

OPERATIONS BULLETIN # 8

- Subject:** *Emergency Activity Record (Cal OES Form F-42) Revised 5/2010*
- *Personnel and Equipment Reimbursement: State and Federal Fire Agency Fires*
 - *Response Documentation: Mutual Aid and other emergency responses.*

BACKGROUND

The California Governor's Office of Emergency Services (Cal OES) coordinates the movement of resources to fires and disasters within the California Fire and Rescue Mutual Aid System. Cal OES is also signatory to the California Fire Assistance Agreement (CFAA) with the U.S. Forest Service, California Department of Forestry and Fire Protection, National Park Service, U.S. Fish and Wildlife Service, U.S. Bureau of Land Management, and the Bureau of Indian Affairs, **dealing with reimbursements to local government fire agencies on state and federal fire agency fire responses.** A copy of the CFAA outlining the provisions and procedures for reimbursement is available from the Cal OES, Fire and Rescue Division, Sacramento and on our website at www.caloes.ca.gov/FireandRescue/Pages/Reimbursement.aspx.

PURPOSE

The Cal OES Form F-42 is utilized to record and substantiate the activities of Cal OES and local government apparatus, personnel, and equipment for mutual aid and other emergency responses. This form is the basis for the preparation of the Reimbursement Invoice (Cal OES Form F-142).

GENERAL

The Cal OES Form F-42 must be completed for responses to ALL State and Federal Fire Agencies (reimbursable), Mutual Aid (non-reimbursable), federal Fire Management Assistant Grant (FMAG), and gubernatorial or presidential declared disasters. The use of the Cal OES Form F-42 on day-to-day mutual aid responses is recommended. All California fire agencies should familiarize their personnel with both the intent and use of this form.

PROCESSING

Following submission of the completed Cal OES Form F-42 to Cal OES, the Fire and Rescue Division will determine if the eligibility criteria for reimbursement has been met. **Cal OES will initiate the invoicing process** utilizing the information that your agency submitted. Cal OES will forward the Reimbursement Invoice to the Chief of the responding agency for verification and signature. When signed by the responding agency, the invoice is to be returned to the Cal OES Fire and Rescue Division for submission to the appropriate agency for payment.

NOTE: Time limits apply to the submission of the original F-42 and return of the F-142. To keep your department's reimbursement claim valid, submit all paperwork as soon as possible.

OPERATIONS BULLETIN # 8

INSTRUCTIONS:

See attached sample Cal OES Form F-42s and Instructions. It is your responsibility to ensure that all information is accurate and the form is completed.

1. A supply of Cal OES Form F-42s is to be maintained in each Cal OES Vehicle Logbook, Strike Team Leader (STEN) Kit, or vehicle. **Photocopies are not acceptable.**
2. The Form F-42 will be used for Strike Team/Task Force Leaders (and Trainees), Overhead positions, and emergency apparatus.
3. The Form F-42 should be started as soon as practical after initial dispatch. Blank forms may be obtained from any Cal OES Agency Representative or Cal OES apparatus. The instructions are on the back of the white cover sheet of the Form F-42.
4. At most emergency operations, a Cal OES Agency Representative (or a Strike Team / Task Force Leader) will be available to assist with the completion of the form.
5. On State and Federal Fire Agency incidents, emergency apparatus and personnel are subject to re-dispatch to a new incident, with emergency apparatus and personnel often working on numerous fire incidents before returning to their home base. To accurately process Invoices, **a separate Cal OES Form F-42 must be completed for each incident. The new Incident Order and Request Number must be included on each activity record.** In all cases, the Mutual Aid User's Representative must sign the Cal OES Form F-42 (Block 14). Two exceptions may apply; one is when a resource is diverted to a new incident while in route, and the other is when a resource is cancelled in route. In either case, it is the responsibility of the responding agency to ensure incident signature is obtained by contacting their Cal OES Region Assistant Chief for assistance.
6. **To prevent delays in reimbursement, it is extremely important for all information on the Cal OES Form F-42 is filled out *completely, accurately, and legibly.***

