



FIRS Report Form Structure or Mobile Property Fire

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

Block A – Primary Report Header

Unit/Brigade Name: _____ DFES Incident #

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Date/s: _____ to _____ Start Time _____:____:____ hrs Finish Time _____:____:____ hrs

Type of Call: Structure Fire Mobile Property Fire

Loc / St No: _____ Rd / St Name: _____ Town / Suburb: _____

Occupants Name: _____ What is the Property used for? _____

Action Taken: Fire Extinguished Contained Evacuation Investigation Only

Block B - Protected Premises

Alarm No.: _____ Premises Name: _____ Level of Detector: _____

Block D – Civilian Casualties / Rescue / Evacuation

Number of Civilians: _____ Injured Fatalities Rescued Extricated

Block E - Ignition

Who was in the area at the time of the fire? _____

Where did the fire start? _____ How did the fire start? _____

Do you think the fire was: Deliberate (have evidence) Suspicious Accidental Natural

Was there any equipment involved in ignition? _____

Block F – Fire Fighting

How did you fight the fire? Hose Reel Hydrant Extinguisher Self-Extinguished

Block H – Dollar loss Fires Est. \$ Property Loss: _____ Est. \$ Contents Loss: _____

Do Owners/Occupants have Property Insurance? Contents Insurance?

Block J - Mobile Property Fire

Mobile Prop Type	Make	Year	Model	Rego No.	State of Rego
1.					
2.					

Block K - Structure Fire

Structure Type: (e.g. single/multi use) _____ Construction Type: (e.g. double brick) _____

Number of Levels: _____ Level of fire origin: _____ Ceiling linings: (material) _____

Wall Linings: (material) _____ What materials made fire spread? (e.g. plastic chair) _____

Extent of smoke and heat damage: Confined to: Origin Room Floor Structure Beyond

Extent Flame Damage Confined to: Origin Room Floor Structure Beyond

Extent of extinguishing damage: Confined to: Origin Room Floor Structure Beyond

Smoke Alarms Installed: Yes No Unknown Power Supply: Hard Wired Battery

Did smoke alarms work: Yes No If **not** why not? _____

Sprinklers Installed: Yes No Did they work? _____

Hose reels Installed: Yes No Extinguishers installed: Yes No

Exposures – Other affected Structures

Other Addresses affected by the fire? _____ Est. \$ Loss: _____

Was Property: 100% Destroyed 75% Major not habitable 50% Major but habitable 25% Minor habitable

Block Sign Off

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

Did a Fire Investigation Officer attend? Yes No Officers Name: _____

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



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. _____

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