

Personnel Module: NFIRS-10

Objectives

After completing the Personnel Module you will be able to:

1. Describe when the Personnel Module is to be used.
 2. Demonstrate how to complete the Personnel Module and identify appropriate other modules, given the scenario of a hypothetical incident.
-

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Pretest #10 – Personnel Module

1. A Basic Module must be completed if the Personnel Module is completed.
 - (a) True.
 - (b) False.

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

3. Either the Personnel Module or Apparatus or Resources Module may be used, but not both.
 - (a) True.
 - (b) False.

4. The Personnel Module can be used to help manage and track apparatus and resources used on incidents.
 - (a) True.
 - (b) False.

5. The data element Attend allows fire departments to preprint or preenter personnel in the Personnel Module.
 - (a) True.
 - (b) False.

Record dates and times for Dispatch, Arrival, and Clear in the Dates and Times block. Record all times in 24-hour time (midnight is 0000). If the alarm date is the same as the dispatch, arrival, or clear date, check the box that appears to the left of the appropriate field.

SENT

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

A box is available to indicate whether or not the unit actually responded to the incident. If it did, mark the box. If the unit was held in quarters, leave it blank. (For paper copy only.)

NUMBER OF PEOPLE

| |
|--------------------------|
| Number of ☆ People |
| _ _ _ |

Record the total number of people responding on the specific piece of apparatus on the line provided.

APPARATUS USE

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

Three choices are offered in this section to clarify the main use of each piece of apparatus at the incident. Mark only one box.

ACTIONS TAKEN

| |
|---|
| Actions Taken |
| List up to 4 actions for each apparatus and each personnel. |
| _ _ _ _ _ _ _ _ _ _ _ _ |

ATTEND

| Attend |
|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Mark the box if the individual responded to the incident (for paper copy only).

ACTION TAKEN

| Action Taken |
|--------------|
| |
| |
| |
| |
| |
| |

For each individual, you can document up to four actions. Codes should correspond with those entered on Lines F of the Basic Module and are in the CRG.

SUMMARY

Use the Personnel Module as a local option to document personnel and apparatus information for individual incidents. If a Personnel Module is completed for each apparatus sent to the scene, it is not necessary to complete the Apparatus or Resources Module.

EXAMPLE: Automobile Crash

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

On July 6, 1998, (FDID #TR100) Engine 1 and Ambulance 3, along with Rescue Squad 6, were dispatched at 1705 hours to an automobile crash involving personal injuries at Main Street and Laurel Blvd., Eau Claire, WI. Engine 1 and Ambulance 3 arrived on the scene at 1710, and the squad arrived at 1713. The crew on Engine 1 consisted of Captain Jones (ID #JP0275), Driver Boswell (ID #BK3451), and Wilson (ID #WS6753) was in the Bucket. Incident #9222108 was assigned.

The crew on Ambulance 3 consisted of Paramedic Smith (ID #SB9078) and Driver/EMT Conrad (ID #NC2165). Rescue Squad personnel included Lt. Holmes (ID #JH2580), Driver Torre (ID #TJ3425), and FF Kerns (ID #KF4791).

The officer in charge reported a vehicle crash with one person trapped. Engine 1 personnel pulled a hoseline and provided vehicle stabilization. Ambulance 3 personnel provided traction on the patient's neck until Rescue Squad 6 extricated the victim.

The victim in the second car received minor injuries but signed a release stating that he refused treatment or transport to the hospital. After patient 1 was extricated he was placed on a long back board and transported to the hospital. Engine 1 and Rescue Squad 6 cleared the scene at 1812. The ambulance cleared the hospital at 1840.

