

# Apparatus or Resources Module: NFIRS-9

## **Objectives**

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After completing the Apparatus or Resources Module you will be able to:

1. Describe when the Apparatus or Resources Module is to be used.
  2. Demonstrate how to complete the Apparatus or Resources Module and identify appropriate other modules required, given the scenario of a hypothetical incident.
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## Table of Contents

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|   |      |
|---|------|
| <b>Pretest #9 – Apparatus or Resources Module</b> . . . . .   | 9-3  |
| <b>Using the Apparatus or Resources Module</b> . . . . .  | 9-4  |
| <b>Section A: FDID, State, Incident Date, Station, Incident Number, Exposure</b> . . . . .  | 9-4  |
| <b>Section B: Apparatus or Resources, Dates and Times, Sent, Number of People,<br/>Apparatus Use, and Actions Taken</b> . . . . . | 9-4  |
| <b>SUMMARY</b> . . . . .  | 9-7  |
| <b>EXAMPLE: Vehicle Crash</b> . . . . .   | 9-8  |
| <b>EXERCISE SCENARIO 9-1: Structure Fire</b> . . . . .  | 9-10 |
| <b>EXERCISE SCENARIO 9-2: Structure Fire</b> . . . . .  | 9-13 |
| <b>Apparatus or Resources Module Test</b> . . . . .   | 9-19 |

## **Pretest #9 – Apparatus or Resources Module**

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1. The Basic Module must be completed if the Apparatus or Resources Module is completed.
  - (a) True.
  - (b) False.
  
2. The Apparatus or Resources Module is a required NFIRS Module.
  - (a) True.
  - (b) False.
  
3. Resource counts are not needed on the Basic Module if the Apparatus or Resources Module is used.
  - (a) True.
  - (b) False.
  
4. When the Personnel Module is used, the Apparatus or Resources Module can also be used to record information and details about apparatus resources.
  - (a) True.
  - (b) False.
  
5. For paper reporting, all resources can be preprinted on the form(s) and resources sent to the incident are flagged as being sent.
  - (a) True.
  - (b) False.



Record information and details about the apparatus and/or resources used at an incident. This information is useful in determining actual apparatus requirements for different types of incidents and for different levels of incident severity as well as tracking times and actions taken by apparatus or resource type.

Enter the type and identification number of each apparatus or resource used at the incident. If more than nine resources or apparatus were used, complete an additional NFIRS-9 module.

Various types are grouped into the following categories:

- Ground Fire Suppression;
- Marine Equipment;
- Heavy Ground Equipment;
- Support Equipment;
- Aircraft; and
- Medical & Rescue.

Please see the codes listed for this data element in the *Quick Reference Guide (QRG)*.

## DATES AND TIMES

The second block records the dates and times at which the apparatus was used.

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

Lines are provided to indicate dates and times for Dispatch, Arrival, and Clear. Hours and minutes for all times are recorded in 24-hour time (midnight is 0000).

If the date for any of the times being documented is the same as the alarm date, mark the box indicated.

## SENT

|                          |
|--------------------------|
| <b>Sent</b>              |
| <input type="checkbox"/> |

*NOTE: This is for paper reporting only.*

It indicates which apparatus was sent on the incident. Fire departments can preprint or preenter apparatus in this module. When an incident occurs, the firefighter completing the module can mark (x) the “Sent” box to indicate which apparatus in the module actually responded.

If the unit was held in quarters, leave the box blank.

## NUMBER OF PEOPLE

|                          |
|--------------------------|
| Number<br>of ★<br>People |
| _____                    |

The fourth block allows you to record the total number of people responding on the specific piece of apparatus. Enter the number on the line provided. This field is required.

## APPARATUS USE

Record the **main** use of the apparatus in the fifth block.

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

Three choices are offered in this section. Only one box should be marked for each piece of equipment. This field is required.

## ACTIONS TAKEN

The duties performed at the incident scene by the apparatus or resource personnel.

|  |
|--|
| <b>Actions Taken</b>                     |
| List up to 4 actions for each apparatus. |
| _____                                    |
| _____                                    |

Enter up to four actions taken by the specific piece of apparatus or resource at the scene of the incident reporting from most significant to least significant. Specific actions may include extinguishing fires, forcible entry, providing first aid, identifying and analyzing hazardous materials, and transporting the injured. The action may involve simply standing by at an incident for possible service. Be as specific as possible in stating the actions taken.

