

NFIRS 5.0 Self-Study Program

Fire Module: NFIRS-2

Objectives

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

1. Describe when the Fire Module is to be used.
 2. Demonstrate how to complete various sections of the Fire Module, given scenarios of hypothetical incidents.
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Pretest #2 - Fire Module

1. The Fire Module should be completed for all fires in a structure.
 - (a) True.
 - (b) False.

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

3. The Wildland Fire Module can be used in place of the Fire Module for certain incident types.
 - (a) True.
 - (b) False.

4. The Fire Module should be completed for outside rubbish fires with no casualties or property loss.
 - (a) True.
 - (b) False.

5. The Fire Module is used to document detector performance.
 - (a) True.
 - (b) False.

Using The Fire Module

The inset labeled, “Fire Module Required?” in the Remarks section (Block L) of the Basic Module will tell you if you need to use the Fire Module or other modules. The Fire Module is used for all fires except for those contained fires with incident type codes 113 to 118 and outside rubbish fires codes 150 to 155. Use the Fire Module to record information on incidents involving fires, including building fires, outside storage fires, vehicle fires, and vegetation fires. The Wildland Fire Module also can be used for vegetation and other outside fires as a second option.

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

A	Complete this side for all fires						YYYY				<input type="checkbox"/> Delete	NFIRS-2 Fire
	FDID	State	Incident Date	Station	Incident Number	Exposure				<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: Property Details

B Property Details	
B1	<input type="text"/> <input type="checkbox"/> Not Residential Estimated number of residential living units in building of origin <i>whether or not all units became involved</i>
B2	<input type="text"/> <input type="checkbox"/> Buildings not involved Number of buildings involved
B3	<input type="text"/> , <input type="text"/> <input type="checkbox"/> None <input type="checkbox"/> Less than one acre Acres burned (outside fires)

Block B1 records data regarding the number of residential living units in the building of origin. The total number of units must be entered without regard to how many actually became involved in the incident.

- For apartment buildings, condominiums, townhouses, and row houses enter the number of separately owned or rented units.

- For hotels, motels, and the like enter the number of lodging units.
- If it is not a residential unit, simply mark the “Not Residential” box.

Enter the total number of buildings involved in the fire in **Block B₂** for the initial fire. This field is not completed on exposure reports. Each exposure is numbered sequentially starting at 001. For outside fires that also consume buildings, exposure reports should be completed. If no buildings were involved, check the “Buildings not involved” box.

B₃ has space to record the number of acres burned in an outside fire. Two boxes are available - one to indicate “None” and the other to specify “Less than one acre.” This should be your best estimate.

For vegetation and outside fires, the department may choose to use the Wildland Module: NFIRS-8 instead of the Fire Module: NFIRS-2.

Section C: Onsite Materials or Products

<p>C On-Site Materials or Products <input type="checkbox"/> None</p> <p>Enter up to three codes. Check one box for each code entered.</p> <p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p> <p>On-site material (1)</p> <p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p> <p>On-site material (2)</p> <p> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </p> <p>On-site material (3)</p>	<p>Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, <i>whether or not they became involved</i></p> <p>On-Site Materials Storage Use</p> <p>1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined</p> <p>1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined</p> <p>1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined</p>
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If no significant amounts of commercial, industrial, agricultural, or energy products or materials are stored on this property mark the “None” box in **Block C**.

If any of the listed products or materials were present, whether or not they became involved, the rest of Block C should be completed.

To complete Block C, enter a code (found in the *NFIRS Complete Reference Guide (CRG)*) for any significant amount of material stored, processed, sold, or used for providing services at the property involved. Lines are provided to identify information for up to three materials. Information is entered whether or not the material was involved in the fire.

Example:

A “crack house” could be coded as a Residential Property Use (419) and the Onsite Material could be coded as 545: Illegal Drugs.

For each Onsite Material entry made, you must mark one of the four boxes to the right. Mark Processing/Manufacture if the material is both stored and processed at this site. A box must be marked whenever an Onsite Material entry is made.