NFIRS 5.0 Self-Study Program

A FDID TR100 State WI Incident Date 07/06/1998 Station 001 Incident Number 9222108 Exposure 000 Delete Change **NFIRS-10 Personnel**

B Apparatus or Resources **Dates and Times** (Midnight is 0000) **Sent** **Number of People** 003 **Apparatus Use** Suppression EMS Other **Actions Taken**

1 ID E1 Dispatch 1705 Arrival 1710 Clear 1812

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------------|---------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| <u>J P 0 2 7 5</u> | Jones | Capt. | <input checked="" type="checkbox"/> | 73 | | | |
| <u>B K 3 4 5 1</u> | Boswell | Tech | <input checked="" type="checkbox"/> | 73 | 58 | | |
| <u>W M 6 7 5 3</u> | Wilson | FF | <input checked="" type="checkbox"/> | 73 | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

2 ID AMB3 Dispatch 1705 Arrival 1710 Clear 1840 Sent Number of People 002 Suppression EMS Other **Actions Taken** 31 34

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------------|--------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| <u>S B 9 0 7 8</u> | Smith | PM | <input checked="" type="checkbox"/> | 32 | | | |
| <u>N C 2 1 6 5</u> | Conrad | EMT | <input checked="" type="checkbox"/> | 58 | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

3 ID RS6 Dispatch 1705 Arrival 1713 Clear 1812 Sent Number of People 003 Suppression EMS Other **Actions Taken** 23

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------------|--------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| <u>J H 2 5 8 0</u> | Holmes | Lt. | <input checked="" type="checkbox"/> | 23 | | | |
| <u>J T 3 4 2 5</u> | Torre | Tech | <input checked="" type="checkbox"/> | 23 | 58 | | |
| <u>K F 4 7 9 1</u> | Kerns | FF | <input checked="" type="checkbox"/> | 23 | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | | | | |

EXERCISE SCENARIO 10-1: Structure Fire

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

On 11/22/2000, in Eau Claire, WI, FDID #TR100, Station 42, responded (Incident #3402341) to a structure fire.

Engine 422 (driven and operated by FF Richardson) was dispatched at 1345 and arrived at the 8503 Spring Drive structure fire at 1347 hours. Captain Cooke, FF Groshong, and Probationary FF McIntire advanced one 1-3/4-inch line to the first floor.

Medic 1 (driven and operated by FF/First Responder Worley) was dispatched at 1347 and arrived on scene at 1350 hours. Paramedic Burnette found the homeowner in the front yard suffering from smoke inhalation and administered oxygen. FF Worley treated a child for a cut received while escaping the structure.

Truck 1 (driven and operated by FF Mitchell) was dispatched at 1345 and arrived at 1351 hours. Captain Fritz and FF McAllister conducted a search of the second floor while FF Dupeire performed ventilation. After the fire was knocked down, the whole crew performed salvage and overhaul.

Engine 422 cleared the scene at 1431 and was available for duty at 1445. Truck 1 was clear at 1450 and available at 1510. Medic 1 was clear of the scene at 1510 and available at 1540.

Personnel ID Numbers are as follows:

| | |
|----------------|-----------|
| Capt. Cooke | 976202020 |
| FF Groshong | 534879310 |
| PFF McIntire | 721201241 |
| FF Richardson | 711349089 |
| Capt. Fritz | 314895310 |
| FF Mitchell | 734902143 |
| FF McAllister | 675906301 |
| FF Dupeire | 368319752 |
| FF Worley | 752372291 |
| Medic Burnette | 901190111 |

| | | | | | | | | |
|----------|---------------------------|----------------------------|------------------------------------|------------------------------|--------------------------------------|-------------------------------|--|-------------------------------|
| 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-10 Personnel |
|----------|---------------------------|----------------------------|------------------------------------|------------------------------|--------------------------------------|-------------------------------|--|-------------------------------|

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

| Personnel ID <input type="checkbox"/> | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|---------------------------------------|------|---------------|--|--------------|--------------|--------------|--------------|
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |

| | | | | | |
|--|--|----------------------------------|----------------------|--|--|
| 2 ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> | Sent <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|--|--|----------------------------------|----------------------|--|--|

| Personnel ID <input type="checkbox"/> | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|---------------------------------------|------|---------------|--|--------------|--------------|--------------|--------------|
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |

| | | | | | |
|--|--|----------------------------------|----------------------|--|--|
| 3 ID <input type="text"/> Type <input type="text"/> | Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> | Sent <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|--|--|----------------------------------|----------------------|--|--|

| Personnel ID <input type="checkbox"/> | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|---------------------------------------|------|---------------|--|--------------|--------------|--------------|--------------|
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |

NFIRS 5.0 Self-Study Program

A FDID State Incident Date Station Incident Number Exposure Delete Change **NFIRS-10 Personnel**

B Apparatus or Resources **Dates and Times** Midnight is 0000
 Check if same date as Alarm date on the Basic Module (Block E1)
 Month Day Year Hour/Min
 Sent **Number of People** **Apparatus Use** **Actions Taken**
 Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.
 Dispatch Sent
 Arrival
 Clear Suppression EMS Other

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--|------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| <input type="text" value="976202020"/> | Cooke | Capt | <input checked="" type="checkbox"/> | 11 | | | |
| <input type="text" value="534879310"/> | Groshong | FF | <input checked="" type="checkbox"/> | 11 | | | |
| <input type="text" value="721201241"/> | McIntire | PFF | <input checked="" type="checkbox"/> | 11 | | | |
| <input type="text" value="711349089"/> | Richardson | FF | <input checked="" type="checkbox"/> | 58 | | | |
| <input type="text" value=""/> | | | <input type="checkbox"/> | | | | |
| <input type="text" value=""/> | | | <input type="checkbox"/> | | | | |

ID Dispatch Sent
 Arrival Suppression EMS Other
 Clear

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--|------------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| <input type="text" value="314895310"/> | Fritz | Capt | <input checked="" type="checkbox"/> | 20 | 12 | | |
| <input type="text" value="734902143"/> | Mitchell | FF | <input checked="" type="checkbox"/> | 58 | | | |
| <input type="text" value="675906301"/> | McAllister | FF | <input checked="" type="checkbox"/> | 20 | 12 | | |
| <input type="text" value="368319752"/> | Dupeire | FF | <input checked="" type="checkbox"/> | 51 | 12 | | |
| <input type="text" value=""/> | | | <input type="checkbox"/> | | | | |
| <input type="text" value=""/> | | | <input type="checkbox"/> | | | | |

ID Dispatch Sent
 Arrival Suppression EMS Other
 Clear

| Personnel ID | Name | Rank or Grade | Attend | Action Taken | Action Taken | Action Taken | Action Taken |
|--|----------|---------------|-------------------------------------|--------------|--------------|--------------|--------------|
| <input type="text" value="752372291"/> | Worley | FF | <input checked="" type="checkbox"/> | 32 | 31 | | |
| <input type="text" value="901190111"/> | Burnette | Medic | <input checked="" type="checkbox"/> | 32 | 31 | | |
| <input type="text" value=""/> | | | <input type="checkbox"/> | | | | |
| <input type="text" value=""/> | | | <input type="checkbox"/> | | | | |
| <input type="text" value=""/> | | | <input type="checkbox"/> | | | | |
| <input type="text" value=""/> | | | <input type="checkbox"/> | | | | |

EXERCISE SCENARIO 10-2: Structure Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the entire Personnel Module form and other forms needed to complete the scenario. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Personnel Module again.

The Alberta Fire Department (FDID #92188) received a call for a reported house fire at 5 East Cary Street, Brunswick, Virginia 23351, on May 1, 2005. The dispatcher assigned the incident (#5433) to Engine 1, Engine 2, and Truck 1 from Shift A. The units received the alarm at 12:53 p.m. Engine 1 and Truck 1 arrived at the scene at 12:58. Engine 2 arrive at the scene at 1:00 p.m. Each unit was staffed with four firefighters. The owner of the single-family dwelling, Mrs. Christy Gordon (66 years old), said that she was warming her lunch on the stove when the grease from the pan began to burn. The gas stove was a Whirlpool, Model RF330PXVN, Serial Number F925888840, Year 2000. The fire spread from the pan to the curtains. She had fallen asleep upstairs and was alerted when the hardwired smoke detector activated. The flame damage was confined to the kitchen. The 2,000 square feet, two-story home was filled with smoke in the other rooms. She called 911. Crews from Engine 1 and 2 worked to extinguish the fire while the crew from Truck 1 performed ventilation, salvage, and overhaul. The fire was brought under control at 1:25 p.m. There was \$24,000 fire loss to property and \$9,600 content loss. The value of the property was \$161,000 and the content value was \$80,400. All units cleared the scene at 2:40 p.m. FF1 Adam C. Wallner, Badge No. 224, completed the report after returning to Station No. 2. Captain Tonya S. Gordon, Badge No. 105, was the officer in charge. The incident was in Census Tract 501.10, District A12.

