

# NFPA 902M

## Fire Reporting

## Field Incident

## Manual

## 1986



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There is a concern that the growing use of synthetic materials may produce more or additional toxic products of combustion in a fire environment. The Board has, therefore, asked all NFPA technical committees to review the documents for which they are responsible to be sure that the documents respond to this current concern. To assist the committees in meeting this request, the Board has appointed an advisory committee to provide specific guidance to the technical committees on questions relating to assessing the hazards of the products of combustion.

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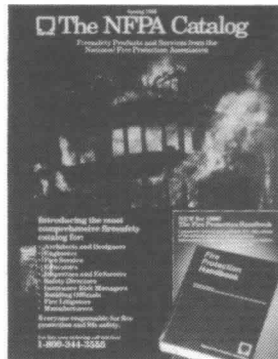
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## **NFPA 902M**

### **Fire Reporting**

## **Field Incident Manual**

### **1986 Edition**

This edition of NFPA 902M, *Fire Reporting Field Incident Manual*, was prepared by the Technical Committee on Fire Reporting and acted on by the National Fire Protection Association, Inc. at its Annual Meeting held May 19-22, 1986, in Atlanta, Georgia. It was issued by the Standards Council on June 11, 1986, with an effective date of July 1, 1986, and supersedes all previous editions.

The 1986 edition of this document has been approved by the American National Standards Institute.

Changes other than editorial are indicated by a vertical rule in the margin of the pages on which they appear. These lines are included as an aid to the user in identifying changes from the previous edition.

### **Origin and Development of NFPA 902M**

With the adoption by the Association in 1969 of NFPA 901, *Uniform Coding for Fire Protection*, the Committee started the development of tools for standardized use of NFPA 901. In 1971, the Committee issued NFPA 901AM, *Fire Reporting Field Incident Manual*. This included a Basic Incident Report form, NFPA 901F.

In 1973, NFPA 901AM was revised to include a Basic Casualty Report form, NFPA 901G, and instructions for completing it. The Committee also issued an Action Summary Sheet, NFPA 901S, as a separate tool.

In 1976, the manual was renumbered as NFPA 902M, and the forms renumbered 902F, 902G and 902S. Instructions for completing the Action Summary Sheet, 902S, were included in the manual with this edition.

In 1981, the Basic Casualty Report form (902G) was expanded to include a separate section for reporting data on injuries to fire service personnel. A new form 902H and the associated instructions for completing it were introduced as an Emergency Medical Services Report.

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**NFPA 902M**  
**Fire Reporting**  
**Field Incident Manual**  
**1986 Edition**

## INTRODUCTION

Fire service personnel have recognized the need to become more effective in their efforts to educate people in fire safety habits, to make or suggest changes in fire and building codes, and to show clearly the value of the fire service through the collection and use of meaningful data. To help develop fire incident data in a uniform manner, the NFPA established a Committee on Fire Reporting. Using information available in the United States, Canada, Europe, and Australia, the Committee developed definitions, standard terminology, and a classification system for data which is published as NFPA 901, *Uniform Coding for Fire Protection*.

This *Fire Reporting Field Incident Manual* (NFPA 902M), and the Basic Incident Report (Form 902F), the Basic Casualty Report (Form 902G), the Basic EMS Report (Form 902H), and the Action Summary Sheet (Form 902S) were developed to provide a fire department with a basic system for collecting and using data in a uniform manner based on NFPA 901.

The basic report is not intended to be a complete fire report nor to serve as a guide for developing ignition sequence factors or the various details pointing to those factors causing or contributing to the ignition or extension of fire. In addition, it is not intended to provide all of the known fire incident information supportive to a continuing or in-depth investigation.

It should also be noted that since the basic report is not intended as a final or complete report, the ignition sequence information reported should only be considered as most probable based on information available to the reporting officer at that time.

Fire departments wishing to use only part of the system outlined in this manual are welcome to do so, although the Fire Reporting Committee would encourage fire departments to consider collection of the data contained in the Basic Incident Report and the Basic Casualty Report as a minimum set of data for any incident. Those wishing to add additional details are encouraged to use these basic forms with supplementary forms as needed.

Data can be compiled from the forms either manually or automatically, using electronic data processing. Regardless of the complexity of the system, the most important aspect is that it produces information to support fire prevention activities, public relations, code enforcement, planning, and administrative functions.

The Fire Reporting Committee has developed six guiding concepts that are intended to ensure that any method used for the collection of fire data will be practical and compatible whether employed by a small fire service district using a ballpoint pen or by a large department using a powerful computer. Fire Service personnel using this manual should study these concepts as the suc-

cessful use of the basic system presented herein is predicated on adherence to these concepts. The guiding concepts are:

(1) **Commitment:** Any fire reporting system should be based on commitment by each fire jurisdiction. Imposition of a particular reporting system on a particular fire service without that service's commitment may lead to inaccurate results and should be avoided. Methods for encouraging "voluntary use" are available.

(2) **Feedback:** The original information from reports, when combined and summarized, should provide feedback to the reporting officers. This will give them access to details that will help manage the pre-ignition potential in their specific district and also encourage accurate input.

(3) **Simplicity:** A system should be based on a single incident record (file) on each fire service incident. The contents of the file will depend on the complexity of the incident and on the amount of follow-up information needed to understand that incident.

(4) **Raise Questions:** Any effective system should reveal both areas for action and areas for special study. Thus, a basic system should raise important questions, not try to give answers to all preconceived questions. Special studies should be planned on a geographical and on a limited-time basis to get "the answers" to specific questions raised by the "everyday, every incident" basic system.

(5) **Use Words:** The original report from the officer in charge should be in his own words, accurately describing the situation he actually found. NFPA 901 may be used as an aid to word choice. Numeric codes may be added by the officer himself or by a central coding office.

(6) **Report All Incidents:** Every response should be reported regardless of the type or extent of the incident. The extent of the fire, the amount of damage, and the type of incident will be captured by the various elements of the incident report. An incident occurs when there is a response to any call for service, whether for fire, medical, or public service.

A fire reporting system contains three fundamental elements. These are:

### ELEMENT I

- |              |  |
|--------------|--|
| Fact Finding | A. Obtain Information<br>B. Complete Report Form<br>C. Send Completed Report to Processing |
|--------------|--|

### ELEMENT II

- |                 |   |
|-----------------|---|
| Fact Processing | D. Receive Completed Reports<br>E. Edit (and Code) Reports<br>F. Enter Facts<br>G. Process Facts<br>H. Update Fact File |
|-----------------|---|

### ELEMENT III

- |          |  |
|----------|--|
| Fact Use | I. Report Periodically<br>J. Analyze these Reports<br>K. Request Special Report (if needed)<br>L. Decide Specific Action<br>M. Act |
|----------|--|



- N. Analyze Results of that Action
- O. Return to J and Repeat

**Element I — Fact Finding.** The traditional legal function of reports can be satisfied with as little as a written narrative of the basic facts of the incident. To serve as input to a fire reporting system, however, an incident report must be clearly structured and must use uniform definitions and terminology. The collection of information on an incident report requires a form or forms on which to record the information desired, instructions for completing the forms(s) so that information within the reporting district is provided in a uniform manner, and a procedure for forwarding these forms to a central point.

**The Incident Report.** Every time the fire service responds to an alarm, an incident occurs. The alarm may be for a fire, medical, rescue, or other public service. In all cases an incident report is filed.

**Up-date Reports.** Incident follow-up information may be obtained from in-department sources such as the fire investigator or training officer. Out-of-department sources such as hospital personnel and insurance adjusters may yield helpful data. In both cases an "Up-date Report" is filed. NFPA 904M, *Incident Follow-up Report Manual* and the Incident Follow-up Report (Form 904I) may be used to record additional details.

**Element II — Fact Processing.** The fact finding stage is only the first element of a reporting system. Once information has been received, it must be processed into a record useful for legal, planning, and management purposes. The first step in information processing involves checking the reports for accuracy and completeness, and then aggregating information about one property or one incident from several reports into a composite record. The second step involves the creation of a file consisting of all of the records of the reported incidents.

This "Fact File" will constitute the basic source of information about past incidents. The use to which the "Fact File" is put will determine, to a large extent, the facts that must be recorded on the incident report.

**Element III — Fact Use.** Once a "Fact File" has been generated, it may have many potential uses. At the least, it should meet the informational needs of all the sectors of the local fire service. These include both information required from a legal standpoint and information needed for periodic reports. A specific use is to feed back to the company officers data on their specific part of the protected community. A more general use would be to spot trends in fire incidence and to provide data for program evaluation and corrective action on a chief officer level.

Even though a small fire department may have an incidence level that is too low for meaningful statistical evaluation, the data collected may be sufficient to provide information useful in their planning.

Data combined from surrounding districts will be even more useful. Thus, through each incident report, the company officer, the fire service manager, and the chief of the department can work to "manage" their local problem. Regional and national authorities can "manage" their interests.

Another vital function of an effective system is to provide input to those designing and marketing new equipment (potential ignition sources), and to those designing and providing interior finishes and furnishings (available fuels), so that the total effort of all concerned can continue to reduce the real fire problem. The Systems Concepts Committee of NFPA and the "Decision Tree" will count upon the output of this system on a continuing basis.

Each time a method of fire defense works well and the fire loss and danger are confined to a small area, the "success" will increase the confidence in that particular method of fire defense. Conversely, each time a method of fire defense fails, as indicated by an expensive loss or by injuries or death, then this failure needs to be recorded so that the confidence in that method of fire defense can be reduced.

On an even broader scale, industry, educators, architects, research scientists, and fire protection engineers can work as an international team with fire service managers to reduce the fire problem as it has been defined by data merged from local "Fire Fact Files."

## GENERAL APPLICATIONS

### I. Uniformity in Reporting

This manual contains instructions for the completion of the Basic Incident Report, Form 902F; the Basic Casualty Report, Form 902G; the Basic EMS Report, Form 902H; and the Action Summary Sheet, Form 902S. The three input forms and the summarization sheet are designed to allow a fire department to collect and summarize basic details about all incidents to which it responds and to use that information in making decisions affecting the fire protection of the community.

The use of this system allows a community to collect its information in a uniform manner so that it can be aggregated at state and national levels. It also allows one fire department to compare its data with that from other fire departments, as the terminology and classifications are uniform.

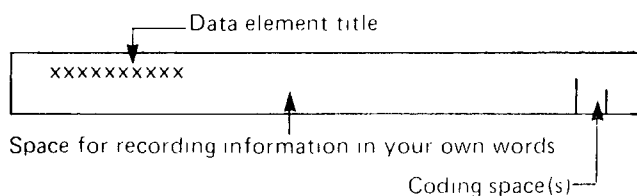
The person completing the report should use words that accurately describe the situation. Each item of data can then be classified using categories defined in NFPA 901, *Uniform Coding for Fire Protection*. It is this classification process that establishes the uniformity, not the person's original words.

### II. Forms

Each time one or more fire service units move in response to an alarm, an incident occurs. A record of that incident should be kept. The Basic Incident Report, Form 902F, is designed to provide such a record. All applicable categories should be completed for each incident. If the incident involved civilian fire casualties or any injury to fire service personnel the Basic Casualty Report, Form 902G, should be used for recording details of each casualty. If the fire department provides Emergency Medical Service (EMS), and that was the only service provided at the incident, a Basic EMS Report, Form 902H, can be used instead of a Basic Incident Report.

However, if there are injuries to fire service personnel at that incident, a Basic Casualty Report should be used for recording details of each fire service casualty. For complicated incidents, additional information may be required in the incident record or file.

The forms contain blocks that group related information together. Each block contains one or more lines, and each line contains several data spaces. A typical data space is shown below.



Typical Data Space

### III. Form Completion

The Basic Incident Report, the Basic Casualty Report, and the Basic EMS Report should be in the words of the person completing the report and should give the details necessary for someone not at the incident to understand exactly what happened. The symbol "N/A" should be used in any data space that is not applicable. If information cannot be determined, the abbreviation "Undet" can be used to indicate "Undetermined." All data spaces in each applicable block should be completed.

If it is the policy of the department to put code numbers on the form to facilitate "adding up" data, this should be done preferably after the report has been completed. The appropriate number of coding spaces for entering code numbers has been provided at the end of each data space.

This manual contains references to NFPA 901, *Uniform Coding for Fire Protection*. These references are to allow persons responsible for classifying the data to find the appropriate sections in NFPA 901. All references are to the 1986 edition of NFPA 901. A review of the terminology, definitions, and classifications in NFPA 901 will help to improve the quality of the report.

### IV. Definitions

The following definitions are provided here to help improve the understanding of the use of this manual.

**Incident.** The involvement of a piece of fire service apparatus or equipment in response to an alarm. Included are walk-ins treated at the station.

**Incident Record.** The official fire department file on an incident. For a simple "lockout" the incident record may be a single incident report. For a complicated fatal fire, on the other hand, the incident record may consist of a file containing the original incident report, fire company reports, several follow-up reports, narrative and newspaper accounts, photographs, as well as physical exhibits.

**Incident Report.** A written document by the officer in charge of that particular operation. For understanding

and legal purposes, this report should be in the officer's own words. For summarization purposes, the information on this report can be classified into broad categories. The incident report is always part of the incident record or file.

The incident report includes information on the time of the incident, the response to the incident, and the action taken, as well as details of the incident, the damage, and the casualties.

**Fire Report.** The incident report on a fire.

**Casualty Report.** The supplemental report completed for each casualty associated with an incident.

### V. Forwarding Reports

The officer in charge should forward the appropriate reports through channels to department headquarters. As a minimum, there should be one Form 902F or one 902H for each incident. If the incident involved civilian fire casualties or fire service casualties, one or more 902G forms should be attached. If the fire involved exposures, additional 902F forms may be required. All forms and other reports of the same incident should be fastened together, and the same incident number should appear on each report.

## SPECIAL APPLICATIONS

The following comments are to assist persons using the system when the circumstances of the incident raise special questions.

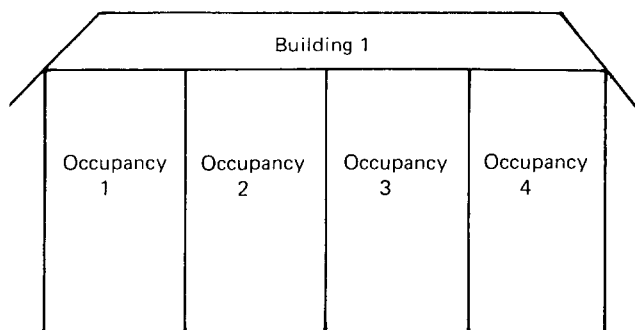
### I. Fires in Multiple-Occupancy Structures

In a single multiple-occupancy structure, only one report is required. The correct address and occupant listed should correspond to the location of the property where the fire originated. Other occupants affected by the incident can be listed in the Remarks section together with any special information concerning their loss.

### II. Exposure Fires

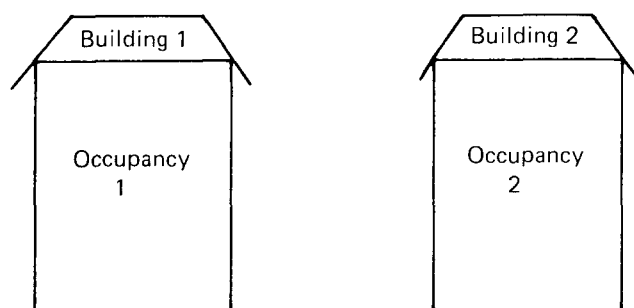
An exposure fire is a fire starting in a building, structure, vehicle, or outside property resulting from a fire outside that building, structure, vehicle, or outside property.

**Example 1** — One building, containing a number of separate occupancies with a common roof, similar to a shopping mall or townhouse arrangement.



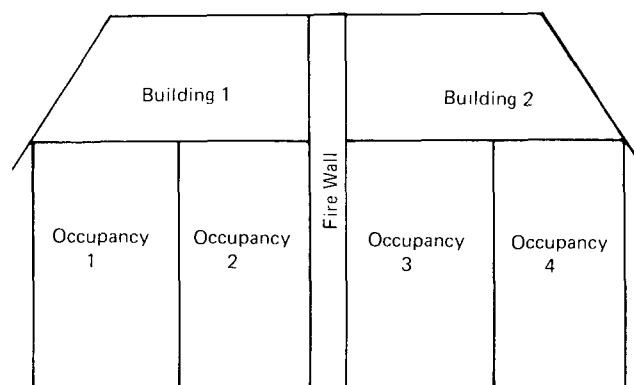
A fire beginning in one occupancy spreading to other occupancies would require a single fire incident report. The specific property use reported would be for the use of the occupancy in which the fire began.

Example 2 — Two separate buildings located remotely from each other.



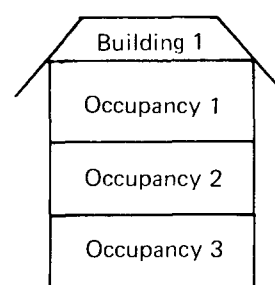
A fire beginning in the first building and spreading to the second would require two fire incident reports. The form of heat of ignition in the second incident report would be "Heat Spreading from Another Hostile Fire." The incident numbers on both reports should be identical with the option of using index numbers to further identify the succession of the fire.

Example 3 — A structure separated into two buildings by a continuous fire wall extending to the underside or through the roof. Each building may have a number of occupancies.



A fire spreading within each of the buildings would only require one incident report, similar to Example 1. If the fire breached the fire wall separating the buildings, two incident reports would be necessary, similar to Example 2. Separate buildings can exist without spatial separation.

Example 4 — A single building with a number of separate occupancies vertically oriented, such as garden apartments.



Where fire involves more than one building, each building fire shall be considered a separate fire, with the ignition for all but the original building fire involved classified as "exposure fires." If the building fire ignites a truck parked nearby but outside the building, the truck fire is an exposure fire. If the truck was parked inside the building and is damaged by a fire which started elsewhere in the building, the truck is regarded as part of the building contents rather than as a separate exposure fire.

A separate Form 902F report can be used for each exposure fire, using the same incident number as is used for the original fire. The form provides a space titled "Index Number" for sequentially numbering each exposure fire. Certain data spaces on the exposure report are not applicable. These are:

(a) "Method of Alarm": Mark "N/A" unless a separate alarm was received from a different source for the exposure fire.

(b) "Number Alarms" should be marked only on the report covering the initial fire. This data space on the exposure report should be marked "N/A."

### III. Incidents Involving Electrical Units

When an incident involves electrically operated equipment or an electrical installation and disconnection of the electrical energy clears the emergency, treat it as a hazardous condition under Type of Incident. If there is sustained burning after the electrical energy has been disconnected, treat the incident as a fire.

### IV. Crashes and Ruptures

Fire loss resulting from crashes or explosions should be reported as described below.

(a) Fires caused by crashes (i.e., aircraft, automobiles, etc.). Only the portions of property that were undamaged by the crash but were later damaged by fire will be considered in estimating the dollar loss. All casualties will be reported on the 902F form. A differentiation will be made as to whether the injury was suffered as a result of ensuing fire or suffered as a result of the crash when reporting the injury on the 902G and/or 902H form.

(b) Overpressure ruptures (i.e., explosions, etc.). An overpressure rupture is not a "fire" unless fire follows. When there is a rupture followed by a fire, only the portions of the structure that were not damaged by the rupture but were damaged by the fire will be considered in estimating the dollar loss. All casualties will be reported on the 902F form. A differentiation will be made as to whether the injury was suffered as a result of the ensuing fire or suffered as a result of the overpressure rupture when reporting the injury on the 902G and/or 902H form.

### V. Incidents "Outside of Jurisdiction"

If the incident occurs outside the jurisdictional boundaries of your fire department, and another fire department has responsibility and is present at the incident, it is not necessary to record information concerning the incident beyond what your fire department did.

If the responsible fire department is not present, it is still their responsibility to complete the report of the incident. Your fire department should assist them in gathering the necessary information.

If the incident occurs in an area where there is no fire department responsible for protection, a complete report should be filed, but the details should not be included in your fire department's summary of fire experience.

### VI. Fires Discovered Later

A fire occurrence is sometimes discovered after it has burned itself out or at some later date, as during an inspection. These fires should be reported using the Basic Incident Report, and as many details as are obtainable should be recorded on the form. Assign the fire the next available incident number.

### VII. Remarks

A section for remarks is provided on the bottom of the 902F, 902G and 902H forms. The remarks should contain explanatory information necessary to clarify any of the entries made in a particular line of the report. They should also tie the report together by adding the information necessary to ensure that persons not at the incident

will understand the circumstances of the incident. The back side of the form or additional sheets of paper appended to the report can be used for additional remarks or diagrams.

### EXAMPLES

Four examples are presented on the following pages, showing reports for typical situations that a fire department might encounter. They are presented here as an aid to understanding the use of Forms 902F, 902G, and 902H. These reports are all of hypothetical situations, and resemblance to any actual incident is coincidental.

The first report is for a dwelling fire in which a smoke detector wakes a husband and wife. The husband suffers smoke inhalation when he goes to the basement to attempt to fight the fire. The wife reports the fire using a street fire alarm box. A fire fighter is injured when he gets debris in his eye while pulling a ceiling.

The second report is for an automobile fire in which a cigarette thought to have been flipped out the window apparently lands on the back seat. The fire is discovered after the owner has returned home and parked the car.

The third report is an emergency medical service call for an elderly woman suffering the symptoms of a heart attack.

The fourth report is a false call received automatically from a building detection and alarm system tied directly to the fire department. A fire fighter is injured when he twists his ankle jumping from the engine.

## BASIC INCIDENT REPORT

902F

Fill In this Report  
In Your Own Words

Eastwood

Fire Department

☐ Revised  
Report

|    |  |             |           |                                       |  |       |                                      |               |                      |  |
|----|--|-------------|-----------|---------------------------------------|--|-------|--------------------------------------|---------------|----------------------|--|
| A  | FD ID  | Incident No | Index No. | Mo                                    | Day  | Year  | Alarm Time                           | Time on Scene | Time Last Unit Clear |  |
| B  | 708  | 6337        | 00        | 05                                    | 26   | 81    | 0328                                 | 0334          | 0544                 |  |
| C  | Location/Address   |             |           |                                       |  |       | City/Town                            | Zip Code      | Property No.         |  |
| D  | 1415 S. Ashworth Rd.   |             |           |                                       |  |       | Eastwood                             | 28946         | N/A                  |  |
| E  | Occupant Name (Last, First, MI)  |             |           |                                       |  |       | Telephone No.                        | Room or Apt.  |                      |  |
| F  | Russell, Joseph M.   |             |           |                                       |  |       | 776-5432                             | N/A           |                      |  |
| G  | Owner Name (Last, First, MI)   |             |           | Address                               |  |       | Telephone No.                        |               |                      |  |
| H  | Same as above  |             |           | Same as above                         |  |       |                                      |               |                      |  |
| I  | Method of Alarm to Fire Department   |             |           |                                       |  |       | Type of Incident                     |               |                      |  |
| J  | Box 4451   |             |           |                                       |  |       | Structure Fire                       |               |                      |  |
| K  | Type of Action Taken   |             |           |                                       |  |       | District                             | Shift         | No. Alarms           |  |
| L  | Vent/Ext/Salvage   |             |           |                                       |  |       | 112                                  | E14           | B                    |  |
| M  | General Property Use   |             |           |                                       |  |       | Specific Property Use                | County        | Census Tract         |  |
| N  | Single Family Res  |             |           |                                       |  |       | 1 Family dwelling                    | 0119          | 382901               |  |
| O  | No. Injuries*  |             |           | Other                                 |  |       | No. Fatalities*                      |               |                      |  |
| P  | Fire Service   |             |           | Emerg.                                |  |       | Fire Service                         |               |                      |  |
| Q  | 0001   |             |           | 0000                                  |  |       | 0000                                 |               |                      |  |
| R  | Civilian   |             |           | 0001                                  |  |       | Civilian                             |               |                      |  |
| S  | 0001   |             |           | 0000                                  |  |       | 0000                                 |               |                      |  |
| T  | No. Fire Service Personnel Responded   |             |           | No. Engines Responded                 |  |       | No. Aerial Apparatus Responded       |               |                      |  |
| U  | 122  |             |           | 112                                   |  |       | 111                                  |               |                      |  |
| V  | No. Other Vehicles Responded   |             |           |                                       |  |       |                                      |               |                      |  |
| W  | 110  |             |           |                                       |  |       |                                      |               |                      |  |
| X  | Condition of Fire upon Arrival of First Unit   |             |           | Time from Alarm to Agent Application  |  |       | Area of Fire Origin                  |               |                      |  |
| Y  | 2 rooms in bsmt  |             |           | 7 min                                 |  |       | Family room                          |               |                      |  |
| Z  | Equipment Involved in Ignition   |             |           | Year                                  | Make   | Model | Serial No.                           |               |                      |  |
| AA | Television set   |             |           | 51                                    | 72   | Acme  | 0499                                 | 364862        |                      |  |
|    | Form of Heat of Ignition   |             |           | Material First Ignited                |  |       |                                      |               |                      |  |
|    | Electrical short circuit   |             |           | Form/Use TV Case                      |  |       | Type Rigid plastic                   |               |                      |  |
|    | Ignition Factor  |             |           | Method of Extinguishment              |  |       |                                      |               |                      |  |
|    | Short circuit  |             |           | 2 - 1 1/2" handlines w/ hydrant water |  |       |                                      |               |                      |  |
|    | Property Damage Classification   |             |           | No. Buildings Damaged                 |  |       | Termination Stage                    |               |                      |  |
|    | 19,500   |             |           | 110                                   |  |       | Open flame                           |               |                      |  |
|    | Construction Type  |             |           | No. of Stories                        |  |       | Level of Origin                      |               |                      |  |
|    | Frame Type V   |             |           | 2 story + bsmt                        |  |       | Basement                             |               |                      |  |
|    | Structure Status   |             |           | No. of Occupants at Time of Incident  |  |       |                                      |               |                      |  |
|    | In use   |             |           | two                                   |  |       |                                      |               |                      |  |
|    | Material Generating Most Flame   |             |           | Factor Contributing to Flame Travel   |  |       |                                      |               |                      |  |
|    | Form/Use Wall paneling   |             |           | None                                  |  |       |                                      |               |                      |  |
|    | Material Generating Most Smoke   |             |           | Avenue of Smoke Travel                |  |       |                                      |               |                      |  |
|    | Form/Use Cushion   |             |           | Stairwell                             |  |       |                                      |               |                      |  |
|    | Detector Type  |             |           | Detector Power Supply                 |  |       |                                      |               |                      |  |
|    | Ionization Smoke   |             |           | Battery                               |  |       |                                      |               |                      |  |
|    | Detector Performance   |             |           | Reason for Detector Failure           |  |       |                                      |               |                      |  |
|    | Located first story  |             |           | No failure                            |  |       |                                      |               |                      |  |
|    | Alerted occupants  |             |           |                                       |  |       |                                      |               |                      |  |
|    | Sprinkler System Performance   |             |           | No. of Sprinkler Heads Opened         |  |       | Reason for Sprinkler System Failure  |               |                      |  |
|    | No A.S.  |             |           | N/A                                   |  |       | N/A                                  |               |                      |  |
|    | Extent of Flame Damage   |             |           | Extent of Smoke Damage                |  |       | Extent of Extinguishing Agent Damage |               |                      |  |
|    |  |             |           |                                       |  |       |                                      |               |                      |  |
|    | Mobile Property Type   |             |           | Year                                  | Make   | Model | Serial No.                           | License No.   |                      |  |
|    |  |             |           |                                       |  |       |                                      |               |                      |  |
|    | No. of Private Acres Burned  |             |           | No. of Federal Acres Burned           |  |       | No. of Other Public Acres Burned     |               |                      |  |
|    |  |             |           |                                       |  |       |                                      |               |                      |  |
|    | Fuel Model   |             |           |                                       |  |       |                                      |               |                      |  |
|    |  |             |           |                                       |  |       |                                      |               |                      |  |
|    | Member Making Report   |             |           | Date                                  | Officer in Charge (Name, Position, Assignment) |       |                                      | Date          |                      |  |
|    | Donald Harris  |             |           | 5/26/81                               | Raymond Symmes                                 |       |                                      | 5/26/81       |                      |  |
|    | Remarks  |             |           |                                       |  |       |                                      |               |                      |  |
|    | Owner indicated he had been having trouble with TV and had smelled 'hot' odor during evening. Fire originated inside TV. |             |           |                                       |  |       |                                      |               |                      |  |

COMPLETE ON ALL INCIDENTS

ON ALL FIRES  
TYPE OF INCIDENT (TI) 10-19  
FOR STRUCTURE FIRE  
TI 11-13TI 12-14  
TI 15  
COMPLETE ON ALL INCIDENTS

\* A Form 902G must be completed for each Fire Casualty.