Section D: Ignition

D	Ignition				
D1	<table border="1"> <tr> <td>Area of fire origin</td> <td>☆</td> </tr> </table>	Area of fire origin	☆		
Area of fire origin	☆				
D2	<table border="1"> <tr> <td>Heat source</td> <td>☆</td> </tr> </table>	Heat source	☆		
Heat source	☆				
D3	<table border="1"> <tr> <td>Item first ignited</td> <td>☆</td> <td>1 <input type="checkbox"/></td> <td>Check box if fire spread was confined to object of origin.</td> </tr> </table>	Item first ignited	☆	1 <input type="checkbox"/>	Check box if fire spread was confined to object of origin.
Item first ignited	☆	1 <input type="checkbox"/>	Check box if fire spread was confined to object of origin.		
D4	<table border="1"> <tr> <td>Type of material first ignited</td> <td>Required only if item first ignited code is 00 or <70</td> </tr> </table>	Type of material first ignited	Required only if item first ignited code is 00 or <70		
Type of material first ignited	Required only if item first ignited code is 00 or <70				

Separate lines of **Block D** will allow you to capture information regarding the area of fire origin, heat source, item first ignited, and type of material first ignited.

Use Line **D1** for entering a code (found in the *NFIRS Handbook*) to indicate where the fire started. The code list is organized into three areas:

- Structure
- Vehicle
- Outside


This section must be completed for all fires.

Lines D2 and **D3** furnish spaces to enter codes for the “Heat source” and the “Item first ignited.” You are required to make entries on both lines. If the fire spread was confined to object of origin, check the box below line **D3**. An unmarked box means that the fire spread beyond the object of origin.

Line D4 is for recording information regarding the type of material first ignited. You should fill in this line whenever the item code first ignited is between 00 and 70.

Section E: Cause of Ignition, Factors Contributing To Ignition, Human Factors Contributing To Ignition

In combination, Sections D and E provide excellent information on how and why a fire started. All fields in Section E are required entries.

E₁ Cause of Ignition ☆		<input type="checkbox"/> Check box if this is an exposure report.  <div style="border: 1px solid black; padding: 2px; display: inline-block;">Skip to Section G</div>
<input type="checkbox"/>	Intentional	
<input type="checkbox"/>	Unintentional	
<input type="checkbox"/>	Failure of equipment or heat source	
<input type="checkbox"/>	Act of nature	
<input type="checkbox"/>	Cause under investigation	
<input type="checkbox"/>	Cause undetermined after investigation	


When filling out **Block E₁**, the first question to be answered is whether or not this is an exposure report. If it is, then check the box and go directly to Section G. Skip the rest of Sections E and all of Section F. If this is not an exposure report mark one of the other boxes in E₁ to indicate the cause of ignition. In previous versions of NFIRS, users were forced to decide between incendiary and suspicious. The measurement of arson fires added those two codes together. Now you are able to indicate that a fire was intentionally set without stating that a crime was committed.

You also may record the cause of a fire incident as **under investigation**. If no cause is ever determined, the cause can be changed to **undetermined after investigation**. This allows managers to better track whether an investigator has updated the incident report with the actual cause.

E₂	Factors Contributing to Ignition ☆	<input type="checkbox"/> None
<input type="text"/>	Factor contributing to ignition (1)	
<input type="text"/>	Factor contributing to ignition (2)	

Use **Block E₂** to record the “Factors Contributing to Ignition.” Use the appropriate codes (from the CRG). You may note up to two factors or check the “None” box to indicate that no factors were involved.

Block E₃ offers a number of options to record human factors that contribute to the ignition of a fire. More than one factor can be marked.

E3	Human Factors  Contributing to Ignition
Check all applicable boxes <input type="checkbox"/> None	
1	<input type="checkbox"/> Asleep
2	<input type="checkbox"/> Possibly impaired by alcohol or drugs
3	<input type="checkbox"/> Unattended person
4	<input type="checkbox"/> Possibly mentally disabled
5	<input type="checkbox"/> Physically disabled
6	<input type="checkbox"/> Multiple persons involved
7	<input type="checkbox"/> Age was a factor
	Estimated age of person involved <input type="text"/>
1	<input type="checkbox"/> Male
2	<input type="checkbox"/> Female

The last part of E₃ can be useful in tracking juvenile firesetter trends and the effect of fire on the elderly. In this field mark the “Age was a factor” box when there is evidence that age was a factor in ignition. Then enter the estimated age of the person involved, and whether the person is male or female.

Section F: Equipment Involved in Ignition, Equipment Power Source, Equipment Portability

First answer the question, “Is there equipment involved in this ignition?” Equipment involved is a piece of equipment that provided the principal heat source to cause ignition. If the answer is no, then check the “None” box and go directly to Section G.

If you do not mark the “None” box you must complete the rest of the **Block F1**.

