

BLOCK A - INCIDENT REPORT HEADER

This block is the main header block for all Incident reports and includes the details of the Stations, call times, address, type of incident and action taken at an incident. To move from field to field around the screen, use either the <ENTER> or <TAB> key or <MOUSE>.

This block is compulsory and must be completed for all reports.

The following lists all fields in the Block

- ☛ ZONE
- ☛ CALL NO.
- ☛ STATION NUMBER AND NAME
- ☛ PLATOON
- ☛ E.S.T.A. TYPE
- ☛ STATUS
- ☛ CALL RECEIVED - DATE / TIME
- ☛ STATION DISPATCHED - DATE / TIME
- ☛ WORD BACK - DATE / TIME
- ☛ DUTIES COMPLETED - DATE / TIME
- ☛ RESPONSE CODE
- ☛ DELAY
- ☛ HOW CALL DETECTED / HOW CALL REPORTED
- ☛ NO, STREET NAME, SUFFIX
- ☛ TOWN/SUBURB, POSTCODE
- ☛ MUNICIPALITY
- ☛ MAP REF - AMG ZONE & COORDINATES
- ☛ JURISDICTION
- ☛ OCCUPANT'S NAME
- ☛ RESCUE
- ☛ TYPE OF OCCUPANT / TYPE OF OWNER
- ☛ MUTUAL AID
- ☛ GENERAL PROPERTY USE
- ☛ FIXED PROPERTY USE
- ☛ INCIDENT TYPE
- ☛ ACTION TAKEN
- ☛ PROBLEMS ENCOUNTERED
- ☛ WEATHER
- ☛ PEAK PERSONNEL
- ☛ PEAK PERSONNEL AT SCENE
- ☛ PUMPERS
- ☛ AERIALS
- ☛ AIRCRAFT
- ☛ SPECIAL VEHICLES
- ☛ OTHER VEHICLES
- ☛ SALVAGE PERFORMED
- ☛ AUTHORISED
- ☛ SALVAGE COMMENCED
- ☛ SALVAGE COMPLETED
- ☛ BA SETS

(Click on the underlined field names for a definition of that field.)

ZONE

This field is automatically entered by ESTA

INCIDENT NUMBER

This is a unique number used to identify each Incident and is generated by the system.

User entry is not possible.

STATION NUMBER AND NAME

The number and name of the Station responsible for the Maintenance Area.

This field is auto input from ESTA.

(Click on the underlined field names for a definition of that field.)

PLATOON

This field is automatically entered by ESTA

ESTA TYPE

This field is automatically entered by ESTA however Reporting Officer can amend input if required

STATUS

This field is automatically entered by ESTA

RESCUE

A check box to allow the entry of **Road Accident Rescue** details regardless of the Type of Call chosen. Activating this check box will require the completion of the Road Accident Rescue Block.

This check box will automatically be activated if the Road Accident Rescue button was checked on creating of the report.

This check box is available for both Incident reports and should only be checked if you attend and perform and/or assists with an extrication, rescue or recovery of a person/s as a result of a motor vehicle accident.

(Click on the underlined field names for a definition of that field.)

CALL RECEIVED - DATE / TIME

Call received is the date and time the Fire Brigade, or its agent (i.e. Intergraph or CAD Centre), was first notified of the alarm / incident.

Where call is a passer by call or V.K.N.8 call that will be the call received time

STATION DISPATCHED - DATE / TIME

Station Dispatched is the date and time the reporting Station is first advised of the call.

WORD BACK DATE / TIME

The Word back date and time is when the officer in charge declares the incident to be under control and no further response of emergency units are required.

DUTIES COMPLETED

This field is automatically entered by ESTA

RESPONSE CODE

Drop down box can be used to input response code but this will be automatically entered by ESTA.

DELAY

Defaults to no delay experienced automatically however Reporting Officer can amend.

HOW CALL DETECTED / HOW CALL REPORTED

Detected

How call detected identifies the agency or persons responsible for the detection and raising of an alarm of the incident. Select from the drop down pick list.

Reported

How call reported describes how the Fire Brigade, or its agent (Intergraph), was **first** notified of the incident. Select from the drop down pick list.

Note Irrespective of what method is employed by the Reporting Authority, or its agent, to relay the call to the responding Station, **How Call Reported** must identify the method used by the public or other outside organisation to notify the Reporting Authority.

Example 1

A fire call is received by Intergraph call taking centre from the resident of a burning house via the "000" network. The control centre activates a direct turn out system and responds a brigade.

How Call Detected would be reported as **Resident, Occupier, Employee** as the resident was the actual person who detected the fire. **How call Reported** would be reported as **000, Intergraph Public Safety Received Call**, as this was the method used by the caller to notify the Reporting Authority, or its agent, of the incident.

Example 2

A traveller calls the local fire station on a mobile telephone to report a roadside fire.

How call Detected would be reported as **Traveller, Passer-By, Neighbour** while **How Call Reported** would be reported as **Exchange Telephone Call Direct to Authority**.

This will be an automatic input from ESTA

NO, STREET NAME, SUFFIX

The full address of the premises or location of the incident.

Enter separately the street number and street name in the relevant fields and select the appropriate suffix (i.e. Street, Road, Court, etc.) from the drop down pick list.

TOWN/SUBURB, POSTCODE

Enter all or part of the suburb where the incident is located. The postcode will automatically be inserted on validation of the suburb.

If only part of the suburb is entered the **Suburb/Town Search** window will appear, set the filters and sort order as necessary to locate the suburb required.

MUNICIPALITY

This field is automatically entered by ESTA

MAP REFERENCE - AMG ZONE & COORDINATES

This is the Australian Map Grid Reference of the location or area of origin of the incident and is automatically generated by the nominated Town/Suburb. The AMG zone, combined with the northing and easting coordinates, can pinpoint the actual point on a map (accurate to within 1 metre) of where the incident originated or occurred.

This will default to the AMG Zone, Easting and Northing coordinates applicable to the centre of the suburb or town for the post code entered. This field may need to be modified to reflect a more accurate indication of the premises location. All maps (including Melways) have AMG Easting and Northing coordinates.

Zone is a non editable field.

JURISDICTION OF ORIGIN

Jurisdiction indicates whether the call is inside MFB area or outside MFB area.

OCCUPANT'S NAME

This may be the name of the person or company that occupies the premises, or the person holding tenure over the land. This is a text field.

In the case of motor vehicle accidents and hazardous material incidents involving mobile property on roadways and waterways, the occupants name is to reflect the person driving the mobile property.

TYPE OF OCCUPANT / TYPE OF OWNER

This identifies the status of the occupant/owner, whether private, local, state or Commonwealth Government and may be used for proportioning fee for service charges for budgeting purposes.

