



**CAL EMA Fire & Rescue Division  
F – 42 and updates 2012**

# 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**



# 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).

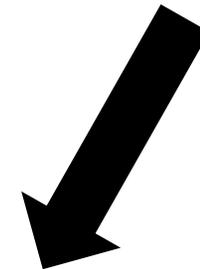
MAIL TO: Cal EMA Fire & Rescue Division, 3650 Schriever Avenue, Mather, CA, 95655  
(916) 845-8711

# F-42 Emergency Activity Record

Revision (5/2010)



**Complete 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).

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## 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, OKL 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).  
**Redispached:** 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" box/line 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 redispach from the incident. Enter the total miles traveled. Enter POV license number in Section 8. Payment is based on mileage.
- 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. 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.
- 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.
- RESPONDING AGENCY INFORMATION:** To be completed by the department/agency resource responding. Include the contact phone number.
- 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 Representative. (if assigned)**

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

# F-42 Emergency Activity Record

Revision (5/2010)

**Latest Revision 5/2010**



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

**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 REPORT (Revision 5/2010)



1. Agency Designator	
State	3 Letter ID

2. Strike Team/Task Force #		
3 Letter ID	Number	Ltr

3. Incident Order		
State	3 Letter ID	Number

4. Incident Request Number		
3 Letter ID	ID	Number

**5. Dispatch Information:**

Incident Name: \_\_\_\_\_

Reporting Location: \_\_\_\_\_

To:  Incident  \_\_\_\_\_

Committed to Incident:  TI  \_\_\_\_\_

Return from Incident:  TI  \_\_\_\_\_

Redispached:  TI  \_\_\_\_\_

Dispatched From: \_\_\_\_\_

**11. Personnel Information:**

Number of Personnel on Apparatus: \_\_\_\_\_ Personnel Rotation  Yes  No

(For personnel rotation, document mode of transportation in Block #8)  DOCUMENTATION ONLY

**Earliest authorized version F-42 is revision date of 6/2000**

OLD Incident Order Number		
State	3 Letter ID	Number

OLD Request Number		
3 Letter ID	ID	Number

**6. Redispached Information: (Start new F-42 if redispached)**

NEW Incident Order Number		
State	3 Letter ID	Number

NEW Request Number		
3 Letter ID	ID	Number


**7. 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): \_\_\_\_\_

**12. Comments: (Division Assignments, Reassignments, Equipment Breakdowns, Personnel Change, etc.)**

Date/Time: \_\_\_\_\_

**8. Support Vehicle Information: ST(TF) Leader / Overhead / Support Vehicle**

Vehicle Ownership:  Agency  Privately Owned Vehicle  CAL FIRE/Cal EMA Vehicle

License #: \_\_\_\_\_ (Provide Vin/Serial # only if license is not available)

(Check 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: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**9. Privately Owned Vehicles Only:**

Beginning Odometer: \_\_\_\_\_ Ending Odometer: \_\_\_\_\_ Total Miles: \_\_\_\_\_

**10. Equipment Resource Information:**

Apparatus: \_\_\_\_\_ Type:  1  2  3  4  
(e.g. Engine, Water Tender, Air Crash Rescue, etc.)

Unit No: \_\_\_\_\_  CAL FIRE/Cal EMA Vehicle

License #: \_\_\_\_\_ GPM: \_\_\_\_\_  
(Provide Vin/Serial # only if License is not available) (Rated GPM of main pump per pump panel specifications plate)

**14. Incident Information:**

USFS  CAL FIRE  BLM  NPS  BIA  F&WS Other \_\_\_\_\_

Signature of Designated Incident Personnel \_\_\_\_\_ ICS Position/Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Cal EMA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY ACTIVITY RECORD (Revision 4/2005)

1. State 3 Letter ID		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			
C	A	M	L	V						
Dispatch Information:					11. Personnel Information:					
Ident Name: _____					Number of Personnel on 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 ).