F1	Equipment Involved in Ignition
<input type="checkbox"/> None	⇒ If equipment was not involved, skip to Section G
<input type="text"/>	<input type="text"/>
Equipment Involved	
Brand	<input type="text"/>
Model	<input type="text"/>
Serial #	<input type="text"/>
Year	<input type="text"/>

Block F₁ has a line for you to enter a code description which best identifies the equipment involved in the ignition. To find the correct code quickly, select a subsection from the following choices:

- Heating, Ventilating & Air Conditioning;
- Electrical Distribution, Lighting and Power Transfer;
- Shop Tools & Industrial Equipment;
- Commercial & Medical Equipment;
- Garden Tools & Agricultural Equipment;
- Kitchen & Cooking Equipment;
- Electronic Equipment; and/or
- Personal & Household Equipment: Other.

Enter the brand name, model name/number, serial number, and model year of the equipment involved, if known, on the lines provided in Block F₁.

F₂	Equipment Power Source			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 80%; height: 20px;"></td> </tr> </table>				
	Equipment Power Source			

Block F₂ asks for a code that describes the power source of the equipment involved with the fire ignition. Examples are: gas, liquid fuels, solid fuels, and electrical. When combined with other factors in the ignition sequence, the power source can help identify the cause of the fire.

F₃	Equipment Portability
1	<input type="checkbox"/> Portable
2	<input type="checkbox"/> 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.	

Fill in **Block F₃** by indicating whether the equipment involved in the ignition was portable or stationary. Portable equipment has three characteristics:

1. It can be moved by one person.
2. It is designed to be used in multiple locations.
3. It requires no tools to install.

Equipment portability is another factor to be considered in determining the cause of a fire.

Section G: Fire Suppression Factors

G Fire Suppression Factors <input type="checkbox"/> None	
Enter up to three codes.	
<input type="text"/>	<input type="text"/>
Fire suppression factor (1)	
<input type="text"/>	<input type="text"/>
Fire suppression factor (2)	
<input type="text"/>	<input type="text"/>
Fire suppression factor (3)	

Lines are provided to collect information regarding conditions or factors that affected the fire suppression effort or fire management decisions. If no condition or factor had an effect, mark the “None” box. Enter codes (found in *NFIRS Handbook*) for up to three factors or conditions that constituted a significant suppression problem during the incident or might be a fire prevention problem in the future.

Example: The first-due engine company was delayed due to trouble finding location after incorrect information (424) was given by the dispatcher.

Section H: Mobile Property Involved In Ignition

H1 Mobile Property Involved <input type="checkbox"/> None	H2 Mobile Property Type and Make
1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned	<input type="text"/> Mobile property type
	<input type="text"/> Mobile property make
<input type="text"/>	<input type="text"/>
Mobile property model	Year
<input type="text"/>	<input type="text"/>
License Plate Number	State
<input type="text"/>	VIN
<input type="checkbox"/> Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).	

Block H: has four boxes that can be marked to indicate the involvement of mobile property in an ignition. If no such property is involved, mark the “None” box. When mobile property is involved, you will need to mark Box 1, 2, or 3 to clarify the type of involvement.

Example: If the wheel rim on a car with a flat sends a spark that starts a grass fire but the car does not burn, Box 2 would be marked.

If Boxes 2 or 3 are marked, you should fill out Section H₂, which uses codes to identify the type of mobile property involved. The codes are organized into categories for ground, rail, air, and water vehicles.

NOTE: When mobile property is used as a fixed building instead of transportation, check the “Not Involved” box and skip the rest of Section H. In this situation, the Structure Fire Module would be completed.

Codes also are used to indicate the make of the mobile property. The code list includes most vehicles. If the make you need is not found, use code 00 and enter the name of make on the line provided. If known, enter the model name and four-digit year of the mobile property involved.

If the mobile property has a license plate, enter the plate number and the two-letter abbreviation of the State, Province, or Territory of the plate (or registration) on the appropriate lines. Refer to the Abbreviations Section of the NFIRS Complete Reference Guide for a list of State, Province, and Territory abbreviations. Enter the Vehicle Identification Number (VIN) as indicated.

The last block of Section H can be used as a local option. A box exists to indicate whether a prefire plan is available for the address of the incident.

Local Use

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

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Typically, a plan of attack or a prefire plan is developed by firefighters before a fire happens at significant structures; the plan is referenced during the emergency. Some of the information presented in a prefire plan may be based on reports from other agencies. Mark the box that corresponds to the report type to indicate which other agency reports are attached to the incident report.

