

Union Hill Fire Department - Fire Incident Report

DATE / /	ALARM TIME :	ARRIVAL TIME :	CONTROL TIME :	LAST UNIT CLEARED :	INCIDENT #	EXPOSURE #												
LOCATION <input type="checkbox"/> Exact Location <input type="checkbox"/> Intersection <input type="checkbox"/> Front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to																		
Number _____ Apt/Room _____		Street or Highway _____ City _____ State _____ Zip Code _____			Cross Streets or Directions _____													
INCIDENT TYPE (Situation Found)	AID GIVEN OR RECEIVED <input type="checkbox"/> Mutual Aid Received <input type="checkbox"/> Automatic Aid Received <input type="checkbox"/> Mutual Aid Given <input type="checkbox"/> Automatic Aid Given <input type="checkbox"/> Other Aid Given <input type="checkbox"/> None	ACTIONS TAKEN Primary Action Taken _____ Additional Action Taken (1) _____ Additional Action Taken (2) _____	RESOURCES <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 15%; text-align: center;">Apparatus</td> <td style="width: 15%; text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EMS</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Other</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>					Apparatus	Personnel	Suppression	_____	_____	EMS	_____	_____	Other	_____	_____
	Apparatus	Personnel																
Suppression	_____	_____																
EMS	_____	_____																
Other	_____	_____																
ESTIMATED DOLLAR LOSS LOSSES Property \$ _____ Contents \$ _____		CASUALTIES Death Injury Fire Service _____ Civilian Fire _____ Civilian EMS _____		DETECTORS (Required for Confined Fires Only) <input type="checkbox"/> Detector Alerted Occupants <input type="checkbox"/> Detector Did Not Alert Occupant <input type="checkbox"/> Unknown		PROPERTY USE _____												
PRE-INCIDENT VALUE Property \$ _____ Contents \$ _____		HAZARDOUS MATERIALS RELEASE <input type="checkbox"/> NONE <input type="checkbox"/> NATURAL GAS: slow leak, no evacuation or HazMat action <input type="checkbox"/> PROPANE GAS: <21 LB. (as in home BBQ grill) <input type="checkbox"/> GASOLINE: vehicle fuel tank or portable container <input type="checkbox"/> KEROSENE: fuel burning equipment or portable storage <input type="checkbox"/> DIESEL FUEL/FUEL OIL: vehicle tank or portable storage <input type="checkbox"/> HOUSEHOLD SOLVENTS: home/office spill, cleanup only <input type="checkbox"/> MOTOR OIL: from engine or portable container <input type="checkbox"/> PAINT: from paints cans totaling <55 gallons <input type="checkbox"/> OTHER: Special HazMat actions required or spill > 55 gallons				MIXED USE PROPERTY <input type="checkbox"/> Not Mixed <input type="checkbox"/> Assembly Use <input type="checkbox"/> Educational Use <input type="checkbox"/> Medical Use <input type="checkbox"/> Residential Use <input type="checkbox"/> Row of Stores <input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Business & Residential <input type="checkbox"/> Office Use <input type="checkbox"/> Industrial Use <input type="checkbox"/> Military Use <input type="checkbox"/> Farm Use <input type="checkbox"/> Other Mixed Use												
OCCUPANT/PARTY INVOLVED NAME (LAST, FIRST, MIDDLE)			ADDRESS/CITY/ZIP CODE		TELEPHONE													
OWNER NAME (LAST, FIRST, MIDDLE)			ADDRESS/CITY/ZIP CODE		ROOM / APT # TELEPHONE													
NOTES: _____ _____ _____ _____ _____ _____																		
AUTHORIZATION																		
Officer in Charge _____		Position or Rank _____		Assignment _____		Month _____ Day _____ Year _____												
Member Making Report _____		Position or Rank _____		Assignment _____		Month _____ Day _____ Year _____												
COMPLETE THIS SIDE FOR ALL INCIDENTS - COMPLETE BOTH SIDES FOR ALL FIRES																		

