

Apparatus or Resources Module: NFIRS-9

Objectives

After completing the Apparatus or Resources Module you will be able to:

1. Describe when the Apparatus or Resources Module is to be used.
 2. Demonstrate how to complete the Apparatus or Resources Module and identify appropriate other modules required, given the scenario of a hypothetical incident.
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Pretest #9 – Apparatus or Resources Module

1. The Basic Module must be completed if the Apparatus or Resources Module is completed.
 - (a) True.
 - (b) False.

2. The Apparatus or Resources Module is a required NFIRS Module.
 - (a) True.
 - (b) False.

3. Resource counts are not needed on the Basic Module if the Apparatus or Resources Module is used.
 - (a) True.
 - (b) False.

4. When the Personnel Module is used, the Apparatus or Resources Module can also be used to record information and details about apparatus resources.
 - (a) True.
 - (b) False.

5. For paper reporting, all resources can be preprinted on the form(s) and resources sent to the incident are flagged as being sent.
 - (a) True.
 - (b) False.

Using the Apparatus or Resources Module

The Apparatus or Resources Module (NFIRS-9) is an optional module that is used to help manage and track apparatus and resources used on incidents. The Personnel Module (NFIRS-10) should be used when details about apparatus and personnel are needed. Resource counts are not needed on the Basic Module (G₁) if either the Apparatus or Resources Module or the Personnel Module is used.

Section A: FDID, State, Incident Date, Station, Incident Number, Exposure

A	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <p>FDID <input type="text"/></p> <p>State <input type="text"/></p> </div> <div style="text-align: center;"> <p>MM <input type="text"/> DD <input type="text"/></p> <p>Incident Date <input type="text"/></p> </div> <div style="text-align: center;"> <p>YYYY <input type="text"/></p> <p>Station <input type="text"/></p> </div> <div style="text-align: center;"> <p>Incident Number <input type="text"/></p> </div> <div style="text-align: center;"> <p>Exposure <input type="text"/></p> </div> </div>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-9 Apparatus or Resources
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The information in [Section A](#) is drawn from Section A of the Basic Module. Use the data in the Basic Module to help you supply the requested information. If you are using an automated system the data need to be entered only once, then they will be transferred automatically into other modules that use the data.

Section B: Apparatus or Resources, Dates and Times, Sent, Number of People, Apparatus Use, and Actions Taken

B	Apparatus or Resources <small>Use codes listed below</small>	Dates and Times <small>Midnight is 0000</small> <small>Check if same date as Alarm date on the Basic Module (Block E1)</small> <small>Month Day Year Hour/Min</small>	Sent <input checked="" type="checkbox"/>	Number of People <input type="checkbox"/>	Apparatus Use <input type="checkbox"/> <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus.</small>
1	ID <input type="text"/> Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

In [Section B](#) you will document all apparatus responding to the incident; for paper-reporting, if more than nine pieces of apparatus responded to an incident, use additional sheets to record the information about the additional apparatus.

Section B is divided into six blocks. You will fill out all six blocks for each piece of apparatus that you record.

B	Apparatus or Resources
<small>Use codes listed below</small>	
1	ID <input type="text"/>
	Type <input type="text"/>

Record information and details about the apparatus and/or resources used at an incident. This information is useful in determining actual apparatus requirements for different types of incidents and for different levels of incident severity as well as tracking times and actions taken by apparatus or resource type.

Enter the type and identification number of each apparatus or resource used at the incident. If more than nine resources or apparatus were used, complete an additional NFIRS-9 module.

Various types are grouped into the following categories:

- Ground Fire Suppression;
- Marine Equipment;
- Heavy Ground Equipment;
- Support Equipment;
- Aircraft; and
- Medical & Rescue.

Please see the codes listed for this data element in the *Quick Reference Guide (QRG)*.

DATES AND TIMES

The second block records the dates and times at which the apparatus was used.

Dates and Times				
Check if same date as Alarm date on the Basic Module (Block E1)				Midnight is 0000
<input type="checkbox"/>	Month	Day	Year	Hour/Min
Dispatch	<input type="checkbox"/>	_ _	_ _	_ _
Arrival	<input type="checkbox"/>	_ _	_ _	_ _
Clear	<input type="checkbox"/>	_ _	_ _	_ _

Lines are provided to indicate dates and times for Dispatch, Arrival, and Clear. Hours and minutes for all times are recorded in 24-hour time (midnight is 0000).

