

**OPERATIONS BULLETIN #8**

**Subject:** *Emergency Activity Record (OES Form F-42) Revised 9/2004*

- *Personnel and Equipment Reimbursement: Forest Agency Fires.*
- *Response Documentation: Mutual Aid and other emergency responses*

**BACKGROUND:**

The Office of Emergency Services (OES) coordinates the movement of resources to fires and disasters within the California Fire and Rescue Mutual Aid System. OES is also signatory to the California Fire Assistance Agreement (CFAA) with the U.S. Forest Service, California Department of Forestry and Fire Protection, National Park Service, U.S. Fish and Wildlife Service, and the U.S. Bureau of Land Management, **dealing with reimbursements to local government fire agencies on forest agency fire responses.** A copy of the CFAA Agreement outlining the provisions and procedures for reimbursement is available from the OES, Fire and Rescue Branch, Sacramento and on our website at oes.ca.gov.

**PURPOSE:**

The OES Form F-42 is utilized to record and substantiate the activities of OES and local government apparatus, personnel, and equipment for mutual aid and other emergency responses. This form is the basis for the preparation of the Reimbursement Invoice (OES Form F-142).

**GENERAL:**

**The OES Form F-42 must be completed for responses to ALL Forest Agency (reimbursable), Mutual Aid (non-reimbursable), federal Fire Management Assistant Grant (FMAG), and gubernatorial or presidential declared disasters.** The use of OES Form F-42 on day-to-day mutual aid responses is recommended. All California fire agencies should familiarize their personnel with both the intent and use of this form.

**PROCESSING:**

Following submission of the completed OES Form F-42 to OES the Fire and Rescue Branch will determine if eligibility criteria for reimbursement has been met. **OES will initiate the invoicing process**, utilizing the information that your agency submitted. OES will forward the Reimbursement Invoice to the Chief of the agency for verification and signature. When signed by the agency, the invoice is to be returned to the OES Fire and Rescue Branch for submission to the appropriate agency for payment.

**NOTE: *Time limits apply to the submission of the original F-42 and return of the F-142. To keep your department's reimbursement claim valid, submit all paperwork as soon as possible.***

**INSTRUCTIONS:**

See attached sample OES Form F-42's and Instructions. It is your responsibility to insure that all information is accurate and the Form is completed.

1. A supply of OES Form F-42 is to be maintained in each OES Vehicle Logbook, Strike Team Leader (STEN) Kit, or vehicle. **Photocopies are not acceptable.**
2. Form F-42 will be used for Strike Team/Task Force Leaders (and trainees), Overhead positions, and apparatus and equipment.
3. The Form F-42 should be started as soon as practical after initial dispatch. Copies may be obtained from any OES Agency Representative or OES apparatus. The instructions are on the back of the white cover sheet of the Form F-42.
4. At most emergency operations an OES Agency Representative (or a Strike Team/Task Force Leader) will be available to assist with the completion of the Form.
5. On Forest Agency fires, apparatus and personnel are subject to re-dispatch to a new incident, with apparatus and crews often working on numerous fire incidents before returning to their home base. To accurately process Invoices, **a separate OES Form F-42 must be completed for each incident. The new Incident Order and Request Number must be included on each activity record.** In all cases the Mutual Aid User's Representative must sign the OES Form F-42 (Block 14). Two exceptions may apply; one is when a resource is diverted to a new incident while in route, and the other is when a resource is cancelled in route. In all cases, it is the responsibility of the responding agency(ies) to mail the white copy of the OES Form F-42 to OES Headquarters (address below).
6. **To prevent delays in reimbursement, it is extremely important for all information on the OES Form F-42 is filled out completely, accurately and legibly.**

**NOTE:** If the OES Form F-42 is NOT collected at the incident by an OES Fire and Rescue Agency Representative the white copy of the record(s) must be submitted to:

