

Job Aid for Emergency Equipment Shift Ticket Form

Please email the completed form to DNR-NoMichigan-IceStorm-Docs@michigan.gov.

Save your documents in the following format: **DocType_DIV_Name_Date**.

Use the document name as the **SUBJECT** section of the email.

We appreciate your patience as we navigate through the document collection process. Please reach out to any of the Document Unit if there are any questions.

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EMERGENCY EQUIPMENT SHIFT TICKET – One Per Pay Period / Operator

1. See highlighted fields that need to be completed
2. Incident name – DNR Ice Storm Response
3. Operator – operator using the equipment. Each operator would fill one in for when they use the equipment. If multiple operators at the same time, only one needs to fill out shift ticket.
4. Contractor/Agency – if different than the DNR
5. Equipment Make / Equipment Model
6. *Using 2025 Schedule C Rates, include the MDOT Equipment Code at the top of the form. This could be multiple codes depending on what equipment is used. [Schedule C Rental Rates](#)*
7. License Plate Number & Wheels Number (if VTS or State owned)
8. Ownership – indicate if VTS, State owned or Rental/Contract/other
9. Operator Provided By / Equipment Provided By – select what's appropriate
10. Date – date(s) during pay period that equipment was utilized
11. Total Hours – total hours equipment was utilized. Passenger vehicles would be listed under mileage, not hours.
12. Start/End Mileage – indicate starting mileage and ending mileage for that day, providing total mileage. This is similar to the current mileage logs used in state vehicles.
13. Location(s) Worked – list task, location, county where work occurred that day (i.e., felling trees, ABC State Park, Mackinaw County)
14. Equipment damage? – indicate yes or no. If yes, please list in the comment section.
15. Comments (if applicable)
16. Sign / Date - This does not need to be certified signature

IV. Applicant-Owned and Purchased Equipment

- FEMA provides PA funding for the use of applicant-owned (force account) equipment, including permanently mounted generators, based on hourly equipment rates.

- FEMA may provide PA funding based on mileage for vehicles, if the mileage is documented and less costly than hourly rates.
- There are instances when applicants do not have sufficient equipment to effectively respond to an incident. If an applicant purchases equipment that it justifiably needs to respond effectively to the incident, FEMA provides PA funding for both the purchase price (subject to disposition requirements as specified under Disposition of Equipment and Supplies in this chapter) and either:
 - The use of the equipment based on equipment rates; or
 - The actual fuel and maintenance costs. F
- FEMA only applies equipment rates to the time an applicant is operating the equipment.
- Although costs associated with transporting equipment (e.g., labor and equipment costs used to transport equipment) to an eligible site are eligible, costs for standby time (time spent on hold or in reserve) are ineligible unless the equipment operator uses the equipment intermittently for more than half of the working hours for a given day. In this case the intermittent standby time is eligible.
- Applicants must submit the following to support claims for applicant-owned or purchased equipment costs:

Table 12. Required Documentation and Information for Applicant-Owned or Purchased Equipment Costs

Equipment Type	For Small Projects	For Large Projects ¹⁵⁷
Applicant-owned equipment	<ul style="list-style-type: none"> ▪ Itemized cost summary of actual or estimated costs broken out by type of equipment: <ul style="list-style-type: none"> ○ Total usage hours; and, ○ Total cost. 	<ul style="list-style-type: none"> ▪ Itemized cost summary including actual costs, or estimated costs for completed work, broken out by type of equipment: <ul style="list-style-type: none"> ○ Type of equipment and attachments used, including year, make, model, size, capacity, horsepower, and wattage (as applicable); ○ Location(s) or site(s) used; ○ Equipment code (if using FEMA rates); ○ Schedule of rates, including rate components (if not using FEMA rates); and, ○ Operator name with date and hours used each day.
Purchased equipment	<ul style="list-style-type: none"> ▪ Itemized cost summary including actual or estimated costs broken out by type of equipment: <ul style="list-style-type: none"> ○ Total cost. 	<ul style="list-style-type: none"> ▪ Itemized cost summary including actual or estimated costs broken out by type of equipment: <ul style="list-style-type: none"> ○ Invoices or receipts.

FEMA Rates

- FEMA publishes equipment rates applicable on a national basis. FEMA's rate schedule includes **any item powered by fuel or attached to any item powered by fuel.**
- FEMA develops equipment rates based on all costs associated with ownership and operation of equipment (except for operator labor).

- FEMA equipment rate components include depreciation, overhead, equipment overhaul (labor, parts, and supplies), maintenance (labor, parts, and supplies), lubrication, tires, ground engaging component (if applicable), and fuel. **Because the rates include maintenance costs, a mechanic's labor costs to maintain applicant-owned equipment are ineligible.**
- **Similarly, because the rates include fuel costs, an applicant cannot claim fuel costs in addition to FEMA equipment rates.**

Table 13. Required Documentation and Information for Rented or Leased Equipment Costs

For Small Projects	For Large Projects ¹⁶⁷
<ul style="list-style-type: none"> ▪ Itemized cost summary of actual or estimated costs for leased equipment: <ul style="list-style-type: none"> ○ Total usage days or hours; and, ○ Total cost. 	<ul style="list-style-type: none"> ▪ Itemized cost summary including actual costs, or estimated costs for completed work, broken out by type of equipment or each piece of leased equipment: <ul style="list-style-type: none"> ○ Type of equipment, including make, model, size, capacity, horsepower, and wattage (as applicable); ○ Location or site used; ○ Dates and hours used (required if lease agreement charges hourly rates); ○ Rates and total cost; ○ Vendor and invoice number; ○ Amount of fuel used (if not included in rental cost); ○ Lease agreement; and, ○ Invoices or receipts.

MDOT Equipment Code can be written in at the top of the form.

EMERGENCY EQUIPMENT SHIFT TICKET

Incident Name				Incident Number (if known)	
Operator				Contractor/Agency	
Equipment Make				Equipment Model	
License Plate Number		Wheels Number		Inventory Tag Number	
Ownership	<input type="checkbox"/> VTS			<input type="checkbox"/> State Owned	<input type="checkbox"/> Rental/Contract/Other
Operator Provided by	<input type="checkbox"/> Agency/Government			<input type="checkbox"/> Contractor	<input type="checkbox"/> Other
Equipment Provided by	<input type="checkbox"/> Agency/Government			<input type="checkbox"/> Contractor	<input type="checkbox"/> Other
Equipment Status	<input type="checkbox"/> Inspected & Under Agreement			<input type="checkbox"/> Release by Government	<input type="checkbox"/> Withdrawn by Contractor

Date	Start Hours	End Hours	Total Hours	Start Mileage	End Mileage	Total Mileage	Maintenance			Location(s) Worked
							Fuel	Oil	Grease	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grand Total Hours				Grand Total Mileage			Equipment damage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
							Incident Report (R3003) completed			<input type="checkbox"/>
Comment(s)										

Operator's Signature		Date	
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Official Use Only

Government Officer's Signature							Date			
Entered	Init:	Date:	Audited	Init:	Date:	Submitted	Init:	Date:		