

NFIRS 5.0 Self-Study Program

Basic Module: NFIRS-1

Objectives

After completing the Basic Module, the student will be able to:

1. Describe when the Basic Module is to be used.
 2. Demonstrate how to complete the Basic Module correctly, given the scenario of a hypothetical incident.
 3. Identify other NFIRS modules that would need to be completed, based on information captured on the Basic Module.
-

Table of Contents

Pretest #1 - Basic Module	1-3
Using The Basic Module	1-4
Section A: FDID, State, Incident Number, Incident Date, Exposure Number	1-4
Section B: Location	1-5
Section C: Incident Type	1-5
Section D: Aid Given or Received	1-6
Block E₁: Dates and Times	1-7
Block E₂: Shifts and Alarms	1-7
Block E₃: Special Studies	1-7
Section F: Actions Taken	1-8
Block G₁: Resources	1-8
Block G₂: Estimated Dollar Losses and Values	1-9
Block H₁: Casualties	1-9
Block H₂: Detector Performance	1-9
Block H₃: Hazardous Materials Release	1-10
Section I: Mixed Use Property	1-10
Section J: Property Use	1-11
Section K₁: Person/Entity Involved	1-11
Section K₂: Owner	1-12
Section L: Remarks	1-12
The Narrative Report	1-13
Section M: Authorization	1-13
SUMMARY	1-13
Example: Fire in Metal Trash Can	1-14
Exercise Scenario 1-1: Food on Stove	1-17
Exercise Scenario 1-2: Cary Street House Fire	1-22
Basic Module Test	1-25

Pretest #1 - Basic Module

1. The Basic Module is required for every type of incident to which a department responds.
 - (a) True.
 - (b) False.

2. A Basic Module could be the only module completed in certain situations.
 - (a) True.
 - (b) False.

3. A Basic Module should not be completed if the department has no responses for the month.
 - (a) True.
 - (b) False.

4. For an incident involving multiple departments, the receiving department is responsible for the incident. The departments providing the aid do not complete a report but give the information to the receiving department.
 - (a) True.
 - (b) False.

5. A fire that is confined to a vehicle in a structure is not a exposure but a vehicle fire.
 - (a) True.
 - (b) False.

Using The Basic Module

The Basic Module is the cornerstone of the NFIRS reporting system and is required for every type of incident to which a department responds. Entries in the Basic Module determine what other modules need to be completed, based on the type of incident involved. State agencies responsible for incident reporting will determine which optional modules (EMS, Hazardous Materials, Wildland Fire, Apparatus, Personnel, Arson) are also required to be submitted.

If the State does not mandate the use of optional modules, the local fire department still may elect to use the module(s). The type of incident reported or the nature of a particular incident, such as release of hazardous materials at a fire after the arrival of the fire department, may trigger one or more of these additional modules, if your fire department decides to use these options.

For certain incident types, NFIRS Basic Module is the only module that must be completed:

- confined fires, i.e., food on stove;
- small vegetation fires;
- outside rubbish fires;
- explosions;
- incident type 100; and
- nonfires.

The Basic Module meets the need for an abbreviated method of incident reporting for those fires and other emergencies routinely encountered by the fire department.

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

A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Delete	NFIRS-1 Basic
	FDID ☆	State ☆	MM	DD	YYYY	Incident Date ☆	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Change	<input type="checkbox"/> No Activity		

Use this section to record information that will identify the fire department, each incident, and exposure. Some fields in this section are required to be completed. These fields (FDID, State, Incident Date, Incident Number, and Exposure Number) uniquely identify the incident and must be known to recall the incident from the computer program or to print a paper copy of the incident report.

The fire department identifier (FDID) is assigned at the State level. It must be entered for **all** incidents.

A unique incident number is assigned by the fire department for every incident to which the department is called. The incident number and exposure number, used in conjunction with the incident date, uniquely identifies the incident.

A fire incident may have several fire exposures. The exposure number, also assigned by the fire department, indicates how many exposures there were for a single fire. The original fire is coded as 000 and each exposure is coded in sequential, numeric order – i.e., 001, 002, etc. Each exposure requires a separate incident report.

