

A FDID State Incident Date Station Incident Number Exposure Delete Change No Activity **NFIRS-1 Basic**

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract _____

Street address _____
 Intersection _____
 In front of _____
 Rear of _____
 Adjacent to _____
 Directions _____

Number/Milepost Prefix Street or Highway Street Type Suffix
 Apt./Suite/Room City State ZIP Code

Cross Street or Directions, as applicable

C Incident Type _____
 Incident Type

E1 Dates and Times Midnight is 0000
 Month Day Year Hour Min

E2 Shifts and Alarms Local Option
 Shift or Platoon Alarms District

D Aid Given or Received None

1 Mutual aid received
 2 Auto. aid received
 3 Mutual aid given
 4 Auto. aid given
 5 Other aid given

Their FDID Their State
 Their Incident Number

Check boxes if dates are the same as Alarm Date.

Alarm **Arrival** **Controlled** **Last Unit Cleared**

ALARM always required
 ARRIVAL required, unless canceled or did not arrive
 CONTROLLED optional, except for wildland fires
 LAST UNIT CLEARED, required except for wildland fires

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken _____
 Primary Action Taken (1)

 Additional Action Taken (2)

 Additional Action Taken (3)

G1 Resources Check this box and skip this block if an Apparatus or Personnel Module is used.

Apparatus Personnel
 Suppression _____
 EMS _____
 Other _____

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non-fires. None

Property \$ _____
 Contents \$ _____

PRE-INCIDENT VALUE: Optional
 Property \$ _____
 Contents \$ _____

Completed Modules

Fire-2
 Structure Fire-3
 Civilian Fire Cas.-4
 Fire Service Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1 Casualties None
 Deaths Injuries
 Fire Service _____
 Civilian _____

H2 Detector Required for confined fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release None

1 Natural gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21-lb tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling <55 gallons
 0 Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

I Mixed Use Property Not mixed

10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Business & residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use None

Structures

131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/tavern or nightclub
 213 Elementary school, kindergarten
 215 High school, junior high
 241 College, adult education
 311 Nursing home
 331 Hospital

Outside

124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

341 Clinic, clinic-type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1- or 2-family dwelling
 429 Multifamily dwelling
 439 Rooming/boarded house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales

936 Vacant lot
 938 Graded/cared for plot of land
 946 Lake, river, stream
 951 Railroad right-of-way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/science laboratory
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

981 Construction site
 984 Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use Description _____
 Code _____

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option

Same as person involved? Then check this box and skip the rest of this block.

Business Name (if applicable)

Area Code

Phone Number

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State ZIP Code

L

Remarks:

Local Option

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

- | | |
|---|--|
| <input type="checkbox"/> Buildings 111 | Complete Fire & Structure Modules |
| <input type="checkbox"/> Special structure 112 | Complete Fire Module & Section I, Structure Module |
| <input type="checkbox"/> Confined 113-118 | Basic Module Only |
| <input type="checkbox"/> Mobile property 120-123 | Complete Fire & Structure Modules |
| <input type="checkbox"/> Vehicle 130-138 | Complete Fire Module |
| <input type="checkbox"/> Vegetation 140-143 | Complete Fire or Wildland Module |
| <input type="checkbox"/> Outside rubbish fire 150-155 | Basic Module Only |
| <input type="checkbox"/> Special outside fire 160 | Complete Fire or Wildland Module |
| <input type="checkbox"/> Special outside fire 161-163 | Complete Fire Module |
| <input type="checkbox"/> Crop fire 170-173 | Complete Fire or Wildland Module |



ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. →

Officer in charge ID Signature Position or rank Assignment Month Day Year

Member making report ID Signature Position or rank Assignment Month Day Year

A FDID Delete Change **NFIRS-2 Fire**

MM DD YYYY

State Incident Date Station Incident Number Exposure

B Property Details

B1 Not Residential
Estimated number of residential living units in building of origin *whether or not all units became involved*

B2 Buildings not involved
Number of buildings involved

B3 None Less than one acre
Acres burned (outside fires)

C On-Site Materials or Products None

Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, *whether or not they became involved*

Enter up to three codes. Check one box for each code entered.

