NFIRS 5.0 GUIDE

HONOLULU FIRE DEPARTMENT FIRE COMMUNICATION CENTER

A GUIDE FOR COMPLETING THE NFIRS 5.0

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INSTRUCTIONS USING THIS GUIDE

To assist in completing the NFIRS 5.0 the information fields have been divided into three sections as listed below. Under each field heading will be a list of the sub-fields. These sub-fields will contain a short explanation and examples to clarify what information is requested.

MANDATORY FIELDS: These are fields that must be filled out before the report can be completed. (Red in color)

PRIORITY FIELDS: These are fields that should be filled out to maintain accurate and complete reports. (May be Yellow in color)

SECONDARY FIELDS: These fields contain information of lower priority and may be filled out if the information is available. If field is not specifically identified as either a Mandatory or Priority Field consider it a Secondary Field.

Certain "Rules of Thumb" apply to the selection of the available codes:

- 1) In general, use the lowest numbered series that applies to the incident. So if you have to choose between a 100 Series (fire) and a 300 Series (Rescue and EMS) select the 100 Series as the Incident Type.
- 2) All codes are organized with numbers ending in "0" through "8." Codes ending in "0" represent the other or miscellaneous codes. First, try to find a specific code ending in a number before using the "0" code.

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<u>File Edit R</u> outine <u>H</u> elp
Incident Number 0001573 Change Exposure 000 New
BASIC RESOURCES FIRE NARRATIVE AUTHORIZATION
Response Location Persons Involved Airoraft Involved Supplemental
Alarm Time Cleared Time Controlled Time Cleared Time
01/19/2001 🔽 10:13:28 01/19/2001 🗶 10:21:11 🗆 No Arrival 🛛 / / 🔍 : : 01/19/2001 🗶 11:04:49
Incident Mutual Aid
Type 100 - Fire, other
Priority Response EMS Provided Casualties Department
Alarms 📥 Shift B 💌 Station 🔽
Actions Taken Add Delete
Incident No. State
Use Optional Tabs
Detector
Hazardous Materials Released Initial Dispatch Code
Response Time = 0:07:48
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BASIC / RESPONSE

MANDATORY FIELDS

Incident Type:	CADS will drop in a heading which must be changed to the three-digit code of the actual situation found at the scene. Try to avoid codes ending in a "zero," unless you absolutely cannot find a more specific code.
Actions Taken:	CADS will drop in a heading which must be changed to a two-digit code. Try to avoid codes ending in a "zero," unless you absolutely cannot find a more specific code.
Mutual Aid:	If no mutual aid is given or received check the "None" box. If aid is given or received use pull down to select the appropriate choice. Next click on the "Add" button and select a Fire Department. If aid is given, you will have to get an Incident Number from FCC for the Fire Department that we aided. This Incident Number must be seven-digits so prefix the number with the appropriate number of zeros. If we responded without a response from another Fire Department put in our seven-digit incident number in the "Incident No." field. Pull down "HI" as the State.

Detector:	Is only mandatory for Building Fires.	
PRIORITY FIELDS		
Incident Number:	CADS will drop in number.	
Exposure:	Used when there is an exposure fire as a result of the original fire. After finishing the report for the original fire, save and close. Reopen original, click on the "Exposure" button, and say "Yes" to saving the original report number. A report on the exposure fire can now be completed.	
Alarm Time:	CADS will drop in date and time. If this information is incorrect, make appropriate change(s).	
Arrival Time:	CADS will drop in date and time. If this information is incorrect, make appropriate change(s).	
Controlled Time:	CADS will drop in date and time. If this information is incorrect, make appropriate change(s).	
Cleared Time:	CADS will drop in date and time. If this information is incorrect, make appropriate change(s).	
Priority Response:	Checked by default. This represents a lights and siren response. If you get dispatched a non-emergency, un-check this box.	
EMS Provided:	If you provide some type of EMS service check this box. This box will also check automatically if you insert "Incident Types" and / or "Actions Taken" that relate to providing some type of EMS service. Do not check this box unless you provide some type of EMS service.	
Casualties:	Only check this box if the incident had a Fire Service or Civilian Fire Casualty (someone is injured or burnt as a result of this fire)	
Alarms:	Number of alarms.	
Shift:	Automatically inserts shift on-duty on Incident date and time. The "Shift" should coincide with the Officer in Charge's shift. When an Assistant Chief or higher is the Officer in Charge, use the "Shift" that was on duty when the incident began.	