**Fire and Rescue Branch  
Office of Emergency Services  
3650 Schriever Ave.  
Mather, CA. 95655**

Instruction Page

**INSTRUCTIONS FOR THE EMERGENCY ACTIVITY RECORD - FORM-42** (9/2004)

1. **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).
2. **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).
3. **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)
4. **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)
5. **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 OES-F-42. Ensure all information is correct. Use 24-hour clock (military time).
  - Dispatched From:** Use only incident information related to the incident you were dispatched from.
6. **REDISPATCHED INFORMATION:** REQUIRED if a resource is re-dispatched. Enter the new Order and Request Number(s) and start a new OES F-42 with the new Order and Request Number(s). Indicate the name of the incident you were dispatched from.
7. **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.
8. **SUPPORT VEHICLE:** To be completed by Leader/Overhead/Support personnel that required the use of a support vehicle at the incident. Payment is based on the type. Be sure to check the appropriate boxes for your vehicle. **Enter license number of the vehicle. If not available, please use the VIN.** The "Other" box/line is to be used when the vehicle being described is not covered by the listed boxes (i.e. utility, etc.). The other information required in this section is the agency that owns the unit, the License or VIN, and if the vehicle is owned by CDF or OES.
9. **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.
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/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 manufacturers specification plate on the pump panel.**
11. **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 CDF 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 original. If this F-42 is for rotation of personnel, please check the "Yes" box.
  - Crew member replacement/rotation:** When either an individual or entire crew (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.
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:** Check the appropriate box indicating the agency making payment.  
All F-42's must be signed by the Time Unit or Designated Personnel and by the on-scene OES Agency Representative.

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



OES Engine – CDF Fire Line Assignment

EMERGENCY ACTIVITY RECORD (Revision 9/2004)



<p>1. Agency Designator State: <b>CA</b> V <b>O</b> M 3 Letter ID</p>	<p>2. Strike Team/Task Force # 3 Letter ID: <b>OES</b> 2801A LIR Number</p>	<p>3. Incident Order Number State: <b>CA</b> M <b>E</b> U 01421 3 Letter ID Number</p>	<p>4. Incident Request Number 3 Letter ID: <b>M E U</b> E 11 Number</p>																				
<p>5. Dispatch Information: Incident Name: <b>ROUND MOUNTAIN UKIAH</b> Reporting Location: _____ To: <input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area) Committed to Incident: Time (24 hr): <b>1545</b> Date: <b>8/3/04</b> Return from Incident: Time (24 hr): <b>1630</b> Date: <b>8/5/04</b> Redispached: Time (24 hr): _____ Date: _____ <input type="checkbox"/> Redispached From: _____</p>																							
<p>6. Redispached Information: (Start near F-42 if redispached) State: _____ 3 Letter ID: _____ OLD Incident Order Number: _____ Number: _____</p>																							
<p>7. Overhead Information: (Strike Team Leader / Support Vehicle / Overhead) State: <b>CA</b> M <b>N</b> F 1015 3 Letter ID: <b>U P P E</b> 6 Number: _____</p>																							
<p>8. Support Vehicle Information: (Strike Team Leader / Support Vehicle) Vehicle Ownership: <input type="checkbox"/> Agency <input type="checkbox"/> Privately Owned Vehicle <input type="checkbox"/> CDF/OES Vehicle 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"/> Truck 1/2 Ton <input type="checkbox"/> Other 3/4 Ton &amp; Above Beginning Odometer: _____ Ending Odometer: _____ Total Miles: _____</p>																							
<p>9. Equipment Resource Information: Apparatus: _____ Type: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (i.e. Engine, Water Tender, Air Crash Rescue, etc.) <input checked="" type="checkbox"/> CDF/OES Vehicle Unit No: _____ GPM: <b>1000</b> License #: _____ (Provide Vin/Serial # only if License is not available)</p>																							
<p>10. Responding Agency Information: Agency/Department Name: <b>WILLITS LITTLE LAKE FPD</b> Signature: <b>JOHN MILLER</b> Title: <b>CAPTAIN</b> Printed Name: <b>JOHN MILLER</b> Phone: <b>(XXX)952-3455</b></p>																							
<p>11. Personnel Information: Number of Personnel on Apparatus: <b>4</b> Crew Rotation: <input type="checkbox"/> Yes <input type="checkbox"/> No (For crew rotation, document mode of transportation in Block #8)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name (Last Name First)</th> <th>Classification/Rank</th> <th>Last 4 Digits of SSN</th> <th>GDK</th> </tr> </thead> <tbody> <tr> <td><b>MILLER, JOHN</b></td> <td><b>CAPT</b></td> <td><b>1111</b></td> <td><b>NO</b></td> </tr> <tr> <td><b>ADAMS, JIM</b></td> <td><b>ENGINEER</b></td> <td><b>2222</b></td> <td><b>NO</b></td> </tr> <tr> <td><b>HERSH, GEORGE</b></td> <td><b>FF</b></td> <td><b>3333</b></td> <td><b>NO</b></td> </tr> <tr> <td><b>TRUJILLO, MAX</b></td> <td><b>FF</b></td> <td><b>4444</b></td> <td><b>NO</b></td> </tr> </tbody> </table>				Name (Last Name First)	Classification/Rank	Last 4 Digits of SSN	GDK	<b>MILLER, JOHN</b>	<b>CAPT</b>	<b>1111</b>	<b>NO</b>	<b>ADAMS, JIM</b>	<b>ENGINEER</b>	<b>2222</b>	<b>NO</b>	<b>HERSH, GEORGE</b>	<b>FF</b>	<b>3333</b>	<b>NO</b>	<b>TRUJILLO, MAX</b>	<b>FF</b>	<b>4444</b>	<b>NO</b>
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<p>12. Comments: (Relocation Assignments, Reassignments, Equipment Breakdowns, Crew Change, etc.) Date/Time: <b>3 DIV 'X': Night Shift</b> <b>4 DIV 'X': Night Shift</b> <b>5 REST: Redispached</b></p>																							

