

FC-33C INCIDENT TIMEKEEPING SUMMARY FOR CUSTODIAL PERSONNEL

3835

(No. 16 March 2002)

This process addresses incident time reporting procedures for CDC, CYA, custodial or supervisory personnel who may support conservation camp inmates/wards (fire crews) on emergency incidents. This form is not used with CCC.

DESCRIPTION OF THE FC-33C

3835.1

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The FC-33C is the base document for reporting the use of cooperating agency labor and agency vehicle use for fire crew custody or support on an emergency incident. The FC-33C is a three-copy form. The third (pink) copy is turned in at the incident. This copy provides the incident unit with information for completing initial estimates of emergency fund expenditures and a record of cooperating custodial agency personnel to be accounted for in the reporting process. Before leaving the incident, the third (pink) copy will be removed from the set and estimated return home times entered on the form. Total hours will be completed. This form is then turned in to the IC or Agency Representative, or to his/her Finance Chief.

The original (white) and second (yellow) copies are retained by the cooperating agency employee and returned to the home camp. There, the actual return time will be entered and the actual totals computed (these may be different than the estimated times on the copy left at the incident due to changes in travel times, delays, etc.) The odometer readings and fuel credit adjustments (**NOTE: CAL FIRE will be credited 10 miles for each gallon of fuel CAL FIRE provides at its expense**) are entered and computed. After completion, the original (white) copy is submitted to the Camp Division Chief for use in preparation of the FC-77 Camp/Center Emergency Time Report. The camp Division Chief will submit the original FC-33C along with the Unit copy of the FC-77 to the incident reporting unit for preparation of the FC-40 billing package. The camp will retain a photocopy of the FC-33C with a copy of the FC-77 for a retention period of 5 years.

The second (yellow) copy will be turned in to the cooperating agency camp administrator according to that agency's directive.

WHEN REQUIRED

3835.2

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An FC-33C will be required for all fires, flood control duties, earthquake assistance, requests by the Office of Emergency Services, and for activities involving FEMA reimbursement criteria. It is required any time a cooperating agency employee's overtime will be reimbursed by CAL FIRE.

FOR WHOM REQUIRED

3835.3

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Each cooperating custodial agency personnel (CDC, CYA) whose pay will be reimbursed by CAL FIRE from the Emergency Fund will submit an [FC-33C](#). Each post coverage (back-up) employee in camp who will be paid overtime behind employees on an incident will also complete an FC-33C.

In lieu of a separate form for each back-up employee, institutional based camps (which may have a variety of custodial personnel in the institution working post coverage) may elect to show the name, rank, hours, O/T and dates for back-up time to be paid for each employee in the "Remarks" block on the FC-33C covering the employee they are backing up.

No more than 24 hours in the aggregate, including post coverage back-up, may be shown on a single calendar day for each employee assigned to crew coverage on the incident and for his/her backup. Custodial agency supervisors and Agency Representatives will also use an FC-33C to report their time.

If an FC-33C is not submitted, any overtime paid will be considered the cooperating agency's responsibility and CAL FIRE will make no reimbursement for the time paid to the employee by the agency.

ORDER AND REQUEST NUMBERS REQUIRED

3835.4

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All custodial agency employees accompanying a crew on the initial dispatch will use the same order and request number as the crew to which they are assigned.

NOTE: As identified in Sections 6363 and [6571](#) of the CYA and CDC Camp Handbook, supervisors and CYA back-up overhead who respond with the initial crew dispatched will also use the request number of the first crew dispatched to the incident from their camp. Agency Representatives and **additional** supervisors requested by the incident or custodial Agency Representative will obtain an individual request number from the incident unit command center. They will **not** use the same request number as any crew assigned to the incident.

RESPONSIBILITY OF COOPERATING AGENCY CUSTODIAL PERSONNEL

3835.5

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Each cooperating agency employee assigned to the incident or as post coverage will initiate an FC-33C at the time of dispatch on assignments. He/she will be responsible for posting both on and off shift times and CAL FIRE-provided fuel for each period. On incidents where CAL FIRE has established a personnel time recorder, the time recorder may be requested to assist in holding and posting times to the forms. The custodial employee or Agency Representative will check with the time recorder at the end of each shift change to assure that times and CAL FIRE-provided fuel are being posted.

Custodial agency supervisors and Agency Representatives, when assigned, are responsible for seeing that the employees they supervise are keeping the FC-33Cs correct and current. Each custodial agency personnel who initiates an FC-33C is responsible for seeing that the third copy is completed with estimated return times and is left with the IC or his /her representative at the incident. They will also ensure that the originals, with the second copy, are returned to their home camp.

HOW TO COMPLETE THE FC-33C

3835.6

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Use a pencil and press firmly on a hard surface to assure that all three copies will be legible. Complete the following information at the time of dispatch or assignment to a new incident:

Section I - Personnel Identification

Name - Print last name first and then first name.

Class - Print rank (e.g., C/O, Sgt., etc.).

Social Security # - Print last 4 digits of social security number.

Home Camp - Name of the home camp, not the agency-assigned number.
Example: Oak Glen CC, Pilot Rock CC, etc.