Station:	Insert Station Number of administrative area where
	incident occurred.

Hazardous Materials Released:

Used with Incident Type codes relating to Released Hazardous Materials Incidents.

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🕒 🖃 🧣 🦹 Incident Number 0001573 Change Exposure 000 New
BASIC RESOURCES FIRE NARRATIVE AUTHORIZATION
Response Location Persons Involved Alroraft Involved Supplemental
Location (unverified)
Address Number Prefix Street or Highway Type Suffix Apt/Suite
C Intersection 1640 🔍 🔻 Wailele St 🔻 💌
C In Front Of Directory Understand Viceburght Time Outfing
C In Rear Of
C Adiacent To
C Directions City State Zip District Census Tract
C Lat/Long 🔍 KALIHI VALLEY HI 🔽 00640 1
C Twinship/Range
Directions 1640 Wallele St
Latitude Longitude Township Dir Range Dir Section Subsection Meridian
<u>Verify</u> 2.350630 15.863205 ▼ ▼ ▼
Property Use Mixed Use
Estimated Pre-Incident Value
Property Loss Content Loss Property Value Content Value
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BASIC / LOCATION

Street or Highway:	CADS will drop in address. Make any corrections to address if different from location dispatched to. Use the exact name of Street or Highway, e.g. Ainanui, H1, Pali, Kamehameha, etc. Do not abbreviate the street name and do not use the Hawaiian "okina" symbol.
City:	CADS will drop in the city. If this information is incorrect, make appropriate change.
State:	CADS will drop in the state.
Zip:	CADS drops in an incorrect number. Must be changed to the correct zip code.
Property Use:	Indicate the property use where the incident occurred.

MANDATORY FIELDS

PRIORITY FIELDS

Address:	Use if you have a number AND street name.	
Intersection:	Use if you do not have a number and street name but have cross streets.	
In Front of:	Use when an incident occurs in front of the address and you have both a number and street name.	
In Rear of:	Use when an incident occurs in the rear of the address and you have both a number and street name.	
Adjacent to:	Use when an incident occurs next to the address and you have both a number and street name.	
Directions:	If you do not have number but have a street name insert additional directions to find incident. Remember to also insert street name in the "Direction" field. E.g. "H1 Freeway ½ mile past the Kaahumanu overpass" would be in "Directions."	
Number:	Address number, e.g. 141, 98-886, etc. Insert hyphen where appropriate.	
Prefix:	If applicable, e.g. "S" for South King Street.	
Туре:	Type of thoroughfare, e.g. St., Lane, Fwy., etc.	
Suffix:	If applicable, "W" for H1 Freeway West bound.	
Apt/Suite	Where applicable	
District:	Number of Battalion in which incident occurred. Use adjacent spyglass for best results.	
Census Tract:	Census Tract in which incident occurred. Use adjacent spyglass for best results. Must be a six digit number (include a decimal point).	
SECONDARY FIELDS		
Mixed Use:	If a structure has two or more property uses, or if a property has two or more structures with different property uses.	

Estimated Dollar Loss: Rough estimation of the total loss to the structure and contents, in terms of cost of replacement in like kind and quantity.

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	Incident Number 0025570 Change Exposure 000 New
Ne BASIC RESOURCES NARRA	ATIVE AUTHORIZATION
Response Location Persons	s Involved Altoraft Involved Supplemental
F	Title Last Name First Name M.I. Suffix Number Prefix Street Type Suffix Apt/Suite Number Prefix Street Type Suffix Apt/Suite P.O. Box City State Zip Code Business Name Phone Phone Phone
ł	Comer Other Involvement
Add Doloto	Cocupant
Zaa Delete	EMS Patient
M Other Options	Fire Casualty
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BASIC / PERSONS INVOLVED

SECONDARY FIELDS

This entire sub-tab is a Secondary Field. Use whenever you wish to tie in certain individuals or entities to an Incident. Instead of putting this information in the Narrative, you can insert that information here.

This provides a basis for long-term analysis in recognizing patterns of repeated incidents involving the same individual or entity in the same or different locations over a period of time.

One or more persons or entities can be inserted here by clicking on the "Add" button each time you want to include another person or entity.

If the address of the person involved is the same as the incident, click on the Incident Address tab.

