

# F-42 Emergency Activity Record

Revision (5/2010)



### Please read instructions on back side of this page.

In order to expedite reimbursement for cooperative agreement for local government fire suppression responses, all information on this form must be filled out completely and accurately. It is the responsibility of the strike team leader, single resource, or overhead position to ensure Cal EMA Fire and Rescue has received all F-42s associated with the specific assignment in the time frame required. Please use the instructions on the inside cover to complete the Emergency Activity Record (F-42), (this form should also be used to track mutual aid responses).

MAIL TO: Cal EMA Fire & Rescue Division, 3650 Schriever Avenue, Mather, CA, 95655 (916) 845-8711

#### **EMERGENCY ACTIVITY RECORD (Revision 5/2010)**

	Number 4, incident Request 3 Letter ID ID 1	Number Number FIRE RESCUE
Dispatch Information:	11. [Personnel Information:	
cident Name:	Number of Personnel on Apparatus: Pe	ersonnel Rotation Yes No
sporting Location:	(For personnel rotation, document mode of transportation	on in Block #8) DOCUMENTATION ONLY
o: Incident Complex Mobilization Center (Not Staging Area)	Name (Last Name First) Classi	ification/Rank Last 4 Digits of SSN CAL FIRE
ommitted to Incident: Time (24 hr): Date:		
eturn from Incident: Time (24 hr): Date:		
edispatched: Time (24 hr); Date:		
Dispatched From:		
OLD Incident Order Number OLD Request Number  State 3 Letter ID Number 3 Letter ID ID Number		
	1	
Redispatched Information: (Start new F-42 if redispatched)		
NEW Incident Order Number NEW Request Number  State 3 Letter ID Number 3 Letter ID ID Number	12. Comments: (Division Assignments, Reassignments, Eq. Date/Time:	uipment Breakdowns, Personnel Change, etc.)
Overhead Information; ST(TF) Leader / ST(TF) Leader (Trainee) / Overhead		
Strike Team Leader or Task Force Leader Strike Team Leader or Task Force Leader (Trainee)		
Overhead Position (ICS Title):		
Support Vehicle Information: ST(TF)Leader / Overhead / Support Vehicle	2000	
phicle Ownership: Agency Privately Owned Vehicle CAL FIRE/Cal EMA Vehicl	cie	
cense #: (Provide Vin/Serial # only if license is not available)		
heck One Only) Sedan Van S.U.V. Pick-up 1/2 Ton	••••	
Other 3/4 Ton & Above Other:	13. Responding Agency Information: Agency/Department Name:	
Privately Owned Vehicles Only: eginning Odometer: Total Miles:	Signature:	Title:
	Printed Name:	Phone:
:   Equipment Resource Information:	14 Uncident Information;	
paratus: Type: 1 2 3 4  (e.g. Engine, Water Tender, Air Crash Rescue, etc.)	USFS CAL FIRE BLM NPS	BIA F&WS Other
Unit No:CAL FIRE/Cal EMA Vehicle	Signature of Designated Incident Personnel	ICS Position/Title:
CDM.	Printed Name:	Date:

Distribution:

WHITE: Cal EMA Fire and Rescue, 3650 Schriever Avenue, Mather, CA. 95655 (916) 845-8711

(Provide Vin/Serial # only if License is not available)

PINK: Incident Finance Section

Cal EMA Representative:

GOLDENROD: Responding Agency

Date:

(Rated GPM of main pump per

pump panel specifications plate)

### F-78 Shift – Civilian Personnel Emergency Activity Record



#### Shift – Civilian (Non-Portal to Portal) Personnel

Personnel (civilian) that do not routinely respond to emergencies (non-portal to portal) will be reimbursed for actual time worked using THIS form. If there is an MOU or governing body resolution that dictates the specific civilian position is to be reimbursed portal to portal for the total time committed to an emergency incident, and is NOT contingent upon any state or federal reimbursement, use the standard Emergency Activity Record (Form F-42).

### Please read instructions on back side of this page.

In order to expedite reimbursement for cooperative agreement for local government fire and emergency assistance responses, and all mutual aid responses, all information on this form must be filled out completely and accurately. It is the responsibility of the overhead personnel to ensure Cal EMA Fire and Rescue has received all F-78s associated with the specific assignment in the time frame required. Use the instructions on the inside cover to complete the Shift-Civilian Personnel Emergency Activity Record (F-78).

MAIL TO: Cal EMA Fire & Rescue Division, 3650 Schriever Avenue, Mather, CA, 95655 (916) 845-8711

# F-42 Emergency Activity Record

Revision (5/2010)



## Complete Instruction are on the back of this page!







### Please read instructions on back side of this page.

In order to expedite reimbursement for cooperative agreement for local government fire suppression responses, all information on this form must be filled out completely and accurately. It is the responsibility of the strike team leader, single resource, or overhead position to ensure Cal EMA Fire and Rescue has received all F-42s associated with the specific assignment in the time frame required. Please use the instructions on the inside cover to complete the Emergency Activity Record (F-42), (this form should also be used to track mutual aid responses).

MAIL TO: Cal EMA Fire & Rescue Division, 3650 Schriever Avenue, Mather, CA, 95655 (916) 845-8711

#### INSTRUCTIONS FOR THE EMERGENCY ACTIVITY RECORD - FORM-42 (5/2010)

- 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, XOR, XTB).
- 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).
- 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-ANF-14321, NV-HTF-1128)
- 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, OK), O-276)
- 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 reassignment.

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.

- 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.
- OVERHEAD INFORMATION: Required for Overhead/ST/TFL positions. If the Overhead box is checked enter the ICS position title (Food Unit Leader, Division Group Supervisor).
   All overhead/trainee positions except STEN (T) require a separate F-42 and request ("O") number.
- 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" boxfine is to be used when the vehicle being described is not covered by the listed boxes (i.e. utility, etc.).
- 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 redispatch 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 Engines/Resoue/Equipment. Please remember that not all equipment has a license plate number, therefore a 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.
- 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
  CAL FIRE personnel as Schedule A (Sch A), Schedule B (Sch B) or Paid Call 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.

