

*Apparatus or Resources Module:
NFIRS 9
Scenario 9-2 Answers*

**NFIRS 5.0 SELF STUDY PROGRAM
APPENDIX A**

| | | | |
|---|--|---|----------------------------|
| A FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05"/> <input type="text" value="03"/> <input type="text" value="20"/> <input type="text" value="02"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="0005455"/> Exposure <input type="text" value="000"/> | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity | NFIRS - 1 Basic |
| B Location <input type="checkbox"/> 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 <input type="text" value="0501"/> <input type="text" value="20"/> | | | |
| <input type="checkbox"/> Street address <input type="text" value="MM73"/> <input type="text" value="1-95"/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> Intersection Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> In front of <input type="text" value=""/> <input type="text" value="Brunswick"/> <input type="text" value="VA"/> <input type="text" value="23351"/> - <input type="text" value=""/> <input type="checkbox"/> Rear of Apt./Suite/Room City State Zip Code <input type="checkbox"/> Adjacent to <input type="text" value="Near Exit 2B"/> <input type="checkbox"/> Directions Cross street or directions, as applicable | | | |
| C Incident Type <input type="text" value="111"/> <input type="text" value="Passenger Vehicle"/> | | E1 Dates & Times Midnight is 0000 Month Day Year Hour Min <input type="checkbox"/> Alarm <input type="text" value="05"/> <input type="text" value="03"/> <input type="text" value="20"/> <input type="text" value="02"/> <input type="text" value="23"/> <input type="text" value="58"/> | |
| D Aid Given or Received <input type="checkbox"/> Mutual aid received <input type="checkbox"/> Automatic aid recv. <input type="checkbox"/> Mutual aid given <input type="checkbox"/> Automatic aid given <input type="checkbox"/> Other aid given <input checked="" type="checkbox"/> None | | E2 Shifts & Alarms Local Option <input type="text" value="C"/> <input type="text" value=""/> <input type="text" value="A105"/> Shift or Alarms District platoon | |
| <input type="checkbox"/> Their FDID <input type="text" value=""/> <input type="text" value=""/> Their State <input type="checkbox"/> Their Incident Number <input type="text" value=""/> | | E3 Special Studies Local Option <input type="text" value=""/> <input type="text" value=""/> Special Study ID# Special Study Value | |
| F Actions Taken <input type="text" value="11"/> <input type="text" value="Extinguish"/> Primary Action Taken (1) <input type="text" value=""/> <input type="text" value=""/> Additional Action Taken (2) <input type="text" value=""/> <input type="text" value=""/> Additional Action Taken (3) | | G1 Resources <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <input type="text" value="2"/> <input type="text" value="6"/> EMS <input type="text" value="0"/> <input type="text" value="0"/> Other <input type="text" value="1"/> <input type="text" value="2"/> <input type="checkbox"/> Check box if resource counts include aid received resources. | |
| G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non None Property \$ <input type="text" value=""/> <input type="text" value="26"/> <input type="text" value="000"/> <input type="checkbox"/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="0"/> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> Contents \$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> | | | |
| Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11 | | H1 Casualties <input type="checkbox"/> None Deaths Injuries Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="0"/> <input type="text" value="0"/> H2 Detector Required for confined fires. <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown | |
| H3 Hazardous Materials Release <input type="checkbox"/> None <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage <input type="checkbox"/> Household solvents: home/office spill, cleanup only <input type="checkbox"/> Motor oil: from engine or portable container <input type="checkbox"/> Paint: from paint cans totaling <55 gallons <input checked="" type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form | | | |
| I Mixed Use Property <input checked="" type="checkbox"/> Not mixed <input type="checkbox"/> Assembly Use <input type="checkbox"/> Education use <input type="checkbox"/> Medical use <input type="checkbox"/> Residential use <input type="checkbox"/> Row of stores <input type="checkbox"/> Enclosed mall <input type="checkbox"/> Business & residential <input type="checkbox"/> Office use <input type="checkbox"/> Industrial use <input type="checkbox"/> Military use <input type="checkbox"/> Farm use <input type="checkbox"/> Other mixed use | | | |
| J Property Use <input type="checkbox"/> Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergart. 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult ed. 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field | | 341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2- family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input checked="" type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway | |
| 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Look up and enter a Property Use code only if you have NOT checked a Property Use box: <input type="text" value=""/> <input type="text" value=""/> | | | |

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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** **Robert** **L** **Anderson** _____
 First Name MI Last Name Suffix

Number **1630** Prefix _____ Street or Highway **Second** _____
 Street Type **AVE** Suffix _____

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

State **NC** Zip Code **241501** - _____

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

K2 Owner

Local Option Same as person involved? Then check this box and skip the rest of this section. Business name (if applicable) **VA Dept. of Transportation** Area Code **804** Phone Number **378-2314**

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

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

Number **23** Prefix _____ Street or Highway **Washington** _____
 Street Type **ST** Suffix **N**

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

State **VA** Zip Code **213119** - _____

L **Remarks:** Local Option

Mr Anderson cut his head when his car hit the guardrail. Bleeding was stopped. He was released to Ace Towing Service. The towing service provider provided him with a ride from the incident. He said that his front seat caught on fire from a cigarette. He was drowsy from a prescription drug that he took.

