

NFIRS Incident Field Notes

DATE	ALARM TIME	ARRIVAL TIME	CONTROL TIME	LAST UNIT CLEARED	INCIDENT #	EXPOSURE #
/ /	:	:	:	:		
LOCATION						
<input type="checkbox"/> Exact Location <input type="checkbox"/> Intersection <input type="checkbox"/> Front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to						
		Number	Street or Highway			
		Apt/Room	City	State	Zip Code	
Cross Streets or Directions						

INCIDENT TYPE <small>(Situation Found)</small>	AID GIVEN OR RECEIVED	ACTIONS TAKEN	RESOURCES		
<input type="checkbox"/> Mutual Aid Received <input type="checkbox"/> Automatic Aid Received <input type="checkbox"/> Mutual Aid Given <input type="checkbox"/> Automatic Aid Given <input type="checkbox"/> Other Aid Given <input type="checkbox"/> None	<input type="checkbox"/> Fire Service <input type="checkbox"/> Civilian Fire <input type="checkbox"/> Civilian EMS		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Apparatus <input type="text"/>	Personnel <input type="text"/>
	<input type="checkbox"/> Fire Service <input type="checkbox"/> Civilian Fire <input type="checkbox"/> Civilian EMS		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Fire Service <input type="checkbox"/> Civilian Fire <input type="checkbox"/> Civilian EMS		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Fire Service <input type="checkbox"/> Civilian Fire <input type="checkbox"/> Civilian EMS		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

ESTIMATED DOLLAR LOSS LOSSES	CASUALTIES	DETECTORS	PROPERTY USE
Property \$ <input type="text"/> Contents \$ <input type="text"/> PRE-INCIDENT VALUE Property \$ <input type="text"/> Contents \$ <input type="text"/>	Death Injury Fire Service <input type="text"/> <input type="text"/> Civilian Fire <input type="text"/> <input type="text"/> Civilian EMS <input type="text"/> <input type="text"/>	(Required for Confined Fires Only) <input type="checkbox"/> Detector Alerted Occupants <input type="checkbox"/> Detector Did Not Alert Occupant <input type="checkbox"/> Unknown	<input type="text"/> <input type="text"/>

HAZARDOUS MATERIALS RELEASE		MIXED USE PROPERTY
<input type="checkbox"/> NONE <input type="checkbox"/> NATURAL GAS: slow leak, no evacuation or HazMat action <input type="checkbox"/> PROPANE GAS: <21 LB. (as in home BBQ grill) <input type="checkbox"/> GASOLINE: vehicle fuel tank or portable container <input type="checkbox"/> KEROSENE: fuel burning equipment or portable storage	<input type="checkbox"/> DIESEL FUEL/FUEL OIL: vehicle tank or portable storage <input type="checkbox"/> HOUSEHOLD SOLVENTS: home/office spill, cleanup only <input type="checkbox"/> MOTOR OIL: from engine or portable container <input type="checkbox"/> PAINT: from paints cans totaling <55 gallons <input type="checkbox"/> OTHER: Special HazMat actions required or spill > 55 gallons	<input type="checkbox"/> Not Mixed <input type="checkbox"/> Assembly Use <input type="checkbox"/> Educational Use <input type="checkbox"/> Medical Use <input type="checkbox"/> Residential Use <input type="checkbox"/> Row of Stores <input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Business & Residential <input type="checkbox"/> Office Use <input type="checkbox"/> Industrial Use <input type="checkbox"/> Military Use <input type="checkbox"/> Farm Use <input type="checkbox"/> Other Mixed Use

OCCUPANT/PARTY INVOLVED NAME (LAST, FIRST, MIDDLE)	ADDRESS/CITY/ZIP CODE	TELEPHONE	
OWNER NAME (LAST, FIRST, MIDDLE)	ADDRESS/CITY/ZIP CODE	ROOM / APT #	TELEPHONE

NOTES:

AUTHORIZATION					
Officer in Charge	Position or Rank	Assignment	Month	Day	Year
Member Making Report	Position or Rank	Assignment	Month	Day	Year

