

# Incident Field Notes

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

<b>INCIDENT TYPE</b> (Situation Found)  <input type="text"/>	<b>AID GIVEN OR RECEIVED</b> <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	<b>ACTIONS TAKEN</b> <input type="text"/> Primary Action Taken <input type="text"/> Additional Action Taken 1 <input type="text"/> Additional Action Taken 2	<b>RESOURCES</b> <table style="width: 100%;"> <tr> <td style="text-align: center;">Apparatus</td> <td style="text-align: center;">Personnel</td> </tr> <tr> <td>Suppression <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>EMS <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Other <input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Apparatus	Personnel	Suppression <input type="text"/>	<input type="text"/>	EMS <input type="text"/>	<input type="text"/>	Other <input type="text"/>	<input type="text"/>
Apparatus	Personnel										
Suppression <input type="text"/>	<input type="text"/>										
EMS <input type="text"/>	<input type="text"/>										
Other <input type="text"/>	<input type="text"/>										

<b>ESTIMATED DOLLAR LOSS LOSSES</b> Property \$ <input type="text"/> Contents \$ <input type="text"/> <b>PRE-INCIDENT VALUE</b> Property \$ <input type="text"/> Contents \$ <input type="text"/>	<b>CASUALTIES</b> Death Inury Fire Service <input type="text"/> <input type="text"/> Civilian Fire <input type="text"/> <input type="text"/> Civilian EMS <input type="text"/> <input type="text"/>	<b>DETECTORS</b> Required for Confined Fires Only <input type="checkbox"/> Detector Alerted Occupants <input type="checkbox"/> Detector Did Not Alert Occupant <input type="checkbox"/> Unknown	<b>PROPERTY USE</b> <input type="text"/> <b>SPECIAL STUDY THERMAL IMAGING CAMERA</b> <input type="checkbox"/> Camera NOT used <input type="checkbox"/> Camera Used
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<b>HAZARDOUS MATERIALS RELEASE</b> <input type="checkbox"/> NONE <input type="checkbox"/> NATURAL GAS: slow leak, no evacuation or HazMat actions <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		<b>MIXED USE PROPERTY</b> <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
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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:**

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<b>AUTHORIZATION</b>						
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