

A Delete Change No Activity **NFIRS -1 Basic**

B Location* Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires. Street address Intersection In front of Rear of Adjacent to Directions

C Incident Type * **E1 Date & Times** Check boxes if dates are the same as Alarm Date. Alarm **E2 Shift & Alarms** Local Option

D Aid Given or Received* Mutual aid received Automatic aid recv. Mutual aid given Automatic aid given Other aid given None **E3 Special Studies** Local Option Special Study ID# Special Study Value

F Actions Taken * **G1 Resources *** Check this box and skip this section if an Apparatus or Personnel form is used. Check box if resource counts include aid received resources. **G2 Estimated Dollar Losses & Values** **LOSSES:** Required for all fires if known. Optional for non fires. **PRE-INCIDENT VALUE:** Optional

Completed Modules Fire-2 Structure-3 Civil Fire Cas.-4 Fire Serv. Cas.-5 EMS-6 HazMat-7 Wildland Fire-8 Apparatus-9 Personnel-10 Arson-11 **H1* Casualties** None **H2 Detector** Detector alerted occupants Detector did not alert them Unknown **H3 Hazardous Materials Release** None Natural Gas: slow leak, no evaluation or HazMat actions Propane gas: <21 lb. tank (as in home BBQ grill) Gasoline: vehicle fuel tank or portable container Kerosene: fuel burning equipment or portable storage Diesel fuel/fuel oil: vehicle fuel tank or portable Household solvents: home/office spill, cleanup only Motor oil: from engine or portable container Paint: from paint cans totaling < 55 gallons Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form **I Mixed Use Property** Not Mixed Assembly use Education use Medical use Residential use Row of stores Enclosed mall Bus. & Residential Office use Industrial use Military use Farm use Other mixed use

J Property Use* Structures Church, place of worship Restaurant or cafeteria Bar/Tavern or nightclub Elementary school or kindergarten High school or junior high College, adult education Care facility for the aged Hospital Clinic, clinic type infirmary Doctor/dentist office Prison or jail, not juvenile 1-or 2-family dwelling Multi-family dwelling Rooming/boarding house Commercial hotel or motel Residential, board and care Dormitory/barracks Food and beverage sales Household goods, sales, repairs Motor vehicle/boat sales/repair Gas or service station Business office Electric generating plant Laboratory/science lab Manufacturing plant Livestock/poultry storage (barn) Non-residential parking garage Warehouse

Outside Playground or park Crops or orchard Forest (timberland) Outdoor storage area Dump or sanitary landfill Open land or field Vacant lot Graded/care for plot of land Lake, river, stream Railroad right of way Other street Highway/divided highway Residential street/driveway Construction site Industrial plant yard **Property Use** **Clinics, doctors offices,** **NFIRS-1 Revision 03/11/99**

33075
FDID *

State *

MM DD YYYY
11 10 2016
Incident Date *

03
Station

16-0031557
Incident Number *

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Exposure *

Complete
Narrative

Narrative:

Engine 3 responded to a reported fire alarm activation at Planned Parenthood. While en route, we received an update from dispatch that the company has called back requesting a cancellation. We continued code 2 and found the structure with no signs of smoke or fire and no alarm sounding. I checked the alarm panel and the panel showed normal operation. Per staff, the alarm panel was showing a smoke detector activation in the lab. I went to the lab and found that the staff had just opened the auto-clave machine and when they did, the machine expelled an abnormal amount of steam. Per staff, the steam activated the smoke detector. I investigated the auto-clave machine and found no signs of fire or excessive heat. The alarm system activated as it should have with the machine malfunctioning. Per staff, the machine is regularly maintained by a technician. I requested that they not use the machine until the technician can inspect and repair the issue. I made them aware of the threat to life safety if the machine is operated again. We cleared the incident and I placed Engine 3 available on radio.