## EMERGENCY ACTIVITY RECORD (Revision 4/2005)

1. Agency Designator	
State	3 Letter ID
CAM	VL

2. Strike Force #			
3 Letter ID	Number	Ltr	
XMR	2175	C	



3. Incident Order Number		
State	3 Letter ID	Number

4. Incident Request Number		
3 Letter ID	ID	Number

Dispatch Information: \_\_\_\_\_  
 Incident Name: \_\_\_\_\_

Personnel Information: \_\_\_\_\_  
 Number of Personnel on Apparatus: \_\_\_\_\_ Personnel Rot \_\_\_\_\_

Box # 2 Your Strike Team identifier or...

## EMERGENCY ACTIVITY RECORD (Revision 4/2005)

1. Agency Designator	
State	3 Letter ID
C	A M V L

2. Strike Team/Task Force #		
3 Letter ID	Number	Ltr
O	V E R	H E A D

3. Incident Order Number		
State	3 Letter ID	Number

4. Incident Request Number		
3 Letter ID	ID	Number

Dispatch Information:	Personnel Information:
Incident Name: _____	Number of Personnel on Apparatus: _____ Personnel Rot _____

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

## EMERGENCY ACTIVITY RECORD (Revision 4/2005)



1. Agency Designator	
State	3 Letter ID
CAM	VL

2. Strike Team/Task Force #		
3 Letter ID	Number	Ltr
XMR	2175	A

3. Incident Order Number		
State	3 Letter ID	Number
CA	CNF	12345

4. Incident Request Number		
3 Letter ID	ID	Number

Dispatch Information:	Personnel Information:
Incident Name: _____	Number of Personnel on Apparatus: _____ Personnel Rot _____

**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.

## EMERGENCY ACTIVITY RECORD (Revision 4/2005)

1. Agency Designator			2. Strike Team/Task Force #				3. Incident Order Number				4.  Number																		
State	3 Letter ID		3 Letter ID	Number		Ltr	State	3 Letter ID		Number																			
C	A	M	V	L			X	M	R	2	1	7	5	A	C	A	C	N	F	1	2	3	4	5	C	N	F	E	123
Dispatch Information:											Personnel Information:																		
Ident Name: _____											Number of Personnel on Apparatus: _____ Personnel Rot _____																		

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.

EMERGENCY ACTIVITY RECORD (Revision 4/2005)



1. Agency Designator	
State	3 Letter ID
CA	KNT

2. Strike Team/Task Force #		
3 Letter ID	Number	Ltr
XMR	2175	A

3. Incident Order Number		
State	3 Letter ID	Number
CA	CNF	12345

4. Incident Request Number		
3 Letter ID	ID	Number
CNFE		123

5. Incident Name: _____ Reporting Location: _____ To: <input type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area) Committed to Incident: Time (24 hr): _____ Date: _____ Return from Incident: Time (24 hr): _____ Date: _____ Redispached: Time (24 hr): _____ Date: _____ Dispatched From: _____ (Start new F-42 if redispached)				11. Personnel Information: Number of Personnel on Apparatus: _____ Personnel Rotation <input type="checkbox"/> Yes <input type="checkbox"/> No (For personnel rotation, document mode of transportation in Block #8) <input type="checkbox"/> DOCUMENTATION ONLY			
6. (Start new F-42 if redispached)				12. Comments: (Division Assignments, Reassignments, Equipment Breakdowns, Personnel Change, etc.) Date/Time: _____			

**Box #5 & 6 Incident information, response times, tracking and re-dispatch to multiple incidents on one a mobilization.**

