



NFIRS 5.0

Version 5.3.3

Chapter Three

✓ **Screen Demos**



Start



Basic Module [Minimize] [Maximize] [Close]

Sections B - E | Sections F - J | Section K1 | Section K2 | Section L - M | Special Study

B Location Address Provided on Wildland Form

Address Type: **Street address** (dropdown) | Census Tract: []

Number/Mile: [] | St. Prefix: [] (dropdown) | Street or Highway: [] | Street Type: [] (dropdown) | St. Suffix: [] (dropdown)

Apt. or Suite: [] | City: [] | State: [] (dropdown) | Zip: []

Cross Street or Directions, as Applicable: []

C Incident Type [] | **D Aid Given or Received** []

Their FDID: [] | FDID State: [] (dropdown) | Incident Number: []

| E1 Dates and Times | | Date | Time | E2 Shifts and Alarms | |
|---|-------------------|------------|------|----------------------|-----|
| <input type="checkbox"/> Date Same As Alarm | Alarm | 06/04/1999 | [] | Shift/Platoon | [] |
| <input type="checkbox"/> Date Same As Alarm | Arrival | [] | [] | Alarms | [] |
| <input type="checkbox"/> Date Same As Alarm | Controlled | [] | [] | District | [] |
| <input type="checkbox"/> Date Same As Alarm | Last Unit Cleared | [] | [] | | |

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OK | Cancel

[] | 01369 | TR | 06/04/1999 | 0000100





Basic Module

Sections B - E | **Sections F - J** | Section K1 | Section K2 | Section L - M | Special Study

F Action Taken

Add

| Code | Description |
|------|-------------|
|------|-------------|

G1 Resources

Local Forms Used

| | Apparatus | Personnel |
|-------------|----------------------|----------------------|
| Suppression | <input type="text"/> | <input type="text"/> |
| EMS | <input type="text"/> | <input type="text"/> |
| Other | <input type="text"/> | <input type="text"/> |

Includes Aid Given Resources

G2 Estimated Dollar Loss/Value

| | | |
|-------------------------------|----------------|----------------------|
| <input type="checkbox"/> None | Property Loss | <input type="text"/> |
| <input type="checkbox"/> None | Contents Loss | <input type="text"/> |
| <input type="checkbox"/> None | Property Value | <input type="text"/> |
| <input type="checkbox"/> None | Contents Value | <input type="text"/> |

H1 Casualties

None

| | Fatal | NonFatal |
|--------------|----------------------|----------------------|
| Fire Service | <input type="text"/> | <input type="text"/> |
| Civilian | <input type="text"/> | <input type="text"/> |

H2 Detector

H3 HazMat Released

I Mixed Use

J Property Use

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OK | Cancel

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Basic Module

Sections B - E | Sections F - J | **Section K1** | Section K2 | Section L - M | Special Study

K1 Person/Entity Involved

Business Name (if applicable) Business Phone Number

Mr, Ms, Mrs First Name MI Last Name Suffix

Same As Incident Location

Number/Mile St. Prefix Street or Highway Street Type St. Suffix

Apt. or Suite P.O.Box City State Zip

| First Name | MI | Last Name |
|------------|----|-----------|
| | | |

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-  My Computer
-  Network Neighborhood
-  Internet Explorer
-  Recycle Bin
-  Netscape Communicator

Basic Module [-] [□] [×]

Sections B - E | Sections F - J | Section K1 | **Section K2** | Section L - M | Special Study

K2 Owner Same As Previous

Business Name (if applicable) Business Phone Number

Mr, Ms, Mrs First Name MI Last Name Suffix

Same As Incident Location

Number/Mile St. Prefix Street or Highway Street Type St. Suffix

Apt. or Suite P.O.Box City State Zip

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Basic Module

Sections B - E | Sections F - J | Section K1 | Section K2 | **Section L - M** | Special Study

L Remarks

M Authorization

| | | |
|--|----------------------|----------------------|
| First Name | MI | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Officer in Charge ID | Position or Rank | Assignment |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date | | |
| <input type="text"/> | | |
| <input type="checkbox"/> Same As Officer in Charge | | |
| First Name | MI | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Member Making Report ID | Position or Rank | Assignment |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date | | |
| <input type="text"/> | | |

| | | | | |
|----------------------|-------|----|------------|---------|
| <input type="text"/> | 01369 | TR | 06/04/1999 | 0000100 |
|----------------------|-------|----|------------|---------|





