

NFPA 904M
Incident
Follow-Up
Report Manual
1986



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The Board of Directors reaffirms that the National Fire Protection Association recognizes that the toxicity of the products of combustion is an important factor in the loss of life from fire. NFPA has dealt with that subject in its technical committee documents for many years.

There is a concern that the growing use of synthetic materials may produce more or additional toxic products of combustion in a fire environment. The Board has, therefore, asked all NFPA technical committees to review the documents for which they are responsible to be sure that the documents respond to this current concern. To assist the committees in meeting this request, the Board has appointed an advisory committee to provide specific guidance to the technical committees on questions relating to assessing the hazards of the products of combustion.

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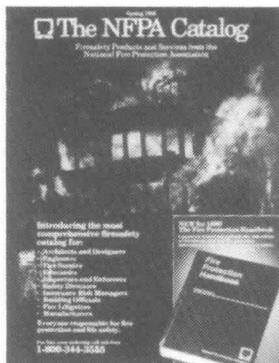
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NFPA 904M

Incident Follow-up Report Manual

1986 Edition

This edition of NFPA 904M, *Incident Follow-up Report Manual*, was prepared by the Committee on Fire Reporting and acted on by the National Fire Protection Association, Inc. at its Annual Meeting held May 19-22, 1986 in Atlanta, Georgia. It was issued by the Standards Council on June 11, 1986, with an effective date of July 1, 1986, and supersedes all previous editions.

The 1986 edition of this document has been approved by the American National Standards Institute.

Origin and Development of NFPA 904M

This manual was developed to encourage the collection of data beyond the basic system as described in NFPA 902M, *Fire Reporting Field Incident Manual*, on incidents that are significant in terms of their magnitude, associated casualties, or other impact on the community. It was not the intent of the Committee that this be a comprehensive fire investigation reporting form. Users are encouraged to develop this material further.

The original edition of this manual was published in 1981. This 1986 edition is a reconfirmation of the text of the manual.

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Since that time, changes in the membership may have occurred.*

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Association or any document developed by the Committee on which the member serves.

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NFPA 904M

Incident Follow-up Report Manual

1986 Edition

Introduction

In order to provide insight into the causes and consequences of fires or other incidents, the fire service prepares "incident reports," performs pre-fire surveys, and conducts follow-ups to provide additional information. The criteria for when such follow-ups should be conducted are determined locally. In general, such follow-ups are conducted for fires of suspicious origin, those resulting in loss of life, and those involving large property loss.

The encoding of follow-up data on fire incidents and the updating of basic fire incident data as necessary is a natural "next step" after the process of uniform coding and reporting of fire incidents. This manual is intended to provide a standardized form for the collection and encoding of fire incident follow-up data, along with an explanation of the use of the form.

This manual contains references to NFPA 901, *Uniform Coding for Fire Protection*. These references are to allow persons responsible for classifying the data to find the appropriate sections in NFPA 901. All references are to the 1986 edition of NFPA 901. A review of the terminology, definitions, and classifications in NFPA 901 will help to improve the quality of the report.

Data can be compiled from the forms either manually or using electronic data processing. In either case, such data will supplement the data from property surveys, incident reports and casualty reports, to support fire prevention activities, code enforcement, planning, data analysis, and administrative functions.

General Applications

This manual contains instructions for the completion of the Incident Follow-up Report, Form 904I. It is intended that Form 904I be used to record data from follow-ups. It is assumed that a Basic Incident Report, Form 902F, is already on file for each incident for which a follow-up investigation has been conducted. There are three main purposes for Form 904I:

1. To document some of the findings of the follow-up — for example, to permit characterization of the second item involved in the fire sequence.

2. To provide the basis for revision to and/or augmentation of the data reported on Form 902F, if the information from the follow-up is more accurate. It should not be necessarily assumed that follow-up information is more accurate than the information on the original 902F, but in the event of conflicting information, the local jurisdiction will have the option of accepting one of two opinions, or of keeping both.

3. To provide additional details on special situations — such as fires of incendiary/suspicious origin.

It is important to note that the follow-up is likely to produce more information than can conveniently be coded on Form 904I. As with any fire incident report, the narrative portion, not coded, will constitute an important part of the record.

The Fire Reporting Committee intends that this edition of the *Incident Follow-up Report Manual* and the Incident Follow-up Report be used for structural fires only. The Committee will be studying ways to expand the form and the manual so as to be applicable to all fires. Persons wishing to use the form for other than structural fires are encouraged to do so and to correspond with the Committee regarding the changes needed to accomplish such use.

Examples:

Two examples are presented on the following pages. The first shows a completed form for a fire follow-up after a \$300,000 suspicious fire in a building used to store mattresses. The second shows a completed form for a fire follow-up after a tenement fire in which four persons were killed.