NOTE: If the Cal OES Form F-42 is NOT collected at the incident by a Cal OES Fire and Rescue Agency Representative, the white copy of the record(s) must be submitted to:

Fire and Rescue Division
California Governor's Office of Emergency Services
3650 Schriever Avenue
Mather, CA 95655

State of California
CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
Fire and Rescue Division

Instruction Page

INSTRUCTIONS FOR THE EMERGENCY ACTIVITY RECORD - FORM-42 (5/2010)

- 1. AGENCY DESIGNATOR:** The State 2-letter designator will need to be completed for the first two blocks as follows (CA, NV, AZ, NM, CO, ID, OR). The next three blocks are for your department's 3-letter identifier as listed in the Field Operations Guide (FOG) ICS 420-1, Appendix B. Do NOT use the Operational Area (County) code (XLA, XOR, XTB).
- 2. STRIKE TEAM/TASK FORCE NUMBER:** MACS 410-2 unique identifier for each Strike Team/Task Force assigned at time of dispatch. (Example: OES-1801-A, XAL-2004-A).
- 3. INCIDENT ORDER NUMBER:** A unique identifier assigned to each incident. Assigned at time of incident occurrence, includes the two-letter State designator, the 3-letter identifier of the ordering agency, forest, or unit, and a sequential incident number. (Example: CA-ANF-14321, NV-HTF-1128)
- 4. INCIDENT REQUEST NUMBER:** A unique identifier for the resource (A, C, E, O, or S) requested for the incident. The 3-letter identifier preceding the Request Number indicates the agency financially responsible for the resource. (Example: LAC E-26, OKL O-276)
- 5. DISPATCH INFORMATION:** "Incident" Name and Reporting Location is the name and location of the Incident. "Complex" is the term applied to a series of large fires or incidents in close proximity. "Mobilization Center" is an off-incident location where personnel and equipment are temporarily located pending assignment, release or reassignment.
Committed to Incident: Time and Date resource responded to the incident, complex or mobilization center. Use 24-hour clock (military time)
Return from Incident: Time and Date resource will arrive at its final destination. Use 24-hour clock (military time).
Redispached: If resource was re-dispatched to another incident/mobilization center before returning to home station, do not fill in return time. Indicate Time and Date re-dispatched, new incident order & request number(s), and start a new Cal EMA-F-42. Ensure information is correct. Use 24-hour clock (military time).
Dispatched From: Use only incident information related to the incident you were dispatched from.
- 6. REDISPACHED INFORMATION:** REQUIRED if a resource is re-dispatched. Enter the new Order and Request Number(s) and start a new Cal EMA F-42 with the new Order and Request Number(s). Indicate the name of the incident you were dispatched from.