On-site material (1)

On-site material (2)

On-site material (3)

On-Site Materials Storage Use

1 Bulk storage or warehousing
2 Processing or manufacturing
3 Packaged goods for sale
4 Repair or service
U Undetermined

D Ignition

D1 Area of fire origin

D2 Heat source

D3 Item first ignited Check box if fire spread was confined to object of origin.

D4 Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition Check box if this is an exposure report.

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition None

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition

Check all applicable boxes None

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved
7 Age was a factor

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved in Ignition None

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power Source

Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved None

1 Not involved in ignition, but burned
2 Involved in ignition, but did not burn
3 Involved in ignition and burned

Mobile property model

License Plate Number State VIN

H2 Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other agencies:

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure 	I2 Building Status ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	I3 Building Height ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> Total number of stories at or above grade </div> <div style="margin-top: 10px;"> <input type="text"/> Total number of stories below grade </div>	I4 Main Floor Size ☆ <div style="margin-top: 10px;"> <input type="text"/>, <input type="text"/>, <input type="text"/> Total square feet </div> <p style="text-align: center; font-weight: bold;">OR</p> <div style="margin-top: 10px;"> <input type="text"/>, <input type="text"/> BY <input type="text"/>, <input type="text"/> Length in feet Width in feet </div>
---	--	--	---

NFIRS-3
Structure
Fire

J1 Fire Origin ☆ <input type="text"/> Story of fire origin <input type="checkbox"/> Below grade	J3 Number of Stories Damaged by Flame ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> Number of stories w/minor damage (1 to 24% flame damage) </div> <div style="margin-top: 10px;"> <input type="text"/> Number of stories w/significant damage (25 to 49% flame damage) </div> <div style="margin-top: 10px;"> <input type="text"/> Number of stories w/heavy damage (50 to 74% flame damage) </div> <div style="margin-top: 10px;"> <input type="text"/> Number of stories w/extreme damage (75 to 100% flame damage) </div>	K Type of Material Contributing Most to Flame Spread ☆ <input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. <div style="margin-top: 10px; text-align: right;"> <input type="text"/> Item contributing most to flame spread </div> <div style="margin-top: 10px; text-align: right;"> <input type="text"/> Type of material contributing most to flame spread Required only if item contributing code is 00 or <70. </div>
--	---	---

Skip to
Section L

L1 Presence of Detectors ☆ (In area of the fire) <ul style="list-style-type: none"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined 	L3 Detector Power Supply ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug-in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug-in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L5 Detector Effectiveness ☆ Required if detector operated. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
---	--	--

L2 Detector Type ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L4 Detector Operation ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated 3 <input type="checkbox"/> Failed to operate U <input type="checkbox"/> Undetermined 	L6 Detector Failure Reason ☆ Required if detector failed to operate <ul style="list-style-type: none"> 1 <input type="checkbox"/> Power failure, shutoff, or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
--	--	--

M1 Presence of Automatic Extinguishing System ☆ <ul style="list-style-type: none"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined 	M3 Operation of Automatic Extinguishing System ☆ Required if fire was within designed range <ul style="list-style-type: none"> 1 <input type="checkbox"/> Operated/effective (go to M4) 2 <input type="checkbox"/> Operated/not effective (go to M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	M5 Reason for Automatic Extinguishing System Failure ☆ Required if system failed or not effective <ul style="list-style-type: none"> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
---	---	---

M2 Type of Automatic Extinguishing System ☆ Required if fire was within designed range of AES <ul style="list-style-type: none"> 1 <input type="checkbox"/> Wet-pipe sprinkler 2 <input type="checkbox"/> Dry-pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen-type system 7 <input type="checkbox"/> Carbon dioxide (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined 	M4 Number of Sprinkler Heads Operating ☆ Required if system operated <div style="margin-top: 10px;"> <input type="text"/> Number of sprinkler heads operating </div>
---	---