This form is for use with NFPA 902M, Field Incident Manual. Users should also refer to NFPA 901, Uniform Coding for Fire Protection, for information on fire reporting systems and classifications for information entered on this form.

## BASIC CASUALTY REPORT

902G

Fill In This Report  
In Your Own Words

Eastwood

Fire Department

☐ Revised  
Report

|    |  |                                |   |  |  |                           |                                   |                                 |
|----|--|--------------------------------|---|--|--|---------------------------|-----------------------------------|---------------------------------|
| GA | FD ID<br>708   | Incident No.<br>6337           | Index No.<br>00                                   | Casualty No.<br>01   | Injury Occurred:<br>Mo Day Year<br>05 26 81    | Time<br>0326              | COMPLETE ON ALL CASUALTIES        |                                 |
| GB | Type of Casualty<br>Fire before FD Arrival   |                                | Affiliation:<br>Civilian                          | Injury Reported:<br>Mo Day Year<br>05 26 81                            | Time<br>0334                                   |                           |                                   |                                 |
| GC | Casualty Name (Last, First, MI)<br>Russell, Joseph M.  |                                | D.O.B.<br>8/19/37                                 | Age<br>43  | Sex<br>M                                       | Race<br>W                 |                                   |                                 |
| GD | Home Address<br>1415 S. Ashworth Rd.   |                                | City<br>Eastwood                                  | State<br>OH  | Zip<br>28946                                   | Telephone No.<br>776-5432 |                                   |                                 |
| GE | Case Severity<br>Moderate  |                                | Primary Apparent Symptom<br>Smoke inhalation      |  | Primary Part of Body<br>Lungs                  |                           | NON-FIRE<br>SERVICE<br>CASUALTIES |                                 |
| GF | Secondary Apparent Symptom<br>N/A  |                                | Secondary Part of Body<br>N/A                     |  |  |                           |                                   |                                 |
| GG | Casualty Situation Found<br>Bldg Fire Injury   |                                | Patient Taken to:<br>Central Hospital by Ace Amb. |  |  |                           |                                   |                                 |
| GH | Familiarity With Structure<br>3 years  |                                | Condition of Person<br>Awake                      |  | Activity at Time of Injury<br>Fire Suppression |                           |                                   |                                 |
| GI | Location in Relation to Pt. of Origin<br>Same Bldg   |                                | Location at Time of Injury<br>Room of Origin      |  | Relationship to Fire Location<br>Lived in unit |                           | FIRE SERVICE CASUALTY             |                                 |
| GJ | Cause of Civilian Injury<br>Exposed to smoke   |                                | Condition Preventing Escape<br>None               |  |  |                           |                                   |                                 |
| GK | Rank   | Assignment                     | Years Experience                                  | No. Responses Prior to Injury  |  |                           |                                   |                                 |
| GL | Physical Condition   |                                | Status Before Alarm                               |  |  |                           |                                   |                                 |
| GM | Fire Fighter Activity  |                                | Where Injury Occurred                             |  |  |                           |                                   | FIRE SERVICE CASUALTY FOLLOW-UP |
| GN | Cause of Fire Fighter Injury   |                                | Medical Care Provided                             |  |  |                           |                                   |                                 |
| GO | Protective Coat: Worn  |                                | Status  | Type Failure   |  |                           |                                   |                                 |
| GP | Protective Pants: Worn   |                                | Status  | Type Failure   |  |                           |                                   |                                 |
| GQ | Boots/Shoes: Worn  |                                | Status  | Type Failure   |  |                           | COMPLETE ON ALL CASUALTIES        |                                 |
| GR | Helmet: Worn   |                                | Status  | Type Failure   |  |                           |                                   |                                 |
| GS | Face Protection: Worn  |                                | Type Failure                                      |  |  |                           |                                   |                                 |
| GT | Breathing Apparatus: Worn  |                                | Status  | Type Failure   |  |                           |                                   |                                 |
| GU | Gloves: Worn   |                                | Type Failure                                      |  |  |                           |                                   | COMPLETE ON ALL CASUALTIES      |
| GV | Special Equipment: Worn  |                                | Status  | Type Failure   |  |                           |                                   |                                 |
| GW | Length of Hospitalization  | Time off for Medical Treatment | Time Lost From Normal Duty                        | Time on Restrictive Duty   |  |                           |                                   |                                 |
| GX | Insurance Carrier Notified<br><input type="checkbox"/> Yes <input type="checkbox"/> No                         |                                | Final Outcome                                     | Section Completed by:  |  |                           |                                   |                                 |
| GY | Member Making Report<br>Richard Avery  |                                | Date<br>5/26/81                                   | Officer in Charge (Name, Position, Assignment)<br>Raymond Symmes B/C 6 |  | Date<br>5/26/81           | COMPLETE ON ALL CASUALTIES        |                                 |
| GZ | Remarks:<br>Casualty went to basement to try to control fire. Was found on basement stairway choking on smoke. |                                |   |  |  |                           |                                   |                                 |

☐ Remarks continued on reverse side.This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

## BASIC CASUALTY REPORT

902G

Fill In This Report  
In Your Own Words

Eastwood

Fire Department

☐ Revised  
Report

|    |                                       |   |              |      |                                |   |              |    |  |                               |      |               |      |                            |
|----|---------------------------------------|---|--------------|------|--------------------------------|---|--------------|----|--|-------------------------------|------|---------------|------|----------------------------|
| GA | FD ID                                 | 708   | Incident No. | 6337 | Index No.                      | 00                                      | Casualty No. | 02 | Injury Occurred:                               | Mo                            | Day  | Year          | Time | COMPLETE ON ALL CASUALTIES |
| GB | Type of Casualty                      | Fire after FD Arrival   |              |      | Affiliation:                   | Fire fighter                            |              |    | Injury Reported:                               | Mo                            | Day  | Year          | Time |                            |
| GC | Casualty Name (Last, First, MI)       | Smythe, Jack M.   |              |      | D.O.B.                         | 8/3/41                                  |              |    | Age  | Sex                           | Race |               |      |                            |
| GD | Home Address                          | 129 Laurel St.  |              |      | City                           | Eastwood                                |              |    | State  | Zip                           |      | Telephone No. |      |                            |
| GE | Case Severity                         | Minor   |              |      | Primary Apparent Symptom       | Foreign body                            |              |    | Primary Part of Body                           | Eye                           |      |               |      |                            |
| GF | Secondary Apparent Symptom            | N/A   |              |      | Secondary Part of Body         | N/A                                     |              |    |  |                               |      |               |      |                            |
| GG | Casualty Situation Found              | Building fire injury  |              |      | Patient Taken to:              | Central Hospital by Ace Amb.            |              |    |  |                               |      |               |      |                            |
| GH | Familiarity With Structure            |   |              |      | Condition of Person            |   |              |    | Activity at Time of Injury                     |                               |      |               |      |                            |
| GI | Location in Relation to Pt. of Origin |   |              |      | Location at Time of Injury     |   |              |    | Relationship to Fire Location                  |                               |      |               |      |                            |
| GJ | Cause of Civilian Injury              |   |              |      | Condition Preventing Escape    |   |              |    |  |                               |      |               |      |                            |
| GK | Rank                                  | F.F.  |              |      | Assignment                     | E. 14 - Supp.                           |              |    | Years Experience                               | No. Responses Prior to Injury |      |               |      |                            |
| GL | Physical Condition                    | Rested  |              |      | Status Before Alarm            | Asleep                                  |              |    |  |                               |      |               |      |                            |
| GM | Fire Fighter Activity                 | Overhaul  |              |      | Where Injury Occurred          | In basement                             |              |    |  |                               |      |               |      |                            |
| GN | Cause of Fire Fighter Injury          | Struck by ceiling he was pulling                                    |              |      | Medical Care Provided          | Hospital Emergency Room                 |              |    |  |                               |      |               |      |                            |
| GO | Protective Coat: Worn                 | Nomex w/ liner  |              |      | Status                         | Closed, collar down                     |              |    | Type Failure                                   | No failure                    |      |               |      |                            |
| GP | Protective Pants: Worn                | N/A   |              |      | Status                         |   |              |    | Type Failure                                   |                               |      |               |      |                            |
| GQ | Boots/Shoes: Worn                     | N/A   |              |      | Status                         |   |              |    | Type Failure                                   |                               |      |               |      |                            |
| GR | Helmet: Worn                          | leather   |              |      | Status                         | Chin strap and ear protector not in use |              |    | Type Failure                                   | None                          |      |               |      |                            |
| GS | Face Protection: Worn                 | None  |              |      | Type Failure                   |   |              |    |  |                               |      |               |      |                            |
| GT | Breathing Apparatus: Worn             | None  |              |      | Status                         |   |              |    | Type Failure                                   |                               |      |               |      |                            |
| GU | Gloves: Worn                          | leather   |              |      | Type Failure                   | None                                    |              |    |  |                               |      |               |      |                            |
| GV | Special Equipment: Worn               | N/A   |              |      | Status                         |   |              |    | Type Failure                                   |                               |      |               |      |                            |
| GW | Length of Hospitalization             | None  |              |      | Time off for Medical Treatment | 2 hrs                                   |              |    | Time Lost From Normal Duty                     | Time on Restrictive Duty      |      |               |      |                            |
| GX | Insurance Carrier Notified            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |      | Final Outcome                  | Returned to regular duty                |              |    | Section Completed by:                          | JMS 5/26/81                   |      |               |      |                            |
| GY | Member Making Report                  | Jack Smythe   |              |      | Date                           | 5/26/81                                 |              |    | Officer in Charge (Name, Position, Assignment) | Raymond Symmes B/C 6 5/26/81  |      |               |      |                            |
| GZ | Remarks:                              | Eyes washed at scene and checked at hospital                        |              |      |                                |   |              |    |  |                               |      |               |      |                            |

☐ Remarks continued on reverse side.This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

## BASIC INCIDENT REPORT

902F

Fill In this Report  
In Your Own Words

Winston

Fire Department

☐ Revised  
Report

|    |  |                      |                      |  |                   |            |  |                           |                              |
|----|--|----------------------|----------------------|--|-------------------|------------|--|---------------------------|------------------------------|
| A  | FD ID<br>131   | Incident No.<br>4906 | Index No.<br>00      | Mo.<br>04  | Day<br>17         | Year<br>81 | Alarm Time<br>1533                             | Time on Scene<br>1540     | Time Last Unit Clear<br>1612 |
| B  | Location/Address<br>278 Maple Street   |                      | City/Town<br>Winston |  | Zip Code<br>69492 |            | Property No.<br>N/A                            |                           |                              |
| C  | Occupant Name (Last, First, MI)<br>N/A   |                      |                      |  |                   |            | Telephone No.                                  |                           | Room or Apt.<br>N/A          |
| D  | Owner Name (Last, First, MI)<br>Smith, Jane A.   |                      |                      | Address<br>Same as above                                   |                   |            |  | Telephone No.<br>298-4286 |                              |
| E  | Method of Alarm to Fire Department<br>Telephone 298-4286   |                      |                      |  |                   |            | Type of Incident<br>Auto Fire outside          |                           |                              |
| F  | Type of Action Taken<br>Extinguished   |                      |                      | District<br>E 12   |                   | Shift<br>3 |  | No. Alarms<br>still       |                              |
| G  | General Property Use<br>1 Family Res.  |                      |                      | Specific Property Use<br>Driveway                          |                   |            | County<br>1 3 1                                |                           | Census Tract<br>4 2 9 8 10 0 |
| H  | No. Injuries*<br>Fire Service 0 Other Emerg 0 Civilian 0   |                      |                      | No. Fatalities*<br>Fire Service 0 Other Emerg 0 Civilian 0 |                   |            |  |                           |                              |
| I  | No. Fire Service Personnel Responded<br>4  |                      |                      | No. Engines Responded<br>1                                 |                   |            | No. Aerial Apparatus Responded<br>0            |                           |                              |
| J  | Condition of Fire upon Arrival of First Unit<br>Smoke showing  |                      |                      | Time from Alarm to Agent Application<br>7 min              |                   |            | Area of Fire Origin<br>Passenger area          |                           |                              |
| K  | Equipment Involved in Ignition<br>None   |                      |                      | Year<br>9 8  |                   |            | Model<br>Serial No.                            |                           |                              |
| L  | Form of Heat of Ignition<br>Cigarette  |                      |                      | Material First Ignited<br>Form/Use Seat cushion            |                   |            | Type<br>Foam plastic                           |                           |                              |
| M  | Ignition Factor<br>Discarded cigarette   |                      |                      | Method of Extinguishment<br>Booster line -- water in tank  |                   |            |  |                           |                              |
| N  | Property Damage Classification<br>3500   |                      |                      | No. Buildings Damaged<br>10                                |                   |            | Termination Stage<br>Open flame                |                           |                              |
| O  | Construction Type  |                      |                      | No. of Stories   |                   |            | Level of Origin                                |                           |                              |
| P  | Structure Status   |                      |                      | No. of Occupants at Time of Incident                       |                   |            |  |                           |                              |
| Q  | Material Generating Most Flame<br>Form/Use   |                      |                      | Type   |                   |            | Factor Contributing to Flame Travel            |                           |                              |
| R  | Material Generating Most Smoke<br>Form/Use   |                      |                      | Type   |                   |            | Avenue of Smoke Travel                         |                           |                              |
| S  | Detector Type  |                      |                      | Detector Power Supply                                      |                   |            |  |                           |                              |
| T  | Detector Performance   |                      |                      | Reason for Detector Failure                                |                   |            |  |                           |                              |
| U  | Sprinkler System Performance   |                      |                      | No. of Sprinkler Heads Opened                              |                   |            | Reason for Sprinkler System Failure            |                           |                              |
| V  | Extent of Flame Damage   |                      |                      | Extent of Smoke Damage                                     |                   |            | Extent of Extinguishing Agent Damage           |                           |                              |
| W  | Mobile Property Type<br>Auto   |                      |                      | Year<br>78   |                   |            | Make<br>Johnson                                |                           |                              |
| X  | No. of Private Acres Burned  |                      |                      | No. of Federal Acres Burned                                |                   |            | No. of Other Public Acres Burned               |                           |                              |
| Y  | Fuel Model   |                      |                      |  |                   |            |  |                           |                              |
| Z  | Member Making Report   |                      |                      | Date   |                   |            | Officer in Charge (Name, Position, Assignment) |                           |                              |
| AA | Remarks<br>Jane Smith indicated she arrived home from shopping about 1430. She had been smoking in the car and thought she tossed cigarette out. <input type="checkbox"/> Remarks continued on reverse side. |                      |                      |  |                   |            |  |                           |                              |

COMPLETE ON ALL INCIDENTS

ON ALL FIRES  
TI 10-19COMPLETE IF FIRE  
TYPE OF INCIDENT (TI) 10-19  
FOR STRUCTURE FIRE  
TI 11-13TI  
12-14 TI 15COMPLETE ON  
ALL INCIDENTS

\* A Form 902G must be completed for each Fire Casualty.

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## BASIC EMS REPORT

902H

Fill In This Report  
In Your Own Words

Waverly

Fire Department

☐ Revised  
Report

|    |   |                     |   |                      |   |            |  |  |                         |
|----|---|---------------------|---|----------------------|---|------------|--|--|-------------------------|
| HA | FD ID<br>224  | Incident No.<br>847 | Casualty No.<br>01  | Mo.<br>03            | Day<br>27   | Year<br>81 | Alarm Time<br>1108                         | Time on Scene<br>1112  | Time Unit Clear<br>1141 |
| HB | Location/Address<br>624 N W Second St. Apt. 24  |                     |   | City/Town<br>Waverly |   |            | Zip Code<br>36999                          | Property No.<br>N/A  |                         |
| HC | Method of Alarm to Fire Department<br>Telephone 334-2928  |                     |   |                      | Type of Incident<br>EMS -- Heart Attack                                 |            |  |  |                         |
| HD | Type of Action Taken<br>Provided EMS  |                     |   |                      | District<br>33 L 18   | Shift<br>B | No. Alarms<br>Still                        | Mutual Aid<br><input type="checkbox"/> Rec'd <input type="checkbox"/> Given<br>N/A |                         |
| HE | General Property Use<br>Multi Family Res.   |                     | Specific Property Use<br>Apt. - Over 20 units             |                      | County<br>0119  |            | Census Tract<br>N/A                        |  |                         |
| HF | Casualty Name (Last, First, MI)<br>Koss, Judith E.  |                     |   | D.O.B.<br>12/13/11   | Age<br>69   | Sex<br>F   | Race<br>W                                  |  |                         |
| HG | Home Address<br>Same as above   |                     |   | City                 | State   | Zip        | Telephone No.<br>334-2928                  |  |                         |
| HH | Type of Casualty<br>Medical Aid   |                     | Affiliation<br>Civilian                                   |                      | Injury Occurred<br>03/27/81   | Mo.        | Day  | Year   | Time<br>1045            |
| HI | Case Severity<br>Severe   |                     | Primary Apparent Symptom<br>Cardiac Symptoms              |                      | Primary Part of Body<br>Heart   |            |  |  |                         |
| HJ | Secondary Apparent Symptom<br>N/A   |                     | Secondary Part of Body<br>N/A                             |                      |   |            |  |  |                         |
| HK | Casualty Situation Found<br>Cardiac   |                     | Patient Taken to:<br>St. Joseph's Hospital                |                      |   |            |  |  |                         |
| HL | Time of Reading<br>1 1112   |                     | Blood Pressure<br>Systolic 110 Diastolic 70               |                      | Pulse<br>Rate 120 Character SR  |            | Respiration<br>Rate 24 Character RS        |  |                         |
| HM | 2 1115  |                     | 100 60  |                      | 120 SR  |            | 24 RS                                      |  |                         |
| HN | 3 1118  |                     | 85 55   |                      | 130 WR  |            | 30 RS                                      |  |                         |
| HO | Lungs<br>Sound Clear  |                     | Skin<br>Color Pale  |                      | Pupils<br>Size Equal  |            | Position<br>Reactive Dilated               |  |                         |
| HP | Patient Status<br>Conscious   |                     | Patient Behavior<br>Disturbed                             |                      |   |            |  |  |                         |
| HQ | Pre-Hospital Treatment 1<br>Oz Inhalation   |                     | Pre-Hospital Treatment 2<br>EKG Trans.                    |                      | Pre-Hospital Treatment 3 Air<br>Oropharyngeal                           |            | Pre-Hospital Treatment 4<br>Defibrillation |  |                         |
| HR | Time<br>1 1112  |                     | Monitor Code<br>Sinus Tach                                |                      | Drug/Fluid<br>D5W   |            | Rate<br>IV                                 |  | IV<br>Suc.              |
| HS | 2 1115  |                     | Sinus Tach  |                      |   |            |  |  |                         |
| HT | 3 1118  |                     | PVC- 6 per min  |                      | Liducaine   |            | 100 MG IV-bolus                            |  | Suc.                    |
| HU | Time EKG Transmitted<br>1118  |                     | Medical Facility EKG Transmitted to<br>St. Joseph's Hosp. |                      | Receiving Hospital Representative Signature<br><i>Mark Foster, MD</i>   |            |  |  |                         |
| HV | Unit Type Handling Incident<br>Mobile ICU   |                     | Personnel Training Level<br>Paramedic                     |                      |   |            |  |  |                         |
| HW | Member Making Report  |                     | Date  |                      | Officer in Charge (Name, Position, Assignment)<br>Steve Forbes F.F. R-3 |            | Date<br>3/27/81                            |  |                         |
| HX | Remarks.<br>1123 BP 80/50 Pulse 150 WR Resp 30 RS<br>Monitor - V tach 1123 Patient lost consciousness<br><input checked="" type="checkbox"/> Remarks continued on reverse side. |                     |   |                      |   |            |  |  |                         |

This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

1124 Drugs -- Lidocaine infusion 4 MG/min IV

1124 Oropharyngeal airway, Bag mask

1124 Defibrill action

1127 Enroute hospital

1127 BP U/O Pulse 0 Resp. 16 R.D.

Monitor -- V. Fib.

1127 Cardiac compression, Tracheal intubation

1127 Drugs -- Sodium bicarb -- IV

1127 Defibrillation

1130 BP U/O Pulse 0 Resp. 0

Monitor Asystole

1130 Drugs -- Epinephrine -- IV

1130 Arrive hospital

## BASIC INCIDENT REPORT

902F

|  |  |                                      |  |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
|--|--|--------------------------------------|--|---------------------------------|---|---------------|-------------|---------------|----------------------|------------------------|--|--|--|--|--|--|--|--|--|---|--|
| Fill In this Report<br>In Your Own Words |  |                                      |  |                                 |   |               |             |               |                      | Pierce Fire Department |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Revised Report |  |
| A  | FD ID  | Incident No                          | Index No                                       | Mo                              | Day   | Year          | Alarm Time  | Time on Scene | Time Last Unit Clear |                        |  |  |  |  |  |  |  |  |  | COMPLETE ON ALL INCIDENTS               |  |
| B  | Location/Address                             | City/Town                            |  |                                 |   | Zip Code      | Property No |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| C  | Occupant Name (Last, First, MI)              | Telephone No.                        |  |                                 |   | Room or Apt.  |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| D  | Owner Name (Last, First, MI)                 | Address                              |  |                                 |   | Telephone No. |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| E  | Method of Alarm to Fire Department           | Type of Incident                     |  |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| F  | Type of Action Taken                         | District                             | Shift  | No. Alarms                      | Mutual Aid<br><input type="checkbox"/> Rec'd <input type="checkbox"/> Given |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| G  | General Property Use                         | Specific Property Use                | County   | Census Tract                    |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| H  | No. Injuries*<br>Fire Service                | Other Emerg                          | Civilian                                       | No. Fatalities*<br>Fire Service | Other Emerg   | Civilian      |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| I  | No. Fire Service Personnel Responded         | No. Engines Responded                | No. Aerial Apparatus Responded                 | No. Other Vehicles Responded    |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| J  | Condition of Fire upon Arrival of First Unit | Time from Alarm to Agent Application | Area of Fire Origin                            |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| K  | Equipment Involved in Ignition               | Year                                 | Make   | Model                           | Serial No.  |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| L  | Form of Heat of Ignition                     | Material First Ignited<br>Form/Use   | Type   |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| M  | Ignition Factor                              | Method of Extinguishment             |  |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| N  | Property Damage Classification               | No. Buildings Damaged                | Termination Stage                              |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| O  | Construction Type                            | No. of Stories                       | Level of Origin                                |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| P  | Structure Status                             | No. of Occupants at Time of Incident |  |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| Q  | Material Generating Most Flame<br>Form/Use   | Type                                 | Factor Contributing to Flame Travel            |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| R  | Material Generating Most Smoke<br>Form/Use   | Type                                 | Avenue of Smoke Travel                         |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| S  | Detector Type                                | Detector Power Supply                |  |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| T  | Detector Performance                         | Reason for Detector Failure          |  |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| U  | Sprinkler System Performance                 | No. of Sprinkler Heads Opened        | Reason for Sprinkler System Failure            |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| V  | Extent of Flame Damage                       | Extent of Smoke Damage               | Extent of Extinguishing Agent Damage           |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| W  | Mobile Property Type                         | Year                                 | Make   | Model                           | Serial No.  | License No.   |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| X  | No. of Private Acres Burned                  | No. of Federal Acres Burned          | No. of Other Public Acres Burned               |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| Y  | Fuel Model                                   |                                      |  |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| Z  | Member Making Report                         | Date                                 | Officer in Charge (Name, Position, Assignment) | Date                            |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |
| AA                                       | Remarks                                      |                                      |  |                                 |   |               |             |               |                      |                        |  |  |  |  |  |  |  |  |  |   |  |

\* A Form 902G must be completed for each Fire Casualty.