Section B: Location

B	Location Type ☆	<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.	Census Tract	_ _ _ _ - _ _
<input type="checkbox"/>	Street address			
<input type="checkbox"/>	Intersection			
<input type="checkbox"/>	In front of	Number/Milepost	Prefix	Street or Highway
<input type="checkbox"/>	Rear of			
<input type="checkbox"/>	Adjacent to	Apt./Suite/Room	City	State
<input type="checkbox"/>	Directions	ZIP Code		
<input type="checkbox"/>	US National Grid	Cross Street, Directions or National Grid, as applicable		

This section provides fields to identify the specific location and vicinity (in front of, rear of, next to) information pertaining to an incident. "Location" is a required section, so as much information as possible should be entered.

NOTE: If the Wildland Fire Module is used in lieu of the Fire Module, the "Alternate Location Specification" is used instead.

This section is primarily narrative and should indicate the correct address of the incident location. Use road, street names, directional prefixes/suffixes, and other identifiable locations.

The Census Tract information can be filled in. Census Tract numbers can provide valuable socio-economic and other characteristics of the population where problems are occurring (by providing links to other databases, such as the U.S. Census Bureau databases).

The U.S. Census Bureau may be contacted for Census Tract coding information for your jurisdiction. They have 12 regional offices, and the telephone number for an office in your area may be obtained through your phone company, or access the Internet at www.census.gov to obtain the phone number for your regional office.


Section C: Incident Type

C	Incident Type ☆	_ _ _ _
		Incident Type

Enter the type of incident (a three-digit code) to better identify the types of incidents to which fire departments respond. The major categories are listed below and defined in the Handbook.

- 100 Series: Fires;
- 200 Series: Pressure Ruptures (no fire);
- 300 Series: Rescue and EMS;
- 400 Series: Hazardous Conditions (not a fire);

Block E1: Dates and Times

E1 Dates and Times		Midnight is 0000				
		Month	Day	Year	Hour	Min
Check boxes if dates are the same as Alarm Date. 	<input checked="" type="checkbox"/> Alarm ★	ALARM always required				
	<input type="checkbox"/> Arrival ★	ARRIVAL required, unless canceled or did not arrive				
	<input type="checkbox"/> Controlled	CONTROLLED optional, except for wildland fires				
	<input type="checkbox"/> Last Unit Cleared	LAST UNIT CLEARED, required except for wildland fires				

Block E1 permits the capture of date and time of alarm, arrival, control, and last unit cleared. Hours and minutes for all sections are recorded in 24-hour time: midnight is 0000.

The line for alarm date and time always must be completed. Note that the alarm date is always the same as the incident date in Block A.

Arrival information is required unless the unit was cancelled or did not arrive. The controlled time is optional except for wildland fires. In contrast, the last-unit-cleared time is required except for wildland fires.

Block E2: Shifts and Alarms

E2 Shifts and Alarms		
Local Option		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Shift or Platoon	Alarms	District

Completion of Block E2 is a local option. Use it to record shift or platoon, alarms, and district.

Block E3: Special Studies

E3 Special Studies	
Local Option	
<input type="text"/>	<input type="text"/>
Special Study ID#	Special Study Value

Block E3 provides temporary data elements that can be used for collection of information that is of special interest to local, State, or national departments or data centers.

Typically, Special Studies are required to capture information on emerging trends, problem areas, or a specific issue being studied. Special Studies fields can be defined by the local fire department, the State, or the National Fire Data Center (NFDC).

Section F: Actions Taken

F Actions Taken ☆	
Primary Action Taken (1)	
Additional Action Taken (2)	
Additional Action Taken (3)	

In this section you will enter a two-digit code to explain the most significant actions taken by the fire service personnel at the incident scene. You should enter information on the primary action taken in response to the incident. However, lines also are provided to list two additional actions taken.

Together with the incident type, these data help a fire department document the variety of activities performed and resources required to respond to a range of emergency situations.

Block G₁: Resources

G₁ Resources ☆	
<input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used.	
	Apparatus Personnel
Suppression	
EMS	
Other	
<input type="checkbox"/> Check box if resource counts include aid received resources.	

In **Block G₁** you will record the total numbers of apparatus and personnel separated into three categories: Suppression, EMS, and Other.

NOTE: This section is required unless the Apparatus or the Personnel module is used.

If resource counts include mutual aid received, check the box at the bottom of the section.

