

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: "your" 3-Letter ID: **C A C S M** STRIKE TEAM/TASK FORCE: 3-Letter ID: **O E S 4 8 0 8 A** Ltr: **A**

2. 3-Letter ID: **O E S** Number: **4 8 0 8 A**

3. INCIDENT ORDER NUMBER: **201801**

4. INCIDENT REQUEST NUMBER: 3-Letter ID: **O E S E** ID: **1** Number: **1**

5. DISPATCH INFORMATION

Incident Name: **OES Preposition - Placer Co.** Reporting Location: **Auburn Fire Sta. 1**

To: Incident Complex Mobilization Center (Not Staging Area)

Committed to Incident: Date: **AUG. 11, 2018** Time (24 Hour): **0800**

Return from Incident: Date: **AUG. 12, 2018** Time (24 Hour): **1000**

Redispached: Date: **AUG. 12, 2018** Time (24 Hour): **1000**

6. DISPATCHED FROM

Incident Name: _____ End Date: _____

State	3-Letter ID	Number	3-Letter ID	ID	Number

NEW REQUEST NUMBER: 3-Letter ID: **X P L E** ID: **E** Number: **15**

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

GAP

Incident Name: _____ Start Date: **08/12/18**

State	3-Letter ID	Number	3-Letter ID	ID	Number
C A	X P L	015023	X P L E	E	15

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): _____

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

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

Vehicle Type: Sedan SUV Van Pick-Up (1/2 Ton) Other (3/4 Ton & Above) Other: _____

10. PRIVATELY OWNED VEHICLE ONLY

Beginning Odometer: _____ Ending Odometer: **1481313** Total Miles: _____

11. EQUIPMENT RESOURCE INFORMATION

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

Unit #: **381** License #: **1481313** GPM: **1250** (rated GPM of main pump panel spec. plate)

DISTRIBUTION: **WHITE: CAL OES FIRE AND RESCUE DIVISION, 3650 SCHRIEVER AVE, MATHER, CA 95635 09/09 845-8771** **PINK: INCIDENT FINANCE SECTION** **GREEN: OES REPRESENTATIVE** **GOLDENROD: RESPONDING AGENCY** **Form OES F-42 (Rev. June/2016.59)**

12. PERSONNEL INFORMATION

Number of Personnel on Apparatus: **4**

Name (Last, First)	Rank or Job Title (NOT ICS title)	Last 4 SSN #	Documentation Only
SMITH, ALBERT	CAPTAIN	4321	<input type="checkbox"/> CDF <input type="checkbox"/> PCF
BROWN, BILL	ENGINEER	8765	<input type="checkbox"/> CDF <input type="checkbox"/> PCF
MARTINEZ, PABLO	FIREFIGHTER	1234	<input type="checkbox"/> CDF <input type="checkbox"/> PCF
ROMERO, PEDRO	FIREFIGHTER	5678	<input type="checkbox"/> CDF <input type="checkbox"/> PCF

13. PERSONNEL INFORMATION - ACTUAL HOURS (SUPPLEMENTAL PERS. - REQUIRED TO COMPLETE BOTH ST & OT)

Name (Last, First)

Date	ST Start	ST End	ST Hrs.	OT Start	OT End	OT Hrs.	Supp. Personnel:	Yes	No	Last 4 of SSN #
							<input type="checkbox"/> Yes <input type="checkbox"/> No			
TOTALS										

14. COMMENTS (EQUIPMENT BREAKDOWNS, PERSONNEL CHANGE, DIVISION ASSIGNMENT, DAMAGE / LOSS, ETC.)

Date/Time	Details
8/11/18 0800	CA-XPL-000001
08/11/18 0800	ASSIGNED TO PRE-POSITION
08/12/18 1000	RELEASED FROM PRE-POSITION
08/12/18 1000	REDISPATCHED TO GAP FIRE UNDER CFAA

15. COMPENSATION CLAIMS

Comp. Claims: Yes No

S #: _____

16. SUPPLY NUMBER

S #: _____

17. RESPONDING AGENCY INFORMATION

Agency/Department Name: **COSUMNES FIRE DEPT.**

Signature: _____

Print Name: **ALBERT SMITH**

18. INCIDENT INFORMATION

Signature of Authorized Incident Personnel (REQUIRED): _____

Printed Name: _____

OES Representative (If assigned): _____

Date: _____

DOD / Tribal: Yes No

19. OTHER INFORMATION

CDF USFS BLM NPS BIA FWS Other: **CA-OES-PRE-PO**

(ICS Position/Title)