This form is for use with NFPA 902M, Field Incident Manual. Users should also refer to NFPA 901, Uniform Coding for Fire Protection, for information on fire reporting systems and classifications for information entered on this form.

## BASIC CASUALTY REPORT

902G

Fill In This Report  
In Your Own Words

Pierce

Fire Department

☐ Revised  
Report

|   |                                       |                                |  |                               |                  |      |                            |                       |      |                            |
|---|---------------------------------------|--------------------------------|--|-------------------------------|------------------|------|----------------------------|-----------------------|------|----------------------------|
| GA  | FD ID                                 | Incident No.                   | Index No.                                      | Casualty No.                  | Injury Occurred: | Mo   | Day                        | Year                  | Time | COMPLETE ON ALL CASUALTIES |
| GB  | Type of Casualty                      | Affiliation:                   |  | Injury Reported:              | Mo               | Day  | Year                       | Time                  |      |                            |
| GC  | Casualty Name (Last, First, MI)       | D.O.B.                         |  | Age                           | Sex              | Race |                            |                       |      |                            |
| GD  | Home Address                          | City                           | State  | Zip                           | Telephone No.    |      |                            |                       |      |                            |
| GE  | Case Severity                         | Primary Apparent Symptom       |  | Primary Part of Body          |                  |      |                            |                       |      | NON-FIRE<br>CASUALTIES     |
| GF  | Secondary Apparent Symptom            | Secondary Part of Body         |  |                               |                  |      |                            |                       |      |                            |
| GG  | Casualty Situation Found              | Patient Taken to:              |  |                               |                  |      |                            |                       |      |                            |
| GH  | Familiarity With Structure            | Condition of Person            |  | Activity at Time of Injury    |                  |      |                            |                       |      |                            |
| GI  | Location in Relation to Pt. of Origin | Location at Time of Injury     |  | Relationship to Fire Location |                  |      |                            | FIRE SERVICE CASUALTY |      |                            |
| GJ  | Cause of Civilian Injury              | Condition Preventing Escape    |  |                               |                  |      |                            |                       |      |                            |
| GK  | Rank                                  | Assignment                     | Years Experience                               | No. Responses Prior to Injury |                  |      |                            |                       |      |                            |
| GL  | Physical Condition                    | Status Before Alarm            |  |                               |                  |      |                            |                       |      |                            |
| GM  | Fire Fighter Activity                 | Where Injury Occurred          |  |                               |                  |      |                            | FIRE SERVICE CASUALTY |      |                            |
| GN  | Cause of Fire Fighter Injury          | Medical Care Provided          |  |                               |                  |      |                            |                       |      |                            |
| GO  | Protective Coat: Worn                 | Status                         | Type Failure                                   |                               |                  |      |                            |                       |      |                            |
| GP  | Protective Pants: Worn                | Status                         | Type Failure                                   |                               |                  |      |                            |                       |      |                            |
| GQ  | Boots/Shoes: Worn                     | Status                         | Type Failure                                   |                               |                  |      |                            | FIRE SERVICE CASUALTY |      |                            |
| GR  | 3/4 Boots (steel toe sole)            | Status                         | Type Failure                                   |                               |                  |      |                            |                       |      |                            |
| GS  | Helmet: Worn                          | Status                         | Type Failure                                   |                               |                  |      |                            |                       |      |                            |
| GT  | Face Protection: Worn                 | Status                         | Type Failure                                   |                               |                  |      |                            |                       |      |                            |
| GU  | Breathing Apparatus: Worn             | Status                         | Type Failure                                   |                               |                  |      |                            | FIRE SERVICE CASUALTY |      |                            |
| GV  | Gloves: Worn                          | Status                         | Type Failure                                   |                               |                  |      |                            |                       |      |                            |
| GW  | Special Equipment: Worn               | Status                         | Type Failure                                   |                               |                  |      |                            |                       |      |                            |
| GX  | Length of Hospitalization             | Time off for Medical Treatment | Time Lost From Normal Duty                     | Time on Restrictive Duty      |                  |      |                            |                       |      |                            |
| GY  | Insurance Carrier Notified            | Final Outcome                  | Section Completed by:                          |                               | Date             |      | COMPLETE ON ALL CASUALTIES |                       |      |                            |
| GZ  | Member Making Report                  | Date                           | Officer in Charge (Name, Position, Assignment) |                               | Date             |      |                            |                       |      |                            |
| Remarks:  |                                       |                                |  |                               |                  |      |                            |                       |      |                            |
| <input type="checkbox"/> Remarks continued on reverse side. |                                       |                                |  |                               |                  |      |                            |                       |      |                            |

This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

## PREPARATION OF THE BASIC INCIDENT REPORT FORM 902F

This section of the Manual is for reference in preparing the Basic Incident Report, Form 902F. The form is divided into seven blocks, each outlined by a heavy border across the bottom and up the right side.

The *first block* is designed to collect data on all reported incidents whether fire or non-fire related. An incident is defined as "the involvement of a piece of fire service apparatus or equipment in response to an alarm." This could be a rescue vehicle, pumper, pickup truck, etc. Data elements in this block identify the location, date, time, alarm, type of property, and casualties. Lines A-I are included.

The *second block* is designed to collect data on all fire incidents (incident types 10-19). Data elements on lines J-N in this block describe what the scene was like when the fire department arrived, where the fire was in the property, the ignition sequence, and extinguishment.

The *third block* is designed to collect specific data for all structure fires (incident types 11-13). Data elements

grouped onto lines O-V describe the construction, number of stories, level of origin, flame and smoke travel, detectors, automatic sprinklers, and extent of damage.

The *fourth block* is designed to collect specific data for fires involving mobile property (incident types 12-14). Data elements on line W describe the type, age, make, model, and registration number of the mobile property.

The *fifth block* is designed to collect specific data for all fires involving trees, crops, grass, brush, and wild lands (incident type 15). Data elements grouped on lines X and Y describe how much land was involved and the type of natural vegetation involved.

The *sixth block*, line Z, is designed to allow the member making out the report and the officer in charge of the incident to sign the report, thus making the report a legal document. This block is completed for all incidents.

The *seventh block*, line AA, is a remarks section and is designed to collect data significant to telling the story for which no room was available on lines A-Z. Continue the remarks on the back side of Form 902F or complete additional pieces of paper if necessary to adequately tell the story of the incident.

## BASIC INCIDENT REPORT

902F

Fill In this Report  
In Your Own Words

Fire Department

☐ Revised  
Report

|    |   |              |                       |                                      |                                |  |                                      |               |  |      |
|----|---|--------------|-----------------------|--------------------------------------|--------------------------------|--|--------------------------------------|---------------|--|------|
| A  | FD ID   | Incident No. | Index No.             | Mo.                                  | Day                            | Year   | Alarm Time                           | Time on Scene | Time Last Unit Clear   |      |
| B  | Location/Address  |              | City/Town             |                                      |                                | Zip Code                                       |                                      | Property No.  |  |      |
| C  | Occupant Name (Last, First, MI)                             |              |                       |                                      |                                |  |                                      | Telephone No. | Room or Apt.   |      |
| D  | Owner Name (Last, First, MI)                                |              |                       | Address                              |                                |  |                                      | Telephone No. |  |      |
| E  | Method of Alarm to Fire Department                          |              |                       |                                      |                                |  | Type of Incident                     |               |  |      |
| F  | Type of Action Taken  |              |                       |                                      |                                |  | District                             | Shift         | No. Alarms   |      |
|    |   |              |                       |                                      |                                |  |                                      |               | Mutual Aid<br><input type="checkbox"/> Rec'd. <input type="checkbox"/> Given<br><input type="checkbox"/> N/A |      |
| G  | General Property Use  |              |                       | Specific Property Use                |                                |  | County                               |               | Census Tract   |      |
| H  | No. Injuries*<br>Fire Service                               |              | Other Emerg.          |                                      | Civilian                       |  | No. Fatalities*<br>Fire Service      |               | Other Emerg. Civilian  |      |
| I  | No. Fire Service Personnel Responded                        |              | No. Engines Responded |                                      | No. Aerial Apparatus Responded |  | No. Other Vehicles Responded         |               |  |      |
| J  | Condition of Fire upon Arrival of First Unit                |              |                       | Time from Alarm to Agent Application |                                |  | Area of Fire Origin                  |               |  |      |
| K  | Equipment Involved in Ignition                              |              |                       | Year                                 | Make                           | Model  |                                      | Serial No.    |  |      |
| L  | Form of Heat of Ignition                                    |              |                       | Material First Ignited<br>Form/Use   |                                |  | Type                                 |               |  |      |
| M  | Ignition Factor   |              |                       | Method of Extinguishment             |                                |  |                                      |               |  |      |
| N  | Property Damage Classification                              |              |                       | No. Buildings Damaged                |                                |  | Termination Stage                    |               |  |      |
| O  | Construction Type   |              |                       | No. of Stories                       |                                |  | Level of Origin                      |               |  |      |
| P  | Structure Status  |              |                       |                                      |                                |  | No. of Occupants at Time of Incident |               |  |      |
| Q  | Material Generating Most Flame<br>Form/Use                  |              |                       | Type                                 |                                |  | Factor Contributing to Flame Travel  |               |  |      |
| R  | Material Generating Most Smoke<br>Form/Use                  |              |                       | Type                                 |                                |  | Avenue of Smoke Travel               |               |  |      |
| S  | Detector Type   |              |                       | Detector Power Supply                |                                |  |                                      |               |  |      |
| T  | Detector Performance  |              |                       | Reason for Detector Failure          |                                |  |                                      |               |  |      |
| U  | Sprinkler System Performance                                |              |                       | No. of Sprinkler Heads Opened        |                                |  | Reason for Sprinkler System Failure  |               |  |      |
| V  | Extent of Flame Damage                                      |              |                       | Extent of Smoke Damage               |                                |  | Extent of Extinguishing Agent Damage |               |  |      |
| W  | Mobile Property Type  |              | Year                  | Make                                 | Model                          | Serial No.                                     | License No.                          |               |  |      |
| X  | No. of Private Acres Burned                                 |              |                       | No. of Federal Acres Burned          |                                |  | No. of Other Public Acres Burned     |               |  |      |
| Y  | Fuel Model  |              |                       |                                      |                                |  |                                      |               |  |      |
| Z  | Member Making Report  |              |                       |                                      | Date                           | Officer in Charge (Name, Position, Assignment) |                                      |               |  | Date |
| AA | Remarks:  |              |                       |                                      |                                |  |                                      |               |  |      |
|    | <input type="checkbox"/> Remarks continued on reverse side. |              |                       |                                      |                                |  |                                      |               |  |      |

COMPLETE ON ALL INCIDENTS

ON ALL FIRES  
TI 10-19COMPLETE IF FIRE  
TYPE OF INCIDENT (TI) 10-19  
FOR STRUCTURE FIRE  
TI 11-13TI  
12-14 TI 15COMPLETE ON  
ALL INCIDENTS

\* A Form 902G must be completed for each Fire Casualty.

This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

## LINE A DATA

|   |   |              |           |     |     |      |            |               |                      |
|---|---|--------------|-----------|-----|-----|------|------------|---------------|----------------------|
| A | FD ID                                   | Incident No. | Index No. | Mo. | Day | Year | Alarm Time | Time on Scene | Time Last Unit Clear |
|   | <input type="checkbox"/> Revised Report |              |           |     |     |      |            |               |                      |

## Fire Department Identification

|       |
|-------|
| FD ID |
|-------|

This space is provided for fire departments that participate in regional or state systems. The identification number will normally be assigned by the state and will be unique to the fire department. If your fire department does not forward reports to a regional or state center, this data space can be left blank.

## Incident Number

|              |
|--------------|
| Incident No. |
|--------------|

The incident number is a unique number assigned to an incident such that no two incidents in a given year have the same number.

Enter the identification number assigned to this incident using your existing fire department system of numbering incidents. It may be necessary to obtain this number from the alarm center.

*Example:*

The 124th incident of the year would be entered as

|                     |
|---------------------|
| Incident No.<br>124 |
|---------------------|

## Index Number

|           |
|-----------|
| Index No. |
|-----------|

If a fire department wishes to use separate forms to record data about other properties involved in the incident, each form should carry the same incident number, and a sequential index number should be assigned to each additional form such that no two forms with the same incident number also have the same index number.

The index number for the property initially involved in the incident should be recorded as "00" and the total number of casualties and total loss associated with the incident should be recorded on this form.

## Month

|     |
|-----|
| Mo. |
|-----|

Enter the month of year when the incident occurred using its numerical designation.

|               |            |                |               |
|---------------|------------|----------------|---------------|
| January = 01  | April = 04 | July = 07      | October = 10  |
| February = 02 | May = 05   | August = 08    | November = 11 |
| March = 03    | June = 06  | September = 09 | December = 12 |

## Day

|     |
|-----|
| Day |
|-----|

Enter the day of month when the incident occurred.

## Year

|      |
|------|
| Year |
|------|

Enter the last two digits of the year of century when the incident occurred.

*Example:*

An incident occurring on July 9, 1981, would be entered as

|     |     |      |
|-----|-----|------|
| Mo. | Day | Year |
| 07  | 09  | 81   |

## Alarm Time

|            |
|------------|
| Alarm Time |
|------------|

Enter the time the original alarm was received by the alarm center. Use the 24-hour clock.

Time by 24-hour clock:

|                       |
|-----------------------|
| 1:00 AM = 0100        |
| 1:00 PM = 1300        |
| 12:00 Midnight = 2400 |
| 12:01 AM = 0001       |

*Example:*

An alarm received at 2:56 PM would be entered as

|                    |
|--------------------|
| Alarm Time<br>1456 |
|--------------------|

**Time on Scene**

|               |
|---------------|
| Time on Scene |
|---------------|

Record the time, using the 24-hour clock, at which the first unit arriving on scene reports. It may be necessary to obtain this information from the alarm center.

**Time Last Unit Clear**

|                      |
|----------------------|
| Time Last Unit Clear |
|----------------------|

The object of this data element is to capture the time at which the fire department gave up control of the scene. Use the 24-hour clock. If one company is left at the scene as a "fire watch" for a considerable period of time but control of the property has been turned back to the owner, record the activities of this company separately in the Remarks section.

**Revised Report**

|   |
|---|
| <input type="checkbox"/> Revised Report |
|---|

If any information on the report is to be updated once the report has been submitted, obtain a copy of the original report, enter the new information in red, date and initial the change, check the Revised Report block, and resubmit the report.

**LINE B DATA**

|   |                  |           |          |              |
|---|------------------|-----------|----------|--------------|
| B | Location/Address | City/Town | Zip Code | Property No. |
|---|------------------|-----------|----------|--------------|

**Location/Address**

|                  |           |          |
|------------------|-----------|----------|
| Location/Address | City/Town | Zip Code |
|------------------|-----------|----------|

Enter the street number, the direction of the street if it is part of the address, the street name, and the street type (RD, ST, AV, etc.). Also enter the city, town, or township, and the zip code.

Use a single letter to indicate street direction when it is North, South, East, or West. Use two letters when it is a combined direction.

|                |                |
|----------------|----------------|
| Northeast = NE | Southwest = SW |
| Southeast = SE | Northwest = NW |

If the address is a street intersection, show the two cross streets. If the incident occurs on a major highway, record the closest mile mark.

If the involved property is a motor vehicle, boat, or other mobile property, list the address where the incident occurred, not the owner's home address.

If there is no city or town designation for the areas of the incident, some other means of geographic identification may be used such as grid coordinates; legal land description; latitude and longitude; or township, range and section.

**Examples:**

|                  |            |          |
|------------------|------------|----------|
| Location/Address | City/Town  | Zip Code |
| 16 Beverly Cl.   | Greenville | 78294    |

|                   |           |          |
|-------------------|-----------|----------|
| Location/Address  | City/Town | Zip Code |
| 424 East Main St. | Arlington | 23469    |

|                       |           |          |
|-----------------------|-----------|----------|
| Location/Address      | City/Town | Zip Code |
| JCT Smith and Elm St. | Boston    | 02222    |

|                                |                      |          |
|--------------------------------|----------------------|----------|
| Location/Address               | City/Town            | Zip Code |
| 45° 50' 30" N / 112° 40' 20" W | Gunnison Nat. Forest |          |

**Property Number**

|              |
|--------------|
| Property No. |
|--------------|

Property number is a unique number assigned to each property during a Property Survey. See NFPA 903M, *Fire Reporting Property Survey Manual*. Enter the assigned property number to correspond to the property being described in the report. This will enable users to link loss information with information available from the property survey. If your department has not assigned property numbers, leave this space blank.



## LINE C DATA

|   |                                 |               |              |
|---|---------------------------------|---------------|--------------|
| C | Occupant Name (Last, First, MI) | Telephone No. | Room or Apt. |
|---|---------------------------------|---------------|--------------|

## Occupant Name

|                                 |
|---------------------------------|
| Occupant Name (Last, First, MI) |
|---------------------------------|

Enter the full name of the person, company, or agency that occupies the area where the incident occurred. This may be an occupant of an apartment, a manager of a business, or the owner of the property.

*Examples:*

|                                  |
|----------------------------------|
| Occupant Name (Last, First, MI)  |
| ABC Widget Co., Smith, Sam, Mgr. |

|                                 |
|---------------------------------|
| Occupant Name (Last, First, MI) |
| Quinley, John X.                |

## Telephone Number

|               |
|---------------|
| Telephone No. |
|---------------|

Enter the telephone number where the above-named occupant can be reached.

## Room or Apartment

|              |
|--------------|
| Room or Apt. |
|--------------|

Enter the number of the room or apartment where the incident occurred if there is a distinguishing number. If there is no distinguishing number, enter "N/A."

## LINE D DATA

|   |                              |         |               |
|---|------------------------------|---------|---------------|
| D | Owner Name (Last, First, MI) | Address | Telephone No. |
|---|------------------------------|---------|---------------|

## Owner Name

|                              |
|------------------------------|
| Owner Name (Last, First, MI) |
|------------------------------|

Enter the correct full name of the owner of the property where the incident occurred if it is different from that of the occupant. If the owner was also the occupant, enter "Same as above."

## Address of Owner

|         |
|---------|
| Address |
|---------|

Enter the complete address of the owner if it is different from the address where the incident occurred. If the address is the same as the address of the incident, enter "Same as above."

## Telephone Number

|               |
|---------------|
| Telephone No. |
|---------------|

Enter the telephone number, if available, where the owner of the property can be reached.

## LINE E DATA

|   |                                    |                  |
|---|------------------------------------|------------------|
| E | Method of Alarm to Fire Department | Type of Incident |
|---|------------------------------------|------------------|

## Method of Alarm to Fire Department

|                                    |
|------------------------------------|
| Method of Alarm to Fire Department |
|------------------------------------|

Record the method by which the first fire service or alarm center person became aware of the incident. It is good practice to record the telephone number of the calling party or the number of the alarm box if that was the method of receipt. Do not record the means by which the individual fire companies were notified of the incident. Some of the methods by which the fire department receives an alarm are telephone, municipal alarm system, private alarm system, radio from a police or fire vehicle, and people walking into a fire station.

Refer to NFPA 901, Section JBA, for classifications for Method of Alarm to Fire Department.

## Examples:

|                                    |   |
|------------------------------------|---|
| Method of Alarm to Fire Department | 1 |
| Telephone 622-9827                 |   |

|                                    |   |
|------------------------------------|---|
| Method of Alarm to Fire Department | 2 |
| Box 4298                           |   |

## Type of Incident

|                  |  |
|------------------|--|
| Type of Incident |  |
|------------------|--|

Record the most serious type of incident that your fire department encountered at the scene. In broad categories, this could be a fire, overpressure rupture, rescue call, hazardous condition, service call, good intent call or false call. Be more definitive, however, and indicate the type of fire, or other incident.

If conditions change, either before the arrival of the fire department or during fire department operations, details of the change in situation should be included in the Remarks section and the most serious condition should be recorded as type of incident. For example, if the arriving apparatus found a fuel spill and it subsequently ignited, treat the incident as a fire and provide details of the fuel spill (Hazardous Condition) in the Remarks section.

Refer to NFPA 901, Section JCA, for classifications for Type of Incident.

## Examples:

|                  |     |
|------------------|-----|
| Type of Incident | 1 6 |
| Grass fire       |     |

|                        |     |
|------------------------|-----|
| Type of Incident       | 1 1 |
| Mattress fire in house |     |

|                  |     |
|------------------|-----|
| Type of Incident | 7 1 |
| False alarm      |     |

|                       |     |
|-----------------------|-----|
| Type of Incident      | 4 4 |
| Wires down and arcing |     |

## LINE F DATA

|   |                      |          |       |            |   |
|---|----------------------|----------|-------|------------|---|
| F | Type of Action Taken | District | Shift | No. Alarms | Mutual Aid<br><input type="checkbox"/> Rec'd <input type="checkbox"/> Given<br><input type="checkbox"/> N/A |
|---|----------------------|----------|-------|------------|---|

## Type of Action Taken

|                      |  |
|----------------------|--|
| Type of Action Taken |  |
|----------------------|--|

Record the duty or action taken by the responding fire department personnel to deal with the incident. Actions will include extinguishing fire, providing first aid or rescuing a person, removing or neutralizing a hazard, investigating a reported situation, or simply standing by at an incident. Be as specific as possible in stating the action taken.

Refer to NFPA 901, Section JDA, for classifications for Type of Action Taken.

## Examples:

A fire where the fire department extinguished the fire.

|                      |     |
|----------------------|-----|
| Type of Action Taken | 1 3 |
| Extinguish/Overhaul  |     |

An alarm from a building where nothing could be found.

|                             |     |
|-----------------------------|-----|
| Type of Action Taken        | 7 1 |
| Investigate source of alarm |     |

A victim of an auto accident was given first aid and taken to a hospital.

|                           |     |
|---------------------------|-----|
| Type of Action Taken      | 3 3 |
| Provide EMS and Transport |     |

**District**

|          |
|----------|
| District |
|----------|

Enter the designation of the fire department company, administrative district, or inspection district in which the incident occurred. If the incident is outside the fire department's area of responsibility or jurisdiction enter "O/J." If no districts are designated by the fire department, appropriate police districts may be useful and can be used.

*Examples:*

|          |
|----------|
| District |
| E 10     |

|          |
|----------|
| District |
| L 4      |

|          |
|----------|
| District |
| O/J      |

**Shift**

|       |
|-------|
| Shift |
|-------|

Where applicable, enter the designation of the shift on duty that responded to the incident. If the incident was of such duration that the shift changed during the control of the incident, record the shift change time and designation of the new shift in the Remarks.

*Examples:*

|       |
|-------|
| Shift |
| A     |

|         |
|---------|
| Shift   |
| Group 4 |

**Number of Alarms**

|            |
|------------|
| No. Alarms |
|------------|

Enter the number of alarms transmitted for the incident. This information is used by your department only, and local definitions of what constitutes a first alarm, second alarm, etc., should be used in recording the number of alarms. Where multiple alarms are sounded, the time for each alarm should be recorded in the Remarks section.

*Examples:*

|            |
|------------|
| No. Alarms |
| Still      |

|            |
|------------|
| No. Alarms |
| 2          |

**Mutual Aid**

|   |
|---|
| Mutual Aid  |
| <input type="checkbox"/> Rec'd <input type="checkbox"/> Given |
| <input type="checkbox"/> N/A                                  |

If any other fire department was called or responded to assist at the scene of the incident, put a check in the box labeled "Rec'd," and list the names of the responding departments and the type of apparatus sent in the Remarks section. (Example: Anytown Fire Department — 1 pumper, 1 ladder truck.) If the mutual aid received was to cover a vacated fire station, it should not be indicated as mutual aid received for the purpose of this report; but the fact that another fire department provided coverage to vacated fire stations can be noted in the Remarks section.

If the call to which the fire department responded was to assist another fire department either at the scene of an incident or by covering vacated stations in another community, your fire department gave mutual aid, and the Mutual Aid Given box should be checked.

Sometimes, because of other emergencies or predetermined arrangements for providing coverage to areas of a community, the fire department responsible for the area where the incident occurred will not be present. Your fire department still gave mutual aid if it is outside the jurisdiction of your department, and the Mutual Aid Given box should be checked.

If mutual aid was neither given nor received, check the N/A box.

## LINE G DATA

|   |                      |                       |        |              |
|---|----------------------|-----------------------|--------|--------------|
| G | General Property Use | Specific Property Use | County | Census Tract |
|   |                      |                       |        |              |

## General Property Use

|                      |  |  |
|----------------------|--|--|
| General Property Use |  |  |
|----------------------|--|--|

## Definition:

**General Property Use.** The general (overall) use of land or space under the same management, ownership, or within the same legal boundaries, including any structures, vehicles, or other appurtenances thereon.

A grease duct fire in a restaurant in a hotel, or an explosion in a chemical laboratory of a university, presents a challenge to fire reporting.

Obviously, in the first case, if only "hotel" data are collected, then "restaurant" data will be lost. In the second example, if only "laboratory" data are collected, then "university" data will be lost. A general property use classification enables the user to include both "hotel" and "restaurant" or both "university" and "laboratory" information.

If a portion of the general property is leased, managed, and maintained as a separate property, treat it as a separate general property use for reporting purposes. For example: a hotel at an airport leased to and managed by a hotel chain would be reported as hotel use while a hotel on a university campus and managed by the university would be reported as education use.

When a location has two or more completely different general uses, and there is no classification to describe the combination, then the General Property Use should be classified according to the predominant use at the point of origin of the incident.

Record the general use of the property where the incident occurred. Every incident should have a General Property Use associated with it with the exception of some false calls where it should be reported as undetermined.

Refer to NFPA 901, Chapter A, for classifications for General Property Use.

## Specific Property Use

|                       |  |  |
|-----------------------|--|--|
| Specific Property Use |  |  |
|-----------------------|--|--|

## Definition:

**Specific Property Use.** The use to which a specific space, structure, or portion of a structure is put by the owner, tenant, or occupant of the space. The Specific Property Use should be one of the following:

- The principal use of the structure or outside area if it is used for a single purpose.
- The principal use of a fire division compartment in a structure if the structure is used for multiple purposes.

