



# **POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136B** **GOVERNMENT PERSONNEL**

This form should be completed for government personnel costs incurred for each day of removal activity.

## **How to complete this form:**

1. **FPN/CERCLA Number:** The FPN of CERCLA case number assigned to the incident.
2. **Date:** The date that costs are reported.
3. **Parent Unit:** The parent unit of the party completing the form. The command for CG reports (i.e., MSO Hampton Roads, Station Portsmouth) or the regional office, division and field office for EPA (i.e., Region X, Emergency Response Division, Portland Field Office).
4. **FOSC or Representative/Lead Trustee Signature:** Certification by the FOSC. The FOSC certifies that the personnel listed were authorized for the date being reported.

## **Government Personnel**

Supply the following information for each person involved in removal activities.

5. **Name:** First and last names of the government personnel involved in removal activities.
6. **Pay Grade/Labor Category:** Pay grade or labor category of the personnel involved in removal activity (i.e., 04, E5, GS12).
7. **Duty:** Specific duty during removal activity (i.e., monitor, driver, FOSC).
8. **Hours:** Actual hours spent performing removal duty; see page 29, item 2.
9. **Standard Rate:** The standard rate for the pay grade/labor category in accordance with OMB Circular A-87. Attach the agency's standard rate table or information presenting the computation and derivation of the rate (may be completed by agency's accounting office).
10. **Total Cost:** The standard rate multiplied by the hours (may be completed by the agency's accounting office).
11. **Office Use:** Used by NPFC Staff.
12. **Total Personnel Costs For This Date:** The sum of the amounts entered in the total column (may be completed by agency's accounting office).
13. **Remarks:** Any amplifying information considered important by the FOSC for this particular day.