**A**

<table>
<thead>
<tr>
<th>Study ID#</th>
<th>Study Value</th>
<th>Alarms District</th>
<th>NFIRS - 1</th>
<th>Basic</th>
</tr>
</thead>
</table>

**B**

- **Location**
  - Street address
  - Intersection
  - In front of
  - Rear of
  - Adjacent to
  - Directions

- **Incident Type**
- **Primary Action Taken (1)**
- **Completed Modules**
  - Fire-2
  - Structure-3
  - Civilian Fire Cas.-4
  - Fire Serv. Casualty-5
  - EMS-6
  - HazMat-7
  - Wildland Fire-8
  - Apparatus-9
  - Personnel-10
  - Arson-11

- **Actions Taken**
  - **Primary Action Taken (1)**
  - **Additional Action Taken (2)**
  - **Additional Action Taken (3)**

- **Resources**
  - **Apparatus**
  - **Personnel**
  - **EMS**
  - **Other**

- **hazardous Materials Release**
  - **None**
  - **Natual Gas:** slow leak, no evacuation or HazMat actions
  - **Propane gas:** <21 lb. tank (as in home BBQ grill)
  - **Kerosene:** vehicle fuel tank or portable container
  - **Diesel fuel/fuel oil:** vehicle fuel tank or portable storage
  - **Household solvents:** home/office spill, cleanup only
  - **Kerosene:** fuel burning equipment or portable storage
  - **Kerosene:** fuel burning equipment or portable storage
  - **Motor oil:** from engine or portable container
  - **Paint:** from paint cans totaling <55 gallons
  - **Other:** Special HazMat actions required or spill > 55 gal., please complete the HazMat form

- **Estimated Dollar Losses & Values**
  - **Losses:** Required for all fires if known, Optional for non fires.
  - **Property**
  - **Contents**

- **Shifts & Alarms**
  - **Local Option**
  - **Special Studies**
  - **Local Option**

- **Property Use**
  - **Structures**
    - **Church, place of worship**
    - **Restaurant or cafeteria**
    - **Bar/tavern or nightclub**
    - **Elementary school or kindergart.**
    - **High school or junior high**
    - **College, adult ed.**
    - **Care facility for the aged**
    - **Hospital**
    - **Playground or park**
    - **Crops or orchard**
    - **Forest (timberland)**
    - **Outdoor storage area**
    - **Dump or sanitary landfill**
    - **Open land or field**

- **Outside**
  - **Vacant lot**
  - **Graded/cared for plot of land**
  - **Lake, river, stream**
  - **Railroad right of way**
  - **Other street**
  - **Highway/divided highway**
  - **Residential street/driveway**
More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

**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 the three duplicate address lines.

Mr., 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

**K2 Owner**

Local Option

Business name (if applicable)

Area Code Phone Number

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

Mr., 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 additional Fire mod. based on Incident Type as follows:

- Buildings 111 Complete Fire & Structure
- Special structure 112 Complete Fire Mod. & the I block on Structure Module
- Confined 113-118 Complete Basic Module
- Mobile Property 120-123 Complete Fire Module
- Vehicle 130-138 Complete Fire Module
- Vegetation 140-143 Complete Fire or Wildland
- Outside rubbish fire 150-155 Complete Basic Module
- Special outside fire 160-164 Complete Fire Module
- Crop fire 170-173 Complete Fire Module

**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

ITEMS WITH A ⭐ MUST ALWAYS BE COMPLETED!
## Station FDID

<table>
<thead>
<tr>
<th>Incident Date</th>
<th>Exposure</th>
</tr>
</thead>
</table>

| State | Complete this side for all fires |

### On-Site Materials or Products

| None |

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

1. [ ] Bulk storage or warehousing
2. [ ] Processing or manufacturing
3. [ ] Repair or service

| Equipment Involved In Ignition

[ ] None

If equipment was not involved, skip to Section G

### Equipment Power

#### Equipment Power Source

| None |

### Equipment Portability

| Portable |

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

| Stationary |

### 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 Type & Make

| None |

#### Mobile Property Type

| None |

#### Mobile Property Make

| None |

### Fire Suppression Factors

| None |

Enter up to three codes.

