Strike Team Leader, Single Resource & Overhead Refresher 2018
THIS IS ON YOU!

It is the responsibility of the Overhead*/STL/TFL to always know which agreement was used for your request and what mission (who pays) you were requested for!
<table>
<thead>
<tr>
<th>Resource Order</th>
<th>Initial Date/Time</th>
<th>2. Incident / Project Name</th>
<th>3. Incident / Project Order Number</th>
<th>5. Descriptive Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVERHEAD</td>
<td>08/29/17 0203</td>
<td>PIER</td>
<td>CA-SQF-002385</td>
<td>42400 HWY 190, SPRINGVILLE</td>
</tr>
<tr>
<td>6. TWN</td>
<td>20S</td>
<td>30E</td>
<td>28</td>
<td>Mt. Diablo, CA</td>
</tr>
<tr>
<td>7. RNG</td>
<td>20S</td>
<td>30E</td>
<td>28</td>
<td>Lat. 36 09 12 N</td>
</tr>
<tr>
<td>8. SEC</td>
<td>28</td>
<td>30E</td>
<td>28</td>
<td>Long. 118 44 26 W</td>
</tr>
<tr>
<td>9. Base MDM</td>
<td>Mt. Diablo, CA</td>
<td>Lat. 36 09 12 N</td>
<td>Long. 118 44 26 W</td>
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</tbody>
</table>

11. Aircraft Information

<table>
<thead>
<tr>
<th>Bearing</th>
<th>Distance</th>
<th>VOR</th>
<th>Contact Name</th>
<th>Frequency Type</th>
<th>Assigned Frequency</th>
<th>Reload Base</th>
<th>Other Aircraft / Hazards</th>
</tr>
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<tbody>
<tr>
<td>29</td>
<td>20</td>
<td>TTE</td>
<td></td>
<td>Air to Air</td>
<td>125.5250</td>
<td>FAT</td>
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<td>95</td>
<td>38</td>
<td>VIS</td>
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<td>Tactical</td>
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</table>

12. Request Number

<table>
<thead>
<tr>
<th>Request Number</th>
<th>Ordered Date/Time</th>
<th>From</th>
<th>To</th>
<th>Quantity</th>
<th>Resource Requested</th>
<th>Needed Date/Time</th>
<th>Deliver To</th>
<th>From Unit</th>
<th>To Unit</th>
<th>Assigned Date/Time</th>
<th>Resource Assigned</th>
<th>Resource Assigned</th>
<th>M/D Ind</th>
<th>Estimated Time Of Departure</th>
<th>Estimated Time Of Arrival</th>
<th>Released Date</th>
<th>Released To</th>
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<tbody>
<tr>
<td>O-268</td>
<td>09/02/17 1338 PST</td>
<td>EXPANDED - OVERHEAD 559-782-120 x 745</td>
<td>RADIO OPERATOR (RADD) (Teasdale, Steven (CA-XORC))</td>
<td>09/03/17 0600 PST</td>
<td>42400 HWY 190, SPRINGVILLE</td>
<td>CA-XORC</td>
<td>09/02/17 1616 PST</td>
<td>CA-CCCC</td>
<td>Teasdale, Steven P (CA-XORC)</td>
<td>CA-HTB</td>
<td>D</td>
<td>09/18/17 1200 PST</td>
<td>09/18/17 1900 PST</td>
<td>09/17/17 1802 PST</td>
<td>JOHN WAYNE AIRPORT-ORANGE COUNTY (SNA)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Travel Mode  
Financial Code CF AA - CA FIRE ASSIST AGR

13. User Documentation

<table>
<thead>
<tr>
<th>Req. No.</th>
<th>Documentation</th>
<th>Entered By</th>
</tr>
</thead>
<tbody>
<tr>
<td>O-268</td>
<td>NAME REQUEST, PLACING UP TO PARENT</td>
<td>TAMMY HILL (CA-XTUC)</td>
</tr>
</tbody>
</table>
AGREEMENTS

- Master Mutual Aid (MMA)
- State Fire and Rescue Resource Mutual Aid Guidelines Document
- California Fire Assistance Agreement (CFAA)
- Local Forest Agreement
- California Cooperative Fire Management Agreement (CFMA)
AGREEMENTS

- Master Mutual Aid (MMA)
  *Generally no reimbursement, no $$$*

- California Fire Assistance Agreement (CFAA)
  *Typically involves reimbursement*

- Local Forest Agreement (LFA)
  *Whatever you agreed to*
Agreements

➢ State Fire and Rescue Resource Mutual Aid Guidelines Document

• Applies to CAL FIRE resource only
• Closest resource for Fixed Winged Aircraft
How and when do you cross the double yellow line?

- Other GACC or NICC
- North Ops or South Ops
- Other Forest or Unit
- Forest Agency
- ECC
- Regional Command Center
- Operational Area Command Center
- Local Fire Agency
Local Government request for Cal Fire resources under the State Fire and Rescue Resource Mutual Aid Guidelines

- Typical for an LRA wildland incident
- Some non wildland incidents
- Involves requests to Cal Fire only
- Cal Fire and OES duty officers need to be in the loop
Forest agency can make requests to local agency under local agreements:
- Agreements differ across the state
- Makes use of closest resource for IA
Once the forest agencies begin to exhaust their resources, or the incident dictates closer resources, then a conscious decision must be made by the IC or ECC expanded to place requests into the California Fire & Rescue Mutual Aid System.
CA MOB GUIDE Mutual Aid: All requests for mutual aid resources begins at the local agency and are made to their respective Fire & Rescue Operational Area Coordinator....
The California Fire Assistance Agreement (CFAA)

- USFS
- NPS
- BLM
- BIA
- Cal OES
- CAL FIRE
- FWS
CALIFORNIA’S MUTUAL AID SYSTEM AT WORK

Snapshot: Fire Engines on Detwiler Fire in Mariposa County

- **Local Government**: 27% (92 engines)
- **Cal OES**: 8.5% (29 engines)
- **CAL FIRE**: 8.5% (29 engines)
- **Federal & Other Agencies**: 56% (192 engines)

Source: ICS-209 Morning Form 7/26/17
CA Fire Assistance Agreement

- Reimbursement Rates and Process
  - Base Rates (Overtime component included)
  - Personnel/Responder Types
  - Annual Salary Survey required for reimbursement
  - MOU/MOA/GBR required for P2P or OT above a BC
  - Actual Admin Rate due by July 1 of each year
  - Workers’ Compensation
  - Federal/DOD/Tribal Fire Departments
  - Travel Expenses
  - Personnel Rotation
CA Fire Assistance Agreement

• Reimbursement Rates and Process (cont.)