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 1 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 **Ernest Greene** Position or rank **Captain** Assignment _____ Month **05** Day **04** Year **210102**

Member making report ID _____ Signature **Steve LaCivita** Position or rank **FF1** Assignment _____ Month **05** Day **04** Year **210102**

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|--|--|---|--|--|--|---|--|--|--|---|--|---|--|---|--|---|---|--|-------------------------------------|--|---|--|------------------------------------|-----------------------------------|--|--|-----------------------------------|--|--|--|--|---|---|-------------------------------------|--|
| A FDID <input type="text" value="09211818"/> State <input type="text" value="VA"/> MM <input type="text" value="05"/> DD <input type="text" value="03"/> YYYY <input type="text" value="2002"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="0005455"/> Exposure <input type="text" value="000"/> | | <input type="checkbox"/> Delete <input type="checkbox"/> Change | NFIRS-6 EMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Number of Patients <input type="text" value="1"/> Patient Number <input type="text" value="1"/> | | C Date/Time Check if same date as alarm <input type="checkbox"/> Time Arrived at Patient <input checked="" type="checkbox"/> Time of Patient Transfer <input checked="" type="checkbox"/> Month <input type="text" value="05"/> Day <input type="text" value="04"/> Year <input type="text" value="2002"/> Hour/Min <input type="text" value="0016"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Provider Impression/Assessment <input type="checkbox"/> Check one box only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><input type="checkbox"/> 10 Abdominal pain</td> <td style="width:25%;"><input type="checkbox"/> 18 Chest pain</td> <td style="width:25%;"><input type="checkbox"/> 26 Hypovolemia</td> <td style="width:25%;"><input type="checkbox"/> 34 Sexual assault</td> </tr> <tr> <td><input type="checkbox"/> 11 Airway obstruction</td> <td><input type="checkbox"/> 19 Diabetic symptom</td> <td><input type="checkbox"/> 27 Inhalation injury</td> <td><input type="checkbox"/> 35 Sting/bite</td> </tr> <tr> <td><input type="checkbox"/> 12 Allergic reaction</td> <td><input type="checkbox"/> 20 Do not resuscitate</td> <td><input type="checkbox"/> 28 Obvious death</td> <td><input type="checkbox"/> 36 Stroke/CVA</td> </tr> <tr> <td><input type="checkbox"/> 13 Altered LOC</td> <td><input type="checkbox"/> 21 Electrocution</td> <td><input type="checkbox"/> 29 OD/poisoning</td> <td><input type="checkbox"/> 37 Syncope</td> </tr> <tr> <td><input type="checkbox"/> 14 Behavioral/psych</td> <td><input type="checkbox"/> 22 General illness</td> <td><input type="checkbox"/> 30 Pregnancy/OB</td> <td><input type="checkbox"/> 38 Trauma</td> </tr> <tr> <td><input type="checkbox"/> 15 Burns</td> <td><input checked="" type="checkbox"/> 23 Hemorrhaging/bleeding</td> <td><input type="checkbox"/> 31 Respiratory arrest</td> <td><input type="checkbox"/> 00 Other</td> </tr> <tr> <td><input type="checkbox"/> 16 Cardiac arrest</td> <td><input type="checkbox"/> 24 Hyperthermia</td> <td><input type="checkbox"/> 32 Respiratory distress</td> <td><input type="checkbox"/> NN None/no patient or refused treatment</td> </tr> <tr> <td><input type="checkbox"/> 17 Cardiac dysrhythmia</td> <td><input type="checkbox"/> 25 Hypothermia</td> <td><input type="checkbox"/> 33 Seizure</td> <td></td> </tr> </table> | | | | <input type="checkbox"/> 10 Abdominal pain | <input type="checkbox"/> 18 Chest pain | <input type="checkbox"/> 26 Hypovolemia | <input type="checkbox"/> 34 Sexual assault | <input type="checkbox"/> 11 Airway obstruction | <input type="checkbox"/> 19 Diabetic symptom | <input type="checkbox"/> 27 Inhalation injury | <input type="checkbox"/> 35 Sting/bite | <input type="checkbox"/> 12 Allergic reaction | <input type="checkbox"/> 20 Do not resuscitate | <input type="checkbox"/> 28 Obvious death | <input type="checkbox"/> 36 Stroke/CVA | <input type="checkbox"/> 13 Altered LOC | <input type="checkbox"/> 21 Electrocution | <input type="checkbox"/> 29 OD/poisoning | <input type="checkbox"/> 37 Syncope | <input type="checkbox"/> 14 Behavioral/psych | <input type="checkbox"/> 22 General illness | <input type="checkbox"/> 30 Pregnancy/OB | <input type="checkbox"/> 38 Trauma | <input type="checkbox"/> 15 Burns | <input checked="" type="checkbox"/> 23 Hemorrhaging/bleeding | <input type="checkbox"/> 31 Respiratory arrest | <input type="checkbox"/> 00 Other | <input type="checkbox"/> 16 Cardiac arrest | <input type="checkbox"/> 24 Hyperthermia | <input type="checkbox"/> 32 Respiratory distress | <input type="checkbox"/> NN None/no patient or refused treatment | <input type="checkbox"/> 17 Cardiac dysrhythmia | <input type="checkbox"/> 25 Hypothermia | <input type="checkbox"/> 33 Seizure | |
