

Incident Field Notes

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

INCIDENT TYPE (Situation Found)	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	Primary Action Taken Additional Action Taken (1) Additional Action Taken (2)	Apparatus Personnel Suppression EMS Other		

ESTIMATED DOLLAR LOSS LOSSES	CASUALTIES	DETECTORS	PROPERTY USE
Property \$	Death	(Required for Confined Fires Only)	
Contents \$	Injury	<input type="checkbox"/> Detector Alerted Occupants	
PRE-INCIDENT VALUE	Fire Service	<input type="checkbox"/> Detector Did Not Alert Occupants	SPECIAL STUDY
Property \$	Civilian Fire	<input type="checkbox"/> Unknown	THERMAL IMAGING CAMERA
Contents \$	Civilian EMS		<input type="checkbox"/> Camera Used: ____
			<input type="checkbox"/> Camera NOT Used

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 actions	<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	

Property Details <input type="checkbox"/> Not Residential Estimated # of residential living units in the building of origin whether or not all units became involved <input type="checkbox"/> Buildings not involved Number of buildings involved Acres burned (outside fires) <input type="checkbox"/> None <input type="checkbox"/> Less than 1 acre		On-Site Materials <input type="checkbox"/> None On-Site Material (1) <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 On-Site Material (2) <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 On-Site Material (3) <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		Ignition Area of Fire Origin Heat Source Item First Ignited <input type="checkbox"/> Fire spread confined to object of origin Type of Material First Ignited		Cause of Ignition <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 Factors Contributing to Ignition <input type="checkbox"/> None Factor #1 Factor #2	
Human Factors Contributing to Ignition <input type="checkbox"/> None <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		Equipment Involved in Ignition <input type="checkbox"/> None Equipment Involved Brand Model Serial Number Year Equipment Power Source <input type="checkbox"/> Portable <input type="checkbox"/> Stationary		Mobile Property Involved <input type="checkbox"/> None Mobile Property Type Mobile Property Make Year Mobile Property Model VIN Number License Plate Number State		Fire Suppression Factors Fire Suppression Factor (1) Fire Suppression Factor (2) Fire Suppression Factor (3) <input type="checkbox"/> Not involved in ignition, but burned <input type="checkbox"/> Involved in ignition, but didn't burn <input type="checkbox"/> Involved in ignition and burned	
Structure Type <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		Building Status <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		Building Height (Count ROOF as part of Highest Story) Total # of stories at or above grade Total # of stories below grade Main Floor Size (Complete One) Total square feet Length in Feet Width in Feet BY		Fire Origin <input type="checkbox"/> Below Grade Story of origin Fire Spread <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	
Number of Stories Damaged by Flame <input type="checkbox"/> Number of stories w/ minor damage (1 to 24% Flame Damage) <input type="checkbox"/> Number of stories w/ significant damage (25 to 49% Flame Damage) <input type="checkbox"/> Number of stories w/ heavy damage (50 to 74% Flame Damage) <input type="checkbox"/> Number of stories w/ extreme damage (75 to 100% Flame Damage)		Material Contributing Most to Flame Spread Item contributing most to flame spread Type of material contributing most to flame spread		Insurance Company Information Insurance Company Name Policy Number Agent's Name Phone Number			
Presence of Detectors <input type="checkbox"/> None Present <input type="checkbox"/> Present Detector Power Supply Detector Type <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		Detector Effectiveness <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 Detector Operation <input type="checkbox"/> Fire too small to activate <input type="checkbox"/> Operated <input type="checkbox"/> Failed to Operate <input type="checkbox"/> Underdetermined Detector Failure Reason		Presence of Automatic Extinguishing System <input type="checkbox"/> None Present <input type="checkbox"/> Present Type of System # of Heads Operating		System Operation <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 System Failure Reason	