Note: By including the EMS Patient's information here and again in the Advance EMS Tabs, the Auto-Narrative will result in a count of two patients.

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BASIC RESOURCES FIRE		ΠΟΝ		
Apparatus Personnel Sum	mary			
✓ E06 Engine ✓ Bn1 Chief officer car	Dispatch Time 01/19/2001 10:14:53	Main Use Suppression	Number of People	, 3
E32 Engine	Enroute Scene Time	Actions Taken		-
	Arrival Time			
	Enroute Facility			
Y	Arrived Facility	Priority Response	Amount 1	
Add Delete	Clear Time 01/19/2001 11:04:49	From Quarters	Amount 2	
Response Time = 0:06:18	In-service Time	Cancelled Enroute	Dispatch Type	✓
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RESOURCES / APPARATUS

PRIORITY FIELDS

Apparatus:	CADS will drop in all companies that are dispatched. If this information is incorrect, make appropriate change(s).
Dispatch Time:	CADS will drop in date and time. If this information is incorrect, make appropriate change(s).
En route Scene Time:	CADS will drop in date and time. If this information is incorrect, make appropriate change(s).
Arrival Time:	CADS will drop in date and time. If this information is incorrect, make appropriate change(s).
Clear Time:	CADS will drop in date and time. If this information is incorrect, make appropriate change(s).
In-service Time:	Not used.

Priority Response:	Checked by default. This represents a lights and siren response. If you get dispatched a non-emergency, un-check this box.
From Quarters:	Check this box if you responded from quarters.
First Arriving Unit:	Check this box for the first arriving company.
Cancelled En route:	Click this button for each company that gets returned before reaching the scene.
	For multi-day incidents, insert the first date and time a particular apparatus participated at this incident and the last date and time a particular apparatus cleared the incident. Disregard all other times. FCC will account for all other "in and out" times by generating a spreadsheet that will be attached to the report.
Main Use:	Pull down and select Suppression (fire incidents), EMS (medical incidents), or Other (Rescues, Haz Mat, other incidents).
Actions Taken:	CADS will not drop in action taken. List one or more actions that each specific company took. E.g., Bn 1— Incident Command, E01—Extinguish, etc. If two or more companies operate at an incident without a Battalion Chief, one of the two companies should identify who assumed "Incident Command."
Number of People:	Is automatically inserted from Personnel Tab. For multi- day incidents, this total should be "0."

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Incident Number 0001573 Change Exposure 000 New	₹
BASIC RESOURCES FIRE NARRATIVE AUTHORIZATION	
Apparatus Personnel Summary	
Apparatus	
E32 Engine 3 🛃 11 - Engine 🔽	
Darr Ionathan Actions Taken	
Peterson Derek Amount 1	
Farris Jeffrey Amount 2	
Position	
Fire Fighter 3	
Add Delete	
	♥ ±
Casualty	⊙ ¥
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RESOURCES / PERSONNEL

PRIORITY FIELDS

CADS will drop in this information. Make the necessary adjustments when required. This field will populate itself from the Daily Roster. If it doesn't, click on the "Add" button and insert the appropriate names. Should you need to delete an individual, highlight the name and click on the "Delete" button.

For multi-day incidents, delete all personnel. FCC will account for all personnel by generating a spreadsheet that will be attached to the report.

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Apparatus Summary	
Department Mutual Aid Total	
Suppression 🔆 🗧	
EMS H	
Other	
Personnel Summary	
Department Mutual Aid Total	
Suppression 13 🔂 🔂	
EMS III III IIII IIII	
Other H H	
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RESOURCES / SUMMARY

No input required for this sub-tab.

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BASIC RESOURCES		N				
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None selected		<u>~</u>			V	-
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NARRATIVE

PRIORITY FIELDS

Every Incident must have a Narrative. It is recommended that the Auto Narrative feature be used. To use this feature, click on the "Add" button, Title your narrative, tab off and click the "Auto" button. You can now add to or correct information contained in the narrative.

Title:	Give your narrative the name of your company, e.g. E10, R1, L2, etc. On multi-day incidents, all Incident Commanders will provide a narrative specific to the actions taken on each day of the incident. Incident Commanders will include their platoon and the date of their command, e.g., BN5/1—4/15/00, BN3/2—4/16/00 etc.
Туре:	Select either "Incident" or "Company" depending what type of narrative you are doing. The auto-narrative feature is only available on the "Incident" narrative. All "Company" narratives will have to be written by the respective Officer. Use the "Spell" check button to edit your text. On multi-day incidents, Incident Commanders will complete a "Company" report.