• October 1, 2017 Rate Letter
CA Fire Assistance Agreement

- Personnel/Responder Types:
  - Suppression: Personnel who routinely respond to emergencies.
    - 2018 Annual Salary Survey
  - Non-Suppression: Personnel who occupy a civilian position within a Fire Agency.
    - Link to Salary Survey Attachment A
• Personnel/Responder Types:
  • Supplemental: Overhead tied to a local Fire Department generally by agreement who are mobilized primarily for response to incidents/wildland fires outside of their District or Mutual Aid zone. They are not a permanent part of the local fire organization and are not required to attend scheduled training/meetings, etc., of the Department staff.

[Link to Salary Survey Attachment B]
CA Fire Assistance Agreement

• Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), Governing Body Resolution (GBR) or Equivalent:

• Any agency seeking reimbursement for personnel for more than actual hours worked on an incident (PORTAL TO PORTAL) must file an MOU/MOA/GBR or equivalent with Cal OES. The MOU/MOA/GBR or equivalent shall indicate how personnel will be compensated.
CA Fire Assistance Agreement

• Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), Governing Body Resolution (GBR) or Equivalent (cont.):

  • Must submit to Cal OES prior to dispatch.
  
  • If the local agency does not submit prior to dispatch, the F-42(s) will be processed using ACTUAL HOURS worked.
CA Fire Assistance Agreement

• Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), Governing Body Resolution (GBR) or Equivalent for Chief Officers:
  • Personnel above the Battalion Chief level that have an MOU/MOA/GBR or equivalent that indicates they are to be paid above straight time **must** have the associated document on file prior to dispatch to receive full reimbursement for associated personnel cost.
Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), Governing Body Resolution (GBR) or Equivalent exclusion:

Any agency seeking reimbursement for its Supplemental Personnel will accept rates as outlined in NWCG#2004-2009, Attachment D, which states that Supplemental Personnel will be reimbursed using General Schedule tables with locality pay applied for actual hours worked.
CA Fire Assistance Agreement

- Definitions for personnel hours

- **PORTAL TO PORTAL** shall mean the time of initial dispatch from home base to the time of return to home base.

- **ACTUAL HOURS WORKED** shall mean on shift time which includes a specific start and ending time, and is recorded as clock hours. On shift time includes actual work, order stand-by and compensable travel. Individuals are required to report to their designated work site as scheduled, ready and willing to perform work safely.
CA Fire Assistance Agreement

• Actual Administrative Rate Due Date:

  • Local government fire agencies are entitled to include an actual administrative rate.

  • This rate is required to be updated and submitted by July 1, of each year.

  • If the actual rate is not submitted by July 1, the rate will default to the base rate of 10%.
Workers’ Compensation

- Liability for workers compensation claims and/or payment of unemployment benefits shall remain the responsibility of the responding local, state, federal, and tribal agencies that directly employ the personnel.
- Your workers compensation follows you to your assignment. If you are injured at the incident, you must file a workers compensation claim with your employer.
CA Fire Assistance Agreement

- Federal/Department of Defense/Tribal Fire Departments:
  - Reimbursement of Federal, DOD, and Tribal Fire Departments that respond to Federal Fire Agency fires are governed by other federal agreements.
  - In these cases, Cal OES will not generate invoices for DOD and Tribal Fire Departments.
  - Federal and DOD Fire Departments responding under this Agreement will invoice the supported Federal Fire Agency directly in accordance with existing federal and local agreements.
CA Fire Assistance Agreement

• Federal/Department of Defense/Tribal Fire Departments (cont.):
  
  • Tribal Fire Departments will invoice the BIA directly in accordance with existing federal or local Agreements.
  
  • Tribal Fire Departments that have a compact or contracted wildland fire program from BIA will respond through the Federal Dispatching System and not through the California Fire and Rescue Mutual Aid System.
How much does responding to an incident cost?

• A typical Engine Strike Team runs from $25,000 to $40,000 per 24 hour period.

• If you were a business, how accountable would you be for these expenses?

• The F-42 is the reimbursement document for this revenue.
How much does this cost?

Sacramento Metro 167 m
Riverside City 52 m
Ventura 126 m
Menlo Park 37 m
Kern County 118 m
San Diego 218 m
Huntington Beach 46 m
Long Beach 92 m
Fresno City 56 m
Santa Barbara 56 m
Santa Clara Co 96 m
San Rafael 21 m
Some things to know about the CFAA

- Reimbursement - Emergency Apparatus Loss or Damage:

- The State of California and the Federal Fire Agencies *may* reimburse local government fire agencies for the cost of emergency apparatus or equipment loss or damage where the loss or damage is directly attributable to the incident and where the local agency, its *employees and/or operational failures* in the emergency apparatus or support equipment are *not a contributing factor* to such damage or loss.

- Loss or damage to a local agency emergency apparatus or support equipment while *traveling to or from* an incident and repairs due to normal *wear and tear* or due to *negligent or unlawful operation* by the operator shall be the responsibility of the local agency providing the emergency apparatus or equipment.
Some more things to know about the CFAA

• Reimbursement - Travel Expenses:

  • At no time will local government fire agencies seek reimbursement for travel expenses such as fuel, food, and lodging responding to, during, or returning from a State of California or Federal Fire Agency incident unless documented and approved in writing by the incident.

  • For information on APPROVED travel expense reimbursement, refer to Exhibit H
# TRAVEL EXPENSE CLAIM REIMBURSEMENT LOG

<table>
<thead>
<tr>
<th>AGENCY DESGN.</th>
<th>STRIKE TEAM #</th>
<th>INCIDENT ORDER NUMBER</th>
<th>INCIDENT REQUEST NUMBER</th>
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<td>Number</td>
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<th>DATE</th>
<th>MEALS ($)</th>
<th>LODGING ($)</th>
<th>MISC ($)</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
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**SUB-TOTALS**

<table>
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<tr>
<th>TOTAL AMOUNT</th>
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</thead>
</table>

Comments:

DEPARTMENTAL APPROVAL

Print Name: ___________________________  Signature: ___________________________  Date: ___________________________
Some things to know about the CFAA

• Reimbursement – Approved Personal Rotation: Personnel under this agreement are expected to be available a minimum of 7 days (portal to portal) excluding travel, before needing replacement, regardless of the number of assignments from original dispatch.

