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	SND

2. STRIKE TEAM/TASK FORCE

3-Letter ID	Number	Ltr
XSD	6420	A

3. INCIDENT ORDER NUMBER

State	3-Letter ID	Number
CA	OES	201801

4. INCIDENT REQUEST NUMBER

3-Letter ID	ID	Number
OES	E	1

5. DISPATCH INFORMATION

Incident Name: OES Preposition - XSD. Reporting Location: SDFD Sta. 28

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

Committed to Incident: Date: SEPT. 19, 2018 Time (24 Hour): 0800

Return from Incident: Date: SEPT. 20, 2018 Time (24 Hour): 1000

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): _____

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 (½ Ton) ☐ Other (¾ Ton & Above) Other: _____

10. PRIVATELY OWNED VEHICLE *ONLY*

Beginning Odometer:	Ending Odometer:	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)*

12. PERSONNEL INFORMATION

Number of Personnel on Apparatus: 4 ☐ Documentation Only

Name (Last, First)	Rank or Job Title (**NOT** ICS title)	Last 4 SSN #	CDF	PCF
SMITH, ALBERT	CAPTAIN	4321	☐	☐
BROWN, BILL	ENGINEER	8765	☐	☐
MARTINEZ, PABLO	FIREFIGHTER	1234	☐	☐
ROMERO, PEDRO	FIREFIGHTER	5678	☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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

Name (Last, First) | Rank, ICS, or Job Title | Supp. Personnel: ☐ Yes ☐ No | Last 4 of SSN #

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

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

Date/Time		Date/Time	
9/19/18 0800	CA-XSD-001234		
09/19/18 0800	ASSIGNED TO PRE-POSITION		
09/20/18 1000	RELEASED FROM PRE-POSITION		

15. COMPENSATION CLAIMS

Comp. Claims: ☐ Yes ■ No

16. SUPPLY NUMBER

S #: _____

17. RESPONDING AGENCY INFORMATION

Agency/Department Name: SAN DIEGO FIRE DEPT. DOD / Tribal: ☐ Yes ■ No

Signature | Title: CAPTAIN

Print Name: ALBERT SMITH | "Your" Phone #: (619) 222-5678

18. INCIDENT INFORMATION

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

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

Printed Name | Date

OES Representative (**If assigned**) | Date

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*