Select from the drop down pick list.

MUTUAL AID

Drop box enabling Reporting Officer to select whether Mutual Aid was provided or received.

GENERAL PROPERTY USE

General Property Use should indicate the overall general use of the total property. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

☞ **Example 1** **Fire In A Garage Of A Suburban Home**

The General Property Use would be **Residential Property - Dwelling Complex** while the Fixed Property Use would be **Storage Property - Residential Parking Garage**.

☞ **Example 2** **Car Fire On A Town Street**

The General Property Use would reflect the Public Road and be **Special Property - Road Complex** while the Fixed Property Use would be **Special Properties - Street, Road, Way (Public)**.

Information on the General Property Use when combined with the information on the Fixed Property Use provides a good indication of both the use of the area in which the incident has occurred and the overall use of the total property. Analysis of various combinations may highlight potential problems.

(Click on the underlined field names for a definition of that field.)

FIXED PROPERTY USE

Fixed Property Use should describe the specific purpose of the location of the call on that property. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

☞ **Example 1** **Fire In A Garage Of A Suburban Home**

The General Property Use would be **Residential Property - Dwelling Complex** while the **Fixed Property Use** would be **Storage Property - Residential Parking Garage**.

☞ **Example 2** **Car Fire On A Town Street**

The General Property Use would reflect the **Public Road** and be **Special Property - Road Complex** while the **Fixed Property Use** would be **Special Properties - Street, Road, Way (Public)**.

Information on the General Property Use when combined with the information on the **Fixed Property Use** provides a good indication of both the use of the area in which the incident has occurred and the overall use of the total property. Analysis of various combinations may highlight potential problems.

(Click on the underlined field names for a definition of that field.)

TYPE OF CALL

Type of call that has occurred, as determined by the reporting station, after arriving at the scene. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

The type of call reported should reflect the most serious situation that occurred, whether it still existed when the first appliance arrived or not.

The **Type of Call** should describe what has occurred, regardless of the Reporting Authority's actions.

Example 1

A station is responded to a motor vehicle accident. Upon arrival it is discovered that, although there were no persons trapped, there were casualties and these have been removed and transported to hospital by the ambulance. All that remains for the crew to do is to remove a small oil spill.

In this example, the **Type of Call** would be reported as a **Rescue, EMS Call - Vehicle Accident With Injuries** as this was the most serious nature of the incident and **NOT Hazardous Condition - Petrol or other flammable liquid spill** even though that was all the Reporting Authority dealt with at the incident.

Example 2

A station responds to a kitchen alight. Upon arrival it is discovered that foodstuffs were alight in the oven, however, the occupant has removed the food from the oven and extinguished it. No action, other than investigation, is required of the Fire Service.

Although the fire had been extinguished before the arrival, an uncontrolled fire did occur and as it was inside a structure the **Type of Call** reported would be a **Fire or Explosion - Fire in Building Confined to Non-Combustible Container - Contained Cooking Fire**.

NOTE

- (a) For an incident to be reported as a fire, uncontrolled combustion must take place.
- (b) Legitimate fires that are under control are to be recorded as **Good Intent Call - Controlled Burning** and fires that are under control but are in breach of the law, for example **burning off** without a permit or **burning during a total fire ban**, are to be reported as **Service Calls - Unauthorised Burning**.

(Click on the underlined field names for a definition of that field.)

ACTION TAKEN

Action taken is the **Primary Function** performed by the responding station personnel at the call. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

To compare the action taken at a given emergency with the type of incident. This is the starting point for analysis of the action(s) required to effectively handle a range of emergency situations encountered by fire services.

Example

A station responds to a motor vehicle accident with people injured and trapped. Upon arrival, it is found that an ambulance unit has released the injured and are in the process of transporting them to hospital. All that is required of the Fire Service is to remove a fuel spill resulting from the accident.

In this instance, although the type of call was **Rescue, EMS Call - Vehicle Accident with Injuries** the reporting crews primary requirement was to remove the hazard of the fuel spill and accordingly would record their action taken as **Remove Hazard**.

If they had taken part in releasing and treating the injured as well as removing the fuel spill, the action taken would have been recorded as **Rescue - Extrication, Disentanglement** as this would have been the most significant function performed by the crews.

(Click on the underlined field names for a definition of that field.)

PROBLEMS ENCOUNTERED

A description of difficulties or obstacles encountered during the incident by the responding station. Record the most significant difficulty or obstacle encountered by the responding station in handling the incident. Select from the drop down pick list.

Default setting is **No Problems Encountered**.

WEATHER

The weather conditions prevailing at the time of the incident. Select from the drop down pick list.

Where more than one condition exists, record the most significant condition.

The default setting is **Clear**.

PEAK PERSONNEL AT SCENE

This field is automatically entered by ESTA

PUMPERS

This field is automatically entered by ESTA

AERIALS

This field is automatically entered by ESTA

AIRCRAFT

This field is automatically entered by ESTA

SPECIAL VEHICLES

This field is automatically entered by ESTA

OTHER VEHICLES

This field is automatically entered by ESTA

SALVAGE PERFORMED

Tick box to indicating whether salvage is performed.

AUTHORISED

Tick box indicating whether authorisation form was signed.

SALVAGED COMMENCED

Time indicated on authorisation form

SALVAGE COMPLETED

Time indicated on authorisation form

BA SETS

Numerical entry

ACTION TAKEN

The following information is provided for the purpose of assisting you in the completion of the form. The information is provided for your reference only and does not constitute a guarantee of accuracy or completeness. The information is provided for your reference only and does not constitute a guarantee of accuracy or completeness.

Example: The following information is provided for the purpose of assisting you in the completion of the form. The information is provided for your reference only and does not constitute a guarantee of accuracy or completeness.

The following information is provided for the purpose of assisting you in the completion of the form. The information is provided for your reference only and does not constitute a guarantee of accuracy or completeness.

Check on the indicated items to ensure the accuracy of the data.

PROBLEMS ENCOUNTERED

A description of difficulties encountered while using the system is required. The information is provided for your reference only and does not constitute a guarantee of accuracy or completeness.

WEATHER

The weather conditions prevailing at the time of the accident should be described. The information is provided for your reference only and does not constitute a guarantee of accuracy or completeness.

PEAK PERSONNEL AT SCENE

This field is automatically entered by ERTA.

PUMPERS

This field is automatically entered by ERTA.

AERIALS

This field is automatically entered by ERTA.

AIRCRAFT

This field is automatically entered by ERTA.

SPECIAL VEHICLES

This field is automatically entered by ERTA.

OTHER VEHICLES

This field is automatically entered by ERTA.

SALVAGE PERFORMED

Tick box to indicate whether salvage is required.

AUTHORIZED

Tick box indicating whether authorization form was signed.