- The principal use to which a section of a structure, a space or an area, whether inside or outside, is put by the owner, tenant, or business occupying that space or area when there are multiple specific uses, multiple tenants, or multiple businesses using the same general property.

Every piece of property, whether it be a structure or an open piece of land, has a use. This use should be identified here.

The intent is to show the use of the property and not the configuration of buildings or other important details of a property such as access, ownership, size, or internal weaknesses in construction or fire defenses. For example, property used for storage of a product should be shown for that use whether the storage is inside or outside.

Every incident report should include a Specific Property Use with the exception of some false calls when the specific property use can be reported as undetermined.

Property that is mobile, i.e., can move in relationship to specific property, is reported separately; the specific property it is located on at the time of the incident is reported here.

Record the Specific Property Use where the incident occurred. Refer to NFPA 901, Chapter B, for classifications for Specific Property Use.

*Examples:* The following examples show the relationship between the General Property Use and the Specific Property Use for a few typical situations.

A clothing store in a shopping center.

|                      |                       |
|----------------------|-----------------------|
| General Property Use | Specific Property Use |
| Sales use  5 1       | Clothing store  5 2 1 |

A chapel at a university.

|                      |                       |
|----------------------|-----------------------|
| General Property Use | Specific Property Use |
| University  2 2      | Chapel  1 3 1         |

A railroad bridge.

|                      |                       |
|----------------------|-----------------------|
| General Property Use | Specific Property Use |
| Railroad  9 5        | Bridge  9 2 1         |

A children's playhouse behind a dwelling.

|                           |                           |
|---------------------------|---------------------------|
| General Property Use      | Specific Property Use     |
| 1 family residential  4 1 | Child's play house  4 9 1 |

A barn on a farm.

|                      |                       |
|----------------------|-----------------------|
| General Property Use | Specific Property Use |
| Farm  9 5            | Barn  9 1 5           |

**County**

|        |  |  |  |  |
|--------|--|--|--|--|
| County |  |  |  |  |
|--------|--|--|--|--|

Record the census county code if you are also reporting census tract. The census county code or the Federal Information Processing Standard (FIPS) county code are the same and can be obtained from the same source for census tract information.

**Census Tract**

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| Census Tract |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|

Enter the number for the census tract in which the property involved in the incident is located. The census tract number is a six-digit number assigned by the U.S. Census Bureau that identifies an area of land within the United States for which census data is available.

**LINE H DATA**

|   |              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
|---|--------------|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|
| H | No Injuries* |  |  |  |  |  |  |  |  |  | No Fatalities* |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
|   | Fire Service |  |  |  |  |  |  |  |  |  | Other Emerg.   |  |  |  |  |  |  |  |  |  | Civilian |  |  |  |  |  |  |  |  |  |
|   |              |  |  |  |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |

**Number of Incident-Related Injuries**

|              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|
| No Injuries* |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| Fire Service |  |  |  |  |  |  |  |  |  | Other Emerg. |  |  |  |  |  |  |  |  |  | Civilian |  |  |  |  |  |  |  |  |  |
|              |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |

Enter the total number of fire service personnel, other emergency personnel, and civilians who received injuries or were treated in connection with the incident. The number of injuries or illnesses reported here is without regard to the circumstance of the injury or illness as it pertains to the chronology of the incident.

Fire service personnel are all employees, whether career or volunteer, of a fire department who are assigned or may be assigned to perform duties at emergency operations.

Other emergency personnel are non-fire service personnel engaged in providing emergency services on a regular and routine basis and would include EMS personnel, police, and utility company employees. Fire fighters assigned and engaged in EMS activities should still be reported as fire service personnel.

Civilians would include either occupants or bystanders.

For each fire service injury recorded, a Basic Casualty Report, Form 902G, should accompany the Basic Incident Report.

For each injury recorded to other emergency personnel or civilians as a result of a fire incident, a Basic Casualty Report, Form 902G, should be completed and accompany the Basic Incident Report.

If a fire department provides emergency medical services, a Basic EMS Report, Form 902H may be completed for each injury or illness.

Completion of forms 902G and 902H will supply important data about the circumstances of the injury or illness.

**Number of Incident-Related Fatalities**

|                |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|--|--|--|--|
| No Fatalities* |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |
| Fire Service   |  |  |  |  |  |  |  |  |  | Other Emerg. |  |  |  |  |  |  |  |  |  | Civilian |  |  |  |  |  |  |  |  |  |
|                |  |  |  |  |  |  |  |  |  |              |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |  |  |

Enter the total number of fire service personnel, other emergency personnel, and civilians who received fatal injuries in connection with the incident. The number of fatalities reported here is without regard to the circumstance of the fatality as it pertains to the chronology of the incident.

See "Number of Incident-Related Injuries" explanation for definitions of personnel categories.

For each fire service fatality recorded, a Basic Casualty Report, Form 902G, should accompany the Basic Incident Report.

For each fatality recorded to other emergency personnel or civilians as a result of a fire incident, a Basic Casualty Report, Form 902G, should be completed and accompany the Basic Incident Report.

If a fire department provides emergency medical services, a Basic EMS Report, Form 902H, may be completed for each fatality.

## LINE I DATA

|                                      |                       |                                |                              |
|--------------------------------------|-----------------------|--------------------------------|------------------------------|
| No. Fire Service Personnel Responded | No. Engines Responded | No. Aerial Apparatus Responded | No. Other Vehicles Responded |
|--------------------------------------|-----------------------|--------------------------------|------------------------------|

## Number of Fire Service Personnel Responded

|                                      |
|--------------------------------------|
| No. Fire Service Personnel Responded |
|--------------------------------------|

Enter the total number of fire officers, fire fighters, and other fire service personnel who responded to the incident.

## Number of Aerial Apparatus Responded

|                                |
|--------------------------------|
| No. Aerial Apparatus Responded |
|--------------------------------|

Enter the total number of aerial ladder or elevating platform apparatus that responded to the incident.

## Number of Engines Responded

|                       |
|-----------------------|
| No. Engines Responded |
|-----------------------|

Enter the total number of engines that responded to the incident.

## Number of Other Vehicles Responded

|                              |
|------------------------------|
| No. Other Vehicles Responded |
|------------------------------|

Enter the total number of fire department vehicles that responded to the incident, but which have not been counted above. Included are heavy rescue vehicles, ambulances, and specialized equipment.

## LINE J DATA

|  |                                      |                     |
|--|--------------------------------------|---------------------|
| Condition of Fire upon Arrival of First Unit | Time from Alarm to Agent Application | Area of Fire Origin |
|--|--------------------------------------|---------------------|

## Condition of Fire Upon Arrival of First Unit

|  |
|--|
| Condition of Fire upon Arrival of First Unit |
|--|

Describe what the first unit observed upon arrival at the scene. This information can often be extremely important in investigating and understanding the fire and as such when a fire is well in progress upon arrival, conditions should be explained as completely as possible in the Remarks section. Examples of conditions found would be: house fully involved, three structures involved, housewife extinguished fire before arrival, and wildfire is crowning.

Refer to NFPA 901, Section JCB, for classifications for Condition of Fire on Arrival of First Unit.

## Time from Alarm to Agent Application

|                                      |
|--------------------------------------|
| Time from Alarm to Agent Application |
|--------------------------------------|

Many factors contribute to the time lapse between the receipt of an alarm for a fire by the fire department and activity on the fire scene to extinguish the fire. Alarm handling time, response time, and set-up time are all factors that can be influenced by fire department management. Delays in response, blocked hydrants, and building

access problems slow fire fighters in the application of extinguishing agents.

Estimate and record the time lapse from the first receipt of the alarm to the application of an extinguishing agent. Sometimes an agent will be applied before the alarm, as in the case of automatic systems, but in most cases the first agent will be applied by the fire department. Do not consider the sporadic application of an agent, such as an attempt to use a fire extinguisher before calling the fire department, unless such application is continuous or successfully controls or extinguishes the fire.

Refer to NFPA 901, Section JGE, for classifications for Time from Alarm to Extinguishing Agent Application.

*Examples:*

An automatic sprinkler system activates, and an alarm is automatically transmitted to the fire department.

|                                      |
|--------------------------------------|
| Time from Alarm to Agent Application |
| Before alarm                         |

An alarm is received at 1438 hours, and apparatus arrives at the scene at 1445. A preconnected hose line is stretched, and fire fighting starts within one minute.

|                                      |
|--------------------------------------|
| Time from Alarm to Agent Application |
| Approx. 8 min.                       |

## Area of Fire Origin

|                     |   |   |
|---------------------|---|---|
| Area of Fire Origin | 1 | 1 |
|---------------------|---|---|

Describe the use of the room or area in which the fire originated. Whereas the general property use identifies the overall use of the land and structures thereon, and the specific property use identifies the use of that portion of the property where the fire originated, the area of origin identifies the room, process, or precise portion of the specific property where the fire originated.

For example, a hotel may be a general property use; a restaurant in that hotel may be the specific property use; and the kitchen in that restaurant, if an ignition occurs there, is the area of origin. The area of origin is either a room, an area or portion of a room, a vehicle or a portion of a vehicle, or possibly some open area devoted to a specific use. Be careful to avoid the use of words like "attic" and "basement," as these denote a level of origin and not the use of the area.

Refer to NFPA 901, Chapter E, for classifications for Area of Origin.

## Examples:

A fire starting in the bedroom closet of a home.

|                     |   |   |
|---------------------|---|---|
| Area of Fire Origin | 4 | 2 |
| Bedroom closet      |   |   |

A fire starting in a wastebasket in a kitchen.

|                     |   |   |
|---------------------|---|---|
| Area of Fire Origin | 2 | 4 |
| Kitchen             |   |   |

A fire starting under the hood of an automobile.

|                     |   |   |
|---------------------|---|---|
| Area of Fire Origin | 8 | 3 |
| Engine compartment  |   |   |

A fire starting in a vacant lot next to a dwelling.

|                     |   |   |
|---------------------|---|---|
| Area of Fire Origin | 9 | 4 |
| Vacant lot          |   |   |

## LINE K DATA

|   |                                |      |      |       |            |
|---|--------------------------------|------|------|-------|------------|
| K | Equipment Involved in Ignition | Year | Make | Model | Serial No. |
|   |                                |      |      |       |            |

## Equipment Involved in Ignition

|                                |   |   |
|--------------------------------|---|---|
| Equipment Involved in Ignition | 1 | 1 |
|--------------------------------|---|---|

The heat of ignition often originates in a piece of equipment. That piece of equipment may fail in some manner, causing the heat, or it may be a piece of equipment that normally produces heat but is used or misused in such a way that combustible material is ignited. If a piece of equipment was responsible for the heat of ignition record the type of equipment. If no equipment was involved, enter the word "None."

Refer to NFPA 901, Chapter F, for information on and classifications of Equipment Involved in Ignition.

## Equipment Details

|      |      |       |            |
|------|------|-------|------------|
| Year | Make | Model | Serial No. |
|      |      |       |            |

If a piece of equipment was involved in the ignition, record the following details regarding that piece of equipment:

Year — year of manufacture.

Make — name of manufacturer or brand name.

Model — model name or model number if there is one.

Serial No. — manufacturer's serial number.

*Exception: When the fire involves food on a stove and is confined to the cooking container with no damage to the stove, it is not necessary to record the equipment details. The stove should be identified as the equipment involved in ignition, however.*

## Examples:

A deep fat fryer overheats igniting the grease.

|                                |      |      |       |                      |
|--------------------------------|------|------|-------|----------------------|
| Equipment Involved in Ignition | Year | Make | Model | Serial No.           |
| Deep fat fryer                 | 2    | 4    | 1974  | Quicky FS228 ME29476 |

A clothes dryer ignites an accumulation of lint in the dryer.

|                                |      |      |       |                        |
|--------------------------------|------|------|-------|------------------------|
| Equipment Involved in Ignition | Year | Make | Model | Serial No.             |
| Clothes dryer                  | 5    | 2    | 1972  | Fastdry FC2000 2946784 |

## LINE L DATA

|   |                          |                        |      |
|---|--------------------------|------------------------|------|
| L | Form of Heat of Ignition | Material First Ignited | Type |
|   | Form/Use                 | Form/Use               | Type |

## Form of Heat of Ignition

|                          |  |
|--------------------------|--|
| Form of Heat of Ignition |  |
|--------------------------|--|

The form the heat of ignition takes can be an open flame, a hot surface, an arc or spark, or some other form. Record the form of the heat that started the fire, as near as can be determined.

The form of heat of ignition when combined with a description of any equipment involved in ignition should clearly identify the heat that was responsible for the ignition. If the heat was from a fuel-fired or fuel-powered object, be sure to specify the fuel used.

NOTE: There is a difference between gas and gasoline. Gas is a gaseous fuel; gasoline is a liquid fuel.

Refer to NFPA 901, Chapter G, for classifications for Form of Heat of Ignition.

*Examples:*

A fire starts when gasoline fumes are ignited by a gas-fired hot water heater.

|                                |     |
|--------------------------------|-----|
| Equipment Involved in Ignition |     |
| Hot water heater               | 112 |

|                          |     |
|--------------------------|-----|
| Form of Heat of Ignition |     |
| Flame in gas heater      | 115 |

A fire starts when a cigarette is dropped in an upholstered chair.

|                                |    |
|--------------------------------|----|
| Equipment Involved in Ignition |    |
| None                           | 98 |

|                          |    |
|--------------------------|----|
| Form of Heat of Ignition |    |
| Discarded cigarette      | 61 |

An industrial plant contains a manufacturing building and an attached storage building. Stored materials are ignited by radiated heat passing through unprotected openings from a fire in the manufacturing building. The exposure report would show:

|                                |     |
|--------------------------------|-----|
| Equipment Involved in Ignition |     |
| None                           | 918 |

|                          |     |
|--------------------------|-----|
| Form of Heat of Ignition |     |
| Radiated heat            | 812 |

## Material First Ignited

|                        |      |
|------------------------|------|
| Material First Ignited |      |
| Form/Use               | Type |

This data element is reported in two parts. Together they identify the first material ignited.

For a fire to start, the heat of ignition must ignite a kindling fuel. This kindling fuel will have a specific use or form that must be identified as the Material First Ignited — Form/Use. This same material will be made of a particular substance or be of a particular composition that is identified as the Material First Ignited — Type. The material identified and recorded as the first material ignited should have sufficient volume or heat intensity to extend to uncontrolled or self-perpetuating fire.

Identify and record the form/use and type of material that was first ignited by the heat source identified above. The first material ignited may not be the most significant from the standpoint of fire development, but it is most significant from the ignition standpoint, and as such, care should be taken to identify it properly. Other materials that may have been nearby and that may have contributed substantially to the fire can be identified later.

Refer to NFPA 901, Section HA, for classifications for Form of Material and Section HB, for classifications for Type of Material.

*Examples:*

Children playing set grass on fire.

|                        |                                |
|------------------------|--------------------------------|
| Material First Ignited | Growing                        |
| Form/Use               | Vegetation 1714 Type Grass 101 |

A plumber working in a wall cavity ignites fiberboard used as sound-deadening material.

|                        |                                    |
|------------------------|------------------------------------|
| Material First Ignited |                                    |
| Form/Use               | Insulation 118 Type Fiberboard 165 |

A rayon sweater on a person ignites when he leans across a gas burner on a stove.

|                        |                            |
|------------------------|----------------------------|
| Material First Ignited | Sweater                    |
| Form/Use               | on person 35 Type Rayon 72 |



## LINE M DATA

|   |                 |                          |
|---|-----------------|--------------------------|
| M | Ignition Factor | Method of Extinguishment |
|---|-----------------|--------------------------|

## Ignition Factor

|                 |
|-----------------|
| Ignition Factor |
|-----------------|

The heat of ignition and the material first ignited have been identified on the previous two lines. In order for a fire to start, there must be some means by which the heat and material are brought together. It can be a deliberate act, an accident, or even an act of nature. Care must be taken not to blame a person believed responsible — just get the facts. Record the factor responsible for the ignition, i.e., that factor which explains why the heat source and the material ignited were able to combine to initiate the fire.

Refer to NFPA 901, Chapter I, for classifications for Ignition Factor.

*Examples:*

A building is deliberately set on fire.

|                 |            |     |
|-----------------|------------|-----|
| Ignition Factor | Incendiary | 1 1 |
|-----------------|------------|-----|

A lightning strike ignites a barn.

|                 |                  |     |
|-----------------|------------------|-----|
| Ignition Factor | Lightning strike | 8 4 |
|-----------------|------------------|-----|

A worker cutting away old metal ignites nearby combustible materials.

|                 |                   |     |
|-----------------|-------------------|-----|
| Ignition Factor | Cutting too close | 3 5 |
|-----------------|-------------------|-----|

## Method of Extinguishment

|                          |
|--------------------------|
| Method of Extinguishment |
|--------------------------|

Record the mechanism or magnitude of equipment used to finally extinguish the fire whether it was by the fire department, people in the area, or an automatic system. Some fires may burn themselves out, others may be extinguished with makeshift aids, but the majority are probably extinguished by lines from fire apparatus.

Refer to NFPA 901, Section JDB, for classifications for Method of Extinguishment.

*Examples:*

An automatic sprinkler system activates and extinguishes the fire.

|                          |                      |   |
|--------------------------|----------------------|---|
| Method of Extinguishment | Automatic sprinklers | 4 |
|--------------------------|----------------------|---|

A small grass fire is extinguished before the arrival of the fire department by neighbors with a garden hose.

|                          |                          |   |
|--------------------------|--------------------------|---|
| Method of Extinguishment | Garden hose by neighbors | 2 |
|--------------------------|--------------------------|---|

A kitchen fire is extinguished with a preconnected hose line.

|                          |                              |   |
|--------------------------|------------------------------|---|
| Method of Extinguishment | Preconnect 1½" -- Tank water | 5 |
|--------------------------|------------------------------|---|

A major fire requires 3 ladder pipes and 4 handlines to extinguish.

|                          |                                   |   |
|--------------------------|-----------------------------------|---|
| Method of Extinguishment | 3 ladder pipes - 4 2½" hand lines | 6 |
|--------------------------|-----------------------------------|---|

## LINE N DATA

|   |                                |                       |                   |
|---|--------------------------------|-----------------------|-------------------|
| N | Property Damage Classification | No. Buildings Damaged | Termination Stage |
|---|--------------------------------|-----------------------|-------------------|

## Property Damage Classification

|                                |
|--------------------------------|
| Property Damage Classification |
|--------------------------------|

The property damage classification should reflect the total direct fire loss whether to a structure, its contents or

machinery, a vehicle, vegetation, or anything else involved in the fire. Take into consideration the material actually damaged by the fire as well as that damaged during extinguishment. This will include water and smoke damage as well as material damaged during overhaul operations.

If a loss figure is known, record that loss figure and

classify the range in which that loss figure lies. If an exact loss figure is not known, record the classification that describes the range in which you estimate the loss to be. A property damage classification should be recorded for all fires. If there was no loss, record that fact and classify as "01."

Refer to NFPA 901, Section KJ, for classifications for Property Damage.

### Number of Buildings Damaged

|                       |   |   |
|-----------------------|---|---|
| No. Buildings Damaged | 1 | 1 |
|-----------------------|---|---|

Record the total number of separate buildings damaged by the fire. To be considered as separate buildings, physical space must exist between the buildings. If the fire originates in a building, it should be included in the count.

Note that all structures are not buildings. A building is defined as a structure enclosed with walls and a roof and having a defined height.

### Termination Stage of Fire

|                   |   |
|-------------------|---|
| Termination Stage | 1 |
|-------------------|---|

#### Definitions:

**Smoldering.** Self-sustaining combustion of a material without any flame evident.

**Flame.** Products of combustion that are illuminated by the heat of combustion and accompany the burning of most materials in normal atmospheres.

Some fires smolder and are discovered while they are still in the smoldering stage and are extinguished or they burn themselves out (self-terminate) without reaching open flame. Other fires reach the open flame stage and are then either extinguished or self-terminate. Record which stage (Smoldering or Flame) the fire reached before it was either extinguished or it self-terminated. If a fire goes through the open flame stage and then back into a smoldering stage, it should be recorded as open flame for the purpose of this data element.

Refer to NFPA 901, Section KA, for classifications for Termination Stage of Fire.

#### Examples:

Fire fighters find a mattress smoldering as a result of a discarded cigarette. There is no evidence of open flame.

|                   |            |   |
|-------------------|------------|---|
| Termination Stage | Smoldering | h |
|-------------------|------------|---|

A fire burned in open flame, but due to lack of fuel is smoldering when discovered.

|                   |            |    |
|-------------------|------------|----|
| Termination Stage | Open flame | l2 |
|-------------------|------------|----|

## LINE O DATA

|   |                   |                |                 |
|---|-------------------|----------------|-----------------|
| O | Construction Type | No. of Stories | Level of Origin |
|---|-------------------|----------------|-----------------|

### Construction Type

|                   |   |
|-------------------|---|
| Construction Type | 1 |
|-------------------|---|

Record the type of construction used to build the structure. If a mixture of construction types exists, record the principal type.

Building code classifications can be used provided that the particular code is also cited.

Refer to NFPA 220, *Standard on Types of Building Construction*, for information on construction types; and NFPA 901, Section DAA, for classifications for Type of Construction. Compare the "Type of Construction" definitions with existing state and city building codes to determine the types and unique characteristics of construction in your city.

#### Examples:

|                   |                       |   |
|-------------------|-----------------------|---|
| Construction Type | Fire-resistive type I | h |
|-------------------|-----------------------|---|

|                   |                   |    |
|-------------------|-------------------|----|
| Construction Type | Wood frame type V | l5 |
|-------------------|-------------------|----|

|                   |             |    |
|-------------------|-------------|----|
| Construction Type | UBC type IV | l4 |
|-------------------|-------------|----|

### Number of Stories

|                |   |
|----------------|---|
| No. of Stories | 1 |
|----------------|---|

Record the total number of stories in the structure including all below grade and above grade stories. A mezzanine should be considered an additional story where the building code defines the area as a mezzanine. Unused crawl spaces and unused ceiling/roof spaces should not be considered additional stories.

Refer to NFPA 901, Section DAE, for classifications for Number of Stories.

**Example:**

A fire in a dwelling with 2 stories above grade and a basement.

|                       |
|-----------------------|
| No. of Stories        |
| 2 Story and Bsmt.   3 |

**Level of Fire Origin**

|                 |
|-----------------|
| Level of Origin |
|                 |

**Definition:**

**Grade.** Reference plane representing the elevation of finished ground level adjoining the building at the main entrance.

If the fire occurred inside a building with regular floor levels, record the story — and whether above or below grade — on which the fire started. If there were no stories or irregular story heights, record the height above or below grade level in feet. If the fire involved a structure

that was not a building, record the height in feet above or below grade where the fire started and be sure to indicate whether it was above or below grade.

Refer to NFPA 901, Section JEA, for classifications for Level of Origin.

**Examples:**

A fire in the second story of a house.

|                   |
|-------------------|
| Level of Origin   |
| 2nd story   1   2 |

A fire in the basement of an office building.

|                            |
|----------------------------|
| Level of Origin            |
| 1st basement level   2   1 |

A fire on the 14th story of an apartment house.

|                    |
|--------------------|
| Level of Origin    |
| 14th story   1   6 |

**LINE P DATA**

|   |                  |                                      |
|---|------------------|--------------------------------------|
| P | Structure Status | No. of Occupants at Time of Incident |
|   |                  |                                      |

**Structure Status**

|                  |
|------------------|
| Structure Status |
|                  |

Structure status should describe whether the structure is currently in use for its intended purpose or not and if it is not, whether it is under construction, idle, vacant, under major renovation, or being demolished.

Refer to NFPA 901, Section DAI, for classifications for Structure Status.

**Examples:**

A building is in the stages of being razed.

|                      |
|----------------------|
| Structure Status     |
| Being demolished   7 |

An industrial plant currently in full production.

|                  |
|------------------|
| Structure Status |
| In use   2       |

**Number of Occupants at Time of Incident**

|                                      |
|--------------------------------------|
| No. of Occupants at Time of Incident |
|                                      |

Enter the number of occupants that are estimated to have been in the structure at the time of the incident. It is not intended to capture data on the legal occupant capacity of an area; however, this data may be useful for difficult estimations.

Refer to NFPA 901, Section DBA, for classifications for Number of Occupants.

## LINE Q DATA

|   |                                |  |      |  |                                     |  |  |  |
|---|--------------------------------|--|------|--|-------------------------------------|--|--|--|
| Q | Material Generating Most Flame |  |      |  | Factor Contributing to Flame Travel |  |  |  |
|   | Form/Use                       |  | Type |  |                                     |  |  |  |

## Material Generating Most Flame

|                                |  |      |  |
|--------------------------------|--|------|--|
| Material Generating Most Flame |  |      |  |
| Form/Use                       |  | Type |  |

Often the material first ignited is not the most significant from the standpoint of the amount of flame generated. The two entries, Material Generating Most Flame-Form/Use and Material Generating Most Flame-Type, are designed to record the material that generated the most flame or had the greatest influence on the burning characteristics of the fire. Record both form or use of the material and the type or composition of the material that was determined to generate the most flame in the fire.

If the fire is small and confined to the object of origin or the immediate area of origin and there is no significant flame development, record "N/A" (not applicable).

Refer to NFPA 901, Sections HA and HB, for classifications for Form and Type of Material.

*Examples:*

A fire originating in a trash receptacle ignites polyurethane foam cushions causing intense flame.

|                                |          |      |                |
|--------------------------------|----------|------|----------------|
| Material Generating Most Flame |          |      |                |
| Form/Use                       | Cushions | Type | Foamed plastic |

A thin plywood paneling in a corridor spreads the fire from the room of origin to other rooms off the corridor.

|                                |          |      |         |
|--------------------------------|----------|------|---------|
| Material Generating Most Flame |          |      |         |
| Form/Use                       | Paneling | Type | Plywood |

## Factor Contributing to Flame Travel

|                                     |  |
|-------------------------------------|--|
| Factor Contributing to Flame Travel |  |
|                                     |  |

Identify and record the single most important avenue or factor that allowed rapid, unusual, or intense flame spread (char) beyond the room or area of origin. Avenues can be both vertical and horizontal and may be natural channels such as open shafts or long corridors, or they may be mechanical methods such as conveyor systems. In some cases the configurations of materials may be such that they form the avenue of flame travel. If the fire is small and confined to the immediate area of origin, record "N/A" (Not applicable).

