OPERATIONS BULLETIN # 8

Subject: Emergency Activity Record (Cal OES Form F-42) Revised 5/2010

- Personnel and Equipment Reimbursement: State and Federal Fire Agency Fires
- Response Documentation: Mutual Aid and other emergency responses.

BACKGROUND
The California Governor’s Office of Emergency Services (Cal OES) coordinates the movement of resources to fires and disasters within the California Fire and Rescue Mutual Aid System. Cal OES is also signatory to the California Fire Assistance Agreement (CFAA) with the U.S. Forest Service, California Department of Forestry and Fire Protection, National Park Service, U.S. Fish and Wildlife Service, U.S. Bureau of Land Management, and the Bureau of Indian Affairs, dealing with reimbursements to local government fire agencies on state and federal fire agency fire responses. A copy of the CFAA outlining the provisions and procedures for reimbursement is available from the Cal OES, Fire and Rescue Division, Sacramento and on our website at www.caloes.ca.gov/FireandRescue/Pages/Reimbursement.aspx.

PURPOSE
The Cal OES Form F-42 is utilized to record and substantiate the activities of Cal OES and local government apparatus, personnel, and equipment for mutual aid and other emergency responses. This form is the basis for the preparation of the Reimbursement Invoice (Cal OES Form F-142).

GENERAL
The Cal OES Form F-42 must be completed for responses to ALL State and Federal Fire Agencies (reimbursable), Mutual Aid (non-reimbursable), federal Fire Management Assistant Grant (FMAG), and gubernatorial or presidential declared disasters. The use of the Cal OES Form F-42 on day-to-day mutual aid responses is recommended. All California fire agencies should familiarize their personnel with both the intent and use of this form.

PROCESSING
Following submission of the completed Cal OES Form F-42 to Cal OES, the Fire and Rescue Division will determine if the eligibility criteria for reimbursement has been met. Cal OES will initiate the invoicing process utilizing the information that your agency submitted. Cal OES will forward the Reimbursement Invoice to the Chief of the responding agency for verification and signature. When signed by the responding agency, the invoice is to be returned to the Cal OES Fire and Rescue Division for submission to the appropriate agency for payment.

NOTE: Time limits apply to the submission of the original F-42 and return of the F-142. To keep your department's reimbursement claim valid, submit all paperwork as soon as possible.
INSTRUCTIONS:

See attached sample Cal OES Form F-42s and Instructions. It is your responsibility to ensure that all information is accurate and the form is completed.

1. A supply of Cal OES Form F-42s is to be maintained in each Cal OES Vehicle Logbook, Strike Team Leader (STEN) Kit, or vehicle. Photocopies are not acceptable.

2. The Form F-42 will be used for Strike Team/Task Force Leaders (and Trainees), Overhead positions, and emergency apparatus.

3. The Form F-42 should be started as soon as practical after initial dispatch. Blank forms may be obtained from any Cal OES Agency Representative or Cal OES apparatus. The instructions are on the back of the white cover sheet of the Form F-42.

4. At most emergency operations, a Cal OES Agency Representative (or a Strike Team / Task Force Leader) will be available to assist with the completion of the form.

5. On State and Federal Fire Agency incidents, emergency apparatus and personnel are subject to re-dispatch to a new incident, with emergency apparatus and personnel often working on numerous fire incidents before returning to their home base. To accurately process Invoices, a separate Cal OES Form F-42 must be completed for each incident. The new Incident Order and Request Number must be included on each activity record. In all cases, the Mutual Aid User’s Representative must sign the Cal OES Form F-42 (Block 14). Two exceptions may apply; one is when a resource is diverted to a new incident while in route, and the other is when a resource is cancelled in route. In either case, it is the responsibility of the responding agency to ensure incident signature is obtained by contacting their Cal OES Region Assistant Chief for assistance.

6. To prevent delays in reimbursement, it is extremely important for all information on the Cal OES Form F-42 is filled out completely, accurately, and legibly.

NOTE: If the Cal OES Form F-42 is NOT collected at the incident by a Cal OES Fire and Rescue Agency Representative, the white copy of the record(s) must be submitted to:

Fire and Rescue Division
California Governor’s Office of Emergency Services
3650 Schriever Avenue
Mather, CA 95655
INSTRUCTIONS FOR THE EMERGENCY ACTIVITY RECORD - FORM-42 (5/2010)

1. AGENCY DESIGNATOR: The State 2-letter designator will need to 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, YOR, XTB).

2. STRIKE TEAM TASK FORCE NUMBER: MACS 410-2 unique identifier for each Strike Team/Task Force assigned at time of dispatch. (Example: CES-1501-A, XAL-2004-A)

3. INCIDENT ORDER NUMBER: A unique identifier assigned to each incident. Assigned at time of incident occurrence, includes the two-letter State designator, the 3-letter identifier of the ordering agency, forest, or unit, and a sequential incident number. (Example: CA-AME-1301, NV-HTP-1128)

4. INCIDENT REQUEST NUMBER: A unique identifier for the resource (A, C, E, D, 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 C-276)

5. DISPATCH INFORMATION: “Incident Name and Reporting Location is the name and location of the incident. “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 realignment.

