

FIRE INCIDENT FIELD NOTES

Date _____ Time _____

File # _____

Location _____

Property Classification: Structure Residential Commercial Vehicle Wildland
Other _____

Description _____

Property Status Occupied at time of incident Yes No

Vacant at time of incident Yes No

Owner _____

Phone: Home _____ Cell _____ Business _____

Address _____

Temporary Address _____

Occupant _____

Phone: Home _____ Cell _____ Business _____

Address _____

Temporary Address _____

Incident Discovered By _____

Phone: Home _____ Cell _____ Business _____

Address _____

Incident Reported By

Phone: Home _____ Cell _____ Business _____

Address _____

Last person last in structure _____

Time and Date in Structure _____

Exited via _____

Secured or unsecured _____

Doors Locked Unlocked Open Closed

Forced Entry Yes No

Who Forced if Known _____

Windows Secured Yes No Open Closed Broken

Broken by: First Responders Others _____

Fire Department Information

First on Scene Unit _____ Officer _____

Initial Observations _____

Entry Team Members _____

Obstacles to Extinguishment _____

Scene Secured Yes No Securing Agency _____

Security method _____

Building Construction

Wood Frame Balloon Timber/Log Ordinary Fire Resistive

Masonry Concrete Stone Other _____

Roof Asphalt Wood Tile Metal Other _____

Foundation Slab Basement Crawlspace Other _____

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 _____

Hidden Keys Yes No Location _____

Security bars Yes No Location _____

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 _____

