

INSTRUCTIONS FOR THE EMERGENCY ACTIVITY RECORD - FORM-42

- 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 code (XLA, XOR) or another agency's 3-Letter identifier that has accompanied your agency.**
- 2. STRIKE TEAM/TASK FORCE NUMBER:** 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. "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 date and time the resource arrived 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, indicate date/time re-dispatched, 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. REDISPATCHED 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.
- 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 # is not available, use the VIN or Serial #).** 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 Resource Order Form 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 the 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.
- 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 Fire Fighter (PCF) by checking the appropriate box in the associated column.
 - Personnel Replacement/Rotation:** When either an individual or entire company is rotated/replaced, indicate name, rank, and the last 4 digits SSN. Be sure to indicate the date/time of rotation in Box 14. "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:** To be completed by overhead and/or apparatus personnel who **DO NOT** have an 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.
- 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. LOSS/DAMAGE:** If you field any loss or damage 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-142-A) 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 "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 resource responding. Check the appropriate box if you are a Department of Defense (DoD). 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 THE DESIGNATED INCIDENT PERSONNEL AND BY THE ON-SCENE CAL OES AGENCY REPRESENTATIVE (IF ASSIGNED)