



# FFD FIRE SCENE DOCUMENTATION FIELD NOTES



DATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME OF BUSINESS/OCCUPANT: \_\_\_\_\_ DOB: \_\_\_\_\_

PHONE: \_\_\_\_\_ TYPE OF PROPERTY: \_\_\_\_\_

INSURANCE INFO/AGENT: \_\_\_\_\_

List all residents with DOB's \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

INSURANCE INFO: \_\_\_\_\_

INCIDENT REPORTED BY: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

## WEATHER CONDITIONS AT TIME OF FIRE

TEMP: \_\_\_\_\_ WIND: \_\_\_\_\_ PRECIPITATION: \_\_\_\_\_

LIGHTNING: \_\_\_\_\_ OTHER: \_\_\_\_\_

CASUALTIES- FIRE DEPT.: \_\_\_\_\_ CIVILIAN: \_\_\_\_\_

Was the victim removed by firefighters? Yes No

Where was the victim initially found? \_\_\_\_\_

If so, include demographic info for documentation in RMS.



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DOORS SECURE: Y N If No describe: \_\_\_\_\_

WINDOWS: Y N If No, describe: \_\_\_\_\_

SMOKE/FIRE VISIBLE: Y N If Yes, describe: \_\_\_\_\_

\_\_\_\_\_  
If Wildland/Outside fire- AREA BURNED: \_\_\_\_\_

Was it an authorized outdoor fire in the City? Y N

If vehicle fire- VEHICLE TYPE: \_\_\_\_\_ YEAR: \_\_\_\_\_

VIN: \_\_\_\_\_ TAG: \_\_\_\_\_ STATE: \_\_\_\_\_

Stolen? Y N Reported to LEO? Y N

List any vehicles or people noted near the property on arrival:

\_\_\_\_\_  
\_\_\_\_\_

BUILDING CONSTRUCTION DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
SMOKE DETECTORS PRESENT: Y N DID THEY ACTIVATE: Y N U

SUPPRESSION SYSTEM PRESENT: Y N TYPE: \_\_\_\_\_

DID IT ACTIVATE: Y N Fire too small

SECURITY ALARM PRESENT: Y N CAMERAS: Y N

UTILITIES- POWER: \_\_\_\_\_ ON OFF WATER: \_\_\_\_\_ ON OFF

GAS COMPANY: \_\_\_\_\_ NATURAL / LP ON OFF NONE

**Sketch of scene- indicate area of origin**



# FFD FIRE SCENE DOCUMENTATION FIELD NOTES



## ELECTRICAL PANEL DOCUMENTATION

Fire location:	Date:	Case #:
Panel location:	Main size: 60 amp 100 amp 200 amp 400 amp	Fuses: <input type="checkbox"/> Circuit breakers: <input type="checkbox"/>

### LEFT BANK

#	Rating Amps	Labeled Circuit	Status
1			
3			
5			
7			
9			
11			
13			
15			
17			
19			
21			
23			
25			
27			
29			

### RIGHT BANK

#	Rating Amps	Labeled Circuit	Status
2			
4			
6			
8			
10			
12			
14			
16			
18			
20			
22			
24			
26			
28			
30			—

\*\*If unable to read Labeled Circuit, ask the owner / occupant



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