9. Privately Owned Vehicles Only: Beginning Odometer: _____ Ending Odometer: _____ Total Miles: _____			Signature: _____ Title: _____ Printed Name: _____ Phone: _____		
10. Equipment Resource Information: Apparatus: _____ Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (i.e. Engine, Water Tender, Air Crash Rescue, etc.) Unit No: _____ <input type="checkbox"/> CDF/OES Vehicle License #: _____ GPM: _____ (Provide Vin/Serial # only if License is not available) (Rated GPM of main pump per pump panel specifications plate)			14. Incident Information: <input type="checkbox"/> CDF <input type="checkbox"/> USFS <input type="checkbox"/> BLM <input type="checkbox"/> NPS <input type="checkbox"/> BIA <input type="checkbox"/> F&WS Other _____ Signature of Designated Incident Personnel _____ ICS Position/Title: _____ Printed Name: _____ Date: _____ OES Representative: _____ Date: _____		

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

PINK: Incident Finance Section

GOLDENROD: Responding Agency

5. Dispatch Information:																
Incident Name:	Big Valley Incident															
Reporting Location:	Incident Base															
To:	<input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area)															
Committed to Incident:	Time (24 hr): _____ Date: _____															
Return from Incident:	Time (24 hr): _____ Date: _____															
Redispatched:	Time (24 hr): _____ Date: _____															
Dispatched From:																
<table border="1"> <tr> <th colspan="5">OLD Incident Order Number</th> </tr> <tr> <th>State</th> <th colspan="3">3 Letter ID</th> <th>Number</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		OLD Incident Order Number					State	3 Letter ID			Number					
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NEW Request Number																
3 Letter ID	ID	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 identify you have been assigned to a "COMPLEX" or "MOBILIZATION CENTER".

5. Dispatch Information:																					
Incident Name:	Medera																				
Reporting Location:	Castle AFB - Check-in																				
To:	<input type="checkbox"/> Incident <input type="checkbox"/> Complex <input checked="" type="checkbox"/> Mobilization Center (Not Staging Area)																				
Committed to Incident:	Time (24 hr): 0600    Date: 08/28/2012																				
Return from Incident:	Time (24 hr):    Date:																				
Redispatched:	Time (24 hr): 1500    Date: 08/28/2012																				
Dispatched From:																					
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NEW Request Number																					
3 Letter ID		ID	Number																		
L	A	C	E																		
			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.

5. Dispatch Information:

Incident Name: **Big Bar Complex**

Reporting Location: **Big Bar check-in**

To:  Incident  Complex  Mobilization Center (Not Staging Area)

Committed to Incident: Time (24 hr): \_\_\_\_\_ Date: \_\_\_\_\_

Return from Incident: Time (24 hr): \_\_\_\_\_ Date: \_\_\_\_\_

Redispatched: Time (24 hr): \_\_\_\_\_ Date: \_\_\_\_\_

Dispatched From:

OLD Incident Order Number					OLD Request Number		
State	3 Letter ID			Number	3 Letter ID	ID	Number

6. 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

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.

5. Dispatch Information:																
Incident Name:	Big Valley Incident															
Reporting Location:	Incident Base															
To:	<input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area)															
Committed to Incident:	Time (24 hr): 0500    Date: 08/22/2012															
Return from Incident:	Time (24 hr): 2100    Date: 08/24/2012															
Redispatched:	Time (24 hr): _____    Date: _____															
6. Dispatched From:																
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NEW Request Number																
3 Letter ID	ID	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".

5. Dispatch Information:																
Incident Name:	Big Valley Incident															
Reporting Location:	Incident Base															
To:	<input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area)															
Committed to Incident:	Time (24 hr): 0500    Date: 08/22/2012															
Return from Incident:	Time (24 hr): 2100    Date: 08/24/2012															
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3 Letter ID	ID	Number														
6. Redispatched Information: (Start new F-42 if redispatched)																
<table border="1"> <thead> <tr> <th colspan="5">NEW Incident Order Number</th> </tr> <tr> <th>State</th> <th colspan="3">3 Letter ID</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NEW Incident Order Number					State	3 Letter ID			Number					
NEW Incident Order Number																
State	3 Letter ID			Number												
<table border="1"> <thead> <tr> <th colspan="3">NEW Request Number</th> </tr> <tr> <th>3 Letter ID</th> <th>ID</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NEW Request Number			3 Letter ID	ID	Number									
NEW Request Number																
3 Letter ID	ID	Number														

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 “re-ready” 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.