• Some Operational Areas have agreed to a 14 day commitment on assignments exclusive of travel.
Personnel Rotations

• Crew member rotations happen for various reasons (timed out, medical, family)

• 2 types of rotations – Incident Approved (paid for) and Home Agency pay
  
  – Incident – normally a minimum of 7 work days before they will consider (paperwork will be submitted to IC for approval)

  – Home Agency – all cost for rotation will be covered by home agency
Personnel Rotations

- If an OES AREP is on scene, all crew rotations should start with them.

- Crew rotation process should start at least **48hrs** prior to the request date.

- All crew rotations will happen when units are on an OFF status.
Approved Personnel Rotations

- Rotations will be documented on the Resource Rotation – Job Aid (v9) which will be signed by the IC through the OES AREP.

- The Incident Commander or MOB Center Mgr. to which the resources are assigned must approve the personnel rotation and method of transportation. Such approval should not be denied without substantial cause. (Imminent planned release 24-36 hours or a negotiated extension through the OES AREP).
Approved Personnel Rotations

• The personnel rotation and transportation plan must be coordinated through the incident, the ordering point, agency representative, and/or the overhead responsible for the personnel to be rotated.
**RESOURCE ROTATION – JOB AID**

1. **Incident Name:**

2. **To (Name and Position):**

3. **From:**

   - **Name:** ____________________________
   - **Position:** ____________________________
   - **Phone:** (______) ______

   - **Rotation Agency ID:**
   - **Strike Team ID:**
   - **Strike Team Number:**

   - **Request #:**
   - **Engine #:**
   - **First Day Worked on Incident:**

4. **Subject:**

   - **Reimbursement – Personnel Rotation**
   - *(per CFAA Exhibit A: Clause A-34; Exhibit C)*

5. **Date:**

6. **Time:**

7. **Message:**

   - **Requested Crew Rotation Vehicle:**
   - **Agency Name:**
   - **Vehicle License #:**
   - **Type:** (SUV/)(Pickup/)(Van/)(Auto)

   - **Depart Home Agency (Date/Time):**
   - **Incident Arrival (Date/Time):**

   - **Incoming Crew anticipated travel:**

   - **Depart Incident (Date/Time):**
   - **Arrival at Home Agency (Date/Time):**

   - **Outgoing Crew anticipated return travel:**

8. **Notes:**

9. **Incident Approval:** [IC or Mobilization Center Manager]

   - **Approved:**
   - **Name:** ____________________________
   - **Signature:** ____________________________
   - **Position:** ____________________________

10. **Expanded Dispatch Reply:**

   - **Subordinate Order #:**

11. **Replied by:**

   - **Name:** ____________________________
   - **Position:** ____________________________

---

**Instructions to Expanded Dispatch (per Exhibit C/CFAA):**

Using the Original Resource request number, create a Subordinate Request for the vehicle being used for the crew rotation based upon the dates and times listed above.

Email the Subordinate Request Resource Order to:

---

**Incident Approval:** [IC or Mobilization Center Manager]

---

**Expanded Dispatch Reply:**

---

**Replied by:**

---
Approved Personnel Rotations

• The resource order will be annotated in the documentation section by the incident indicating the date and time of personnel rotation approval

• Subsequently the home unit/filling command center will add documentation to include the following information:
Approved Personnel Rotations

- Method/Mode, date and time of transportation
- An ICS Form 213 or Rotation Job Aid must be signed by the IC or MOB center manager approving the rotation. This form shall be attached to the respective F-42 associated with the rotation vehicle and overlapping time of personnel
Approved Personnel Rotations

• If the home agency/s will be using a commercial bus for the movement of personnel for the rotation, the cost for the bus must be approved. (when submitting your request for rotation, you will need to provide an estimate for the bus cost for approval)
Approved Personnel Rotations

• Crews coming off shift will be required to rest prior to departing the incident (safety reason)
• The exception would be if drivers were sent and/or a commercial bus was used
Personnel Rotation Issues

- Unapproved rotations involving change in ranks on engine are not documented by date/time
- Change in number of personnel on engine (need separate F-42)
- Personnel changes not completed prior to reassignment to another incident
Personnel Rotation Issues

• Unclear documentation (214’s)

• Crew that rotated out did not start a F-42 for the time that they were there (names, ranks, last 4 SSN)
IMT/Overhead Rental Car

- Rental vehicles authorized on the resource order do not need additional incident approval. The cost of the rental vehicle, if incurred by the local agency, and the fuel purchased to operate the rental vehicle must be submitted on the In State Travel and Incident Related Expense Log with receipts taped or photo copied. Rental vehicles that are not authorized on the resource order must receive the formal written approval from the incident as identified above. Exhibit H
IMT/Overhead Rental Car

- State contract with Enterprise is available to all local government fire entities.
- Enterprise will set up a direct bill account for your agency or
- Users can use a department credit card or
- Agencies can use account number XZCPFIR and renters can use their own payment.
- ROSS order must have rental vehicle authorized.
IMT/Overhead Rental Car