Section II - Incident Identification

Incident Name - Show the name given to the incident by the incident agency. This is normally the same name that is used to identify the IC on the radio.

Order Number - The order number shall be the 12 digit number used for all payment documents. For example CAMVU-000899.

Request Number - The individual request number assigned by the requesting agency.

NOTE: Post coverage employees may work back-to-back shifts behind two different crew officers with separate request numbers. Show both numbers. Show both numbers as appropriate as long as they are both assigned to the **same order number**. If different order numbers are indicated, a separate FC-33C is requested for each order number.

Assigned:

Date: Show month, day, year assigned.

Time: Show military time assigned.

Mileage: Enter the odometer reading of the agency vehicle at the time of dispatch.

Example: Assigned to incident

7/23/89 1400 17968

NOTE: The same information for date, time and mileage will be entered at the end of the assignment on the "Returned" line. "Returned Time" may be the time the crew is reassigned to a new order number and is not necessarily the time they return to home camp.

Returned:

Date: Show month, day and year when returned to camp or reassigned to new incident.

Time: Show military time returned or reassigned.

Example: 7/26/89 1800 18675

Mileage: Show the odometer reading of the vehicle at the time of return to camp or to a new assignment. Subtract "Assigned" mileage from "Returned" mileage and enter the difference in "Total Miles" in "Remarks" block under "Vehicle ID" line.

Section III - Activity Record

Vehicle ID No. - At the top right side in the "Remarks" block enter the institutional ID No. and type of vehicle.

Example: Sed (Sedan) Sub (Suburban) PU (Pick-up).

The following information is entered on a daily or operational period basis.

Day - Show the day of the week: SUN, MON, TUE, etc.

Date - Show the month and day: 7/28, 7/29, etc.

Regular Duty - Show the regular scheduled time assigned to work the shift that day: 0800-1600, 0001-0800, etc.) If it is a regular day off, show "RDO".

Activity - Enter one of the following symbols to indicate the type of assignment on the incident:

AR: Custodial Agency Representative - one per incident - Maj., Capt., Lt., or Sgt. only.

S: Section supervisor - person in charge of supervision of a major custodial function on the incident - Capt., Lt., or Sgt. only. If assigned to a strike team, show the strike team number.

Example: S-4383-G.

CL: Crew coverage line - Custodial coverage for crews on the fire line, i.e., CYA counselor attached to crews working the fire line or CDC CO's assigned to a crew for increased custodial supervision such as crews working residential areas on flood control operations. Show the crew numbers.

Example: CL-3, CL-kitchen. Explain in "Remarks" if the crew is from another camp.

CB: Crew coverage in incident base - Custodial coverage for crews off shift in the incident base. This is also used for stand-by time for officers assigned to crews currently not in the incident base and en route to and from the incident staging, feeding, transporting, etc. Used by CDC C/Os and CYA back-up overhead. Show the crew number.

Example: CB-5, CB-kitchen, etc. Explain in "Remarks" if the crew is from another camp.

P: Post coverage in home camp - Shift coverage behind personnel assigned to the incident. Show the request number and the name of the person you are replacing.

Example: P. Smith C-221

NOTE: For "post coverage" it is not necessary to complete the "Returned" block, Date/Time in Section II, "Incident Identification."

X: Other - Use as necessary. Explain in "Remarks."

CAL FIRE Fuel - When fuel paid for by CAL FIRE (i.e., CAL FIRE credit card, fire camp fuel truck, fire stations, etc.) is put into a custodial vehicle, enter the gallons delivered in the CAL FIRE Fuel column. Make the entry on the line for the date delivered.

On Shift - Enter the military time the activity starts.

Off Shift - Enter the military time the activity ends.

NOTE: On-shift/off-shift times should be rounded per each agency's internal policy.

Total Hours - Add ST hours and OT hours columns. Enter the sum of each in the appropriate boxes. **NOTE:** Total ST hours plus OT hours per a single calendar day cannot exceed 24 hours. **S.T. Hours** - Straight time hours - Normally scheduled work hours.

O.T. Hours - Overtime hours - All time not falling within regular scheduled duty hours or on RDOs.

NOTE: Subtract "on-shift" hours from "offshift" hours. Determine whether the difference falls within **regular duty time** or **overtime** as identified in the Regular Duty Shift column and enter as appropriate.

Complete the following information upon return to camp. (NOTE: Be sure to leave the completed estimated "incident" (pink) copy at the incident prior to leaving.)

Page # _____ **of** _____ - If more than one page is needed for a single order number, complete this box.

Signature - The employee will sign here, indicating that the times shown are true and correct to the best of his/her knowledge.

Remarks - Enter any explanation necessary to clarify information shown elsewhere on the form. This section may also be used by institutional base camps to list the names, titles, dates and number of hours charged for post coverage employees behind the officer on the incident.

Add all fuel deliveries in the "CAL FIRE Fuel" column. **Multiply** by "10" and enter the amount in the "Remarks" block (lower right-hand side) beneath "Total Miles" as "Less Fuel Credit."

Subtract "Less Fuel Credit" from "Total Miles" and show the difference as "Total Reimbursed Miles".

[\(see next section\)](#)

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