**FIRE INCIDENT FIELD NOTES**

Date: Click or tap to enter a date. Time: Click or tap here to enter time.

**File #** Click or tap here to enter text.

Location: Click or tap here to enter text.

Property Classification: Choose an item.

Description: Click or tap here to enter text.

**Property Status** Occupied at time of incident Yes  No

Vacant at time of incident Yes  No

Last person last in structure Click or tap here to enter text.

Time and Date in Structure Click or tap here to enter text.

Exited via Click or tap here to enter text.

Secured  or unsecured

Doors Locked  Unlocked  Open  Closed

Forced Entry Yes  No

Who Forced (if known) Click or tap here to enter text.

Windows Secured Yes  No  Open  Closed  Broken

Broken by: First Responders  Others

**File #** Click or tap here to enter text.

**Fire Department Information**

First on Scene Unit Click or tap here to enter text.

Officer Click or tap here to enter text.

Initial Observations Click or tap here to enter text.

Entry Team Members Click or tap here to enter text.

Obstacles to Extinguishment Click or tap here to enter text.

**Scene Secured**? Yes  No

Securing Agency Click or tap here to enter text.

Security method Click or tap here to enter text.

**Building Construction**

Wood Frame  Balloon  Timber/Log  Ordinary  Fire Resistive  Masonry  Concrete  Stone  Other Click or tap here to enter text.

Roof: Asphalt  Wood  Tile  Metal  Other Click or tap here to enter text.

Foundation: Slab  Basement  Crawlspace  Other  Click or tap here to enter text.

**Weather Conditions**

Visibility Click or tap here to enter text.

Temperature Click or tap here to enter text.

Wind Direction Click or tap here to enter text.

Wind Speed Click or tap here to enter text.

Precipitation Click or tap here to enter text.

**File #** Click or tap here to enter text.

**Alarm & Protection**

Sprinklers Yes  No  Standpipes Yes  No  Security Cameras Yes  No

Fire Alarm System Yes  No

Smoke Alarms Yes  No  Hard Wired Yes  No  Battery Yes  No

Battery’s in place Yes  No  Locations Click or tap here to enter text.

Hidden Keys Yes  No  Location Click or tap here to enter text.

Security bars Yes  No  Location Click or tap here to enter text.

**Utilities**

Electric On  Off  None  Overhead  Underground

Gas/Fuel On  Off  None  Natural  LP  Oil

Water On  Off  None  Municipal  Well  Other

Phone Connected  Not Connected

Other  Click or tap here to enter text.

**Investigation Initiation**

Date of request Enter a date. Time Enter time Date Enter a date.

Requesting Agency Click or tap here to enter text.

Additional Agencies

Agency Enter text Time Enter text Date Enter text

Agency Enter text. Time Enter time. Date Enter text.

Agency Enter text. Time Enter text. Date Enter text.

**File #** Click or tap here to enter text.

**Owner** Click or tap here to enter text.

Phone: Home Enter text. Cell Enter text. Business Enter text.

Address Click or tap here to enter text.

Temporary Address Click or tap here to enter text.

**Occupant** Click or tap here to enter text.

Phone: Home Enter text. Cell Enter text. Business Enter text.

Address Click or tap here to enter text.

Temporary Address Click or tap here to enter text.

**Incident Discovered By** Click or tap here to enter text.

Phone: Home Enter text. Cell Enter text. Business Enter text.

Address Click or tap here to enter text.

**Incident Reported By** Click or tap here to enter text.

Phone: Home Enter text. Cell Enter text. Business Enter text.

Address Click or tap here to enter text.

**External Survey 360 Completed Yes  No**

**Comments:** Click or tap here to enter text.

**Internal Survey**

**Entered through** Click or tap here to enter text.

**Area of least damage** Click or tap here to enter text.

**Area of most Damage** Click or tap here to enter text.

**Floor Coverings** Click or tap here to enter text.

**Wall Coverings** Click or tap here to enter text.

**Ceiling Covering** Click or tap here to enter text.

**Furnishings** Click or tap here to enter text.

**Causal Factors**

Area of Origin Click or tap here to enter text.

Point of Origin Click or tap here to enter text.

Igniting Object Click or tap here to enter text.

Material First Ignited Click or tap here to enter text.

Act or Omission Click or tap here to enter text.

**File #** Click or tap here to enter text.

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