Block G₂: Estimated Dollar Losses and Values

G₂ Estimated Dollar Losses and Values			
LOSSES:	Required for all fires if known. Optional for non-fires.		None
Property	\$	_____, _____, _____	<input type="checkbox"/>
Contents	\$	_____, _____, _____	<input type="checkbox"/>
PRE-INCIDENT VALUE: Optional			
Property	\$	_____, _____, _____	<input type="checkbox"/>
Contents	\$	_____, _____, _____	<input type="checkbox"/>

Use **Block G₂** to record property and content losses for fires only. You must complete the loss information for all fire loss when the loss is known. Entry of loss information is optional for other incident types.

Loss estimates should consider both the structure and contents and be based on damage caused by fire, smoke, water, and overhaul. Recording preincident values of property and contents is a local option.

Block H₁: Casualties

H₁ ★ Casualties			<input type="checkbox"/> None
	Deaths	Injuries	
Fire Service	____	____	
Civilian	____	____	

You will need to record casualties, injuries, and deaths in **Block H₁**. This includes casualties for both fire service and civilians.

The civilian category includes only civilians and non-fire-service emergency responders who are injured or killed as a result of a fire incident.

NOTE: If you report a casualty in this field you must complete a Civilian Fire Casualty Module for each casualty reported.

Block H₂: Detector Performance

H₂ Detector	
Required for confined fires.	
1	<input type="checkbox"/> Detector alerted occupants
2	<input type="checkbox"/> Detector did not alert them
U	<input type="checkbox"/> Unknown

In the case of confined fires you must fill out **Block H₂** - Detector Performance. Enter the code that indicates whether the detector alerted or did not alert occupants, or if this is unknown.

This field also may be used to indicate if the detector alerted occupants for carbon monoxide incidents.

Block H₃: Hazardous Materials Release

H₃ Hazardous Materials Release		<input type="checkbox"/> None
1	<input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions	
2	<input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill)	
3	<input type="checkbox"/> Gasoline: vehicle fuel tank or portable container	
4	<input type="checkbox"/> Kerosene: fuel burning equipment or portable storage	
5	<input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage	
6	<input type="checkbox"/> Household solvents: home/office spill, cleanup only	
7	<input type="checkbox"/> Motor oil: from engine or portable container	
8	<input type="checkbox"/> Paint: from paint cans totaling <55 gallons	
0	<input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)	

NOTE: If hazardous materials are involved, fill out Block H₃ no matter what type of incident you respond to.

If the box for “Other” is marked, your department’s State or local jurisdiction may ask that you complete the Hazardous Materials Module (NFIRS-7).

Section I: Mixed Use Property

I Mixed Use Property		<input type="checkbox"/> Not mixed
10	<input type="checkbox"/> Assembly use	
20	<input type="checkbox"/> Education use	
33	<input type="checkbox"/> Medical use	
40	<input type="checkbox"/> Residential use	
51	<input type="checkbox"/> Row of stores	
53	<input type="checkbox"/> Enclosed mall	
58	<input type="checkbox"/> Business & residential	
59	<input type="checkbox"/> Office use	
60	<input type="checkbox"/> Industrial use	
63	<input type="checkbox"/> Military use	
65	<input type="checkbox"/> Farm use	
00	<input type="checkbox"/> Other mixed use	

The Mixed Use Property section records data on the overall use of the structure(s) on a property. If a structure has two or more property uses, or if a property has two or more structures with different property uses, the mixed-use designation applies.

Examples:

A bank in a grocery store would be a structure with two property uses - assembly use and business/office use. The mixed-use designation would be business and residential use.

A warehouse on the property of an amusement park would qualify as two structures with different property uses.

A stand-alone service station would **not** be mixed use even though it may have a driveway or a parking lot.

Section J: Property Use

J Property Use ☆ <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field	341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarded 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**
Code

Property Use Description
NFIRS-1 Revision 01/01/05

This section identifies the specific use of the property where the incident occurred and whether it is a structure or an open piece of land. *You are required to complete Section J.*

Several property use options are provided. The property use codes listed on the paper form are the most frequently used. When you are using the automated system all codes will be provided. When using paper forms you will not need to look up a code unless none of the boxes on the list are appropriate.

Mark the box based on the use of the particular area of the property where the fire occurred. Do not base your choice on the overall use of the “mixed property use” designation.

Section K1: Person/Entity Involved

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.

This section identifies the person/entity involved in the incident. Lines are available for a business name (if applicable), telephone number, and an individual’s name and address.

You may use this section to include a narrative description of the incident. If more remarks are necessary and you are using paper forms, supplemental forms can be completed and attached.