Basic Module

Sections B - E | Sections F - J | Section K1 | Section K2 | Section L - M | **Special Study**

E3 Special Studies

Special Study ID: Start Date: Stop Date:

Special Study Value:

| SSID | SS Codes |
|------|----------|
| | |

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Fire Module [-] [] [X]

Sections B - D | Sections E - F | Sections G - H

B Property Details

Not Residential Residential Units

Buildings Not Involved # Buildings Involved

None # Acres Burned

Less Than 1 Acre

C On-Site Materials Add

| Code | Description |
|------|-------------|
|------|-------------|

Material Storage Use Add

| Code | Description |
|------|-------------|
|------|-------------|

D Ignition

Area of Fire Origin Confined to Object of Origin

Heat Source Type of Material First Ignited

Item First Ignited

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Fire Module [] [] [X]

Sections B - D | **Sections E - F** | Sections G - H

E1 Cause of Ignition

E2 Contributing Factors Add

| Code | Description |
|------|-------------|
|------|-------------|

E3 Human Factors Add

| Code | Description |
|------|-------------|
|------|-------------|

Estimated Age Gender of Person

F1 Equipment Involved None

Equipment Involved in Ignition Brand

Model Serial # Year

F2 Equipment Power **F3 Equipment Portability**

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OK Cancel

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Fire Module [-] [] [X]

Sections B - D | Sections E - F | **Sections G - H**

G Suppression Factors Add

| Code | Description |
|------|-------------|
|------|-------------|

Other Associated Reports Add

Pre Fire Plan Available

Reports From Other Agencies

| Code | Description |
|------|-------------|
|------|-------------|

H1 Mobile Property None

Mobile Property Involved in Ignition Mobile Property Type

Mobile Property Make Model

Licence Plate State Year VIN #

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Structure Fire Module

Sections I - K | Sections L - M

I1 Structure Type
[]

I2 Structure Status
[]

I3 Structure Height
[] # Stories At or Above Grade
[] # Stories Below Grade

I4 Main Floor Size
[] Total Square Feet
OR
Length in Feet [] Width in Feet []
By []

J1 Fire Origin
[] Floor of Origin * For Below Grade use negative number

J2 Fire Spread
[]

J3 Number of Stories Damaged
[] Minor Damage
[] Significant Damage
[] Heavy Damage
[] Extreme Damage

K Material Contributing Most to Flame Spread
 no flame OR same as material first ignited OR unable to determine
Item Contributing Most to Flame Spread []
Type of Material Contributing Most to Flame Spread []

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Structure Fire Module

Sections I - K | **Sections L - M**

L1 Presence of Detectors

L2 Detector Type

L3 Detector Power Supply

L4 Detector Operation

L5 Detector Effectiveness

L6 Detector Failure Reason

M1 Presence of AES

M2 Type of AES

M3 AES Operation

M4 Number of Sprinkler Heads

Number of Sprinkler Heads Operating

M5 AES Failure Reason

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Civilian Fire Casualty Module

Sections B - J | Sections K - P

B Injured Person
First Name: MI: Last Name: Suffix:

C Gender **E1 Race** **E2 Ethnicity**

D Age or Date of Birth
Age: Months (Infants) Date of Birth:

F Affiliation

G Date and Time of Injury
Date: Time:

H Severity

I Cause of Injury

J Human Factors
Add

| Code | Description |
|------|-------------|
| | |
| | |
| | |
| | |
| | |

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Civilian Fire Casualty Module

Sections B - J | Sections K - P

K Factors Contributing to Injury

Add

| Code | Description |
|------|-------------|
|------|-------------|

L Activity When Injured

M1 Location at Time of Incident

M2 General Location at Injury

M3 Story at Start of Incident

M4 Story Where Injury Occured

M5 Specific Location at Injury

N Primary Apparent Symptom

O Primary Area of Body

P Disposition

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Fire Service Casualty Module

Sections B - I | Sections J - K

B Injured Person

ID Number: [] Career: [] []
First Name: [] MI: [] Last Name: [] Suffix: []
Gender: [] []

