



MARS CHECK LIST

Local Fire Agency



MAKE SURE...

- Box 1: AGENCY DESIGNATOR:** Your local agency's MACS ID is listed
- Box 2: RESOURCE TYPE:** The Strike Team or Task Force number is formatted correctly (AAA-1234-A/AA)
- Box 4: INCIDENT REQUEST NUMBER:** Your subordinate request numbers are being used
- Box 5: DISPATCH INFORMATION:** Timeframes provided correlate with Box 12
REDISPATCHED: This field is filled out only when responding to another incident
REPORTING LOCATION: The reporting location is specific ("ICP" is not favorable)
- Box 6: DISPATCHED FROM:** This field is completed when responding from another incident
END DATE: The end date from the previous incident is entered here
OLD INCIDENT REQUEST NUMBER: You include your subordinate request numbers
- Box 7: REDISPATCHED INFORMATION:** This field is completed when responding to another incident
START DATE: The start date of the new F-42 is entered here
NEW INCIDENT REQUEST NUMBER: You include your subordinate request numbers
- Box 8: OVERHEAD:** ICS position from your resource order is completed using the search bar
- Box 9: SUPPORT VEHICLE INFORMATION:** You list your support vehicle only one time on the F-42. Do not duplicate the vehicle information in Box 11
- Box 10: PRIVATELY OWNED VEHICLE:** POV mileage is appropriate or justified if excessive
- Box 11: EQUIPMENT RESOURCE INFORMATION:** Apparatus and equipment are not duplicated
UNIT NUMBER: The apparatus number is listed
OWNERSHIP: Box is checked ONLY when the apparatus is owned by Cal OES or CAL FIRE
SEARCH FEMA CODES: Equipment/License is not duplicated
- Box 12: PERSONNEL INFORMATION:**
ADD APPROVED PERSONNEL ROTATION: This is only used for approved crew rotations and documentation is uploaded in Box 17
ADD PERSONNEL: Timeframes provided correlate with Box 5 and titles are selected from the dropdown list
- Box 13: ACTUAL HOURS:** Hours provided are not equivalent to portal-to-portal
- Box 14: COMMENTS:** Only information pertinent to reimbursement is entered
- Box 16: SUPPLY NUMBER:** You indicate reimbursable expenses AND complete an Expense Claim
- Box 17: RESPONDING AGENCY INFORMATION:**
SIGNATURE OF RESPONDING AGENCY PERSONNEL: An actual signature is provided
DOCUMENTATION ONLY: This box is ONLY checked when not claiming reimbursement
ATTACH FILE: You attach relevant documentation AND complete an Expense Claim
- Box 18: INCIDENT INFORMATION – PAYING AGENCY ONLY:** ONLY the Authorized Incident Personnel signs