

DEPARTMENT NAME: _____

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"/>
---------------------------	----------------------------	------------------------------------	------------------------------	--------------------------------------	-------------------------------

MM DD YYYY

Delete Change No Activity

NFIRS-1 BASIC
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden Notice on Back

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.

Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions
 US National Grid

Number/Milepost Prefix Street or Highway Street Type Suffix

Apt./Suite/Room City State ZIP Code

Cross Street, Directions or National Grid, as applicable

C Incident Type

Incident Type

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

E1 Dates and Times Midnight is 0000

Month Day Year Hour Min

Check boxes if dates are the same as Alarm Date.

Alarm Arrival Controlled Last Unit Cleared

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

E2 Shifts and Alarms Local Option

Shift or Platoon Alarms District

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.

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 <input type="checkbox"/> Church, place of worship	341 <input type="checkbox"/> Clinic, clinic-type infirmary	539 <input type="checkbox"/> Household goods, sales, repairs
161 <input type="checkbox"/> Restaurant or cafeteria	342 <input type="checkbox"/> Doctor/dentist office	571 <input type="checkbox"/> Gas or service station
162 <input type="checkbox"/> Bar/tavern or nightclub	361 <input type="checkbox"/> Prison or jail, not juvenile	579 <input type="checkbox"/> Motor vehicle/boat sales/repairs
213 <input type="checkbox"/> Elementary school, kindergarten	419 <input type="checkbox"/> 1- or 2-family dwelling	599 <input type="checkbox"/> Business office
215 <input type="checkbox"/> High school, junior high	429 <input type="checkbox"/> Multifamily dwelling	615 <input type="checkbox"/> Electric-generating plant
241 <input type="checkbox"/> College, adult education	439 <input type="checkbox"/> Rooming/boarding house	629 <input type="checkbox"/> Laboratory/science laboratory
311 <input type="checkbox"/> Nursing home	449 <input type="checkbox"/> Commercial hotel or motel	700 <input type="checkbox"/> Manufacturing plant
331 <input type="checkbox"/> Hospital	459 <input type="checkbox"/> Residential, board and care	819 <input type="checkbox"/> Livestock/poultry storage (barn)
	464 <input type="checkbox"/> Dormitory/barracks	882 <input type="checkbox"/> Non-residential parking garage
	519 <input type="checkbox"/> Food and beverage sales	891 <input type="checkbox"/> Warehouse
Outside	936 <input type="checkbox"/> Vacant lot	981 <input type="checkbox"/> Construction site
124 <input type="checkbox"/> Playground or park	938 <input type="checkbox"/> Graded/cared for plot of land	984 <input type="checkbox"/> Industrial plant yard
655 <input type="checkbox"/> Crops or orchard	946 <input type="checkbox"/> Lake, river, stream	
669 <input type="checkbox"/> Forest (timberland)	951 <input type="checkbox"/> Railroad right-of-way	
807 <input type="checkbox"/> Outdoor storage area	960 <input type="checkbox"/> Other street	
919 <input type="checkbox"/> Dump or sanitary landfill	961 <input type="checkbox"/> Highway/divided highway	
931 <input type="checkbox"/> Open land or field	962 <input type="checkbox"/> Residential street/driveway	

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

Property Use Code

Property Use Description

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



Remarks:

Local Option

*PAPERWORK BURDEN DISCLOSURE NOTICE NFIRS-1

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NOTE: Do not send your completed form to this address.

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

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-2**

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I1 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)
0 Other type of structure

I2 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

I3 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

I4 Main Floor Size ☆

_____, _____, _____
Total square feet

OR

_____, _____ BY _____, _____
Length in feet Width in feet

J1 Fire Origin ☆

_____ Below grade
Story of fire origin

J2 Fire Spread ☆
If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).

2 Confined to room of origin
3 Confined to floor of origin
4 Confined to building of origin
5 Beyond building of origin

J3 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)

K Type of Material Contributing Most to Flame Spread

Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. **Skip to Section L**

K1 _____
Item contributing most to flame spread

K2 _____
Type of material contributing most to flame spread
Required only if item contributing code is 00 or <70.