5. Dispatch Information:	
Incident Name:	Big Valley Incident
Reporting Location:	Incident Base
To:	<input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area)
Committed to Incident:	Time (24 hr): 0500    Date: 08/22/2012
Return from Incident:	Time (24 hr):    Date:
Redispatched:	Time (24 hr): 1500    Date: 08/24/2012
Dispatched From:	
State	3 Let
<b>Re-Dispatched</b>	
6. Redispatched Information: (Start new F-42 if redispatched)	
NEW Incident Order Number	
State	3 Letter ID
C A S Q F	45678
NEW Request Number	
3 Letter ID	ID
S Q F E	25

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.

5. Dispatch Information:		
Incident Name:	Second Incident	
Reporting Location:	Incident Base	
To:	<input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area)	
Committed to Incident:	Time (24 hr): 1500    Date: 08/24/2012	
Return from Incident:	Time (24 hr): _____    Date: _____	
Redispatched:	Time (24 hr): _____    Date: _____	
6. Dispatched From:		
State	3 Letter ID	
6. Redispatched Info:		
NEW Incident Order Number		
State	3 Letter ID	Number
C	A S Q F	45678
NEW Request Number		
3 Letter ID	ID	Number
S	Q F E	25

Re-Dispatched  
AGAIN

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.

5. Dispatch Information:																											
Incident Name:	<b>Incident # 1</b>																										
Reporting Location:	check-in																										
To:	<input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area)																										
Committed to Incident:	Time (24 hr): <u>0800</u> Date: <u>01/01/2012</u>																										
Return from Incident:	Time (24 hr): _____    Date: _____																										
Redispached:	Time (24 hr): <u>1500</u> Date: <u>01/02/2012</u>																										
Dispatched From:																											
<table border="1"> <thead> <tr> <th colspan="5">OLD Incident Order Number</th> <th colspan="3">OLD Request Number</th> </tr> <tr> <th>State</th> <th colspan="3">3 Letter ID</th> <th>Number</th> <th colspan="2">3 Letter ID</th> <th>ID</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td> </td> </tr> </tbody> </table>		OLD Incident Order Number					OLD Request Number			State	3 Letter ID			Number	3 Letter ID		ID	Number									
OLD Incident Order Number					OLD Request Number																						
State	3 Letter ID			Number	3 Letter ID		ID	Number																			
6. Redispached Information: (Start new F-42 if redispached)																											
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NEW Incident Order Number					NEW Request Number																						
State	3 Letter ID			Number	3 Letter ID		ID	Number																			
<b>INCIDENT ORDER AND REQUEST # 2</b>																											

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).

5. Dispatch Information:	
Incident Name:	Incident # 2
Reporting Location:	check-in
To:	<input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area)
Committed to Incident:	Time (24 hr): 1500    Date: 01/02/2012
Return from Incident:	Time (24 hr):    Date:
Redispatched:	Time (24 hr): 2000    Date: 01/03/2012
Dispatched From:	
OLD Incident Order Number	OLD Request Number
INCIDENT    ORDER    AND    REQUEST    #1	
6. 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
INCIDENT    ORDER    AND    REQUEST    # 3	

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).

