



# FIRS Report Form

# Other Incidents

**ONLY** fill in this form if Primary Responder / Brigade / Unit

### Block A – Primary Report Header

Unit/Brigade Name: \_\_\_\_\_ DFES Incident #

Date/s: \_\_\_\_\_ to \_\_\_\_\_ Start Time: \_\_\_\_\_:\_\_\_\_\_ hrs Finish Time \_\_\_\_\_:\_\_\_\_\_ hrs

Loc / St No: \_\_\_\_\_ Rd / St Name: \_\_\_\_\_ Town / Suburb: \_\_\_\_\_

Owner/Occupants Name: \_\_\_\_\_ What is the Property used for? \_\_\_\_\_

### Type of Incident:

Mobile Crash     HAZMAT     False Alarms/Calls   
 Other     Rupture     Lock in/out     Search     Animal Rescue   
 Service Call     Assist other Agencies     Good Intention Call     Severe Weather     Natural Disaster

### Action Taken:

Assist in Rescue     Medical Assistance     Remove Hazard     Search   
 Isolate Alarm     Reset Alarm     Evacuate     Transport   
 Investigate Only     Called Off     Other \_\_\_\_\_

### Block B – DBA Valid/Invalid

Alarm No.: \_\_\_\_\_ Premises Name: \_\_\_\_\_ Level of Detector: \_\_\_\_\_

Type of Alarm Call Code:    Undetermined call     False call   
 Testing/maintenance     On-site work practises     No fire, no testing maintenance, no work practises

### Block C – Hazardous Materials

Type of HAZMAT: Contamination  Spill/Leak  Explosion (without fire)  Chemical Reaction  Vapour Cloud

Chemical Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_ State: Solid  Liquid  Gas

Quantity Present: \_\_\_\_\_ Quantity Released: \_\_\_\_\_ Container: (e.g. road tanker, drum) \_\_\_\_\_

Origin of Release: (e.g. hatch, coupling) \_\_\_\_\_ Cause of Release: (e.g. explosion) \_\_\_\_\_

Primary Action Taken:    Rescue     Remove/Contain Hazard     Clean-Up   
    Evacuate     Decontaminate     Other: \_\_\_\_\_

Environmental Impact:    Air     Land     Water

Extent of Impact:    Catastrophic     Major     Minor     None

### Block D – Civilian Casualties / Rescue / Evacuation

Number of Civilians:    Extricated     Injured     Fatalities     Rescued

Person or Authority who performed the Rescue: \_\_\_\_\_

### Rescue

Type of MVA:    Crushed     Head on     Rear Impact     Rollover     Side Impact

Assistance Provided:    Scene clean up     Traffic Control     Assist Ambulance     Lighting

Police Officer: \_\_\_\_\_ Police Station: \_\_\_\_\_

Equipment Used:    Air Equip     Hydraulics     Spreading     Lifting     Cutting     With out Tools

Mobile Prop Type	Make	Year	Model	Rego No.	State of Rego
1.					
2.					

### Block Sign Off

Were any Agencies notified / attended? (e.g. Western Power, DEC) \_\_\_\_\_

Incident Control Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Officer Completing this form: \_\_\_\_\_ \*This form MUST be accompanied with an Attendance Form

\*Only BFS and VES: If form not entered in FIRS then please FAX to 1800 309 999 or EMAIL to [reports@dfes.wa.gov.au](mailto:reports@dfes.wa.gov.au)



# FIRS Report Form

# Attendance

Fill in Block A if Supporting Responder / Brigade / Unit

DFES Incident #

### Block A – Incident Header

Unit/Brigade Name: \_\_\_\_\_ Primary Brigade Name: \_\_\_\_\_

Date/s: \_\_\_\_\_ to \_\_\_\_\_ Start Time: \_\_\_\_\_ : \_\_\_\_\_ hrs Finish Time \_\_\_\_\_ : \_\_\_\_\_ hrs

Loc / St No: \_\_\_\_\_ Rd / St Name: \_\_\_\_\_

Town / Suburb: \_\_\_\_\_


Action Taken: Fire Extinguished  Investigation Only  Called Off  Other \_\_\_\_\_

Comments: \_\_\_\_\_

### ALL Responders MUST fill in Resources and Personnel

#### Resources

Travel Code: 1 = Lights & Sirens 3 = Normal Road 5 = Upgraded 7 = Downgraded

	Resource (Res.) Name (include Brigade Name)	Depart Station	On Scene	Depart Scene	On Station	Travel Code	Km's to Incident
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

#### Personnel

\* Circle number of who was driver

First Name	Surname	Res. No.	Injured	First Name	Surname	Res. No.	Injured
1.				11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

#### Other Attendees

Appropriate response

First Name	Surname	Private Vehicle	Farmer Response Vehicle	Support at Station Only
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Officer completing this form: \_\_\_\_\_ Signature: \_\_\_\_\_ Vol. No. \_\_\_\_\_

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