Engine 1 Personnel

- Andrew C. Wallner, FF1, Badge No. 224, Duties: Extinguish fire and ventilation
- Karen M. Winer, FF2, Badge No. 111, Duties: Extinguish fire and ventilation
- Andrew B. Starwood, FF3, Badge No. 130, Duties: Operate apparatus
- Tonya S. Gordon, Capt., Badge No. 105, Duties: Command

Engine 2 Personnel

- Paul P. Kritz, FF2, Badge No. 222, Duties: Extinguish fire
- Andy C. Long, FF3, Badge No. 219, Duties: Extinguish fire
- Stan Baron, Capt., Badge No. 007, Duties: Command
- John Mack, FF3, Badge No. 234, Duties: Operate apparatus

Truck

- Juan M. Mills, FO2, Badge No. 317, Duties: Ventilation
- Ronald T. Harris, FF2, Badge No. 299, Duties: Operate apparatus
- Marion Fritz, Capt., Badge No. 847, Duties: Command
- Cal Heilig, FF3, Badge No. 356, Duties: Salvage and Overhaul

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|---|--|--|---|--|----------------------|--------------------------------|----------------------|--|--|--|---|--|--|--|--|----------------------------------|----------------------|--|--|--|--|--|--|--|--|-------------------------------------|----------------------|--|--|--|---|--|--|--|--|--|----------------------|--|--|--|
| A <table style="width:100%; border: none;"> <tr> <td style="border: none;">FDID <input type="text"/></td> <td style="border: none;">State <input type="text"/></td> <td style="border: none;">Incident Date <input type="text"/></td> <td style="border: none;">Station <input type="text"/></td> <td style="border: none;">Incident Number <input type="text"/></td> <td style="border: none;">Exposure <input type="text"/></td> <td style="border: none; text-align: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity </td> <td style="border: none; text-align: right; font-weight: bold;">NFIRS-1 Basic</td> </tr> </table> | | 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 <input type="checkbox"/> No Activity | NFIRS-1 Basic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <input type="checkbox"/> No Activity | NFIRS-1 Basic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Location Type <input type="checkbox"/> <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. <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;"><input type="checkbox"/> Street address</td> <td style="border: none;">Census Tract <input type="text"/></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Intersection</td> <td style="border: none;">Number/Milepost <input type="text"/> Prefix <input type="text"/> Street or Highway <input type="text"/> Street Type <input type="text"/> Suffix <input type="text"/></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> In front of</td> <td style="border: none;">Apt./Suite/Room <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Rear of</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Adjacent to</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Directions</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> US National Grid</td> <td style="border: none;">Cross Street, Directions or National Grid, as applicable</td> </tr> </table> | | <input type="checkbox"/> Street address | Census Tract <input type="text"/> | <input type="checkbox"/> Intersection | Number/Milepost <input type="text"/> Prefix <input type="text"/> Street or Highway <input type="text"/> Street Type <input type="text"/> Suffix <input type="text"/> | <input type="checkbox"/> In front of | Apt./Suite/Room <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/> | <input type="checkbox"/> Rear of | | <input type="checkbox"/> Adjacent to | | <input type="checkbox"/> Directions | | <input type="checkbox"/> US National Grid | Cross Street, Directions or National Grid, as applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Street address | Census Tract <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Intersection | Number/Milepost <input type="text"/> Prefix <input type="text"/> Street or Highway <input type="text"/> Street Type <input type="text"/> Suffix <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> In front of | Apt./Suite/Room <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rear of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adjacent to | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Directions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> US National Grid | Cross Street, Directions or National Grid, as applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Incident Type <input type="checkbox"/> <input type="checkbox"/> Incident Type <input type="text"/> | E1 Dates and Times <input type="checkbox"/> <input type="checkbox"/> Check boxes if dates are the same as Alarm Date. <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;">Month <input type="text"/></td> <td style="border: none;">Day <input type="text"/></td> <td style="border: none;">Year <input type="text"/></td> <td style="border: none;">Hour <input type="text"/></td> <td style="border: none;">Min <input type="text"/></td> </tr> <tr> <td colspan="5" style="border: none; text-align: center;">Midnight is 0000</td> </tr> <tr> <td colspan="5" style="border: none; text-align: center;">ALARM always required</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Alarm</td> <td colspan="4" style="border: none;"><input type="text"/></td> </tr> <tr> <td colspan="5" style="border: none; text-align: center;">ARRIVAL required, unless canceled or did not arrive</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Arrival</td> <td colspan="4" style="border: none;"><input type="text"/></td> </tr> <tr> <td colspan="5" style="border: none; text-align: center;">CONTROLLED optional, except for wildland fires</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Controlled</td> <td colspan="4" style="border: none;"><input type="text"/></td> </tr> <tr> <td colspan="5" style="border: none; text-align: center;">LAST UNIT CLEARED, required except for wildland fires</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Last Unit Cleared</td> <td colspan="4" style="border: none;"><input type="text"/></td> </tr> </table> | Month <input type="text"/> | Day <input type="text"/> | Year <input type="text"/> | Hour <input type="text"/> | Min <input type="text"/> | Midnight is 0000 | | | | | ALARM always required | | | | | <input type="checkbox"/> Alarm | <input type="text"/> | | | | ARRIVAL required, unless canceled or did not arrive | | | | | <input type="checkbox"/> Arrival | <input type="text"/> | | | | CONTROLLED optional, except for wildland fires | | | | | <input type="checkbox"/> Controlled | <input type="text"/> | | | | LAST UNIT CLEARED, required except for wildland fires | | | | | <input type="checkbox"/> Last Unit Cleared | <input type="text"/> | | | |