- 7. OVERHEAD INFORMATION:** Required for Overhead/STFL positions. If the Overhead box is checked enter the ICS position title (Food Unit Leader, Division Group Supervisor). All overhead/trainee positions except STEN (T) require a separate F-42 and request ("O") number.
- 8. SUPPORT VEHICLE:** To be completed by Leader/Overhead/Support personnel that required the use of a support vehicle at the incident. Reimbursement payment is based on the vehicle type and who owns the vehicle. Be sure to check the appropriate box for your vehicle and to record the License number (if license number is not available, use VIN or Serial #). The "OTHER" boxline is to be used when the vehicle being described is not covered by the listed boxes (i.e. utility, etc.).
- 9. PRIVATELY OWNED VEHICLE INFORMATION:** Enter the beginning odometer reading at the time of commitment and the ending odometer reading at the time of return or redispach from the incident. Enter the total miles traveled. **Enter POV license number in Section 8.** Payment is based on mileage.
- 10. EQUIPMENT RESOURCE INFORMATION:** Complete all the information requested. Use the Field Operations Guide (FOG) ICS 420-1, Chapter 11, for reference as to the typing of Engines/Rescue/Equipment. Please remember that not all equipment has a license plate number, therefore a VIN, or if no VIN, then a serial number will be required on equipment without a plate number. **Effective in 2004, engine reimbursement is based on the gallons-per-minute (GPM) rating of the main pump. This rating may be found on the manufacturer's specification plate on the pump panel.**
- 11. PERSONNEL INFORMATION:** Enter the number of personnel claimed. List the name and rank of all personnel, including the last 4 digits of their social security number. Identify CAL FIRE personnel as Schedule A (Sch A), Schedule B (Sch B) or Paid Call Fire Fighter (PCF). If additional information is required, use a new F-42 titled "page 2", and attach to the original. If this F-42 is for rotation of personnel, please check the "Yes" box.
Personnel replacement/rotation: When either an individual or entire company is rotated/replaced, indicate name, rank, and last 4 digits SSN. If a mode of transportation is claimed, and/or additional space is required use a new F-42 titled "Page 2", and attach to the original F-42. Be sure to indicate the date/time of rotation in Box 12.
- 12. COMMENTS:** Use this section to provide general information about how your resource was utilized on the incident (e.g. division assignments), and to describe any out-of-service status such as equipment breakdown. If additional comment space is required, indicate on ICS-214 Unit Log and attach.
- 13. RESPONDING AGENCY INFORMATION:** To be completed by the department/agency resource responding. Include the contact phone number.
- 14. INCIDENT INFORMATION:** To be completed by the designated incident personnel. Check appropriate box for jurisdiction of fire.

