



DTR Questions to Consider

Have you correctly identified the legal name of the company?

Is the incident/project number noted?

Have you noted the correct date?

Have you identified if the work was done during an evacuation alert/order?

For rehabilitation work, is the type of land identified?

Are the names and fireline positions noted for fire crews? Have the individuals signed their initials?

Are start/stop times noted correctly in 24hr time?

Have the total hours worked been recorded correctly with breaks deducted?

Are the hours and type of standby recorded correctly?

Have you noted the make/type/model/size of the equipment?

Are the attachments, if any, listed?

Is the point of hire location noted?

Is the lowbed company listed? Is the equipment hauled identified?

Was fuel deducted?

Did the ministry provide accommodations or meals?

Has the contractor signed the DTR?

Did the ministry qualified receiver sign, print name and note employee number?

Comments recorded?



DAILY TIME REPORT

FULL LEGAL COMPANY OR INDIVIDUAL NAME: _____

INCIDENT#: _____

DATE: _____

HAS EVACUATION ORDER/ALERT BEEN PUT INTO PLACE: **YES** **NO**

REHABILITATION: **YES** **Type:** _____ (i.e. Crown Land, Private, IR etc)

PERSONNEL & EQUIPMENT BILLABLE HOURS

Name/Equipment	Fireline Position	24 Hr Clock		Break Time Taken	Total Work Hours	Total Hours Standby		Vehicle Km/day or standby	Initial
		Start	Stop			POH/Transport	On - Site		

EQUIPMENT INFORMATION

Make:	Type:	Unit Assigned #:	Year:
Model/Size :	Operator: (print name)		Point of Hire Location:

Lowbed Company Used:

Equipment Hauled For:

Equipment Hauled:

ATTACHMENTS/MISCELLANEOUS EQUIPMENT

TANK Size _____ PUMP Size _____ CHAINS Size _____ # of Sets _____

List all BCWS requested/required attachments and Industry Equipment

The above noted attachments are billable as per FS101 and Schedule A or other attached forms

FUEL DEDUCTION: # of Ltrs _____

MINISTRY SUPPLIED

ACCOMMODATION: YES MEALS: B L D

SIGNATURES

Contract Rep or Individual		Time Recorder
Ministry Qualified Receiver (approved OOP IMT)	Print Name	Employee Number

Comments

BRITISH COLUMBIA BC Wildfire Service **DAILY TIME REPORT** # Pre-printed

FULL LEGAL COMPANY OR INDIVIDUAL NAME: Fred Fraser

INCIDENT# C10987 DATE: July 1, 20XX

HAS EVACUATION ORDER/ALERT BEEN PUT INTO PLACE: YES NO

REHABILITATION: YES TYPE: _____ (i.e. Crown Land, Private, IR etc)

Name/Equipment	Fireline Position	24 Hr Clock		Break Time Taken	Total Work Hours	Total Hours Standby		Vehicle Km/day or standby	Initial
		Start	Stop			POH/Trans port	On - Site		
Fire Warden		0730	1030						
		1030	2000	30 min	10			284	

EQUIPMENT INFORMATION

Make: Dodge Type: Pickup Unit Assigned #: _____ Year: 2001

Model/Size : ¾ ton pickup Operator: (print name) Fred Fraser Point of Hire Location: _____

Lowbed Company Used: _____

Equipment Hauled For: _____ Equipment Hauled: _____

ATTACHMENTS/MISCELLANEOUS EQUIPMENT

TANK Size _____ PUMP Size _____ CHAINS Size _____ # of Sets _____

List all BCWS requested/required attachments and Industry Equipment _____

The above noted attachments are billable as per FS101 and Schedule A or other attached forms

FUEL DEDUCTION: # of Ltrs _____ MINISTRY SUPPLIED ACCOMMODATION: YES MEALS: B L D

SIGNATURES

Contract Rep or Individual Fred Fraser Time Recorder _____

Ministry Qualified Receiver Government Employee Print Name Government Employee Employee Number 012345

Comments _____

BRITISH COLUMBIA BC Wildfire Service **DAILY TIME REPORT** FULL LEGAL # Pre-printed

COMPANY OR INDIVIDUAL NAME: Fred Fraser

INCIDENT# K40284 DATE: August 1, 20XX

HAS EVACUATION ORDER/ALERT BEEN PUT INTO PLACE: YES NO

REHABILITATION: YES TYPE: _____ (i.e. Crown Land, Private, IR etc)

Name/Equipment	Fireline Position	24 Hr Clock		Break Time Taken	Total Work Hours	Total Hours Standby		Vehicle Km/day or standby	Initial
		Start	Stop			POH/Trans port	On - Site		
John Jones	Fire fighter	0730	1930	30 min.	12				JJ
Max Mitchell	Fire fighter	0730	1930	30 min.	12				MM
**Brian Brown	Fire fighter	0730	1930	30 min.	12				BB
*Alexis Adams	Fire fighter	0730	1930	30 min.	12				AA
Lucy Lane	Crew leader	0700	2000	30 min.	13				LL

