

Fire Service Casualty Module: NFIRS-5

Objectives

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

1. Describe when the Fire Service Casualty Module is to be used.
 2. Demonstrate how to complete the Fire Service Casualty Module, given the scenario of a hypothetical incident.
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Pretest #5 - Fire Service Casualty Module

1. The Fire Service Casualty Module is used to report injuries, deaths, or exposures to fire service, EMS, and other public safety personnel that occur in conjunction with any incident response.
 - (a) True.
 - (b) False.

2. A Basic Module must be completed if the Fire Service Casualty Module is completed.
 - (a) True.
 - (b) False.

3. The Fire Service Casualty Module is a required NFIRS Module.
 - (a) True.
 - (b) False.

4. The Fire Service Casualty Module should be completed if a firefighter is injured while exercising at the fire station.
 - (a) True.
 - (b) False.

5. The Fire Service Casualty Module should be completed if a firefighter is injured while off-duty away from the fire station.
 - (a) True.
 - (b) False.

Using the Fire Service Casualty Module

The Fire Service Casualty Module is used to report fire service personnel injuries, deaths, or exposures while on duty. This module is also used to collect information about protective equipment that failed and contributed to the injury.

An exposure is defined as contact by fire service personnel with a toxic substance or harmful physical or biological agent through any route of entry (e.g., inhalation, ingestion, skin absorption, or direct contact). Exposures can be reported regardless of the presence of clinical signs and symptoms.

NOTE: An exposure fire is **not** the same as an exposure to fire service personnel.

Recording firefighter casualty information provides data on specific, perhaps correctable, hazards. It also can indicate trends that can lead to future safety improvement efforts. Health and Safety Officers find this information particularly useful when working to reduce risks at incidents.

Section A: FDID, Incident Number, Exposure

A	FDID	State	MM	DD	YYYY	Station	Incident Number	Exposure	<input type="checkbox"/> Delete	NFIRS-5 Fire Service Casualty
	★	★	★	★	★	★	★	★	<input type="checkbox"/> Change	

The information in Section A of the Fire Module is drawn from [Section A](#) of the Basic Module. Use the data in the Basic Module to help you supply the requested information. If you are using an automated system the data need to be entered only once, then they will be transferred automatically into other modules that use the data.

Section B: Injured Person

B	Injured Person		Identification Number	1 <input type="checkbox"/> Male ★	1 <input type="checkbox"/> Career
	First Name	MI	Last Name	2 <input type="checkbox"/> Female	2 <input type="checkbox"/> Volunteer
					Suffix

[Section B](#) is used to identify and classify the person injured or exposed using a variety of means.

Start completing Section B by entering an assigned identification number. While the individual's Social Security Number often is used for this purpose, this is not a recommended practice.

Next, check the appropriate boxes indicating male or female, and the casualty's affiliation (career or volunteer). Paid-per-call casualties should be considered volunteers when information for this section is entered. Lastly, enter the casualty's first and last name, middle initial, and any suffix (i.e., Jr., Sr., or III) in the lines provided.

Section C: Casualty Number

C	Casualty Number ☆
Casualty Number	

Each casualty is given a number. The numbers are assigned sequentially starting with one (001), and continuing based upon how many fire service individuals were injured or killed at the incident, or resulting from the incident.

Section D: Age or Date of Birth

D	Age or Date of Birth ☆
Age	Date of Birth
In years	OR
	Month Day Year

Enter **either** the casualty's age or date of birth, but not both. If the age is entered, the numbers are assumed to represent years.

Section E: Date and Time of Injury

E	Date and Time of Injury ☆	Midnight is 0000.
Date of Injury	Time of Injury	
Month Day Year	Hour Minute	

Enter the date and time of the injury in [Section E](#). When the injury date is the same as the date of the incident, enter the same date information that you entered in the arrival block of [Section E1](#) of the Basic Module. If the injury date is different, then enter the correct month, day, and year.

The time, both hours and minutes, of the injury is entered using the 24-hour clock, where midnight is 0000.

Section F: Responses

F	Responses
Number of prior responses during past 24 hours	

Record the number of incidents that the casualty responded to within the 24-hour period immediately prior to the time of injury.

Section G: Usual Assignment, Physical Condition Just Prior To Injury, Severity, Taken To, Activity at Time of Injury

G₁ Usual Assignment	
1	<input type="checkbox"/> Suppression
2	<input type="checkbox"/> EMS
3	<input type="checkbox"/> Prevention
4	<input type="checkbox"/> Training
5	<input type="checkbox"/> Maintenance
6	<input type="checkbox"/> Communications
7	<input type="checkbox"/> Administration
8	<input type="checkbox"/> Fire investigation
0	<input type="checkbox"/> Other

Describe the official assignment of the casualty in **Block G₁**. This may or may not coincide with the firefighter's activity at the time of injury.

G₂ Physical Condition Just Prior to Injury			
1	<input type="checkbox"/> Rested	0	<input type="checkbox"/> Other
2	<input type="checkbox"/> Fatigued	U	<input type="checkbox"/> Undetermined
4	<input type="checkbox"/> Ill or injured		

Record the general physical condition of the casualty just prior to the injury in **Block G₂**.

G₃ Severity ☆	
1	<input type="checkbox"/> Report only, including exposure
2	<input type="checkbox"/> First aid only
3	<input type="checkbox"/> Treated by physician (no lost time)
4	<input type="checkbox"/> Moderate (lost time)
5	<input type="checkbox"/> Severe (lost time)
6	<input type="checkbox"/> Life threatening (lost time)
7	<input type="checkbox"/> Death

Describe the severity or seriousness of the casualty in relation to death and time lost from work in **Block G₃**.

G₄ Taken To		<input type="checkbox"/> Not transported
1	<input type="checkbox"/> Hospital	
4	<input type="checkbox"/> Doctor's office	
5	<input type="checkbox"/> Morgue/funeral home	
6	<input type="checkbox"/> Residence	
7	<input type="checkbox"/> Station or quarters	
0	<input type="checkbox"/> Other	

Use **Block G₄** to record where the casualty went after the injury.

G₅	Activity at Time of Injury
Activity at time of injury	

Use **Block G₅** to describe what type of activity was taking place at the time the injury occurred.

You will need to enter a code as part of the description. Use the NFIRS Complete Reference Guide (CRG) to identify the activity of the firefighter at the time of the injury.

Section H: Primary Apparent Symptom and Primary Area of Body Injured

Record the primary symptom and areas of injury in **Section H**. Use **Block H₁** to enter the code that describes the casualty's **most serious injury**.

H₁	Primary Apparent Symptom
Primary apparent symptom	

The Emergency Medical Technician (EMT) or the person responsible for the prehospital emergency care phase of treatment may provide you with a determination of what appears to be the casualty's most serious injury.

H₂	Primary Part of Body Injured	<input type="checkbox"/> None
Primary injured body part		

Block H₂ is used to record the body part or area that sustained the most serious injury. It should be the part of the body affected by the primary apparent symptom.

Section I: Cause of Firefighter Injury, Factor Contributing to Injury, and Object Involved in Injury

In **Section I**, record the data that describes the factors that caused the injury. Use the CRG to complete this section.

I₁	Cause of Firefighter Injury
Cause of injury	

Use **Block I₁** to describe the situation or circumstance that directly resulted in the casualty.