Distribution: WHITE: OES Fire and Rescue, 3650 Schriever Ave., Mather, CA. 95655 (916) 345-8711  
 PINK: Incident Finance Section  
 GOLDENROD: Responding Agency  
 OES F-42 (Rev 9/2004)

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



OES Engine- Type III Line Assignment



EMERGENCY ACTIVITY RECORD (Revision 9/2004)

<p>1. Agency Designator State 3 Letter ID <b>CAPCF</b></p>	<p>2. Strike Team/Task Force # 3 Letter ID Number Ltr <b>XPL 4125</b></p>	<p>3. Incident Order Number State 3 Letter ID Number <b>CANEU 4608</b></p>	<p>4. Incident Request Number 3 Letter ID ID Number <b>NEUE 12</b></p>																
<p>5. Dispatch Information: <b>TOWER FIRE</b> Incident Name: <b>AUBURN</b> Reporting Location: <b>AUBURN</b></p>																			
<p>To: <input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area) Committed to Incident: Time (24 hr): <b>1610</b> Date: <b>9/18/04</b> Return from Incident: Time (24 hr): <b>1150</b> Date: <b>9/20/04</b> Redispached: Time (24 hr): _____ Date: _____</p>																			
<p>6. Dispatched From: _____</p>																			
<p>7. Redispached Information: (Start new F-42 if redispached)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>State</th> <th>3 Letter ID</th> <th>Incident Order Number</th> <th>3 Letter ID</th> <th>ID</th> <th>Number</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				State	3 Letter ID	Incident Order Number	3 Letter ID	ID	Number										
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<p>8. Overhead Information: ST(TF) Leader / (S)TTF Leader / (S)TTF Leader / (Trainee) / Overhead</p> <p><input type="checkbox"/> Strike Team Leader or Task Force Leader <input type="checkbox"/> Strike Team Leader or Task Force Leader (Trainee) <input type="checkbox"/> Overhead Position (ICS Title): _____</p>																			
<p>9. Support Vehicle Information: ST(TF) Leader / Overhead / Support Vehicle</p> <p>Vehicle Ownership: <input type="checkbox"/> Agency <input type="checkbox"/> Privately Owned Vehicle <input type="checkbox"/> CDF/OES Vehicle 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 &amp; Above Other: _____</p>																			
<p>10. Equipment Resource Information:</p> <p>Apparatus: _____ 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: <b>E-73</b> <input type="checkbox"/> CDF/OES Vehicle License #: <b>E-74752</b> <input type="checkbox"/> (Provide Vin/Serial # only if License is not available) <b>750</b> GPM: (Rated GPM of main pump per pump panel specifications plate)</p>																			
<p>11. Personnel Information: Number of Personnel on Apparatus: <b>3</b> Crew Rotation <input type="checkbox"/> Yes <input type="checkbox"/> No (For crew rotation, document mode of transportation in Block #6)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Name (Last Name First)</th> <th>Classification/Rank</th> <th>Last 4 Digits of SSN</th> <th>DOB</th> </tr> <tr> <td><b>JOHNSON, JOHN</b></td> <td><b>CAPT</b></td> <td><b>1111</b></td> <td><b>'A'</b></td> </tr> <tr> <td><b>ADAMS, JIM</b></td> <td><b>ENGINEER</b></td> <td><b>2222</b></td> <td><b>'A'</b></td> </tr> <tr> <td><b>HERSH, GEORGE</b></td> <td><b>FF</b></td> <td><b>3333</b></td> <td><b>PCF</b></td> </tr> </table>				Name (Last Name First)	Classification/Rank	Last 4 Digits of SSN	DOB	<b>JOHNSON, JOHN</b>	<b>CAPT</b>	<b>1111</b>	<b>'A'</b>	<b>ADAMS, JIM</b>	<b>ENGINEER</b>	<b>2222</b>	<b>'A'</b>	<b>HERSH, GEORGE</b>	<b>FF</b>	<b>3333</b>	<b>PCF</b>
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<p>12. Comments: (Division Assignments, Reassignments, Equipment Breakdowns, Crew Change, etc.) Date/Time: _____</p> <p><b>18 DIV. A - MOP UP 100'</b> <b>19 DIV. A - MOP UP 150'</b> <b>19 GROUND SUPPORT - VEHICLE TIRE REPAIR</b> <b>20 DIV. A - MOP UP 300'</b></p>																			
<p>13. Responding Agency Information: Agency/Department Name: <b>PLACER COUNTY FPD</b> Signature: <b>JOHN JOHNSON</b> Title: <b>CAPTAIN</b> Printed Name: <b>JOHN JOHNSON</b> Phone: <b>(XXX)952-3455</b></p>																			
<p>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&amp;WS Other _____ Time Unit Signature or Designated Personnel ICS Position/Title: Printed Name: <b>BOB COOKER</b> Date: <b>9/20/04</b> OES Representative: <b>MARQUIS</b> Date: <b>9/20/04</b></p>																			