Personnel replacement/rotation: When either an individual or entire company is rotated/replaced, indicate name, rank, and last 4 digits SSN. If a mode of transportation is claimed, and/or additional space is required use a new F-42 titled "Page 2", and attach to the original F-42. Be sure to indicate the date/time of rotation in Box 12.

- 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 Regresentative. (If assigned)

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

# F-42 Emergency Activity Record



### Must utilize a document of 6/2000 or later

Please read instructions on back side of this page.

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MAIL TO: Cal EMA Fire & Rescue Division, 3650 Schriever Avenue, Mather, CA, 95655 (916) 845-8711

**EMERGENCY ACTIVITY RI** n 5/2010) 1. Agency Designator 2. Strike Team/Task Force # Incident Request Number State 3 Letter ID 3 Letter ID Number Ltr State 3 Letter ID Number 3 Letter ID ID Dispatch Information: 11. Personnel Information: Incident Name: Number of Personnel on Apparatus: Personnel Rotation Reporting Location: (For personnel rotation, document mode of transportation in Block #8) DOCUMENTATION ONLY Incident Earliest authorized version F-42 Return from Incident: revision date of 6/2000 Redispatched: Dispatched From: OLD Incident Order Number State 3 Letter ID Number 3 Letter ID ID Number Redispatched Information: (Start new F-42 if redispatched). NEW Incident Order Number NEW Request Number 12. Comments: (Division Assignments, Reassignments, Equipment Breakdowns, Personnel Change, etc.) 3 Letter ID Number Overhead Information: ST(TF) Leader / ST(TF) Leader (Trainee) / Overhead Strike Team Leader or Task Force Leader Strike Team Leader or Task Force Leader (Trainee) Overhead Position 8. Support Vehicle Information: ST(TF)Leader / Overhead / Support Vehicle Vehicle Ownership: Privately Owned Vehicle CAL FIRE/Cal EMA Vehicle (Provide Vin/Serial # only if license is not available) S.U.V. Pick-up 1/2 Ton (Check One Only) Sedan 13. Responding Agency Information: Other 3/4 Ton & Above Other: Agency/Department Name 9. Privately Owned Vehicles Only: Signature: Beginning Odometer: Ending Odometer: Total Miles: Printed Name: Phone: 10. Equipment Resource Information:

Distribution:

(e.g. Engine, Water Tender, Air Crash Rescue, etc.)

(Provide Vin/Serial # only if License is not available)

WHITE: Cal EMA Fire and Rescue, 3650 Schriever Avenue, Mather, CA. 95655 (916) 845-8711

PINK: Incident Finance Section

USFS CALFIRE BLM

Signature of Designated Incident Personnel

14 Incident Information:

Cal EMA Representative:

Printed Name:

GOLDENROD: Responding Agency

F&WS

BIA

ICS Position/Title:

Date:

Date:

Apparatus:

License #:

Unit No:

CAL FIRE/Cal EMA Vehicle

(Rated GPM of main pump per

pump panel specifications plate)

		VIERGENCY ACTIVITY R	ECORD (Revision	4/2005)	
	2. Strike Team/Task Force #	3. Incident Order	Number	4. Incident Request	Number
State 3 Letter ID	3 Letter ID Number Ltr	State 3 Letter ID	Number	3 Letter ID ID	Number
CAMLV					
Dispatch Information:			(1) Personnel information		
ident Name:			Number of Personnel or	Apparatus:	Personnel Rot

Block 1 = State in which your agency resides.

And Your agencies 3 letter ID found in the FOG or FIRESCOPE 410-2 Document (never copy another agencies identifier).

			<b>EMERG</b>	ENCY ACTI	VITY RECORD (Revision	n 4/2005)		
1. Agency Designator		IK Force #	3, 1	Jo	cident Order Number	4 Inci	dent Req	uest Number
State 3 Letter ID	3 Lett 1D	Number Lt	r State	3 Letter ID	Number	3 Letter ID	ID	Number
CAMVL	XMR	2 1 7 5 C						
Dispatch Information:					Personnel Information:			
ident Name:					Number of Personnel	on Apparatus:		Personnel Rot

Box # 2 Your Strike Team identifier or...

1. Agency Designator	2. Strike T	eam/Task Force	#	3.		ncident Order	Number			Incident	Request Number	Š
State 3 Letter ID	3 Letter ID	Number	Ltr	State	3 Letter ID		Number	1	3 Letter	ID ID	Number	1
CAMVL	OVE	RHEA	D									
Dispatch Information:							15. Personnel information	er en eacear Consideration				
sident Name:						···	Number of Person	nel on Ap	paratus:		Personnel R	łot

Box # 2 ...the word "overhead" when assigned as a single resource overhead.

EMERC NCY ACTIVITY RECORD (Revision 4/2005)

1. Agency Designator State 3 Letter ID | Number | Ltr | State 3 Letter ID | Number | Ltr | State 3 Letter ID | Number | Ltr | State 3 Letter ID | Number | Ltr | State 3 Letter ID | Number | Ltr | State 3 Letter ID | Number | Ltr | State 3 Letter ID | Number | Ltr | State 3 Letter ID | Number | Ltr | State 3 Letter ID | Number | Ltr | Number | Ltr | State 3 Letter ID | Number | Ltr | State 3 Letter ID | Number | Ltr | Ltr | Number | Ltr | Lt

Box # 3 The Incident order number, established by the incident, should be received with your ROSS or 101 Card "resource order" information. All "resource orders" for an incident will have the same number.