If the date for any of the times being documented is the same as the alarm date, mark the box indicated.

SENT

Sent
<input type="checkbox"/>

NOTE: This is for paper reporting only.

It indicates which apparatus was sent on the incident. Fire departments can preprint or preenter apparatus in this module. When an incident occurs, the firefighter completing the module can mark (x) the “Sent” box to indicate which apparatus in the module actually responded.

If the unit was held in quarters, leave the box blank.

NUMBER OF PEOPLE

Number of ★ People

The fourth block allows you to record the total number of people responding on the specific piece of apparatus. Enter the number on the line provided. This field is required.

APPARATUS USE

Record the **main** use of the apparatus in the fifth block.

Apparatus Use ★
Check ONE box for each apparatus to indicate its main use at the incident.
<input type="checkbox"/> Suppression
<input type="checkbox"/> EMS
<input type="checkbox"/> Other

Three choices are offered in this section. Only one box should be marked for each piece of equipment. This field is required.

ACTIONS TAKEN

The duties performed at the incident scene by the apparatus or resource personnel.

Actions Taken
List up to 4 actions for each apparatus.

Enter up to four actions taken by the specific piece of apparatus or resource at the scene of the incident reporting from most significant to least significant. Specific actions may include extinguishing fires, forcible entry, providing first aid, identifying and analyzing hazardous materials, and transporting the injured. The action may involve simply standing by at an incident for possible service. Be as specific as possible in stating the actions taken.

The codes used for Actions Taken are the same codes used for Actions Taken (Section F) in the Basic Module. Please see the codes listed for that data element in the CRG.

SUMMARY

The Apparatus or Resources Module is used as a local option to identify the apparatus and personnel sent to an incident. If this module is used, it is not necessary to use the Personnel Module.

On the paper form, lines are available to document nine pieces of apparatus and additional sheets can be used. This will document all apparatus that were used to control the incident, alarms, and district.

EXAMPLE: Vehicle Crash

Directions: Read the call information in the example below. Then look at the completed Apparatus or Resources Module form. Look at each section and follow along with the proper use of the information as applicable to the Apparatus or Resources Module.

Engine 231 (three firefighters and one Captain), Rescue Unit 345 (two firefighters and one Lieutenant), and an EMT-Basic Unit 114 (two EMT's) from Department FDID #TR131 (Station 10) are dispatched to 4125 N. Vine Avenue, Taylor, WI 12345, at 1215 hours on April 21, 2000, to an auto wreck – incident #9800789. All units arrive on the scene at 1218 hours.

Engine 231 provides assistance with the extrication and patient loading. The crew also controls traffic.

The male driver is trapped between the steering wheel and seat and must be extricated. Rescue Unit 345 performs the extrication.

The driver is alert and complains of neck pain. It is obvious that he also suffers from a broken arm. He states that no other vehicles were involved and he is traveling alone.

Unit 114 applies a “C” collar to the patient’s neck. The crew also splints his broken arm once he is removed from the vehicle. He is transported to the nearest emergency care facility by the fire department BLS Unit at 1235.

Engine 231 and Rescue 345 cleared the incident at 1245 hours. BLS 114 cleared the incident and was available for service at 1330.

A FDID TR131 State WI Incident Date 04/21/2000 Station 010 Incident Number 9800789 Exposure 000 Delete Change **NFIRS-9 Apparatus or Resources**

B Apparatus or Resources Use codes listed below	Dates and Times Midnight is 0000 Check if same date as Alarm date on the Basic Module (Block E1)				Sent <input checked="" type="checkbox"/>	Number of People ★	Apparatus Use ★ Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for each apparatus.	
	Dispatch	Arrival	Clear	Hour/Min					
1 ID <u>E231</u> ★ Type <u>11</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1215</u>	<input checked="" type="checkbox"/>	<u>004</u>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u>7</u> <u>8</u>	
2 ID <u>R345</u> ★ Type <u>71</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1215</u>	<input checked="" type="checkbox"/>	<u>003</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u>2</u> <u>3</u>	
3 ID <u>114</u> ★ Type <u>75</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1215</u>	<input checked="" type="checkbox"/>	<u>002</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<u>3</u> <u>1</u> <u>3</u> <u>4</u>	<u>3</u> <u>2</u>
4 ID _____ ★ Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	_____	_____
5 ID _____ ★ Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	_____	_____
6 ID _____ ★ Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	_____	_____
7 ID _____ ★ Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	_____	_____
8 ID _____ ★ Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	_____	_____
9 ID _____ ★ Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	_____	_____