<p>Property Details</p> <p><input type="checkbox"/> Not Residential</p> <p>Estimated # of residential living units in the building of origin whether or not all units became involved</p> <p><input type="checkbox"/> Buildings not involved</p> <p>Number of buildings involved</p> <p><input type="checkbox"/> None</p> <p>Acres burned (outside fires)</p> <p><input type="checkbox"/> Less than 1 acre</p>	<p>On-Site Materials</p> <p><input type="checkbox"/> None</p> <p>On-Site Material (1)</p> <p><input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repairs or service</p> <p>On-Site Material (2)</p> <p><input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repairs or service</p> <p>On-Site Material (3)</p> <p><input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repairs or service</p>	<p>Ignition</p> <p>Area of Fire Origin</p> <p>Heat Source</p> <p>Item First Ignited</p> <p><input type="checkbox"/> Fire spread confined to object of origin</p> <p>Type of Material First Ignited</p>	<p>Cause of Ignition</p> <p><input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Failure of Equipment or Heat Source <input type="checkbox"/> Act of Nature <input type="checkbox"/> Cause Under Investigation <input type="checkbox"/> Cause Undetermined after Investigation</p> <p>Factors Contributing to Ignition</p> <p><input type="checkbox"/> None</p> <p>Factor #1</p> <p>Factor #2</p>
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<p>Human Factors Contributing to Ignition</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Asleep <input type="checkbox"/> Possibly impaired by alcohol/drugs <input type="checkbox"/> Unattended person <input type="checkbox"/> Possibly mentally disabled <input type="checkbox"/> Physically disabled <input type="checkbox"/> Multiple persons involved <input type="checkbox"/> Age was a factor</p>	<p>Equipment Involved in Ignition</p> <p><input type="checkbox"/> None</p> <p>Equipment Involved: _____ Brand: _____ Model: _____ Serial Number: _____</p> <p>Year: _____ Equipment Power Source: <input type="checkbox"/> Portable <input type="checkbox"/> Stationary</p> <p>Mobile Property Involved</p> <p><input type="checkbox"/> None</p> <p>Mobile Property Type: _____ Mobile Property Make: _____</p> <p><input type="checkbox"/> Not involved in ignition, but burned</p> <p>Year: _____ Mobile Property Model: _____</p> <p><input type="checkbox"/> Involved in ignition, but didn't burn</p> <p>VIN Number: _____</p> <p><input type="checkbox"/> Involved in ignition and burned</p> <p>License Plate Number: _____ State: _____</p>
<p>Fire Suppression Factors</p> <p>Fire Suppression Factor (1): _____</p> <p>Fire Suppression Factor (2): _____</p> <p>Fire Suppression Factor (3): _____</p>	

<p>Structure Type</p> <p><input type="checkbox"/> Enclosed building <input type="checkbox"/> Fixed portable/mobile structure <input type="checkbox"/> Open structure <input type="checkbox"/> Air supported structure <input type="checkbox"/> Tent <input type="checkbox"/> Open platform (e.g. piers) <input type="checkbox"/> Underground structure (work areas) <input type="checkbox"/> Connective structure (e.g. fences) <input type="checkbox"/> Other type of structure</p>	<p>Building Status</p> <p><input type="checkbox"/> Under construction <input type="checkbox"/> Occupied & operating <input type="checkbox"/> Idle, not routinely used <input type="checkbox"/> Under major renovation <input type="checkbox"/> Vacant & secured <input type="checkbox"/> Vacant & unsecured <input type="checkbox"/> Being demolished <input type="checkbox"/> Undetermined <input type="checkbox"/> Other</p>	<p>Building Height</p> <p>(Count ROOF as part of Highest Story)</p> <p>Total # of stories at or above grade: _____</p> <p>Total # of stories below grade: _____</p> <p>Main Floor Size (Complete One)</p> <p>Total square feet: _____</p> <p>Length in Feet: _____ BY Width in Feet: _____</p>	<p>Fire Origin</p> <p><input type="checkbox"/> Below Grade</p> <p>Story of origin: _____</p> <p>Fire Spread</p> <p><input type="checkbox"/> Confined to object of origin <input type="checkbox"/> Confined to room of origin <input type="checkbox"/> Confined to floor of origin <input type="checkbox"/> Confined to building of origin <input type="checkbox"/> Beyond building of origin</p>
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<p>Number of Stories Damaged by Flame</p> <p>Number of stories w/ minor damage (1 to 24% Flame Damage): _____</p> <p>Number of stories w/ significant damage (25 to 49% Flame Damage): _____</p> <p>Number of stories w/ heavy damage (50 to 74% Flame Damage): _____</p> <p>Number of stories w/ extreme damage (75 to 100% Flame Damage): _____</p>	<p>Material Contributing Most to Flame Spread</p> <p>Item contributing most to flame spread: _____</p> <p>Type of material contributing most to flame spread: _____</p>	<p>Insurance Company Information</p> <p>Insurance Company Name: _____</p> <p>Policy Number: _____</p> <p>Agent's Name: _____</p> <p>Phone Number: _____</p>
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<p>Presence of Detectors</p> <p><input type="checkbox"/> None Present <input type="checkbox"/> Present</p> <p>Detector Power Supply</p> <p><input type="checkbox"/> Fire too small to activate <input type="checkbox"/> Operated <input type="checkbox"/> Failed to Operate <input type="checkbox"/> Undetermined</p> <p>Detector Type</p> <p><input type="checkbox"/> Smoke <input type="checkbox"/> Heat <input type="checkbox"/> Combination-smoke & heat <input type="checkbox"/> Sprinkler, water flow detection <input type="checkbox"/> More than 1 type present</p>	<p>Detector Effectiveness</p> <p><input type="checkbox"/> Alerted occupants-they responded <input type="checkbox"/> Occupants failed to respond <input type="checkbox"/> There were no occupants <input type="checkbox"/> Failed to alert occupants</p> <p>Detector Failure Reason</p> <p>_____</p>	<p>Presence of Automatic Extinguishing System</p> <p><input type="checkbox"/> None Present <input type="checkbox"/> Present</p> <p>Type of System</p> <p>_____</p> <p># of Heads Operating</p> <p>_____</p>	<p>System Operation</p> <p><input type="checkbox"/> Operated & effective <input type="checkbox"/> Operated & not effective <input type="checkbox"/> Fire too small to activate <input type="checkbox"/> Failed to operate <input type="checkbox"/> Other</p> <p>System Failure Reason</p> <p>_____</p>
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