I2	Factor Contributing to Injury <input type="checkbox"/> None		
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 80%;"></td> <td style="width: 10%;"></td> </tr> </table> Contributing factor		

Enter the code and description for the most significant factor contributing to the casualty's injury in **Block I2**.

I3	Object Involved in Injury <input type="checkbox"/> None		
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 80%;"></td> <td style="width: 10%;"></td> </tr> </table> Object involved in injury		

Then enter the code and description of the object that contributed to the injury in **Block I3**.

Section J: Where Injury Occurred, Story Where Injury Occurred, Specific Location, and Vehicle Type

Section J is completed to describe the location where the injury occurred.

J1	Where Injury Occurred
1	<input type="checkbox"/> En route to FD location
2	<input type="checkbox"/> At FD location
3	<input type="checkbox"/> En route to incident scene
4	<input type="checkbox"/> En route to medical facility
5	<input type="checkbox"/> At scene in structure
6	<input type="checkbox"/> At scene outside
7	<input type="checkbox"/> At medical facility
8	<input type="checkbox"/> Returning from incident
9	<input type="checkbox"/> Returning from med facility
0	<input type="checkbox"/> Other
U	<input type="checkbox"/> Undetermined

Mark the boxes in **Block J1** to indicate where the injury occurred.

J2	Story Where Injury Occurred			
1	<input type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a structure			
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 80%;"></td> <td style="width: 10%;"></td> </tr> </table> Story of injury <input type="checkbox"/> Below grade			
2	<input type="checkbox"/> Injury occurred outside			

For **Block J2**, check Box 1 if the person was inside or on the structure, and enter the story where the injury occurred on the line provided.

Check Box 2 if the injury occurred outside.

J3		Specific Location Where Injury Occurred	
65	<input type="checkbox"/>	In aircraft	Complete Block J4
64	<input type="checkbox"/>	In boat, ship, or barge	
63	<input type="checkbox"/>	In rail vehicle	
61	<input type="checkbox"/>	In motor vehicle	
54	<input type="checkbox"/>	In sewer	
53	<input type="checkbox"/>	In tunnel	
49	<input type="checkbox"/>	In structure	
45	<input type="checkbox"/>	In attic	
36	<input type="checkbox"/>	In water	
35	<input type="checkbox"/>	In well	
		00 <input type="checkbox"/>	Other
		UU <input type="checkbox"/>	Undetermined
34	<input type="checkbox"/>	In ravine	
33	<input type="checkbox"/>	In quarry or mine	
32	<input type="checkbox"/>	In ditch or trench	
31	<input type="checkbox"/>	In open pit	
28	<input type="checkbox"/>	On steep grade	
27	<input type="checkbox"/>	On fire escape/outside stairs	
26	<input type="checkbox"/>	On vertical surface or ledge	
25	<input type="checkbox"/>	On ground ladder	
24	<input type="checkbox"/>	On aerial ladder or in basket	
23	<input type="checkbox"/>	On roof	
22	<input type="checkbox"/>	Outside at grade	

Block J3 is used to identify the casualty’s specific location at the time of the injury.

Note the codes by the specific location descriptions. If you selected a vehicle code greater than 60, also select the vehicle type in J4.

J4		Vehicle Type	Complete ONLY if Specific Location code is >60
1	<input type="checkbox"/>	Suppression vehicle	
2	<input type="checkbox"/>	EMS vehicle	
3	<input type="checkbox"/>	Other FD vehicle	
4	<input type="checkbox"/>	Non-FD vehicle	

Block J4 is used to identify the vehicle type that was involved.

Section K: Protective Equipment

Section K allows you to record data involving protective equipment. If protective equipment failed and contributed to the injury, mark the “Yes” box in Block K1. Complete the rest of Section K if you have marked the “Yes” box.

K1	Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes	Y <input type="checkbox"/>	Equipment Sequence Number	_ _ _
		No	N <input type="checkbox"/>		

NOTE: Equipment Sequence Number - When more than one piece of protective equipment was a factor in the casualty’s injury, a module should be completed for each piece of equipment. Each item is given a number that is assigned consecutively starting with one (001) and continuing based on how many protective equipment items were involved.

K₂ Protective Equipment Item	
<p>Head or Face Protection</p> <p>11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other</p>	<p>Coat, Shirt, or Trousers</p> <p>21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other</p>
<p>Boots or Shoes</p> <p>31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other</p>	
<p>Respiratory Protection</p> <p>41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other</p>	
<p>Hand Protection</p> <p>51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other</p>	
<p>Special Equipment</p> <p>61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 70 <input type="checkbox"/> Special equipment, other 00 <input type="checkbox"/> Protective equipment, other</p>	

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.

Block **K₂** is used to record the protective equipment item that failed and was a factor in the casualty's injury.

The choices are grouped into the following categories:

- Head or Face Protection
- Coat, Shirt, or Trousers
- Boots or Shoes
- Respiratory Protection
- Hand Protection
- Special Equipment

K₃	Protective Equipment Problem
	Check one box to indicate the main problem that occurred.
11	<input type="checkbox"/> Burned
12	<input type="checkbox"/> Melted
21	<input type="checkbox"/> Fractured, cracked or broken
22	<input type="checkbox"/> Punctured
23	<input type="checkbox"/> Scratched
24	<input type="checkbox"/> Knocked off
25	<input type="checkbox"/> Cut or ripped
31	<input type="checkbox"/> Trapped steam or hazardous gas
32	<input type="checkbox"/> Insufficient insulation
33	<input type="checkbox"/> Object fell in or onto equipment item
41	<input type="checkbox"/> Failed under impact
42	<input type="checkbox"/> Face piece or hose detached
43	<input type="checkbox"/> Exhalation valve inoperative or damaged
44	<input type="checkbox"/> Harness detached or separated
45	<input type="checkbox"/> Regulator failed to operate
46	<input type="checkbox"/> Regulator damaged by contact
47	<input type="checkbox"/> Problem with admissions valve
48	<input type="checkbox"/> Alarm failed to operate
49	<input type="checkbox"/> Alarm damaged by contact
51	<input type="checkbox"/> Supply cylinder or valve failed to operate
52	<input type="checkbox"/> Supply cylinder/valve damaged by contact
53	<input type="checkbox"/> Supply cylinder—insufficient air/oxygen
94	<input type="checkbox"/> Did not fit properly
95	<input type="checkbox"/> Not properly serviced or stored prior to use
96	<input type="checkbox"/> Not used for designed purpose
97	<input type="checkbox"/> Not used as recommended by manufacturer
00	<input type="checkbox"/> Other equipment problem
UU	<input type="checkbox"/> Undetermined

Use **K₃** to record the most significant problem with the piece of equipment that failed and contributed to the injury.

K4	Equipment Manufacturer, Model and Serial Number

	Manufacturer

	Model

	Serial Number

	NFIRS-5 Revision 05/01/03

Block K4 provides space to record information about the equipment manufacturer, model number or type, and the serial number.

Enter the name of the company that made/manufactured the piece of equipment involved on the first line. Enter the manufacturer's model name in the next space. If a model name is not available, you should give a general physical description of the equipment. Enter the manufacturer's serial number, usually stamped on the equipment's identification plate on the last line.