D Age or Date of Birth **E Date and Time of Injury**

Age: [] Date of Birth: [] Compute Age [] Date: [] Time: []

F Responses **H1 Primary Apparent Symptom**

[] Number of responses during past 24 hours [] []

G1 Usual Assignment **H2 Primary Area of Body**

[] [] [] []

G2 Physical Condition Prior **I1 Cause of FireFighter Injury**

[] [] [] []

G3 Severity **I2 Factor Contributing to Injury**

[] [] [] []

G4 Taken To **I3 Object Involved in Injury** None

[] [] [] []

G5 Activity at Time of Injury

[] []

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Fire Service Casualty Module

Sections B - I | Sections J - K

| | |
|--------------------------------------|-----------------------------|
| J1 Where Injury Occured | J3 Specific Location |
| <input type="text"/> | <input type="text"/> |
| J2 Story Where Injury Occured | J4 Vehicle Type |
| <input type="text"/> | <input type="text"/> |

Story * For Below Grade use negative number

| | |
|--|------------------------------------|
| Protective Equipment Was a Factor | K4 Equipment Information |
| <input type="text"/> | Manufacturer <input type="text"/> |
| K2 Protective Equipment Item | Model <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| K3 Protective Equipment Problem | Serial Number <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

| Equipment Item | Manufacturer |
|----------------|--------------|
| | |

1 of 1 New Delete Previous Next

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OK Cancel

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EMS Module

Sections C - H | Sections I - N

C Date and Time
Date Time
Time Arrived At Patient
Time of Patient Transfer

D Provider Impression

E Age or Date of Birth
Age Date of Birth
Months (Infants) Compute Age

E2 Gender **F1 Race** **F2 Ethnicity**

G1 Human Factors **G2 Other Factors**
Add
Code Description

H1 Body Site of Injury **H2 Injury Type**
Add
Code Description

H3 Cause of Illness/Injury

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OK Cancel

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EMS Module [] [] [X]

Sections C - H Sections I - N

I Procedures Used Add

| Code | Description |
|------|-------------|
|------|-------------|

J Safety Equipment Add

| Code | Description |
|------|-------------|
|------|-------------|

K Cardiac Arrest Add

| Code | Description |
|------|-------------|
|------|-------------|

Pre-Arrival Arrest Details Add

| Code | Description |
|------|-------------|
|------|-------------|

Initial Arrest Rhythm

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

L1 Initial Level of Provider

L2 Highest Level of Provider on Scene

M Patient Status

Status on Transfer

N Disposition

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OK Cancel

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My Computer
Network Neighborhood
Internet Explorer
Recycle Bin
Netscape Communicator

HazMat Module [] [] [X]

Sections B - E | Sections F - L | Sections O - P

B HazMat ID Accept Suggested Codes

Chemical Name UN # Suggested Codes

DOT Hazard Classification CAS Reg #

C1 Container Type

C2 Estimated Container Capacity Measurement Units

D1 Estimated Amount Released Measurement Units

E1 Physical State When Released

E2 Released Into

Chemicals

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HazMat Module

Sections B - E | **Sections F - L** | Sections O - P

F1 Released From

 Story of Release
 * For Below Grade use negative number

F2 Population Density

G1 Area Affected
 Measurement Units

G2 Area Evacuated
 Measurement Units

G3 Est. People Evacuated **G4 Buildings Evacuated**
 None

H HazMat Action Taken
 Add

| Code | Description |
|------|-------------|
| | |

I Fire/HazMat Sequence

J Cause of Release

K Contributing Factors
 Add

| Code | Description |
|------|-------------|
| | |

L Mitigating Factors
 Add

| Code | Description |
|------|-------------|
| | |

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HazMat Module

Sections B - E | Sections F - L | **Sections O - P**

O HazMat Disposition

P HazMat Civilian Casualties

Deaths

Injuries

F1 Equipment Involved None

Equipment Involved in Ignition Brand

Model Serial # Year

H1 Mobile Property None

Mobile Property Type Mobile Property Make

Model

Licence Plate State Year VIN #

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OK Cancel

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Wildland Module

Sections B - D | Sections E - I | Sections J - N

B Alternate Location Specification

Latitude Township Direction Range Direction

Longitude OR Section Subsection Meridian

C Area Type

D1 Wildland Fire Cause

D2 Human Factors

Add

| Code | Description |
|------|-------------|
|------|-------------|

D3 Contributing Factors

Add

| Code | Description |
|------|-------------|
|------|-------------|

D4 Suppression Factors

Add

| Code | Description |
|------|-------------|
|------|-------------|

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OK | Cancel





Wildland Module

Sections B - D | **Sections E - I** | Sections J - N

E Heat Source
[] []