INCIDENT FOLLOW-UP REPORT

9041

Anytown Fire Department

Fill In This Report
In Your Own Words

| | | | | | | | | |
|---|--|-----------------------|---|--|---|---|---|--|
| IA | FD ID 1234 | Incident No. 00249 | Index No. 00 | Mo. 12 | Day 17 | Year 80 | <input type="checkbox"/> Revised Report | |
| IB | Location/Address 329 Mill Hollow Rd | | | City/Town Anytown | | Year of Construction 1 9 7 4 | | |
| IC | Requestor B/C Smith | | | Date of Request 12/17/80 | | Reason for Followup Suspicious fire 3 | | |
| ID | Weather Snow 4 | | Temperature 25°F 6 | | Humidity 75% 2 | | Wind Direction NW 8 | |
| IE | Form of Material 2nd Ignited Packaging 5 5 | | Type of Material 2nd Ignited Paper 6 7 | | Method of Heat Transfer Direct Flame 1 | | | |
| IF | Time in Smoldering Stage None 9 | | Time Flame to Ceiling Less than 1 minute 1 | | Ceiling Height 30 Feet 2 0 | | | |
| IG | Time Ignition to Detection 15 minutes 5 | | Method of Detection Police Patrol 3 | | Time Detection to Alarm 1 minute 2 | | | |
| IH | Delay in Alarm None 8 | | Time Alarm to Agent Appl. 7 minutes 4 | | Delay in Arrival Nothing unusual 8 | | | |
| II | Delay in Agent Appl. Nothing unusual 8 | | Time Agent Appl. to Blackout 3½ hours 8 | | Size of Fire When Discovered Full involvement 6 | | | |
| IJ | Size of Fire on Arrival Full involvement 6 | | Obstacles Affecting Rescue N/A 8 | | Obstacles Affecting Fire Control Windowless walls 2 | | | |
| IK | Performance of Fire Spread Limit Devices Fire wall N/S - good 1 | | Performance of Special Hazard System N/A 8 | | Performance of Exit System N/A 8 | | | |
| IL | No. of Occupants at Ignition None 1 0 | | Occupant Condition Factor N/A 8 | | Number of Persons Assisted None 9 | | | |
| IM | No. of Persons Homeless N/A 9 | | No. of Businesses Unusable One 1 | | Lost Time of Business Est 9 months 6 | | | |
| IN | Property Management Private taxpaying 1 | | | | Estimated Total Dollar Loss 3 5 0 0 0 0 | | | |
| IO | If Person Involved in Ignition | Age 3 8 | Sex M 1 | Race W 1 | Relationship to Property Owner 1 | | Activity Involved Malicious 8 | |
| IP | Principal Ins. Carrier-Structure Ace Insurance Co | | Principal Ins. Carrier-Contents FBN Insurance Co | | Check Box if Overinsurance Indicated <input checked="" type="checkbox"/> | | | |
| IQ | Property Security Secured | | | Method of Initiation Flammable liquid & Timer 3 | | | | |
| IR | Sabotage Sprinklers turned off 1 | | | Motive Fraud to collect insurance 1 | | | | |
| IS | Available Information: | | <input checked="" type="checkbox"/> Police Rpt. | <input type="checkbox"/> Autopsy Rpt. | <input checked="" type="checkbox"/> Plan, Sketch | <input checked="" type="checkbox"/> Ins. File | <input type="checkbox"/> Other | |
| IT | Investigator <i>H. J. Kimball</i> | | Agency SFM | | Date 1/27/81 | | | |
| IU | Remarks: Harry Firebug, owner of the Softsleep Mattress Co. which used the building for storage was indicted by Grand Jury on 1/26/81. District Attorney J. O'Sullivan handling case. | | | | | | | |
| <input type="checkbox"/> Remarks continued on reverse side. | | | | | | | | |

COMPLETE IF
INCENDIARY/
SUSPICIOUS

902F Revised 902G Revised 902H Revised

This form is for use with NFPA 904M, Incident Follow-up Report Manual. Users should also refer to NFPA 901, Uniform Coding for Fire Protection, for information on fire reporting systems and classifications for information entered on this form.