SUMMARY

The Fire Service Casualty Module is used to report fire service personnel injuries, deaths, or exposures while on duty. This casualty information is used by Health and Safety Officers to reduce the risks associated with all types of work-related casualties. The Fire Service Casualty Module is also used to collect information about protective equipment that failed and contributed to the injury.

Researchers, educators, equipment makers, design engineers, and governmental regulatory agencies may use the specific information provided to make various determinations, such as which specific pieces of equipment are involved in casualties. Complete information must be collected for each individual casualty in order to provide the data needed to make determinations related to improving job safety.

EXAMPLE: Highrise Fire

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

On May 21, 1999, FDID #TR300 received a Highrise Box 13-28 at 2235 hours and responded to 2045 Beach Blvd., North Brook, Wisconsin 12345. Fire was reported to be located on the 12th floor. The crew assigned to Engine 131 was sleeping prior to the call. It was their first call during a 24-hour shift that began at 0700 hours. E-131 responded with a crew of four personnel from Station #1. They assigned incident #7865481 to the response.

Ambulance 139 was returning to the station from a previous call and was sent on the box assignment. The ambulance arrived first. Their initial onscene report was of fire showing from the 12th floor with people trapped. They requested a second alarm. Chief 13 advised E-131 to do search and rescue and assigned the second engine company to attack the fire and provide a safe exit for evacuation. The personnel on E-131 consisted of career personnel Captain Tom Jones, Tech. Marc Helton, F/F Bob Wilson, and F/F Kenny Segal. F/F Wilson was 57 years old and the most experienced in suppression. He led the crew to the stairwell and planned to walk up to the 12th floor.

The building was about 20 years old and did not have an elevator emergency control system. At 2245, as the crew approached the 10th floor F/F Wilson began complaining of chest pains and shortness of breath, Captain Jones advised the officer in charge that his crew was taking a couple minutes' break to rest. At this point F/F Wilson collapsed and stopped breathing. Captain Jones started CPR on F/F Wilson and advised officer in charge to call for a medic unit for F/F Wilson. CPR was continued until the arrival of the advanced life support unit. F/F Wilson was removed from the building and then transported to Mercy General Hospital where he was pronounced dead at 2350 hours.

A	FDID <input type="text" value="TR300"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change	State <input type="text" value="WI"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change	Incident Date <input type="text" value="05"/> <input type="text" value="21"/> <input type="text" value="1999"/>	Station <input type="text" value="001"/>	Incident Number <input type="text" value="7865481"/>	Exposure <input type="text" value="000"/>	NFIRS-5 Fire Service Casualty
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B Injured Person	C Casualty Number <input type="checkbox"/>
Identification Number <input type="text" value=""/> First Name <input type="text" value="Bob"/> MI <input type="text" value=""/> Last Name <input type="text" value="Wilson"/> Suffix <input type="text" value=""/>	Casualty Number <input type="text" value="001"/>
1 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female 1 <input checked="" type="checkbox"/> Career <input type="checkbox"/> Volunteer	

D Age or Date of Birth <input type="checkbox"/>	E Date and Time of Injury <input type="checkbox"/> Midnight is 0000.
Age <input type="text" value="057"/> In years OR Date of Birth <input type="text" value="05"/> <input type="text" value="21"/> <input type="text" value="1999"/>	Date of Injury <input type="text" value="05"/> <input type="text" value="21"/> <input type="text" value="1999"/> Time of Injury <input type="text" value="22"/> <input type="text" value="45"/>
	F Responses Number of prior responses during past 24 hours <input type="text" value="00"/>

G1 Usual Assignment	G2 Physical Condition Just Prior to Injury	G4 Taken To <input type="checkbox"/> Not transported
1 <input checked="" type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other	1 <input checked="" type="checkbox"/> Rested 2 <input type="checkbox"/> Fatigued 4 <input type="checkbox"/> Ill or injured 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input checked="" type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other
	G3 Severity <input type="checkbox"/>	G5 Activity at Time of Injury
	1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input checked="" type="checkbox"/> Death	Searching <input type="text" value="61"/> for victim Activity at time of injury

H1 Primary Apparent Symptom	I1 Cause of Firefighter Injury	I3 Object Involved in Injury <input checked="" type="checkbox"/> None
<input type="text" value="41"/> Cardiac Symptoms <small>Primary apparent symptom</small>	<input type="text" value="7"/> Overexertion <small>Cause of injury</small>	<input type="text" value=""/>
H2 Primary Part of Body Injured <input type="checkbox"/> None	I2 Factor Contributing to Injury <input checked="" type="checkbox"/> None	<small>Object involved in injury</small>
<input type="text" value="82"/> Heart <small>Primary injured body part</small>	<input type="text" value=""/>	

J1 Where Injury Occurred	J3 Specific Location Where Injury Occurred	J4 Vehicle Type
1 <input type="checkbox"/> En route to FD location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> En route to incident scene 4 <input type="checkbox"/> En route to medical facility 5 <input checked="" type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat, ship, or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input checked="" type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other UU <input type="checkbox"/> Undetermined	Complete ONLY if Specific Location code is >60 1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle
J2 Story Where Injury Occurred	Remarks	
1 <input checked="" type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a structure <input type="text" value="010"/> Story of injury <input type="checkbox"/> Below grade 2 <input type="checkbox"/> Injury occurred outside		
	If protective equipment failed and was a factor in this injury, please complete the other side of this form.	

K1 Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/> No N <input checked="" type="checkbox"/>	Equipment Sequence Number 	NFIRS-5 Fire Service Casualty
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K2 Protective Equipment Item <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Head or Face Protection 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other </td> <td style="width: 50%; vertical-align: top;"> Coat, Shirt, or Trousers 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other </td> </tr> <tr> <td style="vertical-align: top;"> Boots or Shoes 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other </td> <td style="vertical-align: top;"> Respiratory Protection 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other </td> </tr> <tr> <td style="vertical-align: top;"> Hand Protection 51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other </td> <td style="vertical-align: top;"> Special Equipment 61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 70 <input type="checkbox"/> Special equipment, other 00 <input type="checkbox"/> Protective equipment, other </td> </tr> </table>	Head or Face Protection 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other	Coat, Shirt, or Trousers 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other	Boots or Shoes 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other	Respiratory Protection 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other	Hand Protection 51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other	Special Equipment 61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 70 <input type="checkbox"/> Special equipment, other 00 <input type="checkbox"/> Protective equipment, other	K3 Protective Equipment Problem Check one box to indicate the main problem that occurred. <ul style="list-style-type: none"> 11 <input type="checkbox"/> Burned 12 <input type="checkbox"/> Melted 21 <input type="checkbox"/> Fractured, cracked or broken 22 <input type="checkbox"/> Punctured 23 <input type="checkbox"/> Scratched 24 <input type="checkbox"/> Knocked off 25 <input type="checkbox"/> Cut or ripped 31 <input type="checkbox"/> Trapped steam or hazardous gas 32 <input type="checkbox"/> Insufficient insulation 33 <input type="checkbox"/> Object fell in or onto equipment item 41 <input type="checkbox"/> Failed under impact 42 <input type="checkbox"/> Face piece or hose detached 43 <input type="checkbox"/> Exhalation valve inoperative or damaged 44 <input type="checkbox"/> Harness detached or separated 45 <input type="checkbox"/> Regulator failed to operate 46 <input type="checkbox"/> Regulator damaged by contact 47 <input type="checkbox"/> Problem with admissions valve 48 <input type="checkbox"/> Alarm failed to operate 49 <input type="checkbox"/> Alarm damaged by contact 51 <input type="checkbox"/> Supply cylinder or valve failed to operate 52 <input type="checkbox"/> Supply cylinder/valve damaged by contact 53 <input type="checkbox"/> Supply cylinder—insufficient air/oxygen 94 <input type="checkbox"/> Did not fit properly 95 <input type="checkbox"/> Not properly serviced or stored prior to use 96 <input type="checkbox"/> Not used for designed purpose 97 <input type="checkbox"/> Not used as recommended by manufacturer 00 <input type="checkbox"/> Other equipment problem UU <input type="checkbox"/> Undetermined
Head or Face Protection 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other	Coat, Shirt, or Trousers 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other						
Boots or Shoes 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other	Respiratory Protection 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other						
Hand Protection 51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other	Special Equipment 61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 70 <input type="checkbox"/> Special equipment, other 00 <input type="checkbox"/> Protective equipment, other						
Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.	K4 Equipment Manufacturer, Model and Serial Number Manufacturer Model Serial Number 						