| <input type="checkbox"/> 10 Abdominal pain | <input type="checkbox"/> 18 Chest pain | <input type="checkbox"/> 26 Hypovolemia | <input type="checkbox"/> 34 Sexual assault | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 11 Airway obstruction | <input type="checkbox"/> 19 Diabetic symptom | <input type="checkbox"/> 27 Inhalation injury | <input type="checkbox"/> 35 Sting/bite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 12 Allergic reaction | <input type="checkbox"/> 20 Do not resuscitate | <input type="checkbox"/> 28 Obvious death | <input type="checkbox"/> 36 Stroke/CVA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 13 Altered LOC | <input type="checkbox"/> 21 Electrocution | <input type="checkbox"/> 29 OD/poisoning | <input type="checkbox"/> 37 Syncope | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 14 Behavioral/psych | <input type="checkbox"/> 22 General illness | <input type="checkbox"/> 30 Pregnancy/OB | <input type="checkbox"/> 38 Trauma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 15 Burns | <input checked="" type="checkbox"/> 23 Hemorrhaging/bleeding | <input type="checkbox"/> 31 Respiratory arrest | <input type="checkbox"/> 00 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 16 Cardiac arrest | <input type="checkbox"/> 24 Hyperthermia | <input type="checkbox"/> 32 Respiratory distress | <input type="checkbox"/> NN None/no patient or refused treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 17 Cardiac dysrhythmia | <input type="checkbox"/> 25 Hypothermia | <input type="checkbox"/> 33 Seizure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E1 Age or Date of Birth Age <input type="text" value="049"/> Months (for infants) <input type="checkbox"/> OR Month <input type="text"/> Day <input type="text"/> Year <input type="text"/> | F1 Race 1 <input type="checkbox"/> White 2 <input checked="" type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian/Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined | G1 Human Factors Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input checked="" type="checkbox"/> Possibly impaired by drugs 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person N <input type="checkbox"/> None | G2 Other Factors If an illness, not an injury, skip G2 and go to H3 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self N <input checked="" type="checkbox"/> None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E2 Gender 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female | F2 Ethnicity 1 <input type="checkbox"/> Hispanic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 Body Site of Injury List up to five body sites 1 <input type="text" value="Head"/> | | H2 Injury Type List one injury type for each body site listed under H1 1 <input type="text" value="6"/> Laceration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | H3 Cause of Illness/Injury Cause of illness/injury <input type="text" value="29"/> Motor Vehicle <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I Procedures Used Check all applicable boxes 01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input checked="" type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splint extremities 24 <input type="checkbox"/> Suction/aspirate NN <input type="checkbox"/> No Treatment 00 <input type="checkbox"/> Other | | J Safety Equipment Used or deployed by Patient 1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device N <input checked="" type="checkbox"/> None 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | K Cardiac Arrest Check all applicable boxes 1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it? 1 <input type="checkbox"/> Witnessed 2 <input type="checkbox"/> Bystander CPR 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/ V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L1 Initial Level of Provider <input type="checkbox"/> 1 <input type="checkbox"/> First Responder 2 <input checked="" type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training | L2 Highest Level of Provider On Scene 1 <input type="checkbox"/> First Responder 2 <input checked="" type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No care provided | M Patient Status 1 <input checked="" type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input checked="" type="checkbox"/> Pulse on Transfer | N Disposition 1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input type="checkbox"/> Other N <input checked="" type="checkbox"/> Not transported | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NFIRS-6 Revision