Refer to NFPA 901, Section JFA, for classifications for Factor Contributing to Flame Travel.

*Examples:*

Flames from a room ignite the plywood paneling in the corridor and allow the fire to sweep down the corridor.

|                                     |  |
|-------------------------------------|--|
| Factor Contributing to Flame Travel |  |
| Paneling on wall corr.h             |  |

Flames break out of a window, and the heat breaks the window above allowing the flames to ignite combustibles inside that area.

|                                     |  |
|-------------------------------------|--|
| Factor Contributing to Flame Travel |  |
| Exterior vert. spread               |  |

Materials on a conveyor traveling through a fire area are ignited and continue to burn as they pass through other areas, igniting other materials.

|                                     |  |
|-------------------------------------|--|
| Factor Contributing to Flame Travel |  |
| Conveyor system                     |  |

## LINE R DATA

|   |                                |      |                        |  |
|---|--------------------------------|------|------------------------|--|
| R | Material Generating Most Smoke |      | Avenue of Smoke Travel |  |
|   | Form/Use                       | Type |                        |  |

## Material Generating Most Smoke

|                                |      |
|--------------------------------|------|
| Material Generating Most Smoke |      |
| Form/Use                       | Type |

Often the material first ignited is not the most significant from the standpoint of the amount of smoke generated. The two entries, Material Generating Most Smoke-Form/Use and Material Generating Most Smoke-Type, are designed to record the material that generated the most smoke. Record both form or use of the material and the type or composition of the material which was determined to generate the most smoke in the fire.

If the fire is small and there was no smoke damage beyond the immediate area of origin, record "N/A" (Not applicable).

Refer to NFPA 901, Section, HA and HB, for classifications for Form of Material and Type of Material.

*Examples:*

An electric motor on a power drive unit ignites a rubber conveyor belt.

|                                |        |
|--------------------------------|--------|
| Material Generating Most Smoke |        |
| Form/Use                       | Type   |
| Conveyor Belt                  | Rubber |

A fire spreading from the area of origin involves lubricating oil stored in the structure producing heavy smoke.

|                                |                 |
|--------------------------------|-----------------|
| Material Generating Most Smoke |                 |
| Form/Use                       | Type            |
| Stock in barrels               | Lubricating oil |

## Avenue of Smoke Travel

|                        |
|------------------------|
| Avenue of Smoke Travel |
|------------------------|

Describe the avenue along which the smoke traveled from the room or area of origin. All fires will not have a significant smoke spread avenue; therefore, it is not always necessary to report a smoke spread avenue. If you do not feel there was a significant smoke spread avenue, indicate "Not significant" on the report.

Smoke can spread horizontally and vertically, and both the direction and avenue should be noted.

Refer to NFPA 901, Section JFB, for classifications for Avenue of Smoke Travel.

*Examples:*

Smoke from a fire travels through the air conditioning system to other areas on the same story.

|                        |
|------------------------|
| Avenue of Smoke Travel |
| Horizontal A/C ducts   |

Smoke travels up an open stairway.

|                        |
|------------------------|
| Avenue of Smoke Travel |
| Open stairway          |

Smoke from a fire in upholstered furniture fills the first story of a dwelling by traveling through open doorways.

|                        |
|------------------------|
| Avenue of Smoke Travel |
| Open doorway           |

## LINE S DATA

|   |               |                       |
|---|---------------|-----------------------|
| S | Detector Type | Detector Power Supply |
|   |               |                       |

## Detector Type

|               |
|---------------|
| Detector Type |
|---------------|

If a smoke, heat, flame, or gas detector was present in the area of origin or in near proximity to the area of origin such that it would be instrumental in detecting the fire in its early stages, note the type of detector and, if possible, its operating principle, e.g., ionization smoke detector, fixed temperature heat detector. If there are a

number of different detectors present operating on different principles, record the type of detector closest to the origin of the fire.

Refer to NFPA 901, Section JHA, for classifications for Detector Type.

**Detector Power Supply**

Detector Power Supply

Detector power supply may be an important part of detector performance, especially if maintenance was poor or a power failure occurred before or during a fire. If a detector type was described in the previous block enter the type of power supply.

Refer to NFPA 901, Section JHB, for classifications for Detector Power Supply.

**LINE T DATA**

|   |                      |                             |
|---|----------------------|-----------------------------|
| T | Detector Performance | Reason for Detector Failure |
|---|----------------------|-----------------------------|

**Detector Performance**

Detector Performance

If fire detection equipment was present in or near the area of fire origin, record its proximity to the fire and whether it operated or not. If there were no detectors present, indicate "No detectors present."

This item is not designed to evaluate any alarm transmission capability of the system but just the detection of the fire.

Refer to NFPA 901, Section JHC, for classifications for Detector Performance.

*Examples:*

A fire in a room equipped with fixed temperature heat detectors is detected by the heat detection system.

|                            |                             |
|----------------------------|-----------------------------|
| Detector Type              | Detector Power Supply       |
| Fixed temp heat            | Hard wired                  |
| Detector Performance       | Reason for Detector Failure |
| In room - alerted occupant | No failure                  |

A small fire is discovered in a room by an occupant and extinguished before there is enough heat to activate the rate of rise heat detectors in the room.

|                      |                             |
|----------------------|-----------------------------|
| Detector Type        | Detector Power Supply       |
| Rate of rise heat    | Wired with battery          |
| Detector Performance | Reason for Detector Failure |
| Fire too small       | No failure                  |

**Reason for Detector Failure**

Reason for Detector Failure

If a detector was present and failed to operate properly for any reason record the reason why the detector failed to operate. If it operated properly indicate this fact. If there was no detector present, indicate "Not Applicable."

Refer to NFPA 901, Section JHH, for classifications for Reason for Detector Failure.

A photoelectric smoke detector in the corridor fails to notify the occupants of a bedroom because its battery is dead.

|                           |                             |
|---------------------------|-----------------------------|
| Detector Type             | Detector Power Supply       |
| Photo-electric smoke      | Battery                     |
| Detector Performance      | Reason for Detector Failure |
| Det. not in room - failed | Dead battery                |

## LINE U DATA

|   |                              |                               |                                     |
|---|------------------------------|-------------------------------|-------------------------------------|
| U | Sprinkler System Performance | No. of Sprinkler Heads Opened | Reason for Sprinkler System Failure |
|---|------------------------------|-------------------------------|-------------------------------------|

## Sprinkler System Performance

|                              |
|------------------------------|
| Sprinkler System Performance |
|------------------------------|

If automatic sprinklers were present in the room or space of fire origin, evaluate the performance of the automatic sprinkler system. If there were no automatic sprinklers present, indicate "No A.S. present."

If automatic sprinkler system performance was not satisfactory, details of the failure should be explained in the Remarks section.

Refer to NFPA 901, Section JHD, and use the classifications for Performance of Automatic Extinguishing Equipment to classify Sprinkler System Performance.

*Examples:*

Two sprinklers in the room of origin operated and extinguished the fire.

|                              |   |
|------------------------------|---|
| Sprinkler System Performance |   |
| Sprinklers extinguished fire | 1 |

A sprinkler in a closet did not operate because of paint on the head.

|                                  |   |
|----------------------------------|---|
| Sprinkler System Performance     |   |
| Paint on head -- did not operate | 3 |

## Number of Sprinkler Heads Opened

|                               |
|-------------------------------|
| No. of Sprinkler Heads Opened |
|-------------------------------|

If automatic sprinklers were present and did operate, enter the total number of heads that operated in the structure described. In cases of large industrial plant fire where an excessive number of heads operated, the total number may be estimated by calculating the number of heads in a small area multiplied by the total area of the fire.

If more than 1000 sprinklers are estimated to have operated enter "999" as coded data. Otherwise enter the actual number of sprinklers that operated.

## Reason for Sprinkler System Failure

|                                     |
|-------------------------------------|
| Reason for Sprinkler System Failure |
|-------------------------------------|

If there was a sprinkler system present and it failed to operate as designed, record the reason why the sprinkler system failed. If it operated properly, indicate this fact. If there was no sprinkler system present, indicate "Not Applicable."

Refer to NFPA 901, Section JHG, for classifications for Reason for Sprinkler System Failure.

## LINE V DATA

|   |                        |                        |                                      |
|---|------------------------|------------------------|--------------------------------------|
| V | Extent of Flame Damage | Extent of Smoke Damage | Extent of Extinguishing Agent Damage |
|---|------------------------|------------------------|--------------------------------------|

## Extent of Flame Damage

|                        |  |
|------------------------|--|
| Extent of Flame Damage |  |
|------------------------|--|

Describe the burned or charred area. The area of actual flame impingement is sought. "Browned" paper and similar areas scorched by heat but not attacked by flame should be recorded in Extent of Smoke Damage. Flame damage can be confined to the object of origin, the room of origin, or can spread to other rooms, stories, or even to other structures.

Refer to NFPA 901, Section KB, for classifications for Extent of Flame Damage.

*Examples:*

Fire is confined to the object first ignited and some materials immediately surrounding that object.

|                        |   |
|------------------------|---|
| Extent of Flame Damage |   |
| Part of room           | 2 |

Fire extends out of the room of origin to cause flame damage in two adjacent rooms but is confined to a fire division compartment.

|                             |   |
|-----------------------------|---|
| Extent of Flame Damage      |   |
| 3 rooms in a fire div. comp | 4 |

Fire causes flame damage throughout the building.

|                        |   |
|------------------------|---|
| Extent of Flame Damage |   |
| Bldg. of origin        | 6 |

## Extent of Smoke Damage

|                        |  |
|------------------------|--|
| Extent of Smoke Damage |  |
|------------------------|--|

Describe the extent of damage caused by the movement of smoke and heat in the structure. This will include areas scorched by heat and browned paper where there was no flame impingement. Do not include areas where light smoke was present but caused no damage. Smoke damage can be confined to the object of origin, the room of origin, or it can spread to other rooms, other stories, or even other structures.

Refer to NFPA 901, Section KCA, for classifications for Extent of Smoke Damage.

*Examples:*

Fire is confined to the immediate object, but smoke causes damage throughout the room.

|                        |   |
|------------------------|---|
| Extent of Smoke Damage |   |
| Room of origin         | 3 |

Fire is confined to two rooms on one floor, but there is smoke damage on two stories above the fire.

|                        |   |
|------------------------|---|
| Extent of Smoke Damage |   |
| 3 stories              | 6 |

Fire destroys the building, and a store across the street suffers smoke damage.

|                        |   |
|------------------------|---|
| Extent of Smoke Damage |   |
| Building across street | 7 |

## Extent of Extinguishing Agent Damage

|                                      |  |
|--------------------------------------|--|
| Extent of Extinguishing Agent Damage |  |
|--------------------------------------|--|

Describe the extent of damage caused by the water or other extinguishing agent used to suppress the fire. The extent of extinguishing agent damage can be confined to the object or origin, room or area of origin, several rooms on the same story, several stories, or it can even be beyond the structure or origin.

Refer to NFPA 901, Section KCB, for classifications for Extinguishing Agent Damage.

*Examples:*

A small fire in a kitchen oven is extinguished with a portable extinguisher.

|                                      |   |
|--------------------------------------|---|
| Extent of Extinguishing Agent Damage |   |
| Object of origin                     | 1 |

A fire on the second story of a dwelling is extinguished with water that runs through the ceiling on the first story.

|                                      |   |
|--------------------------------------|---|
| Extent of Extinguishing Agent Damage |   |
| 1st and 2nd story                    | 6 |

Water from a ladder pipe used to protect exposures enters exposed building causing damage to stock.

|                                      |   |
|--------------------------------------|---|
| Extent of Extinguishing Agent Damage |   |
| 1 exposed building                   | 7 |



## LINE W DATA

|   |                      |      |      |       |            |             |
|---|----------------------|------|------|-------|------------|-------------|
| W | Mobile Property Type | Year | Make | Model | Serial No. | License No. |
|---|----------------------|------|------|-------|------------|-------------|

## Mobile Property Type

|                      |  |  |
|----------------------|--|--|
| Mobile Property Type |  |  |
|----------------------|--|--|

If the property that was involved in the fire was designed to be mobile (designed to move or to be moved from one specific property to another, whether or not it can still be moved), it should be identified here. While it is mobile or in transit, the property on which it is located when the fire occurs should be identified in the Specific Property Use entry. If the mobile property has been fixed by placing it on a foundation or on jacks or has been placed in a location where it is being used as a structure, its use should be identified in the specific property use entry. A specific property use should always be recorded.

Refer to NFPA 901, Chapter C, for classifications for Mobile Property Type.

## Examples:

A bus with passengers on a suburban street.

|                       |       |
|-----------------------|-------|
| Specific Property Use |       |
| Street                | 9 6 2 |

|                      |     |
|----------------------|-----|
| Mobile Property Type |     |
| Bus                  | 112 |

A mobile home in transit on a dealer's parking lot.

|                       |       |
|-----------------------|-------|
| Specific Property Use |       |
| Parking lot           | 9 6 5 |

|                      |     |
|----------------------|-----|
| Mobile Property Type |     |
| Mobile home          | 117 |

A mobile home on a foundation used as a dwelling.

|                       |       |
|-----------------------|-------|
| Specific Property Use |       |
| 1 family dwelling     | 4 1 1 |

|                      |     |
|----------------------|-----|
| Mobile Property Type |     |
| Mobile home          | 117 |

## Mobile Property Details

|      |      |       |            |             |
|------|------|-------|------------|-------------|
| Year | Make | Model | Serial No. | License No. |
|------|------|-------|------------|-------------|

If a mobile property was involved in the fire, record the following details regarding that mobile property:

Year — year of manufacture.

Make — name of manufacturer or brand name.

Model — model name or model number if there is one.

Serial No. — manufacturer's serial number.

License No. — Enter license or registration number, including the state or agency issuing the registration. If the vehicle is unregistered, indicate "Unreg."

If more than one mobile property was involved, identify each separately in the Remarks section.

## Examples:

|      |        |       |            |             |
|------|--------|-------|------------|-------------|
| Year | Make   | Model | Serial No. | License No. |
| 1973 | Pierce | 70DW  | 129647     | UNREG       |

|      |       |          |            |             |
|------|-------|----------|------------|-------------|
| Year | Make  | Model    | Serial No. | License No. |
| 1976 | Swift | Super 66 | XEM029486  | MA-66942    |

## LINE X DATA

|   |                             |                             |                                  |
|---|-----------------------------|-----------------------------|----------------------------------|
| X | No. of Private Acres Burned | No. of Federal Acres Burned | No. of Other Public Acres Burned |
|---|-----------------------------|-----------------------------|----------------------------------|

## Number of Acres Burned

Indicate the number of acres burned in each of three categories: Private, Federal, and Other Public.

For very large fires this information may be derived via

aerial photographs and/or checking land ownership through the tax assessor's office.

Refer to NFPA 901, Section KL, for classifications for Number of Acres Burned.

## LINE Y DATA

|   |            |  |  |
|---|------------|--|--|
| Y | Fuel Model |  |  |
|---|------------|--|--|

## Fuel Model

|            |  |  |
|------------|--|--|
| Fuel Model |  |  |
|------------|--|--|

If the fire involved wildland areas, indicate the type of wildland fuel that was burning. If the fire did not involve

wildland areas, indicate "Not Applicable."

Refer to NFPA 901, Section JEE, for classifications for Fuel Model.

## LINE Z DATA

|                      |      |  |      |
|----------------------|------|--|------|
| Member Making Report | Date | Officer in Charge (Name, Position, Assignment) | Date |
|----------------------|------|--|------|

## Member Making Report

|                      |      |
|----------------------|------|
| Member Making Report | Date |
|----------------------|------|

If someone other than the officer in charge makes the report, that person should sign and date the report.

## Officer in Charge

|  |      |
|--|------|
| Officer in Charge (Name, Position, Assignment) | Date |
|--|------|

The officer in charge of the incident should sign and date the report regardless of whether he completes the report. This makes the report a legal document.

## LINE AA DATA

|    |         |   |
|----|---------|---|
| AA | Remarks |   |
|    |         | <input type="checkbox"/> Remarks continued on reverse side. |

## Remarks

No one form can ever be designed to meet the needs of all who use it or provide sufficient space and data elements to accurately describe the incident for all uses. The Remarks area can fit this need and is provided for the specific purpose of:

1. Explaining in greater detail the data elements already on the form.
2. Expanding the data already collected where room for only the most significant was provided (i.e., several materials were involved, several different types of equipment were involved).
3. Recording data significant to the incident when no specific spot on the form was provided. Such will be the case of equipment and manpower utilization, weather information, and the like.

On significant structural fires it is recommended that NFPA 903SR, Basic Structure Report, and NFPA 903TR, Basic Occupancy Report, as defined in NFPA 903M, *Fire Reporting Property Survey Manual*, be completed and made a part of the incident record for that fire. It should be recognized that the design and intent of NFPA 903M is to provide prefire information, and that certain facts required to complete forms 903SR and 903TR may be impossible to gather after the fire. It is

also recommended that NFPA 904I, Incident Follow-up Report, as described in NFPA 904M, *Incident Follow-up Report Manual*, be completed and made a part of the incident record for the fire. The data collected on these reports will help increase the understanding of these significant structural fires within the fire department and will capture and preserve the data for later special studies of significant fires.

Where a fire involves labeled chemicals, list the chemicals involved and estimate quantities.

When an incident involves hazardous or toxic materials and fire fighters are exposed to these materials, an illness may develop later that is directly or indirectly associated with that exposure. When such exposure occurs, the name of the individual exposed together with the name of the hazardous or toxic material, the form of exposure (inhalation, skin exposure, etc.), and time or duration of exposure in minutes should be recorded.

The Remarks section provides an excellent area to write a brief narrative of the incident or take field notes at the scene. Use of 902F in such a manner may meet legal requirements and be viewed as the field notes of the officer in charge.

Use the reverse side of 902F if sufficient room is not available on the face of the form. If the reverse side is used, check the block at the bottom of the page.

## PREPARATION OF THE BASIC CASUALTY REPORT FORM 902G

The Basic Casualty Report, Form 902G, should be used for reporting all injuries or deaths that result from a fire incident or whenever a fire service person is injured. The Basic Casualty Report is not designed for general EMS reporting. The form 902H, Basic EMS Report, is provided within the incident reporting system for use by those departments that provide emergency medical services. Use of the 902H form, however, does not preclude the need to use the 902G form when either a fire service person is injured at an incident or a non-fire service person is injured at a fire. The term fire fighter as used for casualty reporting should include all fire service personnel.

The Basic Casualty Report contains space to describe one casualty. The report is similar in organization to the Basic Incident Report, Form 902F, in that data elements are grouped or arranged into blocks of similarity.

The *first block*, consisting of lines GA-GG, identifies the casualty, affiliation, and when the injury occurred and was reported. Also reported is basic information about the injury. These seven lines are completed for all casualties.

The *second block*, lines GH-GJ, should be completed only when the casualty is a non-fire service person and the injury occurs in connection with a fire incident. The data collected identifies the person's relationship to the fire and the reasons for the injury.

The *third block*, consisting of lines GK-GV, is completed only when a fire service person is injured. It describes the casualty in terms of experience and physical condition at the time the injury took place. Other data elements tell how and why the injury was sustained and the type, condition, and performance of protective equipment worn or used.

The *fourth block*, consisting of lines GW-GX, is provided to collect the end results of the injury to a fire service person and how the injury affected the fire service person's ability to perform his/her normal duty assignment. This section may not be completed for some time after the injury was sustained. Therefore, these data elements are provided essentially for follow-up information.

The *fifth block*, consisting of line GY, is provided for members completing the data on the form and the officer in charge to indicate their concurrence with the data provided. They do this by signing and dating the appropriate spots.

The *sixth block*, consisting of line GZ, is the Remarks area. No one form can ever provide all necessary data items to adequately describe the significant details of every incident. Therefore, liberal use of the Remarks area is encouraged. Additional room is provided on the reverse side of the form, and additional sheets of paper may be used to supplement data provided. This area may also be used to provide a narrative description of the events, details, and chronology of the incident.

## BASIC CASUALTY REPORT

902G

Fill In This Report  
In Your Own Words

Fire Department

☐ Revised  
Report

|   |  |              |                                |                             |  |                               |                               |      |                                   |                            |
|---|--|--------------|--------------------------------|-----------------------------|--|-------------------------------|-------------------------------|------|-----------------------------------|----------------------------|
| GA  | FD ID  | Incident No. | Index No.                      | Casualty No.                | Injury Occurred:                               | Mo                            | Day                           | Year | Time                              | COMPLETE ON ALL CASUALTIES |
| GB  | Type of Casualty   |              |                                | Affiliation:                | Injury Reported:                               | Mo                            | Day                           | Year | Time                              |                            |
| GC  | Casualty Name (Last, First, MI)  |              |                                | D.O.B.                      | Age  | Sex                           | Race                          |      |                                   |                            |
| GD  | Home Address   |              |                                | City                        | State  | Zip                           | Telephone No.                 |      |                                   |                            |
| GE  | Case Severity  |              |                                | Primary Apparent Symptom    |  | Primary Part of Body          |                               |      |                                   |                            |
| GF  | Secondary Apparent Symptom   |              |                                | Secondary Part of Body      |  |                               |                               |      |                                   |                            |
| GG  | Casualty Situation Found   |              |                                | Patient Taken to:           |  |                               |                               |      |                                   |                            |
| GH  | Familiarity With Structure   |              |                                | Condition of Person         |  | Activity at Time of Injury    |                               |      |                                   |                            |
| GI  | Location in Relation to Pt. of Origin  |              |                                | Location at Time of Injury  |  | Relationship to Fire Location |                               |      |                                   |                            |
| GJ  | Cause of Civilian Injury   |              |                                | Condition Preventing Escape |  |                               |                               |      |                                   |                            |
| GK  | Rank   |              | Assignment                     |                             | Years Experience                               |                               | No. Responses Prior to Injury |      | NON-FIRE<br>SERVICE<br>CASUALTIES |                            |
| GL  | Physical Condition   |              |                                | Status Before Alarm         |  |                               |                               |      |                                   |                            |
| GM  | Fire Fighter Activity  |              |                                | Where Injury Occurred       |  |                               |                               |      |                                   |                            |
| GN  | Cause of Fire Fighter Injury   |              |                                | Medical Care Provided       |  |                               |                               |      |                                   |                            |
| GO  | Protective Coat: Worn  |              |                                | Status                      |  | Type Failure                  |                               |      |                                   |                            |
| GP  | Protective Pants: Worn   |              |                                | Status                      |  | Type Failure                  |                               |      |                                   |                            |
| GQ  | Boots/Shoes: Worn  |              |                                | Status                      |  | Type Failure                  |                               |      |                                   |                            |
| GR  | Helmet: Worn   |              |                                | Status                      |  | Type Failure                  |                               |      |                                   |                            |
| GS  | Face Protection: Worn  |              |                                | Status                      |  | Type Failure                  |                               |      |                                   |                            |
| GT  | Breathing Apparatus: Worn  |              |                                | Status                      |  | Type Failure                  |                               |      |                                   |                            |
| GU  | Gloves: Worn   |              |                                | Status                      |  | Type Failure                  |                               |      | FIRE SERVICE CASUALTY             |                            |
| GV  | Special Equipment: Worn  |              |                                | Status                      |  | Type Failure                  |                               |      |                                   |                            |
| GW  | Length of Hospitalization  |              | Time off for Medical Treatment |                             | Time Lost From Normal Duty                     |                               | Time on Restrictive Duty      |      |                                   |                            |
| GX  | Insurance Carrier Notified<br><input type="checkbox"/> Yes <input type="checkbox"/> No |              |                                | Final Outcome               |  | Section Completed by:         |                               |      |                                   |                            |
| GY  | Member Making Report   |              |                                | Date                        | Officer in Charge (Name, Position, Assignment) |                               |                               | Date |                                   |                            |
| GZ  | Remarks:   |              |                                |                             |  |                               |                               |      |                                   |                            |
| <input type="checkbox"/> Remarks continued on reverse side. |  |              |                                |                             |  |                               |                               |      |                                   |                            |
|   |  |              |                                |                             |  |                               |                               |      |                                   |                            |
|   |  |              |                                |                             |  |                               |                               |      |                                   |                            |

This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

## LINE GA DATA

|    |       |             |          |             |                 |    |     |      |      |   |
|----|-------|-------------|----------|-------------|-----------------|----|-----|------|------|---|
| GA | FD ID | Incident No | Index No | Casualty No | Injury Occurred | Mo | Day | Year | Time | <input type="checkbox"/> Revised Report |
|    |       |             |          |             |                 |    |     |      |      |   |

## Fire Department Identification

|       |
|-------|
| FD ID |
|-------|

This space is provided for fire departments that participate in regional or state systems. The identification number will normally be assigned by the state and will be unique to the fire department. If your fire department does not forward reports to a regional or state center, this data space can be left blank.

## Incident Number

|              |
|--------------|
| Incident No. |
|--------------|

The incident number is a unique number assigned to an incident such that no two incidents in a given year have the same number.

Enter the identification number assigned to this incident using your existing fire department system of numbering incidents. It may be necessary to obtain this number from the alarm center.

*Example:*

The 124th incident of the year would be entered as:

|                     |
|---------------------|
| Incident No.<br>124 |
|---------------------|

## Index Number

|           |
|-----------|
| Index No. |
|-----------|

If the incident involved multiple properties and several Basic Incident Reports, Form 902F, were completed, make sure the index number of the appropriate property is entered for each corresponding casualty. This will help keep casualties associated with the appropriate property and will aid in explaining the casualty.

## Casualty Number

|              |
|--------------|
| Casualty No. |
|--------------|

Sequentially number each casualty that occurs during the same incident starting with 001. This number then becomes the number assigned to the person named below for that incident. All reports pertaining to the incident which refer to that person should have that casualty number also.