1. Agency Designator
State 3 Letter ID

CAMVL

XMR2 1 75A

CACNF 12345

Dispatch Information:

| Number | State | 3 Letter ID | Number | Ltr | State | 3 Letter ID | Number | Ltr | State | 3 Letter ID | Number | Ltr | State | 3 Letter ID | Number | Ltr | State | 3 Letter ID | Number | Ltr | State | 3 Letter ID | Number | Ltr | State | 3 Letter ID | Number | Ltr | State | 3 Letter ID | Number | Ltr | State | 3 Letter ID | Number | Ltr | Ltr | State | 3 Letter ID | Number | Ltr | Ltr

EMERGENCY ACTIVITY RECORD (Revision 4/2005)

Box # 4 Is the Incident Request number, issued by the incident, this info should be received with your resource ordering information. This number is specific to each resource ordered.

The 3 letter ID is for the responsible agency (agency of jurisdiction).

# Alpha letter identifying

E – Equipment, O – Overhead, A – Aircraft, C – Crews, and a number, usually sequential as more resources of that type are requested by the incident.

Incident Order Number 1. Agency Designator Incident Request Number 3 Letter ID 3 Letter ID 3 Letter ID ID CACNE Incidem ame: Number of Personnel on Apparatus: Personnel Rotation (For personnel rotation, document mode of transportation in Block #8) DOCUMENTATION ONLY Reporting Location: Incident Complex Mobilization Center (Not Staging Area) Committed to incident: Time (24 hr): Return from Incident: Time (24 hr): Redispatched: Dispatched From: 3 Letter ID 3 Letter ID ID (Start new F-42 if redispatched) NEW Incident Order Number NEW Bequest Number 1/2 Comments: (Division Assignments: Reassignments: Equipment Breakdowns; Personner Changerete;) 3 Letter ID ID Box #5 & 6 Incident information, response times, tracking and re-dispatch to multiple incidents on one a mobilization. Privately Owned Vehicles Only: Beginning Odometer: 10. Equipment Resource Information: 14. Incident Information: Apparatus: (i.e. Engine, Water Tender, Air Crash Rescue, etc.) CDF USFS BLM NPS BIA F&WS Hnit No: CDF/OES Vehicle Signature of Designated Incident Personnel ICS Position/Title: License #: (Provide Vin/Serial # only If License is not available) (Rated GPM of main pump per OES Representative: Date: pump panel specifications plate) Distribution: WHITE: OES Fire and Rescue, 3650 Schriever Avenue, Mather, CA. 95655 (916) 845-8711 PINK: Incident Finance Section GOLDENROD: Responding Agency

**EMERGENCY ACTIVITY RECORD (Revision 4/2005)** 

ncident Name	Big	y Valley Inci	dent				
Reporting Loc	ation:	Incident Ba	ase				
o:	Incident	Complex	Mobilization Cer	iter (Not S	taging Ar	ea)	
Committed to	Incident:	Time (24 hr):		Date:			
Return from In	scident:	Time (24 hr):		Date:			
Redispatched:		Time (24 hr):		Date:	23141 2000 03		
Dispatch	ed From:			(5) KSS	10000000		
2000	OL	D Incident Order Nur	nber		OLO	Request	Number
State	3 Letter II		Number	31	etter ID	ID	Number
. Redispat	ched Informat	tion: (Start new F-42)	f redispatched)			32577	Hilliam Program
	NE	W Incident Order Nu	nbet	0.00	AND REAL PROPERTY.	Request	Number
Selfer	Section of the sectio	D	Number	777	etter ID	I ID I	Number

Incident Name is assigned by the agency of jurisdiction. Reporting location may be identified on the order, there are 5 places that are approved reporting locations, it is recommended to check-in with "plans" (check-in) to be sure the incident knows you have arrived and you get on the "plan".

Check the "INCIDENT" box unless your orders indentify you have been assigned to a "COMPLEX" or "MOBILIZATION CENTER".

ncident N	lame:		Vled	era						
Reporting	Local	tion:		Castle AF	B - Check	-in				
Го:		Inciden	t	Complex	Mobiliza	ation Center (N				0
Committe	d to Ir	cident:		Time (24 hr):	0600	Date:	08/	28/	201	2
Return fro	m Inc	ident:		Time (24 hr):		Date:				
Redispato	hed:			Time (24 hr):	1500	Date:	08/	28/	201	2
Disp	atche	d From:		Incident Order No	imber			OLD	Reque	st Number
St	ate	3 Let	ter ID	F	Number		3 Letter	rID	ID	Number
Red	spate	hed Info	rmatio	n: (Slart new F-42	if redispatched)		L		Ш	
			-	Incident Order N	A STATE OF THE PARTY OF THE PAR				and the Person Name of Street, or other Designation of the Person of the	st Number
St	ate	3 Let	ter ID		Number		3 Letter	r ID	ID	Number
		1 /		00223	2			10	<u>-</u>	123

The 12 hour "free" period is eliminated when requested to a Mob Center.

Assignment to a Mobilization Center will require a "re-assignment" to an incident and starting another F-42 once your assignment is identified.

Do not leave the MOB center with out completing paperwork with the AREP; a new F-42 with NEW Incident order and request numbers and checking out as you would at any incident.

ncident Nam	e:Big	Bar Comp	lex			
Reporting Lo	cation:	Big Bar ch	eck-in			
o: _	Incident	Complex	Mobilization Cent	er (Not Staging Ar	ea)	
Committed to	Incident:	Time (24 hr):	D	ate:		
Return from I	ncident:	Time (24 hr):	D	ate:		
Redispatched	f:	Time (24 hr):	D	ate:		
Dispatci	ned From:					
					See	Number
12705.000		O Incident Order Nu	mber	OLO	Rednest	CEGITIOUT
State	3 Letter ID		mber Number	3 Letter ID	ID	Number
П	3 Letter ID		Number	The second secon		
П	3 Letter ID		Number if redispatched)	3 Letter ID	ID	

Assignment to a COMPLEX may require a "re-assignment" to an incident in the complex and starting another F-42 once your assignment is identified.

