

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 S N D** STRIKE TEAM/TASK FORCE 3-Letter ID: **X S D 6 4 2 0 A** Ltr: **A**

2. 3-Letter ID: **C A S** Number: **201801**

3. INCIDENT ORDER NUMBER: **201801**

4. INCIDENT REQUEST NUMBER: **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**

Redispached: Date: **SEPT. 20, 2018** Time (24 Hour): **1000**

6. DISPATCHED FROM

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

State	3-Letter ID	Number	3-Letter ID	ID	Number
C	A	E	S	C	015023
E	S	C	E	E	15

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

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

State	3-Letter ID	Number	3-Letter ID	ID	Number
C	A	E	S	C	015023
E	S	C	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: _____

Beginning Odometer: _____ Ending Odometer: _____ Total Miles: _____

10. PRIVATELY OWNED VEHICLE ONLY

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)

11. EQUIPMENT RESOURCE INFORMATION

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) 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.
TOTALS						

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

Date/Time	Comments
9/19/18 0800	CA-XSD-001234
09/19/18 0800	ASSIGNED TO PRE-POSITION
09/20/18 1000	RELEASED FROM PRE-POSITION
09/20/18 1000	REDISPATCHED TO GAP FIRE UNDER CFAA

15. COMPENSATION CLAIMS

Comp. Claims: Yes No S #: _____

16. SUPPLY NUMBER

Signature: _____ S #: _____

Print Name: **ALBERT SMITH** Rank: **CAPTAIN**

17. RESPONDING AGENCY INFORMATION

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

18. INCIDENT INFORMATION

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

Printed Name: _____ Date: _____

OES Representative (If assigned): _____ Date: _____

19. 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: _____