*Example:*

Casualty Number 3 would be entered as:

|                    |
|--------------------|
| Casualty No.<br>03 |
|--------------------|

## Injury Occurred

|                 |    |     |      |      |
|-----------------|----|-----|------|------|
| Injury Occurred | Mo | Day | Year | Time |
|-----------------|----|-----|------|------|

The injury often occurs before the alarm and sometimes is the reason for the alarm. However, the injury can also occur a considerable time after the alarm is sounded.

Enter the month of the year, the day of the month and the last two digits of the year, and the time using the 24-hour clock when the injury occurred. This may be before or after the data and time of the alarm shown on Form 902F.

## Revised Report

|   |
|---|
| <input type="checkbox"/> Revised Report |
|---|

If any information on the report is to be updated once the report has been submitted, obtain a copy of the original report, enter the new information in red, date and initial the change, check the Revised Report block, and resubmit the report.

## LINE GB DATA

|    |                  |             |                 |    |     |      |      |
|----|------------------|-------------|-----------------|----|-----|------|------|
| GB | Type of Casualty | Affiliation | Injury Reported | Mo | Day | Year | Time |
|    |                  |             |                 |    |     |      |      |

## Type of Casualty

|                  |
|------------------|
| Type of Casualty |
|------------------|

The type of casualty should identify whether the injury occurred on the fireground, at a non-fire incident, during response/return or was an illness necessitating an EMS call. It should also indicate whether the injury occurred before or after the arrival of the fire department.

Refer to NFPA 901, Section MF, for classifications for Type of Casualty.

*Examples:*

A fire fighter slips on ice while fighting a fire.

|                              |
|------------------------------|
| Type of Casualty             |
| Fire ground after FD arrival |

Arriving fire fighters find a child in his bedroom overcome with smoke.

|                             |
|-----------------------------|
| Type of Casualty            |
| Fire ground bef. FD arrival |

Fire fighters are called to the scene of an auto accident to extricate a trapped man.

|                           |
|---------------------------|
| Type of Casualty          |
| Auto acc. bef. FD arrival |

The fire department ambulance is called to the home of a woman who is having trouble breathing.

|                       |
|-----------------------|
| Type of Casualty      |
| EMS - breathing prob. |

## Affiliation

|              |
|--------------|
| Affiliation: |
|--------------|

Enter the type organization with which the casualty was associated at the time of the incident. If a fire fighter was injured while at home off duty, enter the casualty affiliation as a civilian.

Refer to NFPA 901, Section LD, for classifications for Affiliation.

*Examples:*

Off-duty fire fighter injured at home.

|                     |
|---------------------|
| Affiliation:        |
| F. Fighter off duty |

Civil Defense personnel at scene of incident.

|               |
|---------------|
| Affiliation:  |
| Civil defense |

## Injury Reported

|                 |    |     |      |      |
|-----------------|----|-----|------|------|
| Injury Reported | Mo | Day | Year | Time |
|-----------------|----|-----|------|------|

Enter the month, day, year, and time when the injury was reported. If the injury created the alarm, this date and time will be the same as the alarm time and date. Sometimes the injury will not be known or reported for some time after the incident.

The date and time the injury is reported will always be the same or later than the time and date the injury occurred as reported in line GA above.

## LINE GC DATA

|    |                                 |       |     |     |      |
|----|---------------------------------|-------|-----|-----|------|
| GC | Casualty Name (Last, First, MI) | D.O.B | Age | Sex | Race |
|    |                                 |       |     |     |      |

## Casualty Name

|                                 |
|---------------------------------|
| Casualty Name (Last, First, MI) |
|---------------------------------|

Enter the last name, first name, and middle initial of this casualty. The remaining data spaces on this form will apply to this individual. This person has already been assigned a casualty number for this incident, and any future reports about this person's injuries at this incident should show the same casualty number.

**Date of Birth**

A 68-year-old adult.

|        |
|--------|
| D.O.B. |
|--------|

|     |    |
|-----|----|
| Age | 68 |
|-----|----|

Enter the date of birth (D.O.B.) of the casualty, if known, using a month, day, year format.

**Sex****Age**

|     |
|-----|
| Sex |
|-----|

|     |  |
|-----|--|
| Age |  |
|-----|--|

Enter the age of the person injured or killed. If the age of the person cannot be determined, approximate as closely as possible.

Enter the sex of the casualty being described on this line.

Refer to NFPA 901, Section LB, for classifications for Sex.

**Race****Examples:**

A 3-year-old child.

|      |
|------|
| Race |
|------|

|     |    |
|-----|----|
| Age | 03 |
|-----|----|

Enter the race or national origin of the casualty.  
Refer to NFPA 901, Section LC, for classifications for Race/Origin.

**LINE GD DATA**

|    |              |      |       |     |               |
|----|--------------|------|-------|-----|---------------|
| GD | Home Address | City | State | Zip | Telephone No. |
|----|--------------|------|-------|-----|---------------|

**Home Address****Telephone**

|              |      |       |     |
|--------------|------|-------|-----|
| Home Address | City | State | Zip |
|--------------|------|-------|-----|

|               |
|---------------|
| Telephone No. |
|---------------|

Enter the casualty's permanent address. Be sure to include the city, state, and zip code if it is different from the city of the incident.

Enter the casualty's home telephone number. Include the area code if appropriate.

**Example:**

|               |         |       |       |
|---------------|---------|-------|-------|
| Home Address  | City    | State | Zip   |
| 126 E Elm St. | Anytown | US    | 03994 |

## LINE GE DATA

|    |               |                          |                      |
|----|---------------|--------------------------|----------------------|
| GE | Case Severity | Primary Apparent Symptom | Primary Part of Body |
|----|---------------|--------------------------|----------------------|

## Case Severity

|               |
|---------------|
| Case Severity |
|---------------|

## Definitions:

**Minor.** The patient is not in danger of death or permanent disability. Immediate medical care is not necessary.

**Moderate.** There is little danger of death or permanent disability. Quick medical care is advisable. This category includes injuries such as fractures or lacerations requiring sutures.

**Severe.** The situation is potentially life threatening if the condition remains uncontrolled. Immediate medical care is necessary even though body processes may still be functioning and vital signs may be normal.

**Life Threat.** Death is imminent; body processes and vital signs are not normal. Immediate medical care is necessary. This category includes cases such as severe hemorrhaging, severe multiple trauma, and multiple internal injuries.

**D.O.A.** Dead upon arrival at the scene.

Describe the overall severity or seriousness of the injury or illness.

Refer to NFPA 901, Section MB, for classifications for Case Severity.

## Primary Apparent Symptom

|                          |
|--------------------------|
| Primary Apparent Symptom |
|--------------------------|

In many injury cases, no matter how severe, there is often more than one symptom from which the patient complains or which is apparent. Describe here the most significant symptom. This may, in most cases, be the most life threatening.

Refer to NFPA 901, Section MC, for classifications for Apparent Symptom.

## Examples:

Patient is found unconscious, not breathing, with a weak pulse and a severe laceration of the arm.

|                          |
|--------------------------|
| Primary Apparent Symptom |
| Not breathing            |

A fire fighter falls from a ladder suffering multiple lacerations and contusions accompanied by lack of feeling in the lower extremities.

|                          |
|--------------------------|
| Primary Apparent Symptom |
| Paralysis                |

## Primary Part of Body

|                      |
|----------------------|
| Primary Part of Body |
|----------------------|

Describe the part of the body affected by the symptom described as the primary apparent symptom. If more than one body part is affected choose that which represents the worst condition. Use the Remarks area to describe other parts of the body affected by the primary apparent symptom.

Refer to NFPA 901, Section MD, for classifications for Part of Body.

## Examples:

Patient found unconscious, not breathing, with a weak pulse and a severe laceration of the arm.

|                          |
|--------------------------|
| Primary Apparent Symptom |
| Not breathing            |

|                      |
|----------------------|
| Primary Part of Body |
| Lungs                |

A fire fighter falls from a ladder suffering multiple lacerations and contusions accompanied by lack of feeling in the lower extremities.

|                          |
|--------------------------|
| Primary Apparent Symptom |
| Paralysis                |

|                      |
|----------------------|
| Primary Part of Body |
| Spine                |



## LINE GF DATA

|    |                            |  |  |                        |  |  |
|----|----------------------------|--|--|------------------------|--|--|
| GF | Secondary Apparent Symptom |  |  | Secondary Part of Body |  |  |
|----|----------------------------|--|--|------------------------|--|--|

## Secondary Apparent Symptom

|                            |  |  |
|----------------------------|--|--|
| Secondary Apparent Symptom |  |  |
|----------------------------|--|--|

Describe the second most significant symptom displayed by the patient. If more than two symptoms are present describe the remainder in Remarks.

Refer to NFPA 901, Section MC, for classifications for Apparent Symptom.

*Examples:*

Patient found unconscious, not breathing, with a weak pulse and a severe laceration of the arm.

|                          |   |   |
|--------------------------|---|---|
| Primary Apparent Symptom |   |   |
| Not breathing            | 4 | 7 |

|                            |   |   |
|----------------------------|---|---|
| Secondary Apparent Symptom |   |   |
| Severe laceration          | 3 | 5 |

A fire fighter falls from a ladder suffering multiple lacerations and contusions accompanied by lack of feeling in the lower extremities.

|                          |   |   |
|--------------------------|---|---|
| Primary Apparent Symptom |   |   |
| Paralysis                | 4 | 1 |

|                            |   |   |
|----------------------------|---|---|
| Secondary Apparent Symptom |   |   |
| Laceration                 | 3 | 5 |

## Secondary Part of Body

|                        |  |  |
|------------------------|--|--|
| Secondary Part of Body |  |  |
|------------------------|--|--|

Describe the part of the body affected by the secondary apparent symptom. If other injuries have not been described include these in Remarks.

Refer to NFPA 901, Section MD, for classifications for Part of Body.

*Examples:*

Patient found unconscious, not breathing, with a weak pulse and a severe laceration of the arm.

|                          |   |   |                      |   |   |
|--------------------------|---|---|----------------------|---|---|
| Primary Apparent Symptom |   |   | Primary Part of Body |   |   |
| Not breathing            | 4 | 7 | Lungs                | 5 | 3 |

|                            |   |   |                        |   |   |
|----------------------------|---|---|------------------------|---|---|
| Secondary Apparent Symptom |   |   | Secondary Part of Body |   |   |
| Severe laceration          | 3 | 5 | Upper arm              | 3 | 1 |

A fire fighter falls from a ladder suffering multiple lacerations and contusions accompanied by lack of feeling in the lower extremities.

|                          |   |   |                      |   |   |
|--------------------------|---|---|----------------------|---|---|
| Primary Apparent Symptom |   |   | Primary Part of Body |   |   |
| Paralysis                | 4 | 1 | Spine                | 6 | 1 |

|                            |   |   |                        |   |   |
|----------------------------|---|---|------------------------|---|---|
| Secondary Apparent Symptom |   |   | Secondary Part of Body |   |   |
| Lacerations                | 3 | 5 | Multiple body parts    | 7 | 8 |

## LINE GG DATA

|    |                          |  |  |                  |  |
|----|--------------------------|--|--|------------------|--|
| GG | Casualty Situation Found |  |  | Patient Taken to |  |
|----|--------------------------|--|--|------------------|--|

## Casualty Situation Found

|                          |  |  |
|--------------------------|--|--|
| Casualty Situation Found |  |  |
|--------------------------|--|--|

Describe the type of situation or cause, if apparent, found upon arrival at the scene. This is generally the most obvious situation such as building fire, automobile accident, gang fight etc.

Refer to NFPA 901, Section MA, for classifications for Casualty Type of Situation Found.

*Examples:*

A fire fighter falls from a ladder while at a structure fire.

|                          |   |   |
|--------------------------|---|---|
| Casualty Situation Found |   |   |
| Building fire            | 3 | 1 |

A patient is found along side of a road unconscious, not breathing, with a weak pulse, and lacerations. Skid marks indicate auto impact.

|                             |   |   |
|-----------------------------|---|---|
| Casualty Situation Found    |   |   |
| Pedestrian/vehicle accident | 2 | 6 |

**Patient Taken To:**

|                  |  |
|------------------|--|
| Patient Taken to |  |
|------------------|--|

State where the patient was taken if further treatment or observation were needed. If the patient was not taken to another place, state so. Complete this regardless of who transported the victim.

Refer to NFPA 901, Section MH, for classifications for Patient Taken To.

*Examples:*

A victim, dead upon arrival was transported to the morgue by the Medical Examiner.

|                  |        |   |
|------------------|--------|---|
| Patient Taken to | Morgue | 4 |
|------------------|--------|---|

A patient was treated for smoke inhalation and refused further treatment.

|                  |                 |   |
|------------------|-----------------|---|
| Patient Taken to | Not transported | 7 |
|------------------|-----------------|---|

**LINE GH DATA**

|    |                            |                     |                            |
|----|----------------------------|---------------------|----------------------------|
| GH | Familiarity With Structure | Condition of Person | Activity at Time of Injury |
|----|----------------------------|---------------------|----------------------------|

**Familiarity with Structure**

|                            |  |
|----------------------------|--|
| Familiarity With Structure |  |
|----------------------------|--|

Enter the length of time the casualty was acquainted with the inside of the building or structure. If the casualty did not occur in a structure, enter "Not a structure" or "N/A."

Refer to NFPA 901, Section LH, for classifications for Familiarity with the Structure.

*Examples:*

A customer in a restaurant for the first time.

|                            |         |   |
|----------------------------|---------|---|
| Familiarity With Structure | 2 hours | 1 |
|----------------------------|---------|---|

A person in a hotel room for 2 days.

|                            |        |   |
|----------------------------|--------|---|
| Familiarity With Structure | 2 days | 2 |
|----------------------------|--------|---|

A person in the home he has lived in for 5 years.

|                            |         |   |
|----------------------------|---------|---|
| Familiarity With Structure | 5 years | 7 |
|----------------------------|---------|---|

**Condition of Person**

|                     |  |
|---------------------|--|
| Condition of Person |  |
|---------------------|--|

Describe the condition or apparent condition of the person before the injury. This is the normal condition that the person would have been in if there had not been an emergency.

Refer to NFPA 901, Section LE, for classifications for Condition of Person.

*Examples:*

A person asleep before being overcome by smoke.

|                     |        |   |
|---------------------|--------|---|
| Condition of Person | Asleep | 1 |
|---------------------|--------|---|

A child is aware of the fire but is too young to act alone.

|                     |                 |   |
|---------------------|-----------------|---|
| Condition of Person | Child too young | 5 |
|---------------------|-----------------|---|

A person at his job is injured in a laboratory hood fire.

|                     |                |   |
|---------------------|----------------|---|
| Condition of Person | Awake - normal | 8 |
|---------------------|----------------|---|

**Activity at Time of Injury**

|                            |  |
|----------------------------|--|
| Activity at Time of Injury |  |
|----------------------------|--|

Record what the person was doing at the time of injury.

Refer to NFPA 901, Section MG, for classifications for Activity at Time of Injury.

*Examples:*

A person is injured while escaping from a building.

|                            |                        |   |
|----------------------------|------------------------|---|
| Activity at Time of Injury | Escaping from building | 1 |
|----------------------------|------------------------|---|

A person is injured attempting to return to the building to save other family members.

|  |   |
|--|---|
| Activity at Time of Injury<br>Rescue attempt | 2 |
|--|---|

A person outside the building returns to the building to attempt to save some belongings.

|  |   |
|--|---|
| Activity at Time of Injury<br>Attempt to save belongings | 4 |
|--|---|

### LINE GI DATA

|    |                                       |                            |                               |
|----|---------------------------------------|----------------------------|-------------------------------|
| GI | Location in Relation to Pt. of Origin | Location at Time of Injury | Relationship to Fire Location |
|----|---------------------------------------|----------------------------|-------------------------------|

#### Location in Relation to Point of Ignition

|                                       |   |
|---------------------------------------|---|
| Location in Relation to Pt. of Origin | 1 |
|---------------------------------------|---|

Describe where the injured person was located at the time of ignition. This description may be difficult to assess due to the degree of mobility of the injured. Use general descriptions such as same floor, same room, same building etc.

Refer to NFPA 901, Section LI, for classifications for Location of Person.

##### Examples:

A person is overcome by smoke while asleep in bed where the fire was caused by smoking in bed.

|  |   |
|--|---|
| Location in Relation to Pt. of Origin<br>Point of origin | 1 |
|--|---|

A person comes home to find a fire and is burned trying to extinguish it.

|   |   |
|---|---|
| Location in Relation to Pt. of Origin<br>Off premises | 7 |
|---|---|

#### Location at Time of Injury

|                            |   |
|----------------------------|---|
| Location at Time of Injury | 1 |
|----------------------------|---|

Once the incident begins, the casualty may sustain injury as a result of some action not involved with the ignition. It is important to distinguish between injuries sustained at the point of ignition and those sustained elsewhere. Record the location of the casualty at the time the injury was sustained in relationship to the point of fire origin.

Refer to NFPA 901, Section LI, for classifications for Location of Person.

##### Examples:

A person was injured on the same floor as the ignition point.

|  |   |
|--|---|
| Location at Time of Injury<br>Same floor | 4 |
|--|---|

A person trips on the stairs in front of the building of origin.

|  |   |
|--|---|
| Location at Time of Injury<br>In front of building | 6 |
|--|---|

#### Relationship to Fire Location

|                               |   |
|-------------------------------|---|
| Relationship to Fire Location | 1 |
|-------------------------------|---|

Significant to the understanding of how some injuries occur is the familiarity of the casualty with the property involved. Supplementary to the data element Familiarity with Structure, which explains familiarity in terms of time, is the relationship of the casualty to the fire location. This data element describes familiarity by describing whether the casualty lived or worked in the structure and whether the casualty should have been in the area at the time.

Refer to NFPA 901, Section LF, for classifications for Relationship of Person to Fire Location.

##### Examples:

The person injured lived in the area of origin.

|  |   |
|--|---|
| Relationship to Fire Location<br>Lived in area of origin | 1 |
|--|---|

The person injured was a guest of a tenant in the building.

|  |   |
|--|---|
| Relationship to Fire Location<br>Visiting a tenant | 3 |
|--|---|

## LINE GJ DATA

|                             |                             |
|-----------------------------|-----------------------------|
| GJ Cause of Civilian Injury | Condition Preventing Escape |
|-----------------------------|-----------------------------|

## Cause of Civilian Injury

|                          |
|--------------------------|
| Cause of Civilian Injury |
|--------------------------|

Record the action or lack of action that directly resulted in the injury. When the injury occurred as a result of contact with an object, describe the manner in which that contact occurred.

Refer to NFPA 901, Section ME, for classifications for Cause of Injury.

*Examples:*

A person is burned when a grease fire in a kitchen flashes.

|   |   |
|---|---|
| Cause of Civilian Injury<br>Exposed to flames | 2 |
|---|---|

A person is struck by flying glass when a window blows out.

|   |   |
|---|---|
| Cause of Civilian Injury<br>Struck by glass | 7 |
|---|---|

## Condition Preventing Escape

|                             |
|-----------------------------|
| Condition Preventing Escape |
|-----------------------------|

Record the condition preventing the casualty's escape. If there was no significant condition which prevented escape, indicate "None" or "N/A."

Refer to NFPA 901, Section LJ, for classifications for Condition Preventing Escape.

*Examples:*

A person reaches a locked door he cannot open in his escape path.

|  |   |
|--|---|
| Condition Preventing Escape<br>Locked door | 3 |
|--|---|

A person is bedridden and cannot escape without assistance.

|  |   |
|--|---|
| Condition Preventing Escape<br>Bedridden - needed help | 7 |
|--|---|

## LINE GK DATA

|         |            |                  |                               |
|---------|------------|------------------|-------------------------------|
| GK Rank | Assignment | Years Experience | No. Responses Prior to Injury |
|---------|------------|------------------|-------------------------------|

## Rank

|      |
|------|
| Rank |
|------|

Report the rank of the individual who was injured.

## Years of Experience

|                  |
|------------------|
| Years Experience |
|------------------|

Record the number of years of experience the casualty has in performing the type of activity or task he was performing when injured. This does not include years of service spent on different duty assignments or experience in other tasks.

Refer to NFPA 901, Section OE, for classifications for Amount of Experience.

*Example:*

An 8-year veteran of the department originally assigned to an engine company has been assigned to the Fire Prevention/Inspection Division for the past 5 years. The fire fighter has been reassigned to an engine company and is injured on the job after 3 months back on the engine company.

|                                      |   |
|--------------------------------------|---|
| Years Experience<br>3 years 3 months | 6 |
|--------------------------------------|---|

## Assignment

|            |
|------------|
| Assignment |
|------------|

Describe the official assignment of the casualty. This classification may not coincide with the activity at the time of injury. Types of assignments include Fire Suppression, Prevention/Inspection, Training, Administration, etc.

Refer to NFPA 901, Section OA, for classifications for Assignment.

**Number Responses Prior to Injury**

|                               |   |
|-------------------------------|---|
| No. Responses Prior to Injury | 1 |
|-------------------------------|---|

Enter the number of incidents responded to by the casualty in the immediate 24-hour period prior to the

time of injury. This data is useful in determining cases of fatigue that may have contributed to the injury. This data may be available from company-run reports or shift reports.

Refer to NFPA 901, Section OD, for classifications for Number of Incident Responses During Prior 24-hours.

**LINE GL DATA**

|    |                    |                     |
|----|--------------------|---------------------|
| GL | Physical Condition | Status Before Alarm |
|----|--------------------|---------------------|

**Physical Condition**

|                    |  |
|--------------------|--|
| Physical Condition |  |
|--------------------|--|

Important in understanding how and why some injuries occur is the knowledge of the condition of the casualty prior to injury. Briefly describe the physical condition of the casualty at the time of injury. Some terms that may be used are: normal, fatigued, under medication, etc. If the condition of the casualty cannot be determined, enter "Undet."

Refer to NFPA 901, Section OC, for classifications for Physical Condition At Time of Injury.

**Examples:**

A fire fighter was injured while at his fourth consecutive working fire.

|                    |          |   |
|--------------------|----------|---|
| Physical Condition | Fatigued | 2 |
|--------------------|----------|---|

A fire fighter was injured while under treatment for a cold.

|                    |                   |   |
|--------------------|-------------------|---|
| Physical Condition | Taking medication | 3 |
|--------------------|-------------------|---|

**Status Before Alarm**

|                     |  |
|---------------------|--|
| Status Before Alarm |  |
|---------------------|--|

Describe the state of consciousness of the injured immediately prior to the alarm, i.e., whether the casualty was awake or asleep when the alarm for the incident was sounded.

Refer to NFPA 901, Section OB, for classifications for Status of Injured Prior to Alarm at which Injury Occurred.

**LINE GM DATA**

|    |                       |                       |
|----|-----------------------|-----------------------|
| GM | Fire Fighter Activity | Where Injury Occurred |
|----|-----------------------|-----------------------|

**Fire Fighter Activity**

|                       |  |
|-----------------------|--|
| Fire Fighter Activity |  |
|-----------------------|--|

Describe the activity being performed by the casualty at the time injury occurred. Be as specific as possible in the description of this activity. If the activity of the casualty cannot be determined, enter "Undet."

Refer to NFPA 901, Section OH, for classifications for Activity at the Time of the Injury.

**Examples:**

A fire fighter is injured while raising a ground ladder.

|                       |                       |   |   |
|-----------------------|-----------------------|---|---|
| Fire Fighter Activity | Raising ground ladder | 5 | 2 |
|-----------------------|-----------------------|---|---|

A fire fighter is struck by a car while directing traffic at a fire scene.

|                       |                   |   |   |
|-----------------------|-------------------|---|---|
| Fire Fighter Activity | Directing traffic | 7 | 1 |
|-----------------------|-------------------|---|---|

A paramedic falls while scaling a cliff at an auto accident.

|                       |               |   |   |
|-----------------------|---------------|---|---|
| Fire Fighter Activity | Scaling cliff | 5 | 5 |
|-----------------------|---------------|---|---|

### Where Injury Occurred

|                       |  |  |  |
|-----------------------|--|--|--|
| Where Injury Occurred |  |  |  |
|-----------------------|--|--|--|

Describe where the injury to the casualty being reported took place. This location may be en route to the scene, at the incident scene, at the station, or the like. If the injury was inside a structure be specific as to where inside the structure the fire fighter was when the injury occurred.

Refer to NFPA 901, Section OI, for classifications for Where Injury/Accident Occurred.

#### Examples:

A fire fighter is overcome by smoke on the second floor of the involved structure.

|                       |              |   |   |
|-----------------------|--------------|---|---|
| Where Injury Occurred | Second floor | 4 | 2 |
|-----------------------|--------------|---|---|

Flames erupt through the roof severely burning a fire fighter while venting.

|                       |         |   |   |
|-----------------------|---------|---|---|
| Where Injury Occurred | On roof | 2 | 3 |
|-----------------------|---------|---|---|

## LINE GN DATA

|    |                              |  |  |  |                       |  |  |
|----|------------------------------|--|--|--|-----------------------|--|--|
| GN | Cause of Fire Fighter Injury |  |  |  | Medical Care Provided |  |  |
|----|------------------------------|--|--|--|-----------------------|--|--|

### Cause of Fire Fighter Injury

|                              |  |  |  |
|------------------------------|--|--|--|
| Cause of Fire Fighter Injury |  |  |  |
|------------------------------|--|--|--|

Record the action or lack of action which directly resulted in the casualty being injured. When the injury occurred as a result of contact with an object, describe the manner in which that contact occurred. If the cause of the injury is not determined, enter "Undet."

Refer to NFPA 901, Section OJ, for classifications for Cause of Fire Fighter Injury.