F Mobile Property Type
[] []

G Equipment Involved In Ignition
[] []

H Weather Information
NFDRS Weather Station ID
[]
Weather Type
[] []
Wind Direction
[] []
Wind Speed MPH [] Air Temperature [] F
Relative Humidity [] % Fuel Moisture [] %
Fire Danger Rating
[] []

I1 Number of Buildings Involved
[] None

I2 Number of Buildings Threatened
[] None

I3 Total Acres Burned
[]

I4 Primary Crops Burned
[]
[]
[]

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OK Cancel

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Wildland Module

Sections B - D | Sections E - I | **Sections J - N**

J Property Management

Ownership

| | % Total Acres Burned |
|----------------|----------------------|
| Undetermined | <input type="text"/> |
| Tax Paying | <input type="text"/> |
| Non Tax Paying | <input type="text"/> |

City, Town, Village, Local

County or Parish

State or Province

Federal

Federal Agency Code

Foreign

Military

Other

K NDFRS Fuel Model at Origin

L1 Person Responsible

L2 Gender of Person Involved

L3 Age

Age Date of Birth

L4 Activity of Person

M Right of Way

Feet

Type of Right of Way

N Fire Behavior (Optional)

Feet

Relative Position on Slope

Aspect

Flame Length (Feet) Rate of Spread Chains per Hour

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Apparatus Module

Apparatus Personnel

ID
[]

Dates and Times

| | | | |
|---|----------|-----|-----|
| <input type="checkbox"/> Same As Alarm Date | Dispatch | [] | [] |
| <input type="checkbox"/> Same As Alarm Date | Arrival | [] | [] |
| <input type="checkbox"/> Same As Alarm Date | Clear | [] | [] |

Type
[]

Use
[]

Number of People
[]

| APID | Apparatus Type |
|------|----------------|
| | |

1 of 1 [New] [Delete] [Previous] [Next]

Apparatus Actions Taken

Add []

| Code | Description |
|------|-------------|
| | |

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[OK] [Cancel]

[] [01369] [TR] [06/04/1999] [0000100]





Arson Module

Sections B - F | Sections G - L | Section M

B Agency Referred To None

Agency Name

Number/Mile St. Prefix Street or Highway Street Type St. Suffix

Apt. or Suite City State Zip

Agency Phone Number

Their Case Number Their ORI Their FID Their FDID

C Case Status **D Availability of Material First Ignited**

E Susp. Motiv. Factors Add

| Code | Description |
|------|-------------|
|------|-------------|

F Apparent Group Involvement Add

| Code | Description |
|------|-------------|
|------|-------------|

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OK Cancel

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Arson Module

Sections B - F | **Sections G - L** | Section M

G1 Entry Method

G2 Extent of Fire Involvement on Arrival

H Incendiary Devices
Container
Ignition/Delay Device
Fuel

I Other Investigative Info.
Add

| Code | Description |
|------|-------------|
|------|-------------|

J Property Ownership

K Initial Observations
Add

| Code | Description |
|------|-------------|
|------|-------------|

L Laboratory Used
Add

| Code | Description |
|------|-------------|
|------|-------------|

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Arson Module

Sections B - F | Sections G - L | **Section M**

M2 Age
Age: Date of Birth:

M3 Gender **M4 Race** **M5 Ethnicity**

M6 Family Type

M7 Motivation/Risk
Add:

| Code | Description |
|------|-------------|
| | |

M8 Disposition

| Age | Gender | Race |
|-----|--------|------|
| | | |

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You have just completed Chapter 3: Screen Demos

To view this Chapter again,
click on the **Begin** button.
To end this Tutorial, click on **End**.

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