EQUIPMENT INFORMATION

Make: _____ Type: _____ Unit Assigned #: _____ Year: _____

Model/Size : _____ Operator: (print name) _____ Point of Hire Location: _____

Lowbed Company Used: _____

Equipment Hauled For: _____ Equipment Hauled: _____

ATTACHMENTS/MISCELLANEOUS EQUIPMENT

Tank Size _____ Pump Size _____ Chain Size _____ # of Sets _____

List all BCWS requested/required attachments and Industry Equipment _____

The above noted attachments are billable as per FS101 and Schedule A or other attached forms

FUEL DEDUCTION: # of Ltrs _____ MINISTRY SUPPLIED ACCOMMODATION: YES MEALS: B L D

SIGNATURES

Contract Rep or Individual Lucy Lane Time Recorder _____

Ministry Qualified Receiver Government Employee Print Name Government Employee Employee Number 012345

Comments _____

* Level 1 FA & endorse, **DTA, all 5 are certified saw & pump operator

BRITISH COLUMBIA BC Wildfire Service **DAILY TIME REPORT** # Pre-printed

FULL LEGAL COMPANY OR INDIVIDUAL NAME: ED'S EXCAVATING LTD.

INCIDENT#: V90123 DATE: Aug 15, 20XX

HAS EVACUATION ORDER/ALERT BEEN PUT INTO PLACE: YES NO

REHABILITATION: YES TYPE: _____ (i.e. Crown Land, Private, IR etc)

Name/Equipment	Fireline Position	24 Hr Clock		Break Time Taken	Total Work Hours	Total Hours Standby		Vehicle Km/day or standby	Initial
		Start	Stop			POH/Trans port	On - Site		
Komatsu Forestry Excavator		0600	0800						
Unit #220		0800	1800	30 min.	9.5				
		1800	2000			2			

EQUIPMENT INFORMATION

Make: Komatsu Type: Excavator Unit Assigned #: 220 Year: 1998

Model/Size : PC228US-2 Operator: (print name) Ed Edwards Point of Hire Location: Port McNeill

Lowbed Company Used: Lorens' Lowbedding Ltd.

Equipment Hauled For: _____ Equipment Hauled: _____

ATTACHMENTS/MISCELLANEOUS EQUIPMENT

TANK Size _____ PUMP Size _____ CHAINS Size _____ # of Sets _____

List all BCWS requested/required attachments and Industry Equipment _____

The above noted attachments are billable as per FS101 and Schedule A or other attached forms

FUEL DEDUCTION: # of Ltrs _____ MINISTRY SUPPLIED ACCOMMODATION: YES MEALS: B L D

SIGNATURES

Contract Rep or Individual Ed Edwards Time Recorder _____

Ministry Qualified Receiver Government Employee Print Name Government Employee Employee Number 789456

Comments Released from fire at 1800 and lowbedded home

BRITISH COLUMBIA BC Wildfire Service **DAILY TIME REPORT** # Pre-printed

FULL LEGAL COMPANY OR INDIVIDUAL NAME: Larry's Lowbedding Ltd.

INCIDENT #: G10001 DATE: June 1 20XX

HAS EVACUATION ORDER/ALERT BEEN PUT INTO PLACE: YES NO

REHABILITATION: YES TYPE: _____ (i.e. Crown Land, Private, IR etc)

Name/Equipment	Fireline Position	24 Hr Clock		Break Time Taken	Total Work Hours	Total Hours Standby		Vehicle Km/day or standby	Initial
		Start	Stop			POH/Trans port	On - Site		
Lowbed		0800	1600	30 min.	7.5				

EQUIPMENT INFORMATION

Make: Kenworth Type: Lowbed Unit Assigned #: 001 Year: 1999

Model/Size : 6axle Operator: (print name) Larry Landry Point of Hire Location: Prince George

Lowbed Company Used: _____

Equipment Hauled For: Steve's Skidding Co. Equipment Hauled: D6N

ATTACHMENTS/MISCELLANEOUS EQUIPMENT

TANK Size _____ PUMP Size _____ CHAINS Size _____ # of Sets _____

List all BCWS requested/required attachments and Industry Equipment _____

The above noted attachments are billable as per FS101 and Schedule A or other attached forms

FUEL DEDUCTION: # of Ltrs _____ MINISTRY SUPPLIED ACCOMMODATION: YES MEALS: B L D

SIGNATURES

Contract Rep or Individual Larry Landry Time Recorder _____

Ministry Qualified Receiver Government Employee Print Name Government Employee Employee Number 789456

Comments Hauled D6N to fire and returned home