All F-42's must be signed by the Designated Incident Personnel and by the on-scene Cal EMA Agency Representative. (if assigned)

PLEASE PROVIDE EXPLANATION OF ANY CHANGES OR CORRECTIONS, PRINT NAME, TITLE, AND SIGN

State of California
CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
 Fire and Rescue Division

Strike Team Leader or Task Force Leader/Trainee



EMERGENCY ACTIVITY RECORD (Revision 5/2010)

1. Agency Designator State 3 Letter ID C A O R G	2. Strike Team/Task Force # 3 Letter ID Number X O R 1 4 2 2 A	3. State 3 Letter ID Number C A M V U 002866	4. Incident Request Number ID Number M V U E 84																				
5. Dispatch Information: Incident Name: MOUNTAIN Reporting Location: SAN DIEGO, CA To: <input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area) Committed to Incident: Time (24 hr): 0600 Date: 10/16/09 Return from Incident: Time (24 hr): 2200 Date: 10/19/09 Redspatched: Time (24 hr): _____ Date: _____ Dispatched From: _____																							
6. Redspatched Information: (Start new F-42 if redspatched) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>State</th> <th>3 Letter ID</th> <th>Number</th> <th>3 Letter ID</th> <th>Number</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				State	3 Letter ID	Number	3 Letter ID	Number															
State	3 Letter ID	Number	3 Letter ID	Number																			
7. Overhead Information: ST(TF) Leader / S(TF) Leader (Trainee) / Overhead <input checked="" type="checkbox"/> Strike Team Leader or Task Force Leader <input checked="" type="checkbox"/> Strike Team Leader or Task Force Leader (Trainee) <input type="checkbox"/> Overhead Position (ICS Title): _____																							
8. Support Vehicle Information: ST(TF) Leader / Overhead / Support Vehicle Vehicle Ownership: <input checked="" type="checkbox"/> Agency <input type="checkbox"/> Privately Owned Vehicle <input type="checkbox"/> CAL FIRE/Cal EMA Vehicle License #: E-989223 (Provide Vin/Serial # only if license is not available) (Check One Only) <input type="checkbox"/> Sedan <input type="checkbox"/> Van <input checked="" type="checkbox"/> S.U.V. <input type="checkbox"/> Pick-up 1/2 Ton <input type="checkbox"/> Other 3/4 Ton & Above Other: _____																							
9. Privately Owned Vehicles Only: Beginning Odometer: _____ Ending Odometer: _____ Total Miles: _____ Apparatus: _____ Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (e.g. Engine, Water Tender, Air Crash Rescue, etc.) Unit No: _____ <input type="checkbox"/> CAL FIRE/Cal EMA Vehicle License #: _____ (Provide Vin/Serial # only if license is not available) GPM: _____ (Rated GPM of main pump per pump panel specifications plate)																							
10. Equipment Resource Information: Distribution: WHITE ; Cal EMA Fire and Rescue, 3650 Scribner Avenue, Mather, CA. 95655 (916) 945-8711 Distribution: GOLDENROD ; Responding Agency PINK ; Incident Finance Section GOLDENROD ; Responding Agency Cal EMA F-42 (Rev 5/2010)																							
11. Personnel Information: Number of Personnel on Apparatus: 2 Personnel Rotation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (For personnel rotation, document mode of transportation in Block #6) <input type="checkbox"/> DOCUMENTATION ONLY <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Name (Last Name First)</th> <th>Classification/Rank</th> <th>Last 4 Digits of SSN</th> <th>CAL FIRE</th> </tr> <tr> <td>LOPEZ, LORI</td> <td>B/C</td> <td>1234</td> <td>NO</td> </tr> <tr> <td>STANLEY, LINDSEY</td> <td>B/C</td> <td>5678</td> <td>NO</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				Name (Last Name First)	Classification/Rank	Last 4 Digits of SSN	CAL FIRE	LOPEZ, LORI	B/C	1234	NO	STANLEY, LINDSEY	B/C	5678	NO								
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LOPEZ, LORI	B/C	1234	NO																				
STANLEY, LINDSEY	B/C	5678	NO																				
12. Comments: (Division Assignments, Reassignments, Equipment Breakdowns, Personnel Change, etc.) Date/Time: 10/16 CHECK-IN 10/17 DIV Y 10/18 DIV Y 10/19 OFF SHIFT - DEMOB																							
13. Responding Agency Information: Agency/Department Name: CITY OF ORANGE FIRE DEPT. Signature: <i>Lori Lopez</i> Title: B/C Printed Name: LORI LOPEZ Phone: (XXX) 555-8632																							
14. Incident Information: <input type="checkbox"/> USFS <input checked="" type="checkbox"/> CAL FIRE <input type="checkbox"/> BUM <input type="checkbox"/> NPS <input type="checkbox"/> BIA <input type="checkbox"/> F&WS Other _____ Signature of Designated Incident Personnel: <i>Bill Smith</i> ICS Position/Title: TIME Printed Name: BILL SMITH Date: 10/28/09 Cal EMA Representative: _____ Date: _____																							

PLEASE PROVIDE EXPLANATION OF ANY CHANGES OR CORRECTIONS, PRINT NAME, TITLE, AND SIGN

State of California
CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
 Fire and Rescue Division

Strike Team Engine



EMERGENCY ACTIVITY RECORD (Revision 5/2010)

