

NFIRS 5.0 FIELD DATA COLLECTION FORM

FTA Consultants 9/00

FDID	INCIDENT NO.	EXP	Month	Day	Year	Day of Week	Alarm Time	On Scene	In-Service	
			/ /							
Alarm Location <small>[Number/Street Name / Apartment #]</small>								County	TWP.	
Mutual Aid <input type="checkbox"/> N/A <input type="checkbox"/> Received <input type="checkbox"/> Given (Indicate Dept)		INCIDENT TYPE				Actions Taken <input type="checkbox"/> Extinguish 11 <input type="checkbox"/> Investigate 86 <input type="checkbox"/> EMS 30 <input type="checkbox"/> Remove Hazard 45 <input type="checkbox"/> Remove Water 66 <input type="checkbox"/> Assistance Misc. 70 <input type="checkbox"/> Standby 92 <small>List Actions Taken (NFIRS uses MAXIMUM of THREE) Other Codes Available</small>				
RESOURCES Apparatus Personnel FD _____ EMS _____ OTH _____		ESTIMATED DOLLAR LOSSES / VALUES Property Contents Pre-Incident Value \$ _____ \$ _____ Post Incident Losses \$ _____ 0 \$ _____ 0 Insur. Co.:				CASUALTIES DEATHS INJURIES <input type="checkbox"/> NONE FD: _____ Civilian: _____				
PROPERTY USE		MIXED USE PROPERTY								
PERSON / ENTITY INVOLVED		<input type="checkbox"/> Check if Address is SAME as Incident Address								
		Business Name _____			A/C _____		Phone Number _____			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First Name _____		MI _____	Last Name _____			Title _____		
Number _____		Street Name Apt. / P.O. Box _____			City _____		State _____	Zip Code _____		
OWNER		<input type="checkbox"/> Check if SAME as Person/Entity Involved				<input type="checkbox"/> Check if address is SAME as Incident Address				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		First Name _____		MI _____	Last Name _____			Title _____		
Number _____		Street Name Apt. / P.O. Box _____			City _____		State _____	Zip Code _____		
PROPERTY DETAILS		<input type="checkbox"/> NOT Residential <input type="checkbox"/> NO Buildings Involved <input type="checkbox"/> NONE <input type="checkbox"/> Less 1 Acre # Of Residential Living Units _____ # Of Buildings INVOLVED _____ # Acres Burned (OUTSIDE FIRES ONLY) _____								
IGNITION FACTORS		<input type="checkbox"/> Confined TO Object of Origin Area of Origin _____ Heat Source _____ Item First Ignited _____ Cause of Ignition: <input type="checkbox"/> 1 Intentional <input type="checkbox"/> 2 Unintentional <input type="checkbox"/> 3 Failure Equip./Heat Source <input type="checkbox"/> 4 Act of Nature <input type="checkbox"/> 5 Cause Under Investigation Factors Contributing to Ignition: <input type="checkbox"/> NONE Human Factors Contributing to Ignition: <input type="checkbox"/> NONE <input type="checkbox"/> 1 Asleep <input type="checkbox"/> 2 Poss. Impaired Alcohol/Drugs <input type="checkbox"/> 3 Unattended Person <input type="checkbox"/> 4 Possibly Mental Disabled <input type="checkbox"/> 5 Physically Disabled <input type="checkbox"/> 6 Multiple Persons Involved <input type="checkbox"/> 7 Age was a Factor Estimated Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Equipment Involved in Ignition: <input type="checkbox"/> NONE Equip Yr.> _____ Equipment Involved _____ Brand _____ Model _____ Serial # _____ Equipment Power: _____ Equipment: <input type="checkbox"/> PORTABLE <input type="checkbox"/> STATIONARY								
MOBILE PROPERTY		<input type="checkbox"/> NONE <input type="checkbox"/> NOT Involved In Ignition But Burned <input type="checkbox"/> Involved In Ignition DID NOT Burn <input type="checkbox"/> Involved & Burned Mobile Property Type _____ Mobile Property Make _____ Mobile Property Model _____ Year _____ License Plate # _____ State _____ Mobile Property VIN (Vehicle Identification #) _____								
STRUCTURE INFORMATION		<input type="checkbox"/> NOT A STRUCTURE FIRE <input type="checkbox"/> Enclosed Building <input type="checkbox"/> Portable/Mobile Structure <input type="checkbox"/> Open Structure <input type="checkbox"/> Air Supported Structure <input type="checkbox"/> Tent <input type="checkbox"/> Open Platform <input type="checkbox"/> Underground <input type="checkbox"/> Connective Structure <input type="checkbox"/> Other Typr Structure: _____ Building Status: <input type="checkbox"/> 1 Under Construction <input type="checkbox"/> 2 Occupied/Operating <input type="checkbox"/> 3 Idle, Not Used Routinely <input type="checkbox"/> 4 Under Major Renovation <input type="checkbox"/> 5 Vacant/Secured <input type="checkbox"/> 6 Vacant/Unsecured <input type="checkbox"/> 7 Being Demolished <input type="checkbox"/> Undetermined <input type="checkbox"/> Other _____								

