

**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)

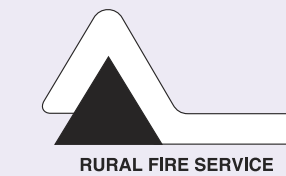
**A4 Incident Number** **Do you require any more forms?** (Administration only)

- No  Yes

**\*R1 Name** **\*R2 Rank** **\*R3 Signature**  **\*Date**  /  / 
**INCIDENT REPORT – STRUCTURAL, HAZARDOUS MATERIALS, MOBILE PROPERTIES, RESCUE AND EVACUATION** RF14B July 2004

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

**Notes Section**


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**Brigade Members Attending**


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**Delivery Address:**  
 PO Box 1255  
 CABOOLTURE QLD 4510

No stamp required if posted in Australia



Rural Fire Service Caboolture  
 Reply Paid 1255  
 CABOOLTURE QLD 4510

Seal - Do not use staples

**\*A3 Brigade Name** **Firecom Number** **\*A6 Date of Call**  /  / **A8 Time of Call**  HH:MM:SS**A9 Method of Notification**

- Phone call direct to Brigade
- Verbal report to Brigade
- Report person dialled 000 (Firecom)
- Other  (please specify)

**A51 Date of Arrival**  /  / **A52 Time of Arrival**  HH:MM:SS  
(Date and time on which reporting authority arrived at incident scene)**A53 Return to Service Date**  /  / **A54 Return to Service Time**  HH:MM:SS**\*A13 Estimated Location of Incident Origin** (decimals of degrees)  
 . **S** Latitude  . **E** Longitude**A14 Occupant's Name** **A15 – 18 Incident Address** 

Street/Lot Number Street or Road Name or RP Number

Town, Suburb, Locality Postcode

 **OR** Lot Number RP Number**A19 Type of property on which the incident took place**

- Dwelling  Church
- Restaurant, food service  School
- Medical Care complex  Prison
- Shopping complex  Office complex
- Farm complex  Mining, quarrying
- Industrial, manufacturing complex
- Warehouse, storage complex
- Refuse, rubbish disposal

- Local, State parks, forests and reserves
- Railroad complex  Road complex
- Airport complex  Vacant crown land
- Other  (please specify)

**\*A29 Number of Fire Personnel at Scene**   
(Please complete "Brigade Members Attending")**\*A30 Number of Vehicles Used** **A33 Number of Aircraft Used** **A37 Were you delayed arriving at the fire scene for any reason?**

- Yes  No

**If yes, why?**

- Appliance attending another incident
- Appliance failure
- Delayed attendance of volunteers
- Call not properly transmitted or received
- Traffic delay en route
- Difficulty locating incident, *due to wrong address etc.*
- Severe weather conditions including flooding
- Other  (please specify)

**A39 Was self contained breathing apparatus (BA) used?**

- Yes  No

**A42 Did you encounter any problems?**

- Yes  No

**If yes what?**

- Lack of cooperation from owner/occupier
- Delay in relaying information to scene
- Inadequate or poor technical advice
- Lack of water
- Poor radio communications
- Inadequate equipment
- Insufficient equipment
- Equipment failure
- Delay obtaining equipment
- Insufficient information given
- Insufficient manpower responded
- Difficulty gaining access to incident scene
- Other  (please specify)

**\*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

Electrocution

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)