5. Dispatch Information:													
Incident Name:	Incident # 3												
Reporting Location:	check-in												
To:	<input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area)												
Committed to Incident:	Time (24 hr): 2000    Date: 01/03/2012												
Return from Incident:	Time (24 hr): 0900    Date: 01/04/2012												
Redispatched:	Time (24 hr):    Date:												
Dispatched From:													
OLD Incident Order Number	OLD Request Number												
INCIDENT    ORDER    AND    REQUEST    #2													
6. Redispatched Information: (Start new F-42 if redispatched)													
NEW Incident Order Number	NEW Request Number												
<table border="1"> <thead> <tr> <th>State</th> <th>3 Letter ID</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	State	3 Letter ID	Number				<table border="1"> <thead> <tr> <th>3 Letter ID</th> <th>ID</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	3 Letter ID	ID	Number			
State	3 Letter ID	Number											
3 Letter ID	ID	Number											

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.



7. 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): \_\_\_\_\_

---

8. Support Vehicle Information: ST(TF)Leader / Overhead / Support Vehicle

Vehicle Ownership:     Agency     Privately Owned Vehicle     CAL FIRE/Cal EMA Vehicle

License #: \_\_\_\_\_ (Provide Vin/Serial # only if license is not available)

(Check One Only)     Sedan     Van     S.U.V.     Pick-up 1/2 Ton

Other 3/4 Ton & Above    Other: \_\_\_\_\_

---

9. Privately Owned Vehicles Only:

Beginning Odometer: \_\_\_\_\_    Ending Odometer: \_\_\_\_\_    Total Miles: \_\_\_\_\_

---

10. Equipment Resource Information:

Apparatus: \_\_\_\_\_    Type:  1     2     3     4  
(e.g. Engine, Water Tender, Air Crash Rescue, etc.)

Unit No: \_\_\_\_\_   

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

Distribution:    WHITE: Cal EMA Fire and Rescue, 3650 Schriever Av

OSP 10 119341    PLEASE PROVIDE EXPLANATION    S O

**NO Horsepower**

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.

7. 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): \_\_\_\_\_

8. Support Vehicle Information: ST(TF)Leader / Overhead / Support Vehicle

Box # 7 Single resource identification

(Check One Only)     Sedan     Van     S.U.V.     Pick-up 1/2 Ton

Other 3/4 Ton & Above    Other: \_\_\_\_\_

9. Privately Owned Vehicles Only:

Beginning Odometer:	Ending Odometer:	Total Miles:
---------------------	------------------	--------------

10. Equipment Resource Information:

Apparatus: \_\_\_\_\_    Type:  1     2     3     4  
(e.g. Engine, Water Tender, Air Crash Rescue, etc.)

Unit No: \_\_\_\_\_     CAL FIRE/Cal EMA Vehicle

License #: \_\_\_\_\_    GPM: \_\_\_\_\_  
(Provide Vin/Serial # only if License is not available)    (Rated GPM of main pump per pump panel specifications plate)

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

OSP 10 119341    **PLEASE PROVIDE EXPLANATION OF ANY CHANGES O**

7. 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): Safety Officer

8. Support Vehicle Information: ST(TF)Leader / Overhead / Support Vehicle

Vehicle Ownership:     Agency     Privately Owned Vehicle     CAL FIRE/Cal EMA Vehicle

License #: \_\_\_\_\_ (Provide Vin/Serial # only if license is not available)

Box # 7 Con't. Not a STL or (T) write-in your overhead position.

10. Equipment Resource Information:

Apparatus: \_\_\_\_\_ Type:  1     2     3     4  
(e.g. Engine, Water Tender, Air Crash Rescue, etc.)

Unit No: \_\_\_\_\_  CAL FIRE/Cal EMA Vehicle

License #: \_\_\_\_\_ (Provide Vin/Serial # only if License is not available)    GPM: \_\_\_\_\_  
(Rated GPM of main pump per pump panel specifications plate)

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

7. 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): \_\_\_\_\_

---

8. Information: ST(TF)Leader / Overhead / Support Vehicle

Vehicle Ownership:  Agency     Privately Owned Vehicle     CAL FIRE/Cal EMA Vehicle

License #: \_\_\_\_\_ (Provide Vin/Serial # only if license is not available)