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APPENDIX A**

| | | | | | | | | |
|----------|---|---------------------------------------|---|---------------------------------------|--|---|--|---|
| A | FDID <input type="text" value="92188"/> | State <input type="text" value="VA"/> | Incident Date MM <input type="text" value="05"/> DD <input type="text" value="01"/> YYYY <input type="text" value="2002"/> | Station <input type="text" value=""/> | Incident Number <input type="text" value="0005455"/> | Exposure <input type="text" value="000"/> | <input type="checkbox"/> Delete <input type="checkbox"/> Change | NFIRS - 9 Apparatus or Resources |
|----------|---|---------------------------------------|---|---------------------------------------|--|---|--|---|

| B Apparatus or Resource <small>Use codes listed below</small> | Dates and Times <small>Check if same date as alarm</small> Month Day Year Hours/Mins | Sent | Number of People | Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> | Actions Taken |
|---|---|-------------------------------------|----------------------------------|---|---|
| 1 ID <input type="text" value="E0100"/> Type <input type="text" value="11"/> | Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1253"/> Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1305"/> Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1440"/> | <input checked="" type="checkbox"/> | <input type="text" value="004"/> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value="11"/> <input type="text" value="51"/> |
| 2 ID <input type="text" value="E100115"/> Type <input type="text" value="14"/> | Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1253"/> Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1305"/> Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1430"/> | <input checked="" type="checkbox"/> | <input type="text" value="002"/> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value="11"/> <input type="text" value="12"/> |
| 3 ID <input type="text" value="E100111"/> Type <input type="text" value=""/> | Dispatch <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1253"/> Arrival <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1307"/> Clear <input type="checkbox"/> <input type="text" value="05"/> <input type="text" value="01"/> <input type="text" value="2002"/> <input type="text" value="1440"/> | <input checked="" type="checkbox"/> | <input type="text" value="002"/> | <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value="86"/> <input type="text" value="32"/> |
| 4 ID <input type="text" value=""/> Type <input type="text" value=""/> | Dispatch <input type="checkbox"/> <input type="text" value=""/> Arrival <input type="checkbox"/> <input type="text" value=""/> Clear <input type="checkbox"/> <input type="text" value=""/> | <input type="checkbox"/> | <input type="text" value=""/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value=""/> |
| 5 ID <input type="text" value=""/> Type <input type="text" value=""/> | Dispatch <input type="checkbox"/> <input type="text" value=""/> Arrival <input type="checkbox"/> <input type="text" value=""/> Clear <input type="checkbox"/> <input type="text" value=""/> | <input type="checkbox"/> | <input type="text" value=""/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value=""/> |
| 6 ID <input type="text" value=""/> Type <input type="text" value=""/> | Dispatch <input type="checkbox"/> <input type="text" value=""/> Arrival <input type="checkbox"/> <input type="text" value=""/> Clear <input type="checkbox"/> <input type="text" value=""/> | <input type="checkbox"/> | <input type="text" value=""/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value=""/> |
| 7 ID <input type="text" value=""/> Type <input type="text" value=""/> | Dispatch <input type="checkbox"/> <input type="text" value=""/> Arrival <input type="checkbox"/> <input type="text" value=""/> Clear <input type="checkbox"/> <input type="text" value=""/> | <input type="checkbox"/> | <input type="text" value=""/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value=""/> |
| 8 ID <input type="text" value=""/> Type <input type="text" value=""/> | Dispatch <input type="checkbox"/> <input type="text" value=""/> Arrival <input type="checkbox"/> <input type="text" value=""/> Clear <input type="checkbox"/> <input type="text" value=""/> | <input type="checkbox"/> | <input type="text" value=""/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value=""/> |
| 9 ID <input type="text" value=""/> Type <input type="text" value=""/> | Dispatch <input type="checkbox"/> <input type="text" value=""/> Arrival <input type="checkbox"/> <input type="text" value=""/> Clear <input type="checkbox"/> <input type="text" value=""/> | <input type="checkbox"/> | <input type="text" value=""/> | <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other | <input type="text" value=""/> |

| | | | |
|--|--|---|---|
| Type of Apparatus or Resource Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker & pumper combination 16 Brush truck 17 ARF (Aircraft Rescue and Firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other | Aircraft 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other | Medical & Rescue 71 Rescue unit 72 Urban search & rescue unit 73 High angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type 1 hand crew 95 Type 2 hand crew 99 Privately owned vehicle 00 Other apparatus/resource | <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined |
|--|--|---|---|

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