1. Agency Designator: State 3 Letter ID C A O R G	2. Strike Team/Task Force # 3 Letter ID Number LTR X O R 1 4 2 2 A	3. Incident Order Number 3 Letter ID Number C A M V U 002866	4. Incident Request Number ID Number M I V U E 84																				
5. Dispatch Information: Incident Name: MOUNTAIN Reporting Location: SAN DIEGO, CA To: <input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area) Committed to Incident: Time (24 hr): 0600 Date: 10/16/09 Return from Incident: Time (24 hr): 2200 Date: 10/19/09 Redepatched: Time (24 hr): _____ Date: _____ Undepatched From: _____																							
6. Redepatched Information: (Start new #42 if redepatched) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>State</th> <th>3 Letter ID</th> <th>Incident Order Number</th> <th>3 Letter ID</th> <th>ID Number</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				State	3 Letter ID	Incident Order Number	3 Letter ID	ID Number															
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State	3 Letter ID	Incident Order Number	3 Letter ID	ID Number																			
8. Support Vehicle Information: (Start new #42 if redepatched) Vehicle Ownership: <input type="checkbox"/> Agency <input type="checkbox"/> Privately Owned Vehicle <input type="checkbox"/> CAL FIRE/Cal EMA Vehicle License #: _____ (Provide Vin/Serial # only if license is not available) (Check One Only) <input type="checkbox"/> Sedan <input type="checkbox"/> Van <input type="checkbox"/> SUV <input type="checkbox"/> Pick-up 1/2 Ton <input type="checkbox"/> Other 3/4 Ton & Above Other: _____																							
9. Privately Owned Vehicles Only: Beginning Odometer: _____ Ending Odometer: _____ Total Miles: _____																							
10. Equipment Resource Information: Apparatus: ENGINE Type: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (e.g. Engine, Water Tender, Air Crash Rescue, etc.) Unit No.: 621 <input type="checkbox"/> CAL FIRE/Cal EMA Vehicle License #: E-221855 GPM: 1500 (Provide Vin/Serial # only if License is not available) (Rated GPM of main pump per pump panel specifications plate)																							
11. Personnel Information: Number of Personnel on Apparatus: 4 Personal Rotation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (For personnel rotation, document mode of transportation in Block #8) <input type="checkbox"/> DOCUMENTATION ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name (Last Name First)</th> <th>Classification/Rank</th> <th>Last 4 Digits of SSN</th> <th>CAL FIRE</th> </tr> </thead> <tbody> <tr> <td>STONE, RAY</td> <td>CAPT</td> <td>0000</td> <td>NO</td> </tr> <tr> <td>DRAKE, STEVE</td> <td>ENG</td> <td>0000</td> <td>NO</td> </tr> <tr> <td>DYLAN, BOB</td> <td>FF</td> <td>0000</td> <td>NO</td> </tr> <tr> <td>WOLF, JANET</td> <td>FF</td> <td>0000</td> <td>NO</td> </tr> </tbody> </table>				Name (Last Name First)	Classification/Rank	Last 4 Digits of SSN	CAL FIRE	STONE, RAY	CAPT	0000	NO	DRAKE, STEVE	ENG	0000	NO	DYLAN, BOB	FF	0000	NO	WOLF, JANET	FF	0000	NO
Name (Last Name First)	Classification/Rank	Last 4 Digits of SSN	CAL FIRE																				
STONE, RAY	CAPT	0000	NO																				
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DYLAN, BOB	FF	0000	NO																				
WOLF, JANET	FF	0000	NO																				
12. Comments: (Division Assignments, Reassignments, Equipment Breakdowns, Personnel Change, etc.) Date/Time: 10/16 CHECK-IN 10/17 DIV Y 10/18 DIV Y 10/19 OFF SHIFT - DEMOB																							
13. Responding Agency Information: Agency/Department Name: CITY OF ORANGE FIRE DEPT. Signature: <i>Ray Stone</i> Title: CAPTAIN Printed Name: RAY STONE Phone: (XXX) 555-8632																							
14. Incident Information: Signature of Designated Incident Personnel: _____ Printed Name: BILL SMITH Date: 10/28/09 Cal EMA Representative: _____ Date: _____ ICS Position/Title: TIME																							

Distribution: WHITE: Cal EMA Fire and Rescue, 3850 Schriener Avenue, Mather, CA, 95655 (916) 945-8711 GOLDENROD: Responding Agency
 Cal EMA F-42 (Rev 5/2010)

PLEASE PROVIDE EXPLANATION OF ANY CHANGES OR CORRECTIONS, PRINT NAME, TITLE, AND SIGN

State of California
CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
 Fire and Rescue Division

Overhead Position



EMERGENCY ACTIVITY RECORD (Revision 5/2010)

