



United States Department of the Interior



BUREAU OF LAND MANAGEMENT
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In Reply Refer To:
(NV024) 9210

OFFICIAL DOCUMENTATION FOR EXTENDED WORK SHIFT AND/OR DEVIATION FROM 2:1 WORK/REST POLICY

DATE: September 8, 2006	TIME:	INCIDENT NO:	INCIDENT NAME:	UNIT: NV024
INCIDENT TYPE: WILD FIRE	OPERATIONAL PERIOD:	INCIDENT COMMANDER:	IC TYPE (1-5):	
JUSTIFICATION				
NAME OF INDIVIDUAL(S) OR CREW:				
DESCRIPTION OF SITUATION:				
RATIONALE:				
MITIGATION MEASURES				
(Actions taken to reduce impact on firefighter safety and reduce fatigue):				
SIGNATURE OF LINE OFFICER, INCIDENT COMMANDER OR DUTY OFFICER				
NAME: _____ TITLE _____ FMO _____ DATE: _____				