

# 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: **C A C S M**     2. STRIKE TEAM/TASK FORCE: **O E S 4 8 0 8 A**

3. INCIDENT ORDER NUMBER: **201801**     4. INCIDENT REQUEST 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: \_\_\_\_\_     Time (24 Hour): \_\_\_\_\_

6. DISPATCHED FROM

Incident Name: \_\_\_\_\_     End Date: \_\_\_\_\_

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

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

Incident Name: \_\_\_\_\_     Start Date: \_\_\_\_\_

State	3-Letter ID	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 #: \_\_\_\_\_

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

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**

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

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

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

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

Date/Time	Comments
8/11/18 0800	CA-XPL-000001
08/11/18 0800	ASSIGNED TO PRE-POSITION
08/12/18 1000	RELEASED FROM PRE-POSITION

15. COMPENSATION CLAIMS

Comp. Claims:  Yes      No

S #: \_\_\_\_\_

17. RESPONDING AGENCY INFORMATION

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

Signature: \_\_\_\_\_     Title: **CAPTAIN**

Print Name: **ALBERT SMITH**     Phone: **(916) 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: \_\_\_\_\_