OPERATIONS BULLETIN # 8

Subject: ***Emergency Activity Record (Cal OES Form F-42) Revised 6/2026***

- ***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 Branch, Sacramento and on the Cal OES Administration/Reimbursement Webpage.

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 Branch 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 responding agency for verification and signature. When signed by the responding agency, the invoice will be returned to the Cal OES Fire and Rescue Branch for submission to the appropriate agency for payment.

NOTE: Exhibit A of the CFAA outlines time frames that apply to each stage of reimbursement submission to keep your department's reimbursements timely.

OPERATIONS BULLETIN # 8

MARS/F-42s:

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. Local government fire agency responders are required to sign up for a Mutual Aid Reimbursement System (MARS) account to access the electronic F-42.

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. Draft F-42s can be saved in MARS under each fire agency account. The instructions are linked at the top of the F-42 entry screen or can be found on the Cal OES website.

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 18). 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* and *accurately*.**

Instruction Page

INSTRUCTIONS FOR THE EMERGENCY ACTIVITY RECORD - FORM-42 (MARS)

1. **AGENCY DESIGNATOR:** 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. **RESOURCE TYPE:** 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-014321, NV-HTF-01128).
4. **INCIDENT REQUEST NUMBER:** A unique identifier for the resource (A, C, E, or O) requested for the incident. **MUST** include subordinate number(s). (Example: E-2.1, O-123.4).
5. **DISPATCH INFORMATION:** This section reflects the total commitment.
   - **Incident Name:** Auto populates from box 3.
   - **Reporting Location:** Reporting Location **MUST** be a physical location. (Example: 123 Main Street, Sacramento, CA, Cal Expo Fairgrounds).
   - **Committed to Incident:** Enter the date and time the resource responded to the incident. 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 before returning to home station, indicate date/time re-dispatched. Use 24-hour clock (military time). **MUST** complete box 7 and start a new Cal OES F-42.
6. **DISPATCHED FROM:** Use only incident information related to the incident you were dispatched from.
   - **Search Old Incident:** Previous incident name.
   - **End Date:** Date redispatched from old incident.
   - **Old Incident Request Number:** Previous incident request number. **MUST** include subordinate number(s). (Example: E-2.1, O-123.4)
7. **REDISPATCHED INFORMATION:** Use only incident information related to the incident you were redispatched to.
   - **Search New Incident:** New incident name.
   - **Start Date:** Start date of new assignment.
   - **Old Incident Request Number:** New incident request number. **MUST** include subordinate number(s). (Example: E-2.1, O-123.4)
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 require a separate Cal 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. 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 Cal OES with a completed and signed "Expense Claim Reimbursement Log" (F-142A), and Resource Order Form of approved rental. **DO NOT** submit all associated costs to one incident if the rental vehicle is used on multiple assignments.
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 redispatch from the incident. 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:** Use the Field Operations Guide (FOG) ICS 420-1, Chapter 11, for reference as to the typing of Engines/ Equipment. Not all equipment will have a license plate number, if the license # is not available use the VIN or Serial #.
12. **PERSONNEL INFORMATION:** List the name and rank of all personnel. Identify CDF personnel by checking the CAL FIRE box. If personnel are from another agency, enter their 3-letter identifier. Once submitted, the system will split the F-42 for separate invoicing.
    - **Add Approved Personnel Rotation:** When either an individual or entire company is rotated/replaced, indicate the date/time of the incoming crew and outgoing crew. "Approved" personnel rotation **MUST** follow the procedures outlined in Exhibit "C" of the California Fire Assistance Agreement (CFAA). Ensure each individual is assigned the correct crew #.
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:** Provide information pertinent to your assignment and/or resources such as equipment breakdowns, personnel change/rotation, damage/loss, etc.
15. **LOSS/DAMAGE:** Check "Yes" if you filed any loss or damage paperwork with the incident. All relative paperwork **MUST** be attached to the F-42 and an "Expense Claim Reimbursement Log" (F-142-A) **MUST** be submitted following Exhibit H requirements. Check "No" if no loss or damage occurred.
16. **SUPPLY NUMBER:** If you received 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, Incident Business Advisor, or Agency Administrator. The ICS-213, all receipts, and any other relative documentation **MUST** be submitted with the "Expense Claim Reimbursement Log" (F-142A), following Exhibit H requirements.
17. **RESPONDING AGENCY INFORMATION:** To be completed by the department/agency resource responding. Include **YOUR** phone number for any additional or clarifying information and/or questions needed. **DO NOT PROVIDE YOUR ADMINISTRATIVE OFFICE PHONE NUMBER.**
    - **Documentation Only:** Select ONLY if your department is NOT seeking reimbursement.
18. **INCIDENT INFORMATION:** This **MUST** be completed by the designated incident personnel. Select the appropriate paying entity.

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

Strike Team Engine

CORRECT F-42 - STRIKE TEAM EXAMPLE

1-4. AGENCY/INCIDENT

Field	Value
1. AGENCY DESIGNATOR	CA-LNA
2. RESOURCE TYPE	XYU-3300-TF
3. INCIDENT ORDER NUMBER	CA-AEU-123456
4. INCIDENT REQUEST NUMBER	E-20002.2

5. DISPATCH INFORMATION

Field	Value
INCIDENT NAME	MARS TRAINING (3/4/26)
REPORTING LOCATION	RANCHO CORDOVA, CA
COMMITTED TO INCIDENT	3/4/2026 0800
RETURN FROM INCIDENT	
REDISPATCHED	3/17/2026 1100

6. DISPATCHED FROM

Field	Value
OLD INCIDENT NAME	PREVIOUS INCIDENT
OLD INCIDENT ORDER NUMBER	CA-KNF-123456
OLD INCIDENT REQUEST NUMBER	E-10001.1
END DATE	3/4/2026

7. REDISPATCHED INFORMATION (START A NEW F-42 IF REDISPATCHED)

Field	Value
NEW INCIDENT NAME	NEXT INCIDENT
NEW INCIDENT ORDER NUMBER	CA-RRU-123456
NEW INCIDENT REQUEST NUMBER	E-30003.3
START DATE	3/17/2026

8. OVERHEAD

Field	Value
OVERHEAD INFORMATION	

Field	Value
ICS TITLE	

9 - 10 SUPPORT VEHICLE INFORMATION

Vehicle Ownership	License	Type	Begining Odometer	Ending Odometer	Total Miles

11. EQUIPMENT RESOURCE INFORMATION

Field	Value
APPARATUS	ENGINE
UNIT NUMBER	E 369
CDF/OES VEHICLE	
SPECIAL EQUIPMENT	

Field	Value
RESOURCE TYPE	1
LICENSE NUMBER or VIN	CA98765
FEMA EQUIPMENT	

Name/Code	License Number	Description

Name/Code	License Number	Description

Time Period	Start Date	Start Time	End Date	End Time	Hobbs Meter Start Hours	Hobbs Meter End Hours	Flight Hours or Minimum Availability
						Total Hours:	0

12. PERSONNEL INFORMATION

Outgoing Crew No.	Incoming Crew No.	Outgoing Crew End Date/Time	Incoming Crew Start Date/Time	Ownership	Vehicle Type	License Number	Beginning Odometer	Ending Odometer	Total Miles
1	2	3/15/2026 1000	3/15/2026 0800	Agency	Pick-Up (1/2 Ton)	CA12345			

12. PERSONNEL INFO

Name (Last, First)	MACS ID	Rank or Job Title	Start Date/Time	End Date/Time	CAL FIRE	Base	P-T-P
[illegible], MICHAEL	LNA	Co. Officer/Capt./Lt.	3/4/2026 0800	3/17/2026 1100	☐	☐	☑
HARPER, WILLIAM	LNA	App. Officer/Eng	3/4/2026 0800	3/17/2026 1100	☐	☐	☑
JAMES, ANDREW	LNA	Firefighter/FF-PMedic	3/4/2026 0800	3/15/2026 1000	☐	☐	☑
DANIEL, JOE	LNA	Firefighter/FF-PMedic	3/4/2026 0800	3/15/2026 1000	☐	☐	☑
HARPER, CHRISTIAN	LNA	Firefighter/FF-PMedic	3/15/2026 0800	3/17/2026 1100	☐	☐	☑
HILL, MADLLINE	LNA	Firefighter/FF-PMedic	3/15/2026 0800	3/17/2026 1100	☐	☐	☑

13. ACTUAL HOURS

Date	Start	End	Hours
		Total hours	0

14. COMMENTS

Date	Time	Comment
3/4/2026	0800	REDISPATCHED FROM PREVIOUS INCIDENT
3/15/2026	0800	APPROVED CREW ROTATION (JAMES/DANIEL SWAPPED OUT FOR HARPER/HILL)
3/17/2026	1100	REDISPATCHED TO NEXT INCIDENT