SALVAGE COMPLETED

Tick box to indicate on authorization form.

SALVAGE COMPLETED

Tick box to indicate on authorization form.

BLOCK B - FALSE ALARM BLOCK

How to view and edit False Alarm Details.

Steps

Launch the A.I.R.S. Summary screen.

Display Details

Locate and highlight the required record then either double click with the left button of the mouse or select Details to view the False Alarm details.

(Click on the underlined field names for a definition of that field.)

False Alarm fields are as follows: [Block B]

ALARM NUMBER

PREMISES NAME

FIP /SPRINKLER / BOTH

CIRCUIT NO.

CIRCUIT DETECTOR NUMBER

LOCATION OF DETECTOR

LEVEL OF DETECTOR

ZONE ISOLATED

CIRCUIT ISOLATED

ALARM RESET

L.E.D. FITTED

L.E.D. OPERATED

LOCATION DESCRIPTION

TYPE OF DETECTOR

HYDRANT PUMPS RUNNING

HYDRANT PUMPS RESET

SPRINKLERS

INSTALLATION NUMBER

CONCEALED DRAINS?

RETARD CHAMBER FITTED?

DUAL PRESSUE SWITCH FITTED?

WATER THROUGH L.W.G?

WATER THROUGH D.B.A.?

PUMPS RUNNING?

PUMPS RESET?

PRESSURE INSTALLATION ON ARRIVAL/LAST ENTRY

COMBINED MAINS ON ARRIVAL/LAST ENTRY

SYSTEM REINSTATED

DESCRIPTION OF SITUATION

MAINTENANCE BOOK PRESENT

DATE OF LAST TEST

JACKING PUMP FITTED?

JACKING PUMP TYPE

FAULTS REPORTED

CONTRACTOR NUMBER

(Click on the underlined field names for a definition of each field.)

ALARM NUMBER

Alarm No will be auto fed from ESTA.

PREMISES NAME

This is the descriptive name the Premises are best known by If known this will be Auto fed from E.S.T.A... [This is a text field].

FIP / SPRINKLER / BOTH

Tick appropriate field

CIRCUIT NUMBER

This is circuit number that operated on the F.I.P.

CIRCUIT DETECTOR NUMBER

If there is more than one detector on the circuit if known indicate which detector operated.

LOCATION OF DETECTOR

This Item identifies the location, room or area in which the detector is installed. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

LEVEL OF DETECTOR

This field indicate the floor level of the detector that operated A01 being the ground floor.

NOTE: Choose from pick list.

ZONE ISOLATED

This is a **Yes** or **No** field.

CIRCUIT ISOLATED

This is a **Yes** or **No** field.

ALARM RESET

This is a **Yes** or **No** field

L.E.D. FITTED

This is a **Yes** or **No** field.

L.E.D. OPERATED

This is a **Yes**, **No** or **Not Applicable** field.

LOCATION DESCRIPTION

Give a general description of the location of the detector that operated.

I.e. [hallway outside kitchen]

TYPE OF DETECTOR

Choose from pick list type of detector that operated.

HYDRANT PUMPS RUNNING

This is a **Yes**, **No** or **Not Applicable** field.

HYDRANT PUMPS RESET

This is a **Yes**, **No** or **Not Applicable** field.

DESCRIPTION OF SITUATION

This is a short description of the order of events that caused the alarm to operate.

e.g.[Contractor using concrete cutter creating dust which caused smoke detector to operate]

MAINTENANCE BOOK PRESENT

Check for maintenance book.

DATE OF LAST TEST

Should be entered from maintenance book.

SPRINKLERS

Only enter if alarm activated by Sprinkler operation or fault.

INSTALLATION NUMBER

Numerical entry

CONCEALED DRAINS

This a **Yes** or **No** field

RETARD CHAMBER FITTED

This is a **Yes** or **No** field

DUAL PRESSURE SWITCH FITTED?

This is a **Yes** or **No** field

WATER THROUGH L.W.G.?

This is a **Yes**, **No** or **Not Applicable** field

WATER THROUGH D.B.A.?

This is a **Yes**, **No** or **Not Applicable** field.

PUMPS RUNNING?

This is a **Yes**, **No** or **Not Applicable** field.

PUMPS RESET?

This is a **Yes**, **No** or **Not Applicable** field.

JACKING PUMP FITTED

Tick the box.

JACKING PUMP TYPE?

Choose from drop down box.

FAULTS REPORTED

Tick box

PRESSURE INSTALLATION ON ARRIVAL / LAST ENTRY

Pressure entered from entry advice

COMBINED MAINS ON ARRIVAL / LAST ENTRY

Pressure entered from entry advice

SYSTEM REINSTATED

Yes or No field

CONTRACTOR NUMBER

Input number from maintenance book if available

WARRANTY AND BOOK RETURN

DATE OF LAST TEST

SPRINKLER

INSTALLATION NUMBER

TESTED DRAWING

TEST CHAMBER PHOTO

QUAL PRESSURE SWITCH PHOTO?

WATER THROUGH LEAKS

WATER THROUGH GAPS

PIPING RUNNING?

QUICK RESET?

JACKING PUMP PHOTO

JACKING PUMP TYPE?

FAULTS REPORTED

PRESSURE INSTALLATION OR ARRIVAL LAST ENTRY

COMBINED-MAINS OR ARRIVAL LAST ENTRY

SYSTEM PHOTO TAKEN

CONTRACTOR NUMBER

BLOCK C - HAZARDOUS MATERIALS INCIDENT

This block should only be completed if the incident involved hazardous materials.

A Hazardous Material Incident is an incident which has (or could have) caused damage or risk to life, property or the environment on or beyond the site of the incident.

A Hazardous Material Incident must involve a sudden, unexpected and unplanned release event outside the range of normally expected operating problems, with only limited opportunity for prevention or mitigating action. Approved releases or the cumulated effects of repeated exposure are excluded.

The following should not be reported

- Emissions from engine exhausts of motor vehicles, rolling stock, aircraft, vessels, or pipeline pumping station engines
- Release of hazardous materials which are clearly minor in nature, require no response from State or industrial Fire Services
- Minor fuel or oil spillage's from motor vehicle accidents where the Fire Service removes the oil or fuel from the roadway to prevent vehicles skidding.

To move from field to field around the screen, use either the <ENTER> or <TAB> key or mouse.