1. Agency Designator State 3 Letter ID C A O R G	2. Strike Team/Task Force # 3 Letter ID Number O V E R H E A D	3. State 3 Letter ID C A M V U	4. Incident Request Number 3 Letter ID Number M V U J O 126																
5. Dispatch Information: Incident Name: MOUNTAIN Reporting Location: SAN DIEGO, CA To: <input checked="" type="checkbox"/> Incident <input type="checkbox"/> Complex <input type="checkbox"/> Mobilization Center (Not Staging Area) Committed to Incident: Time (24 hr): 1500 Date: 10/19/09 Return from Incident: Time (24 hr): 1830 Date: 10/28/09 Redeployed: Time (24 hr): _____ Date: _____ Unspatched From: _____																			
6. Redeployed Information: (Start new F-42 if redeployed) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">State</td> <td style="width: 15%;">3 Letter ID</td> <td style="width: 15%;">Number</td> <td style="width: 15%;">OLD Incident Order Number</td> <td style="width: 15%;">3 Letter ID</td> <td style="width: 15%;">Number</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				State	3 Letter ID	Number	OLD Incident Order Number	3 Letter ID	Number										
State	3 Letter ID	Number	OLD Incident Order Number	3 Letter ID	Number														
7. Overhead Information: ST/TF/Leader/S/TT/FL/Leader/Trainee/Overhead <input type="checkbox"/> Strike Team Leader or Task Force Leader <input type="checkbox"/> Strike Team Leader or Task Force Leader (Trainee) <input checked="" type="checkbox"/> Overhead Position (ICS Title): DIVS 8. Support Vehicle Information: ST/TF/Leader/Overhead/Support Vehicle Vehicle Ownership: <input type="checkbox"/> Agency <input type="checkbox"/> Privately Owned Vehicle <input type="checkbox"/> CAL FIRE/Cal EMA Vehicle License #: _____ (Provide Vin/Serial # only if license is not available) (Check One Only) <input type="checkbox"/> Sedan <input type="checkbox"/> Van <input type="checkbox"/> S.U.V. <input type="checkbox"/> Pick-up 1/2 Ton <input type="checkbox"/> Other 3/4 Ton & Above Other: _____																			
9. Privately Owned Vehicles Only: Beginning Odometer: _____ Ending Odometer: _____ Total Miles: _____																			
10. Equipment Resource Information: Apparatus: _____ Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (e.g. Engine, Water Tender, Air Crash Rescue, etc.) Unit No.: _____ <input type="checkbox"/> CAL FIRE/Cal EMA Vehicle License #: _____ (Provide Vin/Serial # only if license is not available) GPM: _____ (Rated GPM of main pump per pump panel specifications plate)																			
11. Personnel Information: Number of Personnel on Apparatus: 1 Personnel Rotation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (For personnel rotation, document mode of transportation in Block #6) <input type="checkbox"/> DOCUMENTATION ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name (Last Name First)</td> <td style="width: 15%;">Classification/Rank</td> <td style="width: 15%;">Last 4 Digits of SSN</td> <td style="width: 15%;">CAL FIRE</td> </tr> <tr> <td>JONES, DAVID</td> <td>B/C</td> <td>0000</td> <td>NO</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				Name (Last Name First)	Classification/Rank	Last 4 Digits of SSN	CAL FIRE	JONES, DAVID	B/C	0000	NO								
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JONES, DAVID	B/C	0000	NO																
12. Comments: (Division Assignments, Reassignments, Equipment Breakdowns, Personnel Change, etc.) Date/Time: 10/19 CHECK-IN 10/20 DIV C 10/22 DIV C 10/23- 10/26 DIV C 10/27 DIV C 10/28 DEMOB																			
13. Responding Agency Information: Agency/Department Name: CITY OF ORANGE FIRE DEPT. Signature: <i>David Jones</i> Title: B/C Printed Name: DAVID JONES Phone: (XXX) 555-3455																			
14. Incident Information: <input type="checkbox"/> USFS <input checked="" type="checkbox"/> CAL FIRE <input type="checkbox"/> BLM <input type="checkbox"/> NPS <input type="checkbox"/> BIA <input type="checkbox"/> F&WS Other _____ Signature of Designated Incident Personnel: <i>Bill Smith</i> ICS Position/Title: TIME Printed Name: BILL SMITH Date: 10/28/09 Cal EMA Representative: _____ Date: _____																			

Distribution: WHITE: Cal EMA Fire and Rescue, 3650 Schriever Avenue, Mather, CA 95655 (916) 845-9711
 GOLDENROD: Responding Agency
 CAL EMA F-42 (Rev 5/2010)

PLEASE PROVIDE EXPLANATION OF ANY CHANGES OR CORRECTIONS, PRINT NAME, TITLE, AND SIGN