B Apparatus or Resource	Date and Times					Sent	Number of People	Use	Actions Taken	
	Check if same as alarm date								Check ONE box for each apparatus to indicate its main use at the incident.	
	Month	Day	Year	Hour	Min					
1 ID <input type="text" value="E3"/> Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="11"/>	<input type="text" value="10"/>	<input type="text" value="2016"/>	<input type="text" value="08:55"/>	<input checked="" type="checkbox"/>	<input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="86"/>	<input type="text"/>
2 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
3 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
4 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
5 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
6 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
7 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
8 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
9 ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>

Type of Apparatus or Resources

<p>Ground Fire Suppression</p> <p>11 Engine</p> <p>12 Truck or aerial</p> <p>13 Quint</p> <p>14 Tanker & pumper combination</p> <p>16 Brush truck</p> <p>17 ARF (Aircraft Rescue and Firefighting)</p> <p>10 Ground fire suppression, other</p> <p>Heavy Ground Equipment</p> <p>21 Dozer or plow</p> <p>22 Tractor</p> <p>24 Tanker or tender</p> <p>20 Heavy equipment, other</p> <p>Aircraft</p> <p>41 Aircraft: fixed wing tanker</p> <p>42 Helitanker</p> <p>43 Helicopter</p> <p>40 Aircraft, other</p>	<p>Marine Equipment</p> <p>51 Fire boat with pump</p> <p>52 Boat, no pump</p> <p>50 Marine apparatus, other</p> <p>Support Equipment</p> <p>61 Breathing apparatus support</p> <p>62 Light and air unit</p> <p>60 Support apparatus, other</p> <p>Medical & Rescue</p> <p>71 Rescue unit</p> <p>72 Urban Search & rescue unit</p> <p>73 High angle rescue unit</p> <p>75 BLS unit</p> <p>76 ALS unit</p> <p>70 Medical and rescue unit, other</p>	<p>More Apparatus? Use Additional Sheets</p> <p>Other</p> <p>91 Mobile command post</p> <p>92 Chief officer car</p> <p>93 HazMat unit</p> <p>94 Type 1 hand crew</p> <p>95 Type 2 hand crew</p> <p>99 Privately owned vehicle</p> <p>00 Other apparatus/resource</p> <p>NN None</p> <p>UU Undetermined</p>
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A FDID **33075** * State **11** * Incident Date **10** **2016** * Station **03** Incident Number **16-0031557** * Exposure **000** * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * **Date and Times** Check if same as alarm date
 Use codes listed below **Month Day Year Hours/mins** **Sent** **Number of People** **Use** **Actions Taken**
Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.

1 ID **E3** Dispatch **11** **10** **2016** **08:55** Sent **3** Suppression EMS Other **86**

Type **11** Arrival **11** **10** **2016** **09:03** Clear **11** **10** **2016** **09:10**

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
F537	Tasker, Charles	CPT*	X				
F562	Seawright, Paul	CPT*	X				
F661	Lookerse, Mark	FF	X				

2 ID Dispatch Sent Suppression EMS Other

Type Arrival Clear

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID Dispatch Sent Suppression EMS Other

Type Arrival Clear

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

33075
FDID

State

11 10
Incident Date

2016

03
Station

16-0031557
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E3 ENGINE 3	08:55:19	08:56:50	09:03:55	09:10:29

Staff ID\Staff Name	Activity	Rank	Position	Role
F537 Tasker, Charles	Incident Activit	Captain - P		
F562 Seawright, Paul	Incident Activit	Captain - P		
F661 Lookerse, Mark	Incident Activit	Firefighter		

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Responding
Personnel

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
F537 Tasker, Charles	E3	IA Incident		CPT*		0.25	0.25	0.00
F562 Seawright, Paul	E3	IA Incident		CPT*		0.25	0.25	0.00
F661 Lookerse, Mark	E3	IA Incident		FF		0.25	0.25	0.00
Total Participants: 3				Total Personnel Hours:		0.75		

An 'X' next to the unit denotes driver.

33075
FDID

State

MM DD YYYY
11 10 2016
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16-0031557
Incident Number

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Exposure

NFIRS - Involvement
User Fields

Involvement

Name:
OPER/PAULINE, ALARM CO SECURI

Involvement

Type:
Reporting Party

Owner: **Occupant:**

33075
FDID *

State *

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NFIRS - Incident
User Fields

Large empty rectangular area for incident details.