The following lists all fields in the Block

- TYPE OF HAZARDOUS MATERIAL INCIDENT
- UN NUMBER - SUBSTANCE ID NUMBER
- CHEMICAL NAME
- TRADE NAME
- STATE
- QUANTITY PRESENT
- QUANTITY RELEASED
- ORIGIN OF RELEASE
- CONTAINER
- CAUSE OF HAZMAT INCIDENT
- PRIMARY HAZARD
- SECONDARY HAZARD
- PRIMARY ACTION TAKEN
- PERSONNEL DECONTAMINATION
- PRIMARY RESPIRATORY PROTECTION
- PROTECTIVE CLOTHING
- TEMPERATURE
- WIND FORCE
- WIND DIRECTION
- SPECIALIST EQUIPMENT USED
- AIR CONTAMINATION
- LAND CONTAMINATION
- WATER CONTAMINATION
- TRANSPORTER NAME
- TRANSPORTATION STATUS
- TERRAIN
- POPULATION DENSITY
- FOAM USED - LITRES
- CONTACT NAME/TYPE/PHONE
- COMMENTS

(Click on the underlined field names for a definition of that field.)

TYPE OF HAZARDOUS MATERIAL INCIDENT

Type of hazardous material incident identifies the most serious nature of the hazardous materials incident. Select from the drop down pick list.

Note This Item allows the classification of hazardous materials incidents. If there is fire but a more serious event takes place such as an explosion or a BLEVE (Boiling Liquid Expanding Vapour Explosion), then that is to be recorded instead of Fire. The recording of this Item may differ from that recorded at Type of Call.

UN NUMBER / SUBSTANCE IDENTIFICATION NUMBER

The UN Number is a four digit identification number assigned by the United Nations to one substance or to a group of substances with similar characteristics. Enter the number if known.

Note Not all hazardous materials are assigned UN numbers.

CHEMICAL NAME

The name commonly used to identify the chemical or hazardous material that had the greatest impact.

Example Calcium Hypochlorite (Pool Chlorine)

TRADE NAME

The registered, proprietary or trade name given to the substance by the manufacturer or supplier.

Example Freestyle Pool Chlorine Tablets

STATE

State of substance is a physical description of the material involved in the incident. (i.e. solid, liquid, gas, etc.). Select from the drop down pick list.

QUANTITY PRESENT

An accurate or estimated amount (in litres, kilograms or cubic metres) of the quantity present of material being stored, transported or used in a process at the time of the incident.

QUANTITY RELEASED

An accurate or estimated amount of material (in litres, kilograms or cubic metres) spilled, released or consumed during the incident.

Note Materials in overturned tankers or trucks are not considered as being lost if they remain in the tanks or containers.

CONTAINER

Container defines the type of container, or equipment, which was the major source of the release or reaction. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

ORIGIN OF RELEASE

The origin of release identifies the most significant source of the leak from the container and could include valves, pipe work, hatches, etc. Select from the drop down pick list.

CAUSE OF HAZMAT INCIDENT

The event or process that caused the Hazmat incident or potential incident. (i.e. mechanical failure, impact, human factor, etc.) You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

This is a compulsory field!

PRIMARY HAZARD

The primary hazard is the most significant hazard present at the incident. If the material is classified as dangerous goods then the dangerous goods class should be used to identify the primary hazard. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

This is a compulsory field!

SECONDARY HAZARD

Secondary hazard present at the incident. If the material is classified as dangerous goods then the secondary risk classification, if any, should be used to identify the secondary hazard. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

This field is not compulsory.

PRIMARY ACTION TAKEN

The primary action taken is the most significant action taken by the responding station in terms of its effect on making the incident safe. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the [Select Codes](#) function.

PERSONNEL DECONTAMINATION

This field provides information related to the method of decontamination of personnel handling or involved in the incident. Select from the drop down pick list.

PRIMARY RESPIRATORY PROTECTION

Primary respiratory protection is the main type of equipment used by Fire Service personnel to prevent the inhalation of poisonous fumes or gases at the incident. Select from the drop down pick list.

PROTECTIVE CLOTHING

A description of the protective clothing used to safeguard responding station personnel from the effects of the incident. Select from the drop down pick list.

TEMPERATURE

The ambient temperature at the time of release of the hazardous material.

WIND FORCE

The wind force that was predominant during the incident. Select from the drop down pick list.

If the incident occurred in a confined space and the **wind force was not a factor**, select **Wind Force Not Applicable**.

WIND DIRECTION

The predominant direction the wind was coming from during the incident. Select from the drop down pick list.

If the incident occurred in a confined space and the **wind direction was not a factor and not recorded**, select **Wind Direction Undetermined**.

SPECIALIST EQUIPMENT USED

Specialist equipment used indicates additional equipment used (other than normal fire service equipment) to contain, clean-up or dispose of hazardous materials. Record the most important item used. Select from the drop down pick list.

POLLUTION / CONTAMINATION

The degree of pollution or contamination to the environment (Air, Land and/or Water). Select an appropriate code from the available list.

TRANSPORTOR NAME

If the incident involved the transport of hazardous materials record the name of the transport company transporting the hazardous material.

TERRAIN

The terrain of the immediate area surrounding the incident. Select from the drop down pick list.

POPULATION DENSITY

This item indicates the population density of the area involved in the incident. Select from the drop down pick list.

CONTACT NAME/TYPE/PHONE

Input if applicable

COMMENTS

Any additional information to be entered

TRANSPORTATION STATUS

Drop down box whether transport incident or not

FOAM USED / LITRES

BLOCK D - CASUALTIES, RESCUE AND EVACUATION

This block should only be completed if the incident involved casualties, fatalities, rescue or evacuation. To move from field to field around the screen, use either the <ENTER> or <TAB> key or <mouse>.

The following lists all fields in the Block

- ☞ NO OF CIVILIANS INJURED
- ☞ NO OF CIVILIAN FATALITIES
- ☞ NO OF BRIGADE PERSONS INJURED
- ☞ NO OF BRIGADE PERSONS FATALITIES
- ☞ NO OF PERSONS EXTRICATED
- ☞ NO OF PERSONS RELEASED
- ☞ NO OF PERSONS ASSISTED BY BRIGADE
- ☞ TOTAL NO OF PERSONS INVOLVED
- ☞ NO OF POST EVENT FATALITES
- ☞ NO OF PERSONS RESCUED
- ☞ AUTHORITY AFFECTING RESCUE
- ☞ RESCUE TYPE
- ☞ NO. OF PERSONS EVACUATED
- ☞ DATE/TIME EVACUATION COMMENCED
- ☞ DATE/TIME EVACUATION COMPLETED
- ☞ AUTHORITY EFFECTING EVACUATION
- ☞ EVACUATION PROBLEMS
- ☞ NOTES
- ☞ CASUALTY REPORT

(Click on the underlined field names for a definition of that field.)