Distribution: WHITE: OES Fire and Rescue, 3650 Schreyer Ave., Mather, CA. 95655 (916) 845-8711  
PINK: Incident Finance Section  
GOLDENROD: Responding Agency  
PLEASE PROVIDE EXPLANATION OF ANY CHANGES OR CORRECTIONS, PRINT NAME, TITLE AND SIGN  
OES F-42 (Rev 9/2004)

CDF Fire- DIV/SUP

EMERGENCY ACTIVITY RECORD (Revision 9/2004)



1. Agency Designator: State 3 Letter ID: <b>CALTL</b>		2. Strike Team/Task Force #: 3 Letter ID Number Ltr: <b>XME2151A</b>		3. Incident Order Number: State 3 Letter ID Number: <b>CAMEU01421</b>		4. Incident Request Number: 3 Letter ID ID Number: <b>MEUE16</b>	
5. Dispatch Information: Incident Name: <u>ROUND MOUNTAIN</u> Reporting Location: <u>UKIAH</u> To: <input type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area) Committed to Incident: Time (24 hr): <u>1425</u> Date: <u>8/3/04</u> Return from Incident: Time (24 hr): <u>2115</u> Date: <u>8/9/04</u> Redispached: Time (24 hr): _____ Date: _____ Redispached From: _____							
6. Dispatch Information: State 3 Letter ID Number: _____ OLD Incident Order Number: _____ 3 Letter ID Number: _____		7. Dispatch Information: State 3 Letter ID Number: _____ NEW Incident Order Number: _____ 3 Letter ID Number: _____		8. Dispatch Information: State 3 Letter ID Number: _____ NEW Incident Order Number: _____ 3 Letter ID Number: _____		9. Dispatch Information: State 3 Letter ID Number: _____ NEW Incident Order Number: _____ 3 Letter ID Number: _____	
10. Dispatch Information: State 3 Letter ID Number: _____ NEW Incident Order Number: _____ 3 Letter ID Number: _____							
11. Personnel Information: Number of Personnel on Apparatus: <u>1</u> Crew Rotation <input type="checkbox"/> Yes <input type="checkbox"/> No (For crew rotation, document mode of transportation in Block #8)							
12. Comments: (Division Assignments, Reassignments, Equipment Breakdowns, Crew Changes, etc.) Date/Time:		3 <b>DIV C - DAY SHIFT</b> 4 <b>DIV C - DAY SHIFT</b> 5 <b>DIV C - DAY SHIFT</b> 6 <b>DIV M - NIGHT SHIFT (PINETOP SUBDIVISION)</b> 7 <b>DIV M - NIGHT SHIFT (PINETOP SUBDIVISION)</b> 8 <b>DIV M - NIGHT SHIFT (PINETOP SUBDIVISION)</b> 9 <b>REST &amp; DEMOB</b>					
13. Responding Agency Information: Agency/Department Name: <b>WILLITS LITTLE LAKE FPD</b> Signature: <b>ROBERT BURNS</b> Title: <b>BATT CHIEF</b> Printed Name: <b>ROBERT BURNS</b> Phone: <b>(XXX)952-3455</b>							
14. Equipment Source 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: _____ CDF/OFES Vehicle License #: _____ (Provide Vin/Serial # only if License is not available) GPM: _____ (Rated GPM of main pump)							
15. OES Representative: Name: <b>GREG ADAMS</b> Date: <b>8/11/04</b> Representative: <b>Marvin Howard</b> Date: <b>8/11/04</b>							

