

Personnel Module: NFIRS-10

Objectives

After completing the Personnel Module you will be able to:

1. Describe when the Personnel Module is to be used.
 2. Demonstrate how to complete the Personnel Module and identify appropriate other modules, given the scenario of a hypothetical incident.
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Pretest #10 – Personnel Module

1. A Basic Module must be completed if the Personnel Module is completed.
 - (a) True.
 - (b) False.

2. The Personnel Module is a required NFIRS Module.
 - (a) True.
 - (b) False.

3. Either the Personnel Module or Apparatus or Resources Module may be used, but not both.
 - (a) True.
 - (b) False.

4. The Personnel Module can be used to help manage and track apparatus and resources used on incidents.
 - (a) True.
 - (b) False.

5. The data element Attend allows fire departments to preprint or preenter personnel in the Personnel Module.
 - (a) True.
 - (b) False.

Using the Personnel Module

The Personnel Module (NFIRS-10) is an optional module that is used to help manage and track personnel and resources used on incidents. This module can be used in place of the Apparatus or Resources Module (NFIRS-9) if more detail on personnel is needed.

NOTE: Either the Personnel Module or Apparatus or Resources Module may be used -- not both.

Section A: FDID, State, Incident Date, Station, Incident Number, Exposure

A	FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	NFIRS-10 Personnel
	★	★	★	★	★	★	★	★	<input type="checkbox"/> Change	

The information in Section A is drawn from Section A of the Basic Module. Use the data in the Basic Module to help you supply the requested information. If you are using an automated system the data need to be entered only once, then they will be transferred automatically into other modules that use the data.

Section B: Apparatus or Resources, Dates and Times, Sent, Apparatus Use, and Actions Taken

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

You can record multiple pieces of apparatus in this module. Record the apparatus ID and apparatus type on the first two lines. Codes for the apparatus type are in the Complete Reference Guide (CRG).

DATES AND TIMES

Dates and Times		Midnight is 0000
Check if same date as Alarm date on the Basic Module (Block E1) ↓		Month Day Year Hour/Min
Dispatch	<input type="checkbox"/>	_____
Arrival	<input type="checkbox"/>	_____
Clear	<input type="checkbox"/>	_____

Record dates and times for Dispatch, Arrival, and Clear in the Dates and Times block. Record all times in 24-hour time (midnight is 0000). If the alarm date is the same as the dispatch, arrival, or clear date, check the box that appears to the left of the appropriate field.

SENT

Sent <input checked="" type="checkbox"/>
Sent <input type="checkbox"/>

A box is available to indicate whether or not the unit actually responded to the incident. If it did, mark the box. If the unit was held in quarters, leave it blank. (For paper copy only.)

NUMBER OF PEOPLE

Number of ☆ People
_ _ _

Record the total number of people responding on the specific piece of apparatus on the line provided.

APPARATUS USE

Apparatus Use ☆
Check ONE box for each apparatus to indicate its main use at the incident.
<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other

Three choices are offered in this section to clarify the main use of each piece of apparatus at the incident. Mark only one box.

ACTIONS TAKEN

Actions Taken
List up to 4 actions for each apparatus and each personnel.
_ _ _ _ _ _ _ _ _ _ _ _

ATTEND

Attend
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Mark the box if the individual responded to the incident (for paper copy only).

ACTION TAKEN

Action Taken

For each individual, you can document up to four actions. Codes should correspond with those entered on Lines F of the Basic Module and are in the CRG.

SUMMARY

Use the Personnel Module as a local option to document personnel and apparatus information for individual incidents. If a Personnel Module is completed for each apparatus sent to the scene, it is not necessary to complete the Apparatus or Resources Module.

EXAMPLE: Automobile Crash

Directions: Read the call information in the example below. Then look at the completed Personnel Module form. Look at each section and follow along with the proper use of the information as applicable to the Personnel Module.

On July 6, 1998, (FDID #TR100) Engine 1 and Ambulance 3, along with Rescue Squad 6, were dispatched at 1705 hours to an automobile crash involving personal injuries at Main Street and Laurel Blvd., Eau Claire, WI. Engine 1 and Ambulance 3 arrived on the scene at 1710, and the squad arrived at 1713. The crew on Engine 1 consisted of Captain Jones (ID #JP0275), Driver Boswell (ID #BK3451), and Wilson (ID #WS6753) was in the Bucket. Incident #9222108 was assigned.

The crew on Ambulance 3 consisted of Paramedic Smith (ID #SB9078) and Driver/EMT Conrad (ID #NC2165). Rescue Squad personnel included Lt. Holmes (ID #JH2580), Driver Torre (ID #TJ3425), and FF Kerns (ID #KF4791).

The officer in charge reported a vehicle crash with one person trapped. Engine 1 personnel pulled a hoseline and provided vehicle stabilization. Ambulance 3 personnel provided traction on the patient's neck until Rescue Squad 6 extricated the victim.

The victim in the second car received minor injuries but signed a release stating that he refused treatment or transport to the hospital. After patient 1 was extricated he was placed on a long back board and transported to the hospital. Engine 1 and Rescue Squad 6 cleared the scene at 1812. The ambulance cleared the hospital at 1840.

NFIRS 5.0 Self-Study Program

A FDID TR100 State WI Incident Date 07/06/1998 Station 001 Incident Number 9222108 Exposure 000 Delete Change **NFIRS-10 Personnel**

B Apparatus or Resources **Dates and Times** Midnight is 0000
 Check if same date as Alarm date on the Basic Module (Block E1)
 Month Day Year Hour/Min
 Sent **Number of People** **Apparatus Use** Suppression EMS Other **Actions Taken**
 List up to 4 actions for each apparatus and each personnel.

1	ID <u> </u> <u>E1</u>	Dispatch <input checked="" type="checkbox"/> <u> </u> <u> </u> <u> </u> <u>1705</u>	Arrival <input checked="" type="checkbox"/> <u> </u> <u> </u> <u> </u> <u>1710</u>	Clear <input checked="" type="checkbox"/> <u> </u> <u> </u> <u> </u> <u>1812</u>	Sent <input checked="" type="checkbox"/>	Number of People <u>003</u>	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input checked="" type="checkbox"/> Other	<u> </u> <u> </u>	<u>73</u> <u> </u>
★Type <u>11</u>											
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken				
<u> </u> <u>JP0275</u>	Jones	Capt.	<input checked="" type="checkbox"/>	73							
<u> </u> <u>BK3451</u>	Boswell	Tech	<input checked="" type="checkbox"/>	73	58						
<u> </u> <u>WM6753</u>	Wilson	FF	<input checked="" type="checkbox"/>	73							
<u> </u> <u> </u>			<input type="checkbox"/>								
<u> </u> <u> </u>			<input type="checkbox"/>								
<u> </u> <u> </u>			<input type="checkbox"/>								

2 ID AMB3 Dispatch 1705
 Arrival 1710
 Clear 1840
 Sent **Number of People** 002
 Suppression EMS Other **Actions Taken**
31 34

★Type <u>76</u>											
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken				
<u> </u> <u>SB9078</u>	Smith	PM	<input checked="" type="checkbox"/>	32							
<u> </u> <u>NC2165</u>	Conrad	EMT	<input checked="" type="checkbox"/>	58							
<u> </u> <u> </u>			<input type="checkbox"/>								
<u> </u> <u> </u>			<input type="checkbox"/>								
<u> </u> <u> </u>			<input type="checkbox"/>								

3 ID RS6 Dispatch 1705
 Arrival 1713
 Clear 1812
 Sent **Number of People** 003
 Suppression EMS Other **Actions Taken**
23

★Type <u>71</u>											
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken				
<u> </u> <u>JH2580</u>	Holmes	Lt.	<input checked="" type="checkbox"/>	23							
<u> </u> <u>JT3425</u>	Torre	Tech	<input checked="" type="checkbox"/>	23	58						
<u> </u> <u>KF4791</u>	Kerns	FF	<input checked="" type="checkbox"/>	23							
<u> </u> <u> </u>			<input type="checkbox"/>								
<u> </u> <u> </u>			<input type="checkbox"/>								
<u> </u> <u> </u>			<input type="checkbox"/>								

EXERCISE SCENARIO 10-1: Structure Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the Personnel Module form. Compare your work to the answers provided on the completed Personnel Module form. If your answers are different from the ones provided, read over the Personnel Module again.

On 11/22/2000, in Eau Claire, WI, FDID #TR100, Station 42, responded (Incident #3402341) to a structure fire.

Engine 422 (driven and operated by FF Richardson) was dispatched at 1345 and arrived at the 8503 Spring Drive structure fire at 1347 hours. Captain Cooke, FF Groshong, and Probationary FF McIntire advanced one 1-3/4-inch line to the first floor.

Medic 1 (driven and operated by FF/First Responder Worley) was dispatched at 1347 and arrived on scene at 1350 hours. Paramedic Burnette found the homeowner in the front yard suffering from smoke inhalation and administered oxygen. FF Worley treated a child for a cut received while escaping the structure.

Truck 1 (driven and operated by FF Mitchell) was dispatched at 1345 and arrived at 1351 hours. Captain Fritz and FF McAllister conducted a search of the second floor while FF Dupeire performed ventilation. After the fire was knocked down, the whole crew performed salvage and overhaul.

Engine 422 cleared the scene at 1431 and was available for duty at 1445. Truck 1 was clear at 1450 and available at 1510. Medic 1 was clear of the scene at 1510 and available at 1540.

Personnel ID Numbers are as follows:

Capt. Cooke	976202020
FF Groshong	534879310
PFF McIntire	721201241
FF Richardson	711349089
Capt. Fritz	314895310
FF Mitchell	734902143
FF McAllister	675906301
FF Dupeire	368319752
FF Worley	752372291
Medic Burnette	901190111

NFIRS 5.0 Self-Study Program

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 <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times Midnight is 0000 Check if same date as Alarm date on the Basic Module (Block E1) ↻ Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People ★ <input type="text"/>	Apparatus Use ★ Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken List up to 4 actions for each apparatus and each personnel. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1 ID <input type="text"/> ★Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

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

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"/>				

NFIRS 5.0 Self-Study Program

A FDID State Incident Date Station Incident Number Exposure Delete Change **NFIRS-10 Personnel**

B Apparatus or Resources **Dates and Times** Midnight is 0000
 Check if same date as Alarm date on the Basic Module (Block E1)
 Month Day Year Hour/Min
 Sent Number of People **Apparatus Use** **Actions Taken**
 Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.
 Suppression
 EMS
 Other

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="976202020"/>	Cooke	Capt	<input checked="" type="checkbox"/>	11			
<input type="text" value="534879310"/>	Groshong	FF	<input checked="" type="checkbox"/>	11			
<input type="text" value="721201241"/>	McIntire	PFF	<input checked="" type="checkbox"/>	11			
<input type="text" value="711349089"/>	Richardson	FF	<input checked="" type="checkbox"/>	58			
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				

ID **Dispatch** **Sent** **Number of People** **Apparatus Use** **Actions Taken**
 Suppression
 EMS
 Other

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="314895310"/>	Fritz	Capt	<input checked="" type="checkbox"/>	20	12		
<input type="text" value="734902143"/>	Mitchell	FF	<input checked="" type="checkbox"/>	58			
<input type="text" value="675906301"/>	McAllister	FF	<input checked="" type="checkbox"/>	20	12		
<input type="text" value="368319752"/>	Dupeire	FF	<input checked="" type="checkbox"/>	51	12		
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				

ID **Dispatch** **Sent** **Number of People** **Apparatus Use** **Actions Taken**
 Suppression
 EMS
 Other

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="752372291"/>	Worley	FF	<input checked="" type="checkbox"/>	32	31		
<input type="text" value="901190111"/>	Burnette	Medic	<input checked="" type="checkbox"/>	32	31		
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				
<input type="text" value=""/>			<input type="checkbox"/>				

EXERCISE SCENARIO 10-2: Structure Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the entire Personnel Module form and other forms needed to complete the scenario. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Personnel Module again.

The Alberta Fire Department (FDID #92188) received a call for a reported house fire at 5 East Cary Street, Brunswick, Virginia 23351, on May 1, 2005. The dispatcher assigned the incident (#5433) to Engine 1, Engine 2, and Truck 1 from Shift A. The units received the alarm at 12:53 p.m. Engine 1 and Truck 1 arrived at the scene at 12:58. Engine 2 arrive at the scene at 1:00 p.m. Each unit was staffed with four firefighters. The owner of the single-family dwelling, Mrs. Christy Gordon (66 years old), said that she was warming her lunch on the stove when the grease from the pan began to burn. The gas stove was a Whirlpool, Model RF330PXVN, Serial Number F925888840, Year 2000. The fire spread from the pan to the curtains. She had fallen asleep upstairs and was alerted when the hardwired smoke detector activated. The flame damage was confined to the kitchen. The 2,000 square feet, two-story home was filled with smoke in the other rooms. She called 911. Crews from Engine 1 and 2 worked to extinguish the fire while the crew from Truck 1 performed ventilation, salvage, and overhaul. The fire was brought under control at 1:25 p.m. There was \$24,000 fire loss to property and \$9,600 content loss. The value of the property was \$161,000 and the content value was \$80,400. All units cleared the scene at 2:40 p.m. FF1 Adam C. Wallner, Badge No. 224, completed the report after returning to Station No. 2. Captain Tonya S. Gordon, Badge No. 105, was the officer in charge. The incident was in Census Tract 501.10, District A12.

Engine 1 Personnel

- Andrew C. Wallner, FF1, Badge No. 224, Duties: Extinguish fire and ventilation
- Karen M. Winer, FF2, Badge No. 111, Duties: Extinguish fire and ventilation
- Andrew B. Starwood, FF3, Badge No. 130, Duties: Operate apparatus
- Tonya S. Gordon, Capt., Badge No. 105, Duties: Command

Engine 2 Personnel

- Paul P. Kritz, FF2, Badge No. 222, Duties: Extinguish fire
- Andy C. Long, FF3, Badge No. 219, Duties: Extinguish fire
- Stan Baron, Capt., Badge No. 007, Duties: Command
- John Mack, FF3, Badge No. 234, Duties: Operate apparatus

Truck

- Juan M. Mills, FO2, Badge No. 317, Duties: Ventilation
- Ronald T. Harris, FF2, Badge No. 299, Duties: Operate apparatus
- Marion Fritz, Capt., Badge No. 847, Duties: Command
- Cal Heilig, FF3, Badge No. 356, Duties: Salvage and Overhaul

A Delete Change No Activity **NFIRS-1 Basic**

FDID State Incident Date Station Incident Number Exposure

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 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

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

D Aid Given or Received None

1 Mutual aid received Their FDID Their State

2 Auto. aid received Their Incident Number

3 Mutual aid given

4 Auto. aid given

5 Other aid given

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 Detector did not alert them 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 Education use Medical use Residential use Row of stores Enclosed mall Business & residential Office use Industrial use Military use Farm use Other mixed use

J Property Use None

Structures

131 Church, place of worship Restaurant or cafeteria Bar/tavern or nightclub Elementary school, kindergarten High school, junior high College, adult education Nursing home Hospital

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

539 Household goods, sales, repairs Gas or service station Motor vehicle/boat sales/repairs Business office Electric-generating plant Laboratory/science laboratory Manufacturing plant Livestock/poultry storage (barn) Non-residential parking garage Warehouse

Outside

124 Playground or park Crops or orchard Forest (timberland) Outdoor storage area Dump or sanitary landfill Open land or field

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

981 Construction site 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 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 _____ - _____


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 Module
<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

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

Check box if same as Officer in charge. Member making report ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

A <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>FDID</small> </div> <div style="text-align: center;"> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>State</small> </div> <div style="text-align: center;"> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>MM</small> </div> <div style="text-align: center;"> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>DD</small> </div> <div style="text-align: center;"> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>YYYY</small> </div> <div style="text-align: center;"> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Station</small> </div> <div style="text-align: center;"> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Incident Number</small> </div> <div style="text-align: center;"> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Exposure</small> </div> </div> <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change </div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; float: right;"> NFIRS-2 Fire </div>			
B Property Details <p>B1 <input style="width: 50px; border: 1px solid black;" type="text"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved</small></p> <p>B2 <input style="width: 50px; border: 1px solid black;" type="text"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small></p> <p>B3 <input style="width: 50px; border: 1px solid black;" type="text"/> , <input style="width: 50px; border: 1px solid black;" type="text"/> <input type="checkbox"/> None <small>Acres burned (outside fires)</small> <input type="checkbox"/> Less than one acre</p>	C On-Site Materials or Products <input type="checkbox"/> None <p><small>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</small></p> <p>Enter up to three codes. Check one box for each code entered.</p> <p><input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>On-site material (1)</small></p> <p><input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>On-site material (2)</small></p> <p><input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>On-site material (3)</small></p> <p>On-Site Materials Storage Use</p> <p>1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined</p> <p>1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined</p> <p>1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined</p>		
D Ignition <p>D1 <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Area of fire origin</small> <input type="checkbox"/> Star</p> <p>D2 <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Heat source</small> <input type="checkbox"/> Star</p> <p>D3 <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input type="checkbox"/> Star 1 <input type="checkbox"/> Check box if fire spread was confined to object of origin.</p> <p>D4 <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or <70</small></p>	E1 Cause of Ignition <input type="checkbox"/> Star <input type="checkbox"/> Check box if this is an exposure report. ➔ <input type="checkbox"/> Skip to Section G <p>1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation</p> <p>E2 Factors Contributing to Ignition <input type="checkbox"/> Star <input type="checkbox"/> None</p> <p><input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Factor contributing to ignition (1)</small></p> <p><input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Factor contributing to ignition (2)</small></p>	E3 Human Factors <input type="checkbox"/> Star Contributing to Ignition <input type="checkbox"/> Check all applicable boxes <input type="checkbox"/> None <p>1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved</p> <p>7 <input type="checkbox"/> Age was a factor</p> <p>Estimated age of person involved <input style="width: 50px; border: 1px solid black;" type="text"/></p> <p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>	
F1 Equipment Involved in Ignition <input type="checkbox"/> None ➔ If equipment was not involved, skip to Section G	F2 Equipment Power Source <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Equipment Power Source</small>	G Fire Suppression Factors <input type="checkbox"/> None Enter up to three codes.	
F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>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.</small>	<input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Fire suppression factor (1)</small>	<input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Fire suppression factor (2)</small>	
<input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Fire suppression factor (3)</small>	H1 Mobile Property Involved <input type="checkbox"/> None <p>1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned</p>	H2 Mobile Property Type and Make <p><input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Mobile property type</small></p> <p><input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Mobile property make</small></p>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> <p><input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached</p>
<input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Mobile property model</small>		<input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>Year</small>	
<input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>License Plate Number</small>		<input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>State</small>	
<input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <input style="width: 50px; border: 1px solid black;" type="text"/> <small>VIN</small>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3). </div>	
<small>NFIRS-2 Revision 01/01/05</small>			

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p>Total number of stories at or above grade</p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p>Total square feet</p> <p>OR</p> <p>Length in feet BY Width in feet</p>	<p>NFIRS-3 Structure Fire</p>
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<p>J1 Fire Origin ☆</p> <p>Story of fire origin</p> <p><input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame ☆</p> <p>Count the roof as part of the highest story.</p> <p>Number of stories w/minor damage (1 to 24% flame damage)</p> <p>Number of stories w/significant damage (25 to 49% flame damage)</p> <p>Number of stories w/heavy damage (50 to 74% flame damage)</p> <p>Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread</p> <p><input type="checkbox"/> 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</p> <p>K1 Item contributing most to flame spread</p> <p>K2 Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

<p>L1 Presence of Detectors ☆</p> <p>(In area of the fire)</p> <p>N <input type="checkbox"/> None Present → Skip to Section M</p> <p>1 <input type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply</p> <p>1 <input type="checkbox"/> Battery only</p> <p>2 <input type="checkbox"/> Hardwire only</p> <p>3 <input type="checkbox"/> Plug-in</p> <p>4 <input type="checkbox"/> Hardwire with battery</p> <p>5 <input type="checkbox"/> Plug-in with battery</p> <p>6 <input type="checkbox"/> Mechanical</p> <p>7 <input type="checkbox"/> Multiple detectors & power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness</p> <p>Required if detector operated.</p> <p>1 <input type="checkbox"/> Alerted occupants, occupants responded</p> <p>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</p> <p>3 <input type="checkbox"/> There were no occupants</p> <p>4 <input type="checkbox"/> Failed to alert occupants</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>L2 Detector Type</p> <p>1 <input type="checkbox"/> Smoke</p> <p>2 <input type="checkbox"/> Heat</p> <p>3 <input type="checkbox"/> Combination smoke and heat</p> <p>4 <input type="checkbox"/> Sprinkler, water flow detection</p> <p>5 <input type="checkbox"/> More than one type present</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input type="checkbox"/> Operated → Complete Block L5</p> <p>3 <input type="checkbox"/> Failed to operate → Complete Block L6</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason</p> <p>Required if detector failed to operate</p> <p>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</p> <p>2 <input type="checkbox"/> Improper installation or placement</p> <p>3 <input type="checkbox"/> Defective</p> <p>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</p> <p>5 <input type="checkbox"/> Battery missing or disconnected</p> <p>6 <input type="checkbox"/> Battery discharged or dead</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>

<p>M1 Presence of Automatic Extinguishing System ☆</p> <p>N <input type="checkbox"/> None Present → Complete rest of Section M</p> <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Partial System Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M3 Operation of Automatic Extinguishing System</p> <p>Required if fire was within designed range</p> <p>1 <input type="checkbox"/> Operated/effective (go to M4)</p> <p>2 <input type="checkbox"/> Operated/not effective (go to M4)</p> <p>3 <input type="checkbox"/> Fire too small to activate</p> <p>4 <input type="checkbox"/> Failed to operate (go to M5)</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M5 Reason for Automatic Extinguishing System Failure</p> <p>Required if system failed or not effective</p> <p>1 <input type="checkbox"/> System shut off</p> <p>2 <input type="checkbox"/> Not enough agent discharged</p> <p>3 <input type="checkbox"/> Agent discharged but did not reach fire</p> <p>4 <input type="checkbox"/> Wrong type of system</p> <p>5 <input type="checkbox"/> Fire not in area protected</p> <p>6 <input type="checkbox"/> System components damaged</p> <p>7 <input type="checkbox"/> Lack of maintenance</p> <p>8 <input type="checkbox"/> Manual intervention</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>M2 Type of Automatic Extinguishing System</p> <p>Required if fire was within designed range of AES</p> <p>1 <input type="checkbox"/> Wet-pipe sprinkler</p> <p>2 <input type="checkbox"/> Dry-pipe sprinkler</p> <p>3 <input type="checkbox"/> Other sprinkler system</p> <p>4 <input type="checkbox"/> Dry chemical system</p> <p>5 <input type="checkbox"/> Foam system</p> <p>6 <input type="checkbox"/> Halogen-type system</p> <p>7 <input type="checkbox"/> Carbon dioxide (CO₂) system</p> <p>0 <input type="checkbox"/> Other special hazard system</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M4 Number of Sprinkler Heads Operating</p> <p>Required if system operated</p> <p>Number of sprinkler heads operating</p>	

NFIRS 5.0 Self-Study Program

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 <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> <input type="checkbox"/> Check if same date as Alarm date on the Basic Module (Block E1) Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text"/>	Apparatus Use <input type="checkbox"/> Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken List up to 4 actions for each apparatus and each personnel. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1 ID <input type="text"/> ☆Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

2 ID <input type="text"/> ☆Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID <input type="checkbox"/>	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<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"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text"/> ☆Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	Sent <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Personnel ID <input type="checkbox"/>	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
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