#### Examples:

A fire fighter experiences chest pain while carrying a victim from a structure.

|                              |                 |   |   |   |
|------------------------------|-----------------|---|---|---|
| Cause of Fire Fighter Injury | Carrying victim | 5 | 1 | 1 |
|------------------------------|-----------------|---|---|---|

A fire fighter is injured in a vehicle accident while the apparatus was responding.

|                              |                  |   |   |   |
|------------------------------|------------------|---|---|---|
| Cause of Fire Fighter Injury | Vehicle accident | 7 | 0 | 1 |
|------------------------------|------------------|---|---|---|

A fire fighter slips on the station's floor, which was recently washed.

|                              |                      |   |   |   |
|------------------------------|----------------------|---|---|---|
| Cause of Fire Fighter Injury | Slipped on wet floor | 1 | 0 | 7 |
|------------------------------|----------------------|---|---|---|

### Medical Care Provided

|                       |  |  |
|-----------------------|--|--|
| Medical Care Provided |  |  |
|-----------------------|--|--|

Describe where the casualty was treated for injuries sustained during the incident. Report the most advanced care facility that rendered medical care to the injured. If no medical care was provided, enter "None."

Refer to NFPA 901, Section OSA, for classifications for Medical Care Provided.

#### Examples:

The injured is treated at the scene and refuses additional treatment.

|                       |                  |   |
|-----------------------|------------------|---|
| Medical Care Provided | Treated at scene | 2 |
|-----------------------|------------------|---|

The injured is treated at the scene and transported to an emergency room.

|                       |                |   |
|-----------------------|----------------|---|
| Medical Care Provided | Emergency room | 5 |
|-----------------------|----------------|---|

## LINES GO-GV DATA

|    |                          |              |              |
|----|--------------------------|--------------|--------------|
| GO | Protective Coat Worn     | Status       | Type Failure |
| GP | Protective Pants Worn    | Status       | Type Failure |
| GQ | Boots/Shoes Worn         | Status       | Type Failure |
| GR | Helmet Worn              | Status       | Type Failure |
| GS | Face Protection Worn     | Type Failure |              |
| GT | Breathing Apparatus Worn | Status       | Type Failure |
| GU | Gloves Worn              | Type Failure |              |
| GV | Special Equipment Worn   | Status       | Type Failure |

## Protective Equipment

The following eight lines record what the fire fighter was wearing when he was injured as it relates to the injury. If any particular pieces of protective equipment protected the area of the body injured, complete the entire line for those pieces of equipment. If a piece of pro-

TECTIVE equipment that could have lessened the injury was not being worn, report that the piece of protective equipment was not worn in the first block of the appropriate line and leave the remainder of that line blank. If the piece of protective equipment was not applicable to the injury, indicate "N/A" and leave the line blank.

## LINE GO DATA

|                      |        |              |
|----------------------|--------|--------------|
| Protective Coat Worn | Status | Type Failure |
|----------------------|--------|--------------|

## Protective Coat: Worn

|                       |
|-----------------------|
| Protective Coat: Worn |
|-----------------------|

If a protective coat was being worn and the injury was affected either positively or negatively by the presence of the coat, describe the type of protective coat being worn and whether or not it had a liner. If no coat was being worn, record "None" and leave the remainder of the line blank. If the presence or absence of the coat had nothing to do with the injury, enter "N/A" and leave the remainder of the line blank.

Refer to NFPA 901, Section OKA, for classifications for Protective Coat Worn When Injured.

## Protective Coat: Status

|        |
|--------|
| Status |
|--------|

Describe the manner in which the protective coat was being worn when the injury occurred. This should indicate whether it was closed or open and whether the collar was up or down.

Refer to NFPA 901, Section OKB, for classifications for Status of Protective Coat At Time of Injury.

## Protective Coat: Type of Failure

|              |
|--------------|
| Type Failure |
|--------------|

Describe the most serious problem with the protective coat as it pertains to the injury. If no problems were experienced with the coat, enter "No Failure."

Refer to NFPA 901, Section OKC, for classifications for Problem With Protective Coat.

## Examples:

No protective coat was worn.

|                       |   |
|-----------------------|---|
| Protective Coat: Worn |   |
| None                  | 9 |

A fire fighter wearing a lined, rubberized, protective coat partly open received lacerations when the coat was cut by falling glass.

|                       |             |              |
|-----------------------|-------------|--------------|
| Protective Coat: Worn | Status      | Type Failure |
| Rubberized - lined    | 5 Part open | 2 Cut        |

A casualty wearing an unlined, nomex coat, with the coat closed and collar turned up, suffered an injury when struck on the arm by a falling brick.

|                       |                      |              |
|-----------------------|----------------------|--------------|
| Protective Coat: Worn | Status               | Type Failure |
| Nomex - unlined       | 2 Closed - collar up | 3 None       |

## LINE GP DATA

|                       |        |              |
|-----------------------|--------|--------------|
| Protective Pants Worn | Status | Type Failure |
|-----------------------|--------|--------------|

## Protective Pants: Worn

|                       |
|-----------------------|
| Protective Pants Worn |
|-----------------------|

Describe whether or not protective pants were being worn at the time the casualty was injured. Describe the type of pant material and whether or not the pants were lined. If no protective pants were being worn, enter "No Pants."

Refer to NFPA 901, Section OLA, for classifications for Protective Pants Worn When Injured.

## Protective Pants: Status

|        |
|--------|
| Status |
|--------|

Describe the manner in which the protective pants were being worn by the casualty at the time of the injury.

It is important to report whether the protective pants had proper suspenders and whether the pants were worn inside or outside the boots. If the status of the pants worn cannot be ascertained, enter "Undet."

Refer to NFPA 901, Section OLB, for classifications for Status of Protective Pants at Time of Injury.

## Protective Pants: Type of Failure

|              |
|--------------|
| Type Failure |
|--------------|

Describe the most serious problem with the protective pants as it pertains to the injury. If no problems were experienced with the pants, enter "No Problem" or "None."

Refer to NFPA 901, Section OLC, for classifications for Problem with Protective Pants.

## Examples:

No protective pants were worn.

|                       |        |              |
|-----------------------|--------|--------------|
| Protective Pants Worn | Status | Type Failure |
| None                  | 9      |              |

A fire fighter wore lined canvas protective pants inside his boots and the pants and his leg were burned when embers fell inside the boot.

|                       |        |                   |
|-----------------------|--------|-------------------|
| Protective Pants Worn | Status | Type Failure      |
| Canvas - lined        | 3      | Worn inside boots |
|                       |        | 2                 |
|                       |        | Burned            |
|                       |        | 1                 |

A fire fighter wore unlined rubber protective pants without suspenders and they melted in close proximity to the fire, burning his legs.

|                       |        |                         |
|-----------------------|--------|-------------------------|
| Protective Pants Worn | Status | Type Failure            |
| Rubber - unlined      | 6      | Outside boots - no susp |
|                       |        | 3                       |
|                       |        | Melted                  |
|                       |        | 3                       |

## LINE GQ DATA

|                  |        |              |
|------------------|--------|--------------|
| Boots/Shoes Worn | Status | Type Failure |
|------------------|--------|--------------|

## Boots/Shoes: Worn

|                  |
|------------------|
| Boots/Shoes Worn |
|------------------|

Describe the type of footwear the casualty was wearing at the time of injury. Generally, either a boot or shoe of some type will have been worn. Describe the characteristics of the boot or shoe as completely as possible, e.g.,  $\frac{3}{4}$ -length boot with steel base plate and toe.

Refer to NFPA 901, Section OMA, for classifications for Boots/Shoes Being Worn When Injured.

## Boots/Shoes: Status

|        |
|--------|
| Status |
|--------|

If boots were being worn, indicate whether they were pulled up or not. If knee length boots or shoes were being worn, indicate "N/A" (not applicable).

Refer to NFPA 901, Section OMB, for classifications for Status of Boots at Time of Injury.



**Boots/Shoes: Type of Failure**

|              |  |
|--------------|--|
| Type Failure |  |
|--------------|--|

Describe the most serious problem with the boots/shoes as it pertains to the injury. If no problems were experienced with the boots/shoes, enter "No problem."

Refer to NFPA 901, Section OMC, for classifications for Problems with Boots/Shoes.

*Examples:*

A fire fighter was injured while wearing non-safety shoes that were punctured by a nail.

| Boots/Shoes Worn | Status | Type Failure        |
|------------------|--------|---------------------|
| Non-safety shoes | 8      | Shoes 4 Punctured 4 |

A casualty wore steel-toed, steel base plate, knee length boots but his foot was crushed when a beam fell on the boot.

| Boots/Shoes Worn       | Status | Type Failure                       |
|------------------------|--------|------------------------------------|
| Steel-toed sole - knee | 1      | Knee boots 3 Failed under impact 6 |

A fire fighter wearing non-safety boots turned down was burned when embers fell into the boots.

| Boots/Shoes Worn     | Status | Type Failure                  |
|----------------------|--------|-------------------------------|
| Non-safety hip boots | 7      | Turned down 2 Ember entered 5 |

**LINE GR DATA**

| Helmet Worn | Status | Type Failure |
|-------------|--------|--------------|
|             |        |              |

**Helmet: Worn**

|             |  |
|-------------|--|
| Helmet Worn |  |
|-------------|--|

Describe the helmet being worn by the casualty at the time of injury. Helmet description need not be by manufacturer, but by the material from which it is made. If no helmet was being worn by the casualty, enter "No Helmet." If the type of helmet cannot be ascertained, enter "Undet."

Refer to NFPA 901, Section ONA, for classifications for Helmet Type Being Worn When Injured.

**Helmet: Status**

|        |  |
|--------|--|
| Status |  |
|--------|--|

Describe the manner in which the helmet was being worn by the casualty at the time of injury. Describe this on the basis of chin strap, and ear and neck protector. If the status cannot be ascertained, enter "Undet."

Refer to NFPA 901, Section ONB, for classifications for Status of Helmet at Time of Injury.

**Helmet: Type of Failure**

|              |  |
|--------------|--|
| Type Failure |  |
|--------------|--|

Describe the most serious problem with the helmet as it pertains to the injury. If no problems were experienced with the helmet, enter "No problem."

Refer to NFPA 901, Section ONC, for classifications for Problem With Helmet.

*Examples:*

A fire fighter wearing a lexan helmet with chin strap and ear/neck protection in use, received head injuries from a falling beam.

| Helmet Worn | Status | Type Failure                            |
|-------------|--------|---|
| Lexan       | 4      | Chin strap, ear/neck pro. 2 Fractured 3 |

While fighting a fire, flashover knocked off a fire fighter's aluminum helmet due to the chin strap not being used.

| Helmet Worn | Status | Type Failure                     |
|-------------|--------|----------------------------------|
| Aluminum    | 2      | No chin strap on 3 Knocked off 5 |

## LINE GS DATA

|                       |              |
|-----------------------|--------------|
| Face Protection: Worn | Type Failure |
|-----------------------|--------------|

## Face Protection: Worn

|                       |
|-----------------------|
| Face Protection: Worn |
|-----------------------|

Describe the type of face protection being worn when the injury occurred. This can generally be described as full face protection, partial face protection, or goggles only. If no face protection was being worn, enter "None."

Refer to NFPA 901, Section OOA, for classifications for Face Protection Being Worn When Injured.

## Face Protection: Type of Failure

|              |
|--------------|
| Type Failure |
|--------------|

Describe the most serious problem with the face protection as it pertains to the injury. If no problem with the face protection was experienced, enter "No Problem."

Refer to NFPA 901, Section OOB, for classifications for Problem with Face Protection.

## Examples:

A fire fighter wearing goggles is burned on his face, but his eyes are not injured.

|                       |              |
|-----------------------|--------------|
| Face Protection: Worn | Type Failure |
| Goggles               | None         |

A fire fighter is burned when his full face protection shield starts to melt.

|                       |              |
|-----------------------|--------------|
| Face Protection: Worn | Type Failure |
| Full face protection  | Melted       |

## LINE GT DATA

|                           |        |              |
|---------------------------|--------|--------------|
| Breathing Apparatus: Worn | Status | Type Failure |
|---------------------------|--------|--------------|

## Breathing Apparatus: Worn

|                           |
|---------------------------|
| Breathing Apparatus: Worn |
|---------------------------|

Describe the basic working principle of the breathing apparatus being used by the casualty at the time of injury. These principles are: self-contained vs. not self-contained, and constant pressure vs. demand. If no breathing apparatus was being used at the time of injury, enter "None."

Refer to NFPA 901, Section OPA, for classifications for Breathing Apparatus Being Used When Injured.

## Breathing Apparatus: Status

|        |
|--------|
| Status |
|--------|

Describe the status of the breathing apparatus at the time of the injury. This includes whether or not the face or mouthpiece was in place and whether the apparatus was being worn properly.

Refer to NFPA 901, Section OPB, for classifications for Status of Breathing Apparatus.

## Breathing Apparatus: Type of Failure

|              |
|--------------|
| Type Failure |
|--------------|

Describe the most serious problem experienced due to the breathing apparatus as it pertains to the injury. If no problems were experienced, enter "No problem."

Refer to NFPA 901, Section OPC, for classifications for Problems with Breathing Apparatus.

## Examples:

A fire fighter is overcome by smoke when the regulator fails to supply air on his self-contained constant pressure breathing apparatus.

|                           |                      |                  |
|---------------------------|----------------------|------------------|
| Breathing Apparatus: Worn | Status               | Type Failure     |
| S/C const. pres.          | Properly worn-in use | Regulator failed |

A fire fighter falls down a flight of stairs when the facepiece on his self-contained demand type breathing apparatus fogs.

|                           |        |                   |
|---------------------------|--------|-------------------|
| Breathing Apparatus: Worn | Status | Type Failure      |
| S/C Demand type           | In use | Fogged face piece |

## LINE GU DATA

|             |              |
|-------------|--------------|
| Gloves Worn | Type Failure |
|-------------|--------------|

## Gloves: Worn

|             |
|-------------|
| Gloves Worn |
|-------------|

If gloves were being worn, describe the material that the gloves were made of. If the gloves were made of more than one material, indicate what the major material was. If no gloves were being worn when the injury occurred, enter "None."

Refer to NFPA 901, Section OQA, for classifications for Gloves Being Worn When Injured.

## Gloves: Type of Failure

|              |
|--------------|
| Type Failure |
|--------------|

Describe the most serious problem with the gloves as it pertains to the injury. If there was no problem with the gloves, enter "No problem."

Refer to NFPA 901, Section OQB, for classifications for Problem With Gloves.

*Examples:*

A fire fighter wearing cotton gloves is burned when he picks up a hot metal bed spring.

|              |                         |
|--------------|-------------------------|
| Gloves: Worn | Type Failure            |
| Cotton       | Insufficient insulation |

A fire fighter wearing leather gloves with gauntlets is burned when a burning ember falls inside the glove.

|                        |                       |
|------------------------|-----------------------|
| Gloves: Worn           | Type Failure          |
| Leather with gauntlets | Ember fell into glove |

## LINE GV DATA

|                         |        |              |
|-------------------------|--------|--------------|
| Special Equipment: Worn | Status | Type Failure |
|-------------------------|--------|--------------|

## Special Equipment: Worn

|                        |
|------------------------|
| Special Equipment Worn |
|------------------------|

If any type of special equipment designed for the protection or safety of the fire fighter was being worn or used and the presence of that equipment affected the outcome of the injury either positively or negatively, describe the special equipment being worn or used. If no special equipment was being worn or used, enter "None."

Refer to NFPA 901, Section ORA, for classifications for Special Equipment.

## Special Equipment: Status

|        |
|--------|
| Status |
|--------|

Describe whether the special equipment was being worn or used properly and for its designated purpose.

Refer to NFPA 901, Section ORB, for classifications for Special Equipment Status.

## Special Equipment: Type of Failure

|              |
|--------------|
| Type Failure |
|--------------|

Describe the most serious problem, if any, with the special equipment being worn or used. If there was no problem and it was used for its designed purpose, enter "No Problem."

*Examples:*

A fire fighter is injured when chemicals get inside the chemical suit he is wearing because of a tear in the sleeve of the the suit.

|                         |                        |                |
|-------------------------|------------------------|----------------|
| Special Equipment: Worn | Status                 | Type Failure   |
| Chemical suit           | Worn and used properly | Tear in sleeve |

A fire fighter falls from an aerial ladder when his ladder belt fails to stay hooked due to a broken spring on the snap.

|                         |               |                       |
|-------------------------|---------------|-----------------------|
| Special Equipment: Worn | Status        | Type Failure          |
| Ladder belt             | Used properly | Spring on hook broken |

LINE GW DATA

|    |                           |                                |                            |                          |
|----|---------------------------|--------------------------------|----------------------------|--------------------------|
| GW | Length of Hospitalization | Time off for Medical Treatment | Time Lost From Normal Duty | Time on Restrictive Duty |
|----|---------------------------|--------------------------------|----------------------------|--------------------------|

Length of Hospitalization

|                           |
|---------------------------|
| Length of Hospitalization |
|---------------------------|

State the number of days the casualty was hospitalized due to injuries sustained during the incident. The time should reflect the total elapsed time period in days or weeks regardless of working schedules. If the casualty was not admitted, enter "None." This data may not be available for some time after the incident and may, therefore, require follow-up and submission of a revised and updated 902G.

Refer to NFPA 901, Section OSB, for classifications for Length of Hospitalization.

Time Off for Medical Treatment

|                                |
|--------------------------------|
| Time off for Medical Treatment |
|--------------------------------|

Often in severe injury cases the casualty may be released from a medical facility, yet require extensive time for recuperation and continuing medical treatment.

Record the time in days, weeks, or months until the casualty can return to work whether on light duty or full duty. The time should reflect the total elapsed time period in days or weeks regardless of working schedules. This data may not be available for some time after the incident. Therefore, follow-up and submission of a revised, updated 902G may be necessary.

Refer to NFPA 901, Section OSE, for classifications for Time Off for Medical Treatment.

Time Lost From Normal Duty

|                            |
|----------------------------|
| Time Lost From Normal Duty |
|----------------------------|

Record the number of days, weeks, or months of normal duty the casualty lost due to injuries sustained. This data element should measure the amount of time until the casualty is medically capable of returning to the same duty assignment held prior to the injury. The time should reflect the total elapsed time period in days or weeks regardless of working schedules. If no time was lost, enter "None." This information may not be available for some time after the incident. Therefore it may be necessary to submit a revised, updated 902G.

Refer to NFPA 901, Section OSC, for classifications for Time Lost From Normal Duty.

Time on Restrictive Duty

|                          |
|--------------------------|
| Time on Restrictive Duty |
|--------------------------|

Record the time in days, weeks, or months that the casualty was put on restrictive duty because of injuries sustained. The time should reflect the total elapsed time period in days or weeks regardless of working schedules. If no restrictive duty was involved, enter "None." This information may not be available for some time after the incident. Therefore, it may be necessary to submit a revised, updated 902G.

Refer to NFPA 901, Section OSD, for classifications for Time on Restrictive Duty.

LINE GX DATA

|    |  |               |                      |
|----|--|---------------|----------------------|
| GX | Insurance Carrier Notified<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Final Outcome | Section Completed by |
|----|--|---------------|----------------------|

Insurance Carrier Notified

|  |
|--|
| Insurance Carrier Notified<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

Check the appropriate block to indicate whether or not the casualty's liability insurance carrier was notified about the injury.

Enter a code "1" in the coding block if "Yes" was checked.

Enter a code "2" in the coding block if "No" was checked.

Final Outcome

|               |
|---------------|
| Final Outcome |
|---------------|

Describe the final outcome of the injury as it relates to returning to the original duty assignment before the injury was sustained. This could include returned to normal duty, disability retirement, fatal, or transferred to other fire service job. This information may not be available for some time after the incident. Therefore, it may be necessary to submit a revised, updated 902G.

Refer to NFPA 901, Section OSF, for classifications for Final Outcome of Injury.

**Section Completed/Revised By:**

|                      |
|----------------------|
| Section Completed by |
|----------------------|

Each time this section of the form is completed and/or revised, initial this block. Place your initials to the left part of the block, thereby allowing room for subsequent revisions.

Also record the date (month, day and year) this section is completed and/or revised. If there was no loss of time from normal duties and/or the injuries were immediately fatal, this block may be completed at the time of the incident.

**LINE GY DATA**

|    |                      |      |  |      |
|----|----------------------|------|--|------|
| GY | Member Making Report | Date | Officer in Charge (Name, Position, Assignment) | Date |
|    |                      |      |  |      |

**Member Making Report**

|                      |      |
|----------------------|------|
| Member Making Report | Date |
|----------------------|------|

If someone other than the officer in charge makes the report, that person should also sign and date the report.

**Officer in Charge**

|  |      |
|--|------|
| Officer in Charge (Name, Position, Assignment) | Date |
|--|------|

The officer in charge of the incident should sign and date the report regardless of whether he completes the report. This shows his concurrence with the findings in the report.

**LINE GZ DATA**

|    |         |
|----|---------|
| GZ | Remarks |
|    |         |
|    |         |

☐ Remarks continued on reverse side

**Remarks:**

No one form can ever be designed to meet the needs of all who use it or provide sufficient space and data elements to accurately describe the incident for all uses. The Remarks area can fit this need and is provided for the specific purpose of:

(a) Explaining in greater detail the data elements already on the form.

(b) Explaining additional data where room for only the most significant was provided. Such data can aid in telling the story of the casualty.

(c) Noting data not requested on the form that may be very significant and imperative to understand the who, what, when, where, and why of the casualty.

List the known chemicals to which the casualty was exposed.

The Remarks area provides an excellent area to take raw notes of the incident while in the field. These notes may later be put into a more formal narrative report.

Use the reverse side of Form 902G, if sufficient room is not available. Supplemental sheets of paper can be attached to the report for more involved or complicated casualties. Check the block if the reverse side or additional sheets are used.

## PREPARATION OF THE BASIC EMS REPORT FORM 902H

The Basic EMS Report, Form 902H, should be used when a fire department provides emergency medical services. It may be used as a stand alone form for non-fire incidents when the fire department is present at the incident strictly to provide emergency medical service. Otherwise, the form will be a supplement to a 902F form and 902G forms if appropriate.

The Basic EMS Report contains space to describe the injuries or illness to one person. The report is similar in organization to the 902F form and the 902G form in that data elements are grouped or arranged into blocks of similarity.

The *first block*, lines HA-HE, is designed to identify where the incident occurred and other administrative data.

The *second block*, lines HF-HK, identifies the person and generally what was wrong with him/her.

The *third block*, consisting of lines HL-HV, is for recording information about a patient's vital signs at different times, as well as treatment given, including advanced life support and drug therapy.

The *fourth block*, line HW, is a signature block and should be completed for all incidents using this form.

The *fifth block*, line HX, is Remarks. The Remarks area continues on the back side of the form and if need be onto additional pages attached to the report. No one form can be designed to handle all reporting needs all of the time. Therefore, liberal use of the Remarks area is encouraged to narratively record additional and explanatory information.

## BASIC EMS REPORT

902H

Fill In This Report  
In Your Own Words

Fire Department

☐ Revised  
Report

HA

|       |              |              |     |     |      |            |               |                 |
|-------|--------------|--------------|-----|-----|------|------------|---------------|-----------------|
| FD ID | Incident No. | Casualty No. | Mo. | Day | Year | Alarm Time | Time on Scene | Time Unit Clear |
|-------|--------------|--------------|-----|-----|------|------------|---------------|-----------------|

HB

|                  |           |          |              |
|------------------|-----------|----------|--------------|
| Location/Address | City/Town | Zip Code | Property No. |
|------------------|-----------|----------|--------------|

HC

|                                    |                  |
|------------------------------------|------------------|
| Method of Alarm to Fire Department | Type of Incident |
|------------------------------------|------------------|

HD

|                      |          |       |            |   |
|----------------------|----------|-------|------------|---|
| Type of Action Taken | District | Shift | No. Alarms | Mutual Aid<br><input type="checkbox"/> Rec'd <input type="checkbox"/> Given<br><input type="checkbox"/> N/A |
|----------------------|----------|-------|------------|---|

HE

|                      |                       |        |              |
|----------------------|-----------------------|--------|--------------|
| General Property Use | Specific Property Use | County | Census Tract |
|----------------------|-----------------------|--------|--------------|

HF

|                                 |        |     |     |      |
|---------------------------------|--------|-----|-----|------|
| Casualty Name (Last, First, MI) | D.O.B. | Age | Sex | Race |
|---------------------------------|--------|-----|-----|------|

HG

|              |      |       |     |               |
|--------------|------|-------|-----|---------------|
| Home Address | City | State | Zip | Telephone No. |
|--------------|------|-------|-----|---------------|

HH

|                  |             |                  |     |     |      |      |
|------------------|-------------|------------------|-----|-----|------|------|
| Type of Casualty | Affiliation | Injury Occurred: | Mo. | Day | Year | Time |
|------------------|-------------|------------------|-----|-----|------|------|

HI

|               |                          |                      |
|---------------|--------------------------|----------------------|
| Case Severity | Primary Apparent Symptom | Primary Part of Body |
|---------------|--------------------------|----------------------|

HJ

|                            |                        |
|----------------------------|------------------------|
| Secondary Apparent Symptom | Secondary Part of Body |
|----------------------------|------------------------|

HK

|                          |                   |
|--------------------------|-------------------|
| Casualty Situation Found | Patient Taken to: |
|--------------------------|-------------------|

HL

| Time of Reading | Blood Pressure |           | Pulse |           | Respiration |           |
|-----------------|----------------|-----------|-------|-----------|-------------|-----------|
|                 | Systolic       | Diastolic | Rate  | Character | Rate        | Character |

HM

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 1 |  |  |  |  |  |  |
|---|--|--|--|--|--|--|

HN

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 2 |  |  |  |  |  |  |
|---|--|--|--|--|--|--|

HO

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 3 |  |  |  |  |  |  |
|---|--|--|--|--|--|--|

HP

| Lungs |          | Skin  |             | Pupils |            |
|-------|----------|-------|-------------|--------|------------|
| Sound | Location | Color | Temperature | Size   | Reactivity |

HQ

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

HR

|                |                  |
|----------------|------------------|
| Patient Status | Patient Behavior |
|----------------|------------------|

HS

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Pre-Hospital Treatment 1 | Pre-Hospital Treatment 2 | Pre-Hospital Treatment 3 | Pre-Hospital Treatment 4 |
|--------------------------|--------------------------|--------------------------|--------------------------|

HT

| Time | Monitor Code | Drug/Fluid | Rate | Route | IV |
|------|--------------|------------|------|-------|----|
|------|--------------|------------|------|-------|----|

HU

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1 |  |  |  |  |  |
|---|--|--|--|--|--|

HV

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2 |  |  |  |  |  |
|---|--|--|--|--|--|

HW

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3 |  |  |  |  |  |
|---|--|--|--|--|--|

HX

|                      |                                     |   |
|----------------------|-------------------------------------|---|
| Time EKG Transmitted | Medical Facility EKG Transmitted to | Receiving Hospital Representative Signature |
|----------------------|-------------------------------------|---|

|                             |                          |
|-----------------------------|--------------------------|
| Unit Type Handling Incident | Personnel Training Level |
|-----------------------------|--------------------------|

|                      |      |  |      |
|----------------------|------|--|------|
| Member Making Report | Date | Officer in Charge (Name, Position, Assignment) | Date |
|----------------------|------|--|------|

|          |
|----------|
| Remarks: |
|----------|

|  |
|--|
|  |
|--|

☐ Remarks continued on reverse side.