The codes used for Actions Taken are the same codes used for Actions Taken (Section F) in the Basic Module. Please see the codes listed for that data element in the CRG.

## **SUMMARY**

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The Apparatus or Resources Module is used as a local option to identify the apparatus and personnel sent to an incident. If this module is used, it is not necessary to use the Personnel Module.

On the paper form, lines are available to document nine pieces of apparatus and additional sheets can be used. This will document all apparatus that were used to control the incident, alarms, and district.

## EXAMPLE: Vehicle Crash

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

Engine 231 (three firefighters and one Captain), Rescue Unit 345 (two firefighters and one Lieutenant), and an EMT-Basic Unit 114 (two EMT's) from Department FDID #TR131 (Station 10) are dispatched to 4125 N. Vine Avenue, Taylor, WI 12345, at 1215 hours on April 21, 2000, to an auto wreck – incident #9800789. All units arrive on the scene at 1218 hours.

Engine 231 provides assistance with the extrication and patient loading. The crew also controls traffic.

The male driver is trapped between the steering wheel and seat and must be extricated. Rescue Unit 345 performs the extrication.

The driver is alert and complains of neck pain. It is obvious that he also suffers from a broken arm. He states that no other vehicles were involved and he is traveling alone.

Unit 114 applies a “C” collar to the patient’s neck. The crew also splints his broken arm once he is removed from the vehicle. He is transported to the nearest emergency care facility by the fire department BLS Unit at 1235.

Engine 231 and Rescue 345 cleared the incident at 1245 hours. BLS 114 cleared the incident and was available for service at 1330.



NFIRS 5.0 Self-Study Program

**A**

FDID: TR131 | State: WI | Incident Date: MM 04 DD 21 YYYY 2000 | Station: 010 | Incident Number: 9800789 | Exposure: 000

Delete  Change

**NFIRS-9 Apparatus or Resources**

| B Apparatus or Resources<br>Use codes listed below | Dates and Times<br>Midnight is 0000<br>Check if same date as Alarm date on the Basic Module (Block E1)   |                                     |       | Sent<br><input checked="" type="checkbox"/>   | Number of People<br>★ | Apparatus Use<br>★<br>Check ONE box for each apparatus to indicate its main use at the incident. | Actions Taken<br>List up to 4 actions for each apparatus. |     |
|--|--|-------------------------------------|-------|---|-----------------------|--|---|-----|
|  | Dispatch   | Arrival                             | Clear |   |                       |  | Month   | Day |
| 1 ID: E231<br>★ Type: 11                           | Dispatch: <input checked="" type="checkbox"/> 1215<br>Arrival: <input checked="" type="checkbox"/> 1218<br>Clear: <input checked="" type="checkbox"/> 1245 | <input checked="" type="checkbox"/> | 004   | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | 78                    | 73   |   |     |
| 2 ID: R345<br>★ Type: 71                           | Dispatch: <input checked="" type="checkbox"/> 1215<br>Arrival: <input checked="" type="checkbox"/> 1218<br>Clear: <input checked="" type="checkbox"/> 1245 | <input checked="" type="checkbox"/> | 003   | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input checked="" type="checkbox"/> Other | 23                    |  |   |     |
| 3 ID: 114<br>★ Type: 75                            | Dispatch: <input checked="" type="checkbox"/> 1215<br>Arrival: <input checked="" type="checkbox"/> 1218<br>Clear: <input checked="" type="checkbox"/> 1330 | <input checked="" type="checkbox"/> | 002   | <input type="checkbox"/> Suppression<br><input checked="" type="checkbox"/> EMS<br><input type="checkbox"/> Other | 31                    | 32   | 34  |     |
| 4 ID: _____<br>★ Type: _____                       | Dispatch: <input type="checkbox"/> _____<br>Arrival: <input type="checkbox"/> _____<br>Clear: <input type="checkbox"/> _____                               | <input type="checkbox"/>            | _____ | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | _____                 | _____  | _____   |     |
| 5 ID: _____<br>★ Type: _____                       | Dispatch: <input type="checkbox"/> _____<br>Arrival: <input type="checkbox"/> _____<br>Clear: <input type="checkbox"/> _____                               | <input type="checkbox"/>            | _____ | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | _____                 | _____  | _____   |     |
| 6 ID: _____<br>★ Type: _____                       | Dispatch: <input type="checkbox"/> _____<br>Arrival: <input type="checkbox"/> _____<br>Clear: <input type="checkbox"/> _____                               | <input type="checkbox"/>            | _____ | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | _____                 | _____  | _____   |     |
| 7 ID: _____<br>★ Type: _____                       | Dispatch: <input type="checkbox"/> _____<br>Arrival: <input type="checkbox"/> _____<br>Clear: <input type="checkbox"/> _____                               | <input type="checkbox"/>            | _____ | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | _____                 | _____  | _____   |     |
| 8 ID: _____<br>★ Type: _____                       | Dispatch: <input type="checkbox"/> _____<br>Arrival: <input type="checkbox"/> _____<br>Clear: <input type="checkbox"/> _____                               | <input type="checkbox"/>            | _____ | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | _____                 | _____  | _____   |     |
| 9 ID: _____<br>★ Type: _____                       | Dispatch: <input type="checkbox"/> _____<br>Arrival: <input type="checkbox"/> _____<br>Clear: <input type="checkbox"/> _____                               | <input type="checkbox"/>            | _____ | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | _____                 | _____  | _____   |     |