Apparatus or Resource Type Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker and pumper combination 16 Brush truck 17 ARFF (aircraft rescue and firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other	Aircraft 41 Aircraft: fixed-wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine equipment, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	Medical and Rescue 71 Rescue unit 72 Urban search and rescue unit 73 High-angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type I hand crew 95 Type II hand crew 99 Privately owned vehicle 00 Other apparatus/resources	More apparatus? Use additional sheets. NN None UU Undetermined NFIRS-9 Revision 01/01/04
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EXERCISE SCENARIO 9-1: Structure Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the Apparatus or Resources Module form. Compare your work to the answers provided on the completed Apparatus or Resources Module form. If your answers are different from the ones provided, read over the Apparatus or Resources Module again.

Engine 422 (three firefighters and one Captain), Engine 425 (two firefighters and one Lieutenant), Truck 42 (three firefighters and one Captain), and D/C 1 from FDID #TR100, Station #6, respond to a structure fire at 1326 Market Street, Eau Claire, WI on June 21, 2002 (Incident #670026). All units were dispatched at 2:39 a.m.

Engine 422 arrives on location at 0241 hours and advances one 1-3/4-inch hoseline to the first floor and attacks the fire. The crew also searches for victims.

D/C Depew arrives at 0242 and establishes command.

Upon their arrival at 0243, the truck company splits into two crews. One crew performs search and rescue, and the other, ventilation. After the fire is knocked down, the company performs salvage and overhaul.

Engine 425 - 0244 arrival - takes a hydrant and supplies Engine 422. They then advance a back-up line to the second floor and extinguish the fire that extended to the bedroom.

Engine 422 cleared the scene at 0300 and was available for duty at 0325. Truck 42 was cleared at 0320 and available at 0345. D/C Depew cleared at 0325 and was available at 0326. Engine 425 cleared the scene at 0350 and was available at 0410.

A

FDID State Incident Date Station Incident Number Exposure

Delete Change

NFIRS-9 Apparatus or Resources

B Apparatus or Resources Use codes listed below	Dates and Times Midnight is 0000 Check if same date as Alarm date on the Basic Module (Block E1)			Sent <input checked="" type="checkbox"/>	Number of People ★	Apparatus Use ★ Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for each apparatus.	
	Month	Day	Year				Hour/Min	
1 ID <input type="text" value="E422"/> ★ Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="02"/> <input type="text" value="39"/>	<input type="text" value="02"/> <input type="text" value="39"/>	<input checked="" type="checkbox"/>	<input type="text" value="00"/> <input type="text" value="4"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="1"/> <input type="text" value="1"/>	<input type="text" value="2"/> <input type="text" value="0"/>
2 ID <input type="text" value="DC1"/> ★ Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="02"/> <input type="text" value="39"/>	<input type="text" value="02"/> <input type="text" value="39"/>	<input checked="" type="checkbox"/>	<input type="text" value="00"/> <input type="text" value="1"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="8"/> <input type="text" value="1"/>	<input type="text" value=""/>
3 ID <input type="text" value="T42"/> ★ Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="02"/> <input type="text" value="39"/>	<input type="text" value="02"/> <input type="text" value="39"/>	<input checked="" type="checkbox"/>	<input type="text" value="00"/> <input type="text" value="4"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="text" value="2"/> <input type="text" value="0"/>	<input type="text" value="5"/> <input type="text" value="1"/>
4 ID <input type="text" value="E425"/> ★ Type <input type="text" value="11"/>	Dispatch <input checked="" type="checkbox"/>	<input type="text" value="02"/> <input type="text" value="39"/>	<input type="text" value="02"/> <input type="text" value="39"/>	<input checked="" type="checkbox"/>	<input type="text" value="00"/> <input type="text" value="3"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="7"/> <input type="text" value="6"/>	<input type="text" value="1"/> <input type="text" value="1"/>
5 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
6 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
7 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
8 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>
9 ID <input type="text" value=""/> ★ Type <input type="text" value=""/>	Dispatch <input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value=""/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value=""/>	<input type="text" value=""/>