ncident Name:	Big	y Valley Inc	cident		04/251-60-0/10		
Reporting Loca	ation:	Incident E	Base				
o: XX	Incident	Complex	Mobiliz	ation Center (N	lot Staging Ar	rea)	
Committed to I	incident:	Time (24 hr):	0500	Date:	08/2	22/20	12
Return from In	cident:	Time (24 hr):	2100	Date:	08/2	24/20	12
Redispatched:		Time (24 hr):		Date:			
Dispatche	ed From:		Street of Colons		90 1000		
	And the second second second	D Incident Order N	umber	V - 100		Request	Number
State	3 Letter II		Number		3 Letter ID	ID.	Number
Redispate	ched Informa	tion: (Start new F-4	2 if redispatched)				
	NE	Wincident Order N	lumber		NEW	Request	Number
32,50		AND DESCRIPTION OF THE PARTY OF	Number		3 Letter ID	TIDI	Number

Committed to the incident time starts when the request is received by your agency on IA or Immediate Need and when your apparatus is staffed and ready to respond on "planned need".

ncident Name	Big	Valley Inc	cident				
Reporting Loc	ation:	Incident E	Base				
o:	Incident	Complex		ation Center (N			
Committed to	Incident:	Time (24 hr):	0500	Date:	08/2	22/20	)12
Return from Ir	scident:	Time (24 hr):	2100	Date:	08/2	24/20	)12
Redispatched		Time (24 hr):		Date:			
		the same of the sa		Dure.			
Dispatch	ed From:						
Dispatch		D Incident Order N	lumber		OLO	Reques	t Number
Dispatch		D Incident Örder N	lumber Number		OLD 3 Letter ID	Reques	t Number Number
STORES.	OL	D Incident Örder N					
State	3 Letter ID	D Incident Örder N	Number				
State	3 Letter ID	D Incident Order N	Number 2 if redispatched)		3 Letter ID	ID	

Return from the incident time ends when your apparatus returns to your station. When approved by the incident, coordinated with the AREP up to 2 hours of "reready" time may be added to your "return from incident" time if your equipment and personnel were engaged in a "meaningful" assignment. DO NOT enter the "return from incident" time until clearing "DEMOB" and checking out with the AREP.

ncident Name: Big	g Valley Inc				
Reporting Location:	Incident E	Base	S. Y. H. / YOE/ S. 113		
To: Incident Committed to Incident:	Complex Time (24 hr):	Mobiliz	zation Center (Not	Staging Area) 08/22/2	2012
Return from Incident:	Time (24 hr): Time (24 hr):	1500	Date:	08/24/2	2012
Dispatched From:	<b>元是在30人员企业</b>				
	Dο		otch	od	it Number
State 3 Let	Re-	Disp	atch	ed	it Number Number
20000000000		Disp	atch	ed	The second secon
State 3 Let  State 3 Let  Redispatched Information	ntion: (Start new F-4	Disp 2 if redispatched)			The second secon

Re-dispatch can only take place when approved by the "home agency" Fire Chief. Once approved and a new incident "order and request" Is received, a new F-42 will be started. The "re-dispatch" time on the initial F-42 and the "committed to the incident" time on the new F-42 must match, no overlap or lapse in time. When Re-Dispatched; the initial F-42 box 6 will identify the "new" Incident order and request number.

On a re-dispatch, do not enter a "return from incident" time.

ncident Name: Se	econd Incident				
Reporting Location:	Incident Base	)			
To: Incident Committed to Incident:	Complex Time (24 hr): 150	Mobilization Cent	ter (Not St		·/2012
Return from Incident:	Time (24 hr):		ate:		
Redispatched:	Time (24 hr):	D	ate:		
Dispatched From:		_			
State 3 Let	Re-D	•		ed	t Number Number
State 3 Let   State   3 Let		ispato GAIN		ed	ACCUMULATION OF THE PARTY OF TH
6. Redispatched Info	EW Incident Order Number	GAIN		NEW R	ACCUMULATION OF THE PARTY OF TH

Third Incident dispatch still needs to be approved by the "home agency" Fire Chief.

Once approved and the new incident "order and request" is received, a third F-42 will be started. The "re-dispatch" and "committed to the incident" on all F-42 must match, accounting for all hours with no over-lap.

When Re-dispatched; the initial F-42 box 6 will identify the "new" Incident order and request number.

nciden	t Name:	Inc	cident #1					
Reporti	ing Loca	tion:	check-in					
То:	XX	Incident	Complex		zation Center (N			140
Commi	tted to Ir	ncident:	Time (24 hr):	0800	Date:	01/0	)1/20	)12
Return	from Inc	ident:	Time (24 hr):		Date:			
Redisp	atched:		Time (24 hr):	1500	Date:	01/0	)2/20	)12
D	spatche			e de la composição de l		901 (1.09) (2.0)		
28	State	3 Letter	D Incident Order Nu	Imber Number	37/4-1/m	OLD 3 Letter ID	Reques	Number Number
				1101110-01		T		
. IRe	edispate	hed Informa	tion: (Start new F-42	if redispatched)	9 89 89 8 1			649950 982
	State	NE 3 Letter I	W incident Order No	omber Number		NEW 3 Letter ID	Committee of the Commit	t Number Number
		ICIDEI			ND ' '	REQ		

Initial order and request starting at the home agency, (Incident #1). Proper approval is in place and a new order and request (Incident # 2 is received and resource de-mobed and sent to the new incident, (#2).

Incident Name:	cident #2		
Reporting Location:	check-in		
To: Incident Committed to Incident:	Complex Time (24 hr):	Mobilizatio	on Center (Not Staging Area)  Date: 01/02/2012
Return from Incident: Redispatched:	Time (24 hr): Time (24 hr):	2000	Date: 01/03/2012
Dispatched From:	F-1000	rieding productivity	
RESIDENTIAL AND PROPERTY.	LD Incident Order No	imber	OLD Request Number
INCIDEN	IT ORI	DER AN	ND REQUEST #1
INCIDEN  6. Redispatched Informs		if redispatched)	NEW Request Number

Incident #2 order and request is recorded on the second F-42. The "committed to the incident" time on F-42 #2 must match the "re-dispatch" time & date on F-42 # 1. Proper approval is in place and a new order and request is received and the resource de-mobilized and sent to the new incident, (#3).