NUMBER OF CIVILIANS INJURED

The number of people, other than MFB personnel, who received injuries that are attributable to the incident or the action of handling the incident

The number recorded is based on the opinion of the reporting officer only and is intended for statistical use only and not for legal purposes. A subsequent coronial inquiry may show that fatalities here were not directly attributable to the incident. [inputting any number in this field will require a casualty report]

NUMBER OF CIVILIAN FATALITIES

The number of fatalities of people, other than MFB personnel, that are attributable to the incident or the action of handling the incident.

The number recorded is based on the opinion of the reporting officer only and is intended for statistical use only and not for legal purposes. A subsequent coronial inquiry may show that fatalities here were not directly attributable to the incident. . [inputting any number in this field will require a casualty report]

NUMBER OF BRIGADE PERSONS INJURED

Enter number if relevant

NUMBER OF BRIGADE PERSONS FATALITIES

Enter number if relevant

NUMBER OF PERSONS EXTRICATED

Enter number if relevant

NUMBER OF PERSONS RELEASED

Enter number if relevant

NUMBER OF PERSONS ASSISTED BY BRIGADE

Enter number if relevant

TOTAL NUMBER OF PERSONS INVOLVED

Enter number if relevant

NUMBER OF PERSONS RESCUED

The number of persons (including non-injured, injured or deceased) that were trapped, in difficulty, etc., that are subsequently released or rescued. . [inputting any number in this field will require a casualty report]

AUTHORITY AFFECTING RESCUE

Record the authority or class of people that had the most significant role in the rescue. Select from the drop down pick list.

Note This field is only available if a value has been entered in the No. of Persons Rescued field.

RESCUE TYPE

Select the most appropriate response, from the drop down pick list, to describe the circumstances whereby the person(s) became trapped, in difficulty, etc. and required rescuing.

Available options are

- Commercial/business centre accident
- Domestic accident
- Industrial accident
- Not applicable
- Recreation/leisure activity accident
- Rescue due to fire
- Rescue due to natural events such as storm, flood, earthquake
- Situation not classified
- Situation undetermined
- Transportation/vehicle accident (incl. boating, aircraft & rail)

NUMBER OF PERSONS EVACUATED

The number of persons evacuated (removed) from a hazardous or potentially hazardous area by the attending personnel, other persons or authorities.

Note It may not be possible to provide an exact figure and if so, an estimate should be recorded.

DATE / TIME EVACUATION COMMENCED

The date and time on which the evacuation commenced.

Note It may not be possible to provide an exact time and if so, an estimate should be recorded.

DATE / TIME EVACUATION COMPLETED

The date and time on which the evacuation was completed.

Note It may not be possible to provide an exact time and if so, an estimate should be recorded.

AUTHORITY AFFECTING EVACUATION

Record the authority or class of people that had the most significant role in the evacuation. Select from the drop down pick list.

Note This field is only available if a value has been entered in the No. of Persons Evacuated field.

EVACUATION PROBLEMS

The **most significant** factor, if any, affecting the evacuation of people from a hazardous or potentially hazardous area. (i.e. large numbers of evacuees, exits locked or blocked, etc.) Select from the drop down pick list.

CASUALTY REPORT

To move from field to field around the screen, use either the <ENTER> or <TAB> key or <mouse>.

- ☞ SURNAME
- ☞ GIVEN NAME
- ☞ DATE OF BIRTH
- ☞ AGE
- ☞ GENDER
- ☞ LICENCE NO
- ☞ PCR NO
- ☞ EMPLOYMENT STATUS
- ☞ OCCUPATION
- ☞ RESIDENTIAL ADDRESS SAME AS INCIDENT
- ☞ STREET NO
- ☞ STREET NAME
- ☞ TOWN/SUBURB
- ☞ POSTCODE
- ☞ INJURY DATE/TIME
- ☞ CASUALTY TYPE
- ☞ SEVERITY
- ☞ FAMILIARITY WITH STRUCTURE
- ☞ AFFILIATION
- ☞ LOCATION OF IGNITION
- ☞ CONDITION BEFORE INJURY
- ☞ ACTIVITY AT TIME OF INJURY
- ☞ CONDITION PREVENTING ESCAPE
- ☞ CAUSE OF INJURY
- ☞ NATURE OF INJURY
- ☞ PART OF BODY INJURED
- ☞ DISPOSITION
- ☞ CASUALTY NOTES

NOTES

Enter any additional information

NO OF POST EVENT FATALITIES

Enter number if known

BLOCK E - IGNITION (ALL FIRES)

This block should be completed for **all fires**, whether structure, non-structure, mobile property, bush, scrub or forest fires. To move from field to field around the screen, use either the <ENTER> or <TAB> key or <mouse>.

The following lists all fields in the Block

- ☞ AREA OF FIRE ORIGIN
- ☞ OCCUPANT OF IGNITION AREA
- ☞ ACTIVITY IN IGNITION AREA
- ☞ FORM OF THE HEAT OF IGNITION
- ☞ IGNITION FACTOR
- ☞ TYPE / FORM OF MATERIAL IGNITED FIRST
- ☞ EQUIPMENT INVOLVED IN IGNITION
- ☞ YEAR OF MANUFACTURE / MAKE / MODEL / SERIAL NO / VOLTAGE

(Click on the underlined field names for a definition of that field.)

AREA OF FIRE ORIGIN

Record the area within a property where the fire originated. The area of fire origin is defined by its use at the time of the fire ignition. The area of fire origin may be a room, part of a room, a space, a vehicle or portion of a vehicle or possibly some open area devoted to a specific purpose. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

OCCUPANT OF IGNITION AREA

Select, from the drop down pick list, the category of people who were in, or suspected of being in, the area of fire origin at the time of ignition. If more than one class, record the category closest to the area of origin.

Available responses are

- ☞ Occupant of Ignition Area undetermined
- ☞ Not applicable
- ☞ Children under 16 years of age ; insufficient information to classify
- ☞ Children 0 - 5 years of age
- ☞ Children 6 - 12 years of age
- ☞ Children 13 - 16 years of age
- ☞ Owner
- ☞ Employee or customer
- ☞ Lessee, renter, guest, visitor, patient, inmate
- ☞ Maintenance personnel
- ☞ Contractor on Premises
- ☞ Trespasser
- ☞ Occupant of Ignition Area not classified

ACTIVITY IN IGNITION AREA

From the drop down pick list, select the most appropriate response for the type of human activity in the area of the fire origin at the time of ignition.

For example, a fence fire which was ignited by sparks from a backyard BBQ would be **Camping, Picnicking (including home barbecues)**.

FORM OF THE HEAT OF IGNITION

The form of the heat energy which caused the ignition. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

Example

A fence fire which was ignited by sparks from a backyard wood fuelled BBQ would be **150 - Spark, ember, flame escaping from solid-fuelled equipment**.

IGNITION FACTOR

This is the circumstance which permitted the heat source and combustible material to combine and start the fire. You may enter the

required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the **Select Codes** function.

