



# **POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E-1** **CONTRACTOR PERSONNEL**

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

## **How to complete form:**

- 1. FPN/CERCLA Number:** The FPN or CERCLA case number assigned to the incident.
- 2. Date:** Report the date costs were incurred.
- 3. Contractor:** Name of contractor; indicate if supporting documentation is attached.

## **Contractor Personnel**

Provide the following information for each individual.

- 4. CLIN:** The applicable contract line item number.
- 5. Name:** First and last names of contract personnel involved in removal activity.
- 6. Job Description:** What was the employees job (i.e., supervisor, equipment operator, laborer). This may require an abbreviation to be entered.
- 7. Hours Employed:** The starting and ending times during which the personnel were performing removal activities.
- 8. Total Hours:** Hours spent performing removal duty.
- 9. Hourly Rate:** The hourly rate of pay for personnel.
- 10. Rate Charge:** The number of hours multiplied by the hourly rate of pay.
- 11. Per Diem:** Per diem costs incurred by the personnel. This assumes a flat rate per diem is authorized by the contract. Otherwise, per diem costs should be documented as other expenses on the CG-5136E-3 form.
- 12. Total Cost:** The sum of the Rate Charge and the Per Diem costs.
- 13. Total Personnel Costs For This Date:** The sum of the amount entered in the Total column.
- 14. Contractor's Certification:** Contractor's certification of the validity of the information presented.
- 15. FOSC/Trustee Signature:** Certification by the FOSC/Lead Trustee. The FOSC certifies that personnel listed were authorized for the date reported. **The FOSC does not certify contract rates or costs.**