---

(Check One Only)     Sedan     Van     S.U.V.     Pick-up 1/2 Ton

Other 3/4 Ton & Above    Other: \_\_\_\_\_

---

9. Privately Owned Vehicles Only:

Beginning Odometer: _____	Ending Odometer: _____	Total Miles: _____
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Box # 8 STL or Overhead vehicle information

Unit No: \_\_\_\_\_  CAL FIRE/Cal EMA Vehicle

License #: \_\_\_\_\_ (Provide Vin/Serial # only if License is not available)    GPM: \_\_\_\_\_ (Rated GPM of main pump per pump panel specifications plate)

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

OSP 10 119341    PLEASE PROVIDE EXPLANATION OF ANY CHANGES O

7. Overhead Information: ST(TF) Leader / ST(TF) Leader (Trainee) / Overhead		
<input type="checkbox"/>	Strike Team Leader or Task Force Leader	<input type="checkbox"/>
<input type="checkbox"/>	Strike Team Leader or Task Force Leader (Trainee)	
<input type="checkbox"/>	Overhead Position	(ICS Title): _____
8. Support Vehicle Information: ST(TF)Leader / Overhead / Support Vehicle		
Vehicle Ownership:	<input checked="" type="checkbox"/> Agency	<input type="checkbox"/> Privately Owned Vehicle
		<input type="checkbox"/> CAL FIRE/Cal EMA Vehicle
License #:	E 123456 (Provide Vin/Serial # only if license is not available)	
(Check One Only)	<input type="checkbox"/> Sedan	<input type="checkbox"/> Van
	<input type="checkbox"/> S.U.V.	<input checked="" type="checkbox"/> Pick-up 1/2 Ton
<input type="checkbox"/>	Other 3/4 Ton & Above	Other: _____
9. Privately Owned Vehicles Only:		
Beginning Odometer:	Ending Odometer:	Total Miles:

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.

7. 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): \_\_\_\_\_

---

8. Support Vehicle Information: ST(TF)Leader / Overhead / Support Vehicle

Vehicle Ownership:     Agency     Privately Owned Vehicle     CAL FIRE/Cal EMA Vehicle

License #: \_\_\_\_\_    (Provide Vin/Serial # only if license is not available)

(Check One Only)     Sedan     Van     S.U.V.     Pick-up 1/2 Ton

Other 3/4 Ton & Above    Other: \_\_\_\_\_

**←**  Used Vehicles Only:

Beginning Odometer:	Ending Odometer:	Total Miles:
92300	92500	200

10. Equipment Resource Information:

Apparatus: \_\_\_\_\_    Type:  1     2     3     4  
(e.g. Engine, Water Tender, Air Crash Rescue, etc.)

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

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

License #: \_\_\_\_\_ (Provide Vin/Serial # only if license is not available)

(Check One Only)  Sedan  Van  S.U.V.  Pick-up 1/2 Ton  
 Other 3/4 Ton & Above Other: \_\_\_\_\_

9. **Privately Owned Vehicles Only:**

Beginning Odometer: \_\_\_\_\_ Ending Odometer: \_\_\_\_\_ Total Miles: \_\_\_\_\_

10. **Source Information:**

Apparatus: Engine Type:  1  2  3  4  
(e.g. Engine, Water Tender, Air Crash Rescue, etc.)