Property Details <input type="checkbox"/> Not Residential Estimated # of residential living units in the building of origin whether or not all units became involved <input type="checkbox"/> Buildings not involved Number of buildings involved <input type="checkbox"/> None <input type="checkbox"/> Less than 1 acre Acres burned (outside fires)	On-Site Materials <input type="checkbox"/> None On-Site Material (1) <input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repairs or service On-Site Material (2) <input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repairs or service On-Site Material (3) <input type="checkbox"/> Bulk storage or warehousing <input type="checkbox"/> Processing or manufacturing <input type="checkbox"/> Packaged goods for sale <input type="checkbox"/> Repairs or service	Ignition Area of Fire Origin Heat Source Item First Ignited <input type="checkbox"/> Fire spread confined to object of origin Type of Material First Igniter	Cause of Ignition <input type="checkbox"/> Intentional <input type="checkbox"/> Unintentional <input type="checkbox"/> Failure of Equipment or Heat Source <input type="checkbox"/> Act of Nature <input type="checkbox"/> Cause Under Investigation <input type="checkbox"/> Cause Undetermined after Investigation Factors Contributing to Ignition <input type="checkbox"/> None Factor #1 Factor #2
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Human Factors Contributing to Ignition <input type="checkbox"/> None <input type="checkbox"/> Asleep <input type="checkbox"/> Possibly impaired by alcohol/drugs <input type="checkbox"/> Unattended person <input type="checkbox"/> Possibly mentally disabled <input type="checkbox"/> Physically disabled <input type="checkbox"/> Multiple persons involved <input type="checkbox"/> Age was a factor	Equipment Involved in Ignition <input type="checkbox"/> None Equipment Involved _____ Brand _____ Model _____ Serial Number _____ <input type="checkbox"/> Portable <input type="checkbox"/> Stationary Year _____ Equipment Power Source _____
Fire Suppression Factors Fire Suppression Factor (1) Fire Suppression Factor (2) Fire Suppression Factor (3)	Mobile Property Involved <input type="checkbox"/> None <input type="checkbox"/> Not involved in ignition, but burned <input type="checkbox"/> Involved in ignition, but didn't burn <input type="checkbox"/> Involved in ignition and burned Mobile Property Type _____ Mobile Property Make _____ Year _____ Mobile Property Model _____ VIN Number _____ License Plate Number _____ State _____

Structure Type <input type="checkbox"/> Enclosed building <input type="checkbox"/> Fixed portable/mobile structure <input type="checkbox"/> Open structure <input type="checkbox"/> Air supported structure <input type="checkbox"/> Tent <input type="checkbox"/> Open platform (e.g. piers) <input type="checkbox"/> Underground structure (work areas) <input type="checkbox"/> Connective structure (e.g. fences) <input type="checkbox"/> Other type of structure	Building Status <input type="checkbox"/> Under construction <input type="checkbox"/> Occupied & operating <input type="checkbox"/> Idle, not routinely used <input type="checkbox"/> Under major renovation <input type="checkbox"/> Vacant & secured <input type="checkbox"/> Vacant & unsecured <input type="checkbox"/> Being demolished <input type="checkbox"/> Undetermined <input type="checkbox"/> Other	Building Height (Count ROOF as part of Highest Story) Total # of stories at or above grade _____ Total # of stories below grade _____ Main Floor Size (Complete One) Total square feet _____ BY _____ Length in Feet _____ Width in Feet _____	Fire Origin <input type="checkbox"/> Below Grade Story of origin _____ Fire Spread <input type="checkbox"/> Confined to object of origin <input type="checkbox"/> Confined to room of origin <input type="checkbox"/> Confined to floor of origin <input type="checkbox"/> Confined to building of origin <input type="checkbox"/> Beyond building of origin
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Number of Stories Damaged by Flame <input type="checkbox"/> Number of stories w/ minor damage (1 to 24% Flame Damage) <input type="checkbox"/> Number of stories w/ significant damage (25 to 49% Flame Damage) <input type="checkbox"/> Number of stories w/ heavy damage (50 to 74% Flame Damage) <input type="checkbox"/> Number of stories w/ extreme damage (75 to 100% Flame Damage)	Material Contributing Most to Flame Spread Item contributing most to flame spread _____ Type of material contributing most to flame spread _____	Insurance Company Information Insurance Company Name _____ Policy Number _____ Agent's Name _____ Phone Number _____
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Presence of Detectors <input type="checkbox"/> None Present <input type="checkbox"/> Present Detector Power Supply <input type="checkbox"/> Fire too small to activate <input type="checkbox"/> Operated <input type="checkbox"/> Failed to Operate <input type="checkbox"/> Undetermined Detector Type <input type="checkbox"/> Smoke <input type="checkbox"/> Heat <input type="checkbox"/> Combination-smoke & heat <input type="checkbox"/> Sprinkler, water flow detection <input type="checkbox"/> More than 1 type present	Detector Effectiveness <input type="checkbox"/> Alerted occupants—they responded <input type="checkbox"/> Occupants failed to respond <input type="checkbox"/> There were no occupants <input type="checkbox"/> Failed to alert occupants Detector Failure Reason	Presence of Automatic Extinguishing System <input type="checkbox"/> None Present <input type="checkbox"/> Present Type of System # of Heads Operating _____	System Operation <input type="checkbox"/> Operated & effective <input type="checkbox"/> Operated & not effective <input type="checkbox"/> Fire too small to activate <input type="checkbox"/> Failed to operate <input type="checkbox"/> Other System Failure Reason
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