1. [ ] Fire suppression factor (1)
2. [ ] Fire suppression factor (2)
3. [ ] Fire suppression factor (3)

### 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

### 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.

1. [ ] Bulk storage or warehousing
2. [ ] Processing or manufacturing
3. [ ] Repair or service

### Structure fire? Please be sure to complete the other side of this form.
### NFIRS-3 Form

#### Section L

**Structure Type**
- If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.
- 1 Enclosed building
- 2 Portable/mobile structure
- 3 Open structure
- 4 Air supported structure
- 5 Tent
- 6 Open platform (e.g. piers)
- 7 Underground structure (work areas)
- 8 Connective structure (e.g. fences)
- 9 Other type of structure

**Building Status**
- 1 Under construction
- 2 Occupied & operating
- 3 Idle, not routinely used
- 4 Under major renovation
- 5 Vacant and secured
- 6 Vacant and unsecured
- 7 Being demolished
- 0 Other
- U Undetermined

**Building Height**
- Count the ROOF as part of the highest story.
- Total number of stories at or above grade
- Total number of stories below grade

**Main Floor Size**
- Total square feet
- Length in feet
- Width in feet

#### Section J

**Fire Origin**
- Story of fire origin
- Below grade

**Fire Spread**
- 2 Confined to room of origin
- 3 Confined to floor of origin
- 4 Confined to building of origin
- 5 Beyond building of origin

**Number of Stories Damaged By Flame**
- Count the ROOF as part of the highest story.
- Number of stories w/ minor damage (1 to 24% flame damage)
- Number of stories w/ significant damage (25 to 49% flame damage)
- Number of stories w/ heavy damage (50 to 74% flame damage)
- Number of stories w/ extreme damage (75 to 100% flame damage)

#### Section K

**Material Contributing Most To Flame Spread**
- Check if no flame spread
- OR same as material first ignited
- OR unable to determine
- Undetermined
- Other

**Detector Effectiveness**
- Required if detector operated.
- Alerted occupants, occupants responded
- Occupants failed to respond
- There were no occupants
- Failed to alert occupants
- Undetermined

**Detector Failure Reason**
- Required if detector failed to operate
- Power failure, shutoff or disconnect
- Improper installation or placement
- Defective
- Lack of maintenance, includes cleaning
- Battery missing or disconnected
- Battery discharged or dead
- Other
- Undetermined

#### Section M

**Type of Automatic Extinguishment System**
- Required if fire was within designed range.
- Wet pipe sprinkler
- Dry pipe sprinkler
- Other sprinkler system
- Dry chemical system
- Foam system
- Halogen type system
- Carbon dioxide (CO₂) system
- Other special hazard system
- Undetermined

**Automatic Extinguishment System Operation**
- Operated & effective (go to M4)
- Operated & not effective (go to M4)
- Fire too small to activate
- Failed to operate (go to M5)
- Other
- Undetermined

**Number of Sprinkler Heads Operating**
- Required if system operated
- Number of sprinkler heads operating

#### Section L

**Detector Power Supply**
- Battery only
- Hardwire only
- Plug in
- Hardwire with battery
- Plug in with battery
- Mechanical
- Multiple detectors & power supplies
- Other
- Undetermined

**Detector Operation**
- Fire too small to activate
- Operated
- Failed to operate
- Undetermined

**System Failure Reason**
- System shut off
- Not enough agent discharged
- Agent discharged but did not reach fire
- Wrong type of system
- Fire not in area protected
- System components damaged
- Lack of maintenance
- Manual intervention
- Other
- Undetermined

---

**Notes:**
- NFIRS-3 Revision 01/19/99
- Complete rest of this form.
- Skip to Section L.
**Primary Area of Body Injured**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Head</td>
</tr>
<tr>
<td>11</td>
<td>Neck &amp; shoulder</td>
</tr>
<tr>
<td>12</td>
<td>Thorax</td>
</tr>
<tr>
<td>21</td>
<td>Abdomen</td>
</tr>
<tr>
<td>22</td>
<td>Spine</td>
</tr>
<tr>
<td>33</td>
<td>Upper extremities</td>
</tr>
<tr>
<td>34</td>
<td>Lower extremities</td>
</tr>
<tr>
<td>66</td>
<td>Internal</td>
</tr>
<tr>
<td>96</td>
<td>Multiple body parts</td>
</tr>
</tbody>
</table>

**Disclaimer**

- Look up a code only if the symptom is NOT found above.
- Primary apparent symptom
**NFIRS-5 Revision 8/18/99**

**A**

<table>
<thead>
<tr>
<th>FDID</th>
<th>State</th>
<th>MM</th>
<th>DD</th>
<th>YYYY</th>
<th>Station</th>
<th>Incident Number</th>
<th>Exposure</th>
</tr>
</thead>
</table>