Unit No: 3333  CAL FIRE/Cal EMA Vehicle

License #: E 223344 GPM: \_\_\_\_\_  
(Provide Vin/Serial # only if License is not available) (Rated GPM of main pump per pump panel specifications plate)

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

OSP 10 119341

PLEASE PROVIDE EXPLANATION OF ANY CHANGES O

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

Overhead Position (ICS Title): \_\_\_\_\_

8. Support Vehicle Information: ST(TF)Leader / Overhead / Support Vehicle

Vehicle Ownership:  Agency  Privately Owned Vehicle  CAL FIRE/Cal EMA Vehicle

License #: \_\_\_\_\_ (Provide Vin/Serial # only if license is not available)

(Check One Only)  Sedan  Van  S.U.V.  Pick-up 1/2 Ton

Other 3/4 Ton & Above Other: \_\_\_\_\_

9. Privately Owned Vehicles Only:

Beginning Odometer: \_\_\_\_\_ Ending Odometer: \_\_\_\_\_ Total Miles: \_\_\_\_\_

10. Equipment Resource Information:

Apparatus: Engine Type  1  2  3  4  
(e.g. Engine, Water Tender, Air Crash Rescue, etc.)

Unit No: 3333  CAL FIRE/Cal EMA Vehicle

License #: E 223344 GPM: \_\_\_\_\_  
(Provide Vin/Serial # only if License is not available) (Rated GPM of main pump per pump panel specifications plate)

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

OSP 10 119341

PLEASE PROVIDE EXPLANATION OF ANY CHANGES O

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.

<input type="checkbox"/> Other 3/4 Ton & Above	Other: _____	
<b>9. Privately Owned Vehicles Only:</b>		
Beginning Odometer: _____	Ending Odometer: _____	Total Miles: _____
<b>10. Equipment Resource Information:</b>		
Apparatus: <u>Engine</u> (e.g. Engine, Water Tender, Air Crash Rescue, etc.)	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4	
Unit No: <u>3333</u>	<input type="checkbox"/> CAL FIRE/Cal EMA Vehicle	
License #: <u>E 223344</u> (Provide Vin/Serial # only if License is not available)	GPM: <u>500</u> (Rated GPM of main pump per pump panel specifications plate)	
Distribution: WHITE: Cal EMA Fire and Rescue, 3650 Schriever Avenue, Mather, CA. 95655 (916) 845-8711		
OSP 10 119341 PLEASE PROVIDE EXPLANATION OF ANY CHANGES O		



Number of Personnel on Apparatus: 4 Personnel Rotation  Yes  No  
 (For personnel rotation, document mode of transportation in Block #8)  DOCUMENTATION 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	

(Comments: (Division Assignments, Reassignments, Employment Breakdowns, Personnel Changes, etc.)

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

[Responding Agency Information]

Agency/Department Name: \_\_\_\_\_

Address: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

[Incident Information]

USFS  CAL FIRE  BLM  NPS  BIA  F&WS Other \_\_\_\_\_

Signature of Designated Incident Personnel \_\_\_\_\_ ICS Position/Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

ICEMA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Personnel on Apparatus: 4   Yes  No  
 (For personnel rotation, document mode of transportation in Block #8)  DOCUMENTATION 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	

(Comments: (Division Assignments, Departments, Equipment Breakdowns, Personal Checks, etc.)

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Responding Agency Information:**  
 Agency/Department Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Incident Information:**  
 USFS  CAL FIRE  BLM  NPS  BIA  F&WS Other \_\_\_\_\_

Signature of Designated Incident Personnel: \_\_\_\_\_ ICS Position/Title: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

ICEMA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Personnel on Apparatus: **4** Personnel Rotation:  Yes  No  
 (For personnel rotation, document mode of transport)  DOCUMENTATION ONLY

Name (Last Name First)	Classification/Rate	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	

(Comments: (Division Assignments, Departments, Equipment Breakdowns, Personnel Changes, etc.)

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

**Responding Agency Information:**  
 Agency/Department Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Incident Information:**  
 USFS  CAL FIRE  BLM  NPS  BIA  F&WS Other \_\_\_\_\_

Signature of Designated Incident Personnel: \_\_\_\_\_ ICS Position/Title: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 FEMA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Personnel on Apparatus: 4 Personnel Rotation  Yes  No  
 (For personnel rotation, document mode of transportation in Block #8)  DOCUMENTATION 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	

(Comments: (Division Assignments, Reassignments, Environment Breakdowns, Personnel Changes, etc.)

