

*Structure Fire Module: NFIRS 3
Scenario 3-2 Answers*

**NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A**

A FDID State Incident Date Station Incident Number Exposure Delete Change No Activity **NFIRS - 1 Basic**

B Location Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only. Census Tract

Street address

Intersection

In front of

Rear of

Adjacent to

Directions

Cross street or directions, as applicable

C Incident Type Incident Type

D Aid Given or Received Mutual aid received Automatic aid recv. Mutual aid given Automatic aid given Other aid given None

Their FDID Their State Their Incident Number

E1 Dates & Times Month Day Year Hour Min Alarm Arrival Controlled Last Unit Cleared

E2 Shifts & Alarms Local Option Shift or Alarms District platoon

E3 Special Studies Local Option Special Study ID# Special Study Value

F Actions Taken Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)

G1 Resources Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression EMS Other

G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non None Property \$ Contents \$ PRE-INCIDENT VALUE: Optional Property \$ Contents \$

Completed Modules Fire-2 Structure-3 Civilian Fire Cas.-4 Fire Serv. Casualty-5 EMS-6 HazMat-7 Wildland Fire-8 Apparatus-9 Personnel-10 Arson-11

H1 Casualties None Deaths Injuries Fire Service Civilian

H2 Detector Required for confined fires. Detector alerted occupants Detector did not alert them Unknown

H3 Hazardous Materials Release None Natural gas: slow leak, no evacuation or HazMat actions Propane gas: <21 lb. tank (as in home BBQ grill) Gasoline: vehicle fuel tank or portable container Kerosene: fuel burning equipment or portable storage Diesel fuel/fuel oil: vehicle fuel tank or portable storage Household solvents: home/office spill, cleanup only Motor oil: from engine or portable container Paint: from paint cans totaling <55 gallons Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form

I Mixed Use Property Not mixed Assembly Use Education use Medical use Residential use Row of stores Enclosed mall Business & residential Office use Industrial use Military use Farm use Other mixed use

J Property Use Structures 131 Church, place of worship 161 Restaurant or cafeteria 162 Bar/tavern or nightclub 213 Elementary school or kindergart. 215 High school or junior high 241 College, adult ed. 311 Care facility for the aged 331 Hospital 341 Clinic, clinic type infirmary 342 Doctor/dentist office 361 Prison or jail, not juvenile 419 1- or 2- family dwelling 429 Multi-family dwelling 439 Rooming/boarding house 449 Commercial hotel or motel 459 Residential, board and care 464 Dormitory/barracks 519 Food and beverage sales 539 Household goods, sales, repairs 579 Motor vehicle/boat sales/repairs 571 Gas or service station 599 Business office 615 Electric generating plant 629 Laboratory/science lab 700 Manufacturing plant 819 Livestock/poultry storage (barn) 882 Non-residential parking garage 891 Warehouse 936 Vacant lot 938 Graded/cared for plot of land 946 Lake, river, stream 951 Railroad right of way 960 Other street 961 Highway/divided highway 962 Residential street/driveway 981 Construction site 984 Industrial plant yard

Look up and enter a Property Use code only if you have NOT checked a Property Use box.

NFIRS-1 Revision

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K1 Person/Entity Involved

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. X Christy A Gordon MI Last Name Suffix

Number 5 Prefix _____ Street or Highway East Cary Street Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City Brunswick

State VA Zip Code 23131

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option _____ Business name (if applicable) _____ Area Code _____ Phone Number _____

Same as person involved? Then check this box and skip the rest of this section.

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. _____ MI Last Name Suffix

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ Zip Code _____

L **Remarks:**

Local Option _____

Mrs. Christy A. Gordon was warming her lunch on the stove when the grease from the pan began to burn.

Fire Module Required?

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure
<input type="checkbox"/> Special structure 112	Complete Fire Mod. & the I block on Structure Module
<input type="checkbox"/> Confined 113-118	Complete Basic Module
<input type="checkbox"/> Mobile Property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland
<input type="checkbox"/> Outside rubbish fire 150-155	Complete Basic Module
<input type="checkbox"/> Special outside fire 160-164	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

More remarks? Check this box and attach Supplemental Forms(NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge.

Officer in charge ID _____ Signature Tonya Gordon Position or rank Captain Assignment _____ Month 05 Day 11 Year 2002

Member making report ID _____ Signature Adam Wallner Position or rank FF1 Assignment _____ Month 05 Day 11 Year 2002

