

The background of the slide features a large, light gray watermark of the U.S. Department of Homeland Security seal. The seal is circular and contains an eagle with wings spread, a shield on its chest, and arrows in its talons. The text "U.S. DEPARTMENT OF" is at the top and "HOMELAND SECURITY" is at the bottom of the seal.

# NFIRS 5.0

**Version 5.3.3**

Chapter Three

✓ **Screen Demos**

An orange arrow pointing to the right, containing the word "Start" in yellow text.

Start

**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: [ ]

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

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**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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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

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**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  
\_\_\_\_\_|\_|\_\_\_\_\_  
Officer in Charge ID Position or Rank Assignment  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Date  
\_\_\_\_\_  
 Same As Officer in Charge

First Name MI Last Name  
\_\_\_\_\_|\_|\_\_\_\_\_  
Member Making Report ID Position or Rank Assignment  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_  
Date  
\_\_\_\_\_

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**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

1 of 1

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**Fire Module**

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**

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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**Fire Module**

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

### G Suppression Factors

Add

Code	Description

### Other Associated Reports

Pre Fire Plan Available Add

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

<p><b>L1 Presence of Detectors</b></p> <input type="text"/>	<p><b>M1 Presence of AES</b></p> <input type="text"/>
<p><b>L2 Detector Type</b></p> <input type="text"/>	<p><b>M2 Type of AES</b></p> <input type="text"/>
<p><b>L3 Detector Power Supply</b></p> <input type="text"/>	<p><b>M3 AES Operation</b></p> <input type="text"/>
<p><b>L4 Detector Operation</b></p> <input type="text"/>	<p><b>M4 Number of Sprinkler Heads</b></p> <input type="text"/> Number of Sprinkler Heads Operating
<p><b>L5 Detector Effectiveness</b></p> <input type="text"/>	<p><b>M5 AES Failure Reason</b></p> <input type="text"/>
<p><b>L6 Detector Failure Reason</b></p> <input type="text"/>	

  

  

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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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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**

Age  Date of Birth

**E Date and Time of Injury**

Date  Time

**F Responses**

Number of responses during past 24 hours

**G1 Usual Assignment**

**G2 Physical Condition Prior**

**G3 Severity**

**G4 Taken To**

**G5 Activity at Time of Injury**

**H1 Primary Apparent Symptom**

**H2 Primary Area of Body**

**I1 Cause of FireFighter Injury**

**I2 Factor Contributing to Injury**

**I3 Object Involved in Injury**

None

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- Recycle Bin
- Netscape Communicator

Fire Service Casualty Module

Sections B - I Sections J - K

J1 Where Injury Occured

J3 Specific Location

J2 Story Where Injury Occured

J4 Vehicle Type

Story  \* For Below Grade use negative number

Protective Equipment Was a Factor

K4 Equipment Information

Manufacturer

K2 Protective Equipment Item

Model

K3 Protective Equipment Problem

Serial Number

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**      **D Provider Impression**

Date      Time           

Time Arrived At Patient           

Time of Patient Transfer           

**E Age or Date of Birth**

Age      Date of Birth                 

Months (Infants)

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

                            

**G1 Human Factors**      **G2 Other Factors**

Add                 

Code	Description

**H1 Body Site of Injury**      **H2 Injury Type**

Add            Add     

Code	Description

Code	Description

**H3 Cause of Illness/Injury**

    

    

    

                                  





**EMS Module**

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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### HazMat Module

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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**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

<b>E Heat Source</b> [ ] [ ]	<b>I1 Number of Buildings Involved</b> [ ] <input type="checkbox"/> None
<b>F Mobile Property Type</b> [ ] [ ]	<b>I2 Number of Buildings Threatened</b> [ ] <input type="checkbox"/> None
<b>G Equipment Involved In Ignition</b> [ ] [ ]	<b>I3 Total Acres Burned</b> [ ]
<b>H Weather Information</b> NFDRS Weather Station ID [ ]	<b>I4 Primary Crops Burned</b> [ ] [ ] [ ]
Weather Type [ ] [ ]	
Wind Direction [ ] [ ]	
Wind Speed MPH [ ]	Air Temperature [ ] F
Relative Humidity [ ] %	Fuel Moisture [ ] %
Fire Danger Rating [ ] [ ]	

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**Wildland Module**

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

**J Property Management**

Ownership

% Total Acres Burned

Undetermined

Tax Paying

Non Tax Paying

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

<b>ID</b>		<b>Dates and Times</b>			
<b>Type</b>		<input type="checkbox"/> Same As Alarm Date	Dispatch	Date	Time
<b>Use</b>		<input type="checkbox"/> Same As Alarm Date	Arrival		
<b>Number of People</b>		<input type="checkbox"/> Same As Alarm Date	Clear		

APID	Apparatus Type
1	

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#### Apparatus Actions Taken

Add

Code	Description
------	-------------

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[OK] [Cancel]

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**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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**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

1 of 1

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# You have just completed Chapter 3: Screen Demos

To view this Chapter again,  
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