| Month <input type="text"/> | Day <input type="text"/> | Year <input type="text"/> | Hour <input type="text"/> | Min <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Midnight is 0000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALARM always required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Alarm | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARRIVAL required, unless canceled or did not arrive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Arrival | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTROLLED optional, except for wildland fires | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Controlled | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LAST UNIT CLEARED, required except for wildland fires | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Last Unit Cleared | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Aid Given or Received <input type="checkbox"/> <input type="checkbox"/> None <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;">1 <input type="checkbox"/> Mutual aid received</td> <td rowspan="5" style="border: none; text-align: center;"> <input type="text"/> Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number </td> </tr> <tr> <td style="border: none;">2 <input type="checkbox"/> Auto. aid received</td> </tr> <tr> <td style="border: none;">3 <input type="checkbox"/> Mutual aid given</td> </tr> <tr> <td style="border: none;">4 <input type="checkbox"/> Auto. aid given</td> </tr> <tr> <td style="border: none;">5 <input type="checkbox"/> Other aid given</td> </tr> </table> | 1 <input type="checkbox"/> Mutual aid received | <input type="text"/> Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number | 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 | E2 Shifts and Alarms <input type="checkbox"/> <input type="checkbox"/> Local Option <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;">Shift or Platoon <input type="text"/></td> <td style="border: none;">Alarms <input type="text"/></td> <td style="border: none;">District <input type="text"/></td> </tr> </table> | Shift or Platoon <input type="text"/> | Alarms <input type="text"/> | District <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> Mutual aid received | <input type="text"/> Their FDID <input type="text"/> Their State <input type="text"/> Their Incident Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shift or Platoon <input type="text"/> | Alarms <input type="text"/> | District <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E3 Special Studies <input type="checkbox"/> <input type="checkbox"/> Local Option <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;">Special Study ID# <input type="text"/></td> <td style="border: none;">Special Study Value <input type="text"/></td> </tr> </table> | Special Study ID# <input type="text"/> | Special Study Value <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Study ID# <input type="text"/> | Special Study Value <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F Actions Taken <input type="checkbox"/> <input type="checkbox"/> <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;">Primary Action Taken (1) <input type="text"/></td> </tr> <tr> <td style="border: none;">Additional Action Taken (2) <input type="text"/></td> </tr> <tr> <td style="border: none;">Additional Action Taken (3) <input type="text"/></td> </tr> </table> | Primary Action Taken (1) <input type="text"/> | Additional Action Taken (2) <input type="text"/> | Additional Action Taken (3) <input type="text"/> | G1 Resources <input type="checkbox"/> <input type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">Apparatus</td> <td style="border: none; text-align: center;">Personnel</td> </tr> <tr> <td style="border: none;">Suppression <input type="text"/></td> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> </tr> <tr> <td style="border: none;">EMS <input type="text"/></td> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> </tr> <tr> <td style="border: none;">Other <input type="text"/></td> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> </tr> </table> <input type="checkbox"/> Check box if resource counts include aid received resources. | | Apparatus | Personnel | Suppression <input type="text"/> | <input type="text"/> | <input type="text"/> | EMS <input type="text"/> | <input type="text"/> | <input type="text"/> | Other <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Action Taken (1) <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Action Taken (2) <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Action Taken (3) <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Apparatus | Personnel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suppression <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMS <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G2 Estimated Dollar Losses and Values <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;">Property \$ <input type="text"/></td> <td style="border: none;">None <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Contents \$ <input type="text"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="border: none;">PRE-INCIDENT VALUE: Optional</td> </tr> <tr> <td style="border: none;">Property \$ <input type="text"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Contents \$ <input type="text"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table> | Property \$ <input type="text"/> | None <input type="checkbox"/> | Contents \$ <input type="text"/> | <input type="checkbox"/> | PRE-INCIDENT