

## NFIRS 5.0 FIELD DATA COLLECTION FORM

FTA Consultants 9/00

FDID	INCIDENT NO.	EXP	Month	Day	Year	Day of Week	Alarm Time	On Scene	In-Service
			/	/					
Alarm Location [Number/Street Name / Apartment #]								County	TWP.
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  List Actions Taken (NFIRS uses MAXIMUM of THREE) Other Codes Available					
RESOURCES		ESTIMATED DOLLAR LOSSES / VALUES				CASUALTIES			
Apparatus	Personnel	Property		Contents		DEATHS INJURIES <input type="checkbox"/> NONE			
FD		Pre-Incident Value	\$		\$	FD:			
EMS		Post Incident Losses	\$	0	\$	Civilian:			
OTH		Insur. Co.:							
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"/> 4 Act of Nature <input type="checkbox"/> 5 Cause Under Investigation							
Factors Contributing to Ignition:		<input type="checkbox"/> NONE							
Human Factors Contributing to Ignition:		<input type="checkbox"/> NONE <input type="checkbox"/> 1 Asleep <input type="checkbox"/> 2 Poss. Impaired Alcohol/Drugs <input type="checkbox"/> 3 Unattended Person <input type="checkbox"/> 4 Possibly Mental Disabled <input type="checkbox"/> 5 Physically Disabled <input type="checkbox"/> 6 Multiple Persons Involved <input type="checkbox"/> 7 Age was a Factor Estimated Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female							
Equipment Involved in Ignition:		<input type="checkbox"/> NONE Equip Yr.> _____							
Equipment Involved		Brand		Model		Serial #			
Equipment Power:		Equipment: <input type="checkbox"/> PORTABLE <input type="checkbox"/> STATIONARY							
MOBILE PROPERTY		<input type="checkbox"/> NONE <input type="checkbox"/> NOT Involved In Ignition But Burned <input type="checkbox"/> Involved In Ignition DID NOT Burn <input type="checkbox"/> Involved & Burned							
Mobile Property Type		Mobile Property Make		Mobile Property Model		Year			
License Plate #		State		Mobile Property VIN (Vehicle Identification #)					
STRUCTURE INFORMATION		<input type="checkbox"/> NOT A STRUCTURE FIRE							
<input type="checkbox"/> Enclosed Building		<input type="checkbox"/> Portable/Mobile Structure		<input type="checkbox"/> Open Structure		<input type="checkbox"/> Air Supported Structure <input type="checkbox"/> Tent <input type="checkbox"/> Open Platform			
<input type="checkbox"/> Underground		<input type="checkbox"/> Connective Structure		<input type="checkbox"/> Other Typr Structure: _____					
Building Status:		<input type="checkbox"/> 1 Under Construction <input type="checkbox"/> 2 Occupied/Operating <input type="checkbox"/> 3 Idle, Not Used Routinely <input type="checkbox"/> 4 Under Major Renovation <input type="checkbox"/> 5 Vacant/Secured <input type="checkbox"/> 6 Vacant/Unsecured <input type="checkbox"/> 7 Being Demolished <input type="checkbox"/> Undetermined <input type="checkbox"/> Other _____							

Complete the Other Side

**STRUCTURE INFORMATION**

[ Length &amp; 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 &amp; 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 OPERATED: \_\_\_\_\_

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

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

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
*Officer In Charge* *Date* *Person Making Report*