Should a Fire Module be required because of the nature of the incident, the system may automatically set one up for you and attach it to this Basic Module. On the paper form, a box within Section L can be used to note whether or not completion of the Fire Module is required.

The Narrative Report

It is important for you to understand the importance of the narrative report. The incident report serves as an official, legal record of an incident and must accurately describe the incident and the actions taken to mitigate it. While many of these facts can be collected in uniform code fields, some information can be presented only in a detailed narrative. Critical information may be left out unless the narrative report is completed.

Information that should be included in the narrative includes observations and actions taken. They should be reported in a logical order - usually chronological.

Use the narrative report to paint a picture of the scene and summarize the incident. Describe the scene conditions including property damage. Also describe the condition of the premises when you left and report any remaining hazards.

Section M: Authorization

M Authorization							
Check box if same as Officer in charge. <input type="checkbox"/>	Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
	Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year

Use this section to record the identification number, name, position/rank, and assignment for both the officer in charge and the person completing the incident report. The date of completion should also be recorded. If the officer in charge is the person filling out the report, check the box provided.

SUMMARY

NFIRS-1, the Basic Module, is used for every incident. State agencies that are responsible for incident reporting will determine which optional modules must be submitted.

For many incident types, the Basic Module is the only report that must be completed. It meets the need for an abbreviated form of incident reporting for some fires.

Example: Fire in Metal Trash Can

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

Department FDID #TR100 is called at 0918 on March 6, 1999 to a reported fire at the Super Rest Motel, 755 Lancaster Road in Paradise City, Wisconsin, 12345. Upon arrival at 0921, Engine 1 finds that the fire is confined to a metal trash can - no flame damage occurs outside of the trash can. However, smoke damage has affected the room of the incident. Engine 1's officer sends two firefighters to extinguish the fire and ventilate the area. The fire is controlled at 0925 and the last unit clears the scene at 0945. Damage to the structure is estimated at \$1,000. Mr. Jon Lee, the building owner, has offices at the motel. The incident number is reported as #9700876.

Example—Fire in Metal Trash Can

A FDID <input type="text" value="TR100"/> State <input type="text" value="WI"/> Incident Date <input type="text" value="03"/> <input type="text" value="06"/> <input type="text" value="19"/> <input type="text" value="99"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="9700876"/> Exposure <input type="text" value="000"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.			
<input checked="" type="checkbox"/> Street address <input type="text" value="755"/> <input type="text" value="Lancaster"/> <input type="text" value="RD"/> <input type="text" value=""/>			
<input type="checkbox"/> Intersection <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			
<input type="checkbox"/> In front of <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			
<input type="checkbox"/> Rear of <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			
<input type="checkbox"/> Adjacent to <input type="text" value=""/> <input type="text" value="Paradise City"/> <input type="text" value="WI"/> <input type="text" value="12345"/>			
<input type="checkbox"/> Directions <input type="text" value=""/>			
<input type="checkbox"/> US National Grid <input type="text" value=""/>			
Cross Street, Directions or National Grid, as applicable			
C Incident Type <input type="text" value="118"/>		E1 Dates and Times Midnight is 0000	
D Aid Given or Received <input type="checkbox"/> None		Check boxes if dates are the same as Alarm Date.	
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given		Alarm <input checked="" type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
Their FDID <input type="text" value=""/> Their State <input type="text" value=""/>		ARRIVAL required, unless canceled or did not arrive Arrival <input checked="" type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
Their Incident Number <input type="text" value=""/>		CONTROLLED optional, except for wildland fires Controlled <input checked="" type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		LAST UNIT CLEARED , required except for wildland fires Last Unit Cleared <input checked="" type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		Shifts and Alarms Local Option Shift or Platoon <input type="text" value="B"/> Alarms <input type="text" value="01"/> District <input type="text" value="001"/>	
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		Special Studies Local Option Special Study ID# <input type="text" value=""/> Special Study Value <input type="text" value=""/>	
F Actions Taken <input type="text" value="11"/> Extinguished Fire Primary Action Taken (1)		G1 Resources <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used.	
<input type="text" value="51"/> Ventilate the area Additional Action Taken (2)		Suppression <input type="text" value="0001"/> <input type="text" value="0003"/>	
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		EMS <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		Other <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
Additional Action Taken (3)		<input type="checkbox"/> 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.	
Property \$ <input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="000"/>		Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input checked="" type="checkbox"/>	
PRE-INCIDENT VALUE: Optional		Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		None	
Completed Modules		H1 Casualties <input checked="" type="checkbox"/> None	
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Fire Deaths <input type="text" value=""/> Injuries <input type="text" value=""/> Fire Service <input type="text" value=""/> <input type="text" value=""/> Civilian <input type="text" value=""/> <input type="text" value=""/>	
H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input checked="" type="checkbox"/> Unknown		H3 Hazardous Materials Release <input checked="" type="checkbox"/> None	
1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)		Mixed Use Property <input checked="" type="checkbox"/> Not mixed	
J Property Use <input type="checkbox"/> None		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	
Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital		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 checked="" 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	
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		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 <input type="text" value=""/> Code <input type="text" value=""/>	