SUMMARY

The Fire Module is used for any fire that extends beyond a noncombustible container. It is applicable for a vehicle fire or building fire; or vegetation fire unless the Wildland Fire Module is used instead. The Fire Module also can be used in conjunction with other modules such as the Structure Fire Module, when appropriate, to provide a more complete picture of what happened. As an example, completing the Fire Module collects details about the property involved. Details provided in the Structure Fire Module provide clear information about the buildings involved in the fire, how the fire started, and detection and suppression equipment present.

EXAMPLE: Dwelling Fire

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

The Jonesville, Wisconsin, Fire Department, Station 1, FDID #TR300, is called at 0156 hours on July 4, 2002, to respond to a fire in a single-family dwelling. The first unit, Engine 3, arrives at 2022 and discovers heavy smoke and fire coming from the house.

A family of four occupied the house: a father, a mother, and two children, ages 3 and 7. Two crew members from Engine 3 conducted a primary search for victims, located the family in bedrooms on the second floor, and rescued all the family members from the structure.

The rest of the crew brought a hoseline into the house. The fire was confined to the first floor, brought under control, and extinguished at 0215. There was significant fire damage to two rooms: (1) the kitchen, where the fire originated from a defective toaster, which ignited a fire that went up a wall, and (2) the dining room. The incident number was #9900332. The brand of the toaster was a Toastwell, Model #ZX2, Serial #567X. The toaster was manufactured in 1985.

A FDID <input type="text" value="TR300"/> State <input type="text" value="WI"/> Incident Date <input type="text" value="07"/> <input type="text" value="04"/> <input type="text" value="20"/> <input type="text" value="02"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="9900332"/> Exposure <input type="text" value="000"/>				<input type="checkbox"/> Delete <input type="checkbox"/> Change <div style="border: 1px solid black; padding: 2px; display: inline-block;">NFIRS-2 Fire</div>	
B Property Details <p>B1 <input type="text" value="0001"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved</small></p> <p>B2 <input type="text" value="001"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small></p> <p>B3 <input type="text" value=""/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small></p>		C On-Site Materials or Products <input type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved</small> <p>Enter up to three codes. Check one box for each code entered.</p> <p>On-site material (1) <input type="text" value=""/></p> <p>On-site material (2) <input type="text" value=""/></p> <p>On-site material (3) <input type="text" value=""/></p> <p>On-Site Materials Storage Use</p> <p>1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined</p> <p>1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined</p> <p>1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined</p>			
D Ignition <p>D1 <input type="text" value="24"/> <input type="text" value="Kitchen"/> <small>Area of fire origin</small></p> <p style="margin-left: 20px;">Heat from Powered</p> <p>D2 <input type="text" value="10"/> <input type="text" value="Equipment"/> <small>Heat source</small></p> <p style="margin-left: 20px;">Interior Wall</p> <p>D3 <input type="text" value="15"/> <input type="text" value="Covering"/> <small>Item first ignited</small> <input type="checkbox"/> Check box if fire spread was confined to object of origin.</p> <p>D4 <input type="text" value="65"/> <input type="text" value="Fiberboard"/> <small>Type of material first ignited</small> <input type="checkbox"/> Required only if item first ignited code is 00 or <70</p>		E1 Cause of Ignition <input checked="" type="checkbox"/> <input type="checkbox"/> Check box if this is an exposure report. Skip to Section G <p>1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input checked="" type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation</p> <p>E2 Factors Contributing to Ignition <input type="checkbox"/> None</p> <p><input type="text" value="20"/> <input type="text" value="Mechanical Failure"/> <small>Factor contributing to ignition (1)</small></p> <p><input type="text" value=""/> <input type="text" value=""/> <small>Factor contributing to ignition (2)</small></p>		E3 Human Factors Contributing to Ignition <p>Check all applicable boxes <input checked="" type="checkbox"/> None</p> <p>1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor</p> <p>Estimated age of person involved <input type="text" value=""/></p> <p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>	
F1 Equipment Involved in Ignition <p><input type="checkbox"/> None If equipment was not involved, skip to Section G</p> <p><input type="text" value="637"/> <input type="text" value="Electric Toaster"/> <small>Equipment Involved</small></p> <p>Brand <input type="text" value="toastwell"/> Model <input type="text" value="ZX2"/> Serial # <input type="text" value="567X"/> Year <input type="text" value="1985"/></p>		F2 Equipment Power Source <p><input type="text" value="10"/> <input type="text" value="Electrical, other"/> <small>Equipment Power Source</small></p> <p>F3 Equipment Portability</p> <p>1 <input checked="" type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary</p> <p style="font-size: x-small;">Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</p>		G Fire Suppression Factors <input checked="" type="checkbox"/> None <small>Enter up to three codes.</small> <p><input type="text" value=""/> <input type="text" value=""/> <small>Fire suppression factor (1)</small></p> <p><input type="text" value=""/> <input type="text" value=""/> <small>Fire suppression factor (2)</small></p> <p><input type="text" value=""/> <input type="text" value=""/> <small>Fire suppression factor (3)</small></p>	
H1 Mobile Property Involved <input checked="" type="checkbox"/> None <p>1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned</p> <p style="text-align: right; font-size: 2em;">➔</p> <p>Mobile property model <input type="text" value=""/></p> <p>License Plate Number <input type="text" value=""/> State <input type="text" value=""/> VIN <input type="text" value=""/></p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).</p>		H2 Mobile Property Type and Make <p>Mobile property type <input type="text" value=""/></p> <p>Mobile property make <input type="text" value=""/></p> <p>Year <input type="text" value=""/></p>		Local Use <p><input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small></p> <p><input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached</p> <hr/> <hr/> <hr/> <p style="text-align: right; font-size: x-small;">NFIRS-2 Revision 01/01/05</p>	