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Complete this side for all fires			
A	FDID <input type="text" value="9121188"/>	State <input type="text" value="VA"/>	Incident Date <input type="text" value="05/01/2010"/>
	Station <input type="text" value="00015433"/>	Incident Number <input type="text" value="000"/>	Exposure <input type="text" value="000"/>
			<input type="checkbox"/> Delete <input type="checkbox"/> Change
NFIRS - 2 Fire			
B Property Details		C On-Site Materials or Products <input checked="" type="checkbox"/> None	
B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential Estimated number of residential living units in building of origin <i>whether or not all units became involved</i>		Enter up to three codes. Check one box for each code entered. <input type="text" value="NNN"/> None On-site material (1)	
B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings not involved Number of buildings involved		<input type="text" value=""/> <input type="text" value=""/> On-site material (2)	
B3 <input type="text" value=""/> , <input type="text" value="0"/> <input type="checkbox"/> None Acres burned (outside fires) <input type="checkbox"/> Less than one acre		<input type="text" value=""/> <input type="text" value=""/> On-site material (3)	
		Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, <i>whether or not they became involved</i> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service	
		1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service	
		1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service	
D Ignition		E1 Cause of Ignition <input checked="" type="checkbox"/> <input type="checkbox"/> Skip to Section G	
D1 <input type="text" value="214"/> <input type="checkbox"/> Cooking area, kitchen Area of fire origin		<input type="checkbox"/> Check box if this is an exposure report.	
D2 <input type="text" value="11"/> <input type="checkbox"/> Spark, ember or flame... Heat source		1 <input type="checkbox"/> Intentional 2 <input checked="" type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	
D3 <input type="text" value="716"/> <input type="checkbox"/> Cooking materials, including... Item first ignited <input type="checkbox"/> Check box if fire spread was confined to object of origin		E2 Factors Contributing To Ignition <input type="checkbox"/> None	
D4 <input type="text" value="217"/> <input type="checkbox"/> Cooking oil, transformer Type of material first ignited <input type="checkbox"/> Required only if item first ignited code is 00 or <70		<input type="text" value=""/> <input type="text" value=""/> Factor contributing to ignition (1)	
		<input type="text" value=""/> <input type="text" value=""/> Factor contributing to ignition (2)	
		E3 Human Factors Contributing To Ignition Check all applicable boxes <input type="checkbox"/> None	
		1 <input checked="" type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved	
		7 <input type="checkbox"/> Age was a factor Estimated age of person <input type="text" value=""/>	
		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
F1 Equipment Involved In Ignition		F2 Equipment Power Source	
<input type="checkbox"/> None <input checked="" type="checkbox"/> If equipment was not involved, skip to Section G		<input type="text" value="211"/> <input type="checkbox"/> Natural gas or other Equipment Power Source	
<input type="text" value="646"/> <input type="checkbox"/> Range with or without oven Equipment involved		F3 Equipment Portability	
Brand <input type="text" value="Whirlpool"/>		1 <input type="checkbox"/> Portable 2 <input checked="" type="checkbox"/> Stationary	
Model <input type="text" value="RF330PXVN"/>		Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.	
Serial # <input type="text" value="F925888840"/>		Fire suppression factor (1) <input type="text" value=""/>	
Year <input type="text" value="2010"/>		Fire suppression factor (2) <input type="text" value=""/>	
		Fire suppression factor (3) <input type="text" value=""/>	
G Fire Suppression Factors		H1 Mobile Property Involved	
Enter up to three codes. <input checked="" type="checkbox"/> None		<input checked="" type="checkbox"/> None	
		1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned	
		H2 Mobile Property Type & Make	
		<input type="text" value=""/> <input type="text" value=""/> Mobile property type	
		<input type="text" value=""/> <input type="text" value=""/> Mobile property make	
		<input type="text" value=""/> <input type="text" value=""/> Year	
		Mobile property model <input type="text" value=""/>	
		License Plate Number <input type="text" value=""/> State <input type="text" value=""/> VIN Number <input type="text" value=""/>	
Structure fire? Please be sure to complete the other side of this form.			
Local Use <input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other agencies: <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached			
NFIRS-2 Revision 01/19/99			

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I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	I2 Building Status ☆ 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building Height ☆ Count the ROOF as part of the highest story _____ 2 Total number of stories at or above grade _____ 0 Total number of stories below grade	I4 Main Floor Size ☆ _____ _____ 0,0,0 Total square feet OR _____ _____ BY _____ _____ Length in feet Width in feet	NFIRS-3 Structure Fire
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J1 Fire Origin ☆ _____ _____ Story of fire origin <input type="checkbox"/> Below grade	J3 Number of Stories Damaged By Flame ☆ Count the ROOF as part of the highest story _____ 1 Number of stories w/ minor damage (1 to 24% flame damage) _____ 0 Number of stories w/ significant damage (25 to 49% flame damage) _____ 0 Number of stories w/ heavy damage (50 to 74% flame damage) _____ 0 Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread ☆ <input checked="" type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine → Skip to Section L K1 _____ _____ Item contributing most to flame spread K2 _____ _____ Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.
J2 Fire Spread ☆ 2 <input checked="" type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

L1 Presence of Detectors ☆ (In area of the fire) N <input type="checkbox"/> None Present → Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined	L3 Detector Power Supply ☆ 1 <input type="checkbox"/> Battery only 2 <input checked="" type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L5 Detector Effectiveness ☆ Required if detector operated. 1 <input checked="" type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
L2 Detector Type ☆ 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	L4 Detector Operation ☆ 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated → Complete Section L5 3 <input type="checkbox"/> Failed to operate → Complete Section L6 U <input type="checkbox"/> Undetermined	L6 Detector Failure Reason ☆ Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined

M1 Presence of Automatic Extinguishment System ☆ N <input checked="" type="checkbox"/> None Present → Complete rest of Section M 1 <input type="checkbox"/> Present	M3 Automatic Extinguishment System Operation ☆ Required if fire was within designed range 1 <input checked="" type="checkbox"/> Operated & effective (go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	M5 Automatic Extinguishment System Failure Reason ☆ Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
M2 Type of Automatic Extinguishment System ☆ Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	M4 Number of Sprinkler Heads Operating ☆ Required if system operated _____ _____ Number of sprinkler heads operating	

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