PREPAREDNESS GUIDELINE
PREPOSITION/MOBILIZATION (RESOURCE APPROVAL FORM)

IN_____COUNTY   REG._____   INCIDENT NAME OES Preposition/Mobilization-_____

This is to inform you of a buildup of emergency service resources in your area due to a possible emergency event.

It is sent to you by the State Fire and Rescue Coordinator from Cal OES Headquarters in Mather, California.

This information is intended to assist you with planning & prepositioning for the possibility of an impending emergency.

TYPE OF EVENT_____Preparedness/Mobilization_____   OES CONTROL NUMBER_____CA-OES-_____

REASON FOR EVENT_____

INITIATION   DATE _____   TIME_____   EVENT LEVEL_____

Local Government Incident Management Team(s)_____

Cal OES Fire Duty Chief

Name_____   Phone Number_____ (916) 845-8670_____

Resources

Engine(s):   **Location of Resource(s)**_____

Number of Local Government Engine(s)   Type 1_____   Type 2_____   Type 3_____   Type 6_____

Number of Cal OES Engine(s)   Type 1_____   Type 3_____   Type 6_____

Dozer(s):   **Location of Resource(s)**_____

Number of Local Government Dozer(s)   Type 1_____   Type 2_____

Water Tender(s):   **Location of Resource(s)**_____

Number of Local Government Water Tender(s)   Type 1_____   Type 2_____

Number of Cal OES Water Tender(s)   Type 1_____

Aircraft: **Location of Resource(s)**_____

Number of Helicopter(s)_____

Sent by_____   Contact Number_____

Date_____   Time_____

Hand Crew(s):   **Location of Resource(s)**_____

Number of Local Government Hand Crew(s)   Type 1_____   Type 2IA_____   Type 2 _____

Overhead: **Location of Resource(s)**_____

Number of Personnel   Dispatchers_____Incident Management Team_____

# of RTF_____   RTF #_____   **Location of Resource(s)**_____

# of SF-S&R_____   SF-S&R #_____   **Location of Resource(s)**_____

Need Date_____   Need Time_____   End Date_____   End Time_____

Extension(s)   Number_____   Date_____   Time_____   Approved By_____

Logistical Support

Approved	Denied	N/A		Fuel_____
Approved	Denied	N/A		Food_____
Approved	Denied	N/A		Lodging_____
Approved	Denied	N/A		Misc._____

Cal OES Fire Chief_____**Date**_____

    Moderate   **Approved**   **Denied (Correspondence to follow on specifics for denial)**

Cal OES Deputy Fire Chief_____**Date**_____

    Severe   **Extreme**   **Approved**   **Denied (Correspondence to follow on specifics for denial)**