Incident Name:	cident #3				
Reporting Location:	check-in				
To: XXIncident	Complex	Mobilizat	ion Center (No	t Staging Area)	
Committed to Incident:	Time (24 hr):	2000	Date:	01/03/2	2012
Return from Incident:	Time (24 hr):	0900	Date:	01/04/2	2012
Redispatched:	Time (24 hr):		Date:		
Dispatched From:				10000	
			CONTRACTOR STATE	OLD Requi	est Number
	OLD Incident Order Nu		CERTAIN MADE		
INCIDEN			ND F	REQUEST	
INCIDEN	NT ORE	DER AN	ND F		
INCIDEN  6. Redispatched Inform	NT ORE	DER AN	ND F	REQUEST	

Incident #3 order and request is recorded on the third F-42. The "committed to the incident" time on F-42 #3 must match the "re-dispatch" time & date on F-42 # 2. Resource is released demobilized and will be home by 0900 hrs.

#### **EMERGENCY ACTIVITY RECORD (Revision 5/2010)**

	Number 4, incident Request 3 Letter ID ID 1	Number Number FIRE RESCUE
Dispatch Information:	11. [Personnel Information:	
cident Name:	Number of Personnel on Apparatus: Pe	ersonnel Rotation Yes No
sporting Location:	(For personnel rotation, document mode of transportation	on in Block #8) DOCUMENTATION ONLY
o: Incident Complex Mobilization Center (Not Staging Area)	Name (Last Name First) Classi	ification/Rank Last 4 Digits of SSN CAL FIRE
ommitted to Incident: Time (24 hr): Date:		
eturn from Incident: Time (24 hr): Date:		
edispatched: Time (24 hr); Date:		
Dispatched From:		
OLD Incident Order Number OLD Request Number  State 3 Letter ID Number 3 Letter ID ID Number		
	1	
Redispatched Information: (Start new F-42 if redispatched)		
NEW Incident Order Number NEW Request Number  State 3 Letter ID Number 3 Letter ID ID Number	12. Comments: (Division Assignments, Reassignments, Eq. Date/Time:	uipment Breakdowns, Personnel Change, etc.)
Overhead Information; ST(TF) Leader / ST(TF) Leader (Trainee) / Overhead		
Strike Team Leader or Task Force Leader Strike Team Leader or Task Force Leader (Trainee)		
Overhead Position (ICS Title):		
Support Vehicle Information: ST(TF)Leader / Overhead / Support Vehicle	2000	
phicle Ownership: Agency Privately Owned Vehicle CAL FIRE/Cal EMA Vehicl	cie	
cense #: (Provide Vin/Serial # only if license is not available)		
heck One Only) Sedan Van S.U.V. Pick-up 1/2 Ton	••••	
Other 3/4 Ton & Above Other:	13. Responding Agency Information: Agency/Department Name:	
Privately Owned Vehicles Only: eginning Odometer: Total Miles:	Signature:	Title:
	Printed Name:	Phone:
:   Equipment Resource Information:	14 Uncident Information;	
paratus: Type: 1 2 3 4  (e.g. Engine, Water Tender, Air Crash Rescue, etc.)	USFS CAL FIRE BLM NPS	BIA F&WS Other
Unit No:CAL FIRE/Cal EMA Vehicle	Signature of Designated Incident Personnel	ICS Position/Title:
CDM.	Printed Name:	Date:

Distribution:

WHITE: Cal EMA Fire and Rescue, 3650 Schriever Avenue, Mather, CA. 95655 (916) 845-8711

(Provide Vin/Serial # only if License is not available)

PINK: Incident Finance Section

Cal EMA Representative:

GOLDENROD: Responding Agency

Date:

(Rated GPM of main pump per

pump panel specifications plate)

Overhead Position	Task Force Leader Strike Team I	Leader or Task Force Leader (Trainee)
Support Vehicle Information	ST(TF)Leader / Overhead / Support Veh	icle
Vehicle Ownership:Ag	pency Privately Owned Vehicle (Provide Viol	CAL FIRE/Cal EMA Vehicle Serial # only if license is not available)
Other 3/4 Ton & Above		Pick-up 1/2 Ton
<ol> <li>Privately Owned Vehicles O Beginning Odometer:</li> </ol>	Ending Odometer:	Total Miles:
10. Equipment Resource Inform	nation:	
Apparatus:	Туре	: 1 2 3 4
(e.g. Engine, Wat	er Tender, Air Crash Rescue, etc.)	7
License #: (Provide Vin/Seria	el# only if License is not available)	O Horsepow

Box #10 GPM Information; if your F-42 has Horsepower in this box, get an updated F-42, Don't have an updated form, write in GPM.

	ke Team Leader or Tasi		eam Leader or T	ask Force Leader (Trainee)
	100 CCC CCC CCC CCC CCC CCC CCC CCC CCC	CS Title):		
8. Support	Vehicle Information: S	T(TF)Leader / Overhead / Suppor	rt Vehicle	
14 # T	7 Single	resource i	dentif	fication
·	Onigic	103001001	acritii	Ication
(Check One C	niy) Sedan	Van S.U.V.	Pick-up 1	/2 Ton
Connect One o	my)			72 1011
Ott	er 3/4 Ton & Above	Other:		
9. Privately	Owned Vehicles Only:			
Beginning Oc	ometer:	Ending Odometer:		Total Miles:
10. Equipme	nt Resource Informatio	on:		
A CO. NO. CO. L. C. C. C.	for Englan Mater 7	ender, Air Crash Rescue, etc.)	Type: 1	L] <sup>2</sup> L] <sup>3</sup> L] <sup>4</sup>
Apparatus:		ender, zer Grasii Kescue, etc.)		
Apparatus:	(e.g. Engine, Water )			
Apparatus: Unit No:	(e.g. Engine, Water )		CAL	. FIRE/Cal EMA Vehicle
	(e.g. Engine, Water )		CAL	. FIRE/Cal EMA Vehicle
			GPM	
Unit No:		only if License is not available)		FIRE/Cal EMA Vehicle  (Rated GPM of main pump pump panel specifications p