L1 Presence of Detectors ☆
(In area of the fire)

N None Present **Skip to Section M**
1 Present
U Undetermined

L2 Detector Type

1 Smoke
2 Heat
3 Combination smoke and heat
4 Sprinkler, water flow detection
5 More than one type present
0 Other
U Undetermined

L3 Detector Power Supply

1 Battery only
2 Hardwire only
3 Plug-in
4 Hardwire with battery
5 Plug-in with battery
6 Mechanical
7 Multiple detectors & power supplies
0 Other
U Undetermined

L4 Detector Operation

1 Fire too small to activate
2 Operated **Complete Block L5**
3 Failed to operate **Complete Block L6**
U Undetermined

L5 Detector Effectiveness
Required if detector operated.

1 Alerted occupants, occupants responded
2 Alerted occupants, occupants failed to respond
3 There were no occupants
4 Failed to alert occupants
U Undetermined

L6 Detector Failure Reason
Required if detector failed to operate

1 Power failure, shutoff, or disconnect
2 Improper installation or placement
3 Defective
4 Lack of maintenance, includes not cleaning
5 Battery missing or disconnected
6 Battery discharged or dead
0 Other
U Undetermined

M1 Presence of Automatic Extinguishing System ☆

N None Present **Complete rest of Section M**
1 Present
2 Partial System Present
U Undetermined

M2 Type of Automatic Extinguishing System
Required if fire was within designed range of AES

1 Wet-pipe sprinkler
2 Dry-pipe sprinkler
3 Other sprinkler system
4 Dry chemical system
5 Foam system
6 Halogen-type system
7 Carbon dioxide (CO₂) system
0 Other special hazard system
U Undetermined

M3 Operation of Automatic Extinguishing System
Required if fire was within designed range

1 Operated/effective (go to M4)
2 Operated/not effective (go to M4)
3 Fire too small to activate
4 Failed to operate (go to M5)
0 Other
U Undetermined

M4 Number of Sprinkler Heads Operating
Required if system operated

_____ Number of sprinkler heads operating

M5 Reason for Automatic Extinguishing System Failure
Required if system failed or not effective

1 System shut off
2 Not enough agent discharged
3 Agent discharged but did not reach fire
4 Wrong type of system
5 Fire not in area protected
6 System components damaged
7 Lack of maintenance
8 Manual intervention
0 Other
U Undetermined

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-3**

Paperwork burden for this form is estimated to average 40 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0069)

NOTE: Do not send your completed form to this address.

DEPARTMENT NAME: _____

A FDID Star State Star Incident Date Star MM DD YYYY Station Incident Number Star Exposure Star Delete Change

NFIRS-4 CIVILIAN FIRE CASUALTY
OMB 1660-0069
Expires 06/30/2009
*Paperwork Burden Notice on Back

B Injured Person Star Gender 1 Male 2 Female

First Name MI Last Name Suffix

C Casualty Number Star

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 Time of Injury

Month Day Year 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 → Skip to Block M5
3 Outside, but not in area → Skip to Block M5
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

***PAPERWORK BURDEN DISCLOSURE NOTICE
NFIRS-4**

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DEPARTMENT NAME: _____

A

FDID <input type="text"/>	State <input type="text"/>	MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete	NFIRS-5 FIRE SERVICE CASUALTY OMB 1660-0069 Expires 06/30/2009 *Paperwork Burden Notice on Back
<input type="checkbox"/> Star	<input type="checkbox"/> Star	<input type="checkbox"/> Star		<input type="checkbox"/> Star	<input type="checkbox"/> Star	<input type="checkbox"/> Change	

B Injured Person

Identification Number

1 Male Star 1 Career
2 Female 2 Volunteer

First Name MI Last Name Suffix

C Casualty Number Star

Casualty Number

D Age or Date of Birth Star

Age OR Date of Birth

In years OR Month Day Year

E Date and Time of Injury Star 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 Star

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 01/01/07

K1 Did protective equipment fail and contribute to the injury?

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

Yes YNo NEquipment
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

***PAPERWORK BURDEN DISCLOSURE NOTICE**

NFIRS-5

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