Note: Every incident will have an "Incident" narrative. On "Significant Incidents" or at the discretion of the Officer-in-Charge a report may have "Company" narratives as a component of a "Company" report.

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	Incident Nu	umber 0001599	<u>C</u> hang	e E	xposure 000	Ne <u>w</u>	fice
BASIC RESOURCES NARRATIVE AUTH	IORIZATION						
Member Making Report	Number	Date	Position		Assignment		
None selected		11 •		•		-	
Set To Current <u>U</u> ser			🗖 Comp	lete	🗖 Release T	o Public	
Officer In Charge	Number	Date	Position		Assignment		
None selected		11		•		-	
Set To Current User 🗖 Same :	as Member Mak	ing Report					
Reviewer	Number	Date	Position		Assignment		
None selected		11		•		•	
Set To Cu <u>r</u> rent User			E Review	ved			
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AUTHORIZATION

MANDATORY FIELDS

Member Making Report:

Name of the captain or acting captain should be inserted here. Under no other circumstance should a name of an individual who is below the rank of Captain or Acting Captain be listed in this area.

On multi-day incidents or incidents that carry over to another platoon, the company that is first dispatched will be responsible for the report.

Position: Actual position of the Member Making Report. If a FF3 is the Acting Captain, his/her Position would be FF3.

PRIORITY FIELDS

Officer in Charge: Insert the name of the Incident Commander. Command can only be transferred at scene.

Position:	Actual position of the Member Making Report. If a Captain is the Acting Battalion Chief, his/her Position would be Captain.
Complete:	Check this box when report is finished. If "Company" reports are required, wait until all reports have been completed before checking this box. Checking the "Complete" box will convert this report to a "read only" status, therefore protecting it from any intended or unintended tampering. Should you require changing a completed report, contact your Battalion Chief and he/she will uncheck the "Complete" box thereby making the report available for changes.
Released To Public:	Do not use this button. This is used for internal auditing purposes.
Reviewed:	Respective Battalion Chiefs will examine all completed reports generated by his subordinates and check off the "Reviewed" box on all acceptable reports. Unacceptable reports will become available for revisions once the Battalion Chief removes the "Completed" check mark.

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		Incident Number	1025563 <u>C</u> hange	Exposure 000 Ne <u>w</u>
BASIC RESO			THORIZATION	
Property & Igni	ion Involved			
Number ——			Structure Typ	e
Residential Un	its Buildings: Involv	ed Threatened	1 - Enclose	d building 💌
lgnition ——			On-Site Mate	rials or Products
Cause				🔽 None
Area of Origin			-	
Heat Source			Storage/W	varehousing 🗖 Proc./manufact.
	Fire Confi	ined to Object of Origin	Repair or	Service 🗖 Packaged Goods
- First Ignited —				7
Item			💽 📃 🗖 Storage/v	varehousing 🗖 Proc./manufact.
Type of Materia			Repair or	Service 🗖 Packaged Goods
Factors Contrib	uting to Ignition			~
🗖 None			🔄 🗖 Storage/v	varehousing 🗖 Proc./manufact.
			Repair or	Service 🗖 Packaged Goods
	,			

FIRE / PROPERTY & IGNITION

MANDATORY FIELDS

Cause:	Describe why the heat source and the combustible material were able to combine to initiate the fire. This is the best determination of the Officer in Charge at the scene and may be changed later as a result of further investigation.
Area of Origin:	Enter the written description that best describes the area of fire origin.
Heat Source:	The heat source that ignited the "Item First Ignited" to cause the fire.
Item First Ignited:	Enter the code and written description that best describes the item first ignited by the heat source. If fire spread was confined to the object of origin, mark the appropriate box.
Type of Material:	The composition of the material in the item first ignited by the heat source.

Factor Contributing to Ignition:

The contributing factor that allowed the heat source and combustible material to combine to ignite the fire. Enter the appropriate code for up to two contributing factors. The primary factor should be entered first. If there were no factors contributing to ignition, mark "none."