Apparatus or Resource Type	Aircraft	Medical and Rescue	
Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker and pumper combination 16 Brush truck 17 ARFF (aircraft rescue and firefighting) 10 Ground fire suppression, other	41 Aircraft: fixed-wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other	71 Rescue unit 72 Urban search and rescue unit 73 High-angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other	More apparatus? Use additional sheets. NN None UU Undetermined
Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other	Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine equipment, other	Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type I hand crew 95 Type II hand crew 99 Privately owned vehicle 00 Other apparatus/resources	

NFIRS-9 Revision 01/01/04

EXERCISE SCENARIO 9-2: Structure Fire

Directions: Read the call information in the exercise below. Use the information provided to complete the entire Apparatus or Resources Module form and other required forms. Compare your work to the answers provided in Appendix A. If your answers are different from the ones provided, read over the Apparatus or Resources Module again.

The Alberta Fire Department (FDID #92188) received a call for a reported house fire at 5 East Cary Street, Brunswick, Virginia 23351, on May 1, 2005. The dispatcher assigned the incident (#5433) to Engine 1, Engine 2, and Truck 1 from Shift A. The units received the alarm at 12:53 p.m. Engine 1 and Truck 1 arrived at the scene at 12:58. Engine 2 arrive at the scene at 1:00 p.m. Each unit was staffed with four firefighters. The owner of the single-family dwelling, Mrs. Christy Gordon (66 years old), said that she was warming her lunch on the stove when the grease from the pan began to burn. The gas stove was a Whirlpool, Model RF330PXVN, Serial Number F925888840, Year 2000. The fire spread from the pan to the curtains. She had fallen asleep upstairs and was alerted when the hardwired smoke detector activated. The flame damage was confined to the kitchen. The 2,000 square feet, two-story home was filled with smoke in the other rooms. She called 911. Crews from Engine 1 and 2 worked to extinguish the fire while the crew from Truck 1 performed salvage and overhaul. The fire was brought under control at 1:25 p.m. There was \$24,000 fire loss to property and \$9,600 content loss. The value of the property was \$161,000 and the content value was \$80,400. All units cleared the scene at 2:40 p.m. FF1 Adam C. Wallner, Badge No. 224, completed the report after returning to Station No. 2. Captain Tonya S. Gordon, Badge No. 105, was the officer in charge. The incident was in Census Tract 501.10, District A12.

A FDID State Incident Date Station Incident Number Exposure Delete Change No Activity **NFIRS-1 Basic**

B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract _____

Street address
 Intersection
 In front of
 Rear of
 Adjacent to
 Directions
 US National Grid

Number/Milepost Prefix Street or Highway Street Type Suffix
 Apt./Suite/Room City State ZIP Code
 Cross Street, Directions or National Grid, as applicable

C Incident Type Incident Type _____

E1 Dates and Times Midnight is 0000
 Month Day Year Hour Min
 Check boxes if dates are the same as Alarm Date.
 Alarm ARRIVAL required, unless canceled or did not arrive
 Arrival CONTROLLED optional, except for wildland fires
 Controlled LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared

E2 Shifts and Alarms Local Option
 Shift or Platoon Alarms District

D Aid Given or Received None
 1 Mutual aid received
 2 Auto. aid received
 3 Mutual aid given
 4 Auto. aid given
 5 Other aid given

Their FDID Their State
 Their Incident Number

E3 Special Studies Local Option
 Special Study ID# Special Study Value

F Actions Taken
 Primary Action Taken (1)
 Additional Action Taken (2)
 Additional Action Taken (3)

G1 Resources Check this box and skip this block if an Apparatus or Personnel Module is used.
 Apparatus Personnel
 Suppression
 EMS
 Other
 Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses and Values
 LOSSES: Required for all fires if known. Optional for non-fires. None
 Property \$ _____
 Contents \$ _____
 PRE-INCIDENT VALUE: Optional
 Property \$ _____
 Contents \$ _____