Note It should be understood that this Item in particular requires the officer to make a reasonable judgement using his or her expertise and experience in the area of fire behaviour and cause. This information is intended primarily to be aggregated for statistical purposes and is not intended for use in legal proceedings. Whilst it is accepted that there will be instances where the ignition factor will not be apparent, the reporting officer should not require irrefutable evidence of the cause to be present before making a determination.

TYPE / FORM OF MATERIAL IGNITED FIRST

The composition and the finished form of the material which was first ignited by the heat source.

To enter the **Type of Material Ignited First** you can either enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the **Select Codes** function.

To enter the **Form of Material Ignited First** select from the drop down pick list. This list will vary depending on the **Type of Material Ignited First** selected.

Example 1

A cotton shirt ignites on an ironing board after an unattended iron is left on. The **Type of Material Ignited First** is recorded as - **cotton, rayon, fibre fabrics, finished goods** and the **Form of Material Ignited First** would be recorded as " Wearing apparel not on a person".

Example 2

A short circuit in electrical cabling causes the plastic insulation to ignite. The **Type of Material Ignited First** would be **plastic, insufficient information to classify further** and the **Form of Material Ignited First** would be recorded as **electrical wire, cable insulation**.

NOTE When the type of material ignited is plastic, unless the reporting officer can ascertain with certainty the type of plastic involved, it should be reported as **plastic, insufficient information to classify further**.

EQUIPMENT INVOLVED IN IGNITION

The equipment, if any, which provided the principal heat that caused ignition. The heat of ignition often originates in equipment that fails or that is operating properly but due to external factors, such as the area in which it is operated or the way it is used, brings about an ignition. Select from the drop down pick list.

YEAR OF MANUFACTURE / MAKE / MODEL / SERIAL NO / VOLTAGE

It is expected that, in many cases, reporting officers may not be able to obtain or ascertain all of this information, however, as much information as possible should be recorded. This is especially true with serial numbers which may lead to positive identification of a particular product batch that has an inherent fault.

BLOCK F - FIREFIGHTING

This block should only be completed if the incident involved fire. To move from field to field around the screen, use either the <ENTER> or <TAB> key or <mouse>.

The following lists all fields in the Block

- ☞ MAJOR FIREFIGHTING FORCE
- ☞ INITIAL ATTACK FORCE
- ☞ METHOD OF INITIAL ATTACK BY REPORTING AUTHORITY
- ☞ METHOD OF INITIAL ATTACK - OTHER PERSONS
- ☞ MAJOR METHOD OF EXTINGUISHMENT
- ☞ MAJOR EXTINGUISHING MEDIUM
- ☞ PORTABLE EQUIPMENT USED
- ☞ WATER SUPPLY
- ☞ WATER SUPPLY METHOD

(Click on the underlined field names for a definition of that field.)

MAJOR FIREFIGHTING FORCE

The authority or class of personnel who were principally involved in extinguishing the fire. Select from the drop down pick list.

INITIAL ATTACK FORCE

Record the authority or class of personnel initially involved in fighting the fire. Select from the drop down pick list.

METHOD OF INITIAL ATTACK BY REPORTING AUTHORITY

The initial method employed by the responding crews to extinguish the fire. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

METHOD OF INITIAL ATTACK - OTHER PERSONS

The method used, if any, by persons or agencies other than the Reporting Authority in the initial attack on the fire. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

MAJOR METHOD OF EXTINGUISHMENT

Record the method which had the major effect in extinguishing the fire. You may enter the required pick list code (if known) or select from the pick list either by double clicking with your mouse in the field or using the Select Codes function.

MAJOR EXTINGUISHING MEDIUM

Record the medium that had the major effect in extinguishing the fire. (i.e. water only, foam, carbon dioxide etc.) Select from the drop down pick list.

PORTABLE EQUIPMENT USED

Record the estimated number for each item deployed and used on the fire.

- ☞ NUMBER OF PORTABLE EXTINGUISHERS USED
- ☞ NUMBER OF PORTABLE PUMPS USED
- ☞ NUMBER OF HOSE REELS USED
- ☞ NUMBER OF 32-50 MM DELIVERY LINES USED
- ☞ NUMBER OF 60-70 MM DELIVERY LINES
- ☞ NUMBER OF 80+MM HOSE USED
- ☞ NUMBER OF MONITORS USED
- ☞ AMOUNT OF FOAM CONCENTRATE USED (IN LITRES)
- ☞ AMOUNT OF DRY CHEMICAL USED (KILOGRAMS)

Record the **estimated** number of fire service extinguishers, portable pumps, delivery lines, amount of foam concentrate and amount of dry chemical powder used to extinguish the fire,

WATER SUPPLY

Record the most significant factor, if any, affecting the supply of water for firefighting jets. Select from the drop down pick list.

WATER SUPPLY METHOD

Record the most significant method employed to provide sufficient water to the fire-ground where sufficient supplies were not immediately available. Select from the drop down pick list.

Note The responses available in this field vary based on the details entered in the **Major Method of Extinguishment** field, in some cases this field may not be available at all.

BLOCK G - BUSH, FOREST, GRASS FIRES

This block should only be completed for bush, forest or grass fires. On adding a new primary report, this block will **only** be automatically be loaded if the Fixed Property Use and Type of Call indicate a fire in the open air. To move from field to field around the screen, use either the <ENTER> or <TAB> key or <mouse>.

The following lists all fields in the Block

- ☞ DATE / TIME STARTED
- ☞ FIRE DANGER RATING
- ☞ PERMIT TO BURN STATUS
- ☞ FIRE PREVENTION
- ☞ AREA BURNT
- ☞ RURAL LOSSES
- ☞ FIRE RESTRICTIONS
- ☞ TYPE OF VEGETATION BURNT

(Click on the underlined field names for a definition of that field.)

DATE / TIME STARTED

The date and time when ignition occurred. This Item may need to be determined by subsequent investigation. This field will default to the Date and Time entered in the Call Received field in Block A.

FIRE RESTRICTIONS

Drop down box indicating level of restrictions

TYPE OF VEGETATION BURNT

Record the predominant vegetation type consumed by fire. Select from the drop down pick list.

PERMIT TO BURN STATUS

Was a permit to light a fire, burn off rubbish, vegetation or stubble, etc, issued by an authority such as a municipal council and / or fire service, having jurisdiction over the issue of such permits? If so, was the permit adhered to? Select from the drop down pick list.

Available Options are

- No permit issued, but was required
- No permit required
- Permit status undetermined
- Permit issued; conditions complied with
- Permit issued; conditions not complied with
- Permit not applicable

RURAL LOSSES

Use field for any additional comments required by Reporting Officer

FIRE PREVENTION

Record the type and impact of fire prevention measures taken, if any, to reduce fire spread.