**B**

**Injured Person**

- **Identification Number**
- **First Name**
- **Mi**
- **Last Name**
- **Suffix**
- **Gender**
- **Career**
- **Volunteer**

**C**

**Casualty Number**

- **Casualty Number**

**D**

**Age or Date of Birth**

- **Age**
- **Date of Birth**

**E**

**Date & Time of Injury**

- **Date of Injury**
- **Time of Injury**

**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**

- Rested
- Fatigued
- 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**

1. Hospital
2. Doctor’s office
3. Morgue/funeral home
4. Residence
5. Station or quarters
6. Other
7. Not transported

**G5**

**Activity at Time of Injury**

**H1**

**Primary Apparent Symptom**

**Primary apparent symptom**

**H2**

**Primary Area of Body Injured**

**Primary injured body part or area**

**I1**

**Cause of Firefighter Injury**

**Cause of Injury**

**I2**

**Factor Contributing to Injury**

**Contributing factor**

**I3**

**Object Involved in Injury**

**Object involved in injury**

**I4**

**Vehicle Type**

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

**J1**

**Where Injury Occurred**

1. Enroute to FD location
2. At FD location
3. Enroute to incident scene
4. Enroute 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

**J2**

**Story Where Injury Occurred**

1. Check this box and enter the story if the injury occurred inside or on a structure
2. Injury occurred outside

**J3**

**Specific Location**

**Complete as applicable**

- In aircraft
- In boat or ship or barge
- In rail vehicle
- In motor vehicle
- In sewer
- In tunnel
- In structure
- In attic
- In water
- In well
- In ravine
- In quarry or mine
- In ditch or trench
- In open pit
- On steep grade
- On fire escape/outside stairs
- On vertical surface or ledge
- On ground ladder
- On aerial ladder or in basket
- On roof
- Outside at grade
- Other

**J4**

**Vehicle Type**

Complete ONLY if Specific Location code is >60

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

**Remarks**

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

**NFIRS-5 Revision 8/18/99**
<table>
<thead>
<tr>
<th>K1</th>
<th>Did protective equipment fail and contribute to the injury?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Y□</td>
</tr>
<tr>
<td>No</td>
<td>N□</td>
</tr>
<tr>
<td>Equipment Sequence Number</td>
<td>□□□□</td>
</tr>
</tbody>
</table>

NFIRS - 5 Fire Service Casualty

K2 | Protective Equipment Item

<table>
<thead>
<tr>
<th>Protective Equipment Item</th>
<th>K3</th>
<th>Protective Equipment Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Head or Face Protection</strong></td>
<td></td>
<td>Check one box to indicate the main problem that occurred.</td>
</tr>
<tr>
<td>11 Helmet</td>
<td></td>
<td>11 □ Burned</td>
</tr>
<tr>
<td>12 Full face protector</td>
<td></td>
<td>12 □ Melted</td>
</tr>
<tr>
<td>13 Partial protector</td>
<td></td>
<td>21 □ Fractured, cracked or broken</td>
</tr>
<tr>
<td>14 Goggles/eye protection</td>
<td></td>
<td>22 □ Punctured</td>
</tr>
<tr>
<td>15 Hood</td>
<td></td>
<td>23 □ Scratched</td>
</tr>
<tr>
<td>16 Ear protector</td>
<td></td>
<td>24 □ Knocked off</td>
</tr>
<tr>
<td>17 Neck protector</td>
<td></td>
<td>25 □ Cut or ripped</td>
</tr>
<tr>
<td>10 Other</td>
<td></td>
<td>31 □ Trapped steam or hazardous gas</td>
</tr>
<tr>
<td>21 Protective coat</td>
<td></td>
<td>32 □ Insufficient insulation</td>
</tr>
<tr>
<td>22 Protective trousers</td>
<td></td>
<td>33 □ Object fell in or onto equipment item</td>
</tr>
<tr>
<td>23 Uniform shirt</td>
<td></td>
<td>41 □ Failed under impact</td>
</tr>
<tr>
<td>24 Uniform t-shirt</td>
<td></td>
<td>42 □ Face piece or hose detached</td>
</tr>
<tr>
<td>25 Uniform trousers</td>
<td></td>
<td>43 □ Exhalation valve inoperative or damaged</td>
</tr>
<tr>
<td>26 Uniform coat or jacket</td>
<td></td>
<td>44 □ Harness detached or separated</td>
</tr>
<tr>
<td>27 Overalls</td>
<td></td>
<td>45 □ Regulator failed to operate</td>
</tr>
<tr>
<td>28 Apron or gown</td>
<td></td>
<td>46 □ Regulator damaged by contact</td>
</tr>
<tr>
<td>20 Other</td>
<td></td>
<td>47 □ Problem with admissions valve</td>
</tr>
<tr>
<td>29 Coat, shirt, or trousers</td>
<td></td>
<td>48 □ Alarm failed to operate</td>
</tr>
<tr>
<td>30 Other</td>
<td></td>
<td>49 □ Alarm damaged by contact</td>
</tr>
<tr>
<td><strong>Boots or Shoes</strong></td>
<td></td>
<td>51 □ Supply cylinder or valve failed to operate</td>
</tr>
<tr>
<td>31 Knee length boots w/ steel baseplate &amp; steel toes</td>
<td>42</td>
<td>52 □ Supply cylinder/valve damaged by contact</td>
</tr>
<tr>
<td>32 Knee length boots w/ steel toes only</td>
<td></td>
<td>53 □ Supply cylinder— insufficient air/oxygen</td>
</tr>
<tr>
<td>33 3/4 length boots w/ steel baseplate &amp; steel toes</td>
<td>43</td>
<td>94 □ Did not fit properly</td>
</tr>
<tr>
<td>34 3/4 length boots w/ steel toes only</td>
<td></td>
<td>95 □ Not properly serviced or stored prior to use</td>
</tr>
<tr>
<td>35 Boots without steel baseplate &amp; steel toes</td>
<td></td>
<td>96 □ Not used for designed purpose</td>
</tr>
<tr>
<td>36 Safety shoes w/ steel baseplate &amp; steel toes</td>
<td></td>
<td>97 □ Not used as recommended by manufacturer</td>
</tr>
<tr>
<td>37 Safety shoes w/ steel toes only</td>
<td></td>
<td>00 □ Other equipment problem</td>
</tr>
<tr>
<td>38 Non-safety shoes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Respiratory Protection