VV	ke Team Leader or Task Ford rhead Position (ICS Titi	Cofoty		or Task Force Leader	(Trainee)
8. Support	Vehicle Information: ST(TF)	Leader / Overhead / Supp	oort Vehicle		
Vehicle Owne	rship: Agency	Privately Owned	d Vehicle	CAL FIRE/C	al EMA Vehicle
License #:		(Prov	ide Vin/Serial t	only if license is not a	available)
	11 N I		or (	T \ writa	in va
X # /	Conti	O			
X # /	Con't. N	01 a 5 11	_ 01 (	1) WITE	-III y
			_ 01 (	i ) wiite	-iii y
	Cont. Nad position		_ 01 (	i) wiite	-iii ye
			_ 01 (	i) write	-iii ye
erhea			_ 01 (	1) WIILE	-III y
erhea	ad positio		_ OI(	1 ) WITE	-111 yc
erhea	ad positio	n.		1 ) WIIIC	-III y(
erhea	ad position	n.		1	4
erhea	ad position	n.		1	4
erhea  10. Equipme Apparatus:  Unit No:	ad position	n.	Type:	1 2 3 CAL FIRE/Cal EMA Ve	4
erhea	ad position	Air Crash Rescue, etc.)	Type:	1	4 hicle

Overhead Position (ICS Title	):	
8. Iformation: ST(TF)L	eader / Overhead / Support Vehicle	
Vehicle Ownership: Agency	Privately Owned Vehicle	CAL FIRE/Cal EMA Vehi
License #:	(Provide Vin/Seria	# only if license is not available)
(Check One Only) Sedan	Van S.U.V. Pic	:k-up 1/2 Ton
		ik-up iiz roii
Other 3/4 Ton & Above	Other:	
9. Privately Owned Vehicles Only:		
Beginning Odometer:	Ending Odometer:	Total Miles:
x # 8 STL or O	verhead veh	icle informa  CAL FIRE/Cal EMA Vehicle  GPM:

Strike Team Leader or Task Fo	
	)Leader / Overhead / Support Vehicle
Vehicle Ownership: Agency License #: E 123456	Privately Owned Vehicle CAL FIRE/Cal EMA Vehicle (Provide Vin/Serial # only if license is not available)
(Check One Only) Sedan Other 3/4 Ton & Above	Van S.U.V. Pick-up 1/2 Ton Other:

Box #8 con't. Identify the "ownership" and the type of vehicle, and include the license number. If the vehicle has no license plates, only then use the VIN or Serial number.

Strike Tea	nm Leader or Task For Position (ICS Tit	<u> </u>	r Task Force Leader (Trainee)
Vehicle Ownership:	e Information: ST(TF	Neader / Overhead / Support Vehicle	CAL FIRE/Cal EMA Veh
(Check One Only)	Sedan	Van S.U.V. Pick-u	only if license is not available)
	Ton & Above	Other:	Total Miles:
	92300	92500	200

Box # 9 Only private vehicles require mileage to be recorded.

OSP 10 119341

PLEASE PROVIDE EXPLANATION OF ANY CHANGES O

Box # 10 Equipment (WT – Engines – Trucks etc.) identify kind and type, equipment ID or number and license number.

(Check One Or	nly)Sedan [ or 3/4 Ton & Above	Van S.U.V.	Pick-up 1/2 Ton	
THE RESERVE THE PARTY OF THE PA	Owned Vehicles Only:			
Beginning Odd	ometer:	Ending Odometer:	Total Mile	15:
1	ource Information:	entra Grenos Company		
Apparatus:	Engin	е	Type: 1 2	<b>XX</b>  3
15.660		er, Air Crash Rescue, etc.)		
Unit No:	3333		CAL FIRE/Cal	EMA Vehicle
License #:	E 22334	.4		
License #:		if License is not available)		PM of main pump p
Distribution:	WHITE: Cal EMA Fir	e and Rescue, 3650 Schriev	er Avenue, Mather, CA. 956	55 (916) 845-8711
WWW OSP 1	0 119341 PLEAS	SE PROVIDE EXPL	ANATION OF AN	Y CHANGE

## Box # 10 Con't. State vehicle check here.

		Leader / Overhead / Support Vehick	
Vehicle Owner	ship: Agency	Privately Owned Vehicle	CAL FIRE/Cal EMA Vehicle
License #:		(Provide Vin/Ser	ial # only if license is not available)
Check One Or	nly) Sedan	Van S.U.V. P	ick-up 1/2 Ton
	2/4 Tan B Abassa		
	er 3/4 Ton & Above	Other:	
COLUMN TO SERVICE STREET, STRE	Owned Vehicles Only:		
Beginning Odo	ometer:	Ending Odometer:	Total Miles:
0. Equipmen	nt Resource Information:		
Apparatus:	Engine	Туре	2 XXI3 14
	(e.g. Engine, Water Tende		
Unit No:	3333	~	CAL FIRE/Cal EMA Vehicle
Onit No.			CAL PIRE/Cal EMA Venicie
	E 22334	4	15/200
.icense#:	(Provide Vin/Serial # only		(Rated GPM of main pump per
			pump panel specifications plate

Box # 10 Con't. This is the rated GPM listed on the pump panel. If Horsepower is identified here on the F-42, get a updated version of the document.

