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 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 listed in the Field Operations Guide (FOG) ICS 420-1, Appendix B. Do not use the Operational Area (County) code (XLA, XDR, XTG) 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 uses by agencies who have an MOU/MAA/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: “Compound” is the term used to a series of large fires or incidents in close proximity. “Mobile Resource Center” is an off-incident location where personnel and equipment are temporarily located pending assignment, release or reassignment. 6. Dispatched To: 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). Redeployed: If resource was redeployed to another incident/mobilization center before returning to home station, indicate time/date redeployed, new incident name, end date, and order and request number(s), and start a new OES F-42. Use 24-hour clock (military time). 7. REDISTRIBUTED FROM: Use only incident information related to the incident you were dispatched from. 8. REDISTRIBUTED TO: 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. 9. OVERHEAD INFORMATION: (REQUIRED for Overhead/ST/TFL positions): If the “Overhead Position” box is checked, enter the ICS position (e.g., Example: Food Unit Leader, Division Group Supervisor). All overhead/traine positions except STN (T) require a separate OES F-42 and request (“O”) number. 10. Equipment 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 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 value used during the rotation. 11. PERSONNEL INFORMATION – ACTUAL HOURS (SUPPLEMENTAL PERSONNEL – REQUIRED TO COMPLETE BOTH “ST & OT”): To be completed by overhead and/or apparatus personnel who DO NOT have a MOU/MAA/GBR or equivalent for Portal to Portal reimbursement, and will be compensated at actual hours worked. Actual hour personnel must complete and document each hour they 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” to hour work week. 12. SUPPLY NUMBER: If you obtained a Supply (“S”) Number(s), indicate the number(s) and attach all associated 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. 13. RESPONSING 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. 14. 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)
### Equipment Resource Information

**Apparatus:**
- Type: 1, 2, 3, 4, 5, 6, 7
- CDF / OES Vehicle

**Unit #:**
- License #: [Provide VIN/Serial # only if license unavailable]
- GPM: [Provide GPM of rear pump panel spec. pump]

### Support Vehicle Information

**Vehicle Ownership:**
- Agency
- USFS
- BLM
- NPS
- BIA
- FWS
- Other:

**Vehicle Type:**
- Sedan
- SUV
- Van
- Pick-Up (% Ton)
- Other (% Ton & Above)

**License #:**
- [Provide VIN/Serial # only if license unavailable]
- [Provide GPM of rear pump panel spec. pump]

### Overhead Information

- Strike Team Leader or Task Force Leader
- Strike Team Leader or Task Force Leader (Trainee)

**Overhead Position (ICS Title):**
- ____________________________________________________________________________

### Dispatched From

**Incident Name:**
- Start Date: ______________________
- End Date: _______________________

**Reporting Location:**
- ____________________________________________________________________________

### Dispatched Information

**Incident Name:**
- Reporting Location: __________________________

**To:**
- Incident
- Complex
- Mobilization Center (Not Staging Area)

**Committed to Incident:**
- Date: ______________________
- Time (24 Hour): ______________________

**Return from Incident:**
- Date: ______________________
- Time (24 Hour): ______________________

**Redispatched:**
- Date: ______________________
- Time (24 Hour): ______________________

### Incidents and Vehicle Information

**Beginning Odometer:**
- 11.10.

**Ending Odometer:**
- 11.10.

**GPM:**
- ____________________________________________________________________________

**Committed to Incident:**
- ____________________________________________________________________________

**Reporting Location:**
- ____________________________________________________________________________

**To:**
- Incident
- Complex
- Mobilization Center (Not Staging Area)

**Redispatched:**
- ____________________________________________________________________________

**Reporting Location:**
- ____________________________________________________________________________

**To:**
- Incident
- Complex
- Mobilization Center (Not Staging Area)

**Redispatched:**
- ____________________________________________________________________________

**Reporting Location:**
- ____________________________________________________________________________

**To:**
- Incident
- Complex
- Mobilization Center (Not Staging Area)

### Comments (Equipment Breakdowns, Personnel Change, Division Assignment, Damage / Loss, Etc.)

**Date/Time:**
- ____________________________________________________________________________

**Supplies: **
- ____________________________________________________________________________

**Personnel: **
- ____________________________________________________________________________

**Compensation:**
- ____________________________________________________________________________

**Response:**
- ____________________________________________________________________________

**Apparatus:**
- ____________________________________________________________________________

**Unit #:**
- ____________________________________________________________________________

**License #:**
- ____________________________________________________________________________

**GPM:**
- ____________________________________________________________________________

**Incident Name:**
- ____________________________________________________________________________

**Reporting Location:**
- ____________________________________________________________________________

**To:**
- Incident
- Complex
- Mobilization Center (Not Staging Area)

**Redispatched:**
- ____________________________________________________________________________

**Reporting Location:**
- ____________________________________________________________________________

**To:**
- Incident
- Complex
- Mobilization Center (Not Staging Area)

**Redispatched:**
- ____________________________________________________________________________

**Reporting Location:**
- ____________________________________________________________________________

**To:**
- Incident
- Complex
- Mobilization Center (Not Staging Area)