| 41 SCBA (demand) open circuit                     | 41 | □ Burned                   |
| 42 SCBA (positive pressure) open circuit          | 42 | □ Melted                   |
| 43 SCBA closed circuit                            | 43 | □ Fractured, cracked or broken |
| 44 Not self-contained                             | 44 | □ Punctured                |
| 45 Cartridge respirator                           | 45 | □ Scratched                |
| 46 Dust or particle mask                           | 46 | □ Knocked off              |
| 40 Other                                          | 40 | □ Cut or ripped            |

Hand Protection

| 51 Firefighter gloves w/ wristlets                | 51 | □ Trapped steam or hazardous gas |
| 52 Firefighter gloves without wristlets          | 52 | □ Insufficient insulation     |
| 53 Work gloves                                   | 53 | □ Object fell in or onto equipment item |
| 54 Hazmat gloves                                 | 54 | □ Failed under impact        |
| 55 Medical gloves                                | 55 | □ Face piece or hose detached |
| 50 Other                                          | 50 | □ Exhalation valve inoperative or damaged |

Special Equipment

| 61 Proximity suit for entry                       | 61 | □ Harness detached or separated |
| 62 Proximity suit for non-entry                   | 62 | □ Regulator failed to operate |
| 63 Totally encapsulated, reusable chemical suit   | 63 | □ Regulator damaged by contact |
| 64 Totally encapsulated, disposable chemical suit | 64 | □ Problem with admissions valve |
| 65 Partially encapsulated, reusable chemical suit  | 65 | □ Alarm failed to operate     |
| 66 Partially encapsulated, disposable chemical suit | 66 | □ Alarm damaged by contact   |
| 67 Flash protection                               | 67 | □ Supply cylinder or valve failed to operate |
| 68 Flight or jump suit                            | 68 | □ Supply cylinder/valve damaged by contact |
| 69 Brush suit                                     | 69 | □ Supply cylinder— insufficient air/oxygen |
| 71 Exposure suit                                  | 71 | □ Did not fit properly       |
| 72 Self-contained underwater breathing apparatus (SCUBA) | 72 | □ Not properly serviced or stored prior to use |
| 73 Life preserver                                 | 73 | □ Not used for designed purpose |
| 74 Life belt or ladder belt                       | 74 | □ Not used as recommended by manufacturer |
| 75 Personal alert safety system (PASS)            | 75 | □ Other equipment problem    |
| 76 Radio distress device                          | 76 |                            |
| 77 Personal lighting                              | 77 |                            |
| 78 Fire shelter or tent                           | 78 |                            |
| 79 Vehicle safety belt                            | 79 |                            |
| 70 Other                                          | 70 |                            |

