

## Mid and Upper Sacramento Region Levee Incident Tracking Sheet

Create an entry for each incident occurring on the levee system that is a distinct geographically defined problem area. Complete a cost tracking sheet for each incident to record resources used to remediate the problem.

Name of Levee Maintaining Agency:

Name/Designator for Flood Event:  
(Obtain from your Operational Area)

Entry #\_\_:

Incident Name:

Incident Tracking No:

Date/Time Problem Identified:

Incident Location (e.g. Stationing, Levee Miles):

Incident Location (Lat/Long):

Description of Problem (Include type, dimensions, cause if known, rate of progression, method of discovery, etc.):

Entry #\_\_:

Incident Name:

Incident Tracking No:

Date/Time Problem Identified:

Incident Location (e.g. Stationing, Levee Miles):

Incident Location (Lat/Long):

Description of Problem (Include type, dimensions, cause if known, rate of progression, etc.):

Entry #\_\_:

Incident Name:

Incident Tracking No:

Date/Time Problem Identified:

Incident Location (e.g. Stationing, Levee Miles):

Incident Location (Lat/Long):

Description of Problem (Include type, dimensions, cause if known, rate of progression, etc.):

Entry #\_\_:

Incident Name:

Incident Tracking No:

Date/Time Problem Identified:

Incident Location (e.g. Stationing, Levee Miles):

Incident Location (Lat/Long):

Description of Problem (Include type, dimensions, cause if known, rate of progression, etc.):

Sheet # \_\_\_\_\_

Person Completing:

## Mid and Upper Sacramento Region Levee Incident Cost Tracking Sheet

Complete one form for each incident listed on Incident Tracking Sheet. Use continuation pages as needed.

Incident Name:			Incident Tracking Number:			Date/Time Work Started:			
Description of Remedial Work Performed:						Location (Lat/Long):			
						Enter hours worked/used. Day 1 is from date/time work started to midnight, then midnight to midnight			
Personnel (District, Direct Hire, M.A.)	#	Name/Crew #	Organization	Status (e.g. staff, volunteer)	Source for Cost/Employment Conditions (Contract#, Mutual Aid #; etc.)	Day 1	Day 2	Day 3	Day 4
	1								
	2								
	3								
	4								
	5								
6									
Equipment (District, Rental, M.A.)	#	Type and Identifier	Owner	Method of Acquisition	Source for Cost/Specifications (Contract#, PO#, Mutual Aid #; etc.)	Day 1	Day 2	Day 3	Day 4
	1								
	2								
	3								
	4								
	5								
Material (Direct Purchase)	#	Description	Source/Vendor	Method of Acquisition	Source for Cost/Specifications (Contract#, PO#, Mutual Aid #; etc.)	Amt Used on Day 1	Amt Used on Day 2	Amt Used on Day 3	Amt Used on Day 4
	1								
	2								
	3								
	4								
Contractor	#	Name of Company	Bids Solicited (Y/N)	Contract#/PO#	Contract Tasks (e.g. "All Remedial Work"; "Provide Material")	Day 1	Day 2	Day 3	Day 4
	1								
	2								
	3								
	4								

## Mid and Upper Sacramento Region Levee Incident Cost Tracking Sheet Continuation Page

Additional Days    Additional Resources

Use page to either 1) add additional days of work for resources identified on initial Incident Cost Sheet (Carry over Item # and Name/Designator only); or 2) add additional resources used that could not be listed on initial Cost Sheet. **DO NOT DO BOTH ON SAME SHEET**

Incident Name:				Date/Time Work Started:		Location: (include Lat/Long)			
Personnel (District or Mutual Aid)	#	Name/Crew #	Organization or Status (e.g. volunteer)	Method of Acquisition	Source for Cost/Employment Conditions (Contract#; Mutual Aid #; etc.)	Day ____	Day ____	Day ____	Day ____
Equipment (District, Rental, MA)	#	Type and Designator	Owner	Method of Acquisition	Source for Cost/Specifications (Contract#; PO#; Mutual Aid #; etc.)	Day ____	Day ____	Day ____	Day ____
Material (Direct Purchase)	#	Description	Source/Vendor	Method of Acquisition	Source for Cost/Specifications (Contract#; PO#; Mutual Aid #; etc.)	Day ____	Day ____	Day ____	Day ____
Contractor	#	Name of Company	Bids Solicited (Y/N)	Contract#/PO#	Contract Tasks (e.g. "All Remedial Work"; "Provide Material")	Day ____	Day ____	Day ____	Day ____

Individual Completing: \_\_\_\_\_ Date/Time Submitted: \_\_\_\_\_ Sheet #: \_\_\_\_\_ Continuation from Sheet #: \_\_\_\_\_