This form is for use with NFPA 902M, *Field Incident Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

## LINE HA DATA

|    |       |              |              |    |     |      |            |               |                 |   |
|----|-------|--------------|--------------|----|-----|------|------------|---------------|-----------------|---|
| HA | FD ID | Incident No. | Casualty No. | Mo | Day | Year | Alarm Time | Time on Scene | Time Unit Clear | <input type="checkbox"/> Revised Report |
|    |       |              |              |    |     |      |            |               |                 |   |

## Fire Department Identification

|       |
|-------|
| FD ID |
|-------|

This space is provided for fire departments that participate in regional or state systems. The identification number will normally be assigned by the state and will be unique to the fire department. If your fire department does not forward reports to a regional or state center, this data space can be left blank.

## Incident Number

|              |
|--------------|
| Incident No. |
|--------------|

The incident number is a unique number assigned to an incident such that no two incidents in a given year have the same number.

Enter the identification number assigned to this incident using your existing fire department system of numbering incidents. It may be necessary to obtain this number from the alarm center.

*Example:*

The 124th incident of the year would be entered as

|                     |
|---------------------|
| Incident No.<br>124 |
|---------------------|

## Casualty Number

|              |
|--------------|
| Casualty No. |
|--------------|

Sequentially number each casualty that occurs during the same incident, starting with 001. This number then becomes the number assigned to the person named below for that incident. All reports pertaining to the incident which refer to that person should have that casualty number also.

*Example:*

Casualty Number 3 would be entered as:

|                     |
|---------------------|
| Casualty No.<br>003 |
|---------------------|

## Month

|     |
|-----|
| Mo. |
|-----|

Enter the month of year when the incident occurred using its numerical designation.

|               |            |                |               |
|---------------|------------|----------------|---------------|
| January = 01  | April = 04 | July = 07      | October = 10  |
| February = 02 | May = 05   | August = 08    | November = 11 |
| March = 03    | June = 06  | September = 09 | December = 12 |

## Day

|     |
|-----|
| Day |
|-----|

Enter the day of month when the incident occurred.

## Year

|      |
|------|
| Year |
|------|

Enter the last two digits of the year of century when the incident occurred.

*Example:*

An incident occurring on July 9, 1981, would be entered as

|     |     |      |
|-----|-----|------|
| Mo. | Day | Year |
| 07  | 09  | 81   |

## Alarm Time

|            |
|------------|
| Alarm Time |
|------------|

Enter the time the original alarm was received by the alarm center. Use the 24-hour clock.

Time by 24-hour clock:  
 1:00 AM = 0100  
 1:00 PM = 1300  
 12:00 Midnight = 2400  
 12:01 AM = 0001

*Example:*

An alarm received at 2:56 PM would be entered as

|                    |
|--------------------|
| Alarm Time<br>1456 |
|--------------------|



**Time on Scene**

|               |
|---------------|
| Time on Scene |
|---------------|

Record the time, using the 24-hour clock, at which the first unit arriving on scene reports. It may be necessary to obtain this information from the alarm center.

**Time Last Unit Clear**

|                 |
|-----------------|
| Time Unit Clear |
|-----------------|

The object of this data element is to capture the time at which the fire department gave up control of the scene. Use the 24-hour clock.

**Revised Report**

|   |
|---|
| <input type="checkbox"/> Revised Report |
|---|

If any information on the report is to be updated once the report has been submitted, obtain a copy of the original report, enter the new information in red, date and initial the change, check the Revised Report block, and resubmit the report.

**LINE HB DATA**

|    |                  |           |          |              |
|----|------------------|-----------|----------|--------------|
| HB | Location/Address | City/Town | Zip Code | Property No. |
|----|------------------|-----------|----------|--------------|

**Location/Address**

|                  |           |          |
|------------------|-----------|----------|
| Location/Address | City/Town | Zip Code |
|------------------|-----------|----------|

Enter the street number, the direction of the street if it is part of the address, the street name, and the street type (RD, ST, AV, etc.). Also enter the city, town, or township, and the zip code.

Use a single letter to indicate street direction when it is North, South, East, or West. Use two letters when it is a combined direction.

Northeast = NE  
Southeast = SE

Southwest = SW  
Northwest = NW

If the address is a street intersection, show the two cross streets. If the incident occurs on a major highway, record the closest mile mark.

If the involved property is a motor vehicle, boat, or other mobile property, list the address where the incident occurred, not the owner's home address.

If there is no city or town designation for the areas of the incident, some other means of geographic identification may be used, such as grid coordinates; legal land description; latitude and longitude; or township, range, and section.

**Examples:**

|                  |            |          |
|------------------|------------|----------|
| Location/Address | City/Town  | Zip Code |
| 16 Beverly Cl.   | Greenville | 78294    |

|                  |           |          |
|------------------|-----------|----------|
| Location/Address | City/Town | Zip Code |
| 126 E Elm St.    | Anytown   | 03994    |

|                       |           |          |
|-----------------------|-----------|----------|
| Location/Address      | City/Town | Zip Code |
| JCT Smith and Elm St. | Boston    | 02222    |

**Property Number**

|              |
|--------------|
| Property No. |
|--------------|

Property number is a unique number assigned to each property during a Property Survey. See NFPA 903M, *Property Survey Manual*. Enter the assigned property number to correspond to the property being described in the report. This will enable users to link loss information with information available from the property survey. If your department has not assigned property numbers, leave this space blank.

## LINE HC DATA

|    |                                    |                  |
|----|------------------------------------|------------------|
| HC | Method of Alarm to Fire Department | Type of Incident |
|----|------------------------------------|------------------|

## Method of Alarm to Fire Department

|                                    |
|------------------------------------|
| Method of Alarm to Fire Department |
|------------------------------------|

Record the method by which the first fire service or alarm center person became aware of the incident. It is good practice to record the telephone number of the calling party or the number of the alarm box if that was the method of receipt. Do not record the means by which the individual fire companies were notified of the incident. Some of the methods by which the fire department receives an alarm are telephone, municipal alarm system, private alarm system, radio from a police or fire vehicle, and people walking into a fire station.

Refer to NFPA 901, Section JBA, for classifications for Method of Alarm to Fire Department.

*Examples:*

|                                    |
|------------------------------------|
| Method of Alarm to Fire Department |
| Telephone 622-9827                 |

|                                    |
|------------------------------------|
| Method of Alarm to Fire Department |
| Box 4298                           |

## Type of Incident

|                  |
|------------------|
| Type of Incident |
|------------------|

Record the most serious type of incident that your fire department encountered at the scene. In broad categories, this could be a fire, overpressure rupture, rescue call, hazardous condition, service call, good intent call or false call. Be more definitive, however, and indicate the type of fire, or other incident.

If conditions change, either before the arrival of the fire department or during fire department operations, details of the change in situation should be included in the Remarks, and the most serious condition should be recorded as type of incident. For example, if the arriving apparatus found a fuel spill and it subsequently ignited, treat the incident as a fire and provide details of the fuel spill (Hazardous Condition) in the Remarks section.

Refer to NFPA 901, Section JCA, for classifications for Type of Incident.

*Examples:*

|                  |
|------------------|
| Type of Incident |
| EMS Call         |

|                  |
|------------------|
| Type of Incident |
| Drowning         |

|                        |
|------------------------|
| Type of Incident       |
| Mattress fire in house |

## LINE HD DATA

|    |                      |          |       |            |   |
|----|----------------------|----------|-------|------------|---|
| HD | Type of Action Taken | District | Shift | No. Alarms | Mutual Aid<br><input type="checkbox"/> Rec'd <input type="checkbox"/> Given<br><input type="checkbox"/> N/A |
|----|----------------------|----------|-------|------------|---|

## Type of Action Taken

|                      |
|----------------------|
| Type of Action Taken |
|----------------------|

Record the duty or action taken by the responding fire department personnel to deal with the incident. Actions will include extinguishing fire, providing first aid or rescuing a person, removing or neutralizing a hazard, investigating a reported situation, or simply standing by at an incident. Be as specific as possible in stating the action taken.

Refer to NFPA 901, Section JDA, for classifications for Type of Action Taken.

*Example:*

A victim of an auto accident was given first aid and taken to a hospital.

|                           |
|---------------------------|
| Type of Action Taken      |
| Provide EMS and Transport |

**District**

|          |
|----------|
| District |
|----------|

Enter the designation of the fire department company, administrative or inspection district in which the incident occurred. If the incident is outside the fire department's area of responsibility or jurisdiction enter "O/J." If no districts are designated by the fire department, appropriate police districts may be useful.

*Examples:*

|          |
|----------|
| District |
| E 10     |

|          |
|----------|
| District |
| L 4      |

|          |
|----------|
| District |
| O/J      |

**Shift**

|       |
|-------|
| Shift |
|-------|

Where applicable, enter the designation of the shift on duty that responded to the incident. If the incident was of such duration that the shift changed during the control of the incident, record the shift change time and designation of the new shift in the Remarks.

*Examples:*

|       |
|-------|
| Shift |
| A     |

|         |
|---------|
| Shift   |
| Group 4 |

**Number of Alarms**

|            |
|------------|
| No. Alarms |
|------------|

Enter the number of alarms transmitted for the incident. This information is used by your department only, and local definitions of what constitutes a first alarm, second alarm, etc., should be used in recording the number of alarms. Where multiple alarms are sounded, the time for each alarm should be recorded in the Remarks section.

*Examples:*

|            |
|------------|
| No. Alarms |
| Still      |

|            |
|------------|
| No. Alarms |
| 2          |

**Mutual Aid**

|   |
|---|
| Mutual Aid  |
| <input type="checkbox"/> Rec'd <input type="checkbox"/> Given |
| <input type="checkbox"/> N/A                                  |

If any other fire department was called or responded to assist at the scene of the incident, put a check in the box labeled "Rec'd," list the names of the responding departments, and the type of apparatus sent in the Remarks section. (Example: Anytown Fire Department — 1 ambulance.) If the mutual aid received was to cover a vacated fire station, it should not be indicated as mutual aid received for the purpose of this report; but the fact that another fire department provided coverage to vacated fire stations can be noted in the Remarks.

If the call to which the fire department responded was to assist another fire department either at the scene of an incident or by covering vacated stations in another community, your fire department gave mutual aid, and the Mutual Aid Given box should be checked.

Sometimes, because of other emergencies or predetermined arrangements for providing coverage to areas of a community, the fire department responsible for the area where the incident occurred will not be present. Your fire department still gave mutual aid if it is outside the jurisdiction of your department, and the Mutual Aid Given box should be checked.

If mutual aid was neither given nor received, check the N/A box.

## LINE HE DATA

|    |                      |                       |        |              |
|----|----------------------|-----------------------|--------|--------------|
| HE | General Property Use | Specific Property Use | County | Census Tract |
|----|----------------------|-----------------------|--------|--------------|

## General Property Use

|                      |
|----------------------|
| General Property Use |
|----------------------|

## Definition:

**General Property Use.** The general (overall) use of land or space under the same management, ownership, or within the same legal boundaries, including any structures, vehicles, or other appurtenances thereon.

A grease duct fire in a restaurant in a hotel, or an explosion in a chemical laboratory of a university, presents a challenge to fire reporting.

Obviously, in the first case, if only "hotel" data are collected, then "restaurant" data will be lost. In the second example, if only "laboratory" data are collected, then "university" data will be lost. A general property use classification enables the user to include both "hotel" and "restaurant" or both "university" and "laboratory" information.

If a portion of the general property is leased, managed, and maintained as a separate property, treat it as a separate general property use for reporting purposes. For example: a hotel at an airport leased to and managed by a hotel chain would be reported as hotel use while a hotel on a university campus and managed by the university would be reported as education use.

When a location has two or more completely different general uses and there is no classification to describe the combination, then the General Property Use should be classified according to the predominant use at the point of origin of the incident.

Record the general use of the property where the incident occurred. Every incident should have a General Property Use associated with it with the exception of some false calls where it should be reported as undetermined.

Refer to NFPA 901, Chapter A, for classifications for General Property Use.

- The principal use of a fire division compartment in a structure if the structure is used for multiple purposes.
- The principal use to which a section of a structure, a space, or an area, whether inside or outside, is put by the owner, tenant, or business occupying that space or area when there are multiple specific uses, multiple tenants, or multiple businesses using the same general property.

Every piece of property, whether it be a structure or an open piece of land, has a use. This use should be identified here.

The intent is to show the use of the property and not the configuration of buildings or other important details of a property such as access, ownership, size, or internal weaknesses in construction or fire defenses. For example, property used for storage of a product should be shown for that use whether the storage is inside or outside.

Every incident report should include a Specific Property Use with the exception of some false calls when the specific property use can be reported as undetermined.

Record the Specific Property Use where the incident occurred. Refer to NFPA 901, Chapter B, for classifications for Specific Property Use.

**Examples:** The following examples show the relationship between the General Property Use and the Specific Property Use for a few typical situations.

A clothing store in a shopping center.

|                      |                            |
|----------------------|----------------------------|
| General Property Use | Specific Property Use      |
| Sales use   5   1    | Clothing store   5   2   1 |

A chapel at a university.

|                      |                       |
|----------------------|-----------------------|
| General Property Use | Specific Property Use |
| University   2   2   | Chapel   1   3   1    |

A railroad bridge.

|                      |                       |
|----------------------|-----------------------|
| General Property Use | Specific Property Use |
| Railroad   9   5     | Bridge   9   2   1    |

A children's playhouse behind a dwelling.

|                              |                                |
|------------------------------|--------------------------------|
| General Property Use         | Specific Property Use          |
| 1 family residential   4   1 | Child's play house   4   9   1 |

A barn on a farm.

|                      |                       |
|----------------------|-----------------------|
| General Property Use | Specific Property Use |
| Farm   8   5         | Barn   8   1   5      |

## Specific Property Use

|                       |
|-----------------------|
| Specific Property Use |
|-----------------------|

## Definition:

**Specific Property Use.** The use to which a specific space, structure, or portion of a structure is put by the owner, tenant, or occupant of the space. The Specific Property Use should be one of the following:

- The principal use of the structure or outside area if it is used for a single purpose.

**County**

|        |  |  |  |  |
|--------|--|--|--|--|
| County |  |  |  |  |
|--------|--|--|--|--|

Record the census county code if you are also reporting census tract. The census county code or the Federal Information Processing Standard (FIPS) county code are the same and can be obtained from the same source for census tract information.

**Census Tract**

|              |  |  |  |  |  |
|--------------|--|--|--|--|--|
| Census Tract |  |  |  |  |  |
|--------------|--|--|--|--|--|

Enter the number for the census tract in which the property involved in the incident is located. The census tract number is a six-digit number assigned by the U.S. Census Bureau which identifies an area of land within the United States about which there is census data available.

**LINE HF DATA**

|    |                                 |        |     |     |      |
|----|---------------------------------|--------|-----|-----|------|
| HF | Casualty Name (Last, First, MI) | D.O.B. | Age | Sex | Race |
|----|---------------------------------|--------|-----|-----|------|

**Casualty Name**

|                                 |
|---------------------------------|
| Casualty Name (Last, First, MI) |
|---------------------------------|

Enter the last name, first name, and middle initial of this casualty. The remaining data spaces on this form will apply to this individual. This person has already been assigned a casualty number for this incident, and any future reports about this person's injuries at this incident should show the same casualty number.

**Date of Birth**

|        |
|--------|
| D.O.B. |
|--------|

Enter the date of birth (D.O.B.) of the casualty, if known, using a month, day, year format.

**Age**

|     |  |  |  |
|-----|--|--|--|
| Age |  |  |  |
|-----|--|--|--|

Enter the age of the person injured or killed. If the age of the person cannot be determined, approximate as closely as possible.

*Examples:*

A 3-year-old child.

|     |   |   |
|-----|---|---|
| Age | 0 | 3 |
|-----|---|---|

A 68-year-old adult.

|     |   |   |
|-----|---|---|
| Age | 6 | 8 |
|-----|---|---|

**Sex**

|     |  |
|-----|--|
| Sex |  |
|-----|--|

Enter the sex of the casualty being described on this line.

Refer to NFPA 901, Section LB, for classifications for Sex.

**Race**

|      |  |
|------|--|
| Race |  |
|------|--|

Enter the race or national origin of the casualty.

Refer to NFPA 901, Section LC, for classifications for Race/Origin.

## LINE HG DATA

|    |              |      |       |     |               |
|----|--------------|------|-------|-----|---------------|
| HG | Home Address | City | State | Zip | Telephone No. |
|    |              |      |       |     |               |

## Home Address

|              |      |       |     |
|--------------|------|-------|-----|
| Home Address | City | State | Zip |
|              |      |       |     |

## Telephone

|               |
|---------------|
| Telephone No. |
|               |

Enter the casualty's permanent address. Be sure to include the city, state, and zip code if it is different from the city of the incident.

Enter the casualty's home telephone number. Include the area code if appropriate.

*Example:*

|               |        |       |       |
|---------------|--------|-------|-------|
| Home Address  | City   | State | Zip   |
| 126 E Elm St. | Boston | MA    | 02222 |

## LINE HH DATA

|    |                  |             |                 |    |     |      |      |
|----|------------------|-------------|-----------------|----|-----|------|------|
| HH | Type of Casualty | Affiliation | Injury Occurred | Mo | Day | Year | Time |
|    |                  |             |                 |    |     |      |      |

## Type of Casualty

|                  |
|------------------|
| Type of Casualty |
|                  |

The type of casualty should identify whether the injury occurred on the fireground, at a non-fire incident, during response/return, or was an illness necessitating an EMS call. It should also indicate whether the injury occurred before or after the arrival of the fire department.

Refer to NFPA 901, Section MF, for classifications for Type of Casualty.

*Examples:*

A fire fighter slips on ice while fighting a fire.

|                              |
|------------------------------|
| Type of Casualty             |
| Fire ground after FD arrival |

Arriving fire fighters find a child in his bedroom overcome with smoke.

|                             |
|-----------------------------|
| Type of Casualty            |
| Fire ground bef. FD arrival |

Fire fighters are called to the scene of an auto accident to extricate a trapped man.

|                           |
|---------------------------|
| Type of Casualty          |
| Auto acc. bef. FD arrival |

The fire department ambulance is called to the home of a woman who is having trouble breathing.

|                       |
|-----------------------|
| Type of Casualty      |
| EMS - breathing prob. |

## Affiliation

|              |
|--------------|
| Affiliation: |
|              |

Enter the type of organization with which the casualty was associated at the time of the incident. If a fire fighter was injured while at home off duty, enter the casualty affiliation as a civilian.

Refer to NFPA 901, Section LD, for classifications for Affiliation.

*Examples:*

Off-duty fire fighter injured at home.

|                     |
|---------------------|
| Affiliation:        |
| F. Fighter off duty |

Civil Defense personnel at scene of incident.

|               |
|---------------|
| Affiliation:  |
| Civil defense |

**Injury Occurred**

|                 |     |     |      |      |
|-----------------|-----|-----|------|------|
| Injury Occurred | Mo. | Day | Year | Time |
|-----------------|-----|-----|------|------|

The injury often occurs before the alarm and is the reason for the alarm. However, the injury can also occur a considerable time after the alarm is sounded.

Enter the month of the year, the day of the month, the last two digits of the year, and the time, using the 24-hour clock, that the injury occurred. This may be before or after the data and time of the alarm.

**LINE HI DATA**

|    |               |                          |                      |
|----|---------------|--------------------------|----------------------|
| HI | Case Severity | Primary Apparent Symptom | Primary Part of Body |
|----|---------------|--------------------------|----------------------|

**Case Severity**

|               |
|---------------|
| Case Severity |
|---------------|

A fire fighter falls from a ladder suffering multiple lacerations and contusions accompanied by lack of feeling in the lower extremities.

**Definitions:**

**Minor.** The patient is not in danger of death or permanent disability. Immediate medical care is not necessary.

**Moderate.** There is little danger of death or permanent disability. Quick medical care is advisable. This category includes injuries such as fractures or lacerations requiring sutures.

**Severe.** The situation is potentially life threatening if the condition remains uncontrolled. Immediate medical care is necessary even though body processes may still be functioning and vital signs may be normal.

**Life Threat.** Death is imminent; body processes and vital signs are not normal. Immediate medical care is necessary. This category includes cases such as severe hemorrhaging, severe multiple trauma, and multiple internal injuries.

**D.O.A.** Dead upon arrival at the scene.

Describe the overall severity or seriousness of the injury or illness.

Refer to NFPA 901, Section MB, for classifications for Case Severity.

**Primary Apparent Symptom**

|                          |
|--------------------------|
| Primary Apparent Symptom |
|--------------------------|

In many injury cases, no matter how severe, there is often more than one symptom from which the patient complains, or which is apparent. Describe here the most significant symptom. This may, in most cases, be the most life threatening.

Refer to NFPA 901, Section MC, for classifications for Apparent Symptom.

**Examples:**

Patient is found unconscious, not breathing, with a weak pulse and a severe laceration of the arm.

|                          |
|--------------------------|
| Primary Apparent Symptom |
| Not breathing            |

|                          |
|--------------------------|
| Primary Apparent Symptom |
| Paralysis                |

**Primary Part of Body**

|                      |
|----------------------|
| Primary Part of Body |
|----------------------|

Describe the part of the body affected by the symptom described as the primary apparent symptom. If more than one body part is affected choose that which represents the worst condition. Use the Remarks to describe other parts of the body affected by the primary apparent symptom.

Refer to NFPA 901, Section MD, for classifications for Part of Body.

**Examples:**

Patient found unconscious, not breathing, with a weak pulse and a severe laceration of the arm.

|                          |
|--------------------------|
| Primary Apparent Symptom |
| Not breathing            |

|                      |
|----------------------|
| Primary Part of Body |
| Lungs                |

A fire fighter falls from a ladder, suffering multiple lacerations and contusions accompanied by lack of feeling in the lower extremities.

|                          |
|--------------------------|
| Primary Apparent Symptom |
| Paralysis                |

|                      |
|----------------------|
| Primary Part of Body |
| Spine                |

## LINE HJ DATA

|    |                            |                        |
|----|----------------------------|------------------------|
| HJ | Secondary Apparent Symptom | Secondary Part of Body |
|----|----------------------------|------------------------|

## Secondary Apparent Symptom

|                            |
|----------------------------|
| Secondary Apparent Symptom |
|----------------------------|

Describe the second most significant symptom displayed by the patient. If more than two symptoms are present describe the remainder in Remarks.

Refer to NFPA 901, Section MC, for classifications for Apparent Symptom.

*Examples:*

Patient found unconscious, not breathing, with a weak pulse and a severe laceration of the arm.

|                          |    |
|--------------------------|----|
| Primary Apparent Symptom |    |
| Not breathing            | 47 |

|                            |    |
|----------------------------|----|
| Secondary Apparent Symptom |    |
| Severe laceration          | 35 |

A fire fighter falls from a ladder, suffering multiple lacerations and contusions accompanied by lack of feeling in the lower extremities.

|                          |    |
|--------------------------|----|
| Primary Apparent Symptom |    |
| Paralysis                | 41 |

|                            |    |
|----------------------------|----|
| Secondary Apparent Symptom |    |
| Laceration                 | 35 |

## Secondary Part of Body

|                        |
|------------------------|
| Secondary Part of Body |
|------------------------|

Describe the part of the body affected by the Secondary Apparent Symptom. If other injuries have not been described include these in Remarks.

Refer to NFPA 901, Section MD, for classifications for Part of Body.

*Examples:*

Patient found unconscious, not breathing, with a weak pulse and a severe laceration of the arm.

|                          |    |                      |    |
|--------------------------|----|----------------------|----|
| Primary Apparent Symptom |    | Primary Part of Body |    |
| Not breathing            | 47 | Lungs                | 53 |

|                            |    |                        |    |
|----------------------------|----|------------------------|----|
| Secondary Apparent Symptom |    | Secondary Part of Body |    |
| Severe laceration          | 35 | Upper arm              | 31 |

A fire fighter falls from a ladder, suffering multiple lacerations and contusions accompanied by lack of feeling in the lower extremities.

|                          |    |                      |    |
|--------------------------|----|----------------------|----|
| Primary Apparent Symptom |    | Primary Part of Body |    |
| Paralysis                | 41 | Spine                | 61 |

|                            |    |                        |    |
|----------------------------|----|------------------------|----|
| Secondary Apparent Symptom |    | Secondary Part of Body |    |
| Lacerations                | 35 | Multiple body parts    | 78 |

## LINE HK DATA

|    |                          |                  |
|----|--------------------------|------------------|
| HK | Casualty Situation Found | Patient Taken to |
|----|--------------------------|------------------|

## Casualty Situation Found

|                          |
|--------------------------|
| Casualty Situation Found |
|--------------------------|

Describe the type of situation or cause, if apparent, found upon arrival at the scene. This is generally the most obvious situation such as building fire, automobile accident, gang fight, etc.

Refer to NFPA 901, Section MA, for classifications for Casualty Type of Situation Found.

*Examples:*

A fire fighter falls from a ladder while at a structure fire.

|                          |    |
|--------------------------|----|
| Casualty Situation Found |    |
| Building fire            | 31 |

A patient is found along side of a road unconscious, not breathing, with a weak pulse, and lacerations. Skid marks indicate auto impact.

|                             |    |
|-----------------------------|----|
| Casualty Situation Found    |    |
| Pedestrian/vehicle accident | 26 |