

NFIRS/TEXFIRS FIELD COLLECTION SHEET

(Do NOT submit to TEXFIRS)

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

Complete the Other Side

STRUCTURE INFORMATION

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

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

NUMBER OF STORIES DAMAGED BY FIRE

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

STORY OF FIRE ORIGIN: _____ [] Below Grade

DETECTORS

[] NONE PRESENT [] PRESENT [] UNDETERMINED

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

Detector Type: [] 1 Smoke [] 2 Heat [] 3 Combination Heat/Smoke [] 4 Sprinkler/Waterflow [] Undetermined [] Other

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

Detector Failure: [] 1 Power Failure/Shutoff Disconnected [] 2 Improper Installation/Placement [] 3 Defective

[] 4 Lack of Maintenance/Cleaning [] 5 Battery Missing/Disconnected [] 6 Battery Dead/Discharged [] Undetermined [] Other

AUTOMATIC EXTINGUISHING SYSTEMS

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

AES Type: [] 0 Special Hazard System, Other [] 1 Wet Pipe Sprinkler [] 2 Dry Pipe Sprinkler [] 3 Other Sprinkler System

[] 4 Dry Chemical System [] 5 Foam System [] 6 Halogen Type System [] 7 Carbon Dioxide [] Undertermined

AES Operation: [] 0 Operation of AES, Other [] 1 System Operated & Effective [] 2 System Operated NOT Effective

[] 3 Fire too Small to Activate [] 4 System DID NOT OPERATE [] Undetermined **Number of Heads Operating:** _____

AES FAILURE: [] 0 Reason System Not Effective, Other [] 1 System Shut-Off [] 2 Not Enough Agent Discharged to Control Fire

[] 3 Agent Discharged, But Did NOT Reach Fire [] 4 Inappropriate System for the Type of Fire [] 5 Fire Not in Area Protected by System

[] 6 System Components Damaged [] 7 Lack of Maintenance, including Corrosion, Heads Painted

[] 8 Manual Intervention Defeated System [] Undetermined

CIVILIAN CASUALTY

Name _____ Age _____ [] Male [] Female

Severity [] 1 Minor [] 2 Moderate [] 3 Severe [] 4 Life threatening [] 5 Death

Cause of Injury: [] 1 Exposed to flame, heat, smoke or gas [] 2 Exposed to toxic fumes other than smoke [] 3 Jumped to escape

[] 4 Fell, slipped, or tripped [] 5 Caught or trapped [] 6 Structural collapse [] 7 Struck by/contact with object

[] 8 Overexertion [] 9 Multiple causes [] 0 Other [] U Undetermined

Activity when injured: [] 1 Escaping [] 2 Rescue attempt [] 3 Fire control [] 4 Return to fire before control

[] 5 Return to fire after control [] 6 Sleeping [] 7 Unable to Act [] 8 Irrational Act [] 0 Other [] Undetermined

Primary Apparent Symptom: [] 01 Smoke only, asphyxiation [] 11 Burns & smoke inhalation [] 12 Burns only [] 21 Cut, laceration

[] 33 Strain or sprain [] 96 Shock [] 98 Pain only Other _____

Primary Area of Body: [] 1 Head [] 2 Neck & shoulder [] 3 Thorax [] 4 Abdomen [] 5 Spine [] 6 Upper extremities

[] 7 Lower extremities [] 8 Internal [] 9 Multiple Body Parts

FIRE SERVICE CASUALTY

Name _____ Age _____ [] Male [] Female

[] 1 Career [] 2 Volunteer Date & Time of Injury _____ # Responses in previous 24 hours _____

Severity: [] 1 Report only, including exposure [] 2 First aid only [] 3 Treated by physician [] 4 Moderate [] 5 Severe

[] 6 Life threatening [] 7 Death

Activity at time of Injury _____ Cause of FF Injury _____

Primary Apparent Symptom _____ Primary Area of Body Injured _____

Where Injury Occurred: [] 1 Enroute to FD location [] 2 At FD location [] 3 Enroute to incident scene [] 4 Enroute to med facility

[] 5 At scene in structure [] 6 At scene outside [] 7 At medical facility [] 8 Returning from incident [] 9 Returning from med facility

[] 0 Other Protective Equipment Item _____ Protective Equipment Problem _____

NARRATIVE**REPORT AUTHORIZATIONS**X _____
Officer In Charge_____
DateX _____
Person Making Report