• Steps to obtain a rental car are:
  – Go online and get a reservation. Reservation guarantee’s rate. Vehicle should be based on your incident position
  – Provide your agency account code or credit card, or account number provided by Enterprise on previous slide
  – Drivers license
  – www.enterprisetrucks.com can assist in locating trucks
<table>
<thead>
<tr>
<th>Class Type</th>
<th>Sample Vehicle</th>
<th>Daily Rates</th>
<th>Weekly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compact</td>
<td>Nissan Versa</td>
<td>$33.96</td>
<td>$135.83</td>
</tr>
<tr>
<td>Intermediate</td>
<td>Hyundai Elantra</td>
<td>$33.96</td>
<td>$135.83</td>
</tr>
<tr>
<td>Standard</td>
<td>Buick Verano</td>
<td>$36.02</td>
<td>$144.06</td>
</tr>
<tr>
<td>Full Size</td>
<td>Nissan Altima</td>
<td>$36.02</td>
<td>$144.06</td>
</tr>
<tr>
<td>Hybrid Electric/Plug-In Zero Emission Vehicle</td>
<td>Toyota Prius</td>
<td>$43.22</td>
<td>$172.87</td>
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<tr>
<td>Compact SUV</td>
<td>Jeep Renegade</td>
<td>$57.62</td>
<td>$230.50</td>
</tr>
<tr>
<td>Medium SUV</td>
<td>Hyundai Santa Fe</td>
<td>$90.55</td>
<td>$540.23</td>
</tr>
<tr>
<td>Pick Up Truck</td>
<td>Ram 1500</td>
<td>$72.03</td>
<td>$288.12</td>
</tr>
<tr>
<td>¾-Ton/1-Ton Pick Up Truck</td>
<td>Chevy Silverado</td>
<td>$92.61</td>
<td>$463.05</td>
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<tr>
<td>Mini Van</td>
<td>Dodge Grand Caravan</td>
<td>$57.62</td>
<td>$230.50</td>
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<tr>
<td>Mini Van (8 Passenger)</td>
<td>Toyota Sienna</td>
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<tr>
<td>Cargo Van</td>
<td>Ram Promaster City</td>
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<td>Mini-Cargo Van</td>
<td>Transit Connect</td>
<td>$67.91</td>
<td>$339.57</td>
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<tr>
<td>15’ Cutaway Box Van w/ramp</td>
<td></td>
<td>$72.03</td>
<td>$360.15</td>
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<tr>
<td>16’ Box Truck</td>
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<td>$87.47</td>
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<tr>
<td>24’ Box Truck</td>
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<tr>
<td>26’ Box Truck</td>
<td></td>
<td>$102.90</td>
<td>$514.50</td>
</tr>
<tr>
<td>14’ Stake Bed</td>
<td></td>
<td>$87.47</td>
<td>$437.33</td>
</tr>
<tr>
<td>24’ Stake Bed</td>
<td></td>
<td>$102.90</td>
<td>$514.50</td>
</tr>
</tbody>
</table>
IMT/Overhead Rental Car

- Damage
  - Comp/Claims Process
  - Cleaning Fee (150.00)
  - Damage from off road use is **not** covered by damage waiver
- 3/4 Ton = Off Road
CALFIRE

Claim Number: 09649833
Company Reference Number: 
Your Claim Number: 
Date of Loss: 08/31/2016
Balance Due: $9,711.48
Renter's name: [redacted]
Billing Invoice: 3001392464

DRIVER'S NAME: [redacted]

Dear Sir / Madam,

Our review indicates that your employee is responsible for the damages to our vehicle.

Enclosed please find documentation to support our claim. Please review this information and remit payment in full to the address above. Please include our claim number on your payment. If you prefer you may also pay the amount due using a debit card, credit card or directly from your bank account at: http://www.claimtopay.com.

If you have reported this claim to your insurance and / or credit card company, please contact our office with the claim information.

If you have any questions, please contact us at the number below.

Sincerely,

ENTERPRISE RENT-A-CAR

DAMAGE RECOVERY
Phone: 8663003238
Fax: 8888748937
Email: DRU2@shi.com
<table>
<thead>
<tr>
<th>RESOURCE ORDER</th>
<th>Initial Date/Time</th>
<th>OVERHEAD</th>
<th>08/29/17 0203</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Descriptive Location</td>
<td>42400 HWY 190, SPRINGVILLE</td>
<td>PIER</td>
<td>0203</td>
</tr>
<tr>
<td>6. TWN</td>
<td>RNG</td>
<td>SEC</td>
<td>Base MDM</td>
</tr>
<tr>
<td>LAT.</td>
<td>LONG.</td>
<td>36 09 12 N</td>
<td>118 44 26 W</td>
</tr>
<tr>
<td>10. Ordering Office</td>
<td>Central California ECC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Aircraft Information</td>
<td>Bearing</td>
<td>Distance</td>
<td>VOR</td>
</tr>
<tr>
<td>29</td>
<td>20</td>
<td>TTE</td>
<td></td>
</tr>
<tr>
<td>95</td>
<td>38</td>
<td>VIS</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>44</td>
<td>EHF</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Request Number</td>
<td>Ordered Date/Time</td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>O-268</td>
<td>09/02/17 1338 PST</td>
<td>EXPANDED OVERHEAD 559-782-3120 x 745</td>
<td>CA-CECC 1</td>
</tr>
<tr>
<td>Travel Mode</td>
<td>Financial Code</td>
<td>CFAA - CA FIRE ASSIST AGR</td>
<td></td>
</tr>
<tr>
<td>O-268</td>
<td>NAME REQUEST, PLACING UP TO PARENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O-268</td>
<td>CA-SQF-002385</td>
<td>TAMMY HILL (CA-XTUC)</td>
<td></td>
</tr>
<tr>
<td>Request Number</td>
<td>Ordered Date/Time</td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------</td>
<td>------</td>
<td>----</td>
</tr>
<tr>
<td>O-1000</td>
<td>07/26/17 1252 PST</td>
<td>(SOF)Jorge Segura</td>
<td>CA-MMCC</td>
</tr>
</tbody>
</table>

**Travel Mode**
- Financial Code: CFAA - CA FIRE ASSIST AGR
- Special Needs: AGENT OR RENTAL 4X4 VEHICLE WITH SAFETY OFFICER KIT/EQUIPMENT