Completed Modules
 Fire-2
 Structure Fire-3
 Civilian Fire Cas.-4
 Fire Service Cas.-5
 EMS-6
 HazMat-7
 Wildland Fire-8
 Apparatus-9
 Personnel-10
 Arson-11

H1 Casualties None
 Deaths Injuries
 Fire Service
 Civilian
H2 Detector Required for confined fires.
 1 Detector alerted occupants
 2 Detector did not alert them
 U Unknown

H3 Hazardous Materials Release None
 1 Natural gas: slow leak, no evacuation or HazMat actions
 2 Propane gas: <21-lb tank (as in home BBQ grill)
 3 Gasoline: vehicle fuel tank or portable container
 4 Kerosene: fuel burning equipment or portable storage
 5 Diesel fuel/fuel oil: vehicle fuel tank or portable storage
 6 Household solvents: home/office spill, cleanup only
 7 Motor oil: from engine or portable container
 8 Paint: from paint cans totaling <55 gallons
 0 Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)

I Mixed Use Property Not mixed
 10 Assembly use
 20 Education use
 33 Medical use
 40 Residential use
 51 Row of stores
 53 Enclosed mall
 58 Business & residential
 59 Office use
 60 Industrial use
 63 Military use
 65 Farm use
 00 Other mixed use

J Property Use None
Structures
 131 Church, place of worship
 161 Restaurant or cafeteria
 162 Bar/tavern or nightclub
 213 Elementary school, kindergarten
 215 High school, junior high
 241 College, adult education
 311 Nursing home
 331 Hospital
Outside
 124 Playground or park
 655 Crops or orchard
 669 Forest (timberland)
 807 Outdoor storage area
 919 Dump or sanitary landfill
 931 Open land or field

341 Clinic, clinic-type infirmary
 342 Doctor/dentist office
 361 Prison or jail, not juvenile
 419 1- or 2-family dwelling
 429 Multifamily dwelling
 439 Rooming/boarded house
 449 Commercial hotel or motel
 459 Residential, board and care
 464 Dormitory/barracks
 519 Food and beverage sales
 936 Vacant lot
 938 Graded/cared for plot of land
 946 Lake, river, stream
 951 Railroad right-of-way
 960 Other street
 961 Highway/divided highway
 962 Residential street/driveway

539 Household goods, sales, repairs
 571 Gas or service station
 579 Motor vehicle/boat sales/repairs
 599 Business office
 615 Electric-generating plant
 629 Laboratory/science laboratory
 700 Manufacturing plant
 819 Livestock/poultry storage (barn)
 882 Non-residential parking garage
 891 Warehouse
 981 Construction site
 984 Industrial plant yard

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
 Property Use Description Code

K1 Person/Entity Involved

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix
 Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City
 State ZIP Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

Local Option _____ Business Name (if applicable) _____ Area Code _____ Phone Number _____

Same as person involved? Then check this box and skip the rest of this block.

Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix
 Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City
 State ZIP Code


L **Remarks:**

Local Option _____

Fire Module Required?

Check the box that applies and then complete the Fire Module based on Incident Type, as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure Modules
<input type="checkbox"/> Special structure 112	Complete Fire Module & Section I, Structure Module
<input type="checkbox"/> Confined 113-118	Basic Module Only
<input type="checkbox"/> Mobile property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland Module
<input type="checkbox"/> Outside rubbish fire 150-155	Basic Module Only
<input type="checkbox"/> Special outside fire 160	Complete Fire or Wildland Module
<input type="checkbox"/> Special outside fire 161-163	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire or Wildland Module

 **ITEMS WITH A ★ MUST ALWAYS BE COMPLETED!**

More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge.

