ADMINISTRATIVE INFORMATION

Is any further action required? Investigation No further action required Other (please specify) Was any private firefighting equipment damaged? No Yes (please specify)	A4 Incident Number Do you require any more forms? NO Yes *R1 Name *R2 Rank *R3 Signature *Date / /	
Notes Section		Fold Here
Brigade Members Attending		Fold Here
		Delivery Address: PO Box 1255 CABOOLTURE QLD 4510
		I.I I



Fold

Fold

No stamp required

if posted in Australia

INCIDENT REPORT – STRUCTURAL, HAZARDOUS MATERIALS, MOBILE PROPERTIES, RESCUE AND EVACUATION

To be completed by the first attending Rural Brigade

Fill in for Hazardous Materials Incidents mauve and green sections
Fill in for Structural Fires Incidents mauve and orange sections
Fill in for Mobile Properties Incidents mauve and yellow sections
Fill in for Rescue and Evacuation Incidents mauve and blue sections



RF14B July 2004

*A3 Brigade Name Local, State parks, forests and reserves Railroad complex Road complex Firecom Number Airport complex Vacant crown land Other *A6 Date of Call / / (please specify) A8 Time of Call *A29 Number of Fire Personnel at Scene *A30 Number of Vehicles Used A9 Method of Notification Phone call direct to Brigade A33 Number of Aircraft Used Verbal report to Brigade A37 Were you delayed arriving at the fire scene for any reason? Report person dialled ooo (Firecom) Yes No Other If yes, why? (please specify) Appliance attending another incident A51 Date of Arrival / / Appliance failure Delayed attendance of volunteers A52 Time of Arrival Call not properly transmitted or received (Date and time on which reporting authority arrived at incident scene) Traffic delay en route A53 Return to Service Date / / Difficulty locating incident, *due to wrong address etc.* Severe weather conditions including flooding A54 Return to Service Time HH:MM:SS Other *A13 Estimated Location of Incident Origin (decimals of degrees) (please specify) **S** Latitude . **E** Longitude A39 Was self contained breathing apparatus (BA) used? Yes No A14 Occupant's Name A42 Did you encounter any problems? A15 - 18 Incident Address Yes If yes what? Street/Lot Number Street or Road Name or RP Number Lack of cooperation from owner/occupier Delay in relaying information to scene Town, Suburb, Locality Postcode Inadequate or poor technical advice Lack of water **OR** Lot Number RP Number Poor radio communications Inadequate equipment A19 Type of property on which the incident took place Insufficient equipment Dwelling Equipment failure Restaurant, food service School Medical Care complex Delay obtaining equipment Office complex Insufficient information given Shopping complex Mining, quarrying Farm complex Insufficient manpower responded Industrial, manufacturing complex Difficulty gaining access to incident scene Warehouse, storage complex Other Refuse, rubbish disposal (please specify)

Seal - Do not use staples

*A43	Responding Brigades / Appliances (attach list if necessary)		Camp fire
	Brigade name		Lightning
	Brigade name		Heat spreading from another hostile fire (i.e. Direct heat, flying embers, brand or spark)
	Brigade name		Escaped burn off fire
	Brigade name		Other
			(please specify)
	Brigade name		
	Brigade name	F1	Who was primarily responsible for extinguishing the fire?
	Brigade name		Volunteer brigade
	Brigade name		Permanent, full time brigade
A56	-67 Did any of the following organisations attend?		Auxiliary brigade
	(Mark off ALL organisations which attended)		Defence Force personnel
	Electricity		Land Management Authority (i.e. Forestry, DNR, National Parks, Railways)
	Gas		Civilians
	Water		Other
	Police		(please specify)
	Ambulance		
	SES	H1	Estimated Dollar Loss \$
	Environmental Protection Agency	H ₅	Was the property insured? (Crops are defined as contents)
	Volunteer Rescue Service		Property and contents insured
	Charitable support agencies		Property insured, contents not insured
	Government welfare agencies		Property and contents not insured
	Other		Insurance not applicable
	(please specify)		Property and contents insurance undetermined
E4	Could the cause of the fire be identified?		
	Yes No	D1	Number of Brigade personnel injured
	If yes, what?	D2	Number of civilians injured
	Equipment exhaust		(Injury is defined as requiring treatment by a medical practitioner and at least one day of restricted activity immediately following the incident)
	Cigarette, cigar or pipe		
	Match	D3	Number of Brigade personnel fatalities
	Lighter	D4	Number of civilian fatalities
147	ADDOLIC MATERIALS INCIDENT ONLY		
1AZ	ARDOUS MATERIALS INCIDENT ONLY		
*A23	Type of Incident	С4	Trade Name
	Dispatched and cancelled en route	C ₅	State of substance
	Combustible / Flammable Spill, Leak	•,	Solid including granules etc.
	Explosive / Bomb Removal		Powder, dust
	Aircraft incidents or emergencies		Liquid, including slurries
	Miscellaneous hazardous situations not classified above		Gels
C1	Type of hazardous material incident		Liquefied gas
	Fire Explosion		
	Spill Leak		Compressed gas
	Vapour cloud release Contamination		Gas or vapour at atmospheric pressure
	Chemical reaction Potential hazmat incident		State of substance undetermined
	Other		Other (please specify)
	(please specify)		Ç
C2	UN Number	C6	Quantity present
C3	Chemical Name	C ₇	Quantity released
-5			