EXERCISE SCENARIO 2-1: Laundromat Fire

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

On July 1, 2002, at 1338 hours, Station 1 of the Jonesville, Wisconsin, Fire Department (FDID TR100) responded to a call from a police officer who observed heavy smoke in a Laundromat in a multiple-use commercial structure. Engine 2 arrived at 1400 hours, and immediately called for a second alarm. The other businesses in the structure were occupied, and the Laundromat was open for business but no one was present. A lumber supply company was located next to the structure. The laundromat was 50-percent involved with smoke and heavy visible fire. The fire service personnel on the scene conducted a primary search for victims, and found none. They evacuated all employees in the other offices; performed horizontal ventilation at the site of the fire, protected the exposure in the adjacent office and at the lumberyard. The fire was extinguished at 1430 hours. The fire was caused by flammable fibers caught in an improperly ventilated natural gas clothes dryer, a GCM Model 1992G, Serial Number 688599332C. The dryer was manufactured in 1992. There was extensive damage to the laundromat. Most equipment and all of the furniture were destroyed. The incident was reported as #9900211.

A <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; gap: 10px;"> <div style="text-align: center;">FDID <input type="text"/></div> <div style="text-align: center;">State <input type="text"/></div> <div style="text-align: center;">Incident Date <input type="text"/></div> <div style="text-align: center;">Station <input type="text"/></div> <div style="text-align: center;">Incident Number <input type="text"/></div> <div style="text-align: center;">Exposure <input type="text"/></div> </div> <div style="text-align: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change </div> </div>		<div style="border: 1px solid black; padding: 5px; width: fit-content;"> NFIRS-2 Fire </div>
B Property Details <div style="margin-top: 10px;"> B1 <input type="text"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved</small> </div> <div style="margin-top: 10px;"> B2 <input type="text"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> </div> <div style="margin-top: 10px;"> B3 <input type="text"/> <input type="checkbox"/> None / <input type="checkbox"/> Less than one acre <small>Acres burned (outside fires)</small> </div>	C On-Site Materials or Products <input type="checkbox"/> None <div style="font-size: small; margin-top: 5px;"> Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved </div> <div style="margin-top: 5px;"> Enter up to three codes. Check one box for each code entered. </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> On-site material (1) <input type="text"/> On-site material (2) <input type="text"/> On-site material (3) <input type="text"/> </div> <div style="width: 35%; font-size: x-small;"> On-Site Materials Storage Use 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined </div> </div>	
D Ignition <div style="margin-top: 5px;"> D1 <input type="text"/> <input type="checkbox"/> Area of fire origin </div> <div style="margin-top: 5px;"> D2 <input type="text"/> <input type="checkbox"/> Heat source </div> <div style="margin-top: 5px;"> D3 <input type="text"/> <input type="checkbox"/> Item first ignited </div> <div style="margin-top: 5px;"> D4 <input type="text"/> <input type="checkbox"/> Type of material first ignited </div>	E1 Cause of Ignition <input type="checkbox"/> None <div style="font-size: x-small; margin-top: 5px;"> <input type="checkbox"/> Check box if this is an exposure report. </div> <div style="margin-top: 5px;"> 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation </div>	E3 Human Factors <input type="checkbox"/> None <div style="font-size: x-small; margin-top: 5px;"> Check all applicable boxes </div> <div style="margin-top: 5px;"> 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor </div> <div style="margin-top: 5px;"> Estimated age of person involved <input type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female </div>
F1 Equipment Involved in Ignition <div style="margin-top: 5px;"> <input type="checkbox"/> None → If equipment was not involved, skip to Section G </div> <div style="margin-top: 5px;"> Equipment Involved <input type="text"/> Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/> </div>	F2 Equipment Power Source <input type="text"/> Equipment Power Source	G Fire Suppression Factors <input type="checkbox"/> None <div style="font-size: x-small; margin-top: 5px;"> Enter up to three codes. </div> <div style="margin-top: 5px;"> Fire suppression factor (1) <input type="text"/> Fire suppression factor (2) <input type="text"/> Fire suppression factor (3) <input type="text"/> </div>
H1 Mobile Property Involved <input type="checkbox"/> None <div style="margin-top: 5px;"> 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned </div> <div style="margin-top: 5px;"> Mobile property type <input type="text"/> Mobile property make <input type="text"/> Mobile property model <input type="text"/> License Plate Number <input type="text"/> State <input type="text"/> VIN <input type="text"/> </div>	H2 Mobile Property Type and Make <div style="margin-top: 5px;"> Mobile property type <input type="text"/> Mobile property make <input type="text"/> Year <input type="text"/> </div>	Local Use <div style="margin-top: 5px;"> <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached </div>