Beginning Ode	ometer: En	ding Odometer:	Total Miles:	
10. Equipme	nt Resource Information:			
Apparatus:	Engine		: 1 12 XXI3 1	4
Unit No:	(e.g. Engine, Water Tender, Air C	rash Rescue, etc.)	CAL FIRE/Cal EMA Vehicle	
License#:	E 223344 (Provide Vin/Serial # only if Licen	se is not available)	GPM: 500 (Rated GPM of main pump pump panel specification:	
Distribution:	WHITE: Cal EMA Fire and R	escue, 3650 Schriever Aver	nue, Mather, CA. 95655 (916) 845-87	

Number of Personnel on Apparatus: (For personnel rotation, document mode	Personnel Rotation of transportation in Block 80)	M Yes DOCUMENTATION	No N ONLY
Name (Last Name First)	Glassification/Kank	Last 4 Digits of SSN	CAL FIRE
Jones, Bill	Capt	1234	
Marks, Jill	Eng.	4567	
Wong, Ed	Eng-F.F	3322	
Peak, Joe	F.F	4455.	
	-		

Box # 11 Personnel Information; number assigned to the apparatus; Last, first – classification and last four of SS#.

oncy/Department Name:	
pature:	Title:
nted Name:	Phone:
Encident Information:	
USFS CAL FIRE BLM NPS	BIA FBWS Other
pature of Designated Incident Personnel	ICS Position/Title:
nted Name:	Oate:

Number of Personnel on Apperatus: (For personnel rotation, document more		Yes DOCUMENTATION	No No
Name (Last Name First)	Classification/Rank	Last 4 Digits of 88N	GAL FIRE
Jones, Bill	Capt	1234	
Marks, Jill	Eng.	4567	
Wong, Ed	Eng-F.F	3322	
Peak, Joe	F.F	4455.	

Box # 11 Con't. Check here only if the INCIDENT is authorizing a crew rotation.

Responding Agency Information: ncy/Department Name:	
ature:	Tree:
ted Name:	Phone:
Encident Information:	The second second second second
USFS CAL FIRE BLM NPS	BIA FAWS Other
siture of Designated Incident Personnel	ICS Position/Title:
ted Name:	Oute:
MA Representative:	Date:

Number of Personnel on Apparatus: 4 (For personnel rotation, document mode of tri	Personnel Ro	Yes	No ON ONLY
Name (Last Name First)	Classification/Ran	Last 4 Digits of 68N	CAL FIRE
Jones, Bill	Capt	1234	
Marks, Jill	Eng.	4567	
Wong, Ed	Eng-F.F	3322	
Peak, Joe	F.F	4455.	

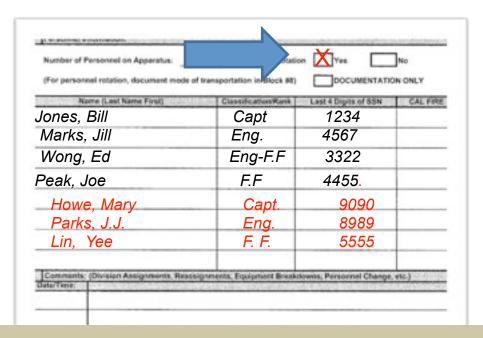
Box # 11 Con't. Check here when the F-42 is utilized for documentation, and NO reimbursement is authorized.

oncy/Department Name:	
pature:	Title:
nted Name:	Phone:
Encident Information:	
USFS CAL FIRE BLM NPS	BIA FBWS Other
pature of Designated Incident Personnel	ICS Position/Title:
nted Name:	Oate:

Number of Personnel on Apparatus: (For personnel rotation, document mode of	Personnel Rotation of transportation in Block 80)	Yes DOCUMENTATIO	No N ONLY
Name (Last Name First)	ClassificationsRank	Last 4 Digits of SSN	CAL FIRE
Jones, Bill	Capt	1234	
Marks, Jill	Eng.	4567	
Wong, Ed	Eng-F.F	3322	
Peak, Joe	F.F	4455.	

Box # 11 Con't. Total of 4 personnel are authorized on any type of Strike Team, reimbursement will be for 1 Capt. 1 Engineer and 2 Firefighters; regardless of how they are identified. Last 4 of the SS # is required.

med Name.	Frione:
Encident Information:	
USFS CAL FIRE BLM NPS	BIA F&WS Other
pature of Designated Incident Personnel	ICS Position/Title:
rited Name:	Oute:
EMA Representative:	Date:



Box # 11 Con't. When there is a crew rotation; paid for buy the incident, check here. And add the new members, and note time and date in Box #12 and/or your ICS 214.

USFS CAL FIRE BLM NPS	BIA FAWS Other
nature of Designated Incident Personnel	ICS Position/Title:
ded Name:	Oate:
EMA Regresentative:	Date:

(For personnel rotation, document mode of	of transportation in Block 80)	DOCUMENTATIO	N ONLY
Name (Last Name First)	Classification/Rank	Last 4 Digits of SSN	CAL FIRE
Jones, Bill	Capt	1234	
Marks, Jill	Eng.	4567	
Wong, Ed	Eng-F.F	3322	
Peak, Joe	F.F	4455.	
Howe, Mary	Capt.	9090	
Parks, J.J.	Eng.	8989	
Lin, Yee	F. F.	5555	

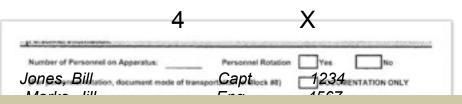
Box # 11 Con't. If there are changes in the crew members, number of members, or some special circumstances that affect the time committed or members release time. Note the time and date on the ICS 214 and/or Box # 12.

mature of Designated Incident Personnel	ICS Position/Title:	
nted Name:	Oate:	
EMA Regresentative:	Date:	



Box # 12 This is your incident response information date, timeline and assignment information or a "snapshot" of your ICS 214.

