

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 | Number | Street or Highway | | | | |
| <input type="checkbox"/> Front of | | | | | | |
| <input type="checkbox"/> Rear of | Apt/Room | City | State | Zip Code | | |
| <input type="checkbox"/> Adjacent to | | | | | | |
| | 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 | <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Primary Action Taken <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Additional Action Taken (1) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Additional Action Taken (2) | Suppression | | |
| | | | EMS | | |
| | | | Other | | |

| ESTIMATED DOLLAR LOSS LOSSES | CASUALTIES | DETECTORS | PROPERTY USE |
|---|---|--|--------------|
| Property \$ <input style="width: 100%;" type="text"/> | Death Injury | <small>(Required for Confined Fires Only)</small> | |
| Contents \$ <input style="width: 100%;" type="text"/> | Fire Service <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input type="checkbox"/> Detector Alerted Occupants | |
| PRE-INCIDENT VALUE | Civilian Fire <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input type="checkbox"/> Detector Did Not Alert Occupant | |
| Property \$ <input style="width: 100%;" type="text"/> | Civilian EMS <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input type="checkbox"/> Unknown | |
| Contents \$ <input style="width: 100%;" type="text"/> | | | |

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

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| <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>Fire Suppression Factors</p> <p>Fire Suppression Factor (1)</p> <p>Fire Suppression Factor (2)</p> <p>Fire Suppression Factor (3)</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> | | |

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|---|---|---|---|
| <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><input type="checkbox"/> Number of stories w/ minor damage (1 to 24% Flame Damage)</p> <p><input type="checkbox"/> Number of stories w/ significant damage (25 to 49% Flame Damage)</p> <p><input type="checkbox"/> Number of stories w/ heavy damage (50 to 74% Flame Damage)</p> <p><input type="checkbox"/> 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>Presence of Automatic Extinguishing System</p> <p><input type="checkbox"/> None Present <input type="checkbox"/> Present</p> <p>Type of System</p> <p># of Heads Operating</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> |
|--|--|--|