Officer in charge ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

Member making report ID _____ Signature _____ Position or rank _____ Assignment _____ Month _____ Day _____ Year _____

A <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <input style="width: 100px; border: 1px solid black;" type="text"/> FDID ★ </div> <div style="text-align: center;"> <input style="width: 100px; border: 1px solid black;" type="text"/> State ★ </div> <div style="text-align: center;"> <input style="width: 100px; border: 1px solid black;" type="text"/> MM <input style="width: 100px; border: 1px solid black;" type="text"/> DD <input style="width: 100px; border: 1px solid black;" type="text"/> YYYY Incident Date ★ </div> <div style="text-align: center;"> <input style="width: 100px; border: 1px solid black;" type="text"/> Station </div> <div style="text-align: center;"> <input style="width: 100px; border: 1px solid black;" type="text"/> Incident Number ★ </div> <div style="text-align: center;"> <input style="width: 100px; border: 1px solid black;" type="text"/> Exposure ★ </div> <div style="text-align: right;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change </div> </div> <div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> NFIRS-2 Fire </div>		
B Property Details B1 <input style="width: 100px; border: 1px solid black;" type="text"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved</small> B2 <input style="width: 100px; border: 1px solid black;" type="text"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input style="width: 100px; border: 1px solid black;" type="text"/> , <input style="width: 100px; border: 1px solid black;" type="text"/> <input type="checkbox"/> None <small>Acres burned (outside fires)</small> <input type="checkbox"/> Less than one acre	C On-Site Materials or Products <input type="checkbox"/> None <p style="font-size: 0.8em;">Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved</p> <p>Enter up to three codes. Check one box for each code entered.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input style="width: 90%; border: 1px solid black;" type="text"/> <small>On-site material (1)</small> </div> <div style="width: 35%;"> On-Site Materials Storage Use 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <input style="width: 90%; border: 1px solid black;" type="text"/> <small>On-site material (2)</small> </div> <div style="width: 35%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <input style="width: 90%; border: 1px solid black;" type="text"/> <small>On-site material (3)</small> </div> <div style="width: 35%;"> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined </div> </div>	
D Ignition D1 <input style="width: 100%; border: 1px solid black;" type="text"/> ★ <small>Area of fire origin</small> D2 <input style="width: 100%; border: 1px solid black;" type="text"/> ★ <small>Heat source</small> D3 <input style="width: 100%; border: 1px solid black;" type="text"/> ★ <input type="checkbox"/> Check box if fire spread was confined to object of origin. <small>Item first ignited</small> D4 <input style="width: 100%; border: 1px solid black;" type="text"/> ★ <input type="checkbox"/> Check box if item first ignited code is 00 or <70 <small>Type of material first ignited</small> Required only if item first ignited code is 00 or <70	E1 Cause of Ignition ★ <input type="checkbox"/> Check box if this is an exposure report. ➔ Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	E3 Human Factors Contributing to Ignition ★ Check all applicable boxes <input type="checkbox"/> None 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor Estimated age of person involved <input style="width: 50px; border: 1px solid black;" type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
F1 Equipment Involved in Ignition <input type="checkbox"/> None ➔ If equipment was not involved, skip to Section G <input style="width: 100%; border: 1px solid black;" type="text"/> <small>Equipment Involved</small> Brand <input style="width: 100%; border: 1px solid black;" type="text"/> Model <input style="width: 100%; border: 1px solid black;" type="text"/> Serial # <input style="width: 100%; border: 1px solid black;" type="text"/> Year <input style="width: 100%; border: 1px solid black;" type="text"/>	F2 Equipment Power Source <input style="width: 100%; border: 1px solid black;" type="text"/> <small>Equipment Power Source</small> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary	G Fire Suppression Factors <input type="checkbox"/> None Enter up to three codes. <input style="width: 100%; border: 1px solid black;" type="text"/> <small>Fire suppression factor (1)</small> <input style="width: 100%; border: 1px solid black;" type="text"/> <small>Fire suppression factor (2)</small> <input style="width: 100%; border: 1px solid black;" type="text"/> <small>Fire suppression factor (3)</small>
H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned	H2 Mobile Property Type and Make <input style="width: 100%; border: 1px solid black;" type="text"/> <small>Mobile property type</small> <input style="width: 100%; border: 1px solid black;" type="text"/> <small>Mobile property make</small> <input style="width: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; border: 1px solid black;" type="text"/> <small>Mobile property model</small> Year <input style="width: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; border: 1px solid black;" type="text"/> <input style="width: 100%; border: 1px solid black;" type="text"/> <small>License Plate Number</small> State VIN	Local Use <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached
Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).		