**13. User Documentation**

<table>
<thead>
<tr>
<th>Req No.</th>
<th>Documentation</th>
<th>Entered By</th>
</tr>
</thead>
<tbody>
<tr>
<td>O-1000</td>
<td>Request O-1000 was UTF by Ryan Avila@CA-TUCC ROSS.</td>
<td>Ryan Avila (CA-TUCC) 07/26/2017 1331 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>no one available unit close to draw down on resources and personnel on incidents</td>
<td>Ryan Avila (CA-TUCC) 07/26/2017 1331 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>Request O-1000 was UTF by CHARLES PETERSON@CA-SBDC ROSS.</td>
<td>CHARLES PETERSON (CA-SBDC) 07/26/2017 1358 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>Unit @ drawdown</td>
<td>CHARLES PETERSON (CA-SBDC) 07/26/2017 1358 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>Request O-1000 was UTF by Nick Hermosillo@CA-CZCC Altariss CAD - CACZU.</td>
<td>Nick Hermosillo (CA-CZCC) 07/26/2017 1431 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>UTF Remark: UTF</td>
<td>Nick Hermosillo (CA-CZCC) 07/26/2017 1431 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>No SOFR available on SRF or HUU at this time.</td>
<td>Michael Jameson (CA-FICC) 07/26/2017 1739 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>Request O-1000 was UTF by Michael Jameson@CA-FICC ROSS.</td>
<td>Michael Jameson (CA-FICC) 07/26/2017 1739 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>Request O-1000 was UTF by Steven Blythe@CA-SCCC Altariss CAD - CASCU.</td>
<td>Steven Blythe (CA-SCCC) 07/26/2017 1747 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>UTF Remark: NO PERSONNEL AVAILABLE PER DUTY CHIEF</td>
<td>Steven Blythe (CA-SCCC) 07/26/2017 1747 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>Request O-1000 was UTF by Rob Robertson@CA-BTCC Altariss CAD - CABTU.</td>
<td>Rob Robertson (CA-BTCC) 07/26/2017 1825 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>UTF Remark:</td>
<td>Rob Robertson (CA-BTCC) 07/26/2017 1825 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>Request O-1000 was UTF by IVY WILLIAMS@CA-TGCC Altariss CAD - CATGU.</td>
<td>IVY WILLIAMS (CA-TGCC) 07/26/2017 1849 PST</td>
</tr>
<tr>
<td>O-1000</td>
<td>UTF Remark: RESOURCES COMMITTED TO UNIT COVERAGE, MOU VAC, MEDICAL</td>
<td>IVY WILLIAMS (CA-TGCC) 07/26/2017 1849 PST</td>
</tr>
<tr>
<td>Request Number</td>
<td>Ordered Date/Time</td>
<td>From</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------</td>
<td>------</td>
</tr>
<tr>
<td>O-325</td>
<td>07/18/17 0136 PST</td>
<td>MEDL</td>
</tr>
</tbody>
</table>

### Special Needs
- EACH WITH BLS LINE GEAR AND VEHICLE

### Reporting Instructions

#### Travel Mode
- Financial Code: CFAA - CA FIRE ASSIST
- AGR

#### AGR

### User Documentation

<table>
<thead>
<tr>
<th>Req. No.</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>O-325</td>
<td>Shopped out, try thru OES system</td>
</tr>
<tr>
<td>O-325</td>
<td>Request O-325 was UTF by Karen Sullivan@CA-BECC Altaris CAD - CABEL.</td>
</tr>
<tr>
<td>O-325</td>
<td>UTF Remark: NONE AVAIL, MOU</td>
</tr>
<tr>
<td>O-325</td>
<td>Request O-325 was UTF by JACQUELINE WILLIAMS@CA-OSCC ROSS.</td>
</tr>
<tr>
<td>O-325</td>
<td>Request O-325 - FIRELINE EMT (CALIFORNIA ONLY) - [CA-MMU-014474] DETWILER has been filled with HINES, MATTHEW J (CA-XFRC) by JOHN DAHLBERG@CA-XFRC ROSS.</td>
</tr>
<tr>
<td>O-325</td>
<td>Rental Vehicle Approved</td>
</tr>
<tr>
<td>O-325</td>
<td>RENTAL RETURN, NOT AVAIL FOR REASSIGNMENT PER HOME UNIT</td>
</tr>
</tbody>
</table>

**Entered By**
- JACQUELINE WILLIAMS (CA-OSCC) 07/18/2017 0221 PST
- Karen Sullivan (CA-BECC) 07/18/2017 0223 PST
- Karen Sullivan (CA-BECC) 07/18/2017 0223 PST
- JACQUELINE WILLIAMS (CA-OSCC) 07/18/2017 0224 PST
- JOHN DAHLBERG (CA-XFRC) 07/18/2017 0500 PST
- Lee Lawler (CA-MMCC) 07/18/2017 0523 PST
- Valerie Watts (CA-MMCC) 07/26/2017 1009 PST

**RUN DATE:** 3/15/2018 14:38 CDT
Work / Rest Guidelines

• To maintain safe, productive incident activities, all personnel must appropriately manage work/rest periods, assignment duration, and shift length for crews, overhead personnel, and support personnel. Plan for and ensure that crews, overhead personnel, and support personnel are provided a 2 to 1 work to rest ratio (for every 2 hours of work or travel, provide 1 hour of sleep and/or rest).

• 12 hour shift = 6 hours sleep
• 24 hour shift = 12 hours sleep
Incident Off-Shift Rest & Sleeping Accommodations

- The responsible Forest Agency will provide, when practical, shaded and/or climatically maintained accommodations for off shift sleeping, rest, and recuperation for local government resources confined to incident base.
Incident Off-Shift Rest & Sleeping Accommodations

• If the Incident Command finds it operationally feasible (i.e. Strike Team remains available), to place local government resources in a commercial sleeping accommodation, it may be provided by the forest agency.
Incident Off-Shift Rest & Sleeping Accommodations

• Local government and OES engines staffed by CAL FIRE personnel fall under the provisions of the CFAA
• Never split up the strike team
• Utilize the OES and CAL FIRE AREP to resolve issues
Mobile Sleep Trailers
- CHECK IN with CAL FIRE Motel Manager upon arrival at ICP, provide current personnel count (male/female) along with your ST ID and phone numbers.

- When placed in accommodations you are ON DUTY - UNASSIGNED

- DO NOT Change room allocation (i.e., doubles to singles)

- ALL individuals are required to sign motel roster daily. Form AO-341

- Meals will be provided at Incident Base unless specifically directed by the Incident. If you choose to eat off site it is your responsibility and not reimbursable.

- Telephone calls, pay-per-view television, room service, etc., from rooms are NOT AUTHORIZED

- Crew Rotations: if numbers or makeup of personnel in your Strike Team changes, advise Motel Unit Leader and update phone numbers.
Each person occupying rooms must sign the CAL FIRE AO-341 (blue ink) so the bill can be paid.

Remember that you are still on the clock, representing your department and OES.