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

A FDID <input type="text" value="TR100"/> State <input type="text" value="WI"/> Incident Date <input type="text" value="07"/> <input type="text" value="01"/> <input type="text" value="2002"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="9900211"/> Exposure <input type="text" value="000"/> <div style="float: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change </div> <div style="float: right; border: 1px solid black; padding: 2px;"> NFIRS-2 Fire </div>		
B Property Details B1 <input type="text" value=""/> <input checked="" type="checkbox"/> Not Residential Estimated number of residential living units in building of origin <i>whether or not all units became involved</i> B2 <input type="text" value="001"/> <input type="checkbox"/> Buildings not involved Number of buildings involved B3 <input type="text" value=""/> <input checked="" type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre	C On-Site Materials or Products <input type="checkbox"/> None Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, <i>whether or not they became involved</i> Enter up to three codes. Check one box for each code entered. <input type="text" value="611"/> <input type="text" value=""/> <input type="text" value=""/> Industrial Machinery On-site material (1) <input type="text" value="543"/> <input type="text" value=""/> <input type="text" value=""/> Cleaning Supplies On-site material (2) <input type="text" value="000"/> <input type="text" value=""/> <input type="text" value=""/> Other On-site material (3)	
D Ignition D1 <input type="text" value="26"/> <input type="text" value=""/> <input type="text" value=""/> Laundry Area Area of fire origin <input checked="" type="checkbox"/> Heat from Powered D2 <input type="text" value="10"/> <input type="text" value=""/> <input type="text" value=""/> Equip.; Other Heat source <input checked="" type="checkbox"/> D3 <input type="text" value="94"/> <input type="text" value=""/> <input type="text" value=""/> Dust, fibers, lint Item first ignited <input checked="" type="checkbox"/> <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 <input type="text" value="71"/> <input type="text" value=""/> <input type="text" value=""/> Fabric Type of material first ignited <input type="checkbox"/> Required only if item first ignited code is 00 or <70	E1 Cause of Ignition <input checked="" type="checkbox"/> <input type="checkbox"/> Check box if this is an exposure report. ➔ Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input checked="" type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing to Ignition <input type="checkbox"/> None <input type="text" value="40"/> <input type="text" value=""/> <input type="text" value=""/> Installation Deficiency Factor contributing to ignition (1) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Factor contributing to ignition (2)	E3 Human Factors <input checked="" type="checkbox"/> Contributing to Ignition Check all applicable boxes <input type="checkbox"/> None 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <input type="text" value=""/> <input type="text" value=""/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
F1 Equipment Involved in Ignition <input type="checkbox"/> None ➔ If equipment was not involved, skip to Section G <input type="text" value="811"/> <input type="text" value=""/> <input type="text" value=""/> Clothes Dryer Equipment Involved Brand <input type="text" value="GCM"/> Model <input type="text" value="1992G"/> Serial # <input type="text" value="688599332C"/> Year <input type="text" value="1992"/>	F2 Equipment Power Source <input type="text" value="21"/> <input type="text" value=""/> <input type="text" value=""/> Natural Gas Equipment Power Source F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> None Enter up to three codes. <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Fire suppression factor (1) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Fire suppression factor (2) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Fire suppression factor (3)
H1 Mobile Property Involved <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned Mobile property model <input type="text" value=""/> License Plate Number <input type="text" value=""/> State <input type="text" value=""/> VIN <input type="text" value=""/> Year <input type="text" value=""/>	H2 Mobile Property Type and Make <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Mobile property type <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Mobile property make	Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other agencies: <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached _____ _____ _____ _____
Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).		