Exercise Scenario 1-1: Food on Stove

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

On Saturday May 23, 1998 at 1513 hours a call is received for a fire at 112 Main Street, Mill City, WI 12345. Engine 23, Engine 12, Ladder 2, Battalion 2 respond. They arrive at 1518 to find smoke coming from the rear of the house. Crew from E-23 enters the house to find that the smoke is coming from the kitchen area as a result of unattended cooking. The incident is confined to the pot on the stove.

E23 removes the pot from the stove with Ladder 2 establishing ventilation. The fire did not extend beyond the pot. Damage is confined to the pot, the food, with minimal smoke damage in the kitchen area. The homeowner, Ms. Sally Jones, reports that she was notified of the fire by the smoke detector.

The value of the property is set at \$185,000 and contents at \$47,000. There is no loss as a result of the fire.

The incident was controlled at 1530 and the units cleared at 1620. There was no mutual aid received nor were there any injuries. The incident number assigned was 9700181. There were no exposures.

The shift on duty was C Platoon with a one-alarm assignment. The District was #112.

The FDID is TR100 and the officer in charge was Captain Joe Officer from Battalion 2.

A FDID <input type="text"/> State <input type="text"/> Incident Date <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> Station <input type="text"/> Incident Number <input type="text"/> Exposure <input type="text"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.			
<input type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> US National Grid			
Census Tract <input type="text"/> - <input type="text"/> Number/Milepost <input type="text"/> Prefix <input type="text"/> Street or Highway <input type="text"/> Street Type <input type="text"/> Suffix <input type="text"/> Apt./Suite/Room <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/>			
Cross Street, Directions or National Grid, as applicable			
C Incident Type <input type="text"/>		E1 Dates and Times Midnight is 0000 Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour <input type="text"/> Min <input type="text"/>	
D Aid Given or Received <input type="checkbox"/> None		Check boxes if dates are the same as Alarm Date. Alarm <input type="checkbox"/> Arrival <input type="checkbox"/> Controlled <input type="checkbox"/> Last Unit Cleared <input type="checkbox"/>	
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given		ARRIVAL required, unless canceled or did not arrive CONTROLLED optional, except for wildland fires LAST UNIT CLEARED, required except for wildland fires	
Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number <input type="text"/>		E2 Shifts and Alarms Local Option Shift or Platoon <input type="text"/> Alarms <input type="text"/> District <input type="text"/>	
Special Study ID# <input type="text"/> Special Study Value <input type="text"/>		E3 Special Studies Local Option	
F Actions Taken		G1 Resources	
Primary Action Taken (1) <input type="text"/> Additional Action Taken (2) <input type="text"/> Additional Action Taken (3) <input type="text"/>		<input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <input type="text"/> Personnel <input type="text"/> Suppression <input type="text"/> EMS <input type="text"/> Other <input type="text"/>	
Check box if resource counts include aid received resources.		G2 Estimated Dollar Losses and Values	
Property \$ <input type="text"/> ; <input type="text"/> ; <input type="text"/> <input type="checkbox"/> None Contents \$ <input type="text"/> ; <input type="text"/> ; <input type="text"/> <input type="checkbox"/>		Required for all fires if known. Optional for non-fires.	
PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> ; <input type="text"/> ; <input type="text"/> <input type="checkbox"/> Contents \$ <input type="text"/> ; <input type="text"/> ; <input type="text"/> <input type="checkbox"/>		None	
Completed Modules		H1 Casualties <input type="checkbox"/> None	
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths <input type="text"/> Injuries <input type="text"/> Fire Service <input type="text"/> <input type="text"/> Civilian <input type="text"/> <input type="text"/>	
H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		H3 Hazardous Materials Release <input type="checkbox"/> None	
1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)		I Mixed Use Property <input type="checkbox"/> Not mixed	
10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use		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	
J Property Use <input type="checkbox"/> None		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	
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		Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.	
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		Property Use <input type="text"/> Code <input type="text"/> Property Use Description	

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

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

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

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

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

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

State _____ ZIP Code _____


L Remarks:

Local Option _____

Fire Module Required?