A FDID Star State Star Incident Date MM DD YYYY Star Station Incident Number Star Exposure Star Delete Change **NFIRS-4 Civilian Fire Casualty**

B Injured Person Star Gender 1 Male 2 Female **C Casualty Number** Star

First Name MI Last Name Suffix Casualty Number

D Age or Date of Birth Star Age Months (for infants) **OR** Date of Birth Month Day Year

E1 Race
 1 White
 2 Black, African American
 3 Am. Indian, Alaska Native
 4 Asian
 5 Native Hawaiian, Other Pacific Islander
 0 Other, multiracial
 U Undetermined

E2 Ethnicity
 1 Hispanic or Latino
 0 Non Hispanic or Latino

F Affiliation
 1 Civilian
 2 EMS, not fire department
 3 Police
 0 Other

G Date and Time of Injury Midnight is 0000.
 Date of Injury Month Day Year Time of Injury Hour Minute

H Severity Star
 1 Minor
 2 Moderate
 3 Severe
 4 Life threatening
 5 Death
 U Undetermined

I Cause of Injury
 1 Exposed to fire products including flame heat, smoke, and gas
 2 Exposed to toxic fumes other than smoke
 3 Jumped in escape attempt
 4 Fell, slipped, or tripped
 5 Caught or trapped
 6 Structural collapse
 7 Struck by or contact with object
 8 Overexertion or strain
 9 Multiple causes
 0 Other
 U Undetermined

J Human Factors Contributing to Injury None
 Check all applicable boxes
 1 Asleep
 2 Unconscious
 3 Possibly impaired by alcohol
 4 Possibly impaired by other drug
 5 Possibly mentally disabled
 6 Physically disabled
 7 Physically restrained
 8 Unattended person

K Factors Contributing to Injury None
 Enter up to three contributing factors
 Contributing factor (1)
 Contributing factor (2)
 Contributing factor (3)

L Activity When Injured
 1 Escaping
 2 Rescue attempt
 3 Fire control
 4 Return to fire before control
 5 Return to fire after control
 6 Sleeping
 7 Unable to act
 8 Irrational act
 0 Other
 U Undetermined

M1 Location at Time of Incident
 1 In area of origin and not involved
 2 Not in area of origin and not involved
 3 Not in area of origin, but involved
 4 In area of origin and involved
 0 Other location
 U Undetermined

M2 General Location at Time of Injury
 1 In area of fire origin → Skip to Section N
 2 In building, but not in area
 3 Outside, but not in area → Skip to Block Ms
 U Undetermined

M3 Story at Start of Incident Complete ONLY if injury occurred INSIDE
 Story at start of incident Below grade

M4 Story Where Injury Occurred
 Story where injury occurred, if different from M3 Below grade

M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin
 Specific location at time of injury

N Primary Apparent Symptom
 01 Smoke only, asphyxiation
 11 Burns and smoke inhalation
 12 Burns only
 21 Cut, laceration
 33 Strain or sprain
 96 Shock
 98 Pain only
 Look up a code only if the symptom is NOT found above
 Primary apparent symptom

O Primary Area of Body Injured
 1 Head
 2 Neck and shoulder
 3 Thorax
 4 Abdomen
 5 Spine
 6 Upper extremities
 7 Lower extremities
 8 Internal
 9 Multiple body parts

P Disposition
 Transported to emergency care facility
 Remarks Local option

NFIRS-4 Revision 01/01/04

A

FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	NFIRS-5 Fire Service Casualty
★	★	★	★	★	★	★	★	<input type="checkbox"/> Change	

B Injured Person

Identification Number: _____

1 Male ★ 1 Career
 2 Female 2 Volunteer

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

C Casualty Number ★

Casualty Number: _____

D Age or Date of Birth ★

Age: _____ In years OR Date of Birth: _____

Month: _____ Day: _____ Year: _____

E Date and Time of Injury ★ Midnight is 0000.