EXERCISE SCENARIO 2-2: Vehicle Fire on I-95

Directions: Read the call information in the exercise below. Use the information provided to complete the entire Fire Module form and 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 Module again.

The Alberta Fire Department (FDID #92188) responded to a vehicle fire on I-95 near mile marker 73 and Exit 2B in Brunswick, Virginia 23351 on May 3, 2002. The dispatcher assigned the incident (#5455) to Engine Co. 2 and Truck 1 from Shift C. The units received the alarm at 11:58 p.m. and arrived at the scene in 6 minutes with a four-person engine crew and a two-person truck crew. Flame and smoke were coming from the vehicle. The owner of the vehicle, Mr. Robert L. Anderson, was driving to Emporia, Virginia, to return his son, Joseph, to his mother. Mr. Anderson lives at 630 Second Avenue, Jarrett, North Carolina 24501. His telephone number is 414-432-0987. He said that his front seat caught on fire. In an effort to extinguish the fire, the car crashed into the guardrail. He called 911 from his cellular telephone. He said that he was driving for 2 hours and became drowsy from a prescription drug that he took. The vehicle was a 1999 Ford Explorer, Virginia License Plate Number ACZ586, and VIN 1FBEU54XXABC45634. The firefighters extinguished the fire; it was under control at 12:10 a.m. They determined that a burning cigarette caused the fire. The cigarette ignited the seat causing \$26,000 property damage and no content loss to the vehicle. The last unit cleared the scene at 12:35 a.m. FF1 Steve B. LaCivita, Badge No. 230, completed the report after returning to Station No. 1. Captain Ernest Greene, Badge No. 100, was the officer in charge. The fire department keeps records on the location of all responses. The incident was in Census Tract 501.2, District A05.

NFIRS 5.0 Self-Study Program

A

FDID <input type="text"/>	State <input type="text"/>	MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/>	Station <input type="text"/>	Incident Number <input type="text"/>	Exposure <input type="text"/>	<input type="checkbox"/> Delete
<input type="checkbox"/> ☆	<input type="checkbox"/> ☆	<input type="checkbox"/> ☆	<input type="checkbox"/> ☆	<input type="checkbox"/> ☆	<input type="checkbox"/> ☆	<input type="checkbox"/> Change
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No Activity

NFIRS-1 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.

<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"/>	<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"/>	
<input type="checkbox"/> Cross Street, Directions or National Grid, as applicable									

<p>C Incident Type ☆</p> <p>Incident Type <input type="text"/></p>	<p>E1 Dates and Times</p> <p>Midnight is 0000</p> <p>Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour <input type="text"/> Min <input type="text"/></p> <p>Alarm <input type="checkbox"/> ☆ <input type="checkbox"/> Check boxes if dates are the same as Alarm Date.</p> <p>ARRIVAL required, unless canceled or did not arrive</p> <p>Arrival <input type="checkbox"/> ☆ <input type="text"/></p> <p>Controlled <input type="checkbox"/> <input type="text"/></p> <p>Last Unit Cleared <input type="checkbox"/> <input type="text"/></p>	<p>E2 Shifts and Alarms</p> <p>Local Option</p> <p>Shift or Platoon <input type="text"/></p>	<p>E3 Special Studies</p> <p>Local Option</p> <p>Special Study ID# <input type="text"/></p> <p>Special Study Value <input type="text"/></p>
---	---	---	--

D Aid Given or Received ☆ None

1 <input type="checkbox"/> Mutual aid received	<input type="text"/>	<input type="text"/>
2 <input type="checkbox"/> Auto. aid received		
3 <input type="checkbox"/> Mutual aid given	<input type="text"/>	<input type="text"/>
4 <input type="checkbox"/> Auto. aid given	<input type="text"/>	<input type="text"/>
5 <input type="checkbox"/> Other aid given	<input type="text"/>	<input type="text"/>

Their FDID Their State Their Incident Number

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 <input type="text"/>	<input type="text"/>
EMS <input type="text"/>	<input type="text"/>
Other <input type="text"/>	<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="checkbox"/>
Contents	\$ <input type="text"/>	<input type="checkbox"/>

PRE-INCIDENT VALUE: Optional

Property	\$ <input type="text"/>	<input type="checkbox"/>
Contents	\$ <input type="text"/>	<input type="checkbox"/>

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

Fire Service	Deaths	Injuries
<input type="text"/>	<input type="text"/>	<input type="text"/>

H2 Detector ☆

Required for confined fires.