VALUE: Optional | | Property \$ <input type="text"/> | <input type="checkbox"/> | Contents \$ <input type="text"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property \$ <input type="text"/> | None <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contents \$ <input type="text"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRE-INCIDENT VALUE: Optional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property \$ <input type="text"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contents \$ <input type="text"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed Modules <ul style="list-style-type: 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 | H1 Casualties <input type="checkbox"/> <input type="checkbox"/> None <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">Deaths</td> <td style="border: none; text-align: center;">Injuries</td> </tr> <tr> <td style="border: none;">Fire Service <input type="text"/></td> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> </tr> <tr> <td style="border: none;">Civilian <input type="text"/></td> <td style="border: none;"><input type="text"/></td> <td style="border: none;"><input type="text"/></td> </tr> </table> | | Deaths | Injuries | Fire Service <input type="text"/> | <input type="text"/> | <input type="text"/> | Civilian <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Deaths | Injuries | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire Service <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Civilian <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 Detector <input type="checkbox"/> <input type="checkbox"/> Required for confined fires. <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;">1 <input type="checkbox"/> Detector alerted occupants</td> </tr> <tr> <td style="border: none;">2 <input type="checkbox"/> Detector did not alert them</td> </tr> <tr> <td style="border: none;">U <input type="checkbox"/> Unknown</td> </tr> </table> | 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"/> <input type="checkbox"/> None <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;">1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions</td> </tr> <tr> <td style="border: none;">2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill)</td> </tr> <tr> <td style="border: none;">3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container</td> </tr> <tr> <td style="border: none;">4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage</td> </tr> <tr> <td style="border: none;">5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage</td> </tr> <tr> <td style="border: none;">6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only</td> </tr> <tr> <td style="border: none;">7 <input type="checkbox"/> Motor oil: from engine or portable container</td> </tr> <tr> <td style="border: none;">8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons</td> </tr> <tr> <td style="border: none;">0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)</td> </tr> </table> | 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.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> Detector alerted occupants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 <input type="checkbox"/> Detector did not alert them | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> <input type="checkbox"/> Not mixed <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;">10 <input type="checkbox"/> Assembly use</td> </tr> <tr> <td style="border: none;">20 <input type="checkbox"/> Education use</td> </tr> <tr> <td style="border: none;">33 <input type="checkbox"/> Medical use</td> </tr> <tr> <td style="border: none;">40 <input type="checkbox"/> Residential use</td> </tr> <tr> <td style="border: none;">51 <input type="checkbox"/> Row of stores</td> </tr> <tr> <td style="border: none;">53 <input type="checkbox"/> Enclosed mall</td> </tr> <tr> <td style="border: none;">58 <input type="checkbox"/> Business & residential</td> </tr> <tr> <td style="border: none;">59 <input type="checkbox"/> Office use</td> </tr> <tr> <td style="border: none;">60 <input type="checkbox"/> Industrial use</td> </tr> <tr> <td style="border: none;">63 <input type="checkbox"/> Military use</td> </tr> <tr> <td style="border: none;">65 <input type="checkbox"/> Farm use</td> </tr> <tr> <td style="border: none;">00 <input type="checkbox"/> Other mixed use</td> </tr> </table> | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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"/> <input type="checkbox"/> None <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;"> Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital </td> <td style="border: none;"> 341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarded house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales </td> <td style="border: none;"> 539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse </td> </tr> <tr> <td style="border: none;"> 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 </td> <td style="border: none;"> 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right-of-way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway </td> <td style="border: none;"> 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard </td> </tr> </table> | Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital | 341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/boarded house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales | 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 | 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 | 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | 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. <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="border: none;">Property Use Description <input type="text"/></td> <td style="border: none;">Property Use Code <input type="text"/></td> </tr> </table> | | Property Use Description <input type="text"/> | Property Use Code <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Use Description <input type="text"/> | Property Use Code <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

