



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 24 hr 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?

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BRITISH COLUMBIA

BC Wildfire Service

DAILY TIME REPORT

Numbered

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/Trans port | On - Site | | |
| | | | | | | | | | |
| | | | | | | | | | |
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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

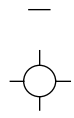
FUEL DEDUCTION: # of Ltrs _____ MINISTRY SUPPLIED

ACCOMMODATION: YES MEALS: B L D

SIGNATURES

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

Comments



Comments: Hauled DGN to fire and returned home

Government Employee: Larry Landry

Employee Number: 789456

Contract Rep or Individual: Larry Landry

SIGNATURES

FUEL DEDUCTION: # of Ltrs: _____ MEALS: B L D

MINISTRY SUPPLIED ACCOMMODATION: YES NO

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

List all BCWS requested/required attachments and industry equipment

ATTACHMENTS/MISCELLANEOUS EQUIPMENT

Equipment Hauled For: _____

Lowbed Company Used: _____

Operator: Larry Landry

Point of Hire Location: Prince George

Model/Size: Kenworth Lowbed

Unit Assigned #: 001

Year: 1999

EQUIPMENT INFORMATION

| Name/Equipment | Position | Start | Stop | 24 Hr Clock | Break | Time Taken | Total Hours | POH/Trans On-Site | Vehicle |
|----------------|----------|-------|------|-------------|-------|------------|-------------|-------------------|---------|
| Lowbed | | 0800 | 1600 | | | 30 min | 7.5 | | standby |

PERSONNEL & EQUIPMENT BILLABLE HOURS

REHABILITATION: YES NO Type: Lowbed

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

DATE: June 1 20XX

INCIDENT#: G10001

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

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DAILY TIME REPORT

Comments: Released from fire at 1800 and lowbedded home

Government Employee: Ed Edwards

Employee Number: 789456

Contract Rep or Individual: Ed Edwards

SIGNATURES

FUEL DEDUCTION: # of Ltrs: _____ MEALS: B L D

MINISTRY SUPPLIED ACCOMMODATION: YES NO

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

List all BCWS requested/required attachments and industry equipment

ATTACHMENTS/MISCELLANEOUS EQUIPMENT

Equipment Hauled For: _____

Lowbed Company Used: _____

Operator: Ed Edwards

Point of Hire Location: Port McNeill

Model/Size: Komatsu Excavator

Unit Assigned #: 220

Year: 1998

EQUIPMENT INFORMATION

| Name/Equipment | Position | Start | Stop | 24 Hr Clock | Break | Time Taken | Total Hours | POH/Trans On-Site | Vehicle |
|-----------------------------|----------|-------|------|-------------|-------|------------|-------------|-------------------|---------|
| Komatsu Forestry Excavating | | 0600 | 0800 | | | 30 min | 9.5 | | standby |
| | | 1800 | 2000 | | | 30 min | 2 | | standby |

PERSONNEL & EQUIPMENT BILLABLE HOURS

REHABILITATION: YES NO Type: Excavator

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

DATE: August 15, 20XX

INCIDENT#: V90123

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

Pre-printed

DAILY TIME REPORT

Comments: FA & endorse, ** O1A, all Sare certified saw & pump operator

Government Employee: Fred Fraser

Employee Number: 012345

Contract Rep or Individual: Fred Fraser

SIGNATURES

FUEL DEDUCTION: # of Ltrs: _____ MEALS: B L D

MINISTRY SUPPLIED ACCOMMODATION: YES NO

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

List all BCWS requested/required attachments and industry equipment

ATTACHMENTS/MISCELLANEOUS EQUIPMENT

Equipment Hauled For: _____

Lowbed Company Used: _____

Operator: Fred Fraser

Point of Hire Location: _____

Model/Size: Dodge Pickup

Unit Assigned #: 2001

Year: 2001

EQUIPMENT INFORMATION

| Name/Equipment | Position | Start | Stop | 24 Hr Clock | Break | Time Taken | Total Hours | POH/Trans On-Site | Vehicle |
|----------------|--------------|-------|------|-------------|-------|------------|-------------|-------------------|---------|
| John Jones | Fire Fighter | 0730 | 1930 | | | 30 min | 12 | | initial |
| 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 | Fire Fighter | 0730 | 1930 | | | 30 min | 12 | | LL |

PERSONNEL & EQUIPMENT BILLABLE HOURS

REHABILITATION: YES NO Type: Pickup

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

DATE: August 1, 20XX

INCIDENT#: K40284

FULL LEGAL COMPANY OR INDIVIDUAL NAME: Fred Fraser

Pre-printed

DAILY TIME REPORT

Comments: _____

Government Employee: _____

Employee Number: 012345

Contract Rep or Individual: _____

SIGNATURES

FUEL DEDUCTION: # of Ltrs: _____ MEALS: B L D

MINISTRY SUPPLIED ACCOMMODATION: YES NO

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

List all BCWS requested/required attachments and industry equipment

ATTACHMENTS/MISCELLANEOUS EQUIPMENT

Equipment Hauled For: _____

Lowbed Company Used: _____

Operator: Fred Fraser

Point of Hire Location: _____

Model/Size: Dodge Pickup

Unit Assigned #: 2001

Year: 2001

EQUIPMENT INFORMATION

| Name/Equipment | Position | Start | Stop | 24 Hr Clock | Break | Time Taken | Total Hours | POH/Trans On-Site | Vehicle |
|----------------|----------|-------|------|-------------|-------|------------|-------------|-------------------|---------|
| Fire Warden | | 0730 | 1030 | | | 30 min | 3 | | initial |
| | | 1030 | 2000 | | | 30 min | 10 | | initial |

PERSONNEL & EQUIPMENT BILLABLE HOURS

REHABILITATION: YES NO Type: Pickup

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

DATE: July 1, 20XX

INCIDENT#: C10987

FULL LEGAL COMPANY OR INDIVIDUAL NAME: Fred Fraser

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DAILY TIME REPORT

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