K4 | Equipment Manufacturer, Model & Serial Number

| Manufacturer |          |
| Model |          |
| Serial Number | □□□□ |

NFIRS-5 Revision 6/25/99
### B. Number of Patients

<table>
<thead>
<tr>
<th>Patient Number</th>
<th>Use a separate form for each patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td></td>
</tr>
</tbody>
</table>

### C. Date/Time

<table>
<thead>
<tr>
<th>Time Arrived at Patient</th>
<th>Time of Patient Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### D. Provider Impression/Assessment

<table>
<thead>
<tr>
<th>Provider Impression/Assessment</th>
<th>Check one box only</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Abdominal pain</td>
<td></td>
</tr>
<tr>
<td>11 Airway obstruction</td>
<td></td>
</tr>
<tr>
<td>12 Allergic reaction</td>
<td></td>
</tr>
<tr>
<td>13 Altered LOC</td>
<td></td>
</tr>
<tr>
<td>14 Behavioral/psych</td>
<td></td>
</tr>
<tr>
<td>15 Burns</td>
<td></td>
</tr>
<tr>
<td>16 Cardiac arrest</td>
<td></td>
</tr>
<tr>
<td>17 Cardiac dysrhythmia</td>
<td></td>
</tr>
</tbody>
</table>

### E. Age or Date of Birth

<table>
<thead>
<tr>
<th>Age or Date of Birth</th>
<th>Months (for infants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Day</td>
</tr>
<tr>
<td>Month</td>
<td>Year</td>
</tr>
</tbody>
</table>

### F. Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Check all applicable boxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 White</td>
<td></td>
</tr>
<tr>
<td>2 Black</td>
<td></td>
</tr>
<tr>
<td>3 Am. Indian/Eskimo</td>
<td></td>
</tr>
<tr>
<td>4 Asian</td>
<td></td>
</tr>
<tr>
<td>0 Other, multi-racial</td>
<td></td>
</tr>
<tr>
<td>U Undetermined</td>
<td></td>
</tr>
</tbody>
</table>

### G. Human Factors

<table>
<thead>
<tr>
<th>Human Factors</th>
<th>Check all applicable boxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Asleep</td>
<td></td>
</tr>
<tr>
<td>2 Unconscious</td>
<td></td>
</tr>
<tr>
<td>3 Possibly impaired by alcohol</td>
<td></td>
</tr>
<tr>
<td>4 Possibly impaired by drugs</td>
<td></td>
</tr>
<tr>
<td>5 Possibly mentally disabled</td>
<td></td>
</tr>
<tr>
<td>6 Physically disabled</td>
<td></td>
</tr>
<tr>
<td>7 Physically restrained</td>
<td></td>
</tr>
<tr>
<td>8 Unattended person</td>
<td></td>
</tr>
<tr>
<td>N None</td>
<td></td>
</tr>
</tbody>
</table>

### H. Body Site of Injury

<table>
<thead>
<tr>
<th>Body Site of Injury</th>
<th>List up to five body sites</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### I. Procedures Used

<table>
<thead>
<tr>
<th>Procedures Used</th>
<th>Check all applicable boxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Airway insertion</td>
<td></td>
</tr>
<tr>
<td>02 Anti-shock trousers</td>
<td></td>
</tr>
<tr>
<td>03 Assist ventilation</td>
<td></td>
</tr>
<tr>
<td>04 Bleeding control</td>
<td></td>
</tr>
<tr>
<td>05 Burn care</td>
<td></td>
</tr>
<tr>
<td>06 Cardiac pacing</td>
<td></td>
</tr>
<tr>
<td>07 Cardioversion (defib) manual</td>
<td></td>
</tr>
<tr>
<td>08 Chest/abdominal thrust</td>
<td></td>
</tr>
<tr>
<td>09 CPR</td>
<td></td>
</tr>
<tr>
<td>10 Cricothyroidotomy</td>
<td></td>
</tr>
<tr>
<td>11 Defibrillation by AED</td>
<td></td>
</tr>
<tr>
<td>12 EKG monitoring</td>
<td></td>
</tr>
<tr>
<td>13 Extrication</td>
<td></td>
</tr>
<tr>
<td>14 Intubation (ET)</td>
<td></td>
</tr>
<tr>
<td>15 Intubation (EGTA)</td>
<td></td>
</tr>
<tr>
<td>16 IO/IV therapy</td>
<td></td>
</tr>
<tr>
<td>17 Medications therapy</td>
<td></td>
</tr>
<tr>
<td>18 Oxygen therapy</td>
<td></td>
</tr>
<tr>
<td>19 OB care/delivery</td>
<td></td>
</tr>
<tr>
<td>20 Prearrival instructions</td>
<td></td>
</tr>
<tr>
<td>21 Restrain patient</td>
<td></td>
</tr>
<tr>
<td>22 Spinal immobilization</td>
<td></td>
</tr>
<tr>
<td>23 Splint extremities</td>
<td></td>
</tr>
<tr>
<td>24 Suction/aspirate</td>
<td></td>
</tr>
<tr>
<td>NN No Treatment</td>
<td></td>
</tr>
<tr>
<td>00 Other</td>
<td></td>
</tr>
</tbody>
</table>

