

Incident Field Notes

DATE	ALARM TIME	ARRIVAL TIME	CONTROL TIME	LAST UNIT CLEARED	INCIDENT #	EXPOSURE #
/ /	:	:	:	:		
LOCATION						
<input type="checkbox"/> Exact Location	[] Number		[] Street or Highway			
<input type="checkbox"/> Interesection	[] Apt/Room		[] City	[] State	[] Zip Code	
<input type="checkbox"/> Front of	[] Cross Streets or Directions					
<input type="checkbox"/> Rear of						
<input type="checkbox"/> Adjacent to						

INCIDENT TYPE <small>(Situation Found)</small>	AID GIVEN OR RECEIVED	ACTIONS TAKEN	RESOURCES			
[]	<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	[] Primary Action Taken [] Additional Action Taken (1) [] Additional Action Taken (2)	Apparatus Suppression [] EMS [] Other []	Personnel [] [] []		

ESTIMATED DOLLAR LOSS LOSSES	CASUALTIES	DETECTORS	PROPERTY USE
Property \$ []	Death Injury	(Required for Confined Fires Only)	[]
Contents \$ []	Fire Service [] []	<input type="checkbox"/> Detector Alerted Occupants	SPECIAL STUDY THERMAL IMAGING CAMERA <input type="checkbox"/> Camera Used: ____ <input type="checkbox"/> Camera NOT Used
PRE-INCIDENT VALUE	Civilian Fire [] []	<input type="checkbox"/> Detector Did Not Alert Occupant	
Property \$ []	Civilian EMS [] []	<input type="checkbox"/> Unknown	
Contents \$ []			

HAZARDOUS MATERIALS RELEASE		MIXED USE PROPERTY
<input type="checkbox"/> NONE	<input type="checkbox"/> DIESEL FUEL/FUEL OIL: vehicle tank or portable storage	<input type="checkbox"/> Not Mixed
<input type="checkbox"/> NATURAL GAS: slow leak, no evacuation or HazMat action	<input type="checkbox"/> HOUSEHOLD SOLVENTS: home/office spill, cleanup only	<input type="checkbox"/> Assembly Use
<input type="checkbox"/> PROPANE GAS: <21 LB. (as in home BBQ grill)	<input type="checkbox"/> MOTOR OIL: from engine or portable container	<input type="checkbox"/> Educational Use
<input type="checkbox"/> GASOLINE: vehicle fuel tank or portable container	<input type="checkbox"/> PAINT: from paints cans totaling <55 gallons	<input type="checkbox"/> Medical Use
<input type="checkbox"/> KEROSENE: fuel burning equipment or portable storage	<input type="checkbox"/> OTHER: Special HazMat actions required or spill > 55 gallons	<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 #

NOTES:

AUTHORIZATION					
[] Officer in Charge	[] Position or Rank	[] Assignment	[] Month	[] Day	[] Year
[] Member Making Report	[] Position or Rank	[] Assignment	[] Month	[] Day	[] Year

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