EXERCISE SCENARIO 5-1: Fire Captain Injury on Scene of Fire

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

At 0655 on November 21, 1997, the A-1 Alarm Company notified the Regional 9-1-1 dispatch center of smoke detector activation at the Busy Bee Market located at the corner of First and Main Streets in the town of North Brook, WI 12345. Engine 45 and Truck 22 from Station 13 of the North Brook Fire Department (FDID #TR100) were dispatched to the incident at 0658.

Truck 22 arrived at the market at 0705 and reported smoke showing from the one-story building and water running from under the front door. The crew of the truck company forced entry and found that a sprinkler head had been activated and was in the process of extinguishing a small fire behind the clerk's counter in the market.

Engine 45, which arrived on location at 0707, extinguished the remaining fire and the truck company ventilated smoke from the market and shut down the sprinkler system. The fire was declared under control at 0727.

While the crews were cleaning up and putting the sprinkler system back in service, the owner of the market, Angela Anderson, arrived. She told the Engine Company Captain that she had worked at the market until midnight. It had been a cold evening and she had plugged in an electric heater behind the counter to keep warm. She did not remember if the heater was shut off before she left the market. Ms. Anderson estimated damage to the store contents to be \$1,000. The one-story store had 2,500 square feet of floor space and damage to it was estimated to be \$4,000.

During the investigation, the Fire Marshal found a portable heater lying on its side behind the counter. He determined that the heater ignited a rubber mat on the floor near the cash register. The automatic shutoff feature on the heater failed to operate when the device tipped over. The heater was a Heatomatic, model 25, serial number 123666.

Further investigation determined that the hard-wired smoke/heat detector had operated properly and notified the alarm company of the fire. The sprinkler system also had operated properly - one sprinkler head activated and controlled the fire.

While other firefighters were advancing the hoseline to the seat of the fire, Captain Paul Clarke (age 37) was injured when he tripped on the hoseline. He suffered a fractured wrist.

Captain Clarke's injury occurred at 0715. Prior to this incident, Clarke and his crew, all career firefighters usually assigned to suppression, had responded to two other fires during the night and five other incidents on their shift. After the fire was extinguished, Captain Clarke was taken to Mercy Hospital. He returned to work the next week for desk duty. The last company cleared the scene at 0815. An incident number of 9700967 was assigned for this fire.

A	FDID <input style="width: 40px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>	State <input style="width: 20px;" type="text"/>	Incident Date <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Station <input style="width: 40px;" type="text"/>	Incident Number <input style="width: 40px;" type="text"/>	Exposure <input style="width: 40px;" type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-5 Fire Service Casualty
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B	Injured Person	Identification Number <input style="width: 40px;" type="text"/>	1 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	1 <input type="checkbox"/> Career	C	Casualty Number <input style="width: 40px;" type="text"/>
			2 <input type="checkbox"/> Female	2 <input type="checkbox"/> Volunteer		
	First Name <input style="width: 40px;" type="text"/>	MI <input style="width: 20px;" type="text"/>	Last Name <input style="width: 40px;" type="text"/>	Suffix <input style="width: 20px;" type="text"/>	Casualty Number	

D Age or Date of Birth <input checked="" type="checkbox"/>	E Date and Time of Injury <input checked="" type="checkbox"/> <small>Midnight is 0000.</small>	F Responses
Age <input style="width: 40px;" type="text"/> <small>In years</small>	Date of Birth <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <small>Month Day Year</small>	Number of prior responses during past 24 hours <input style="width: 40px;" type="text"/>
OR	Date of Injury <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <small>Month Day Year</small>	
	Time of Injury <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <small>Hour Minute</small>	

G1 Usual Assignment	G2 Physical Condition Just Prior to Injury	G4 Taken To <input type="checkbox"/> Not transported
1 <input type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other	1 <input type="checkbox"/> Rested 0 <input type="checkbox"/> Other 2 <input type="checkbox"/> Fatigued U <input type="checkbox"/> Undetermined 4 <input type="checkbox"/> Ill or injured	1 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other
	G3 Severity <input checked="" type="checkbox"/>	G5 Activity at Time of Injury
	1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death	Activity at time of injury <input style="width: 40px;" type="text"/>

H1 Primary Apparent Symptom <input style="width: 60px;" type="text"/> <small>Primary apparent symptom</small>	I1 Cause of Firefighter Injury <input style="width: 60px;" type="text"/> <small>Cause of injury</small>	I3 Object Involved in Injury <input type="checkbox"/> None <input style="width: 60px;" type="text"/> <small>Object involved in injury</small>
H2 Primary Part of Body Injured <input type="checkbox"/> None <input style="width: 60px;" type="text"/> <small>Primary injured body part</small>	I2 Factor Contributing to Injury <input type="checkbox"/> None <input style="width: 60px;" type="text"/> <small>Contributing factor</small>	

J1 Where Injury Occurred	J3 Specific Location Where Injury Occurred	J4 Vehicle Type
1 <input type="checkbox"/> En route to FD location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> En route to incident scene 4 <input type="checkbox"/> En route to medical facility 5 <input type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat, ship, or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 00 <input type="checkbox"/> Other 36 <input type="checkbox"/> In water UU <input type="checkbox"/> Undetermined 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade	Complete ONLY if Specific Location code is >60 1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle
J2 Story Where Injury Occurred	Complete Block J4 	Remarks
1 <input type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a structure <input style="width: 40px;" type="text"/> Story of injury <input type="checkbox"/> Below grade 2 <input type="checkbox"/> Injury occurred outside		
		If protective equipment failed and was a factor in this injury, please complete the other side of this form.