### J. Safety Equipment

<table>
<thead>
<tr>
<th>Safety Equipment</th>
<th>Used or deployed by Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Safety/seat belts</td>
<td></td>
</tr>
<tr>
<td>2 Child safety seat</td>
<td></td>
</tr>
<tr>
<td>3 Airbag</td>
<td></td>
</tr>
<tr>
<td>4 Helmet</td>
<td></td>
</tr>
<tr>
<td>5 Protective clothing</td>
<td></td>
</tr>
<tr>
<td>6 Flotation device</td>
<td></td>
</tr>
<tr>
<td>N None</td>
<td></td>
</tr>
<tr>
<td>0 Other</td>
<td></td>
</tr>
<tr>
<td>U Undetermined</td>
<td></td>
</tr>
</tbody>
</table>

### K. Cardiac Arrest

<table>
<thead>
<tr>
<th>Cardiac Arrest</th>
<th>Check all applicable boxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Pre-arrival arrest?</td>
<td></td>
</tr>
<tr>
<td>If pre-arrival arrest, was it?</td>
<td></td>
</tr>
<tr>
<td>1 Witnessed</td>
<td></td>
</tr>
<tr>
<td>2 Bystander CPR</td>
<td></td>
</tr>
<tr>
<td>2 Post-arrival arrest?</td>
<td></td>
</tr>
<tr>
<td>Initial Arrest Rhythm</td>
<td></td>
</tr>
<tr>
<td>1 V-Fib/ V-Tach</td>
<td></td>
</tr>
<tr>
<td>0 Other</td>
<td></td>
</tr>
<tr>
<td>U Undetermined</td>
<td></td>
</tr>
</tbody>
</table>

### L. Initial Level of Provider

<table>
<thead>
<tr>
<th>Initial Level of Provider</th>
<th>On Scene</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 First Responder</td>
<td></td>
</tr>
<tr>
<td>2 EMT-B (Basic)</td>
<td></td>
</tr>
<tr>
<td>3 EMT-I (Intermediate)</td>
<td></td>
</tr>
<tr>
<td>4 EMT-P (Paramedic)</td>
<td></td>
</tr>
<tr>
<td>0 Other provider</td>
<td></td>
</tr>
<tr>
<td>N No Training</td>
<td></td>
</tr>
</tbody>
</table>

### M. Patient Status

<table>
<thead>
<tr>
<th>Patient Status</th>
<th>Check it:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Improved</td>
<td></td>
</tr>
<tr>
<td>2 Remained same</td>
<td></td>
</tr>
<tr>
<td>3 Worsened</td>
<td></td>
</tr>
</tbody>
</table>

### N. Disposition

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Check all applicable boxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 FD transport to ECF</td>
<td></td>
</tr>
<tr>
<td>2 Non-FD transport</td>
<td></td>
</tr>
<tr>
<td>3 Non-FD trans/Route attend</td>
<td></td>
</tr>
<tr>
<td>4 Non-emergency transfer</td>
<td></td>
</tr>
<tr>
<td>0 Other</td>
<td></td>
</tr>
<tr>
<td>N Not transported</td>
<td></td>
</tr>
</tbody>
</table>

**NFIRS-6 Revision 06/30/99**
### NFIRS - 7 HazMat Form

**E1 Physical State When Released**
- [ ] Solid
- [ ] Liquid
- [ ] Gas
- [ ] Undetermined

**E2 Released Into**
- Released into

---

**C1 Container Type**
- Container Type

**C2 Estimated Container Capacity**
- Units: Capacity
  - Capacity: [ ] by volume or [ ] by weight
  - VOLUME: [ ] Ounces
  - Weight: [ ] Grams
  - VOLUME: [ ] Barrels: 42 gal.
  - Weight: [ ] Kilograms