<p>I1 Structure Type ☆</p> <p>If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form.</p> <p>1 <input type="checkbox"/> Enclosed building</p> <p>2 <input type="checkbox"/> Portable/mobile structure</p> <p>3 <input type="checkbox"/> Open structure</p> <p>4 <input type="checkbox"/> Air-supported structure</p> <p>5 <input type="checkbox"/> Tent</p> <p>6 <input type="checkbox"/> Open platform (e.g., piers)</p> <p>7 <input type="checkbox"/> Underground structure (work areas)</p> <p>8 <input type="checkbox"/> Connective structure (e.g., fences)</p> <p>0 <input type="checkbox"/> Other type of structure</p>	<p>I2 Building Status ☆</p> <p>1 <input type="checkbox"/> Under construction</p> <p>2 <input type="checkbox"/> Occupied & operating</p> <p>3 <input type="checkbox"/> Idle, not routinely used</p> <p>4 <input type="checkbox"/> Under major renovation</p> <p>5 <input type="checkbox"/> Vacant and secured</p> <p>6 <input type="checkbox"/> Vacant and unsecured</p> <p>7 <input type="checkbox"/> Being demolished</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>I3 Building Height ☆</p> <p>Count the roof as part of the highest story.</p> <p>Total number of stories at or above grade</p> <p>_____</p> <p>Total number of stories below grade</p> <p>_____</p>	<p>I4 Main Floor Size ☆</p> <p>Total square feet</p> <p>_____, _____, _____</p> <p>OR</p> <p>_____, _____ BY _____, _____</p> <p>Length in feet Width in feet</p>
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NFIRS-3
Structure
Fire

<p>J1 Fire Origin ☆</p> <p>_____ <input type="checkbox"/> Below grade</p> <p>Story of fire origin</p>	<p>J3 Number of Stories Damaged by Flame ☆</p> <p>Count the roof as part of the highest story.</p> <p>_____ Number of stories w/minor damage (1 to 24% flame damage)</p> <p>_____ Number of stories w/significant damage (25 to 49% flame damage)</p> <p>_____ Number of stories w/heavy damage (50 to 74% flame damage)</p> <p>_____ Number of stories w/extreme damage (75 to 100% flame damage)</p>	<p>K Type of Material Contributing Most to Flame Spread</p> <p><input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. → Skip to Section L</p> <p>K1 _____</p> <p>Item contributing most to flame spread</p> <p>K2 _____</p> <p>Type of material contributing most to flame spread Required only if item contributing code is 00 or <70.</p>
<p>J2 Fire Spread ☆</p> <p>If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module).</p> <p>2 <input type="checkbox"/> Confined to room of origin</p> <p>3 <input type="checkbox"/> Confined to floor of origin</p> <p>4 <input type="checkbox"/> Confined to building of origin</p> <p>5 <input type="checkbox"/> Beyond building of origin</p>		

<p>L1 Presence of Detectors ☆</p> <p>(In area of the fire)</p> <p>N <input type="checkbox"/> None Present → Skip to Section M</p> <p>1 <input type="checkbox"/> Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L3 Detector Power Supply</p> <p>1 <input type="checkbox"/> Battery only</p> <p>2 <input type="checkbox"/> Hardwire only</p> <p>3 <input type="checkbox"/> Plug-in</p> <p>4 <input type="checkbox"/> Hardwire with battery</p> <p>5 <input type="checkbox"/> Plug-in with battery</p> <p>6 <input type="checkbox"/> Mechanical</p> <p>7 <input type="checkbox"/> Multiple detectors & power supplies</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L5 Detector Effectiveness</p> <p>Required if detector operated.</p> <p>1 <input type="checkbox"/> Alerted occupants, occupants responded</p> <p>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</p> <p>3 <input type="checkbox"/> There were no occupants</p> <p>4 <input type="checkbox"/> Failed to alert occupants</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>L2 Detector Type</p> <p>1 <input type="checkbox"/> Smoke</p> <p>2 <input type="checkbox"/> Heat</p> <p>3 <input type="checkbox"/> Combination smoke and heat</p> <p>4 <input type="checkbox"/> Sprinkler, water flow detection</p> <p>5 <input type="checkbox"/> More than one type present</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L4 Detector Operation</p> <p>1 <input type="checkbox"/> Fire too small to activate</p> <p>2 <input type="checkbox"/> Operated → Complete Block L5</p> <p>3 <input type="checkbox"/> Failed to operate → Complete Block L6</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>L6 Detector Failure Reason</p> <p>Required if detector failed to operate</p> <p>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</p> <p>2 <input type="checkbox"/> Improper installation or placement</p> <p>3 <input type="checkbox"/> Defective</p> <p>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</p> <p>5 <input type="checkbox"/> Battery missing or disconnected</p> <p>6 <input type="checkbox"/> Battery discharged or dead</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>