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

<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

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

Check box if same as Officer in charge. Member making report ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

Example—Food on Stove

A FDID <input type="text" value="TR100"/> State <input type="text" value="WI"/> Incident Date <input type="text" value="05"/> <input type="text" value="23"/> <input type="text" value="19"/> <input type="text" value="98"/> Station <input type="text" value="002"/> Incident Number <input type="text" value="9700181"/> Exposure <input type="text" value="000"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity										NFIRS-1 Basic																													
B Location Type <input type="checkbox"/> <input checked="" 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										<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.	Census Tract <input type="text" value=""/> - <input type="text" value=""/>																												
Street address: <input type="text" value="112"/> <input type="text" value="Main"/>			Number/Milepost: <input type="text" value=""/> Prefix: <input type="text" value=""/> Street or Highway: <input type="text" value=""/>			Street Type: <input type="text" value="ST"/> Suffix: <input type="text" value=""/>			City: <input type="text" value="Mill City"/> State: <input type="text" value="WI"/> ZIP Code: <input type="text" value="12345"/>																														
C Incident Type <input checked="" type="checkbox"/> <input type="text" value="113"/> Food on Stove										E1 Dates and Times Midnight is 0000										E2 Shifts and Alarms Local Option																			
Check boxes if dates are the same as Alarm Date.										Alarm <input checked="" type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										Shift or Platoon: <input type="text" value="C"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																			
D Aid Given or Received <input checked="" type="checkbox"/> <input type="checkbox"/> None										E3 Special Studies Local Option																													
1 <input type="checkbox"/> Mutual aid received <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										ARRIVAL required, unless canceled or did not arrive.										Shift or Platoon: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																			
2 <input type="checkbox"/> Auto. aid received <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										CONTROLLED optional, except for wildland fires.										Alarms: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																			
3 <input type="checkbox"/> Mutual aid given <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										LAST UNIT CLEARED, required except for wildland fires.										District: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																			
4 <input type="checkbox"/> Auto. aid given <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										Arrival <input checked="" type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										Special Study ID#: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																			
5 <input type="checkbox"/> Other aid given <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										Controlled <input checked="" type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										Special Study Value: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																			
Their FDID: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										Last Unit Cleared <input checked="" type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										Their State: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																			
Their Incident Number: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										Other <input type="checkbox"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										Their Incident Number: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																			
F Actions Taken <input checked="" type="checkbox"/>										G1 Resources <input checked="" type="checkbox"/>										G2 Estimated Dollar Losses and Values																			
<input checked="" type="checkbox"/> Extinguish Fire										<input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used.										LOSSES: Required for all fires if known. Optional for non-fires.																			
Primary Action Taken (1)										Apparatus: <input type="text" value="0003"/> <input type="text" value="0012"/>										Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																			
<input checked="" type="checkbox"/> Ventilate area										Personnel: <input type="text" value="0001"/> <input type="text" value="0001"/>										Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																			
Additional Action Taken (2)										EMS: <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										PRE-INCIDENT VALUE: Optional																			
Additional Action Taken (3)										Other: <input type="text" value="0001"/> <input type="text" value="0001"/>										Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																			
Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>										<input type="checkbox"/> Check box if resource counts include aid received resources.										Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																			