Select from drop down box

FIRE DANGER RATING

Drop down box to indicate rating

AREA BURNT

Numerical entry field in hectares

BLOCK H - DOLLAR LOSS FIRES

This block should be completed if fire caused the loss of any property and/or contents. To move from field to field around the screen, use either the <ENTER> or <TAB> key or <mouse>.

The following lists all fields in the Block

- ☞ ESTIMATED PROPERTY LOSS
- ☞ ESTIMATED CONTENTS LOSS
- ☞ ESTIMATED TOTAL LOSS
- ☞ NO OF MOBILE PROPERTIES DAMAGED/DESTROYED
- ☞ NO OF STRUCTURES DAMAGED/DESTROYED
- ☞ INSURANCE
- ☞ OWNERS NAME
- ☞ NUMBER / STREET NAME / SUFFIX
- ☞ TOWN/SUBURB/ POSTCODE
- ☞ CONTACT NAME
- ☞ CONTACT TYPE
- ☞ CONTACT PHONE NUMBER
- ☞ PERCENTAGE PROPERTY SAVED ON STRUCTURE
- ☞ PERCENTAGE PROPERTY SAVED ON CONTENTS
- ☞ OWNERS ID DESCRIPTION/NO
- ☞ COMPANY NAME
- ☞ ACN NO
- ☞ CONTACT PHONE
- ☞ INSURANCE COMPANY
- ☞ ALTERNATIVE INSURANCE COMPANY
- ☞ POLICY NO/ EXCESS
- ☞ OCCUPIER OR DRIVERS NAME
- ☞ ID DESCRIPTION/NO
- ☞ COMPANY NAME
- ☞ ACN NUMBER
- ☞ CONTACT PH
- ☞ COMPANY NAME/ACN/CONTACT PH
- ☞ INSURANCE COMPANY
- ☞ ALTERNATIVE INSURANCE COMPANY
- ☞ POLICY NO/EXCESS
- ☞ AGENTS NAME/PHONE
- ☞ BODY CORPORATE NAME/PHONE

(Click on the underlined field names for a definition of that field.)

ESTIMATED CONTENTS LOSS

Record the **estimated** monetary value, in whole dollars, of the damage to **contents** caused by fire and firefighting operations. **Do not include land value.**

The amount estimated should take into consideration damage caused during extinguishment as well as damage caused by the fire.

Note These fields should be recorded where a fire involves a building, mobile property or material that has value e.g. crops, planted forests, etc.

ESTIMATED PROPERTY LOSS

Record the **estimated** monetary value, in whole dollars, of the damage to **property** caused by fire and firefighting operations. **Do not include land value.**

The amount estimated should take into consideration damage caused during extinguishment as well as damage caused by the fire.

Note These fields should be recorded where a fire involves a building, mobile property or material that has value e.g. crops, planted forests, etc.

ESTIMATED TOTAL LOSS

The estimated total loss is a non editable field and is calculated by adding the **Estimated Property Loss** and the **Estimated Contents Loss** together.

PERCENTAGE PROPERTY SAVED ON CONTENTS

Record the estimated percentage of the property saved that can be attributed to firefighting operations and salvage work carried out.

PERCENTAGE PROPERTY SAVED ON STRUCTURE

Record the estimated percentage of the property saved that can be attributed to firefighting operations and salvage work.

OWNERS NAME

The name of the owner of the property involved in fire. Default setting to populate this field from **Occupants Name**.

INSURANCE

Drop down box indicating status of insurance.

NUMBER, STREET NAME, SUFFIX

The address of at least **one owner** whose property was involved in fire.

These fields will default to the incident address.

Enter separately the street number and street name in the relevant fields and select the appropriate suffix (i.e. Street, Road, Court, etc.) from the drop down pick list.

TOWN/SUBURB, POSTCODE

Enter all or part of the suburb where the **owner** is situated, the postcode will automatically be inserted on validation of suburb.

If only part of the suburb is entered the **Suburb/Town Search** window will appear, set the filters and sort order as necessary to locate the suburb required.

CONTACT NAME

Enter if known

CONTACT TYPE

Enter if known

CONTACT PHONE NUMBER

Enter if known

OWNERS ID DESCRIPTION/NO

Indicate type of identification provided

NO OF MOBILE PROPERTIES DAMAGED/DESTROYED

Numerical entry

NO OF STRUCTURES DAMAGED/DESTROYED

Numerical entry

OWNERS INSURANCE DETAILS - NO

Use insurance icon at top of screen (INS)

COMPANY NAME

Enter if known

ACN NO

Enter if known

CONTACT PHONE

Enter if known

INSURANCE COMPANY

Enter if known

ALTERNATIVE INSURANCE CO

Enter if known

POLICY NO/EXCESS

Enter if known

OCCUPIERS OR DRIVERS NAME

Enter if known

ID DESCRIPTION/NO

Enter if known

COMPANY NAME/ACN/PHONE NO

Enter if known

INSURANCE COMPANY

Enter if known

ALTERNATIVE INSURANCE COMPANY

Enter if known

POLICY NO/EXCESS

Enter if known

AGENTS NAME/PHONE NO

Enter if known

BODY CORPORTE NAME/PHONE NO

Enter if known

BLOCK J - MOBILE PROPERTY

Record details of all mobile property involved in the incident.

Add Additional Mobile Property

To record more than one mobile property select Add whilst in Edit Mode to display a blank mobile property entry screen. Each mobile property will be headed with the mobile property number of the total number of mobile properties, e.g. Mobile Property 2 of 4, will display the second mobile property of a total of four mobile properties.

Delete Mobile Property

To delete a mobile property use your mouse to move the pointer to the mobile property to be deleted (either in Edit or View Mode) by left clicking your mouse in any of the fields, then select Delete.

MOBILE PROPERTY TYPE

YEAR, MAKE, MODEL, BODY NUMBER, REGISTRATION NUMBER

(Click on the underlined field names for a definition of that field.)

MOBILE PROPERTY TYPE

Property that is designed to be movable, either under its own power or towed, whether it is still movable or not i.e. automobile, caravan, helicopter, crane, motorbike, trailer, etc.

YEAR, MAKE, MODEL, BODY NUMBER, REGISTRATION NUMBER

These items identify the mobile property involved in the incident in terms of year of manufacture, make, model, body serial number and registration number.

BLOCK K - STRUCTURE FIRES

This block should be completed if the fire involved a structure or any kind. To move from field to field around the screen, use either the <ENTER> or <TAB> key or <mouse>.