🐛 0006058-000 Incident Form	
<u>File E</u> dit <u>R</u> outine <u>H</u> elp	
Incident Numbe	er 0006058 <u>C</u> hange Exposure 000 Ne <u>w</u>
BASIC RESOURCES FIRE BUILDING NARRATIVE AU	
Property & Ignition Involved	
Equipment Involved in Ignition	Mobile Property Involved in Ignition
Туре	Ignition
Portability	Type
Brand	Make
Model Year	Model Year
Serial No.	License State
Power	VIN
Fire Suppression Factors	- Human Factors Contributing to Ignition
	None Possibly Mentally Disabled
	Asleep Physically Disabled
<u></u>	Alcohol/drugs Multiple Persons Involved
Y	Unattended Person Age

FIRE / INVOLVED

PRIORITY FILEDS

Equipment Involved in Ignition:

If the incident involved any type of equipment or appliance fill all available information. Insert "None" if no equipment was involved in ignition.

Mobile Property Involved in Ignition:

If incident involved any type of mobile property (automobile, bus, etc.) fill all available information. Insert "None" if no mobile property was involved in ignition.

Human Factors Contributing to Ignition:

The human condition or situation that allowed the heat source and combustible material to combine to ignite the fire. If age was a factor, enter the estimated age of the person involved. **Especially important to tract children playing with matches or other heat sources.**

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File Edit Routine Help
Incident Number 0025562 Change Exposure 000 New
BASIC RESOURCES FIRE STRUCTURE NARRATIVE AUTHORIZATION
Description & Damage Systems
Building Status
Story of Origin
Fire Spread
At or Above Grade Below Grade
- Material Contributing Most to Flame Spread
Item Area
Material Vidth
Stories Damaged by Flame
Minor Significant Heavy Extreme
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STRUCTURE/ DESCRIPTION & DAMAGE

MANDATORY FIELDS

Building Status:	The status of operation in the building involved in the fire.
Fire Spread:	The extent of fire spread in terms of how far the flame damage extended. The extent of flame damage is the area actually burned or charred and does not include the area receiving only heat, smoke, or water damage.
Item:	The item contributing most to flame spread.
Material:	Type of material contributing most to flame spread.
Story of Origin:	Identifies the story where the fire originated within the building.
Main Floor Area:	Enter the total square feet of the main floor or enter the area using length by width.

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🖬 🎒 🤋 📭 Ind	cident Number 0001659 Change Exposure 000 New
BASIC RESOURCES FIRE BUILDING NAR	
Description & Damage Systems	
Detectors	Automatic Extinguishment System
Туре	Type
Power Supply	Operation 🔽
Operation	Number of Sprinkler Heads Operating
Effectiveness	Failure Reason
Failure Reason	
-	

BUILDING / SYSTEMS

MANDATORY FIELDS

Detector Present:	If applicable, check this box which will require subsequent fields to be filled.
Type:	Identifies the type of fire detection system that was present in the area of fire origin.
Power Supply:	Identifies the type of power supplying the detector.
Operation:	This data element identifies whether or not the detection equipment worked.
Automatic Extinguishin	ng System Present: If applicable, check this box which will require subsequent fields to be filled.
Type:	Identifies the type of fire protection system that was present in the area of fire origin.

Operation: This data element identifies whether or not the fire protection equipment worked.

0001659-000 Incident Form	
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Incident Number	0001659 <u>C</u> hange Exposure 000 Ne <u>w</u>
BASIC RESOURCES WILDLAND NARRATIVE AUTHORIZA	πιον
Cause & Factors Property & Responsible Weather & Behavior	
Fire Cause	Mobile Property Type
Heat Source	Equipment Involved in Ignition
Factors Contributing to Ignition	Buildings
	Ignited Threatened
Fire Suppression Factors	Human Factors Contributing to Ignition
T	None Possibly Mentally Disabled
	Asleep Physically Disabled
	🗖 Alcohol/drugs 👘 Multiple Persons involved
<u> </u>	Unattended Person Age

WILDLAND / CAUSE AND FACTORS

MANDATORY FIELDS

Fire Cause:

This block provides the broadest classification of ignition causes as adopted by the National Wildfire Coordinating Group.