Date of Injury: _____ Time of Injury: _____

Month: _____ Day: _____ Year: _____ Hour: _____ Minute: _____

F Responses

Number of prior responses during past 24 hours: _____

G1 Usual Assignment

1 Suppression
 2 EMS
 3 Prevention
 4 Training
 5 Maintenance
 6 Communications
 7 Administration
 8 Fire investigation
 0 Other

G2 Physical Condition Just Prior to Injury

1 Rested 0 Other
 2 Fatigued U Undetermined
 4 Ill or injured

G3 Severity

1 Report only, including exposure
 2 First aid only
 3 Treated by physician (no lost time)
 4 Moderate (lost time)
 5 Severe (lost time)
 6 Life threatening (lost time)
 7 Death

G4 Taken To Not transported

1 Hospital
 4 Doctor's office
 5 Morgue/funeral home
 6 Residence
 7 Station or quarters
 0 Other

G5 Activity at Time of Injury

Activity at time of injury: _____

H1 Primary Apparent Symptom

Primary apparent symptom: _____

H2 Primary Part of Body Injured None

Primary injured body part: _____

I1 Cause of Firefighter Injury

Cause of injury: _____

I2 Factor Contributing to Injury None

Contributing factor: _____

I3 Object Involved in Injury None

Object involved in injury: _____

J1 Where Injury Occurred

1 En route to FD location
 2 At FD location
 3 En route to incident scene
 4 En route to medical facility
 5 At scene in structure
 6 At scene outside
 7 At medical facility
 8 Returning from incident
 9 Returning from med facility
 0 Other
 U Undetermined

J2 Story Where Injury Occurred

1 Check this box and enter the story if the injury occurred inside or on a structure
 _____ Story of injury Below grade

2 Injury occurred outside

J3 Specific Location Where Injury Occurred

65 In aircraft
 64 In boat, ship, or barge
 63 In rail vehicle
 61 In motor vehicle
 54 In sewer
 53 In tunnel
 49 In structure
 45 In attic 00 Other
 36 In water UU Undetermined
 35 In well
 34 In ravine
 33 In quarry or mine
 32 In ditch or trench
 31 In open pit
 28 On steep grade
 27 On fire escape/outside stairs
 26 On vertical surface or ledge
 25 On ground ladder
 24 On aerial ladder or in basket
 23 On roof
 22 Outside at grade

J4 Vehicle Type

1 Suppression vehicle
 2 EMS vehicle
 3 Other FD vehicle
 4 Non-FD vehicle

Complete ONLY if Specific Location code is >60

Remarks: _____

If protective equipment failed and was a factor in this injury, please complete the other side of this form.

NFIRS-5 Revision 01/01/04

K1 Did protective equipment fail and contribute to the injury?

Please complete the remainder of this form ONLY if you answer YES.

Yes Y No N Equipment
Sequence
NumberNFIRS-5
Fire Service
Casualty**K2 Protective Equipment Item**

Head or Face Protection

- 11 Helmet
 12 Full face protector
 13 Partial face protector
 14 Goggles/eye protection
 15 Hood
 16 Ear protector
 17 Neck protector
 10 Other

Coat, Shirt, or Trousers

- 21 Protective coat
 22 Protective trousers
 23 Uniform shirt
 24 Uniform T-shirt
 25 Uniform trousers
 26 Uniform coat or jacket
 27 Coveralls
 28 Apron or gown
 20 Other

Boots or Shoes

- 31 Knee length boots with steel baseplate and steel toes
 32 Knee length boots with steel toes only
 33 3/4 length boots with steel baseplate and steel toes
 34 3/4 length boots with steel toes only
 35 Boots without steel baseplate and steel toes
 36 Safety shoes with steel baseplate and steel toes
 37 Safety shoes with steel toes only
 38 Non-safety shoes
 30 Other

Respiratory Protection

- 41 SCBA (demand) open circuit
 42 SCBA (positive pressure) open circuit
 43 SCBA closed circuit
 44 Not self-contained
 45 Cartridge respirator
 46 Dust or particle mask
 40 Other

