



Washington State Patrol

STATE FIRE MARSHAL'S OFFICE

Serving Washington Since 1901

NFIRS – REQUIRED DATA GUIDE



8/8/2018

FOREWORD

The NFIRS – Required Data Guide was created after numerous requests by Washington’s Fire Service Personnel for a highly-condensed version of the *NFIRS Complete Reference Guide (2015)* that was written by the Federal Emergency Management Agency (FEMA) and the United States Fire Administration (USFA).

All information in this guide was taken directly from the original source. This guide is not all-encompassing. For more in-depth instruction, National Code lists, glossary terms, abbreviations and more, please refer back to the [NFIRS Complete Reference Guide](#).

The purpose of the NFIRS – Required Data Guide is to walk fire service personnel through all of the required data points that must be completed within each NFIRS module, along with important notes and sample NFIRS forms for illustrative purposes. The primary purpose of noting only the required data points in each module is so that an incident will validate properly once submitted to the NFIRS National Database. While third-party software programs for Record and Report Management are required to meet minimum standards regarding NFIRS reporting, they are not infallible. Reading this guide and learning about the required data for NFIRS reporting will decrease the occurrence of critical errors within the data and the need to correct and resubmit reports.

Please note, a truly comprehensive report will have no blank sections or spaces. The more complete a report, the more useful the return data will be, and the more others can see “the big picture” of each incident reported. A dynamic report, after being read, will leave no question in the reader’s mind as to what happened at the incident.

If you have questions or need assistance after reading through this Guide, please contact the Washington NFIRS Coordinator by email at NFIRS@wsp.wa.gov or by phone at (360) 596-3924.

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BASIC MODULE RULES

This section covers the data that **must** be completed within the Basic Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The Basic Module is...

ALWAYS REQUIRED for Incident types: **100 – 911**

If Incident Type = **571 (Standby)** and if Aid Given or Received = codes 3 or 4, then only Sections A – D within the Basic Module needs to be completed by the department **giving** aid. The rest of the Basic Module and any other applicable modules are optional.

If Incident Type is any code *other than* a 571 and if Aid Given or Received = code 3 or 4, and the “their FDID” information on SECTION D is entered, then you only need to fill out the Basic Module through SECTION G – RESOURCES (G1). If there is a Fire Service Casualty (injury or death), you **must** complete the Basic Module through SECTION H – CASUALTIES (H1), in addition to completing a mandatory Fire Service Casualty Module. (All departments always track their own Fire Service Casualties separately. See ‘Fire Service Casualty Module Rules’ for Module data requirements.) The remainder of the Basic Module and any other optional modules associated with the incident may be completed, but are not required. If Aid Given or Received is anything other than a 3 or 4, read the “REQUIRED DATA” section below.

The information not captured by the department giving aid will be captured by the department that receives aid for that incident. Additionally, the department receiving aid is responsible for tracking and entering all of the Civilian Casualty (injury or death) information for the incident.

REQUIRED DATA – Below you will find the data points that must be completed when filling out this module. All required fields are denoted by a star in the sample form. (See pgs. 3 & 4.)

SECTION A:

- **FDID**
- **STATE**
- **INCIDENT DATE (MM/DD/YYYY)**
- **INCIDENT NUMBER**
- **EXPOSURE NUMBER**

SECTION B:

- **LOCATION TYPE**

SECTION C:

- **INCIDENT TYPE (NOTE: Remember to code your incident type for *what you found at the scene upon arrival*, not what you were dispatched for, if different.)**

SECTION D:

- **AID GIVEN OR RECEIVED (NOTE:** If no aid was given or received, make sure you select ‘None.’)

SECTION E:

- **DATES & TIMES (E1) (NOTE:** Alarm & Arrival Times are always required. Controlled Time is optional, unless the incident is a Wildland Fire; then it is mandatory. Last Unit Cleared is required except for Wildland fires.)

SECTION F:

- **ACTIONS TAKEN (NOTE:** The Basic Module only allows for up to 3 Actions Taken. If you wish to further define the incident, you can add more Actions Taken within your Apparatus/Resources and Personnel Modules.)

SECTION G:

- **RESOURCES (G1)**
- **ESTIMATED DOLLAR LOSSES & VALUES (G2) (NOTE:** LOSSES are required for all fires, if known or able to be obtained. It is optional for non-fire incidents.)

SECTION H:

- **CASUALTIES (H1) (NOTE:** If no casualties (injury or death) occurred, check “None.”)

SECTION J:

- **PROPERTY USE**

SECTION L:

*** While not required, it is highly preferred and encouraged for you to use this area to record your narrative or other pertinent incident information/data that does not already have its own section within this module or within another module. This helps paint the “big picture” of what happened during the incident.***

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract

Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions
 U.S. National Grid

Number/Milepost Prefix Street or Highway Street Type Suffix
 Apt./Suite/Room City State ZIP Code
 Cross Street, Directions or National Grid, as applicable

C Incident Type Incident Type

E1 Dates and Times Midnight is 0000
 Month Day Year Hour Min
 Check boxes if dates are the same as Alarm Date.
 Alarm Arrival Controlled Last Unit Cleared

E2 Shifts and Alarms Local Option
 Shift or Platoon Alarms District

D Aid Given or Received None

1 Mutual aid received
 2 Auto. aid received
 3 Mutual aid given
 4 Auto. aid given
 5 Other aid given

Their FDID Their State
 Their incident Number

ARRIVAL required, unless canceled or did not arrive
 CONTROLLED optional, except for wildland fires
 LAST UNIT CLEARED, required except for wildland fires

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken

Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources Check this box and skip this block if an Apparatus or Personnel Module is used.

Apparatus Personnel
 Suppression
 EMS
 Other

Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values Required for all fires if known. Optional for non-fires. None

LOSSES: Property \$ Contents \$
 PRE-INCIDENT VALUE: Optional
 Property \$ Contents \$

Completed Modules

Fire-2
 Structure Fire-3
 Civilian Fire Cas.-4
 Fire Service Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1 Casualties None
 Deaths Injuries
 Fire Service
 Civilian

H2 Detector Required for confined fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release None

1 Natural gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21-lb tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling <55 gallons
 0 Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

Mixed Use Property Not mixed

10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Business & residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use None

Structures
 131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/Tavern or nightclub
 213 Elementary school, kindergarten
 215 High school, junior high
 241 College, adult education
 311 Nursing home
 331 Hospital

341 Clinic, clinic-type infirmary
 342 Doctor/Dentist office
 361 Prison or jail, not juvenile
 419 1- or 2-family dwelling
 429 Multifamily dwelling
 439 Rooming/Boarding house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/Barracks
 519 Food and beverage sales

539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/Science laboratory
 700 Manufacturing plant
 819 Livestock/Poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse

Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

936 Vacant lot
 938 Graded/Cared for plot of land
 946 Lake, river, stream
 951 Railroad right-of-way
 960 Other street
 961 Highway/Divided highway
 962 Residential street/driveway

981 Construction site
 984 Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use Code
 Property Use Description

K1 Person/Entity Involved

Local Option

Business Name (if applicable) Area Code Phone Number

Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix
Number Prefix Street or Highway Street Type Suffix
Post Office Box Apt./Suite/Room City
State ZIP Code



More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option

Same as person involved? Then check this box and skip the rest of this block.

