



# FIRS Report Form

# Bushfire

**ONLY fill in this form if Primary Responder / Brigade / Unit**

**Block A – Primary Report Header**

**DFES Incident #**

--	--	--	--	--	--

Unit/Brigade Name: \_\_\_\_\_

Date/s: \_\_\_\_\_ to \_\_\_\_\_

Start Time: \_\_\_\_\_ : \_\_\_\_\_ hrs      Finish Time \_\_\_\_\_ : \_\_\_\_\_ hrs

Type of Fire: Grass     Crop     Scrub     Forest     Pole     Rubbish

Report of smoke – no fire       Unauthorised Burn       Control Burn

Loc / St No.: \_\_\_\_\_ Rd / St Name: \_\_\_\_\_

Town / Suburb: \_\_\_\_\_ Map Ref / GPS Co-ordinates: \_\_\_\_\_

What is the Property used for? \_\_\_\_\_

Action Taken: Fire Extinguished  Investigation Only  Called Off  Other  \_\_\_\_\_

**Block E - Ignition**

Who was in the area at the time of fire? \_\_\_\_\_

Where did the fire start? \_\_\_\_\_

How did the fire start? \_\_\_\_\_

Was any equipment involved in ignition? \_\_\_\_\_

Do you think the fire was: Deliberate (have evidence)  Suspicious  Accidental  Natural   
Result of a Planned Burn

**Block F- Fire Fighting**

How was the fire fought? Appliance Hose Reel  Constructed fire break  Portable Extinguisher   
Hand Tools (e.g. garden hose, bucket, shovel)  Self-Extinguished  Back Burn

Other \_\_\_\_\_

**Block G + H – Bush Forest Grass + Block Exposures - Structures**

Area Burnt: Private (ha) \_\_\_\_\_ Public (ha) \_\_\_\_\_ Estimated total \$ value: \_\_\_\_\_

Description and amounts of Losses: (e.g. fencing, sheds, livestock, machinery) \_\_\_\_\_

Other Addresses affected by the fire? \_\_\_\_\_ % Damaged: \_\_\_\_\_

Permit: Required? Yes  No  Issued? Yes  No  Complied With? Yes  No

**Block Sign Off**

Were any Agencies notified / attended? (e.g. Western Power, DEC) \_\_\_\_\_

Comments: \_\_\_\_\_

Incident Control Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Officer completing this Form: \_\_\_\_\_ \*This form MUST be accompanied with an Attendance Form

\*Only BFS and VES: If form not entered in FIRS then please FAX to 1800 309 999 or EMAIL to [reports@dfes.wa.gov.au](mailto:reports@dfes.wa.gov.au)



# FIRS Report Form

# Attendance

Fill in Block A if Supporting Responder / Brigade / Unit

DFES Incident # 

--	--	--	--	--	--

### Block A – Incident Header

Unit/Brigade Name: \_\_\_\_\_ Primary Brigade Name: \_\_\_\_\_

Date/s: \_\_\_\_\_ to \_\_\_\_\_ Start Time: \_\_\_\_\_ : \_\_\_\_\_ hrs Finish Time \_\_\_\_\_ : \_\_\_\_\_ hrs

Loc / St No: \_\_\_\_\_ Rd / St Name: \_\_\_\_\_

Town / Suburb: \_\_\_\_\_

Action Taken: Fire Extinguished  Investigation Only  Called Off  Other \_\_\_\_\_

Comments: \_\_\_\_\_

### ALL Responders MUST fill in Resources and Personnel

#### Resources

Travel Code: 1 = Lights & Sirens 3 = Normal Road 5 = Upgraded 7 = Downgraded

	Resource (Res.) Name (include Brigade Name)	Depart Station	On Scene	Depart Scene	On Station	Travel Code	Km's to Incident
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

#### Personnel

\* Circle number of who was driver

First Name	Surname	Res. No.	Injured	First Name	Surname	Res. No.	Injured
1.				11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

#### Other Attendees

Appropriate response

First Name	Surname	Private Vehicle	Farmer Response Vehicle	Support at Station Only
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Officer completing this form: \_\_\_\_\_ Signature: \_\_\_\_\_ Vol. No. \_\_\_\_\_

\*Only BFS and VES: If form not entered in FIRS then please FAX to 1800 309 999 or EMAIL to [reports@dfes.wa.gov.au](mailto:reports@dfes.wa.gov.au)