

DEPARTMENT OF HOMELAND SECURITY  
 Federal Emergency Management Agency  
**FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

O.M.B. Control Number: 1660-0017  
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**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimates includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0017). **NOTE: Do not send your completed questionnaire to this address.**

|               |         |           |                 |
|---------------|---------|-----------|-----------------|
| APPLICANT     | PA ID # | PROJECT # | DISASTER        |
| LOCATION/SITE |         | CATEGORY  | PERIOD COVERING |

DESCRIPTION OF WORK PERFORMED

| TYPE OF EQUIPMENT  |                       | OPERATOR'S NAME | DATES AND HOURS USED EACH DAY |  |  |  |  |  |  | COSTS       |                |            |
|--|-----------------------|-----------------|-------------------------------|--|--|--|--|--|--|-------------|----------------|------------|
| INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE | EQUIPMENT CODE NUMBER |                 | DATE                          |  |  |  |  |  |  | TOTAL HOURS | EQUIPMENT RATE | TOTAL COST |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
| <b>GRAND TOTAL</b>   |                       |                 |                               |  |  |  |  |  |  |             |                |            |

**I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.**

|           |       |      |
|-----------|-------|------|
| CERTIFIED | TITLE | DATE |
|-----------|-------|------|