COMMENTS: