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.

Table of Contents

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 Incident Date ☆	Station	Incident Number ☆	Exposure ☆	☐ Delete ☐ Change	**NFIRS–10 Personnel**

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 *Midnight is 0000* Check if same date as Alarm date on the Basic Module (Block E1) Month Day Year Hour/Min	Sent X	Number of ☆ People	Apparatus Use ☆ Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for each apparatus and each personnel.
1	ID ⎵⎵⎵⎵⎵ ☆ Type ⎵⎵	Dispatch ☐ Arrival ☐ Clear ☐	Sent ☐	⎵⎵⎵	☐ Suppression ☐ EMS ☐ Other	

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 ☐			
Arrival ☐			
Clear ☐			

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

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

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

APPARATUS USE

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

10-5

Enter codes (taken from Section F of the Basic Module) here to describe actions taken by firefighters. You can record up to four actions for each piece of apparatus. Local fire departments have the option to develop plus one codes.

PERSONNEL ID

Personnel ☆
ID

This identification is set by the local fire department. Do not use the individual's Social Security number, as this puts the individual at risk.

NAME

Name

At a minimum, enter the last name of each individual on the lines provided. If there are two or more identical last names, be sure to include an initial or a first name to differentiate between them.

RANK OR GRADE

Rank or
Grade

ATTEND

Attend
x
☐
☐
☐
☐
☐
☐

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.

A

FDID	State	Incident Date (MM DD YYYY)	Station	Incident Number	Exposure		
T R 1 0 0 ☆	W I ☆	0 7 | 0 6 | 1 9 9 8 ☆	0 0 1	9 2 2 2 1 0 8 ☆	0 0 0 ☆	☐ 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 ☆ Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for each apparatus and each personnel.

1 ID |____E1| ☆Type |1,1|

	Month Day Year	Hour/Min	Sent
Dispatch	☒ |_|_|_|_|_|	1,7,0,5	☒
Arrival	☒ |_|_|_|_|_|	1,7,1,0	
Clear	☒ |_|_|_|_|_|	1,8,1,2	

Number of People: |0,0,3|

Apparatus Use: ☐ Suppression ☐ EMS ☒ Other

Actions Taken: |__| |__| |7,3| |__|

Personnel ☆ ID	Name	Rank or Grade	Attend ☒x	Action Taken	Action Taken	Action Taken	Action Taken
|_,_,_|J,P,0,2,7,5|	Jones	Capt.	☒	73			
|_,_,_|B,K,3,4,5,1|	Boswell	Tech	☒	73	58		
|_,_,_|W,M,6,7,5,3|	Wilson	FF	☒	73			
|_,_,_,_,_,_,_,_,_|			☐				
|_,_,_,_,_,_,_,_,_|			☐				
|_,_,_,_,_,_,_,_,_|			☐				

2 ID |_,A,M,B,3| ☆Type |7,6|

	Month Day Year	Hour/Min	Sent
Dispatch	☒ |_|_|_|_|_|	1,7,0,5	☒
Arrival	☒ |_|_|_|_|_|	1,7,1,0	
Clear	☒ |_|_|_|_|_|	1,8,4,0	

Number of People: |0,0,2|

Apparatus Use: ☐ Suppression ☒ EMS ☐ Other

Actions Taken: |3,1| |3,4| |__| |__|

Personnel ☆ ID	Name	Rank or Grade	Attend ☒x	Action Taken	Action Taken	Action Taken	Action Taken
|_,_,_|S,B,9,0,7,8|	Smith	PM	☒	32			
|_,_,_|N,C,2,1,6,5|	Conrad	EMT	☒	58			
|_,_,_,_,_,_,_,_,_|			☐				
|_,_,_,_,_,_,_,_,_|			☐				
|_,_,_,_,_,_,_,_,_|			☐				
|_,_,_,_,_,_,_,_,_|			☐				

3 ID |_,_,R,S,6| ☆Type |7,1|

	Month Day Year	Hour/Min	Sent
Dispatch	☒ |_|_|_|_|_|	1,7,0,5	☒
Arrival	☒ |_|_|_|_|_|	1,7,1,3	
Clear	☒ |_|_|_|_|_|	1,8,1,2	

Number of People: |0,0,3|

Apparatus Use: ☐ Suppression ☐ EMS ☒ Other

Actions Taken: |2,3| |__| |__| |__|

Personnel ☆ ID	Name	Rank or Grade	Attend ☒x	Action Taken	Action Taken	Action Taken	Action Taken
|_,_,_|J,H,2,5,8,0|	Holmes	Lt.	☒	23			
|_,_,_|J,T,3,4,2,5|	Torre	Tech	☒	23	58		
|_,_,_|K,F,4,7,9,1|	Kerns	FF	☒	23			
|_,_,_,_,_,_,_,_,_|			☐				
|_,_,_,_,_,_,_,_,_|			☐				
|_,_,_,_,_,_,_,_,_|			☐				

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

A

| FDID ☆ | State ☆ | MM DD YYYY Incident Date ☆ | Station | Incident Number ☆ | Exposure ☆ | ☐ Delete ☐ Change | **NFIRS–10 Personnel** |

B

Apparatus or Resources	Dates and Times	Sent	Number of ☆ People	Apparatus Use ☆	Actions Taken
	Midnight is 0000 Check if same date as Alarm date on the Basic Module (Block E1) Month Day Year Hour/Min	**X**		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.

1 ID |_|_|_|_|_| ☆Type |_|_|

Dispatch ☐ |_|_| |_|_| |_|_|_|_| |_|_|
Arrival ☐ |_|_| |_|_| |_|_|_|_| |_|_|
Clear ☐ |_|_| |_|_| |_|_|_|_| |_|_|

Sent ☐

|_|_|_|

☐ Suppression
☐ EMS
☐ Other

|_|_| |_|_|
|_|_| |_|_|

Personnel ☆ ID	Name	Rank or Grade	Attend **x**	Action Taken	Action Taken	Action Taken	Action Taken
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				

2 ID |_|_|_|_|_| ☆Type |_|_|

Dispatch ☐ |_|_| |_|_| |_|_|_|_| |_|_|
Arrival ☐ |_|_| |_|_| |_|_|_|_| |_|_|
Clear ☐ |_|_| |_|_| |_|_|_|_| |_|_|

Sent ☐

|_|_|_|

☐ Suppression
☐ EMS
☐ Other

|_|_| |_|_|
|_|_| |_|_|

Personnel ☆ ID	Name	Rank or Grade	Attend **x**	Action Taken	Action Taken	Action Taken	Action Taken
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				

3 ID |_|_|_|_|_| ☆Type |_|_|

Dispatch ☐ |_|_| |_|_| |_|_|_|_| |_|_|
Arrival ☐ |_|_| |_|_| |_|_|_|_| |_|_|
Clear ☐ |_|_| |_|_| |_|_|_|_| |_|_|

Sent ☐

|_|_|_|

☐ Suppression
☐ EMS
☐ Other

|_|_| |_|_|
|_|_| |_|_|

Personnel ☆ ID	Name	Rank or Grade	Attend **x**	Action Taken	Action Taken	Action Taken	Action Taken
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				
|_|_|_|_|_|_|_|_|			☐				

A | TR100 FDID ☆ | WI State ☆ | MM 11 DD 22 YYYY 2000 Incident Date ☆ | 042 Station | 3 4 0 2 3 4 1 Incident Number ☆ | 0 0 0 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** X | **Number of ☆ People** | **Apparatus Use ☆** Check ONE box for each apparatus to indicate its main use at the incident. | **Actions Taken** List up to 4 actions for each apparatus and each personnel.

1 ID E422 ☆Type 11

	Month	Day	Year	Hour/Min
Dispatch	☒			1345
Arrival	☒			1347
Clear	☒			1431

Sent ☒

Number of People: 0 0 4

Apparatus Use:
- ☒ Suppression
- ☐ EMS
- ☐ Other

Actions Taken: 11 | 74 | |

Personnel ☆ ID	Name	Rank or Grade	Attend x	Action Taken	Action Taken	Action Taken	Action Taken
9 7 6 2 0 2 0 2 0	Cooke	Capt	☒	11			
5 3 4 8 7 9 3 1 0	Groshong	FF	☒	11			
7 2 1 2 0 1 2 4 1	McIntire	PFF	☒	11			
7 1 1 3 4 9 0 8 9	Richardson	FF	☒	58			
			☐				
			☐				

2 ID T1 ☆Type 12

	Month	Day	Year	Hour/Min
Dispatch	☒			1345
Arrival	☒			1351
Clear	☒			1450

Sent ☒

Number of People: 0 0 4

Apparatus Use:
- ☒ Suppression
- ☐ EMS
- ☐ Other

Actions Taken: 20 | 12 | 51 | |

Personnel ☆ ID	Name	Rank or Grade	Attend x	Action Taken	Action Taken	Action Taken	Action Taken
3 1 4 8 9 5 3 1 0	Fritz	Capt	☒	20	12		
7 3 4 9 0 2 1 4 3	Mitchell	FF	☒	58			
6 7 5 9 0 6 3 0 1	McAllister	FF	☒	20	12		
3 6 8 3 1 9 7 5 2	Dupeire	FF	☒	51	12		
			☐				
			☐				

3 ID M1 ☆Type 76

	Month	Day	Year	Hour/Min
Dispatch	☒			1347
Arrival	☒			1350
Clear	☒			1510

Sent ☒

Number of People: 0 0 2

Apparatus Use:
- ☐ Suppression
- ☒ EMS
- ☐ Other

Actions Taken: 32 | 31 | |

Personnel ☆ ID	Name	Rank or Grade	Attend x	Action Taken	Action Taken	Action Taken	Action Taken
7 5 2 3 7 2 2 9 1	Worley	FF	☒	32	31		
9 0 1 1 9 0 1 1 1	Burnette	Medic	☒	32	31		
			☐				
			☐				
			☐				
			☐				

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

| | MM DD YYYY | | | ☐ Delete | **NFIRS–1** |

FDID ☆ State ☆ Incident Date ☆ Station Incident Number ☆ Exposure ☆ ☐ Delete ☐ Change ☐ No Activity **Basic**

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

D Aid Given or Received ☆ ☐ None

1 ☐ Mutual aid received
2 ☐ Auto. aid received
3 ☐ Mutual aid given
4 ☐ Auto. aid given
5 ☐ Other aid given

Their FDID Their State

Their Incident Number

E₁ Dates and Times   Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hour	Min
Alarm ☆ ALARM always required					
☐ **Arrival** ☆ ARRIVAL required, unless canceled or did not arrive					
☐ **Controlled** CONTROLLED optional, except for wildland fires					
☐ **Last Unit Cleared** LAST UNIT CLEARED, required except for wildland fires					

E₂ Shifts and Alarms

Local Option

Shift or Platoon Alarms District

E₃ Special Studies

Local Option

Special Study ID# Special Study Value

F Actions Taken ☆

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G₁ Resources ☆

☐ Check this box and skip this block if an Apparatus or Personnel Module is used.

	Apparatus	Personnel
Suppression		
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G₂ Estimated Dollar Losses and Values

LOSSES: Required for all fires if known. Optional for non-fires. **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
2 ☐ Detector did not alert them
U ☐ Unknown

H₃ Hazardous Materials Release ☐ None

1 ☐ **Natural gas:** slow leak, no evacuation or HazMat actions
2 ☐ **Propane gas:** <21-lb tank (as in home BBQ grill)
3 ☐ **Gasoline:** vehicle fuel tank or portable container
4 ☐ **Kerosene:** fuel burning equipment or portable storage
5 ☐ **Diesel fuel/fuel oil:** vehicle fuel tank or portable storage
6 ☐ **Household solvents:** home/office spill, cleanup only
7 ☐ **Motor oil:** from engine or portable container
8 ☐ **Paint:** from paint cans totaling <55 gallons
0 ☐ **Other:** special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

I Mixed Use Property ☐ Not mixed

10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Business & residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use ☆ ☐ None

Structures
131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/tavern or nightclub
213 ☐ Elementary school, kindergarten
215 ☐ High school, junior high
241 ☐ College, adult education
311 ☐ Nursing home
331 ☐ Hospital

341 ☐ Clinic, clinic-type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1- or 2-family dwelling
429 ☐ Multifamily dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales

539 ☐ Household goods, sales, repairs
571 ☐ Gas or service station
579 ☐ Motor vehicle/boat sales/repairs
599 ☐ Business office
615 ☐ Electric-generating plant
629 ☐ Laboratory/science laboratory
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage (barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside
124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field

936 ☐ Vacant lot
938 ☐ Graded/cared for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right-of-way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway

981 ☐ Construction site
984 ☐ 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

NFIRS–1 Revision 01/01/05

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**

☐ Same as person involved? Then check this box and skip the rest of this block.

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

L **Remarks:**

Local Option

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

☐ Buildings 111   Complete Fire & Structure Modules
☐ Special structure 112   Complete Fire Module &
                                 Section I, Structure Module
☐ Confined 113–118   Basic Module Only
☐ Mobile property 120–123   Complete Fire Module
☐ Vehicle 130–138   Complete Fire Module
☐ Vegetation 140–143   Complete Fire or Wildland Module
☐ Outside rubbish fire 150–155 Basic Module Only
☐ Special outside fire 160   Complete Fire or Wildland Module
☐ Special outside fire 161–163 Complete Fire Module
☐ 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

| | | | MM | DD | YYYY | | | | | | |
|FDID ☆ | | State ☆ | Incident Date ☆ | | | Station | Incident Number ☆ | | Exposure ☆ | | |

☐ Delete
☐ Change

**NFIRS–2
Fire**

B Property Details

C On-Site Materials or Products ☐ None

Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or or materials on the property, *whether or not they became involved*

B₁ ☐ Not Residential

Estimated number of residential living units in building of origin *whether or not all units became involved*

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

On-site material (1)

On-Site Materials Storage Use
1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service
U ☐ Undetermined

B₂ ☐ Buildings not involved

Number of buildings involved

On-site material (2)

1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service
U ☐ Undetermined

B₃ , ☐ None ☐ Less than one acre

Acres burned (outside fires)

On-site material (3)

1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service
U ☐ Undetermined

D Ignition

E₁ Cause of Ignition ☆

☐ Check box if this is an exposure report.

→ Skip to Section G

E₃ Human Factors ☆ Contributing to Ignition

Check all applicable boxes ☐ None

D₁

Area of fire origin ☆

1 ☐ Intentional
2 ☐ Unintentional
3 ☐ Failure of equipment or heat source
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☐ Cause undetermined after investigation

1 ☐ Asleep
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mentally disabled
5 ☐ Physically disabled
6 ☐ Multiple persons involved

D₂

Heat source ☆

E₂ Factors Contributing to Ignition ☆ ☐ None

7 ☐ Age was a factor

D₃

Item first ignited ☆ 1 ☐ Check box if fire spread was confined to object of origin.

Factor contributing to ignition (1)

Estimated age of person involved

D₄

Type of material first ignited

Required only if item first ignited code is 00 or <70

Factor contributing to ignition (2)

1 ☐ Male   2 ☐ Female

F₁ Equipment Involved in Ignition

☐ None → If equipment was not involved, skip to Section G

Equipment Involved

Brand

Model

Serial #

Year

F₂ Equipment Power Source

Equipment Power Source

F₃ Equipment Portability

1 ☐ Portable

2 ☐ Stationary

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.

G Fire Suppression Factors ☐ None

Enter up to three codes.

Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H₁ Mobile Property Involved ☐ None

1 ☐ Not involved in ignition, but burned
2 ☐ Involved in ignition, but did not burn
3 ☐ Involved in ignition and burned

Mobile property model

License Plate Number   State   VIN

H₂ Mobile Property Type and Make

Mobile property type

Mobile property make

Year

Local Use

☐ **Pre-Fire Plan Available**

Some of the information presented in this report may be based upon reports from other agencies:

☐ Arson report attached
☐ Police report attached
☐ Coroner report attached
☐ Other reports attached

NFIRS–2 Revision 01/01/05

Structure fire? Please be sure to complete the Structure Fire form (NFIRS–3).

I₁ Structure Type ☆

If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.

1 ☐ **Enclosed building**
2 ☐ **Portable/mobile structure**
3 ☐ **Open structure**
4 ☐ **Air-supported structure**
5 ☐ **Tent**
6 ☐ **Open platform** (e.g., piers)
7 ☐ **Underground structure** (work areas)
8 ☐ **Connective structure** (e.g., fences)
0 ☐ **Other type of structure**

I₂ Building Status ☆

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

I₃ Building Height ☆

Count the **roof** as part of the highest story.

�⌐__⌐

Total number of stories at or above grade

⌐__⌐

Total number of stories below grade

I₄ Main Floor Size ☆

⌐__⌐ , ⌐__⌐__⌐ , ⌐__⌐__⌐

Total square feet

OR

⌐__⌐ , ⌐__⌐__⌐ **BY** ⌐__⌐ , ⌐__⌐__⌐

Length in feet   Width in feet

NFIRS–3 Structure Fire

J₁ Fire Origin ☆

⌐__⌐__⌐   ☐ Below grade

Story of fire origin

J₂ Fire Spread ☆

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

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

J₃ Number of Stories Damaged by Flame

Count the **roof** as part of the highest story.

⌐__⌐__⌐ **Number of stories w/minor damage (1 to 24% flame damage)**

⌐__⌐__⌐ **Number of stories w/significant damage (25 to 49% flame damage)**

⌐__⌐__⌐ **Number of stories w/heavy damage (50 to 74% flame damage)**

⌐__⌐__⌐ **Number of stories w/extreme damage (75 to 100% flame damage)**

K Type of Material Contributing Most to Flame Spread

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

K₁ ⌐__⌐ ⌐_____⌐

Item contributing most to flame spread

K₂ ⌐__⌐ ⌐_____⌐

Type of material contributing most to flame spread

Required only if item contributing code is 00 or <70.

L₁ Presence of Detectors ☆

(In area of the fire)

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

L₂ Detector Type

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

L₃ Detector Power Supply

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

L₄ Detector Operation

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

L₅ Detector Effectiveness

Required if detector operated.

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

L₆ Detector Failure Reason

Required if detector failed to operate

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

M₁ Presence of Automatic Extinguishing System ☆

N ☐ **None Present**
1 ☐ **Present**
2 ☐ **Partial System Present**
U ☐ **Undetermined**

→ **Complete rest of Section M**

M₂ Type of Automatic Extinguishing System

Required if fire was within designed range of AES

1 ☐ **Wet-pipe sprinkler**
2 ☐ **Dry-pipe sprinkler**
3 ☐ **Other sprinkler system**
4 ☐ **Dry chemical system**
5 ☐ **Foam system**
6 ☐ **Halogen-type system**
7 ☐ **Carbon dioxide (CO_2) system**
0 ☐ **Other special hazard system**
U ☐ **Undetermined**

M₃ Operation of Automatic Extinguishing System

Required if fire was within designed range

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

M₄ Number of Sprinkler Heads Operating

Required if system operated

⌐__⌐__⌐

Number of sprinkler heads operating

M₅ Reason for Automatic Extinguishing System Failure

Required if system failed or not effective

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

NFIRS–3   Revision 01/01/06

A FDID ☆ State ☆ Incident Date MM DD YYYY ☆ Station Incident Number ☆ Exposure ☆ ☐ Delete ☐ Change | **NFIRS–10 Personnel**

B

Apparatus or Resources	Dates and Times	Sent	Number of People ☆	Apparatus Use ☆	Actions Taken
	Midnight is 0000 — Check if same date as Alarm date on the Basic Module (Block E1) — Month Day Year Hour/Min	**X**		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.

1 ID | Dispatch ☐ | Sent ☐ | | ☐ Suppression |
☆ Type | Arrival ☐ | | | ☐ EMS |
| Clear ☐ | | | ☐ Other |

Personnel ☆ ID	Name	Rank or Grade	Attend x	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

2 ID | Dispatch ☐ | Sent ☐ | | ☐ Suppression |
☆ Type | Arrival ☐ | | | ☐ EMS |
| Clear ☐ | | | ☐ Other |

Personnel ☆ ID	Name	Rank or Grade	Attend x	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

3 ID | Dispatch ☐ | Sent ☐ | | ☐ Suppression |
☆ Type | Arrival ☐ | | | ☐ EMS |
| Clear ☐ | | | ☐ Other |

Personnel ☆ ID	Name	Rank or Grade	Attend x	Action Taken	Action Taken	Action Taken	Action Taken
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				

Personnel Module Test

1. The Personnel Module

    (a) is required when a firefighter is injured.

    (b) cannot be used in place of the Apparatus or Resources Module.

    (c) can be used in place of the Apparatus or Resources Module.

    (d) can be used for non-fire service personnel.

2. The Personnel Module uses the following to record the duties performed at the incident by the individual responder:

    (a) Personnel Action Taken.

    (b) Apparatus Action Taken.

    (c) Use.

    (d) Apparatus or Resources Type.

3. The Personnel Module uses the following to record the duties performed by specific apparatus or resources at the incident:

    (a) Personnel Action Taken.

    (b) Apparatus Action Taken.

    (c) Use.

    (d) Apparatus or Resources Type.

4. The Personnel Module uses the following to identify personnel on specific pieces of apparatus:

    (a) Personnel Action Taken.

    (b) Personnel Identification.

    (c) Name.

    (d) Attend.

5. Provide basic life support and provide air supply are examples of which data element?

    (a) Apparatus Use.

    (b) Apparatus Action Taken.

    (c) Personnel Action Taken.

    (d) Apparatus Type.