Business Name (if applicable) Area Code Phone Number

Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix
Number Prefix Street or Highway Street Type Suffix
Post Office Box Apt./Suite/Room City
State ZIP Code



L

Remarks:

Local Option

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

- Buildings 111 Complete Fire & Structure Modules
- Special structure 112 Complete Fire Module & Section I, Structure Module
- Confined 113-118 Basic Module Only
- Mobile property 120-123 Complete Fire & Structure Modules
- Vehicle 130-138 Complete Fire Module
- Vegetation 140-143 Complete Fire or Wildland Module
- Outside rubbish fire 150-155 Basic Module Only
- Special outside fire 160 Complete Fire or Wildland Module
- Special outside fire 161-164 Complete Fire Module
- Crop fire 170-173 Complete Fire or Wildland Module



ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!

More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge.

Officer in charge ID Signature Position or rank Assignment Month Day Year
Member making report ID Signature Position or rank Assignment Month Day Year



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FIRE MODULE RULES

This section covers the data that **must** be completed within the Fire Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The Fire Module is...

ALWAYS REQUIRED for Incident Types (with the exception of Aid Given Incidents): **110 – 112, 120 – 138, 161 – 164.**
(Incident Type 160 is not included here because that code can be a Wildland Fire.)

NEVER allowed for Incident Types: **200 - 911**

OPTIONAL for Incident Types: **113 – 118**

- If the Wildland Module is not used in place of the Fire Module, then the Fire Module **must** be completed for Incident Types: **140 – 143, 160, 170 – 173.**

REQUIRED DATA – Below you will find the data points that **must** be completed when filling out this module – *even if you are filling it out for an incident type where this module is optional.* All required fields are denoted by a star in the sample form. (See pg. 7.)

SECTION A:

- **FDID**
- **STATE**
- **INCIDENT DATE (MM/DD/YYYY)**
- **INCIDENT NUMBER** (Should match Incident Number given in Basic Module)
- **EXPOSURE NUMBER**

SECTION B:

- **NUMBER OF RESIDENTIAL LIVING UNITS (B1)** (**NOTE:** This field is only required if the PROPERTY USE section on the Basic Module (Section J) is coded in the 400's.)

SECTION C:

- **ON-SITE MATERIALS OR PRODUCTS AND ON-SITE MATERIALS STORAGE USE** (**NOTE:** This field is only required if the PROPERTY USE section on the Basic Module (Section J) is coded in 500, 600, 700, or 800-series codes.)

SECTION D:

- **AREA OF FIRE ORIGIN (D1)**
- **HEAT SOURCE (D2)**
- **ITEM FIRST IGNITED (D3)**
- **TYPE OF MATERIAL FIRST IGNITED** (**NOTE:** This is only required if Item First Ignited code is 00 or <70.)

SECTION E:

- **CAUSE OF IGNITION (E1)**
- **FACTORS CONTRIBUTING TO IGNITION (E2)**
- **HUMAN FACTORS CONTRIBUTING TO IGNITION (E3)**

B Property Details

B1 Not Residential
Estimated number of residential living units in building of origin whether or not all units became involved.

B2 Buildings not involved
Number of buildings involved

B3 None Less than one acre
Acres burned (outside fires)

C On-Site Materials or Products None
Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved.

Enter up to three codes. Check one box for each code entered.

On-site material (1) 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service
 U Undetermined

On-site material (2) 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service
 U Undetermined

On-site material (3) 1 Bulk storage or warehousing
 2 Processing or manufacturing
 3 Packaged goods for sale
 4 Repair or service
 U Undetermined

D Ignition

D1 Star
Area of fire origin

D2 Star
Heat source

D3 Star 1 Check box if fire spread was confined to object of origin.
Item first ignited

D4 Star
Type of material first ignited
Required only if item first ignited code is 00 or <70.

E1 Cause of Ignition Star Check box if this is an exposure report.

1 Intentional
2 Unintentional
3 Failure of equipment or heat source
4 Act of nature
5 Cause under investigation
U Cause undetermined after investigation

E2 Factors Contributing to Ignition Star None

Factor contributing to ignition (1)

Factor contributing to ignition (2)

E3 Human Factors Star None
Check all applicable boxes

1 Asleep
2 Possibly impaired by alcohol or drugs
3 Unattended person
4 Possibly mentally disabled
5 Physically disabled
6 Multiple persons involved
7 Age was a factor

Estimated age of person involved _____

1 Male 2 Female

F1 Equipment Involved in Ignition None Star

Equipment Involved _____

Brand _____

Model _____

Serial # _____

Year _____

F2 Equipment Power Source Star

Equipment Power Source _____

F3 Equipment Portability Star

1 Portable
2 Stationary

Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.

G Fire Suppression Factors None

Enter up to three codes.

Fire suppression factor (1) _____

Fire suppression factor (2) _____

Fire suppression factor (3) _____

H1 Mobile Property Involved None

1 Not involved in ignition, but burned
2 Involved in ignition, but did not burn
3 Involved in ignition and burned

Mobile property model _____

Year _____

License Plate Number _____ State _____ VIN _____

H2 Mobile Property Type and Make

Mobile property type _____

Mobile property make _____

Local Use

Pre-Fire Plan Available
Some of the information presented in this report may be based upon reports from other agencies:

Arson report attached
 Police report attached
 Coroner report attached
 Other reports attached



STRUCTURE FIRE MODULE RULES

This section covers the data that **must** be completed within the Structure Fire Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The Structure Fire Module is...

ALWAYS REQUIRED for Incident Types: **111 – 112** (For Incident Type **112**: Only the Structure Type (I1) section is required on the Structure Module, the rest of the Module is optional.)

NEVER allowed for Incident Types: **130 – 173**

OPTIONAL for Incident Types: **113 – 118**

REQUIRED DATA – Below you will find the data points that **must** be completed when filling out this module – *even if you are filling it out for an incident type where this module is optional*. All required fields are denoted by a star in the sample form. (See pg. 9.)