K1 Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/> No N <input type="checkbox"/>	Equipment Sequence Number 	NFIRS-5 Fire Service Casualty
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K2 Protective Equipment Item	K3 Protective Equipment Problem Check one box to indicate the main problem that occurred.	K4 Equipment Manufacturer, Model and Serial Number
<p>Head or Face Protection</p> 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other	11 <input type="checkbox"/> Burned 12 <input type="checkbox"/> Melted 21 <input type="checkbox"/> Fractured, cracked or broken 22 <input type="checkbox"/> Punctured 23 <input type="checkbox"/> Scratched 24 <input type="checkbox"/> Knocked off 25 <input type="checkbox"/> Cut or ripped 31 <input type="checkbox"/> Trapped steam or hazardous gas 32 <input type="checkbox"/> Insufficient insulation 33 <input type="checkbox"/> Object fell in or onto equipment item 41 <input type="checkbox"/> Failed under impact 42 <input type="checkbox"/> Face piece or hose detached 43 <input type="checkbox"/> Exhalation valve inoperative or damaged 44 <input type="checkbox"/> Harness detached or separated 45 <input type="checkbox"/> Regulator failed to operate 46 <input type="checkbox"/> Regulator damaged by contact 47 <input type="checkbox"/> Problem with admissions valve 48 <input type="checkbox"/> Alarm failed to operate 49 <input type="checkbox"/> Alarm damaged by contact 51 <input type="checkbox"/> Supply cylinder or valve failed to operate 52 <input type="checkbox"/> Supply cylinder/valve damaged by contact 53 <input type="checkbox"/> Supply cylinder—insufficient air/oxygen 94 <input type="checkbox"/> Did not fit properly 95 <input type="checkbox"/> Not properly serviced or stored prior to use 96 <input type="checkbox"/> Not used for designed purpose 97 <input type="checkbox"/> Not used as recommended by manufacturer 00 <input type="checkbox"/> Other equipment problem UU <input type="checkbox"/> Undetermined	Equipment Manufacturer Model Serial Number
<p>Coat, Shirt, or Trousers</p> 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other	55 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other	Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.
<p>Boots or Shoes</p> 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other	<p>Respiratory Protection</p> 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other	<p>Hand Protection</p> 51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other
<p>Special Equipment</p> 61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 70 <input type="checkbox"/> Special equipment, other 00 <input type="checkbox"/> Protective equipment, other	NFIRS-5 Revision 05/01/03	

A	FDID <input type="text" value="TR100"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change	State <input type="text" value="WI"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change	Incident Date <input type="text" value="11"/> <input type="text" value="21"/> <input type="text" value="1997"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change	Station <input type="text" value="013"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change	Incident Number <input type="text" value="9700967"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change	Exposure <input type="text" value="000"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-5 Fire Service Casualty
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B Injured Person	C Casualty Number <input type="checkbox"/>
Identification Number <input type="text" value=""/> 1 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Volunteer 2 <input type="checkbox"/> Female <input type="checkbox"/> Volunteer 1 <input checked="" type="checkbox"/> Career 2 <input type="checkbox"/> Volunteer First Name <input type="text" value="Paul"/> MI <input type="text" value=""/> Last Name <input type="text" value="Clarke"/> Suffix <input type="text" value=""/> Casualty Number <input type="text" value="001"/>	

D Age or Date of Birth <input type="checkbox"/>	E Date and Time of Injury <input type="checkbox"/> Midnight is 0000.
Age <input type="text" value="037"/> In years OR Date of Birth <input type="text" value="11"/> <input type="text" value="21"/> <input type="text" value="1997"/> Month Day Year	Date of Injury <input type="text" value="11"/> <input type="text" value="21"/> <input type="text" value="1997"/> Month Day Year Time of Injury <input type="text" value="0715"/> Hour Minute Responses <input type="text" value="07"/> Number of prior responses during past 24 hours

G1 Usual Assignment	G2 Physical Condition Just Prior to Injury	G4 Taken To <input type="checkbox"/> Not transported
1 <input checked="" type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other	1 <input type="checkbox"/> Rested 2 <input checked="" type="checkbox"/> Fatigued 4 <input type="checkbox"/> Ill or injured 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input checked="" type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other
	G3 Severity <input type="checkbox"/>	G5 Activity at Time of Injury
	1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input checked="" type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death	Extinguishing fire/ neutralizing incident <input type="text" value="30"/> <input type="text" value=""/> Activity at time of injury

H1 Primary Apparent Symptom	I1 Cause of Firefighter Injury	I3 Object Involved in Injury <input checked="" type="checkbox"/> None
<input type="text" value="32"/> Fracture <small>Primary apparent symptom</small>	<input type="text" value="3"/> Slip/trip <small>Cause of injury</small>	
H2 Primary Part of Body Injured <input type="checkbox"/> None	I2 Factor Contributing to Injury <input type="checkbox"/> None	<input type="text" value="13"/> Hose, charged <small>Object involved in injury</small>
<input type="text" value="64"/> Wrist <small>Primary injured body part</small>	<input type="text" value="50"/> Slippery or uneven surfaces <small>Contributing factor</small>	

J1 Where Injury Occurred	J3 Specific Location Where Injury Occurred	J4 Vehicle Type
1 <input type="checkbox"/> En route to FD location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> En route to incident scene 4 <input type="checkbox"/> En route to medical facility 5 <input checked="" type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat, ship, or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input checked="" type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 36 <input type="checkbox"/> In water 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade 00 <input type="checkbox"/> Other UU <input type="checkbox"/> Undetermined	Complete ONLY if Specific Location code is >60 1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle
J2 Story Where Injury Occurred	Remarks	
1 <input checked="" type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a structure <input type="text" value="1"/> Story of injury <input type="checkbox"/> Below grade 2 <input type="checkbox"/> Injury occurred outside		
	If protective equipment failed and was a factor in this injury, please complete the other side of this form.	

K1 Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/> No N <input checked="" type="checkbox"/>	Equipment Sequence Number 	NFIRS-5 Fire Service Casualty
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K2 Protective Equipment Item <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 5px;"> Head or Face Protection 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other </td> <td style="width: 50%; padding: 5px;"> Coat, Shirt, or Trousers 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other </td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;"> Boots or Shoes 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other </td> <td style="padding: 5px;"> Respiratory Protection 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input 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type="checkbox"/> Burned 12 <input type="checkbox"/> Melted 21 <input type="checkbox"/> Fractured, cracked or broken 22 <input type="checkbox"/> Punctured 23 <input type="checkbox"/> Scratched 24 <input type="checkbox"/> Knocked off 25 <input type="checkbox"/> Cut or ripped 31 <input type="checkbox"/> Trapped steam or hazardous gas 32 <input type="checkbox"/> Insufficient insulation 33 <input type="checkbox"/> Object fell in or onto equipment item 41 <input type="checkbox"/> Failed under impact 42 <input type="checkbox"/> Face piece or hose detached 43 <input type="checkbox"/> Exhalation valve inoperative or damaged 44 <input type="checkbox"/> Harness detached or separated 45 <input type="checkbox"/> Regulator failed to operate 46 <input type="checkbox"/> Regulator damaged by contact 47 <input type="checkbox"/> Problem with admissions valve 48 <input type="checkbox"/> Alarm failed to operate 49 <input type="checkbox"/> Alarm damaged by contact 51 <input type="checkbox"/> Supply cylinder or valve failed to operate 52 <input type="checkbox"/> Supply cylinder/valve damaged by contact 53 <input type="checkbox"/> Supply cylinder—insufficient air/oxygen 94 <input type="checkbox"/> Did not fit properly 95 <input type="checkbox"/> Not properly serviced or stored prior to use 96 <input type="checkbox"/> Not used for designed purpose 97 <input type="checkbox"/> Not used as recommended by manufacturer 00 <input type="checkbox"/> Other equipment problem UU <input type="checkbox"/> Undetermined
Head or Face Protection 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other	Coat, Shirt, or Trousers 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other						
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K4 Equipment Manufacturer, Model and Serial Number <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="font-size: small; text-align: center;">Manufacturer</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="font-size: small; text-align: center;">Model</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="font-size: small; text-align: center;">Serial Number</td> </tr> </table>			Manufacturer		Model		Serial Number
	Manufacturer						
	Model						
	Serial Number						

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.