<p>M1 Presence of Automatic Extinguishing System ☆</p> <p>N <input type="checkbox"/> None Present → Complete rest of Section M</p> <p>1 <input type="checkbox"/> Present</p> <p>2 <input type="checkbox"/> Partial System Present</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M3 Operation of Automatic Extinguishing System</p> <p>Required if fire was within designed range</p> <p>1 <input type="checkbox"/> Operated/effective (go to M4)</p> <p>2 <input type="checkbox"/> Operated/not effective (go to M4)</p> <p>3 <input type="checkbox"/> Fire too small to activate</p> <p>4 <input type="checkbox"/> Failed to operate (go to M5)</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M5 Reason for Automatic Extinguishing System Failure</p> <p>Required if system failed or not effective</p> <p>1 <input type="checkbox"/> System shut off</p> <p>2 <input type="checkbox"/> Not enough agent discharged</p> <p>3 <input type="checkbox"/> Agent discharged but did not reach fire</p> <p>4 <input type="checkbox"/> Wrong type of system</p> <p>5 <input type="checkbox"/> Fire not in area protected</p> <p>6 <input type="checkbox"/> System components damaged</p> <p>7 <input type="checkbox"/> Lack of maintenance</p> <p>8 <input type="checkbox"/> Manual intervention</p> <p>0 <input type="checkbox"/> Other</p> <p>U <input type="checkbox"/> Undetermined</p>
<p>M2 Type of Automatic Extinguishing System</p> <p>Required if fire was within designed range of AES</p> <p>1 <input type="checkbox"/> Wet-pipe sprinkler</p> <p>2 <input type="checkbox"/> Dry-pipe sprinkler</p> <p>3 <input type="checkbox"/> Other sprinkler system</p> <p>4 <input type="checkbox"/> Dry chemical system</p> <p>5 <input type="checkbox"/> Foam system</p> <p>6 <input type="checkbox"/> Halogen-type system</p> <p>7 <input type="checkbox"/> Carbon dioxide (CO₂) system</p> <p>0 <input type="checkbox"/> Other special hazard system</p> <p>U <input type="checkbox"/> Undetermined</p>	<p>M4 Number of Sprinkler Heads Operating</p> <p>Required if system operated</p> <p>_____</p> <p>Number of sprinkler heads operating</p>	

A

FDID State Incident Date Station Incident Number Exposure

Delete Change

NFIRS-9 Apparatus or Resources

B Apparatus or Resources Use codes listed below	Dates and Times Midnight is 0000 Check if same date as Alarm date on the Basic Module (Block E1)	Sent <input checked="" type="checkbox"/>	Number of People ★	Apparatus Use ★ Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for each apparatus.
1 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
2 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
3 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
4 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
5 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
6 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
7 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
8 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>
9 ID <input type="text"/> ★ Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text"/> <input type="text"/>

Apparatus or Resource Type	Aircraft	Medical and Rescue	
Ground Fire Suppression 11 Engine 12 Truck or aerial 13 Quint 14 Tanker and pumper combination 16 Brush truck 17 ARFF (aircraft rescue and firefighting) 10 Ground fire suppression, other Heavy Ground Equipment 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy ground equipment, other	41 Aircraft: fixed-wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other Marine Equipment 51 Fire boat with pump 52 Boat, no pump 50 Marine equipment, other Support Equipment 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other	71 Rescue unit 72 Urban search and rescue unit 73 High-angle rescue unit 75 BLS unit 76 ALS unit 70 Medical and rescue unit, other Other 91 Mobile command post 92 Chief officer car 93 HazMat unit 94 Type I hand crew 95 Type II hand crew 99 Privately owned vehicle 00 Other apparatus/resources	<div style="border: 1px solid black; padding: 5px;"> More apparatus? Use additional sheets. </div> NN None UU Undetermined