Completed Modules										H1 Casualties <input checked="" type="checkbox"/> None										H3 Hazardous Materials Release <input checked="" type="checkbox"/> None										I Mixed Use Property <input checked="" type="checkbox"/> Not mixed									
<input type="checkbox"/> Fire-2										Fire Deaths: <input type="text" value=""/> <input type="text" value=""/>										1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions										10 <input type="checkbox"/> Assembly use									
<input type="checkbox"/> Structure Fire-3										Injuries: <input type="text" value=""/> <input type="text" value=""/>										2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill)										20 <input type="checkbox"/> Education use									
<input type="checkbox"/> Civilian Fire Cas.-4										Civilian: <input type="text" value=""/> <input type="text" value=""/>										3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container										33 <input type="checkbox"/> Medical use									
<input type="checkbox"/> Fire Service Cas.-5										H2 Detector Required for confined fires.										4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage										40 <input type="checkbox"/> Residential use									
<input type="checkbox"/> EMS-6										1 <input checked="" type="checkbox"/> Detector alerted occupants										5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage										51 <input type="checkbox"/> Row of stores									
<input type="checkbox"/> HazMat-7										2 <input type="checkbox"/> Detector did not alert them										6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only										53 <input type="checkbox"/> Enclosed mall									
<input type="checkbox"/> Wildland Fire-8										U <input type="checkbox"/> Unknown										7 <input type="checkbox"/> Motor oil: from engine or portable container										58 <input type="checkbox"/> Business & residential									
<input type="checkbox"/> Apparatus-9																				8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons										59 <input type="checkbox"/> Office use									
<input type="checkbox"/> Personnel-10																				0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)										60 <input type="checkbox"/> Industrial use									
<input type="checkbox"/> Arson-11																														63 <input type="checkbox"/> Military use									
																														65 <input type="checkbox"/> Farm use									
																														00 <input type="checkbox"/> Other mixed use									
J Property Use <input checked="" type="checkbox"/> None										341 <input type="checkbox"/> Clinic, clinic-type infirmary										539 <input type="checkbox"/> Household goods, sales, repairs																			
Structures										342 <input type="checkbox"/> Doctor/dentist office										571 <input type="checkbox"/> Gas or service station																			
131 <input type="checkbox"/> Church, place of worship										361 <input type="checkbox"/> Prison or jail, not juvenile										579 <input type="checkbox"/> Motor vehicle/boat sales/repairs																			
161 <input type="checkbox"/> Restaurant or cafeteria										419 <input checked="" type="checkbox"/> 1- or 2-family dwelling										599 <input type="checkbox"/> Business office																			
162 <input type="checkbox"/> Bar/tavern or nightclub										429 <input type="checkbox"/> Multifamily dwelling										615 <input type="checkbox"/> Electric-generating plant																			
213 <input type="checkbox"/> Elementary school, kindergarten										439 <input type="checkbox"/> Rooming/boarding house										629 <input type="checkbox"/> Laboratory/science laboratory																			
215 <input type="checkbox"/> High school, junior high										449 <input type="checkbox"/> Commercial hotel or motel										700 <input type="checkbox"/> Manufacturing plant																			
241 <input type="checkbox"/> College, adult education										459 <input type="checkbox"/> Residential, board and care										819 <input type="checkbox"/> Livestock/poultry storage (barn)																			
311 <input type="checkbox"/> Nursing home										464 <input type="checkbox"/> Dormitory/barracks										882 <input type="checkbox"/> Non-residential parking garage																			
331 <input type="checkbox"/> Hospital										519 <input type="checkbox"/> Food and beverage sales										891 <input type="checkbox"/> Warehouse																			
Outside										936 <input type="checkbox"/> Vacant lot										981 <input type="checkbox"/> Construction site																			
124 <input type="checkbox"/> Playground or park										938 <input type="checkbox"/> Graded/cared for plot of land										984 <input type="checkbox"/> Industrial plant yard																			
655 <input type="checkbox"/> Crops or orchard										946 <input type="checkbox"/> Lake, river, stream																													
669 <input type="checkbox"/> Forest (timberland)										951 <input type="checkbox"/> Railroad right-of-way										Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.																			
807 <input type="checkbox"/> Outdoor storage area										960 <input type="checkbox"/> Other street										Property Use Description: <input type="text" value=""/>																			
919 <input type="checkbox"/> Dump or sanitary landfill										961 <input type="checkbox"/> Highway/divided highway										Code: <input type="text" value=""/>																			
931 <input type="checkbox"/> Open land or field										962 <input type="checkbox"/> Residential street/driveway																													

