

**ULSTER HOSE COMPANY #5 FIELD DATA COLLECTION FORM**

<b>FDID</b> 56044	<b>INCIDENT NO.</b>	<b>EXP</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>Day of Week</b>	<b>Alarm Time</b>	<b>On Scene</b>	<b>In-Service</b>	
<b>Alarm Location</b>		[Number/Street Name / Apartment #]								
<b>Mutual Aid</b> [ ] N/A [ ] Received [ ] Given (Indicate Dept)		<b>INCIDENT TYPE</b>				<b>Actions Taken</b> [ ] Extinguish 11 [ ] Investigate 86 [ ] EMS 32 [ ] Remove Hazard 45 [ ] Remove Water 66 [ ] Assistance Misc. 70 [ ] Standby 92 <small>List Actions Taken (NFIRS uses MAXIMUM of THREE) Other Codes Available</small>				
<b>RESOURCES</b> Apparatus Personnel FD _____ EMS _____ OTH _____		<b>ESTIMATED DOLLAR LOSSES / VALUES</b> Property Contents Pre-Incident Value \$ _____ \$ _____ Post Incident Losses \$ _____ 0 \$ _____ 0 Insur. Co.:				<b>CASUALTIES</b> DEATHS INJURIES [ ] NONE FD: _____ Civilian: _____				
<b>PROPERTY USE</b>		<b>MIXED USE PROPERTY</b>								
<b>PERSON / ENTITY INVOLVED</b>		[ ] Check if Address is SAME as Incident Address								
Business Name _____ A/C _____ Phone Number _____										
[ ] Mr. [ ] Mrs. [ ] Ms. _____		First Name MI Last Name Title								
Number _____		Street Name Apt. / P.O. Box _____			City _____		State _____		Zip Code _____	
<b>OWNER</b>		[ ] Check if SAME as Person/Entity Involved				[ ] Check if address is SAME as Incident Address				
[ ] Mr. [ ] Mrs. [ ] Ms. _____		First Name MI Last Name Title								
Number _____		Street Name Apt. / P.O. Box _____			City _____		State _____		Zip Code _____	
<b>PROPERTY DETAILS</b>		[ ] NOT Residential [ ] NO Buildings Involved [ ] NONE [ ] Less 1 Acre								
# Of Residential Living Units _____		# Of Buildings INVOLVED _____				# Acres Burned (OUTSIDE FIRES ONLY) _____				
<b>IGNITION FACTORS</b>		[ ] Confined TO Object of Origin								
Area of Origin _____		Heat Source _____			Item First Ignited _____		[ ] Confined TO Object of Origin			
<b>Cause of Ignition:</b>		[ ] 1 Intentional [ ] 2 Unintentional [ ] 3 Failure Equip./Heat Source [ ] 4 Act of Nature [ ] 5 Cause Under Investigation								
<b>Factors Contributing to Ignition:</b>		[ ] NONE								
<b>Human Factors Contributing to Ignition:</b>		[ ] NONE [ ] 1 Asleep [ ] 2 Poss. Impaired Alcohol/Drugs [ ] 3 Unattended Person [ ] 4 Possibly Mental Disabled [ ] 5 Physically Disabled [ ] 6 Multiple Persons Involved [ ] 7 Age was a Factor Estimated Age: _____ [ ] Male [ ] Female								
<b>Equipment Involved in Ignition:</b>		[ ] NONE							Equip Yr.> _____	
Equipment Involved _____		Brand _____		Model _____		Serial # _____				
<b>Equipment Power:</b> _____		<b>Equipment:</b> [ ] PORTABLE [ ] STATIONARY								
<b>MOBILE PROPERTY</b>		[ ] NONE [ ] NOT Involved In Ignition But Burned [ ] Involved In Ignition DID NOT Burn [ ] Involved & Burned								
Mobile Property Type _____		Mobile Property Make _____			Mobile Property Model _____		Year _____			
License Plate # _____		State _____		Mobile Property VIN (Vehicle Identification #) _____						
<b>STRUCTURE INFORMATION</b>		[ ] NOT A STRUCTURE FIRE								
[ ] Enclosed Building [ ] Portable/Mobile Structure [ ] Open Structure [ ] Air Supported Structure [ ] Tent [ ] Open Platform [ ] Underground [ ] Connective Structure [ ] Other Typr Structure: _____										
<b>Building Status:</b>		[ ] 1 Under Construction [ ] 2 Occupied/Operating [ ] 3 Idle, Not Used Routinely [ ] 4 Under Major Renovation [ ] 5 Vacant/Secured [ ] 6 Vacant/Unsecured [ ] 7 Being Demolished [ ] Undetermined [ ] Other _____								