C8	Type of container in which hazardous materials stored	C13	3 Primary action taken
			Extinguish Rescue
C40	Cause of release		Evacuate Remove/contain hazard
C10	Cause of felease		Decontamination Clean up
	Mechanical or component failure		No direct action
	Human factor or error		Other
	Services failure (such as electricity)		(please specify)
		C18	3 Predominant wind force during incident . kms/hr
	Fire or explosion	C19	Wind direction
	Natural cause or event (includes earthquake, floods etc.)		o Temperature
	Impact		
		C24	4 Name of the company which transported the material
	Other (please specify)		(if applicable)
-DI	ICTUDAL FIDEC ONLY		
	JCTURAL FIRES ONLY Type of Incident		Alarm power supply
	Dispatched and cancelled en route		Battery only
	Fire damaging structure and contents		Hard wire only
	Fire damaging structure only		Plug in
	Fire damaging contents only		Other
	Special structure or outside equipment fire		(please specify)
	Outside storage fire		Operation of smoke alarm
	Building fire, no info to classify further		Fire too small to operate
1	Room or area within property where the fire originated		Failed to operate
			Operated
2	(please specify) Occupant/s of ignition area		operated
	Children o-5 years		Effectiveness of smoke alarm
	Children 6-12 years		Alerted occupants
	Children 13-16 years		Occupants failed to respond
	Owner		There were no occupants
	Employee		Failed to alert occupants
	Client or customer		Other
	Lessee, renter, guest, visitor, patient, inmate		(please specify)
	Maintenance personnel		Reason for smoke alarm failure if known
	Trespasser		Hard wire power failure, shut off or disconnected
	Other		Improper installation or placement
	(please specify)		Defective
	Type of equipment, if any, which provided the principal heat that started the fire		Lack of cleaning
	that started the life		Battery missing or disconnected
	7.1 1 6 1 1 6		Battery discharged or dead
17	Total number of structures involved in the fire		Reason for smoke alarm failure not known
	(if applicable)		Other
(3	Building dimensions (The ground floor of the building)		(please specify)
		Кзи	5 Estimated percentage of property involved on arrival
(24	Was there a smoke alarm within the structure?		%
	Yes No		
	If there was a smoke alarm, was the fire	K36	6 Estimated percentage of property saved due to firefighting
	Not within designed range of smoke alarm		efforts %

K40 Extinguishment time

Within designed range of smoke alarm

MOBILE PROPERTIES ONLY	
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*A23	Type of Incident	Caravan
	Mobile property accident with no extrications	Freight road transport vehicle
	Road transport fire	Rail transport vehicle
	Rail vehicle fire	Water transport vehicle (boats, ships etc)
	Water vessel fire	Air transport vehicles (all types of aircraft)
	Camper, caravan or recreational vehicle	Other
	Off road vehicles or mobile equipment fire	(please specify
	Vehicle fire not classified above	J2 Year of manufacture
	Dispatched and cancelled en route	
	Passenger vehicle fire	J3 Make
Н6	Total number of mobile properties involved in the fire	J4 Model
	(if applicable)	J5 Body serial number
J1	Mobile property type	15 Body Serial Humber
	Automobile	J6 Registration number
	Bus, coach	
	Motor cycle	J7 Australian State or Territory of Registration
	Motor home, campervan	

Rescue due to fire

Other

Minutes

Rescue due to natural events (such as storm, flood etc.)

*A23 Type of Incident	D11 Evacuation problems
Medical assistance	(The most significant factor, if any, affecting the evacuation)
Lock in	Large number of evacuees
Search	Insufficient force to conduct evacuation
Extrication	Distance or safe passage to point of refuge
Water related rescue	Inadequate accommodation and care facilities available
Electrocution	for evacuees
Rescue and Evacuation not classified	No evacuation plan or procedure
Dispatched and cancelled en route	Other
D ₅ /8 Number of personnel Rescued Evacuation	(please specify)
D7 Reason for rescue	
Transportation vehicle accident (Also fill in J1 to J7 in the Yellow Section above)	
Industrial accident	
Domestic accident	

(please specify)