SECTION I:

- **STRUCTURE TYPE (I1)** (**NOTE:** If fire was in an enclosed building or a portable/mobile structure, you must complete **ALL** elements of the Structure Fire Module)
- **BUILDING STATUS (I2)**
- **BUILDING HEIGHT (I3)** (**NOTE:** For split grades, consider the main egress point as the “at grade” portion of the building. Do not count normally inaccessible attics, attics with less than standing height, or the roof as a story (the roof is counted as part of the highest story).
- **MAIN FLOOR SIZE (I4)**

SECTION J:

- **FIRE ORIGIN (J1)**
- **FIRE SPREAD (J2)** (**NOTE:** If fire spread was confined to object of origin, do not check a box.)

SECTION L:

- **PRESENCE OF DETECTORS (L1)**
(**NOTES:** If “None Present” is selected, skip to Section M. DETECTOR TYPE (L2), DETECTOR POWER SUPPLY (L3), and DETECTOR OPERATION (L4) are required if the fire was within designed range of the detector. DETECTOR EFFECTIVENESS (L5) is required if the detector did operate. DETECTOR FAILURE REASON (L6) is required if the detector failed to operate.)

SECTION M:

- **PRESENCE OF AUTOMATIC EXTINGUISHING SYSTEM (M1)** (**NOTE:** If “Present” or “Partial System Present” are selected in this section, all components of SECTION M must be completed.)

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/Mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure 	I2 Building Status ☆ <ul style="list-style-type: none"> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> In normal use 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	I3 Building Height ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> , <input type="text"/> <small>Total number of stories at or above grade.</small> </div> <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> <small>Total number of stories below grade.</small> </div>	I4 Main Floor Size ☆ <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> , <input type="text"/> <small>Total square feet</small> </div> <p style="text-align: center; font-weight: bold;">OR</p> <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> BY <input type="text"/> , <input type="text"/> <small>Length in feet Width in feet</small> </div>
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J1 Fire Origin ☆ <input type="text"/> <input type="checkbox"/> Below grade <small>Story of fire origin</small>	J3 Number of Stories Damaged by Flame Count the roof as part of the highest story. <div style="margin-top: 5px;"> <input type="text"/> <small>Number of stories w/minor damage (1 to 24% flame damage)</small> </div> <div style="margin-top: 5px;"> <input type="text"/> <small>Number of stories w/significant damage (25 to 49% flame damage)</small> </div> <div style="margin-top: 5px;"> <input type="text"/> <small>Number of stories w/heavy damage (50 to 74% flame damage)</small> </div> <div style="margin-top: 5px;"> <input type="text"/> <small>Number of stories w/extreme damage (75 to 100% flame damage)</small> </div>	K Type of Material Contributing Most to Flame Spread <input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. <div style="margin-top: 10px;"> K1 <input type="text"/> <small>Item contributing most to flame spread</small> </div> <div style="margin-top: 10px;"> K2 <input type="text"/> <small>Type of material contributing most to flame spread</small> <small>Required only if item contributing code is 00 or <70.</small> </div>
J2 Fire Spread ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). <ul style="list-style-type: none"> 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin 		

L1 Presence of Detectors ☆ (In area of the fire) <ul style="list-style-type: none"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined 	L3 Detector Power Supply <ul style="list-style-type: none"> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug-in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug-in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L5 Detector Effectiveness Required if detector operated. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type <ul style="list-style-type: none"> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	L4 Detector Operation <ul style="list-style-type: none"> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated 3 <input type="checkbox"/> Failed to operate U <input type="checkbox"/> Undetermined 	L6 Detector Failure Reason Required if detector failed to operate. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Power failure, shutoff, or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishing System ☆ <ul style="list-style-type: none"> N <input type="checkbox"/> None Present 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present U <input type="checkbox"/> Undetermined 	M3 Operation of Automatic Extinguishing System Required if fire was within designed range. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Operated/effective (go to M4) 2 <input type="checkbox"/> Operated/Not effective (go to M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined 	M5 Reason for Automatic Extinguishing System Failure Required if system failed or not effective. <ul style="list-style-type: none"> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishing System Required if fire was within designed range of AES. <ul style="list-style-type: none"> 1 <input type="checkbox"/> Wet-pipe sprinkler 2 <input type="checkbox"/> Dry-pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen-type system 7 <input type="checkbox"/> Carbon dioxide (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined 	M4 Number of Sprinkler Heads Operating Required if system operated. <div style="margin-top: 10px;"> <input type="text"/> <small>Number of sprinkler heads operating</small> </div>	



CIVILIAN CASUALTY MODULE RULES

This section covers the data that **must** be completed within the Civilian Casualty Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The Civilian Fire Casualty Module is...

ALWAYS REQUIRED for Incident Types: **100 – 199** and whenever there are civilian injuries or deaths *that are a result of a fire*. This includes injuries or deaths that occur from natural or accidental causes sustained while involved in the activities of fire control, attempting rescue, or escaping from the dangers of the fire. If a civilian injury is not directly related to a fire, it may be reported in an EMS Module. A separate Civilian Fire Casualty Module *is required for each* fire casualty.

REQUIRED DATA – Below you will find the data points that must be completed when filling out this module. All required fields are denoted by a star in the sample form. (See pg. 11.)

SECTION A:

- **FDID**
- **STATE**
- **INCIDENT DATE** (MM/DD/YYYY)
- **INCIDENT NUMBER** (Should match Incident Number given in Basic Module)
- **EXPOSURE NUMBER**

SECTION B:

- **INJURED PERSON** (**NOTE:** While it is preferred that a First and Last Name be listed, it is understood that these are not always immediately available/known. You can always edit your report and add it later. GENDER, however, is required.)

SECTION C:

- **CASUALTY NUMBER** (**NOTE:** The first Casualty in an incident should always be coded as 001, with subsequent casualties numbered sequentially and incremented by 1. (Example: 002, 003, 004, etc.)

SECTION D:

- **AGE – or – DATE OF BIRTH** (**NOTE:** Enter one or the other; do NOT enter both. If opting to use Age, enter the number in years. If the casualty is an infant, enter the Age in months, and ensure that the 'Months' box has been checked/selected. If Age is not immediately known, enter an estimated age.)