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	Incident Number 0001659 Change Exposure 000 New
BASIC RESOURCES WILDLAND NARRAT	IVE AUTHORIZATION
Cause & Factors Property & Responsible	/eather & Behavior
Property Management	Land Characteristics
Tax Paying 🔗 😽 😽	Area Type
Non Tax Paying 👘 😤 %	Fuel Model at Origin
City, Town, Village, Local 👘 😤	Total Acres Burned
County or Parish 👘 😽 %	Primary Crops Burned
State or Province 👘 %	Type of Bight of Way
Federal 😽 %	
Federal Agency Code	Distance
Foreign 😽 %	Person Responsible for Fire
Military 👻 %	Identification
Other 👻 %	Gender
Undetermined 100 😴 %	Date of Birth
At Origin 🔽	Activity of Person

WILDLAND / PROPERTY & RESPONSIBLE

MANDATORY FIELDS

Area Type:	This is a general description o the area where the wildland fire occurred.
Total Acres Burned:	This is a numerical expression of the total number of acres that were involved in the wildland fire. Enter the total number of acres burned. If less than one acre was burned, the decimal point filed should be used to denote tenths of an acre. This should be the most accurate estimate of acres burned that is practical to obtain (one-acre equals 43,560 square feet).
Type of Right of Way:	Enter the description of the type of right-of-way and the estimated horizontal distance to the point of origin from the

right-of-way.

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Incident Num	ber 0003013 Change Exposure 000 New
BASIC RESOURCES HAZMAT NARRATIVE AUTHORIZ	TATION
Release Involved Identification	
Cause of Release	Hazmat Actions Taken
Released From	
Inside/On structure Story	
	Demographics
Factors Contributing to Release	Population Density
	Area Affected Units
	Area Evacuated Units
	People Evacuated Buildings Evacuated
Mitigating Factors or Impediments	If Fire/Explosion Involved
	Which Occurred First
	Disposition

HAZ MAT

MANDATORY FIELDS

Cause of Release:	The cause that best describes the reason for the release.
Factors Contributing to	Release: Describe up to three significant factors that contributed to the release or threatened release of the hazardous material.
Area Affected:	The amount of area or space directly affected by the hazardous material release.
Units:	Enter the appropriate unit of measurement
Disposition:	The best description of the final disposition of the incident by the fire department. Describes whether the fire department completed the handling of the hazardous materials incident or if it was released to another agency or to the property owner for completion.

Secondary Fields

All Fields may be filled if the applicable information is available.

HAZMAT / INVOLVED	HAZMAT	/ INVOLVED
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🍋 0049665-000 Incident Form	
<u>File Edit Routine H</u> elp	
Incident Numb	er 0049665 Change Exposure 000 New
BASIC RESOURCES HAZMAT NARRATIVE AUTHORIZA	TION
Release Involved Identification	
Equipment Involved in Release	Mobile Property Involved in Release
Туре	Type
Brand	Make 🗾 🔹
Model Year	Model Year
Serial No.	License State 💌
	DOT

Secondary Fields

All Fields should be filled if the applicable information is available.

🍋 0049665-000 Incident Form	-	
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🖬 🎒 ? 📭	Incident Number 0049665 Change Exposure 000 New	
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Release Involved Identification		
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HAZMAT / IDENTIFICATION

Secondary Fields

All Fields should be filled if the applicable information is available.

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File Edit Boutine Help BASIC RESOURCES FIRE BUILDING HAZMAT ARSON NARRATIVE AUTHORIZATION Investigation Juvenile Firesetter Referred To Case Status Entry Method Availability of Material First Ignited Extent of Fire Involvement on Arrival Suspected Motivation Factors Property Ownership Other Investigative Information Code Violations Structure for Sale Structure for Sale Structure Vacant Other Investigative Information Code Violations Structure Vacant Other Crimes Involved Fire Department Forced Entry Forced Entry Prior to FD Arrival Security System Activated Security Present, Not Activated Security Present, Not Activated Security Present, Not Activated Security Present, Not Activated	💫 0003013-000 Incident Form		
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Other Investigative Information Doors Locked Image: Code Violations Doors Unlocked Image: Code Violations Doors Unlocked Image: Code Violations Frie Department Forced Entry Image: Code Violations Frie Department Forced Entry Image: Code Violations Forced Entry Prior to FD Arrival Image: Code Violations Security System Activated Image: Code Violations Security System Activated Image: Code Violations Code Violations Image: Code Violations Security System Activated Image: Code Violations Lab Used Image: Code Violations Local	_		Doors Ajar
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Change in Insurance Financial Problem Criminal/Civil Actions Pending	- Apparent Group Involvement	Structure for Sale	Forced Entry Prior to ED Arrival
Change in Insurance Financial Problem Criminal/Civil Actions Pending		C Other Crimes Involved	Security System Activated
			Security Present, Not Activated
		Change in Insurance Financial Problem Criminal/Civil Actions Pending	Lab Used Local ATF Other Fed State FBI Private None

DO NOT FILL THESE TABS. This module will only be filled by the Fire Investigator.

