



**\*A43 Responding Brigades / Appliances** (attach list if necessary)

Brigade name   
Brigade name   
Brigade name   
Brigade name   
Brigade name   
Brigade name   
Brigade name

**A56-67 Did any of the following organisations attend?**  
(Mark off ALL organisations which attended)

Electricity  
 Gas  
 Water  
 Police  
 Ambulance  
 SES  
 Environmental Protection Agency  
 Volunteer Rescue Service  
 Charitable support agencies  
 Government welfare agencies  
 Other  (please specify)

**E4 Could the cause of the fire be identified?**

Yes  No  
**If yes, what?**  
 Equipment exhaust  
 Cigarette, cigar or pipe  
 Match  
 Lighter

**HAZARDOUS MATERIALS INCIDENT ONLY**

**\*A23 Type of Incident**

Dispatched and cancelled en route  
 Combustible / Flammable Spill, Leak  
 Explosive / Bomb Removal  
 Aircraft incidents or emergencies  
 Miscellaneous hazardous situations not classified above

**C1 Type of hazardous material incident**

Fire  Explosion  
 Spill  Leak  
 Vapour cloud release  Contamination  
 Chemical reaction  Potential hazmat incident  
 Other  (please specify)

**C2 UN Number**

**C3 Chemical Name**

Camp fire  
 Lightning  
 Heat spreading from another hostile fire  
(i.e. Direct heat, flying embers, brand or spark)  
 Escaped burn off fire  
 Other  (please specify)

**F1 Who was primarily responsible for extinguishing the fire?**

Volunteer brigade  
 Permanent, full time brigade  
 Auxiliary brigade  
 Defence Force personnel  
 Land Management Authority  
(i.e. Forestry, DNR, National Parks, Railways)  
 Civilians  
 Other  (please specify)

**H1 Estimated Dollar Loss** \$

**H5 Was the property insured?** (Crops are defined as contents)

Property and contents insured  
 Property insured, contents not insured  
 Property and contents not insured  
 Insurance not applicable  
 Property and contents insurance undetermined

**D1 Number of Brigade personnel injured**

**D2 Number of civilians injured**

(Injury is defined as requiring treatment by a medical practitioner and at least one day of restricted activity immediately following the incident)

**D3 Number of Brigade personnel fatalities**

**D4 Number of civilian fatalities**

**C4 Trade Name**

**C5 State of substance**

Solid including granules etc.  
 Powder, dust  
 Liquid, including slurries  
 Gels  
 Liquefied gas  
 Compressed gas  
 Gas or vapour at atmospheric pressure  
 State of substance undetermined  
 Other  (please specify)

**C6 Quantity present**

**C7 Quantity released**

**C8 Type of container in which hazardous materials stored**

**C10 Cause of release**

Mechanical or component failure  
 Human factor or error  
 Services failure (such as electricity)  
 Fire or explosion  
 Natural cause or event (includes earthquake, floods etc.)  
 Impact  
 Other  (please specify)

**C13 Primary action taken**

Extinguish  Rescue  
 Evacuate  Remove/contain hazard  
 Decontamination  Clean up  
 No direct action  
 Other  (please specify)

**C18 Predominant wind force during incident**  kms/hr

**C19 Wind direction**

**C20 Temperature**

**C24 Name of the company which transported the material**

(if applicable)

**STRUCTURAL FIRES ONLY**

**\*A23 Type of Incident**

Dispatched and cancelled en route  
 Fire damaging structure and contents  
 Fire damaging structure only  
 Fire damaging contents only  
 Special structure or outside equipment fire  
 Outside storage fire  
 Building fire, no info to classify further

**E1 Room or area within property where the fire originated**

(please specify)

**E2 Occupant/s of ignition area**

Children 0-5 years  
 Children 6-12 years  
 Children 13-16 years  
 Owner  
 Employee  
 Client or customer  
 Lessee, renter, guest, visitor, patient, inmate  
 Maintenance personnel  
 Trespasser  
 Other  (please specify)

**E8 Type of equipment, if any, which provided the principal heat that started the fire**

**H7 Total number of structures involved in the fire**

(if applicable)

**K3 Building dimensions** (The ground floor of the building)

**K24 Was there a smoke alarm within the structure?**

Yes  No

**If there was a smoke alarm, was the fire**

Not within designed range of smoke alarm  
 Within designed range of smoke alarm

**Alarm power supply**

Battery only  
 Hard wire only  
 Plug in  
 Other  (please specify)

**Operation of smoke alarm**

Fire too small to operate  
 Failed to operate  
 Operated

**Effectiveness of smoke alarm**

Alerted occupants  
 Occupants failed to respond  
 There were no occupants  
 Failed to alert occupants  
 Other  (please specify)

**Reason for smoke alarm failure if known**

Hard wire power failure, shut off or disconnected  
 Improper installation or placement  
 Defective  
 Lack of cleaning  
 Battery missing or disconnected  
 Battery discharged or dead  
 Reason for smoke alarm failure not known  
 Other  (please specify)

**K35 Estimated percentage of property involved on arrival**

%

**K36 Estimated percentage of property saved due to firefighting efforts**

%

**K40 Extinguishment time**  Hours  Minutes

**MOBILE PROPERTIES ONLY**

**\*A23 Type of Incident**

Mobile property accident with no extrications  
 Road transport fire  
 Rail vehicle fire  
 Water vessel fire  
 Camper, caravan or recreational vehicle  
 Off road vehicles or mobile equipment fire  
 Vehicle fire not classified above  
 Dispatched and cancelled en route  
 Passenger vehicle fire

**H6 Total number of mobile properties involved in the fire**

(if applicable)

**J1 Mobile property type**

Automobile  
 Bus, coach  
 Motor cycle  
 Motor home, campervan

Caravan  
 Freight road transport vehicle  
 Rail transport vehicle  
 Water transport vehicle (boats, ships etc)  
 Air transport vehicles (all types of aircraft)  
 Other  (please specify)

**J2 Year of manufacture**

**J3 Make**

**J4 Model**

**J5 Body serial number**

**J6 Registration number**

**J7 Australian State or Territory of Registration**

**RESCUE AND EVACUATION ONLY**

**\*A23 Type of Incident**

Medical assistance  
 Lock in  
 Search  
 Extrication  
 Water related rescue  
 Electrocutation  
 Rescue and Evacuation not classified  
 Dispatched and cancelled en route

**D5/8 Number of personnel**  Rescued  Evacuation

**D7 Reason for rescue**

Transportation vehicle accident  
(Also fill in J1 to J7 in the Yellow Section above)  
 Industrial accident  
 Domestic accident  
 Rescue due to fire  
 Rescue due to natural events (such as storm, flood etc.)  
 Other  (please specify)

**D11 Evacuation problems**

(The most significant factor, if any, affecting the evacuation)

Large number of evacuees  
 Insufficient force to conduct evacuation  
 Distance or safe passage to point of refuge  
 Inadequate accommodation and care facilities available for evacuees  
 No evacuation plan or procedure  
 Other  (please specify)