SECTION H:

- **SEVERITY**

REMARKS SECTION:

*** While not required, it is highly preferred and encouraged for you to use this area to record your narrative or other pertinent incident information/data that does not already have its own section within the module. This helps paint the “big picture” of what happened during the incident.***

A	FDID <input type="checkbox"/> Star State <input type="checkbox"/> Star Incident Date MM DD YYYY <input type="checkbox"/> Star Station _____ Incident Number _____ <input type="checkbox"/> Star Exposure _____ <input type="checkbox"/> Star	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-4 Civilian Fire Casualty
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B Injured Person	<input type="checkbox"/> Star Gender 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	C Casualty Number <input type="checkbox"/> Star
_____ <small>First Name MI Last Name Suffix</small>	_____ <small>Casualty Number</small>	

D Age or Date of Birth <input type="checkbox"/> Star	E1 Race	F Affiliation	H Severity <input type="checkbox"/> Star
_____ <input type="checkbox"/> Months (for Infants) <small>Age</small> OR Date of Birth _____ <small>Month Day Year</small>	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black, African American 3 <input type="checkbox"/> Am. Indian, Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian, Other Pacific Islander 0 <input type="checkbox"/> Other, multiracial U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> EMS, not fire department 3 <input type="checkbox"/> Police 0 <input type="checkbox"/> Other	1 <input type="checkbox"/> Minor 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe 4 <input type="checkbox"/> Life threatening 5 <input type="checkbox"/> Death U <input type="checkbox"/> Undetermined
	E2 Ethnicity	G Date and Time of Injury <small>Midnight is 0000.</small>	
	1 <input type="checkbox"/> Hispanic or Latino 0 <input type="checkbox"/> Non Hispanic or Latino	Date of Injury _____ <small>Month Day Year</small> Time of Injury _____ <small>Hour Minute</small>	

I Cause of Injury	J Human Factors Contributing to Injury <input type="checkbox"/> None	K Factors Contributing to Injury <input type="checkbox"/> None
1 <input type="checkbox"/> Exposed to fire products including flame heat, smoke, and gas 2 <input type="checkbox"/> Exposed to toxic fumes other than smoke 3 <input type="checkbox"/> Jumped in escape attempt 4 <input type="checkbox"/> Fell, slipped, or tripped 5 <input type="checkbox"/> Caught or trapped 6 <input type="checkbox"/> Structural collapse 7 <input type="checkbox"/> Struck by or contact with object 8 <input type="checkbox"/> Overexertion or strain 9 <input type="checkbox"/> Multiple causes 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by other drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	Enter up to three contributing factors _____ <small>Contributing factor (1)</small> _____ <small>Contributing factor (2)</small> _____ <small>Contributing factor (3)</small>

L Activity When Injured	M1 Location at Time of Incident	M3 Story at Start of Incident
1 <input type="checkbox"/> Escaping 2 <input type="checkbox"/> Rescue attempt 3 <input type="checkbox"/> Fire control 4 <input type="checkbox"/> Return to fire before control 5 <input type="checkbox"/> Return to fire after control 6 <input type="checkbox"/> Sleeping 7 <input type="checkbox"/> Unable to act 8 <input type="checkbox"/> Irrational act 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	1 <input type="checkbox"/> In area of origin and not involved 2 <input type="checkbox"/> Not in area of origin and not involved 3 <input type="checkbox"/> Not in area of origin, but involved 4 <input type="checkbox"/> In area of origin and involved 0 <input type="checkbox"/> Other location U <input type="checkbox"/> Undetermined	Complete ONLY if injury occurred INSIDE Story at start of incident _____ <input type="checkbox"/> Below grade
	M2 General Location at Time of Injury	M4 Story Where Injury Occurred
	1 <input type="checkbox"/> In area of fire origin → Skip to Section N 2 <input type="checkbox"/> In building, but not in area → Skip to Block Ms 3 <input type="checkbox"/> Outside, but not in area U <input type="checkbox"/> Undetermined	Story where injury occurred, if different from Ms _____ <input type="checkbox"/> Below grade
		M5 Specific Location at Time of Injury
		Complete ONLY if casualty NOT in area of origin _____ <small>Specific location at time of injury</small>

N Primary Apparent Symptom	O Primary Area of Body Injured	P Disposition
01 <input type="checkbox"/> Smoke only, asphyxiation 11 <input type="checkbox"/> Burns and smoke inhalation 12 <input type="checkbox"/> Burns only 21 <input type="checkbox"/> Cut, laceration 33 <input type="checkbox"/> Strain or sprain 96 <input type="checkbox"/> Shock 98 <input type="checkbox"/> Pain only <small>Look up a code only if the symptom is NOT found above</small> _____ <small>Primary apparent symptom</small>	1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Neck and shoulder 3 <input type="checkbox"/> Thorax 4 <input type="checkbox"/> Abdomen 5 <input type="checkbox"/> Spine 6 <input type="checkbox"/> Upper extremities 7 <input type="checkbox"/> Lower extremities 8 <input type="checkbox"/> Internal 9 <input type="checkbox"/> Multiple body parts	<input type="checkbox"/> Transported to emergency care facility Remarks _____ <small>Local option</small> _____ _____ _____



Washington State Patrol

STATE FIRE MARSHAL'S OFFICE

Serving Washington Since 1901

FIRE SERVICE CASUALTY MODULE RULES

This section covers the data that **must** be completed within the Fire Service Casualty Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The Fire Service Casualty Module is...

ALWAYS REQUIRED when there is any injury, exposure, or death of Fire Service personnel. This includes casualties that occur in conjunction both with incident response *and* with non-incident events, such as station duties or training.

In the event of a non-incident casualty, it is critical that an EMS incident report is created in the system and that it is treated as if the same department with the injury responded to the EMS call.

A *Health Exposure* occurs when fire service personnel come in contact with a toxic substance or harmful physical agent through any route of entry into the body (e.g., inhalation, ingestion, skin absorption, direct contact). These exposures can be reported regardless of the presence of clinical signs and symptoms. An exposure fire, which is captured in SECTION A of the Basic Module, is not the same as a Health Exposure to personnel.

A separate Fire Service Casualty Module is *required* for *each* fire casualty.

If there have been multiple injuries to a single fire service personnel member, the most significant injury should be reported in SECTIONS I and J. All other injuries should be reported in the REMARKS SECTION.

REQUIRED DATA – Below you will find the data points that must be completed when filling out this module. All required fields are denoted by a star in the sample form. (See pgs. 14 & 15.)

SECTION A:

- **FDID**
- **STATE**
- **INCIDENT DATE** (MM/DD/YYYY)
- **INCIDENT NUMBER** (Should match Incident Number given in Basic Module)
- **EXPOSURE NUMBER**

SECTION B:

- **INJURED PERSON** (**NOTE:** Like with a CIVILIAN FIRE CASUALTY Module, it is preferred that a First and Last Name be listed, as well as the personnel identification number (if one has been assigned/one exists). At the very least, GENDER is required.)

SECTION C:

- **CASUALTY NUMBER** (**NOTE:** The first Casualty in an incident should always be coded as 001, with subsequent casualties numbered sequentially and incremented by 1. (Example: 002, 003, 004, etc.)

SECTION D:

- **AGE – or – DATE OF BIRTH** (**NOTE:** Enter one or the other; do NOT enter both. If opting to use Age, enter the number in years. If Age is not immediately known, enter an estimated age.)