S FireRMS 5.0 for Honolulu Fire De	partment										-
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INCIDENTS			O Mo	inth ite Rang	56 H Je	lours	<u> </u>	ES		DAYBOOK	≥́ ₩
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	27	28	29					Þ			
Incident	Beginn	ning of D	ate Rai	nge	End	of Date	Range				
C Company Filter: Status Inco	1 2/31.	7999			JUM	0102000					
1 2 31 🖌 🔳	uesday Fi	ebruary	1, 2000						•		Microso

REPORT FILTERING

SETTING THE DATE RANGE

- 1) Click on the "check mark" on the bottom left corner of the desk top.
- 2) Click on Date Range on the top portion of the available window.
- 3) Set the Beginning and End Date Range on the bottom of the window. Set the "beginning date" as 1/1/2000 (start date of NFIRS 5.0) and the "end date" at today's date.
- 4) Close window by clicking on the "x" on the top right corner of the window.

FireRMS 5.0 for Honolulu Fire De	partment	
<u>File E</u> dit <u>I</u> nfo <u>T</u> ools <u>H</u> elp		
Daily Roster Personnel	Occupancies Hydrants Vehicles & Scheduling & Tracking Storident Filter Tracking	
	8	
INCIDENTS	Date	- K 🎽
L		W
Number Eyn Alarm Time	Friday December 31, 1999 through Tuesday February 1, 2000	X Anaze
0001304 000 01/20/2000 06:4		aseq
0001326 000 01/20/2000 15:1-	Status	
0001415 000 01/22/2000 03:4	C All © Incomplete	
0001497 000 01/23/2000 03:1	C Completed & not Reviewed C Reviewed	
0001709 000 01/26/2000 07:3		
0001968 000 01/30/2000 14:0		
	Station ST02	
	Incident Type	
	Mutual Aid Type	
	Location contains	
C Incident C Company	OK Cancel Clear Filter	
1 2 31 🗹 🖣	iday December 31, 1999 through Tuesday February 1, 2000	hicroso

INCIDENT FILTER

SETTING THE FILTERS

- 1) Click on the button to the right of the "Binoculars" that is labeled "filter the list" (when you place your cursor over it).
- 2) Click on "Incomplete" to list the reports that are currently outstanding and "incomplete."
- 3) Click on "Completed & not Reviewed" should you wish to "read" a report before it gets "reviewed."
- 4) Pull down your Station Number. Remember, if you had responded to an alarm in another company's area, follow up on that particular report by listing that company here.
- 5) Click "OK."

S FireRMS 5.0 for Honolulu Fire Depart	ment			
<u>File E</u> dit <u>I</u> nfo <u>T</u> ools <u>H</u> elp				<u></u>
Daily Roster Personnel	Occu	pancies <u>H</u> ydrants <u>V</u> ehicles & Equipment	Scheduling & Tracking	Reports
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INCIDENTS	TRA	INING OTHER ENTRIES	Í	DAYBOOK
	T	d to a straight		
Number Exp Alarm Time	Type Ai	d Location	Complete Revie	wed Released A
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0001326 000 01/20/2000 15:14:00	745 N			
0001413 000 01/22/2000 03:48:00	113 N	1839 Kabakai Dr		<u> </u>
0001709 000 01/26/2000 07:36:00	412 N	2080 Kalakaya Ave		
0001968 000 01/30/2000 14:05:00	321 N	2055 Kalia Rd		
				▼
 Incident Filter: Status Incomplete 	: Station S	T02		_
C Company				
11 7 21 21 Friday December 31 1999 through Tuesday February 1 2000				
	2000111			280

FILTERED LIST

FILTERED LIST

- 1) This list represents the reports that have been returned for corrections.
- 2) Look for your reports by "Alarm Time" and "Location."
- 3) Open your report to make the necessary corrections.
- 4) When done, check the "COMPLETE" box on the report.
- 5) The report will now be eligible for a second review."