

# Incident Field Notes

<b>DATE</b> / /	<b>ALARM TIME</b> :	<b>ARRIVAL TIME</b> :	<b>CONTROL TIME</b> :	<b>LAST UNIT CLEARED</b> :	<b>INCIDENT #</b>	<b>EXPOSURE #</b>												
<b>LOCATION</b> <input type="checkbox"/> Exact Location <input type="checkbox"/> Interesection <input type="checkbox"/> Front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to																		
<input type="text"/> Number		<input type="text"/> Street or Highway			<input type="text"/> State													
<input type="text"/> Apt/Room		<input type="text"/> City		<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="width: 33%;"></td> <td style="width: 33%; text-align: center;">Apparatus</td> <td style="width: 33%; text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>EMS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Other</td> <td><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 Injury 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</b> <b>THERMAL IMAGING CAMERA</b> <input type="checkbox"/> Camera Used: ____ <input type="checkbox"/> Camera NOT Used															
<b>HAZARDOUS MATERIALS RELEASE</b> <input type="checkbox"/> NONE <input type="checkbox"/> NATURAL GAS: slow leak, no evacuation or HazMat action <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														
<b>OCCUPANT/PARTY INVOLVED NAME (LAST, FIRST, MIDDLE)</b>		<b>ADDRESS/CITY/ZIP CODE</b>		<b>TELEPHONE</b>														
<b>OWNER NAME (LAST, FIRST, MIDDLE)</b>		<b>ADDRESS/CITY/ZIP CODE</b>		<b>ROOM / APT #</b>	<b>TELEPHONE</b>													
<b>NOTES:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>																		
<b>AUTHORIZATION</b>																		
<input type="text"/> Officer in Charge		<input type="text"/> Position or Rank	<input type="text"/> Assignment	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year												
<input type="text"/> Member Making Report		<input type="text"/> Position or Rank	<input type="text"/> Assignment	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year												