EXERCISE SCENARIO 5-2: Cary Street Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the entire Fire Service Casualty Module form and the other required forms. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Fire Service Casualty 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, Station 2. The units received the alarm at 12:53 p.m. and arrived at the scene at 1:05 p.m. Each piece of apparatus was staffed with four firefighters.

The owner of the single-family dwelling, Mrs. Christy A. Gordon, 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 9-1-1. The firefighters extinguished the fire and removed smoke from the other rooms. 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. The last unit 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 fire department keeps records on the location of all responses. The incident was in Census Tract 501.10, District A12.

Mrs. Gordon, 66-year old, white female, was overcome by smoke in her bedroom. She had problems finding the exit because of the smoke. Her injury occurred at 12:50 p.m. Fire department personnel treated her at the scene. Her injury was considered minor but since she said that she felt dizzy, a local EMS provider transported her to the Proctor Medical Hospital for observation.

While investigating the incident, Fire Officer Juan M. Mills, a 36-year old, Hispanic, white male, slipped on debris located on the first floor and sprained his right ankle. His normal assignment is investigation. He was injured at 2:15 p.m. and treated at the scene by local EMS provider personnel. For precautions, he was also transported to Proctor Medical Hospital for X-rays. He was treated by the physician and given the okay to return to work. This was his first response in the 24-hour period. Officer Mills is a career member of the department. His badge number is 317.

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"/> <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"/>	
Their Incident Number <input type="text"/>		E3 Special Studies Local Option Special Study ID# <input type="text"/> Special Study Value <input type="text"/>	
F Actions Taken <input type="text"/>		G1 Resources	
Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)		<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"/>		Check box if resource counts include aid received resources.	
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		J Property Use <input type="checkbox"/> None	
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital		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	
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"/> 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:

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

 ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!

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

M Authorization

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 _____

A <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; 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border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> </div> <div style="text-align: center;"> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> </div> </div> <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> NFIRS-2 Fire </div>		
B Property Details <p>B1 <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input type="checkbox"/> Not Residential Estimated number of residential living units in building of origin <i>whether or not all units became involved</i></p> <p>B2 <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input type="checkbox"/> Buildings not involved Number of buildings involved</p> <p>B3 <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input type="checkbox"/> None <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input type="checkbox"/> Less than one acre Acres burned (outside fires)</p>	C On-Site Materials or Products <input type="checkbox"/> None <p>Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, <i>whether or not they became involved</i></p> <p>Enter up to three codes. Check one box for each code entered.</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> On-site material (1)</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> On-site material (2)</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> On-site material (3)</p> <p>On-Site Materials Storage Use</p> <p>1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined</p> <p>1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined</p> <p>1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined</p>	
D Ignition <p>D1 <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input type="checkbox"/> Area of fire origin</p> <p>D2 <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input type="checkbox"/> Heat source</p> <p>D3 <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input type="checkbox"/> Item first ignited <input type="checkbox"/> Check box if fire spread was confined to object of origin.</p> <p>D4 <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> <input type="checkbox"/> Type of material first ignited Required only if item first ignited code is 00 or <70</p>	E1 Cause of Ignition <input type="checkbox"/> None <p><input type="checkbox"/> Check box if this is an exposure report. ➔ Skip to Section G</p> <p>1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation</p> <p>E2 Factors Contributing to Ignition <input type="checkbox"/> None</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> Factor contributing to ignition (1)</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> Factor contributing to ignition (2)</p>	E3 Human Factors Contributing to Ignition <input type="checkbox"/> None <p>Check all applicable boxes</p> <p>1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved</p> <p>7 <input type="checkbox"/> Age was a factor</p> <p>Estimated age of person involved <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/></p> <p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>
F1 Equipment Involved in Ignition <p><input type="checkbox"/> None ➔ If equipment was not involved, skip to Section G</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> Equipment Involved</p> <p>Brand <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/></p> <p>Model <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/></p> <p>Serial # <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/></p> <p>Year <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/></p>	F2 Equipment Power Source <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> Equipment Power Source</p> <p>F3 Equipment Portability</p> <p>1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary</p> <p>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</p>	G Fire Suppression Factors <input type="checkbox"/> None <p>Enter up to three codes.</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> Fire suppression factor (1)</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> Fire suppression factor (2)</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> Fire suppression factor (3)</p>
H1 Mobile Property Involved <input type="checkbox"/> None <p>1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> Mobile property model</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> Year</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> License Plate Number <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> State <input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> VIN</p>	H2 Mobile Property Type and Make <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> Mobile property type</p> <p><input style="width: 50px; border-bottom: 1px solid black; margin-bottom: 5px;" type="text"/> Mobile property make</p>	Local Use <p><input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other agencies:</p> <p><input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3). </div>		

<p>I1 Structure Type ☆</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>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input type="checkbox"/> Occupied & 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>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p>_____</p> <p>Total number of stories at or above grade</p> <p>_____</p> <p>Total number of stories below grade</p>	<p>I4 Main Floor Size ☆</p> <p>_____, _____, _____</p> <p>Total square feet</p> <p style="text-align: center;">OR</p> <p>_____, _____ BY _____, _____</p> <p>Length in feet Width in feet</p>	<p>NFIRS-3 Structure Fire</p>
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<p>J1 Fire Origin ☆</p> <p>_____</p> <p>Story of fire origin <input type="checkbox"/> Below grade</p>	<p>J3 Number of Stories Damaged by Flame</p> <p>Count the roof as part of the highest story.</p> <p>_____</p> <p>Number of stories w/minor damage (1 to 24% flame damage)</p> <p>_____</p> <p>Number of stories w/significant damage (25 to 49% flame damage)</p> <p>_____</p> <p>Number of stories w/heavy damage (50 to 74% flame damage)</p> <p>_____</p> <p>Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread</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. → Skip to Section L</p> <p>K1 _____</p> <p>Item contributing most to flame spread</p> <p>K2 _____</p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

<p>L1 Presence of Detectors ☆</p> <p>(In area of the fire)</p> <p>N <input type="checkbox"/> None Present → Skip to Section M</p> <p>1 <input type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply</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 & power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness</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>L2 Detector Type</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>L4 Detector Operation</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input type="checkbox"/> Operated → Complete Block L5</p> <p>3 <input type="checkbox"/> Failed to operate → Complete Block L6</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason</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>M1 Presence of Automatic Extinguishing System ☆</p> <p>N <input type="checkbox"/> None Present</p> <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Partial System Present → Complete rest of Section M</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M3 Operation of Automatic Extinguishing System</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>M5 Reason for Automatic Extinguishing System Failure</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>M2 Type of Automatic Extinguishing System</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 (CO₂) system</p> <p>0 <input type="checkbox"/> Other special hazard system</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M4 Number of Sprinkler Heads Operating</p> <p>Required if system operated</p> <p>_____</p> <p>Number of sprinkler heads operating</p>	