**C3**
- Units: Capacity
- Check one box
  - [ ] Ounces
  - [ ] Gallons
  - [ ] Barrels: 42 gal.
  - [ ] Liters
  - [ ] Cubic feet
  - [ ] Cubic meters

**C4**
- Units: Released
- Check one box
  - [ ] Ounces
  - [ ] Gallons
  - [ ] Barrels: 42 gal.
  - [ ] Liters
  - [ ] Cubic feet
  - [ ] Cubic meters

**D1 Estimated Amount Released**
- Check one box
  - Amount released: [ ] by volume or [ ] by weight
  - VOLUME: [ ] Ounces
  - Weight: [ ] Grams
  - VOLUME: [ ] Barrels: 42 gal.
  - Weight: [ ] Kilograms

**D2 Units: Released**
- Check one box
  - VOLUME: [ ] Ounces
  - Weight: [ ] Grams
  - VOLUME: [ ] Barrels: 42 gal.
  - Weight: [ ] Kilograms

**D3**
- Units: Capacity
- Check one box
  - [ ] Ounces
  - [ ] Gallons
  - [ ] Barrels: 42 gal.
  - [ ] Liters
  - [ ] Cubic feet
  - [ ] Cubic meters

**D4**
- Units: Released
- Check one box
  - [ ] Ounces
  - [ ] Gallons
  - [ ] Barrels: 42 gal.
  - [ ] Liters
  - [ ] Cubic feet
  - [ ] Cubic meters

---

**E1 Physical State When Released**
- [ ] Solid
- [ ] Liquid
- [ ] Gas
- [ ] Undetermined

**E2 Released Into**
- Released into

---

**G1 Area Affected**
- [ ] Square Feet
- [ ] Blocks
- [ ] Square Miles

**G2 Area Evacuated**
- None

**G3 Estimated Number of People Evacuated**
- None

**G4 Estimated Number of Buildings Evacuated**
- None

---

**J Cause of Release**
- [ ] Intentional
- [ ] Unintentional release
- [ ] Container/containment failure
- [ ] Act of nature
- [ ] Cause under investigation
- [ ] Cause undetermined after investigation

**K Factors Contributing to Release**
- Enter up to three contributing factors
  - Factor Contributing To Release (1)
  - Factor Contributing To Release (2)
  - Factor Contributing To Release (3)

**L Factors Affecting Mitigation**
- Enter up to three factors or impediments that affected the mitigation of the incident
  - Factor or impediment (1)
  - Factor or impediment (2)
  - Factor or impediment (3)

**M Equipment Involved In Release**
- None

**N Mobile Property Involved in Release**
- None

---

**O HazMat Disposition**
- [ ] Completed by fire service only
- [ ] Completed w/ fire service present
- [ ] Released to local agency
- [ ] Released to state agency
- [ ] Released to county agency
- [ ] Released to federal agency
- [ ] Released to private agency
- [ ] Released to property owner or manager

**P HazMat Civilian Casualties**
- Deaths
- Injuries
### NFIRS - 9

#### Apparatus or Resources

<table>
<thead>
<tr>
<th>Station FDID</th>
<th>State</th>
<th>Incident Date</th>
<th>Incident Number</th>
<th>Exposure</th>
<th>Use codes listed below</th>
</tr>
</thead>
</table>

**Type of Apparatus or Resource**

- Ground Fire Suppression
  - 11 Engine
  - 12 Truck or aerial
  - 13 Quint
  - 14 Tanker & pumper combination
  - 16 Brush truck
  - 17 ARF (Aircraft Rescue and Firefighting)
  - 10 Ground fire suppression, other

- Heavy Ground Equipment
  - 21 Dozer or plow
  - 22 Tractor
  - 24 Tanker or tender
  - 20 Heavy equipment, other

- Medical & Rescue
  - 41 Aircraft: fixed wing tanker
  - 42 Helitanker
  - 43 Helicopter
  - 40 Aircraft, other

- Marine Equipment
  - 51 Fire boat with pump
  - 52 Boat, no pump
  - 50 Marine apparatus, other

- Support Equipment
  - 61 Breathing apparatus support
  - 62 Light and air unit
  - 60 Support apparatus, other

