

FIRS INCIDENT SUMMARY	IF SUPPORTING ANOTHER RFS BRIGADE, COMPLETE THE BOLDED AREAS ONLY	PHONE: 1800 679 700
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Name of Primary Brigade:
 (Complete for Support Report Only)

Computer Incident Number:



BRIGADE NAME:

BRIGADE AREA
 Own Area: _____ NSWFB: _____
 Other RFS Area: _____

INCIDENT ADDRESS:

Map Name:

Grid Ref: AMG

Map Scale:

Date of Incident:

Brigade Advised Time:

Stop Time:

TYPE OF INCIDENT:

Structure Fire (House, Shop Office, Barn, Shed Garage etc)

Non Structure Fire (Car, Bin, Pole, Fence, BBQ, Mail Box etc)

Grass & Scrub Fire (Crop, Orchard, Forest, Roadside, Pine etc)

Incident (MVA, RAR, Animal Rescue, Public Serv. Lock in/out etc)

False Alarm (Hoax, Good Intent, Legal Burn, Protected Premise)

Other (please specify): _____

What was the weather like? (please circle)

Clear	Fog/Mist	Rain
Cloudy	Hail	Snow/Sleet
Electrical Storm	High Winds	
Other: _____		

Other Agencies (please circle)	SUPPORTING BRIGADES
RFS _____ NPWS _____	_____
SF _____	_____
NSWFB ARFS(Airports) _____	_____

Did you encounter any problems?

If Bush, Forest or Grass fire, what was the vegetation type? _____

Was a permit required/issued? _____

Area Burnt? _____ ha

Tenure: SF, NPWS, PP, _____

Estimated Property Loss (\$) _____

Method of Extinguishment:

Major Extinguishing Medium: (please circle)

ACTION TAKEN:

Extinguish, salvage, overhaul, ventilate	<input type="checkbox"/>
Rescue or assistance	<input type="checkbox"/>
Investigation only	<input type="checkbox"/>
Remove hazard, evacuation	<input type="checkbox"/>
Service, assist elderly, gain entry, etc	<input type="checkbox"/>
Other Service (crowd, traffic control)	<input type="checkbox"/>
Called Off enroute	<input type="checkbox"/>
Standby, cover assignment, step up	<input type="checkbox"/>

Self Extinguished	<input type="checkbox"/>
Manual F/Fighting Aids	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>
Auto Fire System	<input type="checkbox"/>
Hose Lines – Appliance	<input type="checkbox"/>
Hose Lines – Hydrant	<input type="checkbox"/>
Backburn	<input type="checkbox"/>
Fuel Break	<input type="checkbox"/>
Other	<input type="checkbox"/>

Water
Foam
Solids (sand/soil)
Chemical
Carbon Dioxide
Vaporising Liquid
Steam
Undetermined
Other: _____

Mobile Property, please provide:

1.	Type	Year	Make	Model	Body Number	Rego.
2.						

<p>PROPERTY USE: (please tick)</p> <p>Public Assembly (Recreation, Restaurant, Church, etc)</p> <p>Educational (School, Trade School, University, etc)</p> <p>Institutional (Medical, Prison, Nursing, Child Care, etc)</p> <p>Residential (Flats, Houses, Motels, Inns, Tent, etc)</p> <p>Shop/Store/Office (Service Station, Banks, etc)</p> <p>Basic Industry/Utility Defence (Police, Phone Exchange etc)</p> <p>Manufacturing (Winery, Food Ind, Sawmill, Refinery)</p> <p>Storage (W/house, Silo, Stable, Timber yard, Garage, Wharf)</p> <p>Special (Vac building, Forest, Road, Park, Bridge, etc)</p> <p>Undetermined (Unknown, N/A)</p>	<p>If Structure Fire, was it? (please circle)</p> <p>Domestic Industrial</p> <p>Commercial</p> <p>Response times: (hh/mm)</p> <p>Mobile: _____</p> <p>Onscene: _____</p> <p>Returning: _____</p> <p>In Station: _____</p> <p>Respond? Yes / No</p> <p>4WD? _____</p> <p>Km's travelled one way?</p> <p>_____</p>	<p>Construction Type:</p> <p>Brick Veneer <input type="checkbox"/></p> <p>Double Brick/Block <input type="checkbox"/></p> <p>Mud Brick/Adobe <input type="checkbox"/></p> <p>Prefabricated/ Mobile Home <input type="checkbox"/></p> <p>Steel Frame/Lining (shed, factory) <input type="checkbox"/></p> <p>Tilt Slab <input type="checkbox"/></p> <p>Timber – Fibre Cement, Cladding <input type="checkbox"/></p> <p>Timber – Weatherboard <input type="checkbox"/></p> <p>Undetermined <input type="checkbox"/></p> <p>Not Classified <input type="checkbox"/></p> <p>Estimate % Lost: _____</p> <p>Vehicle Name/s that attended:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Personnel:	Driver	CABA	Injury
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Structure Type:</p> <p>Building – one fixed use</p> <p>Building – two or more fixed uses</p> <p>Not classified</p> <p>Other: _____</p> <p>Building dimensions: _____</p>																																				
<p>Services:</p> <p>Notified Req to Attend Attended</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:80%;">Electricity/ Gas/ Water</td></tr> <tr><td></td><td></td><td></td><td>Govt. Welfare Agencies</td></tr> <tr><td></td><td></td><td></td><td>Charitable Support Agencies</td></tr> <tr><td></td><td></td><td></td><td>Local Council</td></tr> <tr><td></td><td></td><td></td><td>Police</td></tr> <tr><td></td><td></td><td></td><td>Chaplain</td></tr> <tr><td></td><td></td><td></td><td>Ambulance</td></tr> <tr><td></td><td></td><td></td><td>State Emergency Services</td></tr> <tr><td></td><td></td><td></td><td>Other Agencies</td></tr> </table>				Electricity/ Gas/ Water				Govt. Welfare Agencies				Charitable Support Agencies				Local Council				Police				Chaplain				Ambulance				State Emergency Services				Other Agencies
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Additional Comments/Notes:
