

# EMERGENCY ACTIVITY RECORD (OES F-42)

(Rev. June/2016.59)

**PLEASE READ THE INSTRUCTIONS ON THE BACK SIDE OF THIS PAGE.**



In order to expedite reimbursement for cooperative agreement for local government fire suppression responses, all information on this form must be filled out completely and accurately. It is the responsibility of the strike team leader, single resource, or overhead position to ensure that the Cal OES Fire and Rescue Division has received all OES F-42's associated with the specific assignment within the time frame required.

Please read the instructions on the inside cover of this form to complete the Emergency Activity Record (OES F-42).

This form should also be used to track mutual aid responses.

**ONCE COMPLETED, MAIL FORM TO:**

**Cal OES Fire and Rescue Division, 3650 Schriever Ave, Mather, CA. 95655**

**(916) 845-8711**

## INSTRUCTIONS FOR THE EMERGENCY ACTIVITY RECORD (OES F-42)

PLEASE CHECK THE APPROPRIATE BOX INDICATING METHOD OF PAY (I.E., PORTAL TO PORTAL, ACTUAL HOURS, OR AN APPROVED PERSONNEL ROTATION)

**PORTAL TO PORTAL** (If checked): In box 5, enter Portal to Portal dates/hours.

**ACTUAL HOURS** (If checked): In box 13, enter all dates, start times and end times for actual hours worked under the ST column only.

- If Overhead or Supplemental Personnel, utilize box 13 **ONLY** to document name, rank, job title and actual hours worked. Supplemental Personnel are required to complete columns for ST (straight time hours worked) and OT (overtime hours worked).
- If more than one personnel is assigned, enter names, rank or job title in box 12.

**APRVD. PERSONNEL ROTATION** (If checked): In box 12, for an approved personnel rotation, document incoming and outgoing personnel (if personnel are from the same agency) **AND** in box 9 or 10, indicate the appropriate mode of transportation for reimbursement.

- 1. AGENCY DESIGNATOR:** The 2-letter State designator must be completed for the first two blocks as follows (CA, NV, AZ, NM, CO, ID, OR). The next three blocks are for your department's 3-letter identifier as listed in the Field Operations Guide (FOG) ICS 420-1, Appendix B. **Do not use the Operational Area (County) code (XLA, XOR, XTB) or another agency's 3-letter identifier that has accompanied your agency.**
- 2. STRIKE TEAM/TASK FORCE NUMBER:** The MACS 410-2 unique identifier for each Strike Team/Task Force assigned at time of dispatch. (Example: OES-1801-A, XAL-2004-A).
- 3. INCIDENT ORDER NUMBER:** A unique identifier assigned to each incident. Assigned at time of incident occurrence, this includes the 2-letter State designator; the 3-letter identifier of the ordering agency, forest or unit; and a sequential incident number. (Example: CA-ANF-14321, NV-HTF-1128).
- 4. INCIDENT REQUEST NUMBER:** A unique identifier for the resource (A, C, E, O, or S) requested for the incident. The 3-letter identifier preceding the request number indicates the agency financially responsible for the resource. (Example: LAC E-26, OKL O-276).
- 5. DISPATCH INFORMATION:** This section is for use by agencies who have an MOU/MOA/GBR or equivalent that indicate personnel are to be compensated for Portal to Portal reimbursement as well as those agencies that are to be compensated for actual hours worked. This section is noted to capture the totality of commitment. Indicate "Incident" Name and Reporting Location. "Complex" is the term applied to a series of large fires or incidents in close proximity. "Mobilization Center" is an off-incident location where personnel and equipment are temporarily located pending assignment, release or reassignment.
  - Committed to Incident:** Enter the date and time the resource responded to the incident, complex or mobilization center. Use 24-hour clock (military time).
  - Return from Incident:** Enter the date and time the resource arrived at its final destination. Use 24-hour clock (military time).
  - Redispached:** If resource was redispached to another incident/mobilization center before returning to home station, indicate time/date redispached, new incident name, end date, order and request number(s), and start a new OES F-42. Use 24-hour clock (military time).
- 6. DISPATCHED FROM:** Use only incident information related to the incident you were dispatched from.
- 7. REDISPACHED INFORMATION:** Enter the incident name, start date, new order and request number(s) and start a new OES F-42 form with the new order information and request number(s). Indicate the name of the incident you were dispatched from in box 6.
- 8. OVERHEAD INFORMATION: (REQUIRED for Overhead/ST/TFL positions)** If the "Overhead Position" box is checked, enter the ICS position title. (Example: Food Unit Leader, Division Group Supervisor). All overhead/trainee positions *except* STEN (T) require a separate OES F-42 and request ("O") number.
- 9. SUPPORT VEHICLE:** To be completed by Leader/Overhead/Support personnel that require the use of a support vehicle at the incident. Reimbursement payment is based on the vehicle type and who owns the vehicle. Ensure that the appropriate box for your vehicle type is checked and record the license number. (If the license number is not available, use the VIN or Serial #). The "Other" box or "Other" line is to be used when the vehicle being described is not covered by the listed boxes (e.g., utility, bulldozer). Rental vehicles and associated fuel will be reimbursed for actual cost. Receipts must be submitted to OES with a completed and signed "Travel Expense Claim Reimbursement Log" (F-142A), and ROSS resource order of approved rental. If you were assigned from one incident to another, each respective ordering incident will need to validate and approve the rental vehicle costs noted above, with each cost broken out by incident. **Do not submit all associated cost to one incident if multiple assignments are involved.**
- 10. PRIVATELY OWNED VEHICLE INFORMATION (POV):** Enter the beginning odometer reading at the time of commitment, and the ending odometer reading at the time of return or redispach from the incident. Enter the total miles traveled for each respective incident assigned. **Enter POV license number in Section 9.** Payment is based on mileage. **Do not submit receipts for fuel as the POV mileage rate includes a fuel component.**
- 11. EQUIPMENT RESOURCE INFORMATION:** Complete all information requested. Use the Field Operations Guide (FOG) ICS 420-1, Chapter 11, for reference as to the typing of Engines/Rescue/Equipment. Not all equipment will have a license plate number, therefore a VIN, or if no VIN, a serial number will be required on equipment without a plate number. **Engine reimbursement is based on the gallons-per-minute (GPM) rating of the main pump. This rating may be found on the manufacturers specification plate located on the pump panel.**
- 12. PERSONNEL INFORMATION:** Enter the number of personnel claimed. List the name and rank of all personnel, including the last 4 digits of their Social Security Number (SSN). Identify CDF personnel or Paid Call Firefighter (PCF) by checking the appropriate box in the associated column. If additional information is required, start a new OES F-42 titled "Page 2," and attach it to the original. If this OES F-42 is for rotation of personnel, please verify that the "Aprvd. Personnel Rotation" box has been checked.
  - Personnel Replacement/Rotation:** When either an individual or entire company is rotated/replaced, indicate name, rank, and the last 4 digits of their SSN. If a mode of transportation is claimed, and/or additional space is required, start a new OES F-42 titled "Page 2," and attach to the original. Be sure to indicate the date/time of rotation in box 14 and attach to the original OES F-42 which indicates the previous personnel assigned. "Approved" personnel rotation **MUST** follow the procedures outlined in Exhibit C of the California Fire Assistance Agreement (CFAA) if reimbursement is requested for the vehicle used during the rotation.
- 13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PERS. - REQUIRED TO COMPLETE BOTH "ST & OT"):** To be completed by overhead and/or apparatus personnel who **DO NOT** have a MOU/MOA/GBR or equivalent for Portal to Portal reimbursement, and will be compensated at actual hours worked. Actual hour personnel must complete and document each date worked indicating the start and end time for each day. Supplemental Personnel are required to complete the date and *both* "ST Start" and "ST End" time, *and* "OT Start" and "OT End" time. Overtime hours for supplemental personnel will begin after the first eight hours worked within an "actual worked" 40 hour work week.
- 14. COMMENTS:** Use this section to provide pertinent information about your assignment and/or resources such as equipment breakdowns, personnel change/rotation, damage/loss, division assignments, etc. If additional comment space is required, indicate on "Unit/Activity Log" (ICS 214) and attach.
- 15. COMPENSATION CLAIMS:** If you filed any compensation claim(s) paperwork with the incident, check "Yes" and attach all relative paperwork that may be needed for documentation/reimbursement and a completed and signed "Travel Expense Claim Reimbursement Log" (F-142A) if it applies and follows Exhibit H requirements, otherwise, check "No".
- 16. SUPPLY NUMBER:** If you obtained a Supply ("S") Number(s), indicate the number(s) and attach all required documentation, such as a "General Message" form (ICS 213) signed by either the Incident Commander, Finance Section Chief or Incident Business Advisor before demobilization. The "General Message" form (ICS 213), all receipts, and any other relative information must be submitted to OES with a completed and signed "Travel Expense Claim Reimbursement Log" (F-142A) if it applies, following Exhibit H requirements.
- 17. RESPONDING AGENCY INFORMATION:** To be completed by the department/agency of the resource responding. Check the appropriate box if you are a Department of Defense (DoD) or Tribal fire agency. Include **YOUR** contact phone number in case you need to be contacted for further information and/or questions. **DO NOT PROVIDE YOUR ADMINISTRATIVE OFFICE PHONE NUMBER.**
- 18. INCIDENT INFORMATION:** To be completed by the designated incident personnel. Check appropriate box for jurisdiction of fire.

**ALL F-42'S MUST BE SIGNED BY DESIGNATED INCIDENT PERSONNEL AND BY THE ON-SCENE CAL OES AGENCY REPRESENTATIVE (IF ASSIGNED)**

**PLEASE PROVIDE EXPLANATION OF ANY CHANGES OR CORRECTIONS, PRINT NAME, TITLE & SIGN.**