SECTION E:

- **DATE & TIME OF INJURY (NOTE:** Date should be in MM/DD/YYYY format; time should be entered as closely as possible to when the injury occurred, using the 24-hour clock.)

SECTION G:

- **SEVERITY (G3) (NOTE:** As previously mentioned at the beginning of this reference sheet, *Health Exposures* occur when fire service personnel are exposed to a toxic substance or harmful physical agent through any route of entry. These exposures can be reported regardless of the presence of clinical signs and symptoms. Exposures are treated as a 'REPORT ONLY' (1).)

A

FDID Delete Change

State Incident Date Station Incident Number Exposure

MM DD YYYY

B Injured Person

Identification Number Male Career Female Volunteer

1 2 1 2

First Name MI Last Name Suffix

C Casualty Number

Casualty Number

D Age or Date of Birth

Age OR

In years

Date of Birth

Month Day Year

E Date and Time of Injury Midnight is 0000.

Date of Injury

Month Day Year

Time of Injury

Hour Minute

F Responses

Number of prior responses during past 24 hours

G1 Usual Assignment

1 Suppression
2 EMS
3 Prevention
4 Training
5 Maintenance
6 Communications
7 Administration
8 Fire investigation
0 Other

G2 Physical Condition Just Prior to Injury

1 Rested 0 Other
2 Fatigued U Undetermined
4 Ill or injured

G3 Severity

1 Report only, including exposure
2 First aid only
3 Treated by physician (no lost time)
4 Moderate (lost time)
5 Severe (lost time)
6 Life threatening (lost time)
7 Death

G4 Taken To Not transported

1 Hospital
4 Doctor's office
5 Morgue/Funeral home
6 Residence
7 Station or quarters
0 Other

G5 Activity at Time of Injury

Activity at time of injury

H1 Primary Apparent Symptom

Primary apparent symptom

I1 Cause of Firefighter Injury

Cause of injury

I3 Object Involved in Injury None

Object involved in injury

H2 Primary Part of Body Injured None

Primary injured body part

I2 Factor Contributing to Injury None

Contributing factor

Object involved in injury

J1 Where Injury Occurred

1 En route to FD location
2 At FD location
3 En route to incident scene
4 En route to medical 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
U Undetermined

J3 Specific Location Where Injury Occurred

65 In aircraft
64 In boat, ship, or barge
63 In rail vehicle
61 In motor vehicle
54 In sewer
53 In tunnel
49 In structure
45 In attic
36 In water
35 In well
34 In ravine
33 In quarry or mine
32 In ditch or trench
31 In open pit
28 On steep grade
27 On fire escape/outside stairs
26 On vertical surface or ledge
25 On ground ladder
24 On aerial ladder or in basket
23 On roof
22 Outside at grade

00 Other
UU Undetermined

Complete Block J4

J4 Vehicle Type Complete ONLY if Specific Location code IS >60

1 Suppression vehicle
2 EMS vehicle
3 Other FD vehicle
4 Non-FD vehicle

J2 Story Where Injury Occurred

1 Check this box and enter the story if the injury occurred inside or on a structure

Story of injury Below grade

2 Injury occurred outside

Remarks

If protective equipment failed and was a factor in this injury, please complete the other side of this form.

K1 Did protective equipment fail and contribute to the injury?

Please complete the remainder of this form ONLY if you answer YES.

Yes Y

No N

Equipment
Sequence
Number

NFIRS-5
Fire Service
Casualty

K2 Protective Equipment Item

Head or Face Protection

- 11 Helmet
- 12 Full face protector
- 13 Partial face protector
- 14 Goggles/eye protection
- 15 Hood
- 16 Ear protector
- 17 Neck protector
- 18 Other

Coat, Shirt, or Trousers

- 21 Protective coat
- 22 Protective trousers
- 23 Uniform shirt
- 24 Uniform T-shirt
- 25 Uniform trousers
- 26 Uniform coat or jacket
- 27 Coveralls
- 28 Apron or gown
- 29 Other

Boots or Shoes

- 31 Knee length boots with steel baseplate and steel toes
- 32 Knee length boots with steel toes only
- 33 3/4 length boots with steel baseplate and steel toes
- 34 3/4 length boots with steel toes only
- 35 Boots without steel baseplate and steel toes
- 36 Safety shoes with steel baseplate and steel toes
- 37 Safety shoes with steel toes only
- 38 Non-safety shoes
- 39 Other

Respiratory Protection

- 41 SCBA (demand) open circuit
- 42 SCBA (positive pressure) open circuit
- 43 SCBA closed circuit
- 44 Not self-contained
- 45 Cartridge respirator
- 46 Dust or particle mask
- 47 Other

Hand Protection

- 51 Firefighter gloves with wristlets
- 52 Firefighter gloves without wristlets
- 53 Work gloves
- 54 HazMat gloves
- 55 Medical gloves
- 56 Other

Special Equipment

- 61 Proximity suit for entry
- 62 Proximity suit for non-entry
- 63 Totally encapsulated, reusable chemical suit
- 64 Totally encapsulated, disposable chemical suit
- 65 Partially encapsulated, reusable chemical suit
- 66 Partially encapsulated, disposable chemical suit
- 67 Flash protection suit
- 68 Flight or jump suit
- 69 Brush suit
- 71 Exposure suit
- 72 Self-contained underwater breathing apparatus (SCUBA)
- 73 Life preserver
- 74 Life belt or ladder belt
- 75 Personal alert safety system (PASS)
- 76 Radio distress device
- 77 Personal lighting
- 78 Fire shelter or tent
- 79 Vehicle safety belt
- 80 Special equipment, other
- 99 Protective equipment, other

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.

K3 Protective Equipment Problem

Check one box to indicate the main problem that occurred.

- 11 Burned
- 12 Melted
- 21 Fractured, cracked or broken
- 22 Punctured
- 23 Scratched
- 24 Knocked off
- 25 Cut or ripped
- 31 Trapped steam or hazardous gas
- 32 Insufficient insulation
- 33 Object fell in or onto equipment item
- 41 Failed under impact
- 42 Face piece or hose detached
- 43 Exhalation valve inoperative or damaged
- 44 Harness detached or separated
- 45 Regulator failed to operate
- 46 Regulator damaged by contact
- 47 Problem with admissions valve
- 48 Alarm failed to operate
- 49 Alarm damaged by contact
- 51 Supply cylinder or valve failed to operate
- 52 Supply cylinder/valve damaged by contact
- 53 Supply cylinder—insufficient air/oxygen
- 94 Did not fit properly
- 95 Not properly serviced or stored prior to use
- 96 Not used for designed purpose
- 97 Not used as recommended by manufacturer
- 00 Other equipment problem
- UU Undetermined

K4 Equipment Manufacturer, Model and Serial Number

Manufacturer

Model

Serial Number



EMS MODULE RULES

This section covers the data that **must** be completed within the EMS Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The EMS Module is...