Mistakes and errors in judgment you make here will impact the entire California Fire Service.
Time Unit

- Check with the OES AREP for process
- If **NO** OES AREP
  - ✓ Be sure to get your F-42 signed by the incident authorized representative, and mail white copies to OES HQ
- Keep your paperwork current
<table>
<thead>
<tr>
<th>Incident Name:</th>
<th>Reporting Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: Incident</td>
<td>Complex: Mobilization Center Not Staging Area</td>
</tr>
<tr>
<td>To: Incident</td>
<td>Time (24 Hour):</td>
</tr>
<tr>
<td>Committed to Incident: Date:</td>
<td>Time (24 Hour):</td>
</tr>
<tr>
<td>Return from Incident: Date:</td>
<td>Time (24 Hour):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCIDENT ORDER NUMBER</th>
<th>INCIDENT REQUEST NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>State: 3-Letter ID</td>
<td>Number:</td>
</tr>
<tr>
<td>3-Letter ID: ID</td>
<td>Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OLD INCIDENT ORDER NUMBER</th>
<th>OLD REQUEST NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>State: 3-Letter ID</td>
<td>Number:</td>
</tr>
<tr>
<td>3-Letter ID: ID</td>
<td>Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEW INCIDENT ORDER NUMBER</th>
<th>NEW REQUEST NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>State: 3-Letter ID</td>
<td>Number:</td>
</tr>
<tr>
<td>3-Letter ID: ID</td>
<td>Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OVERHEAD INFORMATION</th>
<th>STT/P LEADER</th>
<th>ST (P) LEADER (TRAINED) / OVERHEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strike Team Leader or Task Force Leader</td>
<td>Strike Team Leader or Task Force Leader (Trained)</td>
<td></td>
</tr>
<tr>
<td>Overhead Position: (IC Title)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPPORT VEHICLE INFORMATION</th>
<th>SUPPORT VEHICLE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle Owner: Agency</td>
<td>POV:</td>
</tr>
<tr>
<td>Rented</td>
<td>CDF / OES Vehicle License:</td>
</tr>
<tr>
<td>Vehicle Type: Sedan</td>
<td>SUV</td>
</tr>
<tr>
<td>Van</td>
<td>Pick-Up (1 Ton)</td>
</tr>
</tbody>
</table>

[Signatures]

<table>
<thead>
<tr>
<th>INCIDENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDF</td>
</tr>
</tbody>
</table>

[Signatures]

**NOTICE**: This form is for demonstration purposes only and is not for official use.
**Incident Information**

- **Incident Name:** <List Incident Name Here>
- **Reporting Location:** ICP
- **Committed to Incident:**<Enter Commitment Details>
- **Return from Incident:** <Enter Return Details>
- **Dispatch Date:** <Enter Dispatch Date>
- **Dispatch Time:** <Enter Dispatch Time>
- **End Date:** <Enter End Date>

**Personnel Information**

- **Name:** <List Personnel Name Here>
- **Rank:** Captain
- **Signature:** <Signature Here>

**Additional Details**

- **Vehicle Information:**
  - **Vehicle Type:** Sedan
  - **License Plate:** <Enter License Plate Here>
- **Engine Information:**
  - **Engine Number:** <Enter Engine Number Here>
- **Unit Number:** <Enter Unit Number Here>
- **Contact Information:**
  - **Phone Number:** <Enter Phone Number Here>
  - **Cell Phone:** <Enter Cell Phone Number Here>

**Notes**

- **Blue = Filled out by Responding Agency**
- **Red = Filled out by Finance/OES**

---

**IMU Form F-42**

**EMERGENCY ACTIVITY RECORD (OES F-42) - Revision Apr/2015**

**Incident Information**

- **Incident Number:** ZZZZZZ
- **Incident Request Number:** ZZZ

**Personnel Information**

- **Name:** <List Personnel Name Here>
- **Rank:** Engineer
- **Signature:** <Signature Here>

**Vehicle Information**

- **Vehicle Type:** Sedan
- **License Plate:** <Enter License Plate Here>

**Engine Information**

- **Engine Number:** <Enter Engine Number Here>
- **Unit Number:** <Enter Unit Number Here>

**Contact Information**

- **Phone Number:** <Enter Phone Number Here>
- **Cell Phone:** <Enter Cell Phone Number Here>
**EMERGENCY ACTIVITY RECORD (OES F-42)**

**Incident Information**
- **Incident Name:** Falls
- **Reporting Location:** ICP
- **Committed to Incident:**
  - **Date:** 07/01/2015
  - **Time (24 Hour):** 13:30
- **Return from Incident:**
  - **Date:** 07/16/2015
  - **Time (24 Hour):** 18:30

**Dispatched From:**
- **Only if Coming From Another OES Incident:**
  - **Start Date:**
  - **End Date:**
- **Only if Headed to Another OES Incident:**
  - **Start Date:**
  - **End Date:**

**Incident Order Number:**
- **State:** CASMC
- **3-Letter ID:** X
- **Number:** 5SD6412C
- **INCIDENT ORDER NUMBER:**
  - **State:** CACNFE
  - **3-Letter ID:** C
  - **Number:** 410267

**Incident Request Number:**
- **State:** CACNFE
- **3-Letter ID:** C
- **Number:** 4112

**Overhead Information - Shift Leader/Shift Leader (Trainee) / Overhead**
- **Shift Team Leader:**
- **Shift Team Leader or Task Force Leader:**
  - **Date:**
  - **Time:**
- **Shift Team Leader or Task Force Leader (Trainee):**
  - **Date:**
  - **Time:**

**Support Vehicle Information**
- **Vehicle Ownership:**
  - **Agency:**
  - **POW:**
  - **Rental:**
  - **CDF / OES Vehicle:**
- **License:**
- **Vehicle Types:**
  - **Sedan:**
  - **SVU:**
  - **Van:**
  - **Pick-Up (% Tone):**
  - **Other (% Tone & Above):**
  - **Other:**
- **Privately Owned Vehicle Only:**
  - **Register:**
  - **Vehicle:**
  - **License #:**
  - **Color:**
  - **Type:**
  - **Model:**

**Equipment Resource Information**
- **Type:**
  - **Engine:**
    - **Number:** 121
    - **License #:** XYZ2234
    - **GPM:** 500

**Personal Information**
- **Name:** Ringale, Donald
  - **Rank:** Captain
- **Gavin, Tommy**
  - **Rank:** Engineer
- **Gage, John**
  - **Rank:** Firefighter
- **DeSoto, Ray**
  - **Rank:** Firefighter

**Additional Information**
- **San Marcos FD**
  - **Fire Captain:**
    - **Name:** Ringale, Donald
    - **ID:** 816-555-1212
  - **OES Representative:**
    - **Name:** Joe Finance
    - **ID:** 07/16

*Blue = Filled out by Responding Agency  Red = Filled out by Finance/OES*
**F-42: Overhead Supplemental - Sample**

**EMERGENCY ACTIVITY RECORD (OES F-42) - Revision Apr/2015**

<table>
<thead>
<tr>
<th>Incident Location</th>
<th>Reporting Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>ICP</td>
</tr>
</tbody>
</table>