Complete the Other Side

STRUCTURE INFORMATION

[Length & Width in FT / Total SQ FT of MAIN FLOOR]

Building Height: _____ **X** _____ = _____ **NUMBER OF STORIES**
 Bldg. Length Bldg. Width Total SQ FT Above Grade _____ Below Grade _____

NUMBER OF STORIES DAMAGED BY FIRE

Minor	Moderate	Heavy	Extreme
1-24%	25-49%	50-74%	75 -100%

STORY OF FIRE ORIGIN: _____ [] Below Grade

DETECTORS [] NONE PRESENT [] PRESENT [] UNDETERMINED

EFFECTIVENESS: [] ALERTED Occupants/Occupants Responded [] ALERTED Occupants/Occupants FAILED to Respond
 [] No Occupants [] FAILED to ALERT Occupants

DETECTOR TYPE: [] 1 Smoke [] 2 Heat [] 3 Combination Heat/Smoke [] 4 Sprinkler/Waterflow [] Undetermined
 [] Other _____

DETECTOR OPERATION: [] 1 Fire too Small to Activate [] 2 Operated [] 3 Failed To Operate [] Undetermined

DETECTOR FAILURE: [] 1 Power Failure/Shutoff Disconnected [] 2 Improper Installation/Placement [] 3 Defective
 [] 4 Lack of Maintenance/Cleaning [] 5 Battery Missing/Disconnected [] 6 Battery Dead/Discharged
 [] Undetermined [] Other _____

AUTOMATIC EXTINGUISHING SYSTEMS

[] None Present [] System Present & Operated [] System FAILED

AES TYPE: [] 0 Special Hazard System, Other [] 1 Wet Pipe Sprinkler [] 2 Dry Pipe Sprinkler [] 3 Other Sprinkler System
 [] 4 Dry Chemical System [] 5 Foam System [] 6 Halogen Type System [] 7 Carbon Dioxide [] Underdetermined

AES OPERATION: [] 0 Operation of AES, Other [] 1 System Operated & Effective [] 2 System Operated NOT Effective
 [] 3 Fire too Small to Activate [] 4 System DID NOT OPERATE [] Undetermined

Number of HEADS OPERATED: _____

AES FAILURE: [] 0 Reason System Not Effective, Other [] 1 System Shut-Off [] 2 Not Enough Agent Discharged to Control Fire
 [] 3 Agent Discharged, But Did NOT Reach Fire [] 4 Inappropriate System for the Type of Fire
 [] 5 Fire Not in Area Protected By System [] 6 System Components Damaged [] 7 Lack of Maintenance,
 Including Corrosion, Heads Painted [] 8 Manual Intervention Defeated System [] Undetermined

NARRATIVE**FIRE DEPT USE ONLY *** DO NOT SEND TO THE STATE FIRE MARSHAL****REPORT AUTHORIZATIONS**

X _____ **X** _____
Officer In Charge *Date* *Person Making Report*