OPTIONAL, but if used, is *only allowed* for Incident Types: **100 – 243, 311, 321 – 323, 351 – 381, 400 – 431, 451, and 900**

REQUIRED DATA – Below you will find the data points that must be completed when filling out this *module* – *even if you are filling it out for an incident type where this module is optional*. All required fields are denoted by a star in the sample form. (See pg. 17.)

SECTION A:

- **FDID**
- **STATE**
- **INCIDENT DATE** (MM/DD/YYYY)
- **INCIDENT NUMBER** (Should match Incident Number given in Basic Module)
- **EXPOSURE NUMBER**

SECTION B:

- **NUMBER OF PATIENTS/PATIENT NUMBER** (**NOTE:** While NUMBER OF PATIENTS is not required, if it is used, a separate EMS Module should be completed for each patient. PATIENT NUMBER is required. The first Patient is always coded “001,” and each succeeding patient is numbered sequentially and incremented by 1. (Example: 002, 003, 004, etc.)

SECTION D:

- **PROVIDER IMPRESSION/ASSESSMENT** (**NOTE:** Check only one box. Check/select the ‘None/no patient or refused treatment’ option when there is no Patient upon arrival to the scene of the incident, or if the Patient refused treatment.)

SECTION E:

- **AGE OR DATE OF BIRTH** (**NOTE:** While this is not required data, like other modules where this section exists, if you choose to use it, choose one option or the other, not both.)

SECTION L:

- **INITIAL LEVEL OF PROVIDER (L1)**

A FDID Star State Star Incident Date Star MM DD YYYY Station Incident Number Star Exposure Star Delete Change **NFIRS-6 EMS**

B Number of Patients Patient Number Star Use a separate form for each patient

C Date/Time Time Arrived at Patient Time of Patient Transfer

Month Day Year Hour/Min

Check if same date as Alarm date

D Provider Impression/Assessment Star Check one box only None/no patient or refused treatment

10 <input type="checkbox"/> Abdominal pain	18 <input type="checkbox"/> Chest pain	26 <input type="checkbox"/> Hypovolemia	34 <input type="checkbox"/> Sexual assault
11 <input type="checkbox"/> Airway obstruction	19 <input type="checkbox"/> Diabetic symptom	27 <input type="checkbox"/> Inhalation injury	35 <input type="checkbox"/> Sting/Bite
12 <input type="checkbox"/> Allergic reaction	20 <input type="checkbox"/> Do not resuscitate	28 <input type="checkbox"/> Obvious death	36 <input type="checkbox"/> Stroke/CVA
13 <input type="checkbox"/> Altered LOC	21 <input type="checkbox"/> Electrocution	29 <input type="checkbox"/> OD/Poisoning	37 <input type="checkbox"/> Syncope
14 <input type="checkbox"/> Behavioral/Psych	22 <input type="checkbox"/> General illness	30 <input type="checkbox"/> Pregnancy/OB	38 <input type="checkbox"/> Trauma
15 <input type="checkbox"/> Burns	23 <input type="checkbox"/> Hemorrhaging/Bleeding	31 <input type="checkbox"/> Respiratory arrest	00 <input type="checkbox"/> Other
16 <input type="checkbox"/> Cardiac arrest	24 <input type="checkbox"/> Hyperthermia	32 <input type="checkbox"/> Respiratory distress	
17 <input type="checkbox"/> Cardiac dysrhythmia	25 <input type="checkbox"/> Hypothermia	33 <input type="checkbox"/> Seizure	

E1 Age or Date of Birth <input type="checkbox"/> Months (for infants) OR <input type="checkbox"/> Age <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	F1 Race <input type="checkbox"/> 1 White <input type="checkbox"/> 2 Black, African American <input type="checkbox"/> 3 Am. Indian, Alaska Native <input type="checkbox"/> 4 Asian <input type="checkbox"/> 5 Native Hawaiian, Other Pacific Islander <input type="checkbox"/> 0 Other, multiracial <input type="checkbox"/> U Undetermined	G1 Human Factors Contributing to Injury <input type="checkbox"/> None <input type="checkbox"/> Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input type="checkbox"/> Possibly impaired by drug 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person	G2 Other Factors <input type="checkbox"/> None <input type="checkbox"/> If an illness, not an injury, skip G2 and go to H3 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self
E2 Gender <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	F2 Ethnicity <input type="checkbox"/> 1 Hispanic or Latino <input type="checkbox"/> 2 Non Hispanic or Latino		

H1 Body Site of Injury List up to five body sites <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	H2 Injury Type List one injury type for each body site listed under H1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	H3 Cause of Illness/Injury <input type="text"/> Cause of illness/injury <input type="text"/>
---	--	--

I Procedures Used <input type="checkbox"/> Check all applicable boxes <input type="checkbox"/> No treatment 01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/Abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Preattival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splinted extremities 24 <input type="checkbox"/> Suction/Aspirate 00 <input type="checkbox"/> Other	J Safety Equipment <input type="checkbox"/> None <input type="checkbox"/> Used or deployed by patient. Check all applicable boxes. 1 <input type="checkbox"/> Safety/Seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	K Cardiac Arrest <input type="checkbox"/> Check all applicable boxes 1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it: 1 <input type="checkbox"/> Witnessed? 2 <input type="checkbox"/> Bystander CPR? 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
---	---	---

L1 Initial Level of Provider <input type="checkbox"/> Star 1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training	L2 Highest Level of Care Provided On Scene <input type="checkbox"/> None 1 <input type="checkbox"/> First Responder 2 <input type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider	M Patient Status 1 <input type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input type="checkbox"/> Pulse on transfer 2 <input type="checkbox"/> No pulse on transfer	N EMS Disposition <input type="checkbox"/> Not transported 1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input type="checkbox"/> Other
---	---	---	--



HAZMAT MODULE RULES

This section covers the data that **must** be completed within the HazMat Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The HazMat Module is...

OPTIONAL, but if used, is *only allowed* for Incident Types: **100 – 243, 321 – 324, 371, 400 – 431, 451, and 900**

This module should be used when the 'Other' box in Section H – Hazardous Materials Release (H3) has been checked within the Basic Module. The purpose is to document reportable HazMat incidents.

A reportable HazMat incident is when either: (1) Specialized HazMat resources were dispatched or used, or should have been dispatched or used, for assessing, mitigating, or managing the situation **-OR-** (2) releases or spills of hazardous materials that exceed 55 gallons occur. If more than one Hazardous Material was involved, one HazMat Module should be completed for each Hazardous Material released or spilled.

