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| **Employee/Team:** |  | **On-Site Supervisor:** |  |
| **Employee Phone:** |  | **Supervisor Phone:** |  |
| **Employee Radio:** |  | **Supervisor Radio:** |  |
| **ICS Position:** |  | **ICS Position:** |  |
| **Date:** |  | **Operational Period:** |  |
| **Employee Signature** |  | **Time Signed:** |  |
| **Equipment Assigned** | **Check Out** | **Check In** |
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| **Departmental Objectives** |
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| **Information Important to Operations** |
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| **Responsibilities** | **Time Complete** | **Initials** |
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