1 Detector alerted occupants

2 Detector did not alert them

U Unknown

H3 Hazardous Materials Release ☆ 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.)

Mixed Use Property ☆ 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 Structures ☆ None

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		

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		

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		

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 Description

Property Use Code

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

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

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

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ ZIP Code _____


L **Remarks:**

Local Option _____

Fire Module Required?

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

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<input type="checkbox"/> Mobile property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge.

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

Member making report ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

<table border="0" style="width:100%;"> <tr> <td style="width:15%;">A</td> <td style="width:40%;"> <table border="0" style="width:100%;"> <tr> <td style="text-align: center;">FDID ☆</td> <td style="text-align: center;">State ☆</td> <td style="text-align: center;">Incident Date ☆</td> <td style="text-align: center;">Station</td> <td style="text-align: center;">Incident Number ☆</td> <td style="text-align: center;">Exposure ☆</td> </tr> </table> </td> <td style="width:15%; text-align: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change </td> <td style="width:25%; text-align: center; border: 1px solid black; padding: 2px;"> NFIRS-2 Fire </td> </tr> </table>				A	<table border="0" style="width:100%;"> <tr> <td style="text-align: center;">FDID ☆</td> <td style="text-align: center;">State ☆</td> <td style="text-align: center;">Incident Date ☆</td> <td style="text-align: center;">Station</td> <td style="text-align: center;">Incident Number ☆</td> <td style="text-align: center;">Exposure ☆</td> </tr> </table>	FDID ☆	State ☆	Incident Date ☆	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-2 Fire								
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		U <input type="checkbox"/> Undetermined																			
<table border="0" style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> D Ignition D1 Area of fire origin ☆ D2 Heat source ☆ D3 Item first ignited ☆ <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 Type of material first ignited Required only if item first ignited code is 00 or <70 </td> <td style="width:33%; vertical-align: top;"> E1 Cause of Ignition ☆ <input type="checkbox"/> Check box if this is an exposure report. → Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation </td> <td style="width:34%; vertical-align: top;"> E3 Human Factors ☆ <input type="checkbox"/> None Contributing to Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved _____ 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female </td> </tr> </table>				D Ignition D1 Area of fire origin ☆ D2 Heat source ☆ D3 Item first ignited ☆ <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 Type of material first ignited Required only if item first ignited code is 00 or <70	E1 Cause of Ignition ☆ <input type="checkbox"/> Check box if this is an exposure report. → Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	E3 Human Factors ☆ <input type="checkbox"/> None Contributing to Ignition Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved _____ 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female															
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F1 Equipment Involved in Ignition <input type="checkbox"/> 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 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small>	G Fire Suppression Factors <input type="checkbox"/> None Enter up to three codes. Fire suppression factor (1) _____ Fire suppression factor (2) _____ Fire suppression factor (3) _____																			
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned		H2 Mobile Property Type and Make Mobile property type _____ Mobile property make _____ Mobile property model _____ License Plate Number _____ State _____ VIN _____																			
Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).																					
NFIRS-2 Revision 01/01/05																					

Fire Module Test

1. The Fire Module is required for (check all that apply)
 - (a) fire confined to a noncombustible container.
 - (b) vehicle fires.
 - (c) mailbox fires.
 - (d) structure fires.

2. For a wildland fire, you have the option of completing the following modules (check all that apply):
 - (a) Basic only.
 - (b) Basic and Wildland Fire.
 - (c) Basic and Fire.
 - (d) Basic, Fire, and Wildland Fire.

3. Bedroom and hallway are examples of this data element.
 - (a) Property Details.
 - (b) Area of Fire Origin.
 - (c) Factors Contributing to Ignition.
 - (d) Fire Suppression Factors.

4. Fog and fire doors blocked are examples of this data element.
 - (a) Fire Suppression Factors.
 - (b) Cause of Ignition.
 - (c) Factors Contributing to Ignition.
 - (d) Comments.

5. The equipment details block includes the following (check all that apply):
 - (a) Equipment Involved in Ignition.
 - (b) Equipment Design.
 - (c) Equipment Power.
 - (d) Equipment Portability.