Comments	: (Division Assignments, F	Resosignments, E	pripment Break	downs, Personne	Change, etc.)
Date/Time:	CORMERCIAL SOLUTIONS	Charles and the same		ALTERNATION AND	
	-				
	1				
	a Agency Information.				
[Responding			(Callege)		
		SETTINGS	Troe:		
ency/Departer mature:					
ency/Departe pature: rited Name:	ent Name:		Front:		
ency/Departer mature:	ent Name:				
ency/Departer mature: mted Name: Encident Inf	ent Name:	NPS		Faws	Other
ency/Departer politics: inted Name:	ent Name:		Phone:	_	Other



Box # 13 Responding Agency information, it should match the agency identified in Box #1. Provide your name and phone number that will be accessible now and later should there be a question with the information or payment.

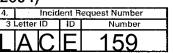
-			
-			
Responding Agency	Information:	ALTERNATION PROPERTY AND ADDRESS.	0.003
ency/Department Name	c .		
proture:		Title:	
nted Name:		Phone:	
Incident Information	US AND RECEIVED AND RESERVE		and the last
USFS CA	L FIRE BLM NE	s Deia Faws o	ther
proture of Designated I		ICS Position/Title:	
nted Name:		Date:	
ISSEC Name:			

Number of Personnel on Appearatus:	Personnel Rotation	n Yes	No
(For personnel rotation, document mode of	of transportation in Block #8)	DOCUMENTATIO	N ONLY
Jones, Bill	Capt	1234	CAL FIR
Marks, Jill	Eng.	4567	
Wong, Ed	Eng-F.F	3322	
Peak, Joe	F.F	4455.	
Howo Mary	Cont	0000	

Box # 14 Incident information; leave this section to be filled in by the CAL EMA Agency Rep or the Incident FSC

_		
-		
1		
Resp	onding Agency Information:	
ency/De	partment Name:	
phahure:		Trise:
reted Na	ne:	Phone:
Incide	et Information	
7 0	USFS CAL FIRE BLM NPS	BIA FAWS Other
proture	of Designated Incident Personnel	ICS Position/Title:
rated Na	THAC	Date:
	egresentative:	

#### 





5. Dispatch Information:	11.	Personnel Information:			
Incident Name: VERDALE		Number of Personnel on Apparatus: 4	Crew Rotation	Yes	No

### **Completed F-42**

White copy to OES HQ (pay document)

Pink copy to the Incident (FSC)

Goldenrod copy to the responding agency

License #: (Provide Vin/Serial # only if license is not available)								
(Check One Only) Sedan Van S.U.V. Pick-up 1/2 Ton								
				13. Responding Agency Information:				
Other 3/4 Ton & Above Other:				Agency/Department Name: Contra Costa FPD				
Privately Owned Vehicles Only:     Beginning Odometer: Ending Odometer:		ling Odometer:	Total Miles:		William Partridge	Title:	Capt	
10. Equipme	nt Resource Information:			Printed Name:	William Partridge	Phone:	<u>925-894</u>	-230
Apparatus:	ENGINE	Туре: 1	$\overline{}_{2}$ $\overline{}_{3}$ $\overline{}_{4}$	14. Incident In	formation:			
	(i.e. Engine, Water Tender, Air Cra-	sh Rescue, etc.)	Control Control Mystican	CDF	USFS BLM NPS	ВІА	F&WS	Othe <u>r</u>
Unit No:	334	CDF/OES Vel	nicle	Time Unit Signa	ture or Designated Personnel Wolf	ICS Posit	tion/Title:	FS
License #:	E-229345	GPI	n: 1000	Printed Name:	Darrel Wolf		Date: 10 -	- 27 -
	(Provide Vin/Serial # only if License	e is not available)	(Rated GPM of main pump per pump panel specifications plate)	OES Represent	C Marvin Howard/5	212	Date: 10-27	7-200

### F-42 Emergency Activity Record

Revision (5/2010)



The Instructions are on the Back of this page

Please read instructions on back side of this page.

In order to expedite reimbursement for cooperative agreement for local government fire suppression responses, all information on this form must be filled out completely and accurately. It is the responsibility of the strike team leader, single resource, or overhead position to ensure Cal EMA Fire and Rescue has received all F-42s associated with the specific assignment in the time frame required. Please use the instructions on the inside cover to complete the Emergency Activity Record (F-42), (this form should also be used to track mutual aid responses).

MAIL TO: Cal EMA Fire & Rescue Division, 3650 Schriever Avenue, Mather, CA, 95655 (916) 845-8711

### F-42 Emergency Activity Record

Revision (5/2010)



# If the incident does not collect the WHITE copy of the F-42, it must be mailed to CAL EMA or

In order to expedite reimbursement for cooperative agreement for local government fire suppression responses, all information on this form must be filled out completely and accurately. It is the responsibility of the strike team leader, single resource, or overhead position to ensure Cal EMA Fire and Rescue has received all F-42s associated with the specific assignment in the time frame required. Please use the instructions on the inside cover to complete the Emergency Activity Record (F-42), (this form should also be used to track mutual aid responses).

MAIL TO: Cal EMA Fire & Rescue Division, 3650 Schriever Avenue, Mather, CA, 95655 (916) 845-8711

### Additional F-42 Issues

- MACS ID
- To/From Incident not completed
  - Time gaps/overlaps
- License plates
- Vehicle type
- GPM
- ICS title listed as rank

### Additional F-42 Issues

- CAL FIRE employee box not checked
- Missing department signature
- Leaving F-42s at incident
- Non-approved civilians on F-42
- "Structure Protection" in Box 12.
- Box 14. incident responsibility box not checked
- Missing incident signature

## Local Gov. Responsibility

- Local Gov is responsible to know when they respond, how to complete paperwork, and to follow up with Cal EMA in a timely manner
- Possible 90-day deadline to submit F-42 to Cal EMA
- Payment should be expected 90-days after submitting signed invoice

## **Invoice Corrections/Changes**

- Previously, paying entities were responsible to adjust invoices
- Cal EMA will now bear responsibility
- Correction to invoice will occur within 30days from original notification by paying entity