Distribution: WHITE: OES Fire and Rescue, 3656 Schriever Ave., Mather, CA. 95655 (916) 845-8711  
 PINK: Incident Finance Section  
 GOLDENROD: Responding Agency  
 OES F-42 (Rev 9/2004)

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

Overhead Position

EMERGENCY ACTIVITY RECORD (Revision 9/2004)



1. Agency Designation: **CANAP** State: **C** 3 Letter ID: **A M E U** Ltr: **A D** 2. Strike Team/Task Force #: **OVERHEAD** 3. State: **C** 3 Letter ID: **A M E U** Incident Order Number: **01421** 4. Incident Request Number: **MEU07**

5. Dispatch Information: Incident Name: **ROUND MOUNTAIN UKIAH** Reporting Location: **UKIAH** To:  Incident  Complex  Mobilization Center (Not Staging Area) Committed to Incident: Time (24 hr): **1500** Date: **8/3/04** Return from Incident: Time (24 hr): **1830** Date: **8/6/04** Redispached: Time (24 hr): \_\_\_\_\_ Date: \_\_\_\_\_ Dispatched From: \_\_\_\_\_

6. Dispatch Information: State: \_\_\_\_\_ 3 Letter ID: \_\_\_\_\_ Incident Order Number: \_\_\_\_\_ OLD Incident Order Number: \_\_\_\_\_ State: \_\_\_\_\_ 3 Letter ID: \_\_\_\_\_ Incident Order Number: \_\_\_\_\_ NEW Incident Order Number: \_\_\_\_\_ State: \_\_\_\_\_ 3 Letter ID: \_\_\_\_\_ Incident Order Number: \_\_\_\_\_ NEW Incident Order Number: \_\_\_\_\_

7. Overhead Information: S1(TF) Leader / S1(TF) Leader (Trainee)  Strike Team Leader or Task Force Leader (Trainee)  Strike Team Leader or Task Force Leader  Overhead Position (ICS Title): **DIVISION SUPERVISOR**

8. Support Vehicle Information: S1(TF) Leader / Overhead / Support Vehicle Vehicle Ownership:  Agency  Privately Owned Vehicle  CDF/OFES Vehicle License #: **E-432771** (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 (i.e. Engine, Water Tender, Air Crash Rescue, etc.) Unit No: \_\_\_\_\_ CDF/OFES Vehicle  License #: \_\_\_\_\_ (Provide Vin/Serial # only if License is not available) GPM: \_\_\_\_\_ (Rated GPM of main pump - pump panel specifications plate)

11. Personnel Information: Number of Personnel on Apparatus: **1** Crew Rotation (For crew rotation, document mode of transportation in Block #8)  Yes  No Name (Last Name First): **LLOYD, KEN** Classification/Rank: **B/C** Last 4 Digits of SSN: **0000** ODF: **NO**

12. Comments: (Division Assignments, Reassignments, Equipment Breakdowns, Crew Change, etc.) Date/Time: **3 CHECK IN & BRIEF** **4 DIV. C- SUPERVISOR DAY SHIFT** **5 DIV. C- SUPERVISOR DAY SHIFT** **6 DIV. C- SUPERVISOR DAY SHIFT** **6 RELEASE @ 1830**

13. Responding Agency Information: Agency/Department Name: **NAPA FD** Signature: **KEN LLOYD** Title: **BATT CHIEF** Printed Name: **KEN LLOYD** Phone: **(XXX)952-3455**

14. Incident Information:  CDF  USFS  BLM  NPS  BIA  F&WS Other: \_\_\_\_\_ Time Unit Signature or Designated Personnel: **GREG ADAMS** ICS Position/Title: **TIME** Printed Name: **GREG ADAMS** Date: **8/6/04** OES Representative: **TINNEL** Date: **8/6/04**

Distribution: WHITE: OES Fire and Rescue, 3650 Schiever Ave., Mather, CA. 95655 (916) 845-8711 GOLDENROD: Responding Agency OES F-42 (Rev 9/2004)

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