| Apparatus or Resource Type   | Aircraft   | Medical and Rescue  | Other   |
|--|--|---|---|
| <b>Ground Fire Suppression</b><br>11 Engine<br>12 Truck or aerial<br>13 Quint<br>14 Tanker and pumper combination<br>16 Brush truck<br>17 ARFF (aircraft rescue and firefighting)<br>10 Ground fire suppression, other | 41 Aircraft: fixed-wing tanker<br>42 Helitanker<br>43 Helicopter<br>40 Aircraft, other                             | 71 Rescue unit<br>72 Urban search and rescue unit<br>73 High-angle rescue unit<br>75 BLS unit<br>76 ALS unit<br>70 Medical and rescue unit, other | 91 Mobile command post<br>92 Chief officer car<br>93 HazMat unit<br>94 Type I hand crew<br>95 Type II hand crew<br>99 Privately owned vehicle<br>00 Other apparatus/resources |
| <b>Heavy Ground Equipment</b><br>21 Dozer or plow<br>22 Tractor<br>24 Tanker or tender<br>20 Heavy ground equipment, other   | <b>Marine Equipment</b><br>51 Fire boat with pump<br>52 Boat, no pump<br>50 Marine equipment, other                |   |   |
|  | <b>Support Equipment</b><br>61 Breathing apparatus support<br>62 Light and air unit<br>60 Support apparatus, other |   |   |

More apparatus? Use additional sheets.

NFIRS-9 Revision 01/01/04

## EXERCISE SCENARIO 9-1: Structure Fire

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

Engine 422 (three firefighters and one Captain), Engine 425 (two firefighters and one Lieutenant), Truck 42 (three firefighters and one Captain), and D/C 1 from FDID #TR100, Station #6, respond to a structure fire at 1326 Market Street, Eau Claire, WI on June 21, 2002 (Incident #670026). All units were dispatched at 2:39 a.m.

Engine 422 arrives on location at 0241 hours and advances one 1-3/4-inch hoseline to the first floor and attacks the fire. The crew also searches for victims.

D/C Depew arrives at 0242 and establishes command.

Upon their arrival at 0243, the truck company splits into two crews. One crew performs search and rescue, and the other, ventilation. After the fire is knocked down, the company performs salvage and overhaul.

Engine 425 - 0244 arrival - takes a hydrant and supplies Engine 422. They then advance a back-up line to the second floor and extinguish the fire that extended to the bedroom.

Engine 422 cleared the scene at 0300 and was available for duty at 0325. Truck 42 was cleared at 0320 and available at 0345. D/C Depew cleared at 0325 and was available at 0326. Engine 425 cleared the scene at 0350 and was available at 0410.