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.

Incident Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Incident Information:

USFS  CAL FIRE  BLM  NPS  BIA  F&WS Other \_\_\_\_\_

Nature of Designated Incident Personnel: \_\_\_\_\_ ICS Position/Title: \_\_\_\_\_

Reported Name: \_\_\_\_\_ Date: \_\_\_\_\_

ICEMA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Personnel on Apparatus:  Yes  No  
 (For personnel rotation, document mode of transportation in Block #8)  DOCUMENTATION 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	

Comments: (Division Assignments, Reassignments, Equipment Breakdowns, Personnel Change, etc.)  
 Date/Time:

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.

Incident Information:

USFS  CAL FIRE  BLM  NPS  BIA  F&WS Other \_\_\_\_\_

Nature of Designated Incident Personnel: \_\_\_\_\_ ICS Position/Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

ICEMA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Personnel on Apparatus: 4 Personnel Rotation:  Yes  No  
 (For personnel rotation, document mode of transportation in Block #8)  DOCUMENTATION 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	

Comments: (Division Assignments, Reassignments, Equipment Breakdowns, Personnel Change, etc.)  
 Date/Time:

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.

Signature of Designated Incident Personnel	ICS Position/Title:
Printed Name:	Date:
ICEMA Representative:	Date:





Number of Personnel on Apparatus: \_\_\_\_\_ Personnel Rotation  Yes  No  
 (For personnel rotation, document mode of transportation in Block #8)  DOCUMENTATION 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	0000	

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Responding Agency Information:**  
 Agency/Department Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Incident Information:**  
 USFS  CAL FIRE  BLM  NPS  BIA  F&WS Other \_\_\_\_\_

Signature of Designated Incident Personnel: \_\_\_\_\_ ICS Position/Title: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 CAL EMA Representative: \_\_\_\_\_ Date: \_\_\_\_\_



EMERGENCY ACTIVITY RECORD (Revision 9/2004)



1. Agency Designator		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
CA	CON	XCC	2025A		CA	LAC	03220027	LAC	E	159

5. Dispatch Information:	11. Personnel Information:
Incident Name: <u>VERDALE</u>	Number of Personnel on Apparatus: <u>4</u> Crew Rotation <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Sedan <input type="checkbox"/> Van <input type="checkbox"/> S.U.V. <input type="checkbox"/> Pick-up 1/2 Ton <input type="checkbox"/> Other 3/4 Ton & Above Other: _____	
9. Privately Owned Vehicles Only: Beginning Odometer: _____ Ending Odometer: _____ Total Miles: _____	13. Responding Agency Information: Agency/Department Name: <u>Contra Costa FPD</u>
10. Equipment Resource Information: Apparatus: <u>ENGINE</u> Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 (i.e. Engine, Water Tender, Air Crash Rescue, etc.) Unit No: <u>334</u> <input type="checkbox"/> CDF/OES Vehicle	Signature: <u>William Partridge</u> Title: <u>Capt</u> Printed Name: <u>William Partridge</u> Phone: <u>925-894-2300</u>
License #: <u>E-229345</u> (Provide Vin/Serial # only if License is not available) GPM: <u>1000</u> (Rated GPM of main pump per pump panel specifications plate)	14. Incident Information: <input checked="" type="checkbox"/> CDF <input type="checkbox"/> USFS <input type="checkbox"/> BLM <input type="checkbox"/> NPS <input type="checkbox"/> BIA <input type="checkbox"/> F&WS Other: _____ Time Unit Signature or Designated Personnel: <u>Darrel Wolf</u> ICS Position/Title: <u>FSC</u> Printed Name: <u>Darrel Wolf</u> Date: <u>10-27-</u> OES Representative: <u>AC Marvin Howard/5212</u> Date: <u>10-27-200</u>

# 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 30-days from original notification by paying entity**