

Fire Service Casualty Module: NFIRS-5

Objectives

After completing the Fire Service Casualty Module the student will be able to:

1. Describe when the Fire Service Casualty Module is to be used.
 2. Demonstrate how to complete the Fire Service Casualty Module, given the scenario of a hypothetical incident.
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Table of Contents

Pretest #5 - Fire Service Casualty Module	5-3
Using the Fire Service Casualty Module	5-4
Section A: FDID, Incident Number, Exposure	5-4
Section B: Injured Person	5-4
Section C: Casualty Number	5-5
Section D: Age or Date of Birth	5-5
Section E: Date and Time of Injury	5-5
Section F: Responses	5-5
Section G: Usual Assignment, Physical Condition Just Prior To Injury, Severity, Taken To, Activity at Time of Injury	5-6
Section H: Primary Apparent Symptom and Primary Area of Body Injured	5-7
Section I: Cause of Firefighter Injury, Factor Contributing to Injury, and Object Involved in Injury	5-7
Section J: Where Injury Occurred, Story Where Injury Occurred, Specific Location, and Vehicle Type.	5-8
Section K: Contribution of Protective Equipment to Injury	5-9
SUMMARY	5-12
EXAMPLE: Highrise Fire	5-13
EXERCISE SCENARIO 5-1: Fire Captain Injury on Scene of Fire	5-16
EXERCISE SCENARIO 5-2: Cary Street Fire.	5-21
Fire Service Casualty Module Test	5-29

Pretest #5 - Fire Service Casualty Module

1. The Fire Service Casualty Module is used to report injuries, deaths, or exposures to fire service, EMS, and other public safety personnel that occur in conjunction with any incident response.
 - (a) True.
 - (b) False.

2. A Basic Module must be completed if the Fire Service Casualty Module is completed.
 - (a) True.
 - (b) False.

3. The Fire Service Casualty Module is a required NFIRS Module.
 - (a) True.
 - (b) False.

4. The Fire Service Casualty Module should be completed if a firefighter is injured while exercising at the fire station.
 - (a) True.
 - (b) False.

5. The Fire Service Casualty Module should be completed if a firefighter is injured while off-duty away from the fire station.
 - (a) True.
 - (b) False.

Using the Fire Service Casualty Module

The Fire Service Casualty Module is used to report fire service personnel injuries, deaths, or exposures while on duty. This module is also used to collect information about protective equipment that failed and contributed to the injury.

An exposure is defined as contact by fire service personnel with a toxic substance or harmful physical or biological agent through any route of entry (e.g., inhalation, ingestion, skin absorption, or direct contact). Exposures can be reported regardless of the presence of clinical signs and symptoms.

NOTE: An exposure fire is **not** the same as an exposure to fire service personnel.

Recording firefighter casualty information provides data on specific, perhaps correctable, hazards. It also can indicate trends that can lead to future safety improvement efforts. Health and Safety Officers find this information particularly useful when working to reduce risks at incidents.

Section A: FDID, Incident Number, Exposure

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

The information in Section A of the Fire Module 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: Injured Person

B	Injured Person		Identification Number	1 <input type="checkbox"/> Male	★	1 <input type="checkbox"/> Career
				2 <input type="checkbox"/> Female		2 <input type="checkbox"/> Volunteer
	First Name	MI	Last Name			Suffix

[Section B](#) is used to identify and classify the person injured or exposed using a variety of means.

Start completing Section B by entering an assigned identification number. While the individual's Social Security Number often is used for this purpose, this is not a recommended practice.

Next, check the appropriate boxes indicating male or female, and the casualty's affiliation (career or volunteer). Paid-per-call casualties should be considered volunteers when information for this section is entered. Lastly, enter the casualty's first and last name, middle initial, and any suffix (i.e., Jr., Sr., or III) in the lines provided.

Section C: Casualty Number

C	Casualty Number ☆
Casualty Number	

Each casualty is given a number. The numbers are assigned sequentially starting with one (001), and continuing based upon how many fire service individuals were injured or killed at the incident, or resulting from the incident.

Section D: Age or Date of Birth

D	Age or Date of Birth ☆
Age	Date of Birth
In years	OR
	Month Day Year

Enter **either** the casualty's age or date of birth, but not both. If the age is entered, the numbers are assumed to represent years.

Section E: Date and Time of Injury

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

Enter the date and time of the injury in [Section E](#). When the injury date is the same as the date of the incident, enter the same date information that you entered in the arrival block of [Section E1](#) of the Basic Module. If the injury date is different, then enter the correct month, day, and year.

The time, both hours and minutes, of the injury is entered using the 24-hour clock, where midnight is 0000.

Section F: Responses

F	Responses
Number of prior responses during past 24 hours	

Record the number of incidents that the casualty responded to within the 24-hour period immediately prior to the time of injury.

Section G: Usual Assignment, Physical Condition Just Prior To Injury, Severity, Taken To, Activity at Time of Injury

G₁ Usual Assignment	
1	<input type="checkbox"/> Suppression
2	<input type="checkbox"/> EMS
3	<input type="checkbox"/> Prevention
4	<input type="checkbox"/> Training
5	<input type="checkbox"/> Maintenance
6	<input type="checkbox"/> Communications
7	<input type="checkbox"/> Administration
8	<input type="checkbox"/> Fire investigation
0	<input type="checkbox"/> Other

Describe the official assignment of the casualty in **Block G₁**. This may or may not coincide with the firefighter's activity at the time of injury.

G₂ Physical Condition Just Prior to Injury			
1	<input type="checkbox"/> Rested	0	<input type="checkbox"/> Other
2	<input type="checkbox"/> Fatigued	U	<input type="checkbox"/> Undetermined
4	<input type="checkbox"/> Ill or injured		

Record the general physical condition of the casualty just prior to the injury in **Block G₂**.

G₃ Severity ☆	
1	<input type="checkbox"/> Report only, including exposure
2	<input type="checkbox"/> First aid only
3	<input type="checkbox"/> Treated by physician (no lost time)
4	<input type="checkbox"/> Moderate (lost time)
5	<input type="checkbox"/> Severe (lost time)
6	<input type="checkbox"/> Life threatening (lost time)
7	<input type="checkbox"/> Death

Describe the severity or seriousness of the casualty in relation to death and time lost from work in **Block G₃**.

G₄ Taken To		<input type="checkbox"/> Not transported
1	<input type="checkbox"/> Hospital	
4	<input type="checkbox"/> Doctor's office	
5	<input type="checkbox"/> Morgue/funeral home	
6	<input type="checkbox"/> Residence	
7	<input type="checkbox"/> Station or quarters	
0	<input type="checkbox"/> Other	

Use **Block G₄** to record where the casualty went after the injury.

G₅	Activity at Time of Injury
Activity at time of injury	

Use **Block G₅** to describe what type of activity was taking place at the time the injury occurred.

You will need to enter a code as part of the description. Use the *NFIRS Complete Reference Guide (CRG)* to identify the activity of the firefighter at the time of the injury.

Section H: Primary Apparent Symptom and Primary Area of Body Injured

Record the primary symptom and areas of injury in **Section H**. Use **Block H₁** to enter the code that describes the casualty's **most serious injury**.

H₁	Primary Apparent Symptom
Primary apparent symptom	

The Emergency Medical Technician (EMT) or the person responsible for the prehospital emergency care phase of treatment may provide you with a determination of what appears to be the casualty's most serious injury.

H₂	Primary Part of Body Injured	<input type="checkbox"/> None
Primary injured body part		

Block H₂ is used to record the body part or area that sustained the most serious injury. It should be the part of the body affected by the primary apparent symptom.

Section I: Cause of Firefighter Injury, Factor Contributing to Injury, and Object Involved in Injury

In **Section I**, record the data that describes the factors that caused the injury. Use the *CRG* to complete this section.

I₁	Cause of Firefighter Injury
Cause of injury	

Use **Block I₁** to describe the situation or circumstance that directly resulted in the casualty.

I2	Factor Contributing to Injury	<input type="checkbox"/> None
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div> <p style="font-size: small; margin: 0;">Contributing factor</p>	

Enter the code and description for the most significant factor contributing to the casualty's injury in **Block I2**.

I3	Object Involved in Injury	<input type="checkbox"/> None
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div> <p style="font-size: small; margin: 0;">Object involved in injury</p>	

Then enter the code and description of the object that contributed to the injury in **Block I3**.

Section J: Where Injury Occurred, Story Where Injury Occurred, Specific Location, and Vehicle Type

Section J is completed to describe the location where the injury occurred.

J1	Where Injury Occurred
1	<input type="checkbox"/> En route to FD location
2	<input type="checkbox"/> At FD location
3	<input type="checkbox"/> En route to incident scene
4	<input type="checkbox"/> En route to medical facility
5	<input type="checkbox"/> At scene in structure
6	<input type="checkbox"/> At scene outside
7	<input type="checkbox"/> At medical facility
8	<input type="checkbox"/> Returning from incident
9	<input type="checkbox"/> Returning from med facility
0	<input type="checkbox"/> Other
U	<input type="checkbox"/> Undetermined

Mark the boxes in **Block J1** to indicate where the injury occurred.

J2	Story Where Injury Occurred
1	<input type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a structure
	<div style="border: 1px solid black; height: 15px; width: 100%;"></div> <p style="font-size: small; margin: 0;">Story of injury <input type="checkbox"/> Below grade</p>
2	<input type="checkbox"/> Injury occurred outside

For **Block J2**, check Box 1 if the person was inside or on the structure, and enter the story where the injury occurred on the line provided.

Check Box 2 if the injury occurred outside.

J3		Specific Location Where Injury Occurred	
65	<input type="checkbox"/>	In aircraft	Complete Block J4
64	<input type="checkbox"/>	In boat, ship, or barge	
63	<input type="checkbox"/>	In rail vehicle	
61	<input type="checkbox"/>	In motor vehicle	
54	<input type="checkbox"/>	In sewer	
53	<input type="checkbox"/>	In tunnel	
49	<input type="checkbox"/>	In structure	
45	<input type="checkbox"/>	In attic	
36	<input type="checkbox"/>	In water	
35	<input type="checkbox"/>	In well	
		00 <input type="checkbox"/>	Other
		UU <input type="checkbox"/>	Undetermined
34	<input type="checkbox"/>	In ravine	
33	<input type="checkbox"/>	In quarry or mine	
32	<input type="checkbox"/>	In ditch or trench	
31	<input type="checkbox"/>	In open pit	
28	<input type="checkbox"/>	On steep grade	
27	<input type="checkbox"/>	On fire escape/outside stairs	
26	<input type="checkbox"/>	On vertical surface or ledge	
25	<input type="checkbox"/>	On ground ladder	
24	<input type="checkbox"/>	On aerial ladder or in basket	
23	<input type="checkbox"/>	On roof	
22	<input type="checkbox"/>	Outside at grade	

Block J3 is used to identify the casualty’s specific location at the time of the injury.

Note the codes by the specific location descriptions. If you selected a vehicle code greater than 60, also select the vehicle type in J4.

J4		Vehicle Type	Complete ONLY if Specific Location code is >60
1	<input type="checkbox"/>	Suppression vehicle	
2	<input type="checkbox"/>	EMS vehicle	
3	<input type="checkbox"/>	Other FD vehicle	
4	<input type="checkbox"/>	Non-FD vehicle	

Block J4 is used to identify the vehicle type that was involved.

Section K: Protective Equipment

Section K allows you to record data involving protective equipment. If protective equipment failed and contributed to the injury, mark the “Yes” box in Block K1. Complete the rest of Section K if you have marked the “Yes” box.

K1	Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes	Y <input type="checkbox"/>	Equipment Sequence Number	_ _ _
		No	N <input type="checkbox"/>		

NOTE: Equipment Sequence Number - When more than one piece of protective equipment was a factor in the casualty’s injury, a module should be completed for each piece of equipment. Each item is given a number that is assigned consecutively starting with one (001) and continuing based on how many protective equipment items were involved.

K₂ Protective Equipment Item	
<p>Head or Face Protection</p> <p>11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other</p>	<p>Coat, Shirt, or Trousers</p> <p>21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other</p>
<p>Boots or Shoes</p> <p>31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other</p>	
<p>Respiratory Protection</p> <p>41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other</p>	
<p>Hand Protection</p> <p>51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other</p>	
<p>Special Equipment</p> <p>61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 70 <input type="checkbox"/> Special equipment, other 00 <input type="checkbox"/> Protective equipment, other</p>	

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.

Block **K₂** is used to record the protective equipment item that failed and was a factor in the casualty's injury.

The choices are grouped into the following categories:

- Head or Face Protection
- Coat, Shirt, or Trousers
- Boots or Shoes
- Respiratory Protection
- Hand Protection
- Special Equipment

K₃	Protective Equipment Problem
	Check one box to indicate the main problem that occurred.
11	<input type="checkbox"/> Burned
12	<input type="checkbox"/> Melted
21	<input type="checkbox"/> Fractured, cracked or broken
22	<input type="checkbox"/> Punctured
23	<input type="checkbox"/> Scratched
24	<input type="checkbox"/> Knocked off
25	<input type="checkbox"/> Cut or ripped
31	<input type="checkbox"/> Trapped steam or hazardous gas
32	<input type="checkbox"/> Insufficient insulation
33	<input type="checkbox"/> Object fell in or onto equipment item
41	<input type="checkbox"/> Failed under impact
42	<input type="checkbox"/> Face piece or hose detached
43	<input type="checkbox"/> Exhalation valve inoperative or damaged
44	<input type="checkbox"/> Harness detached or separated
45	<input type="checkbox"/> Regulator failed to operate
46	<input type="checkbox"/> Regulator damaged by contact
47	<input type="checkbox"/> Problem with admissions valve
48	<input type="checkbox"/> Alarm failed to operate
49	<input type="checkbox"/> Alarm damaged by contact
51	<input type="checkbox"/> Supply cylinder or valve failed to operate
52	<input type="checkbox"/> Supply cylinder/valve damaged by contact
53	<input type="checkbox"/> Supply cylinder—insufficient air/oxygen
94	<input type="checkbox"/> Did not fit properly
95	<input type="checkbox"/> Not properly serviced or stored prior to use
96	<input type="checkbox"/> Not used for designed purpose
97	<input type="checkbox"/> Not used as recommended by manufacturer
00	<input type="checkbox"/> Other equipment problem
UU	<input type="checkbox"/> Undetermined

Use **K₃** to record the most significant problem with the piece of equipment that failed and contributed to the injury.

K4	Equipment Manufacturer, Model and Serial Number

	Manufacturer

	Model

	Serial Number

	NFIRS-5 Revision 05/01/03

Block K4 provides space to record information about the equipment manufacturer, model number or type, and the serial number.

Enter the name of the company that made/manufactured the piece of equipment involved on the first line. Enter the manufacturer's model name in the next space. If a model name is not available, you should give a general physical description of the equipment. Enter the manufacturer's serial number, usually stamped on the equipment's identification plate on the last line.

SUMMARY

The Fire Service Casualty Module is used to report fire service personnel injuries, deaths, or exposures while on duty. This casualty information is used by Health and Safety Officers to reduce the risks associated with all types of work-related casualties. The Fire Service Casualty Module is also used to collect information about protective equipment that failed and contributed to the injury.

Researchers, educators, equipment makers, design engineers, and governmental regulatory agencies may use the specific information provided to make various determinations, such as which specific pieces of equipment are involved in casualties. Complete information must be collected for each individual casualty in order to provide the data needed to make determinations related to improving job safety.

EXAMPLE: Highrise Fire

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

On May 21, 1999, FDID #TR300 received a Highrise Box 13-28 at 2235 hours and responded to 2045 Beach Blvd., North Brook, Wisconsin 12345. Fire was reported to be located on the 12th floor. The crew assigned to Engine 131 was sleeping prior to the call. It was their first call during a 24-hour shift that began at 0700 hours. E-131 responded with a crew of four personnel from Station #1. They assigned incident #7865481 to the response.

Ambulance 139 was returning to the station from a previous call and was sent on the box assignment. The ambulance arrived first. Their initial onscene report was of fire showing from the 12th floor with people trapped. They requested a second alarm. Chief 13 advised E-131 to do search and rescue and assigned the second engine company to attack the fire and provide a safe exit for evacuation. The personnel on E-131 consisted of career personnel Captain Tom Jones, Tech. Marc Helton, F/F Bob Wilson, and F/F Kenny Segal. F/F Wilson was 57 years old and the most experienced in suppression. He led the crew to the stairwell and planned to walk up to the 12th floor.

The building was about 20 years old and did not have an elevator emergency control system. At 2245, as the crew approached the 10th floor F/F Wilson began complaining of chest pains and shortness of breath, Captain Jones advised the officer in charge that his crew was taking a couple minutes' break to rest. At this point F/F Wilson collapsed and stopped breathing. Captain Jones started CPR on F/F Wilson and advised officer in charge to call for a medic unit for F/F Wilson. CPR was continued until the arrival of the advanced life support unit. F/F Wilson was removed from the building and then transported to Mercy General Hospital where he was pronounced dead at 2350 hours.

A FDID TR300 State WI Incident Date 05/21/1999 Station 001 Incident Number 7865481 Exposure 000 Delete Change **NFIRS-5 Fire Service Casualty**

B Injured Person Identification Number 1 Male Female 2 Career Volunteer
 First Name Bob MI Last Name Wilson Suffix

C Casualty Number 001

D Age or Date of Birth Age 057 OR Date of Birth / /
 In years Month Day Year

E Date and Time of Injury Date of Injury 05/21/1999 Time of Injury 22:45
 Month Day Year Hour Minute

F Responses 00
 Number of prior responses during past 24 hours

G1 Usual Assignment
 1 Suppression
 2 EMS
 3 Prevention
 4 Training
 5 Maintenance
 6 Communications
 7 Administration
 8 Fire investigation
 0 Other

G2 Physical Condition Just Prior to Injury
 1 Rested 0 Other
 2 Fatigued U Undetermined
 4 Ill or injured

G3 Severity
 1 Report only, including exposure
 2 First aid only
 3 Treated by physician (no lost time)
 4 Moderate (lost time)
 5 Severe (lost time)
 6 Life threatening (lost time)
 7 Death

G4 Taken To Not transported
 1 Hospital
 4 Doctor's office
 5 Morgue/funeral home
 6 Residence
 7 Station or quarters
 0 Other

G5 Activity at Time of Injury
61 Searching for victim
 Activity at time of injury

H1 Primary Apparent Symptom 41 Cardiac Symptoms
 Primary apparent symptom

H2 Primary Part of Body Injured None 82 Heart
 Primary injured body part

I1 Cause of Firefighter Injury 7 Overexertion
 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
010 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 01/01/05

K1 Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/> No N <input checked="" type="checkbox"/>	Equipment Sequence Number 	NFIRS-5 Fire Service Casualty
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K2 Protective Equipment Item	K3 Protective Equipment Problem	
<p>Head or Face Protection</p> 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other	<p>Check one box to indicate the main problem that occurred.</p> 11 <input type="checkbox"/> Burned 12 <input type="checkbox"/> Melted 21 <input type="checkbox"/> Fractured, cracked or broken 22 <input type="checkbox"/> Punctured 23 <input type="checkbox"/> Scratched 24 <input type="checkbox"/> Knocked off 25 <input type="checkbox"/> Cut or ripped 31 <input type="checkbox"/> Trapped steam or hazardous gas 32 <input type="checkbox"/> Insufficient insulation 33 <input type="checkbox"/> Object fell in or onto equipment item 41 <input type="checkbox"/> Failed under impact 42 <input type="checkbox"/> Face piece or hose detached 43 <input type="checkbox"/> Exhalation valve inoperative or damaged 44 <input type="checkbox"/> Harness detached or separated 45 <input type="checkbox"/> Regulator failed to operate 46 <input type="checkbox"/> Regulator damaged by contact 47 <input type="checkbox"/> Problem with admissions valve 48 <input type="checkbox"/> Alarm failed to operate 49 <input type="checkbox"/> Alarm damaged by contact 51 <input type="checkbox"/> Supply cylinder or valve failed to operate 52 <input type="checkbox"/> Supply cylinder/valve damaged by contact 53 <input type="checkbox"/> Supply cylinder—insufficient air/oxygen 94 <input type="checkbox"/> Did not fit properly 95 <input type="checkbox"/> Not properly serviced or stored prior to use 96 <input type="checkbox"/> Not used for designed purpose 97 <input type="checkbox"/> Not used as recommended by manufacturer 00 <input type="checkbox"/> Other equipment problem UU <input type="checkbox"/> Undetermined	<p>Coat, Shirt, or Trousers</p> 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other
<p>Boots or Shoes</p> 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other		
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EXERCISE SCENARIO 5-1: Fire Captain Injury on Scene of Fire

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

At 0655 on November 21, 1997, the A-1 Alarm Company notified the Regional 9-1-1 dispatch center of smoke detector activation at the Busy Bee Market located at the corner of First and Main Streets in the town of North Brook, WI 12345. Engine 45 and Truck 22 from Station 13 of the North Brook Fire Department (FDID #TR100) were dispatched to the incident at 0658.

Truck 22 arrived at the market at 0705 and reported smoke showing from the one-story building and water running from under the front door. The crew of the truck company forced entry and found that a sprinkler head had been activated and was in the process of extinguishing a small fire behind the clerk's counter in the market.

Engine 45, which arrived on location at 0707, extinguished the remaining fire and the truck company ventilated smoke from the market and shut down the sprinkler system. The fire was declared under control at 0727.

While the crews were cleaning up and putting the sprinkler system back in service, the owner of the market, Angela Anderson, arrived. She told the Engine Company Captain that she had worked at the market until midnight. It had been a cold evening and she had plugged in an electric heater behind the counter to keep warm. She did not remember if the heater was shut off before she left the market. Ms. Anderson estimated damage to the store contents to be \$1,000. The one-story store had 2,500 square feet of floor space and damage to it was estimated to be \$4,000.

During the investigation, the Fire Marshal found a portable heater lying on its side behind the counter. He determined that the heater ignited a rubber mat on the floor near the cash register. The automatic shutoff feature on the heater failed to operate when the device tipped over. The heater was a Heatomatic, model 25, serial number 123666.

Further investigation determined that the hard-wired smoke/heat detector had operated properly and notified the alarm company of the fire. The sprinkler system also had operated properly - one sprinkler head activated and controlled the fire.

While other firefighters were advancing the hoseline to the seat of the fire, Captain Paul Clarke (age 37) was injured when he tripped on the hoseline. He suffered a fractured wrist.

Captain Clarke's injury occurred at 0715. Prior to this incident, Clarke and his crew, all career firefighters usually assigned to suppression, had responded to two other fires during the night and five other incidents on their shift. After the fire was extinguished, Captain Clarke was taken to Mercy Hospital. He returned to work the next week for desk duty. The last company cleared the scene at 0815. An incident number of 9700967 was assigned for this fire.

K1 Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/> No N <input type="checkbox"/>	Equipment Sequence Number <input style="width: 40px;" type="text"/>	NFIRS-5 Fire Service Casualty
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K2 Protective Equipment Item <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 5px;"> Head or Face Protection 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other </td> <td style="width: 50%; padding: 5px;"> Coat, Shirt, or Trousers 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other </td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"> Boots or Shoes 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other </td> <td style="padding: 5px;"> Respiratory Protection 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other </td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"> Hand Protection 51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other </td> <td style="padding: 5px;"> Special Equipment 61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 70 <input type="checkbox"/> Special equipment, other 00 <input type="checkbox"/> Protective equipment, other </td> </tr> </table>	Head or Face Protection 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input 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type="checkbox"/> Burned 12 <input type="checkbox"/> Melted 21 <input type="checkbox"/> Fractured, cracked or broken 22 <input type="checkbox"/> Punctured 23 <input type="checkbox"/> Scratched 24 <input type="checkbox"/> Knocked off 25 <input type="checkbox"/> Cut or ripped 31 <input type="checkbox"/> Trapped steam or hazardous gas 32 <input type="checkbox"/> Insufficient insulation 33 <input type="checkbox"/> Object fell in or onto equipment item 41 <input type="checkbox"/> Failed under impact 42 <input type="checkbox"/> Face piece or hose detached 43 <input type="checkbox"/> Exhalation valve inoperative or damaged 44 <input type="checkbox"/> Harness detached or separated 45 <input type="checkbox"/> Regulator failed to operate 46 <input type="checkbox"/> Regulator damaged by contact 47 <input type="checkbox"/> Problem with admissions valve 48 <input type="checkbox"/> Alarm failed to operate 49 <input type="checkbox"/> Alarm damaged by contact 51 <input type="checkbox"/> Supply 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Head or Face Protection 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other	Coat, Shirt, or Trousers 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other						
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<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;"> 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. </div>	K4 Equipment Manufacturer, Model and Serial Number Manufacturer <input style="width: 100%;" type="text"/> Model <input style="width: 100%;" type="text"/> Serial Number <input style="width: 100%; border-bottom: 1px dashed black;" type="text"/>						

NFIRS 5.0 Self-Study Program

A	FDID	TR100	State	WI	Incident Date	MM	DD	YYYY	11	21	1997	Station	013	Incident Number	9700967	Exposure	000	<input type="checkbox"/> Delete	NFIRS-5 Fire Service Casualty
	<input type="checkbox"/> Change																		

B	Injured Person		Identification Number	1	<input checked="" type="checkbox"/> Male	1	<input checked="" type="checkbox"/> Career	C	Casualty Number
	Paul		Clarke	2	<input type="checkbox"/> Female	2	<input type="checkbox"/> Volunteer		001
First Name		MI	Last Name	Suffix			Casualty Number		

D	Age or Date of Birth	OR	Date and Time of Injury		F	Responses
	Age		Date of Birth	Date of Injury		Time of Injury
037		11 21 1997		0715		07
In years		Month Day Year		Month Day Year Hour Minute		

G1	Usual Assignment	G2	Physical Condition Just Prior to Injury	G4	Taken To
	1 <input checked="" type="checkbox"/> Suppression		1 <input type="checkbox"/> Rested		0 <input type="checkbox"/> Other
2 <input type="checkbox"/> EMS	2 <input checked="" type="checkbox"/> Fatigued	U <input type="checkbox"/> Undetermined	4 <input type="checkbox"/> Doctor's office	4 <input type="checkbox"/> Morgue/funeral home	5 <input type="checkbox"/> Residence
3 <input type="checkbox"/> Prevention	4 <input type="checkbox"/> Ill or injured		6 <input type="checkbox"/> Station or quarters	7 <input type="checkbox"/> Other	0 <input type="checkbox"/> Other
4 <input type="checkbox"/> Training	G3	Severity	G5		
5 <input type="checkbox"/> Maintenance		1 <input type="checkbox"/> Report only, including exposure	Activity at Time of Injury		
6 <input type="checkbox"/> Communications	2 <input type="checkbox"/> First aid only	3 <input type="checkbox"/> Treated by physician (no lost time)	Extinguishing fire/neutralizing incident		
7 <input type="checkbox"/> Administration	4 <input checked="" type="checkbox"/> Moderate (lost time)	5 <input type="checkbox"/> Severe (lost time)	30		
8 <input type="checkbox"/> Fire investigation	6 <input type="checkbox"/> Life threatening (lost time)	7 <input type="checkbox"/> Death	Activity at time of injury		
0 <input type="checkbox"/> Other					

H1	Primary Apparent Symptom	I1	Cause of Firefighter Injury	I3	Object Involved in Injury
	32 Fracture		3 Slip/trip		<input checked="" type="checkbox"/> None
Primary apparent symptom		Cause of injury		Object involved in injury	
H2	Primary Part of Body Injured	I2	Factor Contributing to Injury	13 Hose, charged	
	64 Wrist		50 Slippery or uneven surfaces	Object involved in injury	
Primary injured body part		Contributing factor			

J1	Where Injury Occurred	J3	Specific Location Where Injury Occurred	J4	Vehicle Type
	1 <input type="checkbox"/> En route to FD location		65 <input type="checkbox"/> In aircraft		1 <input type="checkbox"/> Suppression vehicle
2 <input type="checkbox"/> At FD location	64 <input type="checkbox"/> In boat, ship, or barge	63 <input type="checkbox"/> In rail vehicle	2 <input type="checkbox"/> EMS vehicle	2 <input type="checkbox"/> Other FD vehicle	Complete ONLY if Specific Location code is >60
3 <input type="checkbox"/> En route to incident scene	61 <input type="checkbox"/> In motor vehicle	54 <input type="checkbox"/> In sewer	3 <input type="checkbox"/> Non-FD vehicle	Remarks	
4 <input type="checkbox"/> En route to medical facility	53 <input type="checkbox"/> In tunnel	49 <input checked="" type="checkbox"/> In structure	If protective equipment failed and was a factor in this injury, please complete the other side of this form.		
5 <input checked="" type="checkbox"/> At scene in structure	45 <input type="checkbox"/> In attic	45 <input type="checkbox"/> In water			
6 <input type="checkbox"/> At scene outside	36 <input type="checkbox"/> In well	35 <input type="checkbox"/> In ravine	UU <input type="checkbox"/> Undetermined	NFIRS-5 Revision 01/01/05	
7 <input type="checkbox"/> At medical facility	33 <input type="checkbox"/> In quarry or mine	32 <input type="checkbox"/> In ditch or trench			
8 <input type="checkbox"/> Returning from incident	31 <input type="checkbox"/> In open pit	28 <input type="checkbox"/> On steep grade			
9 <input type="checkbox"/> Returning from med facility	27 <input type="checkbox"/> On fire escape/outside stairs	26 <input type="checkbox"/> On vertical surface or ledge			
0 <input type="checkbox"/> Other	25 <input type="checkbox"/> On ground ladder	24 <input type="checkbox"/> On aerial ladder or in basket			
U <input type="checkbox"/> Undetermined	23 <input type="checkbox"/> On roof	22 <input type="checkbox"/> Outside at grade			
J2	Story Where Injury Occurred				
	1 <input checked="" type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a structure				
1 Story of injury					
2 <input type="checkbox"/> Injury occurred outside					

K1 Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/> No N <input checked="" type="checkbox"/>	Equipment Sequence Number 	NFIRS-5 Fire Service Casualty
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K2 Protective Equipment Item	K3 Protective Equipment Problem Check one box to indicate the main problem that occurred.	K4 Equipment Manufacturer, Model and Serial Number
<p>Head or Face Protection</p> 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other	11 <input type="checkbox"/> Burned 12 <input type="checkbox"/> Melted 21 <input type="checkbox"/> Fractured, cracked or broken 22 <input type="checkbox"/> Punctured 23 <input type="checkbox"/> Scratched 24 <input type="checkbox"/> Knocked off 25 <input type="checkbox"/> Cut or ripped 31 <input type="checkbox"/> Trapped steam or hazardous gas 32 <input type="checkbox"/> Insufficient insulation 33 <input type="checkbox"/> Object fell in or onto equipment item 41 <input type="checkbox"/> Failed under impact 42 <input type="checkbox"/> Face piece or hose detached 43 <input type="checkbox"/> Exhalation valve inoperative or damaged 44 <input type="checkbox"/> Harness detached or separated 45 <input type="checkbox"/> Regulator failed to operate 46 <input type="checkbox"/> Regulator damaged by contact 47 <input type="checkbox"/> Problem with admissions valve 48 <input type="checkbox"/> Alarm failed to operate 49 <input type="checkbox"/> Alarm damaged by contact 51 <input type="checkbox"/> Supply cylinder or valve failed to operate 52 <input type="checkbox"/> Supply cylinder/valve damaged by contact 53 <input type="checkbox"/> Supply cylinder—insufficient air/oxygen 94 <input type="checkbox"/> Did not fit properly 95 <input type="checkbox"/> Not properly serviced or stored prior to use 96 <input type="checkbox"/> Not used for designed purpose 97 <input type="checkbox"/> Not used as recommended by manufacturer 00 <input type="checkbox"/> Other equipment problem UU <input type="checkbox"/> Undetermined	Manufacturer Model Serial Number
<p>Coat, Shirt, or Trousers</p> 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other	55 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> 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. </div>
<p>Boots or Shoes</p> 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other	50 <input type="checkbox"/> Other	
<p>Respiratory Protection</p> 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other	51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other	
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EXERCISE SCENARIO 5-2: Cary Street Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the entire Fire Service Casualty Module form and the other required forms. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Fire Service Casualty 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, Station 2. The units received the alarm at 12:53 p.m. and arrived at the scene at 1:05 p.m. Each piece of apparatus was staffed with four firefighters.

The owner of the single-family dwelling, Mrs. Christy A. Gordon, 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 9-1-1. The firefighters extinguished the fire and removed smoke from the other rooms. 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. The last unit 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 fire department keeps records on the location of all responses. The incident was in Census Tract 501.10, District A12.

Mrs. Gordon, 66-year old, white female, was overcome by smoke in her bedroom. She had problems finding the exit because of the smoke. Her injury occurred at 12:50 p.m. Fire department personnel treated her at the scene. Her injury was considered minor but since she said that she felt dizzy, a local EMS provider transported her to the Proctor Medical Hospital for observation.

While investigating the incident, Fire Officer Juan M. Mills, a 36-year old, Hispanic, white male, slipped on debris located on the first floor and sprained his right ankle. His normal assignment is investigation. He was injured at 2:15 p.m. and treated at the scene by local EMS provider personnel. For precautions, he was also transported to Proctor Medical Hospital for X-rays. He was treated by the physician and given the okay to return to work. This was his first response in the 24-hour period. Officer Mills is a career member of the department. His badge number is 317.

A FDID <input type="text"/> State <input type="text"/> Incident Date <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 <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <input type="checkbox"/> 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.			
<input type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> US National Grid			
Census Tract <input type="text"/> - <input type="text"/> Number/Milepost <input type="text"/> Prefix <input type="text"/> Street or Highway <input type="text"/> Street Type <input type="text"/> Suffix <input type="text"/> Apt./Suite/Room <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/>			
Cross Street, Directions or National Grid, as applicable			
C Incident Type <input type="text"/> <input type="text"/> Incident Type		E1 Dates and Times Midnight is 0000 Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour <input type="text"/> Min <input type="text"/>	
D Aid Given or Received <input type="checkbox"/> None		Check boxes if dates are the same as Alarm Date. Alarm <input type="checkbox"/> Arrival <input type="checkbox"/> Controlled <input type="checkbox"/> Last Unit Cleared <input type="checkbox"/>	
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given		ALARM always required ARRIVAL required, unless canceled or did not arrive CONTROLLED optional, except for wildland fires LAST UNIT CLEARED, required except for wildland fires	
Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number <input type="text"/>		E2 Shifts and Alarms Local Option Shift or Platoon <input type="text"/> Alarms <input type="text"/> District <input type="text"/>	
E3 Special Studies Local Option Special Study ID# <input type="text"/> Special Study Value <input type="text"/>			
F Actions Taken <input type="text"/> Primary Action Taken (1) <input type="text"/> Additional Action Taken (2) <input type="text"/> Additional Action Taken (3)		G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <input type="text"/> Personnel <input type="text"/> Suppression <input type="text"/> EMS <input type="text"/> Other <input type="text"/>	
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 \$ <input type="text"/> ; <input type="text"/> ; <input type="text"/> <input type="checkbox"/> Contents \$ <input type="text"/> ; <input type="text"/> ; <input type="text"/> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> ; <input type="text"/> ; <input type="text"/> <input type="checkbox"/> Contents \$ <input type="text"/> ; <input type="text"/> ; <input type="text"/> <input type="checkbox"/>	
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1 Casualties <input type="checkbox"/> None Deaths <input type="text"/> Injuries <input type="text"/> Fire Service <input type="text"/> <input type="text"/> Civilian <input type="text"/> <input type="text"/>	
H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		H3 Hazardous Materials Release <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)	
I Mixed Use Property <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use			
J Property Use <input type="checkbox"/> None			
Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital			
Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field			
341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales			
539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse			
936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right-of-way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway			
981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> 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 <input type="text"/> Code <input type="text"/>			

<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>_____</p> <p>Total number of stories at or above grade</p> <p>_____</p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p>_____, _____, _____</p> <p>Total square feet</p> <p style="text-align: center;">OR</p> <p>_____, _____ BY _____, _____</p> <p>Length in feet Width in feet</p>	<p>NFIRS-3 Structure Fire</p>
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<p>J1 Fire Origin ☆</p> <p>_____ <input type="checkbox"/> Below grade</p> <p>Story of fire origin</p>	<p>J3 Number of Stories Damaged by Flame</p> <p>Count the roof as part of the highest story.</p> <p>_____</p> <p>Number of stories w/minor damage (1 to 24% flame damage)</p> <p>_____</p> <p>Number of stories w/significant damage (25 to 49% flame damage)</p> <p>_____</p> <p>Number of stories w/heavy damage (50 to 74% flame damage)</p> <p>_____</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 _____</p> <p>Item contributing most to flame spread</p> <p>K2 _____</p> <p>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</p> <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Partial System Present → Complete rest of Section M</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>_____</p> <p>Number of sprinkler heads operating</p>	

K1 Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/> No N <input type="checkbox"/>	Equipment Sequence Number _____	NFIRS-5 Fire Service Casualty
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K2 Protective Equipment Item	
Head or Face Protection 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other	Coat, Shirt, or Trousers 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other
Boots or Shoes 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other	
Respiratory Protection 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other	
Hand Protection 51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other	
Special Equipment 61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 70 <input type="checkbox"/> Special equipment, other 00 <input type="checkbox"/> Protective equipment, other	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> 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. </div>

K3 Protective Equipment Problem Check one box to indicate the main problem that occurred.	
11 <input type="checkbox"/> Burned 12 <input type="checkbox"/> Melted 21 <input type="checkbox"/> Fractured, cracked or broken 22 <input type="checkbox"/> Punctured 23 <input type="checkbox"/> Scratched 24 <input type="checkbox"/> Knocked off 25 <input type="checkbox"/> Cut or ripped 31 <input type="checkbox"/> Trapped steam or hazardous gas 32 <input type="checkbox"/> Insufficient insulation 33 <input type="checkbox"/> Object fell in or onto equipment item 41 <input type="checkbox"/> Failed under impact 42 <input type="checkbox"/> Face piece or hose detached 43 <input type="checkbox"/> Exhalation valve inoperative or damaged 44 <input type="checkbox"/> Harness detached or separated 45 <input type="checkbox"/> Regulator failed to operate 46 <input type="checkbox"/> Regulator damaged by contact 47 <input type="checkbox"/> Problem with admissions valve 48 <input type="checkbox"/> Alarm failed to operate 49 <input type="checkbox"/> Alarm damaged by contact 51 <input type="checkbox"/> Supply cylinder or valve failed to operate 52 <input type="checkbox"/> Supply cylinder/valve damaged by contact 53 <input type="checkbox"/> Supply cylinder—insufficient air/oxygen 94 <input type="checkbox"/> Did not fit properly 95 <input type="checkbox"/> Not properly serviced or stored prior to use 96 <input type="checkbox"/> Not used for designed purpose 97 <input type="checkbox"/> Not used as recommended by manufacturer 00 <input type="checkbox"/> Other equipment problem UU <input type="checkbox"/> Undetermined	

K4 Equipment Manufacturer, Model and Serial Number _____ Manufacturer _____ Model _____ Serial Number	
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Fire Service Casualty Module Test

1. The Fire Service Casualty Module is used to report (check all that apply)
 - (a) fire service injuries or deaths involved with any incident response.
 - (b) fire service exposures involved with any incident response.
 - (c) off-duty fire service injuries or deaths.
 - (d) on-duty fire service injuries or deaths at the fire station.

2. The protective equipment section of the Fire Service Casualty Module is completed when
 - (a) protective equipment is worn.
 - (b) protective equipment was not worn but should have been worn.
 - (c) protective equipment failed **or** contributed to the injury.
 - (d) protective equipment failed **and** contributed to the injury.

3. Forcible entry and extinguishing fire are examples of this Fire Service Casualty Module's data element.
 - (a) Usual Assignment.
 - (b) Where Injury Occurred.
 - (c) Activity at Time of Injury.
 - (d) Actions Taken.

4. Smoke inhalation and cut are examples of this Fire Service Casualty Module's data element.
 - (a) Factor Contributing to Injury.
 - (b) Severity.
 - (c) Primary Apparent Symptom.
 - (d) Actions Taken.

5. This Fire Service Casualty Module data element is helpful in determining the condition of the firefighter at the time of injury (check all that apply).
 - (a) Responses.
 - (b) Severity.
 - (c) Physical Condition Just Prior to Injury.
 - (d) Activity at Time of Injury.