**A**

FDID  State  Incident Date  Station  Incident Number  Exposure

Delete  Change

**NFIRS-9 Apparatus or Resources**

| B Apparatus or Resources<br>Use codes listed below       | Dates and Times<br>Midnight is 0000<br>Check if same date as Alarm date on the Basic Module (Block E1) |                          |                          | Sent<br><input checked="" type="checkbox"/> | Number of People<br><input type="text"/> | Apparatus Use<br>Check ONE box for each apparatus to indicate its main use at the incident.            | Actions Taken<br>List up to 4 actions for each apparatus.                              |
|--|--|--------------------------|--------------------------|---|--|--|--|
|  | Dispatch   | Arrival                  | Clear                    |   |  |  |  |
| 1 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="text"/>                     | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/> |
| 2 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="text"/>                     | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/> |
| 3 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="text"/>                     | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/> |
| 4 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="text"/>                     | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/> |
| 5 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="text"/>                     | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/> |
| 6 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="text"/>                     | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/> |
| 7 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="text"/>                     | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/> |
| 8 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="text"/>                     | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/> |
| 9 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="text"/>                     | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/> |

| Apparatus or Resource Type   | Aircraft  | Medical and Rescue  | Other   |
|--|---|---|---|
| <b>Ground Fire Suppression</b><br>11 Engine<br>12 Truck or aerial<br>13 Quint<br>14 Tanker and pumper combination<br>16 Brush truck<br>17 ARFF (aircraft rescue and firefighting)<br>10 Ground fire suppression, other<br><br><b>Heavy Ground Equipment</b><br>21 Dozer or plow<br>22 Tractor<br>24 Tanker or tender<br>20 Heavy ground equipment, other | 41 Aircraft: fixed-wing tanker<br>42 Helitanker<br>43 Helicopter<br>40 Aircraft, other<br><br><b>Marine Equipment</b><br>51 Fire boat with pump<br>52 Boat, no pump<br>50 Marine equipment, other<br><br><b>Support Equipment</b><br>61 Breathing apparatus support<br>62 Light and air unit<br>60 Support apparatus, other | 71 Rescue unit<br>72 Urban search and rescue unit<br>73 High-angle rescue unit<br>75 BLS unit<br>76 ALS unit<br>70 Medical and rescue unit, other | 91 Mobile command post<br>92 Chief officer car<br>93 HazMat unit<br>94 Type I hand crew<br>95 Type II hand crew<br>99 Privately owned vehicle<br>00 Other apparatus/resources |

More apparatus? Use additional sheets.

NFIRS-9 Revision 01/01/04

NFIRS 5.0 Self-Study Program

**A**

FDID: TR1000 State: WI Incident Date: MM 06 DD 21 YYYY 2002 Station: 006 Incident Number: 0670026 Exposure: 000

Delete  Change

**NFIRS-9 Apparatus or Resources**

| B Apparatus or Resources<br>Use codes listed below | Dates and Times<br>Midnight is 0000<br>Check if same date as Alarm date on the Basic Module (Block E1) |   |   | Sent<br><input checked="" type="checkbox"/> | Number of People<br>★ | Apparatus Use<br>★<br>Check ONE box for each apparatus to indicate its main use at the incident.                  | Actions Taken<br>List up to 4 actions for each apparatus. |       |
|--|--|---|---|---|-----------------------|---|---|-------|
|  | Dispatch   | Arrival                                     | Clear                                     |   |                       |   | Month   | Day   |
| 1 ID: E422<br>★ Type: 11                           | Dispatch <input checked="" type="checkbox"/>   | Arrival <input checked="" type="checkbox"/> | Clear <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>         | 004                   | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | 11  | 20    |
| 2 ID: DC1<br>★ Type: 92                            | Dispatch <input checked="" type="checkbox"/>   | Arrival <input checked="" type="checkbox"/> | Clear <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>         | 001                   | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input checked="" type="checkbox"/> Other | 81  |       |
| 3 ID: T42<br>★ Type: 12                            | Dispatch <input checked="" type="checkbox"/>   | Arrival <input checked="" type="checkbox"/> | Clear <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>         | 004                   | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input checked="" type="checkbox"/> Other | 20  | 51    |
| 4 ID: E425<br>★ Type: 11                           | Dispatch <input checked="" type="checkbox"/>   | Arrival <input checked="" type="checkbox"/> | Clear <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>         | 003                   | <input checked="" type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | 76  | 11    |
| 5 ID: _____<br>★ Type: _____                       | Dispatch <input type="checkbox"/>  | Arrival <input type="checkbox"/>            | Clear <input type="checkbox"/>            | <input type="checkbox"/>                    | _____                 | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | _____   | _____ |
| 6 ID: _____<br>★ Type: _____                       | Dispatch <input type="checkbox"/>  | Arrival <input type="checkbox"/>            | Clear <input type="checkbox"/>            | <input type="checkbox"/>                    | _____                 | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | _____   | _____ |
| 7 ID: _____<br>★ Type: _____                       | Dispatch <input type="checkbox"/>  | Arrival <input type="checkbox"/>            | Clear <input type="checkbox"/>            | <input type="checkbox"/>                    | _____                 | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | _____   | _____ |
| 8 ID: _____<br>★ Type: _____                       | Dispatch <input type="checkbox"/>  | Arrival <input type="checkbox"/>            | Clear <input type="checkbox"/>            | <input type="checkbox"/>                    | _____                 | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | _____   | _____ |
| 9 ID: _____<br>★ Type: _____                       | Dispatch <input type="checkbox"/>  | Arrival <input type="checkbox"/>            | Clear <input type="checkbox"/>            | <input type="checkbox"/>                    | _____                 | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other            | _____   | _____ |