- Aircraft
  - 71 Rescue unit
  - 72 Urban search & rescue unit
  - 73 High angle rescue unit
  - 75 BLS unit
  - 76 ALS unit
  - 70 Medical and rescue unit, other

- Other
  - 91 Mobile command post
  - 92 Chief officer car
  - 93 HazMat unit
  - 94 Type 1 hand crew
  - 95 Type 2 hand crew
  - 99 Privately owned vehicle
  - 00 Other apparatus/resource

**More apparatus? Use additional sheets.**
### NFIRS-10 Form

**Personnel**

<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
<th>Rank or Grade</th>
<th>Attend</th>
<th>Action Taken</th>
<th>Action Taken</th>
<th>Action Taken</th>
<th>Action Taken</th>
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<tbody>
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</table>

**Apparatus or Resource**

<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
<th>Rank or Grade</th>
<th>Attend</th>
<th>Action Taken</th>
<th>Action Taken</th>
<th>Action Taken</th>
<th>Action Taken</th>
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</tbody>
</table>

**Dates and Times**

- Dispatch
- Arrival
- Clear

<table>
<thead>
<tr>
<th>ID</th>
<th>Name</th>
<th>Rank or Grade</th>
<th>Attend</th>
<th>Action Taken</th>
<th>Action Taken</th>
<th>Action Taken</th>
<th>Action Taken</th>
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</tbody>
</table>

**Use**

- Suppression
- EMS
- Other

**Actions Taken**

- List up to 4 actions for each apparatus and each personnel.
### Case Status
1. Investigation open
2. Investigation closed
3. Investigation inactive

### Availability of Material First Ignited
1. Transported to scene
2. Available at scene
3. Unknown

### Suspected Motivation Factors
- Extortion
- Labor unrest
- Insurance fraud
- Intimidation
- Void contract/lease
- Personal
- Extortion
- Labor unrest
- Insurance fraud
- Intimidation
- Void contract/lease
- Personal

### Apparent Group Involvement
- Terrorist group
- Gang
- Anti-government group
- Outlaw motorcycle organization
- Organized crime
- Racial/ethnic hate group
- Religious hate group
- Sexual preference hate group
- Other group
- No group involvement, acted alone
- Unknown

### Incendiary Devices
- Bottle (glass)
- Bottle (plastic)
- Jug
- Pressurized Container
- Gasoline or fuel can
- Wick or Fuse
- Candle
- Cigarette & Matchbook
- Electronic Component
- Mechanical Device
- Remote Control
- Ordinary Combustibles
- Flammable gas
- Ignitable liquid
- Ignitable solid
- Pyrotechnic material
- Explosive material

### Initial Observations
- Windows ajar
- Doors ajar
- Doors locked
- Security system activated
- Doors unlocked

### Laboratory Used
- Local
- ATF
- Other
- Federal
- Private
<table>
<thead>
<tr>
<th>Subject Number</th>
<th>Age or Date of Birth</th>
<th>Race</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Family Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1</td>
<td>M2 Age or Date of Birth</td>
<td>M4 Race</td>
<td>M3 Gender</td>
<td>M5 Ethnicity</td>
<td>M6 Family Type</td>
</tr>
<tr>
<td></td>
<td>Age (in years) OR Month Day Year</td>
<td>1 White</td>
<td>1 Male</td>
<td>1 Hispanic</td>
<td>1 Single parent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Black</td>
<td>2 Female</td>
<td></td>
<td>2 Foster parent(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 Am. Indian, Eskimo</td>
<td></td>
<td></td>
<td>3 Two parent family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Asian</td>
<td></td>
<td></td>
<td>4 Extended family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 Other, multi-racial</td>
<td></td>
<td></td>
<td>5 Extended family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>U Undetermined</td>
<td></td>
<td></td>
<td>6 Unknown</td>
</tr>
</tbody>
</table>

Motivation/Risk Factors:

1. Mild curiosity about fire
2. Moderate curiosity about fire
3. Extreme curiosity about fire
4. Diagnosed (or suspected) ADD/ADHD
5. History of trouble outside school
6. History of stealing or shoplifting
7. History of physically assaulting others
8. History of fireplay or firesetting
9. Transiency
10. Other
11. Unknown

Disposition of Person Under 18:

1. Handled within department
2. Released to parent/guardian
3. Referred to other authority
4. Referred to treatment program
5. Arrested, charged as adult
6. Referred to firesetter intervention program
7. Other
8. Unknown

Remarks (local use):

N

Remarks (local use)