- **Commenced To Incident:** 07/01/2015
- **Returned From Incident:** 07/16/2015
- **Time (24 Hours):** 13:30
- **Time (24 Hours):** 18:30

**Dispatched:**

- **Incident Name:** Falls
- **Reporting Location:** ICP

**Responding Agency Information:**

- **San Marcos FD**
- **Fire Captain:** 816-555-1212
- **Joe Finance:**
- **OES Representative:**

**Vehicle Information:**

- **Vehicle Type:**
  - Agency
  - FOV
  - Rental
  - EDW/OES Vehicle

- **License:** 1XYZ234

**Equipment Resource Information:**

- **Apparatus:**
  - License #: 95

**Filled out by Responding Agency:** Blue
- **Filled out by Finance/OES:** Red
F-42 tips

• Terms to avoid:
  – Structure protection / defense

• Terms to use:
  – Approved Personnel Rotation
  – Assigned / Re-assigned
  – Comp/Claims notations

• Don’t confuse block 14 (comments) on the F-42 with your ICS 214 Unit Log
F-42 tips

• Don’t confuse block 14 (comments) on the F-42 with your ICS 214 Unit Log

• Use your ICS 214 to document the daily events of your deployment
  – Accidents
  – Agreements
Comp/Claims Process
Start with this Checklist!

Comp Claims Checklist

Process

1. Fill out General Message ICS 213.
   (details of accident/loss on an ICS213 signed by appropriate chain of command)
2. Contact the AREP for assistance and information.
3. Gather photographs, witness statements, police reports, damage estimates, and other information.
4. Ensure that cost of damage is reflected as an estimate and is non-exclusive.
5. Complete appropriate forms (listed below).
6. Submit forms, photos, and information to the OES AREP.
7. Three copies of all documents generated (Home Agency, OES AREP, Incident Comp Claims).
8. Obtain Supply Number (5 #) from the incident.
9. Home Agency submits receipts for reimbursement to Cal OES.

Required Documents

California DGS - STD 270 – Vehicle Accident Report
http://police.edsu.edu/tps/images/std270.pdf

State Incident: Cal Fire 101 – Property Certification / Certificate of Responsibility
http://serfong.com/rescf101.doc

Or

Federal Incident: NIFC OF289 – Property Loss or Damage Report
http://gaco.info.gov/nwcob/content/pdf/f30wpatch/lads/OF_289.pdf

Police Report:

Narrative (from ICS 214 – Unit Log):
http://www.firecalc.org/ics-forms/214814274.doc

Witness Statements:

Photographs (full 360 of vehicle, serial plate, as well as specific damage photos) emailed to AREP:

GPS coordinates where incident occurred:
Comp/Claims Process

• Complete formal documentation
  – Accident Report STD Form 270
    • Complete including diagrams, statements, witnesses
  – ICS Form 213
    • Describing event or circumstance
    • Signed by DIVS, Branch or immediate supervisor

– Photos
  • Include plate, vin plate, door logo, damage
  • Date and time stamped helps
  • On thumb drive for electronic distribution
State Vehicle Accident Report STD Form 270

- State Vehicle Accident Report (STD-270) this form can be located on the DGS website under forms
- Description of damages
- Narrative and diagram of the accident
- Assignee should request police report if needed. (Injuries or damage over $500.00 per state vehicle code.)
- If on assignment, notify Strike Team Leader and Liaison, including Safety Officer for additional documentation.
- Report needs to be received by Cal OES Fire and Rescue Division within 48 hours
**Vehicle Accident Report**

**State of California**

**Vehicle Accident Report**

**This report must be mailed within 48 hours after accident.**

**Accident Number**: 47

**Date of Accident**: 2/26/13

**Time**: 14:20

**Vehicle**: 2000 Westakes HME #18

**Vehicle Owner**: California, DC

**Driver**: Matthew Calhoun

**License Plate**: 2160 SA Santa Barbara Ave, SLO, CA 93401

**Description of Damage**:
- Cracked right rear wing,
- Bent rear bumper,
- Bent rear spoiler panel,
- $1500

**Weather Conditions**:
- Dust/gravel driveway, off-road
- Clear, warm, dry

**Traffic Conditions**: No other traffic

**Police Report Made By**: California Office of Emergency Services

**Other Parties Involved**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeff Green</td>
<td></td>
<td>2160 Santa Barbara Ave, SLO, CA 93401</td>
</tr>
<tr>
<td>Matt Hillman</td>
<td></td>
<td>2160 Santa Barbara Ave, SLO, CA 93401</td>
</tr>
<tr>
<td>John King</td>
<td></td>
<td>2160 Santa Barbara Ave, SLO, CA 93401</td>
</tr>
</tbody>
</table>

(Continue on reverse)
ICS 213 Form Example

Don’t wait!

Get your division or Branch to sign this before you leave the line

---

**GENERAL MESSAGE**

<table>
<thead>
<tr>
<th>TO:</th>
<th>Comp/Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM:</td>
<td>Name</td>
</tr>
<tr>
<td>POSITION:</td>
<td>Capt/Sten/Div or BR</td>
</tr>
<tr>
<td>SUBJECT:</td>
<td>Department &amp; Engine #</td>
</tr>
<tr>
<td>S# for Repairs or Replacement</td>
<td></td>
</tr>
<tr>
<td>DATE:</td>
<td></td>
</tr>
<tr>
<td>TIME:</td>
<td></td>
</tr>
</tbody>
</table>

**MESSAGE:**

Who: Engine #, License Number, Strike Team designator Etc.

When: Day Shift, Night Shift, Date, Time, On shift- off shift

Where: Be Specific! (E.g. Division X of the Thomas Fire on Hwy #162 at the Intersection of Hwy #150) Were you on pavement, dirt, dozerline, driveway?

How: What happened? Spell it out. Tie it into the activity you were doing (E.g. structure protection, hoselays, firing operation, staged, patrol)

What: What is the issue? (mirror, tires, bumper, burned hose etc., mechanical) (You sign this and Division or Branch Sign it, include phone numbers)

**SIGNATURE:**

**REPLY:**

The reply should be either approved or denied:

- If approved the S# should be here and the signature of the FSC, IBA or IC
- If denied it should document the reason for the denial and signature of who denied it!