A FDID <input type="text"/> State <input type="text"/> Incident Date <input type="text"/> Station <input type="text"/> Incident Number <input type="text"/> Exposure <input type="text"/>		<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-4 Civilian Fire Casualty
B Injured Person <input type="text"/> First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/> Suffix <input type="text"/>		C Casualty Number <input type="text"/>	
D Age or Date of Birth <input type="text"/> Age <input type="checkbox"/> Months (for infants) OR Date of Birth <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>		E1 Race 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined E2 Ethnicity 1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino	
F Affiliation 1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other		H Severity <input type="checkbox"/> 1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death U <input type="checkbox"/> Undetermined	
G Date and Time of Injury <small>Midnight is 0000.</small> Date of Injury <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> Time of Injury <input type="text"/> Hour <input type="text"/> Minute <input type="text"/>			
I Cause of Injury 1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, and gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped, or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by or contact with object 8 <input type="checkbox"/> Overexertion or strain 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		J Human Factors Contributing to Injury <input type="checkbox"/> None Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	
K Factors Contributing to Injury <input type="checkbox"/> None Enter up to three contributing factors Contributing factor (1) <input type="text"/> Contributing factor (2) <input type="text"/> Contributing factor (3) <input type="text"/>			
L Activity When Injured 1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined		M1 Location at Time of Incident 1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin and not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved 0 <input type="checkbox"/> Other location U <input type="checkbox"/> Undetermined M2 General Location at Time of Injury 1 <input type="checkbox"/> In area of fire origin → Skip to Section N 2 <input type="checkbox"/> In building, but not in area → Skip to Block M5 3 <input type="checkbox"/> Outside, but not in area U <input type="checkbox"/> Undetermined	
M3 Story at Start of Incident Complete ONLY if injury occurred INSIDE Story at start of incident <input type="text"/> <input type="checkbox"/> Below grade		M4 Story Where Injury Occurred Story where injury occurred, if different from M3 <input type="text"/> <input type="checkbox"/> Below grade	
M5 Specific Location at Time of Injury Complete ONLY if casualty NOT in area of origin Specific location at time of injury <input type="text"/>			
N Primary Apparent Symptom 01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns and smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only Look up a code only if the symptom is NOT found above Primary apparent symptom <input type="text"/>		O Primary Area of Body Injured 1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck and shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	
P Disposition <input type="checkbox"/> Transported to emergency care facility Remarks <input type="text"/> Local option			

A	FDID ☆ <input type="text"/>	State ☆ <input type="text"/>	MM DD YYY	Incident Date ☆ <input type="text"/>	Station <input type="text"/>	Incident Number ☆ <input type="text"/>	Exposure ☆ <input type="text"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-5 Fire Service Casualty
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B Injured Person Identification Number <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> Male ☆ 1 <input type="checkbox"/> Career 2 <input type="checkbox"/> Female 2 <input type="checkbox"/> Volunteer First Name <input type="text"/> MI <input type="text"/> Last Name <input type="text"/> Suffix <input type="text"/>	C Casualty Number ☆ Casualty Number <input type="text"/>
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D Age or Date of Birth ☆ Age <input type="text"/> In years OR Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	E Date and Time of Injury ☆ <small>Midnight is 0000.</small> Date of Injury <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year Time of Injury <input type="text"/> <input type="text"/> Hour Minute	F Responses Number of prior responses during past 24 hours <input type="text"/>
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G1 Usual Assignment 1 <input type="checkbox"/> Suppression 2 <input type="checkbox"/> EMS 3 <input type="checkbox"/> Prevention 4 <input type="checkbox"/> Training 5 <input type="checkbox"/> Maintenance 6 <input type="checkbox"/> Communications 7 <input type="checkbox"/> Administration 8 <input type="checkbox"/> Fire investigation 0 <input type="checkbox"/> Other	G2 Physical Condition Just Prior to Injury 1 <input type="checkbox"/> Rested 0 <input type="checkbox"/> Other 2 <input type="checkbox"/> Fatigued U <input type="checkbox"/> Undetermined 4 <input type="checkbox"/> Ill or injured G3 Severity ☆ 1 <input type="checkbox"/> Report only, including exposure 2 <input type="checkbox"/> First aid only 3 <input type="checkbox"/> Treated by physician (no lost time) 4 <input type="checkbox"/> Moderate (lost time) 5 <input type="checkbox"/> Severe (lost time) 6 <input type="checkbox"/> Life threatening (lost time) 7 <input type="checkbox"/> Death	G4 Taken To <input type="checkbox"/> Not transported 1 <input type="checkbox"/> Hospital 4 <input type="checkbox"/> Doctor's office 5 <input type="checkbox"/> Morgue/funeral home 6 <input type="checkbox"/> Residence 7 <input type="checkbox"/> Station or quarters 0 <input type="checkbox"/> Other G5 Activity at Time of Injury Activity at time of injury <input type="text"/>
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H1 Primary Apparent Symptom Primary apparent symptom <input type="text"/>	I1 Cause of Firefighter Injury Cause of injury <input type="text"/>	I3 Object Involved in Injury <input type="checkbox"/> None Object involved in injury <input type="text"/>
H2 Primary Part of Body Injured <input type="checkbox"/> None Primary injured body part <input type="text"/>	I2 Factor Contributing to Injury <input type="checkbox"/> None Contributing factor <input type="text"/>	

J1 Where Injury Occurred 1 <input type="checkbox"/> En route to FD location 2 <input type="checkbox"/> At FD location 3 <input type="checkbox"/> En route to incident scene 4 <input type="checkbox"/> En route to medical facility 5 <input type="checkbox"/> At scene in structure 6 <input type="checkbox"/> At scene outside 7 <input type="checkbox"/> At medical facility 8 <input type="checkbox"/> Returning from incident 9 <input type="checkbox"/> Returning from med facility 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	J3 Specific Location Where Injury Occurred → Complete Block J4 65 <input type="checkbox"/> In aircraft 64 <input type="checkbox"/> In boat, ship, or barge 63 <input type="checkbox"/> In rail vehicle 61 <input type="checkbox"/> In motor vehicle 54 <input type="checkbox"/> In sewer 53 <input type="checkbox"/> In tunnel 49 <input type="checkbox"/> In structure 45 <input type="checkbox"/> In attic 00 <input type="checkbox"/> Other 36 <input type="checkbox"/> In water UU <input type="checkbox"/> Undetermined 35 <input type="checkbox"/> In well 34 <input type="checkbox"/> In ravine 33 <input type="checkbox"/> In quarry or mine 32 <input type="checkbox"/> In ditch or trench 31 <input type="checkbox"/> In open pit 28 <input type="checkbox"/> On steep grade 27 <input type="checkbox"/> On fire escape/outside stairs 26 <input type="checkbox"/> On vertical surface or ledge 25 <input type="checkbox"/> On ground ladder 24 <input type="checkbox"/> On aerial ladder or in basket 23 <input type="checkbox"/> On roof 22 <input type="checkbox"/> Outside at grade	J4 Vehicle Type Complete ONLY if Specific Location code is >60 1 <input type="checkbox"/> Suppression vehicle 2 <input type="checkbox"/> EMS vehicle 3 <input type="checkbox"/> Other FD vehicle 4 <input type="checkbox"/> Non-FD vehicle Remarks <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> If protective equipment failed and was a factor in this injury, please complete the other side of this form. </div>
J2 Story Where Injury Occurred 1 <input type="checkbox"/> Check this box and enter the story if the injury occurred inside or on a structure <input type="text"/> Story of injury <input type="checkbox"/> Below grade 2 <input type="checkbox"/> Injury occurred outside	<small>NFIRS-5 Revision 01/01/05</small>	