REQUIRED DATA – Below you will find the data points that **must** be completed when filling out this module – *even if you are filling it out for an incident type where this module is optional*. All required fields are denoted by a star in the sample form. (See pg. 19.)

SECTION A:

- **FDID**
- **STATE**
- **INCIDENT DATE** (MM/DD/YYYY)
- **INCIDENT NUMBER** (Should match Incident Number given in Basic Module)
- **EXPOSURE NUMBER**
- **HAZMAT NUMBER (HAZ NO.)** (**NOTE:** A number is assigned to each Hazardous Material involved in the incident. The first material is always coded '01,' and each succeeding material is numbered sequentially and incremented by 1. Example: 02, 03, 04, etc.)

SECTION B:

- **CHEMICAL NAME** (**NOTE:** This can be the standard Chemical Name or a Trade Name. Example: "Weed-B-Gone" would be a Trade Name, while "2, 4-Dichlorophenoxyacetic acid" would be the Chemical Name.)

SECTION D:

- **ESTIMATED AMOUNT RELEASED (D1)**
- **UNITS RELEASED (D2)**

SECTION J:

- **CAUSE OF RELEASE**

SECTION O:

- **HAZMAT DISPOSITION**

A FDID Star State Star Incident Date Star Station Incident Number Star Exposure Star Haz No. Star Delete Change **NFIRS-7 HazMat**

B HazMat ID UN Number DOT Hazard Classification CAS Registration Number Chemical Name Star

C1 Container Type None
 Container Type
 More hazardous materials? Use additional sheets.

C2 Estimated Container Capacity
 Capacity: by volume or weight

D1 Estimated Amount Released Star
 Amount released: by volume or weight

E1 Physical State When Released
 1 Solid
 2 Liquid
 3 Gas
 U Undetermined

C3 Units: Capacity Check one box
VOLUME
 11 Ounces
 12 Gallons
 13 Barrels: 42 gal.
 14 Liters
 15 Cubic feet
 16 Cubic meters
WEIGHT
 21 Ounces
 22 Pounds
 23 Grams
 24 Kilograms
MICRO UNITS
 Enter Code

D2 Units: Released Check one box
VOLUME
 11 Ounces
 12 Gallons
 13 Barrels: 42 gal.
 14 Liters
 15 Cubic feet
 16 Cubic meters
WEIGHT
 21 Ounces
 22 Pounds
 23 Grams
 24 Kilograms
MICRO UNITS
 Enter Code

E2 Released Into
 Released into

Complete the remainder of this form only for the first hazardous material involved in this incident.

F2 Population Density
 1 Urban
 2 Suburban
 3 Rural

G2 Area Evacuated None
 1 Square feet
 2 Blocks
 3 Square miles
 Enter measurement

H HazMat Actions Taken
 Enter up to three actions taken
 Primary action taken (1)
 Additional action taken (2)
 Additional action taken (3)

F1 Released From
 Check all applicable boxes
 Below grade
 1 Inside/on structure
 Story of release
 2 Outside of structure

G1 Area Affected
 1 Square feet
 2 Blocks
 3 Square miles
 Enter measurement

G3 Estimated Number of People Evacuated

G4 Estimated Number of Buildings Evacuated
 None

I If fire or explosion is involved with a release, which occurred first?
 1 Ignition
 2 Release
 U Undetermined

J Cause of Release Star
 1 Intentional
 2 Unintentional release
 3 Container/Containment failure
 4 Act of nature
 5 Cause under investigation
 U Cause undetermined after investigation

K Factors Contributing to Release
 Enter up to three contributing factors
 Factor contributing to release (1)
 Factor contributing to release (2)
 Factor contributing to release (3)

L Factors Affecting Mitigation None
 Enter up to three factors or impediments that affected the mitigation of the incident.
 Factor or impediment (1)
 Factor or impediment (2)
 Factor or impediment (3)

M Equipment Involved in Release None
 Equipment involved in release
 Brand
 Model
 Serial #
 Year

N Mobile Property Involved in Release None
 Mobile property type
 Mobile property make
 Model Year
 License plate number State
 DOT number/ ICC number

O HazMat Disposition Star
 1 Completed by fire service only
 2 Completed w/fire service present
 3 Released to local agency
 4 Released to county agency
 5 Released to State agency
 6 Released to Federal agency
 7 Released to private agency
 8 Released to property owner or manager

P HazMat Civilian Casualties
 Deaths Injuries
 NFIRS-7 Revision 01/01/06



WILDLAND FIRE MODULE

This section covers the data that **must** be completed within the Wildland Fire Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The Wildland Fire Module is...

REQUIRED for Incident Types: **140 – 143, 160, 170 – 173** *if* a Fire Module was not used in place of the Wildland Fire Module. If no Fire Module was completed, then the Wildland Module **must** be completed.

NEVER allowed for Incident Types: **100 – 138, 150 – 155, 161 – 164, 200 – 555, 571 – 621, 641 – 911**

OPTIONAL for Incident Types: **561, 631, and 632**

REQUIRED DATA – Below you will find the data points that **must** be completed when filling out this module – *even if you are filling it out for an incident type where this module is optional*. All required fields are denoted by a star in the sample form. (See pg. 22.)

SECTION A:

- **FDID**
- **STATE**
- **INCIDENT DATE (MM/DD/YYYY)**
- **INCIDENT NUMBER** (Should match Incident Number given in Basic Module)
- **EXPOSURE NUMBER**

SECTION B:

- **ALTERNATE LOCATION SPECIFICATION** (**NOTE:** This section should only be completed if Section B was not completed in the Basic Module, but the 'alternate address box' was checked/filled in.)

SECTION C:

- **AREA TYPE**

SECTION D:

- **WILDLAND FIRE CAUSE (D1)**
- **HUMAN FACTORS CONTRIBUTING TO IGNITION (D2)**
- **FACTORS CONTRIBUTING TO IGNITION (D3)**

SECTION E:

- **HEAT SOURCE**

SECTION H:

While not required, it is highly preferred and encouraged that all of SECTION H – WEATHER INFORMATION be completed when filling out the Wildland Fire Module, as this information helps identify conditions that may have contributed to the fire cause or spread.

SECTION I:

- **NUMBER OF BUILDINGS IGNITED (I1)** (NOTE: If no buildings were ignited by fire, check "None." If there were buildings ignited, remember that a separate exposure report must be done for each building ignited.)
- **TOTAL ACRES BURNED (I3)** (NOTE: This entry should be the most accurate *estimate* of acres burned that is practical to obtain. 1 acre = 43,560 square feet.)