15-16. SUPPLY NUMBER

Field	Value
15. LOSS/DAMAGE CLAIM	No
16. SUPPLY NUMBER	S-21, 213

17. RESPONDING AGENCY INFORMATION

Field	Value
AGENCY NAME	Linda Fire Protection District
DOCUMENTATION ONLY (F-42 non-reimbursable)	No
YOUR NAME	MICHAEL BENNETT
YOUR PHONE NUMBER	(916) 969-8707
YOUR TITLE	CAPTAIN
SIGNATURE OF RESPONDING AGENCY PERSONNEL	

* SEE BOX 17 FOR ATTACHMENTS

Overhead Position

CORRECT F-42 - OVERHEAD EXAMPLE

1-4. AGENCY/INCIDENT

Field	Value
1. AGENCY DESIGNATOR	CA-LNA
2. RESOURCE TYPE	OVERHEAD
3. INCIDENT ORDER NUMBER	CA-AEU-123456
4. INCIDENT REQUEST NUMBER	O-1.1

5. DISPATCH INFORMATION

Field	Value
INCIDENT NAME	MARS TRAINING (3/4/26)
REPORTING LOCATION	RANCHO CORDOVA, CA
COMMITTED TO INCIDENT	3/4/2026 1800
RETURN FROM INCIDENT	
REDISPATCHED	3/17/2026 1200

6. DISPATCHED FROM

Field	Value
OLD INCIDENT NAME	
OLD INCIDENT ORDER NUMBER	
OLD INCIDENT REQUEST NUMBER	
END DATE	

7. REDISPATCHED INFORMATION (START A NEW F-42 IF REDISPATCHED)

Field	Value
NEW INCIDENT NAME	NEXT INCIDENT
NEW INCIDENT ORDER NUMBER	CA-RRU-123456
NEW INCIDENT REQUEST NUMBER	O-2.2
START DATE	3/17/2026

8. OVERHEAD

Field	Value	Field	Value
OVERHEAD INFORMATION	Overhead Position	ICS TITLE	DIVS

9 - 10 SUPPORT VEHICLE INFORMATION

Vehicle Ownership	License	Type	Begining Odometer	Ending Odometer	Total Miles
Agency	CA12345	Other (3/4 Ton & Above)			

11. EQUIPMENT RESOURCE INFORMATION

Field	Value	Field	Value
APPARATUS		RESOURCE TYPE	
UNIT NUMBER		LICENSE NUMBER or VIN	
CDF/OES VEHICLE			
SPECIAL EQUIPMENT		FEMA EQUIPMENT	

Name/Code	License Number	Description	Name/Code	License Number	Description

Time Period	Start Date	Start Time	End Date	End Time	Hobbs Meter Start Hours	Hobbs Meter End Hours	Flight Hours or Minimum Availability
						Total Hours:	0

12. PERSONNEL INFORMATION

Outgoing Crew No.	Incoming Crew No.	Outgoing Crew End Date/Time	Incoming Crew Start Date/Time	Ownership	Vehicle Type	License Number	Beginning Odometer	Ending Odometer	Total Miles

12. PERSONNEL INFO

Name (Last, First)	MACS ID	Rank or Job Title	Start Date/Time	End Date/Time	CAL FIRE	Base	P-T-P
CARTER, MASON	SAC	Chief	3/4/2026 1800	3/17/2026 1200	☐	☐	☑

13. ACTUAL HOURS

Date	Start	End	Hours
		Total hours	0

14. COMMENTS

Date	Time	Comment
3/4/2026	1800	COMMITTED TO INCIDENT
3/17/2026	1200	REDISPATCHED TO NEXT INCIDENT

15-16. SUPPLY NUMBER

Field	Value
15. LOSS/DAMAGE CLAIM	No
16. SUPPLY NUMBER	S-23, MEALS, 213

17. RESPONDING AGENCY INFORMATION

Field	Value
AGENCY NAME	Linda Fire Protection District
DOCUMENTATION ONLY (F-42 non-reimbursable)	No
YOUR NAME	MASON CARTER
YOUR PHONE NUMBER	(916) 845-8707
YOUR TITLE	CHIEF
SIGNATURE OF RESPONDING AGENCY PERSONNEL	Mason Carter

* SEE BOX 17 FOR ATTACHMENTS