The following lists all fields in the Block

- ☞ TIME & DATE OF EXTINGUISHMENT
- ☞ STRUCTURE TYPE
- ☞ CONSTRUCTION TYPE
- ☞ BUILDING DIMENSIONS
- ☞ NUMBER OF LEVELS (GROUND LEVEL & ABOVE)
- ☞ WALL / CEILING LININGS
- ☞ LEVEL OF FIRE ORIGIN
- ☞ BUILDING CODE CLASS
- ☞ TYPE/ FORM OF MATERIAL CONTRIBUTING MOST TO FIRE INTENSITY
- ☞ TYPE / FORM OF MATERIAL GENERATING MOST SMOKE
- ☞ FACTOR CONTRIBUTING TO FLAME SPREAD
- ☞ AVENUE OF SMOKE TRAVEL
- ☞ EXTENT OF SMOKE AND HEAT DAMAGE
- ☞ EXTENT OF FLAME DAMAGE
- ☞ EXTENT OF EXTINGUISHING MEDIUM DAMAGE
- ☞ PERCENTAGE OF PROPERTY SAVED
- ☞ SMOKE ALARMS/DETECTORS FITTED
- ☞ DETECTOR LOCATION IN RELATION TO FIRE
- ☞ DETECTOR POWER SUPPLY
- ☞ DETECTOR OPERATION
- ☞ DETECTOR EFFECTIVENESS
- ☞ DETECTOR FAILURE
- ☞ SUPPRESSION / AIR HANDLING EQUIPMENT FITTED
- ☞ SPRINKLER PERFORMANCE
- ☞ FACTORS DEGRADING SPRINKLER EFFECTIVENESS
- ☞ NUMBER OF HEADS OPERATED
- ☞ AIR HANDLING SYSTEM PERFORMANCE
- ☞ EXTINGUISHERS INSTALLED, NO USED
- ☞ HOSE REELS INSTALLED, NO USED
- ☞ HYDRANTS INSTALLED, NO USED

(Click on the underlined field names for a definition of that field.)

DATE & TIME OF EXTINGUISHMENT

This is automated from ESTA

STRUCTURE TYPE

The type of structure, in terms of its configuration, in which the fire has occurred.

CONSTRUCTION TYPE

The way in which the structure is constructed in terms of its resistance to fire and fire spread.

BUILDING DIMENSIONS

Record the estimated ground floor area of the building. This may be in either square metres or imperial squares.

NUMBER OF LEVELS

Record the total number of levels, within the structure, in which the fire occurred.

Note Mezzanine levels should be counted as a whole level.

WALL / CEILING LININGS

Record the predominant material used for the wall linings and ceiling linings in the structure. Use drop down list

LEVEL OF FIRE ORIGIN

The level within a structure on which the fire originated.

Floors are recorded either as

- Level 1 Upwards
- Mezzanine Level 1 Upwards
- Number of Levels Below Level 1.

Note Mezzanine floors should be coded Mezzanine level (No.)

BUILDING CODE CLASS

Use drop down box to enter appropriate field

TYPE / FORM OF MATERIAL CONTRIBUTING MOST TO FIRE INTENSITY

Record the predominant type and form of material which generated the most heat and flame and contributed most to fire intensity and consequent fire spread. This information combined is particularly important where the fire involves a number of different types of material such as occurs with a structure fire where it may identify problems in fire safety concerning materials used in construction.

Example

A fire occurring in a tyre storage property. The **Type of Material Contributing Most to Fire Intensity** would be recorded as **51 - Rubber** and the **Form of Material Contributing Most to Fire Intensity** would be **Tyre**.

TYPE / FORM OF MATERIAL GENERATING MOST SMOKE

Record the predominant type and form of material which generated the most smoke.

Example

A fire occurred in the store room of a dress shop caused by an electric calculator overheating. The fire spread from the burning plastic case of the calculator to a timber desk then to the cotton dresses and timber shelves. The **Type of Material Generating Most Smoke** would be recorded as **72 - Cotton, Rayon, Fibre Fabric, Finished Goods** and the **Form of Material Generating Most Smoke** would be recorded as **Wearing Apparel Not on a Person**.

FACTOR CONTRIBUTING TO FLAME SPREAD

Where flame or charring has spread beyond the room or area of origin, record the most significant factor that allowed this to occur. If there is no significant factor or the fire has not spread beyond the room or area of origin, use **No Important Factor Contributing to Flame Travel**.

AVENUE OF SMOKE TRAVEL

Where the smoke has spread beyond the room or area of origin, record the most significant avenue. If the smoke has not spread, use **No Significant Avenue of Smoke Travel**.

EXTENT OF FLAME DAMAGE

Record the extent of the area burned or charred by flame impingement. A fire in a single story building that destroys the building would be classified as **Confined to the Structure of Origin**, not **Confined to the Story of Origin**.

Note The area of actual flame impingement is sought. **Browned** and similar areas scorched by heat but not attacked by flame are recorded in **Extent of Smoke Damage**.

EXTENT OF SMOKE AND HEAT DAMAGE

Record the extent of the smoke and heat scorch or **browned** damage to the structure.

EXTENT OF EXTINGUISHING MEDIUM DAMAGE

Record the extent of the damage to the building and contents or beyond caused by water or other extinguishing agents.

Note This Item provides a means of assessing the effectiveness of extinguishing medium application and salvage measures taken.

PERCENTAGE OF PROPERTY SAVED

Numerical entry

SMOKE ALARMS/DETECTORS FITTED

Check this box where the above equipment was fitted to the structure.

If left unchecked you will not be asked any questions regarding Detection, Suppression or Air Handling Equipment. PLEASE CHECK TEXT IS APPLICABLE

DETECTOR LOCATION IN RELATION TO FIRE

Use drop down box to indicate

DETECTOR POWER SUPPLY

Use drop down box to indicate

DETECTOR OPERATION

Use drop down box to indicate

DETECTOR EFFECTIVENESS

Use drop down box to indicate

DETECTOR FAILURE

Use drop down box to indicate

SUPPRESSION/AIR HANDLING EQUIP FITTED

Use drop down box

SPRINKLER PERFORMANCE

Record the status and operation of sprinklers in the structure involved in fire.

FACTORS DEGRADING SPRINKLER EFFECTIVENESS

Record those factors that adversely effect sprinkler performance.

NUMBER OF HEADS OPERATED

Record the number of sprinkler heads that operated during the fire.

AIR HANDLING SYSTEM PERFORMANCE

Record the status and operation of air handling systems in the structure involved in fire.

EXTINGUISHERS INSTALLED, NUMBER USED

Provide information on the firefighting equipment installed and number used by the occupants.

HOSE REELS INSTALLED, NUMBER USED

Provide information on the firefighting equipment installed and number used by the occupants.

HYDRANTS INSTALLED, NUMBER USED

Provide information on the firefighting equipment installed and number used by the occupants.