<p>| DATE: | TIME: | SIGNATURE/POSITION: |</p>
<table>
<thead>
<tr>
<th>SHOP STOCK</th>
<th>FORESTRY MOBILE EQUIPMENT WORK ORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>QTY.</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>1</td>
<td>3 x 3 SCARCE REPAIR</td>
</tr>
</tbody>
</table>

**ROUTE**
- WHITE: ADM UNIT
- PINK:也曾
- BLUE: SHOP

**FORESTRY MOBILE EQUIPMENT WORK ORDER**

No. 231926

**SHOP STOCK**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>UNIT COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 x 3 SCARCE REPAIR</td>
<td>700</td>
</tr>
</tbody>
</table>

**FORESTY MOBILE EQUIPMENT WORK ORDER**

<table>
<thead>
<tr>
<th>DATE</th>
<th>12/11/17</th>
</tr>
</thead>
</table>

**REGION**
- ADM. UNIT: 3100
- DATE: 12/11/17
- MFG.:
- YR. MODEL:
- TYPE:
- CHASSIS NO.:
- ENG. TYPE AND NO.:
- LICENSE NO.:
- CAL FIRE NO.:
- MILEAGE: 52744
- WORK AUTHORIZED BY:
- JOSH PEREY
- TITLE: CAPTAIN

**DESCRIPTION OF WORK**

ASSIGNED TO HOT SPRINGS GROUP ON 12/11/17 a 1990 OES-316 was making a sharp turn into a driveway and rubbed a rock out of view of the driver. The driver had spotted it on the opposite side. The damage occurred on the passenger side lower rear of cab.

**TOTAL**

<table>
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<th>TIRES</th>
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<td>GEAR OIL - PTS.</td>
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**DATE COMPLETED**

<table>
<thead>
<tr>
<th>DATE COMPLETED</th>
<th>12/11/17</th>
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**INSPECTED BY**

[Signature]
Compensation/Claims “S” Number Process

• Damage to apparatus, equipment, hose left on the line, hose burned are only some examples of items that may be involved in this process

• There are steps that need to be followed to ensure that you are compensated for these losses

• Failure to complete these processes will very likely result in a denial
Comp/Claims Process

• Complete formal documentation (cont.)
  – Complete agency specific Comp/Claim form (Federal, State)
  – Different forms for different agencies and some require their specific form
Comp/Claims Process

• How to you validate whether your claim is covered?
  – CFAA Page 6 and 7; #25 thru #28
    • “Reimbursement for Emergency Apparatus Loss or Damage”
  – CFAA Exhibit “H”
    • “In-State Travel and Incident Related Expenses”
  – Check with the OES AREP
    • 916-845-8911 Duty Officer
Comp/Claims Process

• Exhibit “H”
  – In order for your agency to be eligible for reimbursement of expenses related to this exhibit, the approval MUST be formally documented in writing by the approving State or Federal Agency responsible for said incident. ICS Form 213
Comp/Claims Process

- Exhibit “H” (cont.)
  - The formal approval must be DOCUMENTED on a General Message Form ICS-213 and Resource Order of the associated “S #” validating the expense(s)
  - The General Message Form ICS-213 MUST be signed by the Finance Section Chief, Incident Business Advisor, or the Incident Commander
  - **NOTE:** S#'s should ONLY be issued when the incident cannot accommodate the expense and all other options to provide the expense(s) has been exhausted.
Other Reimbursements Thru the F-42 Process

• Any incident approved expense.
  – Example: Motels approved to finish your travel leg home.
  – Must have copies of all documentation from the incident.
  – Must mail in receipts and documentation so the invoice can reflect the expenditure.
  – In-State Travel Form (OES Web site)
Notifications

- INCIDENT SAFETY OFFICER
- OES AREP
- COMP/CLAIMS
- HOME AGENCY

Operational vs. Administrative/Paperwork
Demobilization

- Be familiar with the demob plan
- The ICS Form 221 starts the release process
- Follow the steps
- Don’t shortcut, be prompt, be patient
- Once ICS Form 221 is complete, status is pending until released or reassigned
Other Documentation

• Taskbooks
• ICS-225
  – Yourself
  – Company Officers
• Inventories
• STD Form 270
Expectations at Incident Base
What to do if you have problems

- Incident Commander
  - Information Officer
  - Liaison Officer
    - Agency Representatives
  - Safety Officer
OES Engine S/T Differences

- State resources
- Come with Voyager cards
- Inventories required at Demob.
- OP/ Bulletin 41
We expect you to:

- Gather Dispatch Information
- CICCS Qualification
- Determine Urgency
- Appropriate STEN Vehicle
- Attempt to fill STEN Trainee
- "Flight Following" with Operational Area
- Daily “SIT STAT” with Home Region
Determine Urgency

• Response Modes
  – Initial Attack
    • Just like receiving a 911 call
  – Immediate Need
    • 30 minute response expectation
  – Planned Need
    • 1 hour response expectation
Build your file

- Keep and make copies of everything
- Obtain copies of everyone’s F-42
- Get all the ICS Form 214’s
- Copy of the IAP that shows you
- FILE THEM FOR 5 YEARS
- Any issues that arise, the Strike Team Leader is the contact person
<table>
<thead>
<tr>
<th>Region</th>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Dave Stone</td>
<td>(916) 642-3827</td>
</tr>
<tr>
<td>I</td>
<td>John Salvate</td>
<td>(707) 853-6150</td>
</tr>
<tr>
<td>II</td>
<td>Dave Franklin</td>
<td>(650) 436-2185</td>
</tr>
<tr>
<td>II</td>
<td>Mark Courson</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Ken Hood</td>
<td>(916) 642-3887</td>
</tr>
<tr>
<td>III</td>
<td>Patrick Titus</td>
<td>(916) 634-9225</td>
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</tbody>
</table>
Cal OES Assistant Chiefs

• Region IV  Corey Zander  (916) 712-6771
• Region IV  Kit Bailey  (530) 307-1307
• Region V   Bill Bondshu  (559) 284-1580
• Region V   Javier Lara  (559) 412-1016
• Region VI  Pete Mercado  (619) 302-5360
• Region VI  Randy Unkovich
OES JOB AIDS, FORMS, SAMPLES AND CFAA AGREEMENT
# Cal OES
## Assistant Chief
Put the following numbers in your phone

<table>
<thead>
<tr>
<th>Region</th>
<th>Name</th>
<th>Office/Cell:</th>
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<td>(707) 853-6150</td>
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