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.

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

Mr., Ms., Mrs. Sally Jones
 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 _____

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 Incident was confined to the pot on the stove, smoke detector activated, no losses.

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 *Joe Officer* Position or rank *Captain* Assignment *Batt. 2* Month *05* Day *23* Year *1999*

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

Exercise Scenario 1-2: Cary Street House Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the entire Basic Module form. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Basic 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, 2002. Engine 1, Engine 2, and Truck 1 were dispatched at 1253 hours and arrived on location at 1305. Each piece of apparatus was staffed with 4 firefighters and A shift was on duty. The dispatcher assigned the incident (#5432). The owner of the single-family dwelling, Mrs. Christy Gordon, said that she was warming her lunch on the stove when the grease from the pan began to burn. She was alerted when the smoke detector activated. The kitchen filled with smoke. She called 9-1-1. The firefighters ventilated the kitchen. There was no loss to property or contents. The last unit cleared the scene at 1340 hours. FF1 Adam C. Wallner, Badge No. 224, completed the report after returning to Station No. 2. Captain Tonya Gordon, Badge No. 105, was the officer in charge. The incident was in Census Tract 501.10, District A12.

A FDID <input type="text"/> State <input type="text"/> Incident Date <input type="text"/> MM <input type="text"/> DD <input type="text"/> YYYY <input type="text"/> Station <input type="text"/> Incident Number <input type="text"/> Exposure <input type="text"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS-1 Basic
B Location Type <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.			
<input type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> US National Grid			
Number/Milepost <input type="text"/> Prefix <input type="text"/> Street or Highway <input type="text"/> Street Type <input type="text"/> Suffix <input type="text"/> Apt./Suite/Room <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/>			
Cross Street, Directions or National Grid, as applicable			
C Incident Type <input type="text"/>		E1 Dates and Times Midnight is 0000 Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Hour <input type="text"/> Min <input type="text"/>	
D Aid Given or Received <input type="checkbox"/> None		E2 Shifts and Alarms Local Option Shift or Platoon <input type="text"/> Alarms <input type="text"/> District <input type="text"/>	
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given		Check boxes if dates are the same as Alarm Date. Alarm <input type="checkbox"/> Arrival <input type="checkbox"/> Controlled <input type="checkbox"/> Last Unit Cleared <input type="checkbox"/>	
Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number <input type="text"/>		ARRIVAL required, unless canceled or did not arrive CONTROLLED optional, except for wildland fires LAST UNIT CLEARED, required except for wildland fires	
F Actions Taken		G1 Resources	
Primary Action Taken (1) <input type="text"/> Additional Action Taken (2) <input type="text"/> Additional Action Taken (3) <input type="text"/>		<input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus <input type="text"/> Personnel <input type="text"/> Suppression <input type="text"/> EMS <input type="text"/> Other <input type="text"/>	
Check box if resource counts include aid received resources.		G2 Estimated Dollar Losses and Values	
None		LOSSES: Required for all fires if known. Optional for non-fires.	
Property \$ <input type="text"/> , <input type="text"/> , <input type="text"/>		Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	
PRE-INCIDENT VALUE: Optional		Property \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	
Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/>		Property \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	
Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/>		Contents \$ <input type="text"/> , <input type="text"/> , <input type="text"/>	
Completed Modules		H1 Casualties <input type="checkbox"/> None	
<input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths <input type="text"/> Injuries <input type="text"/> Fire Service <input type="text"/> <input type="text"/> Civilian <input type="text"/> <input type="text"/>	
H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		H3 Hazardous Materials Release <input type="checkbox"/> None	
1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)		I Mixed Use Property <input type="checkbox"/> Not mixed	
10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use		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/boardng house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse	
J Property Use <input type="checkbox"/> None		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	
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		Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.	
81 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard		Property Use <input type="text"/> Code <input type="text"/> Property Use Description	

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

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

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

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

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

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

State _____ ZIP Code _____


L Remarks:

Local Option

Fire Module Required?

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

<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 _____

Basic Module Test

1. Which incident type would require more than the Basic Module?
 - (a) Controlled burning.
 - (b) Fire confined to the chimney.
 - (c) Fire confined to the room of origin.
 - (d) Landfill fire.
2. If a fire department was dispatched to a grass fire in another department's area and was cancelled prior to arriving because the receiving department determined that the incident was a controlled burn, what incident type would the department giving aid use?
 - (a) Authorized controlled burning.
 - (b) Grass fire.
 - (c) Cancelled en route.
 - (d) None - no report is needed.
3. What would be the incident type if the incident involved EMS, fire, and hazardous materials?
 - (a) Fire.
 - (b) EMS.
 - (c) Hazardous materials.
 - (d) The most severe situation.
4. How many civilian casualties would be recorded in H₁ (Number of Casualties section), if a police officer was injured rerouting traffic and two firefighters were injured extinguishing the fire?
 - (a) None.
 - (b) One.
 - (c) Two.
 - (d) Three.
5. High schools and dentist offices are examples of this data element.
 - (a) Location.
 - (b) Mixed Use Property.
 - (c) Complex Type.
 - (d) Property Use.