EMERGENCY ACTIVITY RECORD (OES F-42) - Rev. June/2016.59

☒ **Portal to Portal** (If checked, ensure **Section 5** is completed) ☐ **Actual Hours** (If checked, ensure **Section 13** is completed) ☐ **Aprvd. Personnel Rotation** (If checked, ensure **Section 9** or **10** is completed)

1. AGENCY DESIGNATOR	
State	"Your" 3-Letter ID
CA	MRN

2. STRIKE TEAM/TASK FORCE		
3-Letter ID	Number	Ltr
OVR	HEAD	

3. INCIDENT ORDER NUMBER		
State	3-Letter ID	Number
CA	XMR	201861

4. INCIDENT REQUEST NUMBER		
3-Letter ID	ID	Number
OES	O	3.2

5. DISPATCH INFORMATION

Incident Name: Pre-position Reporting Location: Marin OES

To: ☐ Incident ☐ Complex ☒ Mobilization Center (Not Staging Area)

Committed to Incident: Date: 11-10-18 Time (24 Hour): 2000 hours

Return from Incident: Date: 11-11-18 Time (24 Hour): 2000 hours

Redispatched: Date: Time (24 Hour):

6. DISPATCHED FROM

Incident Name: End Date:

OLD INCIDENT ORDER NUMBER		
State	3-Letter ID	Number

OLD REQUEST NUMBER		
3-Letter ID	ID	Number

7. REDISPATCHED INFORMATION - (START NEW F-42 IF REDISPATCHED)

Incident Name: Start Date:

NEW INCIDENT ORDER NUMBER		
State	3-Letter ID	Number

NEW REQUEST NUMBER		
3-Letter ID	ID	Number

8. 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): PSC3

9. SUPPORT VEHICLE INFORMATION - ST(TF) LEADER / OVERHEAD / SUPPORT VEHICLE

Vehicle Ownership: ☐ Agency ☒ POV ☐ Rental ☐ CDF / OES Vehicle License #: 7JEF409 (Provide VIN/Serial # only if license is unavailable)

Vehicle Type: ☐ Sedan ☒ SUV ☐ Van ☐ Pick-Up (½ Ton) ☐ Other (¾ Ton & Above) Other:

10. PRIVATELY OWNED VEHICLE *ONLY*

Beginning Odometer:	Ending Odometer:	Total Miles:
57,437	57,450	13 miles

11. EQUIPMENT RESOURCE INFORMATION

Apparatus: Type: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ CDF / OES Vehicle

Unit #: License #: GPM: (Rated GPM of main pump panel spec. plate)

12. PERSONNEL INFORMATION

Number of Personnel on Apparatus:

Name (Last, First)	Rank or Job Title
Davidson, Jeff	

13. PERSONNEL INFORMATION - ACTUAL HOURS (*SUPPLEMENTAL PERS.* - REQUIRED TO COMP

Name (Last, First) Rank, ICS, or Job Title

Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.	Date
TOTALS							TOTALS

14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT

Date/Time		Date/Time
11-10 2000	Commited	
11-10 2000	Released	

15. COMPENSATION CLAIMS

Comp. Claims: ☐ Yes ☒ No

16. SUPPLY NU

S #:

17. RESPONDING AGENCY INFORMATION

Agency/Department Name: Marin County Fire

Signature: Title: Fire Ins

Print Name: Jeff Davidson "Your" Phone #: 415-847-

18. INCIDENT INFORMATION

☐ CDF ☐ USFS ☐ BLM ☐ NPS ☐ BIA ☐ FWS

Signature of Authorized Incident Personnel (REQUIRED) ICS Position/Title

Printed Name

OES Representative (If assigned)

DISTRIBUTION: **WHITE:** CAL OES FIRE AND RESCUE DIVISION, 3650 SCHRIEVER AVE MATHER, CA 95655 (916) 845-8711 **PINK:** INCIDENT FINANCE SECTION **GOLDENROD:** RESPONDING AGENCY **GREEN:** OES REPRESENTATIVE