**Complete the Other Side**

**STRUCTURE INFORMATION**

[ Length &amp; Width in FT / Total SQ FT of MAIN FLOOR]

Building Height: \_\_\_\_\_ **X** \_\_\_\_\_ = \_\_\_\_\_ **NUMBER OF STORIES**  
 Bldg. Length Bldg. Width Total SQ FT Above Grade \_\_\_\_\_ Below Grade \_\_\_\_\_

**NUMBER OF STORIES DAMAGED BY FIRE**

Minor	Moderate	Heavy	Extreme
1-24%	25-49%	50-74%	75 -100%

STORY OF FIRE ORIGIN: \_\_\_\_\_ [ ] Below Grade

**DETECTORS** [ ] NONE PRESENT [ ] PRESENT [ ] UNDETERMINED

**EFFECTIVENESS:** [ ] ALERTED Occupants/Occupants Responded [ ] ALERTED Occupants/Occupants FAILED to Respond  
 [ ] No Occupants [ ] FAILED to ALERT Occupants

**DETECTOR TYPE:** [ ] 1 Smoke [ ] 2 Heat [ ] 3 Combination Heat/Smoke [ ] 4 Sprinkler/Waterflow [ ] Undetermined  
 [ ] Other \_\_\_\_\_

**DETECTOR OPERATION:** [ ] 1 Fire too Small to Activate [ ] 2 Operated [ ] 3 Failed To Operate [ ] Undetermined

**DETECTOR FAILURE:** [ ] 1 Power Failure/Shutoff Disconnected [ ] 2 Improper Installation/Placement [ ] 3 Defective  
 [ ] 4 Lack of Maintenance/Cleaning [ ] 5 Battery Missing/Disconnected [ ] 6 Battery Dead/Discharged  
 [ ] Undetermined [ ] Other \_\_\_\_\_

**AUTOMATIC EXTINGUISHING SYSTEMS**

[ ] None Present [ ] System Present &amp; Operated [ ] System FAILED

**AES TYPE:** [ ] 0 Special Hazard System, Other [ ] 1 Wet Pipe Sprinkler [ ] 2 Dry Pipe Sprinkler [ ] 3 Other Sprinkler System  
 [ ] 4 Dry Chemical System [ ] 5 Foam System [ ] 6 Halogen Type System [ ] 7 Carbon Dioxide [ ] Underdetermined

**AES OPERATION:** [ ] 0 Operation of AES, Other [ ] 1 System Operated & Effective [ ] 2 System Operated NOT Effective  
 [ ] 3 Fire too Small to Activate [ ] 4 System DID NOT OPERATE [ ] Undetermined

Number of HEADS OPERATED: \_\_\_\_\_

**AES FAILURE:** [ ] 0 Reason System Not Effective, Other [ ] 1 System Shut-Off [ ] 2 Not Enough Agent Discharged to Control Fire  
 [ ] 3 Agent Discharged, But Did NOT Reach Fire [ ] 4 Inappropriate System for the Type of Fire  
 [ ] 5 Fire Not in Area Protected By System [ ] 6 System Components Damaged [ ] 7 Lack of Maintenance,  
 Including Corrosion, Heads Painted [ ] 8 Manual Intervention Defeated System [ ] Undetermined

**NARRATIVE****REPORT AUTHORIZATIONS**

**X** \_\_\_\_\_  
*Officer In Charge*

\_\_\_\_\_ Date

**X** \_\_\_\_\_  
*Person Making Report*