| Apparatus or Resource Type   | Aircraft   | Medical and Rescue  | Other   |
|--|--|---|---|
| <b>Ground Fire Suppression</b><br>11 Engine<br>12 Truck or aerial<br>13 Quint<br>14 Tanker and pumper combination<br>16 Brush truck<br>17 ARFF (aircraft rescue and firefighting)<br>10 Ground fire suppression, other | 41 Aircraft: fixed-wing tanker<br>42 Helitanker<br>43 Helicopter<br>40 Aircraft, other                             | 71 Rescue unit<br>72 Urban search and rescue unit<br>73 High-angle rescue unit<br>75 BLS unit<br>76 ALS unit<br>70 Medical and rescue unit, other | 91 Mobile command post<br>92 Chief officer car<br>93 HazMat unit<br>94 Type I hand crew<br>95 Type II hand crew<br>99 Privately owned vehicle<br>00 Other apparatus/resources |
| <b>Heavy Ground Equipment</b><br>21 Dozer or plow<br>22 Tractor<br>24 Tanker or tender<br>20 Heavy ground equipment, other   | <b>Marine Equipment</b><br>51 Fire boat with pump<br>52 Boat, no pump<br>50 Marine equipment, other                |   |   |
|  | <b>Support Equipment</b><br>61 Breathing apparatus support<br>62 Light and air unit<br>60 Support apparatus, other |   |   |

More apparatus? Use additional sheets.

NFIRS-9 Revision 01/01/04

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## EXERCISE SCENARIO 9-2: Structure Fire

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**Directions:** Read the call information in the exercise below. Use the information provided to complete the entire Apparatus or Resources 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 Apparatus or Resources 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 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.

**A** FDID  State  Incident Date  Station  Incident Number  Exposure   Delete  Change  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. 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  
 Month Day Year Hour Min  
 Check boxes if dates are the same as Alarm Date.  
 Alarm  ARRIVAL required, unless canceled or did not arrive  
 Arrival  CONTROLLED optional, except for wildland fires  
 Controlled  LAST UNIT CLEARED, required except for wildland fires  
 Last Unit Cleared

**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

**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

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/boarded 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

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 Description  
 Property Use Code







|   |  |  |   |
|---|--|--|---|
| <p><b>I1 Structure Type</b> ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p> | <p><b>I2 Building Status</b> ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input type="checkbox"/> Occupied &amp; operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p> | <p><b>I3 Building Height</b> ☆</p> <p>Count the roof as part of the highest story.</p> <p>Total number of stories at or above grade</p> <p>_____</p> <p>Total number of stories below grade</p> <p>_____</p> | <p><b>I4 Main Floor Size</b> ☆</p> <p>Total square feet</p> <p>_____, _____, _____</p> <p>OR</p> <p>_____, _____ BY _____, _____</p> <p>Length in feet                      Width in feet</p> |
|---|--|--|---|

NFIRS-3  
Structure  
Fire

|   |   |   |
|---|---|---|
| <p><b>J1 Fire Origin</b> ☆</p> <p>_____</p> <p>Story of fire origin      <input type="checkbox"/> Below grade</p> | <p><b>J3 Number of Stories Damaged by Flame</b> ☆</p> <p>Count the roof as part of the highest story.</p> <p>_____ Number of stories w/minor damage (1 to 24% flame damage)</p> <p>_____ Number of stories w/significant damage (25 to 49% flame damage)</p> <p>_____ Number of stories w/heavy damage (50 to 74% flame damage)</p> <p>_____ Number of stories w/extreme damage (75 to 100% flame damage)</p> | <p><b>K Type of Material Contributing Most to Flame Spread</b></p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. → <span style="border: 1px solid black; padding: 2px;">Skip to Section L</span></p> <p><b>K1</b> _____</p> <p>Item contributing most to flame spread</p> <p><b>K2</b> _____</p> <p>Type of material contributing most to flame spread      Required only if item contributing code is 00 or &lt;70.</p> |
|---|---|---|