K1 Person/Entity Involved

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

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

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

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

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

State _____ ZIP Code _____ - _____

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

K2 Owner

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

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

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

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

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

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

State _____ ZIP Code _____ - _____


L Remarks:

Local Option _____

Fire Module Required?

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

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

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

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

M Authorization

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

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

A FDID State MM DD YYYY Station Incident Number Exposure Delete Change **NFIRS-2 Fire**

B Property Details

B1 Not Residential
Estimated number of residential living units in building of origin whether or not all units became involved

B2 Buildings not involved
Number of buildings involved

B3 None Less than one acre
Acres burned (outside fires)

C On-Site Materials or Products None
Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved

On-Site Materials Storage Use

Enter up to three codes. Check one box for each code entered.

On-site material (1) Bulk storage or warehousing
 Processing or manufacturing
 Packaged goods for sale
 Repair or service
 Undetermined

On-site material (2) Bulk storage or warehousing
 Processing or manufacturing
 Packaged goods for sale
 Repair or service
 Undetermined

On-site material (3) Bulk storage or warehousing
 Processing or manufacturing
 Packaged goods for sale
 Repair or service
 Undetermined

D Ignition

D1 Area of fire origin **D2** Heat source

D3 Item first ignited Check box if fire spread was confined to object of origin.

D4 Type of material first ignited Required only if item first ignited code is 00 or <70

E1 Cause of Ignition Check box if this is an exposure report. Skip to Section G

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition None

Factor contributing to ignition (1) Factor contributing to ignition (2)

E3 Human Factors Contributing to Ignition None
Check all applicable boxes

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved
7 Age was a factor

Estimated age of person involved

1 Male 2 Female

F1 Equipment Involved in Ignition None If equipment was not involved, skip to Section G

Equipment Involved
Brand
Model
Serial #
Year

F2 Equipment Power Source None
Equipment Power Source

F3 Equipment Portability

1 Portable
2 Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors None
Enter up to three codes.

Fire suppression factor (1)
Fire suppression factor (2)
Fire suppression factor (3)

H1 Mobile Property Involved None

1 Not involved in ignition, but burned
2 Involved in ignition, but did not burn
3 Involved in ignition and burned

H2 Mobile Property Type and Make

Mobile property type
Mobile property make

Mobile property model

Year

License Plate Number State VIN

Local Use

Pre-Fire Plan Available
Some of the information presented in this report may be based upon reports from other agencies:

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached

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

NFIRS-2 Revision 01/01/05

| | | | |
|---|--|--|---|
| <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>Total number of stories at or above grade</p> <p>_____</p> <p>Total number of stories below grade</p> <p>_____</p> | <p>I4 Main Floor Size ☆</p> <p>Total square feet</p> <p>_____, _____, _____</p> <p>OR</p> <p>_____, _____ BY _____, _____</p> <p>Length in feet Width in feet</p> |
|---|--|--|---|

NFIRS-3 Structure Fire

| | | |
|---|---|---|
| <p>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>_____ Number of stories w/minor damage (1 to 24% flame damage)</p> <p>_____ Number of stories w/significant damage (25 to 49% flame damage)</p> <p>_____ Number of stories w/heavy damage (50 to 74% flame damage)</p> <p>_____ Number of stories w/extreme damage (75 to 100% flame damage)</p> | <p>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>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 → Complete rest of Section M</p> <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Partial System Present</p> <p>U <input type="checkbox"/> Undetermined</p> | <p>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> | |

NFIRS 5.0 Self-Study Program

| | | | | | | | | |
|----------|---------------------------|----------------------------|------------------------------------|------------------------------|--------------------------------------|-------------------------------|--|-------------------------------|
| 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-10 Personnel |
|----------|---------------------------|----------------------------|------------------------------------|------------------------------|--------------------------------------|-------------------------------|--|-------------------------------|

| | | | | | |
|---|---|--|---|---|---|
| B Apparatus or Resources | Dates and Times <small>Midnight is 0000</small> <input type="checkbox"/> Check if same date as Alarm date on the Basic Module (Block E1) Month Day Year Hour/Min | Sent <input checked="" type="checkbox"/> | Number of People <input type="text"/> | Apparatus Use <input type="checkbox"/> Check ONE box for each apparatus to indicate its main use at the incident. <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | Actions Taken List up to 4 actions for each apparatus and each personnel. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 1 ID <input type="text"/> ☆Type <input type="text"/> | Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> | Sent <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| Personnel ID <input type="checkbox"/> | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|---------------------------------------|------|---------------|--|--------------|--------------|--------------|--------------|
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |

| | | | | | |
|---|--|----------------------------------|----------------------|--|--|
| 2 ID <input type="text"/> ☆Type <input type="text"/> | Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> | Sent <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|--|----------------------------------|----------------------|--|--|

| Personnel ID <input type="checkbox"/> | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|---------------------------------------|------|---------------|--|--------------|--------------|--------------|--------------|
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |

| | | | | | |
|---|--|----------------------------------|----------------------|--|--|
| 3 ID <input type="text"/> ☆Type <input type="text"/> | Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> | Sent <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|---|--|----------------------------------|----------------------|--|--|

| Personnel ID <input type="checkbox"/> | Name | Rank or Grade | Attend <input checked="" type="checkbox"/> | Action Taken | Action Taken | Action Taken | Action Taken |
|---------------------------------------|------|---------------|--|--------------|--------------|--------------|--------------|
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |
| <input type="text"/> | | | <input type="checkbox"/> | | | | |

Personnel Module Test

1. The Personnel Module
 - (a) is required when a firefighter is injured.
 - (b) cannot be used in place of the Apparatus or Resources Module.
 - (c) can be used in place of the Apparatus or Resources Module.
 - (d) can be used for non-fire service personnel.

2. The Personnel Module uses the following to record the duties performed at the incident by the individual responder:
 - (a) Personnel Action Taken.
 - (b) Apparatus Action Taken.
 - (c) Use.
 - (d) Apparatus or Resources Type.

3. The Personnel Module uses the following to record the duties performed by specific apparatus or resources at the incident:
 - (a) Personnel Action Taken.
 - (b) Apparatus Action Taken.
 - (c) Use.
 - (d) Apparatus or Resources Type.

4. The Personnel Module uses the following to identify personnel on specific pieces of apparatus:
 - (a) Personnel Action Taken.
 - (b) Personnel Identification.
 - (c) Name.
 - (d) Attend.

5. Provide basic life support and provide air supply are examples of which data element?
 - (a) Apparatus Use.
 - (b) Apparatus Action Taken.
 - (c) Personnel Action Taken.
 - (d) Apparatus Type.