Hand Protection

- 51 Firefighter gloves with wristlets
 52 Firefighter gloves without wristlets
 53 Work gloves
 54 HazMat gloves
 55 Medical gloves
 50 Other

Special Equipment

- 61 Proximity suit for entry
 62 Proximity suit for non-entry
 63 Totally encapsulated, reusable chemical suit
 64 Totally encapsulated, disposable chemical suit
 65 Partially encapsulated, reusable chemical suit
 66 Partially encapsulated, disposable chemical suit
 67 Flash protection suit
 68 Flight or jump suit
 69 Brush suit
 71 Exposure suit
 72 Self-contained underwater breathing apparatus (SCUBA)
 73 Life preserver
 74 Life belt or ladder belt
 75 Personal alert safety system (PASS)
 76 Radio distress device
 77 Personal lighting
 78 Fire shelter or tent
 79 Vehicle safety belt
 70 Special equipment, other
 00 Protective equipment, other

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.

K3 Protective Equipment Problem

Check one box to indicate the main problem that occurred.

- 11 Burned
 12 Melted
 21 Fractured, cracked or broken
 22 Punctured
 23 Scratched
 24 Knocked off
 25 Cut or ripped
 31 Trapped steam or hazardous gas
 32 Insufficient insulation
 33 Object fell in or onto equipment item
 41 Failed under impact
 42 Face piece or hose detached
 43 Exhalation valve inoperative or damaged
 44 Harness detached or separated
 45 Regulator failed to operate
 46 Regulator damaged by contact
 47 Problem with admissions valve
 48 Alarm failed to operate
 49 Alarm damaged by contact
 51 Supply cylinder or valve failed to operate
 52 Supply cylinder/valve damaged by contact
 53 Supply cylinder—insufficient air/oxygen
 94 Did not fit properly
 95 Not properly serviced or stored prior to use
 96 Not used for designed purpose
 97 Not used as recommended by manufacturer
 00 Other equipment problem
 UU Undetermined

K4 Equipment Manufacturer, Model and Serial Number
Manufacturer
Model
Serial Number

A

FDID <input type="text"/>	State <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete	NFIRS-10 Personnel
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Change	

B

Apparatus or Resources	Dates and Times	Sent	Number of People	Apparatus Use	Actions Taken
	<p>Midnight is 0000</p> <p><input type="checkbox"/> Check if same date as Alarm date on the Basic Module (Block E1)</p> <p>Month Day Year Hour/Min</p>	<input checked="" type="checkbox"/>		<p>Check ONE box for each apparatus to indicate its main use at the incident.</p> <p><input type="checkbox"/> Suppression</p> <p><input type="checkbox"/> EMS</p> <p><input type="checkbox"/> Other</p>	List up to 4 actions for each apparatus and each personnel.
<p>1 ID <input type="text"/></p> <p>★Type <input type="text"/></p>	<p>Dispatch <input type="checkbox"/></p> <p>Arrival <input type="checkbox"/></p> <p>Clear <input type="checkbox"/></p>	Sent <input type="checkbox"/>	<input type="text"/>		<p><input type="text"/></p> <p><input type="text"/></p>

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2

<p>ID <input type="text"/></p> <p>★Type <input type="text"/></p>	<p>Dispatch <input type="checkbox"/></p> <p>Arrival <input type="checkbox"/></p> <p>Clear <input type="checkbox"/></p>	Sent <input type="checkbox"/>	<input type="text"/>	<p><input type="checkbox"/> Suppression</p> <p><input type="checkbox"/> EMS</p> <p><input type="checkbox"/> Other</p>	<p><input type="text"/></p> <p><input type="text"/></p>
--	--	-------------------------------	----------------------	---	---

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3

<p>ID <input type="text"/></p> <p>★Type <input type="text"/></p>	<p>Dispatch <input type="checkbox"/></p> <p>Arrival <input type="checkbox"/></p> <p>Clear <input type="checkbox"/></p>	Sent <input type="checkbox"/>	<input type="text"/>	<p><input type="checkbox"/> Suppression</p> <p><input type="checkbox"/> EMS</p> <p><input type="checkbox"/> Other</p>	<p><input type="text"/></p> <p><input type="text"/></p>
--	--	-------------------------------	----------------------	---	---