K1 Did protective equipment fail and contribute to the injury? Please complete the remainder of this form ONLY if you answer YES.	Yes Y <input type="checkbox"/> No N <input type="checkbox"/>	Equipment Sequence Number _____	NFIRS-5 Fire Service Casualty
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K2 Protective Equipment Item	
Head or Face Protection 11 <input type="checkbox"/> Helmet 12 <input type="checkbox"/> Full face protector 13 <input type="checkbox"/> Partial face protector 14 <input type="checkbox"/> Goggles/eye protection 15 <input type="checkbox"/> Hood 16 <input type="checkbox"/> Ear protector 17 <input type="checkbox"/> Neck protector 10 <input type="checkbox"/> Other	Coat, Shirt, or Trousers 21 <input type="checkbox"/> Protective coat 22 <input type="checkbox"/> Protective trousers 23 <input type="checkbox"/> Uniform shirt 24 <input type="checkbox"/> Uniform T-shirt 25 <input type="checkbox"/> Uniform trousers 26 <input type="checkbox"/> Uniform coat or jacket 27 <input type="checkbox"/> Coveralls 28 <input type="checkbox"/> Apron or gown 20 <input type="checkbox"/> Other
Boots or Shoes 31 <input type="checkbox"/> Knee length boots with steel baseplate and steel toes 32 <input type="checkbox"/> Knee length boots with steel toes only 33 <input type="checkbox"/> 3/4 length boots with steel baseplate and steel toes 34 <input type="checkbox"/> 3/4 length boots with steel toes only 35 <input type="checkbox"/> Boots without steel baseplate and steel toes 36 <input type="checkbox"/> Safety shoes with steel baseplate and steel toes 37 <input type="checkbox"/> Safety shoes with steel toes only 38 <input type="checkbox"/> Non-safety shoes 30 <input type="checkbox"/> Other	
Respiratory Protection 41 <input type="checkbox"/> SCBA (demand) open circuit 42 <input type="checkbox"/> SCBA (positive pressure) open circuit 43 <input type="checkbox"/> SCBA closed circuit 44 <input type="checkbox"/> Not self-contained 45 <input type="checkbox"/> Cartridge respirator 46 <input type="checkbox"/> Dust or particle mask 40 <input type="checkbox"/> Other	
Hand Protection 51 <input type="checkbox"/> Firefighter gloves with wristlets 52 <input type="checkbox"/> Firefighter gloves without wristlets 53 <input type="checkbox"/> Work gloves 54 <input type="checkbox"/> HazMat gloves 55 <input type="checkbox"/> Medical gloves 50 <input type="checkbox"/> Other	
Special Equipment 61 <input type="checkbox"/> Proximity suit for entry 62 <input type="checkbox"/> Proximity suit for non-entry 63 <input type="checkbox"/> Totally encapsulated, reusable chemical suit 64 <input type="checkbox"/> Totally encapsulated, disposable chemical suit 65 <input type="checkbox"/> Partially encapsulated, reusable chemical suit 66 <input type="checkbox"/> Partially encapsulated, disposable chemical suit 67 <input type="checkbox"/> Flash protection suit 68 <input type="checkbox"/> Flight or jump suit 69 <input type="checkbox"/> Brush suit 71 <input type="checkbox"/> Exposure suit 72 <input type="checkbox"/> Self-contained underwater breathing apparatus (SCUBA) 73 <input type="checkbox"/> Life preserver 74 <input type="checkbox"/> Life belt or ladder belt 75 <input type="checkbox"/> Personal alert safety system (PASS) 76 <input type="checkbox"/> Radio distress device 77 <input type="checkbox"/> Personal lighting 78 <input type="checkbox"/> Fire shelter or tent 79 <input type="checkbox"/> Vehicle safety belt 70 <input type="checkbox"/> Special equipment, other 00 <input type="checkbox"/> Protective equipment, other	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment. </div>

K3 Protective Equipment Problem Check one box to indicate the main problem that occurred.	
11 <input type="checkbox"/> Burned 12 <input type="checkbox"/> Melted 21 <input type="checkbox"/> Fractured, cracked or broken 22 <input type="checkbox"/> Punctured 23 <input type="checkbox"/> Scratched 24 <input type="checkbox"/> Knocked off 25 <input type="checkbox"/> Cut or ripped 31 <input type="checkbox"/> Trapped steam or hazardous gas 32 <input type="checkbox"/> Insufficient insulation 33 <input type="checkbox"/> Object fell in or onto equipment item 41 <input type="checkbox"/> Failed under impact 42 <input type="checkbox"/> Face piece or hose detached 43 <input type="checkbox"/> Exhalation valve inoperative or damaged 44 <input type="checkbox"/> Harness detached or separated 45 <input type="checkbox"/> Regulator failed to operate 46 <input type="checkbox"/> Regulator damaged by contact 47 <input type="checkbox"/> Problem with admissions valve 48 <input type="checkbox"/> Alarm failed to operate 49 <input type="checkbox"/> Alarm damaged by contact 51 <input type="checkbox"/> Supply cylinder or valve failed to operate 52 <input type="checkbox"/> Supply cylinder/valve damaged by contact 53 <input type="checkbox"/> Supply cylinder—insufficient air/oxygen 94 <input type="checkbox"/> Did not fit properly 95 <input type="checkbox"/> Not properly serviced or stored prior to use 96 <input type="checkbox"/> Not used for designed purpose 97 <input type="checkbox"/> Not used as recommended by manufacturer 00 <input type="checkbox"/> Other equipment problem UU <input type="checkbox"/> Undetermined	

K4 Equipment Manufacturer, Model and Serial Number _____ Manufacturer _____ Model _____ Serial Number	
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Fire Service Casualty Module Test

1. The Fire Service Casualty Module is used to report (check all that apply)
 - (a) fire service injuries or deaths involved with any incident response.
 - (b) fire service exposures involved with any incident response.
 - (c) off-duty fire service injuries or deaths.
 - (d) on-duty fire service injuries or deaths at the fire station.

2. The protective equipment section of the Fire Service Casualty Module is completed when
 - (a) protective equipment is worn.
 - (b) protective equipment was not worn but should have been worn.
 - (c) protective equipment failed **or** contributed to the injury.
 - (d) protective equipment failed **and** contributed to the injury.

3. Forcible entry and extinguishing fire are examples of this Fire Service Casualty Module's data element.
 - (a) Usual Assignment.
 - (b) Where Injury Occurred.
 - (c) Activity at Time of Injury.
 - (d) Actions Taken.

4. Smoke inhalation and cut are examples of this Fire Service Casualty Module's data element.
 - (a) Factor Contributing to Injury.
 - (b) Severity.
 - (c) Primary Apparent Symptom.
 - (d) Actions Taken.

5. This Fire Service Casualty Module data element is helpful in determining the condition of the firefighter at the time of injury (check all that apply).
 - (a) Responses.
 - (b) Severity.
 - (c) Physical Condition Just Prior to Injury.
 - (d) Activity at Time of Injury.