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

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

**A**

FDID  State  Incident Date  Station  Incident Number  Exposure

Delete  Change

**NFIRS-9 Apparatus or Resources**

| B Apparatus or Resources<br>Use codes listed below       | Dates and Times<br>Midnight is 0000<br>Check if same date as Alarm date on the Basic Module (Block E1) |                          |                          |                          | Sent<br><input checked="" type="checkbox"/> | Number of People<br>★  | Apparatus Use<br>★<br>Check ONE box for each apparatus to indicate its main use at the incident. | Actions Taken<br>List up to 4 actions for each apparatus. |
|--|--|--------------------------|--------------------------|--------------------------|---|--|--|---|
|  | Dispatch   | Arrival                  | Clear                    | Hour/Min                 |   |  |  |   |
| 1 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/>           |   |
| 2 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/>           |   |
| 3 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/>           |   |
| 4 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/>           |   |
| 5 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/>           |   |
| 6 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/>           |   |
| 7 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/>           |   |
| 8 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/>           |   |
| 9 ID <input type="text"/><br>★ Type <input type="text"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/> Suppression<br><input type="checkbox"/> EMS<br><input type="checkbox"/> Other | <input type="text"/> <input type="text"/><br><input type="text"/> <input type="text"/>           |   |

| Apparatus or Resource Type   | Aircraft  | Medical and Rescue  | Other   |
|--|---|---|---|
| <b>Ground Fire Suppression</b><br>11 Engine<br>12 Truck or aerial<br>13 Quint<br>14 Tanker and pumper combination<br>16 Brush truck<br>17 ARFF (aircraft rescue and firefighting)<br>10 Ground fire suppression, other<br><br><b>Heavy Ground Equipment</b><br>21 Dozer or plow<br>22 Tractor<br>24 Tanker or tender<br>20 Heavy ground equipment, other | 41 Aircraft: fixed-wing tanker<br>42 Helitanker<br>43 Helicopter<br>40 Aircraft, other<br><br><b>Marine Equipment</b><br>51 Fire boat with pump<br>52 Boat, no pump<br>50 Marine equipment, other<br><br><b>Support Equipment</b><br>61 Breathing apparatus support<br>62 Light and air unit<br>60 Support apparatus, other | 71 Rescue unit<br>72 Urban search and rescue unit<br>73 High-angle rescue unit<br>75 BLS unit<br>76 ALS unit<br>70 Medical and rescue unit, other | 91 Mobile command post<br>92 Chief officer car<br>93 HazMat unit<br>94 Type I hand crew<br>95 Type II hand crew<br>99 Privately owned vehicle<br>00 Other apparatus/resources |

More apparatus? Use additional sheets.

NN None  
UU Undetermined

NFIRS-9 Revision 01/01/04

## Apparatus or Resources Module Test

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1. Which time is not recorded on the Apparatus or Resources Module?
  - (a) Dispatch Time.
  - (b) Arrival Time.
  - (c) Time Spent at Scene.
  - (d) Clear Time.
  
2. On the Apparatus or Resources Module, Rescue Unit and Breathing Apparatus Support are examples of which data element?
  - (a) Resource ID.
  - (b) Actions Taken.
  - (c) Apparatus or Resource Type.
  - (d) Resource Use.
  
3. Which answer is not an example of main use of apparatus?
  - (a) Suppression.
  - (b) EMS.
  - (c) Other.
  - (d) Public Service.
  
4. On the Apparatus or Resources Module, provide water and provide basic life support are examples of which data element?
  - (a) Resource ID.
  - (b) Actions Taken.
  - (c) Apparatus Type.
  - (d) Resource Use.
  
5. Which statement is true?
  - (a) The Apparatus or Resources Module is a required module for fire incidents.
  - (b) The Apparatus or Resources Module is not used for non-fire department resources.
  - (c) The Apparatus or Resources Module can be used with the Personnel Module.
  - (d) The Apparatus or Resources Module was not designed for paper-reporting departments.