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

A

FDID <input type="text"/>	State <input type="text"/>	MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/>	Incident Date <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change
---------------------------	----------------------------	---	------------------------------------	------------------------------	--------------------------------------	-------------------------------	---------------------------------	---------------------------------

**NFIRS-1S
Supplemental****K1 Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Suffix <input type="text"/>
-------------------------------------	---------------------------------	-------------------------	--------------------------------	-----------------------------

Number <input type="text"/>	Prefix <input type="text"/>	Street or Highway <input type="text"/>	Street Type <input type="text"/>	Suffix <input type="text"/>
-----------------------------	-----------------------------	--	----------------------------------	-----------------------------

Post Office Box <input type="text"/>	Apt./Suite/Room <input type="text"/>	City <input type="text"/>
--------------------------------------	--------------------------------------	---------------------------

State <input type="text"/>	ZIP Code <input type="text"/>	- <input type="text"/>
----------------------------	-------------------------------	------------------------

**K1 Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Suffix <input type="text"/>
-------------------------------------	---------------------------------	-------------------------	--------------------------------	-----------------------------

Number <input type="text"/>	Prefix <input type="text"/>	Street or Highway <input type="text"/>	Street Type <input type="text"/>	Suffix <input type="text"/>
-----------------------------	-----------------------------	--	----------------------------------	-----------------------------

Post Office Box <input type="text"/>	Apt./Suite/Room <input type="text"/>	City <input type="text"/>
--------------------------------------	--------------------------------------	---------------------------

State <input type="text"/>	ZIP Code <input type="text"/>	- <input type="text"/>
----------------------------	-------------------------------	------------------------

**K1 Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Suffix <input type="text"/>
-------------------------------------	---------------------------------	-------------------------	--------------------------------	-----------------------------

Number <input type="text"/>	Prefix <input type="text"/>	Street or Highway <input type="text"/>	Street Type <input type="text"/>	Suffix <input type="text"/>
-----------------------------	-----------------------------	--	----------------------------------	-----------------------------

Post Office Box <input type="text"/>	Apt./Suite/Room <input type="text"/>	City <input type="text"/>
--------------------------------------	--------------------------------------	---------------------------

State <input type="text"/>	ZIP Code <input type="text"/>	- <input type="text"/>
----------------------------	-------------------------------	------------------------

**K1 Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Suffix <input type="text"/>
-------------------------------------	---------------------------------	-------------------------	--------------------------------	-----------------------------

Number <input type="text"/>	Prefix <input type="text"/>	Street or Highway <input type="text"/>	Street Type <input type="text"/>	Suffix <input type="text"/>
-----------------------------	-----------------------------	--	----------------------------------	-----------------------------

Post Office Box <input type="text"/>	Apt./Suite/Room <input type="text"/>	City <input type="text"/>
--------------------------------------	--------------------------------------	---------------------------

State <input type="text"/>	ZIP Code <input type="text"/>	- <input type="text"/>
----------------------------	-------------------------------	------------------------

**K1 Person/Entity Involved**

Local Option

Business Name (if applicable)

Area Code

Phone Number

Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>	Suffix <input type="text"/>
-------------------------------------	---------------------------------	-------------------------	--------------------------------	-----------------------------

Number <input type="text"/>	Prefix <input type="text"/>	Street or Highway <input type="text"/>	Street Type <input type="text"/>	Suffix <input type="text"/>
-----------------------------	-----------------------------	--	----------------------------------	-----------------------------

Post Office Box <input type="text"/>	Apt./Suite/Room <input type="text"/>	City <input type="text"/>
--------------------------------------	--------------------------------------	---------------------------

State <input type="text"/>	ZIP Code <input type="text"/>	- <input type="text"/>
----------------------------	-------------------------------	------------------------