   Committed to Incident: Time and date resource responded to the incident, complex or mobilization center. Use 24-hour clock (military time).
   Return from Incident: Time and date resource will arrive at its final destination. Use 24-hour clock (military time).
   Redispatched: If resource was re-dispatched to another incident/mobilization center before returning to home station, do not fill in return time. Indicate Time and Date re-dispatched, new incident order & request number(s), and start a new Cal EMA F-42. Ensure information is correct. Use 24-hour clock (military time).
   Dispatched From: Use only incident information related to the incident you were dispatched from.

6. REDISPATCHED INFORMATION: REQUIRED if a resource is re-dispatched. Enter the new Order and Request Number(s) and start a new Cal EMA F-42 with the new Order and Request Number(s). Indicate the name of the incident you were dispatched from.

7. OVERHEAD INFORMATION: Required for Overhead/STAFF positions. If the Overhead box is checked, enter the ICS position title (Food Unit Leader, Division Group Supervisor). All overhead/strategic positions except STS are required to separate F-42 and request CDS number.

8. SUPPORT VEHICLE: To be completed by Leader/Overhead/Support personnel that required the use of a support vehicle at the incident. Reimbursement payment is based on the vehicle type and who owns the vehicle. Be sure to check the appropriate box for your vehicle and to record the License number (if license number is not available, use VIN or Serial #). The “OTHER” box should only be used when the vehicle being described is not covered by the listed boxes (i.e., utility, etc.).

9. PRIVATELY OWNED VEHICLE INFORMATION: Enter the beginning odometer reading at the time of commitment and the ending odometer reading at the time of return or realign from the incident. Enter the total miles traveled. Enter POV license number in Section 8. Payment is based on mileage.

10. EQUIPMENT RESOURCE INFORMATION: Complete all the information requested. Use the Field Operations Guide (FOG) ICS 420-1, Chapter 11, for reference as to the typing of Engine/Firetruck/equipment. Please remember that not all equipment has a license plate number, therefore fill in VIN or if no VIN, then a serial number will be required on equipment without a plate number. Effective in 2004, engine reimbursement is based on the gallons-per-minute (GPM) rating of the main pump. This rating may be found on the manufacturer’s specification plate on the pump panel.

11. 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. Identify CALFIRE personnel as Schedule A (Sch A), Schedule B (Sch B) or Paid Cal Fire Fighter (PCF). If additional information is required, use a new F-42 titled “Page 2”, and attach to the original. If this F-42 is for rotation of personnel, please check the “Yes” box.

   Personal replacement/rotation: When either an individual or entire company is rotated/replaced, indicate name, rank, and last 4 digits SSN. If mode of transportation is claimed, and/or additional space is required use a new F-42 titled “Page 2”, and attach to the original. (Note: If this F-42 is for rotation of personnel, please check the “No” box.)

12. COMMENTS: Use this section to provide general information about how your resource was utilized on the incident (e.g., division assignments), and to describe any out-of-service status such as equipment breakdown. If additional comment space is required, indicate on ICS-214 Unit Log and attach.

13. RESPONDING AGENCY INFORMATION: To be completed by the department/agency resource responding. Include the contact 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 the Designated Incident Personnel and by the on-scene Cal EMA Agency Representative. (If assigned)

PLEASE PROVIDE EXPLANATION OF ANY CHANGES OR CORRECTIONS, PRINT NAME, TITLE, AND SIGN.
### Strike Team Leader or Task Force Leader/Trainee

<table>
<thead>
<tr>
<th>Name</th>
<th>ROE</th>
<th>Task Force</th>
<th>Task Force Level</th>
<th>Contact Information</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lopez, Lindsey</td>
<td>BIC</td>
<td>BIC</td>
<td>BIC</td>
<td>(XXX) 555-6632</td>
<td>No</td>
</tr>
</tbody>
</table>

### Check-In/Out Dates
- Check-In: 10/16
- Check-Out: 10/19
- Division: DIV
- City of Orange Fire Dept.
- Team Leader/Task Force Leader/Trainee:
  - Lopez, Lindsey

### Other Information
- Personal Rotation: No
- 1234 - 5078
- No

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**PLEASE PROVIDE EXPLANATION OF ANY CHANGES OR CORRECTIONS, PRINT NAME, TITLE AND SIGN**
**EMERGENCY ACTIVITY RECORD (Revision 5/2010)**

**Date:** 10/16/09

**Location:** SAN DIEGO, CA

**Incident Name:** MOUNTAIN

**Number of Personnel on Assignment:** 4

**Personal Rotation:**
- [ ] Year
- [x] 4x

**Do Communication Only:**
- [ ] Yes

**Name and Rank/Title:**
- STONE, RAY CAPT
- DRAKE, STEVE ENG
- DYLAN, BOB FF
- WOLF, JANET FF

**Incident Time:**
- 0600
- 2200

**Date:**
- 10/16/09
- 10/19/09

**Disposition:**
- 10/16: CHECK-IN
- 10/17: DIV Y
- 10/18: DIV Y
- 10/19: OFF SHIFT - DEMOB

**Support Vehicle Information:**
- CITY OF ORANGE FIRE DEPT.
  - RAY STONE (XXX) 565-8632

**Equipment Information:**
- ENGINE
  - Type: [ ] SF [ ] I [ ] H [ ] K
  - Unit: 621
  - E-221855
  - GPM: 1600

**Distribution:**
- CAL FIRE

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