A FDID Star State Star Incident Date Star MM DD YYYY Station Incident Number Star Exposure Star Delete Change **NFIRS-8 Wildland Fire**

B Alternate Location Specification
 Enter Latitude/Longitude OR Township/Range/Subsection Meridian if Section B on the Basic Module is not completed.

Latitude Longitude
 OR
 Township Range East West
 Section Subsection Meridian

C Area Type Star

1 Rural, farms >50 acres
 2 Urban (heavily populated)
 3 Rural/Urban or suburban
 4 Urban-wildland interface area

D1 Wildland Fire Cause Star

1 Natural source 8 Misuse of fire
 2 Equipment 0 Other
 3 Smoking U Undetermined
 4 Open/Outdoor fire
 5 Debris/Vegetation burn
 6 Structure (exposure)
 7 Incendiary

D2 Human Factors Contributing to Ignition Star None
 Check as many boxes as are applicable.

1 Asleep
 2 Possibly impaired by alcohol or drugs
 3 Unattended person
 4 Possibly mentally disabled
 5 Physically disabled
 6 Multiple persons involved
 7 Age was a factor

D3 Factors Contributing to Ignition Star None
 #1 #2

D4 Fire Suppression Factors None
 #1 #2 #3
 Enter up to three factors

E Heat Source Star

F Mobile Property Type None

G Equipment Involved in Ignition None

H Weather Information

NFDRS Weather Station ID

Weather Type Wind Direction
 Wind Speed (mph) Air Temperature F° Check if negative
 Relative Humidity Fuel Moisture Fire Danger Rating

I1 Number of Buildings Ignited None
 Number of buildings that were ignited in Wildland fire.

I2 Number of Buildings Threatened None
 Number of buildings that were threatened by Wildland fire but were not involved.

I3 Total Acres Burned Star

I4 Primary Crops Burned
 Identify up to 3 crops if any crops were burned.

Crop 1
 Crop 2
 Crop 3

J Property Management
 Indicate the percent of the total acres burned for each ownership type then check the ONE box to identify the property ownership at the origin of the fire. If the ownership at origin is Federal, enter the Federal Agency Code.

Ownership Star % Total Acres Burned

U Undetermined

Private

1 Tax paying
 2 Non-tax paying

Public

3 City, town, village, local
 4 County or parish
 5 State or province
 6 Federal Federal Agency Code
 7 Foreign
 8 Military
 0 Other

K NFDRS Fuel Model at Origin
 Enter the code and the descriptor corresponding to the NFDRS Fuel Model at Origin.

L1 Person Responsible for Fire

1 Identified person caused fire
 2 Unidentified person caused fire
 3 Fire not caused by person
 If person identified, complete the rest of Section L.

L2 Gender of Person Involved

1 Male
 2 Female

L3 Age or Date of Birth

Age in Years Date of Birth
 OR Month Day Year

L4 Activity of Person Involved
 Activity of Person Involved

M Type of Right-of-Way None
 Required if less than 100 feet.
 Horizontal distance from right-of-way Type of right-of-way

N Fire Behavior
 These optional descriptors refer to observations made at the point of initial attack.

Elevation Feet
 Relative position on slope
 Aspect
 Flame length Feet
 Rate of spread Chains per Hour



Washington State Patrol

STATE FIRE MARSHAL'S OFFICE

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APPARATUS/RESOURCES MODULE RULES

This section covers the data that **must** be completed within the Apparatus/Resources Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The Apparatus/Resources Module is...

OPTIONAL for all Incident Types.

This module is used to help manage and track apparatus and resources used on incidents.

REQUIRED DATA – Below you will find the data points that **must** be completed when filling out this module – *even if you are filling it out for an incident type where this module is optional.* All required fields are denoted by a star in the sample form. (See pg. 24.)

SECTION A:

- **FDID**
- **INCIDENT DATE** (MM/DD/YYYY)
- **INCIDENT NUMBER** (Should match the incident number given in Basic Module)
- **EXPOSURE NUMBER**

SECTION B:

- **APPARATUS or RESOURCE TYPE**
- **NUMBER OF PEOPLE** (**NOTE:** The number of emergency personnel on the apparatus.)
- **APPARATUS or RESOURCE USE** (**NOTE:** Chief Officer Vehicles and privately owned vehicles should be classified as 'Other.')



PERSONNEL MODULE RULES

This section covers the data that **must** be completed within the Personnel Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The Personnel Module is...

OPTIONAL for all Incident Types.

This Module is used to help manage and track personnel and resources used on incidents.

REQUIRED DATA – Below you will find the data points that must be completed when filling out this module – *even if you are filling it out for an incident type where this module is optional.* All required fields are denoted by a star in the sample form. (See pg. 26.)

SECTION A:

- **FDID**
- **INCIDENT DATE** (MM/DD/YYYY)
- **INCIDENT NUMBER** (Should match the incident number given in the Basic Module)
- **EXPOSURE NUMBER**

SECTION B:

- **APPARATUS or RESOURCES TYPE**
- **NUMBER OF PEOPLE** (**NOTE:** The number of emergency personnel on the apparatus. This helps in determining personnel demands for different types of incidents, and staffing requirements for apparatus.)
- **APPARATUS or RESOURCE USE** (**NOTE:** Chief Officer Vehicles and privately owned vehicles should be classified as 'Other'.)
- **PERSONNEL ID, NAME, & RANK** (**NOTE:** Only the Personnel ID is required.)



ARSON MODULE RULES

This section covers the data that **must** be completed within the Arson Module for your incident to be valid. *Ideally, no sections or spaces should be left blank.*

The Arson Module is...

ONLY ALLOWED for Incident Types: **100 – 173**

In order to use the Arson Module, the SECTION E – CAUSE OF IGNITION (E1) in the Fire Module must also be a '1 – Intentional', '2 – Unintentional', '5 – Cause Under Investigation,' or 'U – Undetermined after Investigation.' If the Wildland Module is used instead, the Wildland Fire Cause must be '7 – Intentional.'

This Module can also be used to document juvenile-set fires, whether determined to be intentional, unintentional, or under investigation.

Because the Arson Module serves to document both Arson and Juvenile Fire-setters, the Arson Module consists of two parts – one for each purpose.

REQUIRED DATA – Below you will find the data points that **must** be completed when filling out this module. All required fields are denoted by a star in the sample form. (See pgs. 28 & 29.)

SECTION A:

- **FDID**
- **STATE**
- **INCIDENT DATE** (MM/DD/YYYY)
- **INCIDENT NUMBER** (Should be the same as the Incident Number provided in the Basic Module)
- **EXPOSURE NUMBER**

SPECIAL NOTE: Section A is the only *required* section within the Arson Module, regardless if you are using it for Arson or a Juvenile Firesetter incident. This is one of those modules that while not required, is extremely helpful at multiple levels when it's applicable to an incident. The more data, the better.