INCIDENT FOLLOW-UP REPORT

9041

Anytown Fire Department

Fill In This Report
In Your Own Words

| | | | | | | | |
|----|--|---|--|---|--|------------------------------|---|
| IA | FD ID 26402 | Incident No. 5946 | Index No. 00 | Mo. 11 | Day 23 | Year 80 | <input type="checkbox"/> Revised Report |
| IB | Location/Address 42 Maple Street | | | City/Town Anytown | | Year of Construction 1932 | |
| IC | Requestor Chief Jim Hilton | | Date of Request 11/23/80 | | Reason for Followup Fatal Fire - 4 Killed | | |
| ID | Weather Clear | Temperature 20°F | Humidity 22% | Wind Direction South | Wind Speed 10 MPH | | |
| IE | Form of Material 2nd Ignited Wall Paneling | Type of Material 2nd Ignited Plywood | Method of Heat Transfer Direct Flame | | | | |
| IF | Time in Smoldering Stage Est 2 hours | Time Flame to Ceiling 10 minutes | Ceiling Height 8 feet | | | | |
| IG | Time Ignition to Detection 2½ hours | Method of Detection Neighbor | Time Detection to Alarm 4 minutes | | | | |
| IH | Delay in Alarm Tried to effect rescue 1st | Time Alarm to Agent Appl. 6 minutes | Delay in Arrival Nothing unusual | | | | |
| II | Delay in Agent Appl. Nothing unusual | Time Agent Appl. to Blackout 45 minutes | Size of Fire When Discovered Floor of origin | | | | |
| IJ | Size of Fire on Arrival Complete involvement | Obstacles Affecting Rescue No rescue - all DOA | Obstacles Affecting Fire Control None | | | | |
| IK | Performance of Fire Spread Limit Devices N/A | Performance of Special Hazard System N/A | Performance of Exit System Not a factor | | | | |
| IL | No. of Occupants at Ignition 0004 | Occupant Condition Factor All asleep | Number of Persons Assisted None | | | | |
| IM | No. of Persons Homeless Four | No. of Businesses Unusable N/A | Lost Time of Business N/A | | | | |
| IN | Property Management Private Taxpaying | Estimated Total Dollar Loss 55000 | | | | | |
| IO | If Person Involved in Ignition | Age 35 | Sex F | Race W | Relationship to Property Tenant | Activity Involved Smoking | |
| IP | Principal Ins. Carrier-Structure Acme Insurance Co. | Principal Ins. Carrier-Contents Acme Insurance Co. | | Check Box if Overinsurance Indicated <input type="checkbox"/> | | | |
| IQ | Property Security | Method of Initiation | | | | | |
| IR | Sabotage | Motive | | | | | |
| IS | Available Information: | <input type="checkbox"/> Police Rpt. | <input checked="" type="checkbox"/> Autopsy Rpt. | <input checked="" type="checkbox"/> Plan, Sketch | <input type="checkbox"/> Ins. File | | |
| | | <input type="checkbox"/> Lab Rpt. | <input type="checkbox"/> Credit Rpt. | <input checked="" type="checkbox"/> Photos | <input type="checkbox"/> Other | | |
| IT | Investigator <i>J.R. Stebbins</i> | Agency County Fire Marshal | | Date 11/28/80 | | | |
| IU | Remarks: Fire started in chair on first story living room - smoldered before breaking into open flame. Discovered by M.B. Smith, a neighbor, who forced front door to effect rescue. He was unsuccessful. All persons dead before fire discovery. No evidence of foul play. | | | | | | |
| | <input type="checkbox"/> Remarks continued on reverse side. | | | | | | |

COMPLETE IF
INCENDIARY/
SUSPICIOUS

902F Revised

902G Revised

902H Revised

This form is for use with NFPA 904M, *Incident Follow-up Report Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

**Preparation of
the Incident Follow-Up Report**

Form 904I

This section of the manual is for reference in preparing the Incident Follow-up Report, Form 904I.

The explanation for completing Lines IA through IU and other information in this manual should be referenced when preparing the Incident Follow-up Report, Form 904I. See form on next page.

The form is divided into seven blocks, each outlined by a heavy border across the bottom and up the right side.

The *first block*, lines IA-IC, identifies the incident, the property on which the report is made, and the reason for the report.

The *second block*, lines ID-IF, collects weather information as well as additional details relating to fire growth.

The *third block*, lines IG-IK, is designed to collect the complete time sequence of the fire, and the performance of building systems in the fire.

The *fourth block*, lines IL-IO, identifies human factors and indirect losses associated with the incident.

The *fifth block* (incendiary/suspicious fires only), lines IP-IS, addresses important factors in the investigation and reporting on incendiary/suspicious fires.

The *sixth block*, line IT, contains the signature and identifier line for the investigator making the report.

The *seventh block*, line IU, is a remarks section where additional data significant to the follow-up can be recorded.

INCIDENT FOLLOW-UP REPORT

9041

_____ Fire Department

Fill In This Report
In Your Own Words

| | | | | | | | | |
|---|--|--------------|--------------------------------------|---------------------------------------|---------------------------------------|------------------------------------|---|------------|
| IA | FD ID | Incident No. | Index No. | Mo. | Day | Year | <input type="checkbox"/> Revised Report | |
| IB | Location/Address | | | City/Town | | Year of Construction | | |
| IC | Requestor | | | Date of Request | | Reason for Followup | | |
| ID | Weather | | Temperature | | Humidity | | Wind Direction | Wind Speed |
| IE | Form of Material 2nd Ignited | | Type of Material 2nd Ignited | | Method of Heat Transfer | | | |
| IF | Time in Smoldering Stage | | Time Flame to Ceiling | | Ceiling Height | | | |
| IG | Time Ignition to Detection | | Method of Detection | | Time Detection to Alarm | | | |
| IH | Delay in Alarm | | Time Alarm to Agent Appl. | | Delay in Arrival | | | |
| II | Delay in Agent Appl. | | Time Agent Appl. to Blackout | | Size of Fire When Discovered | | | |
| IJ | Size of Fire on Arrival | | Obstacles Affecting Rescue | | Obstacles Affecting Fire Control | | | |
| IK | Performance of Fire Spread Limit Devices | | Performance of Special Hazard System | | Performance of Exit System | | | |
| IL | No. of Occupants at Ignition | | Occupant Condition Factor | | Number of Persons Assisted | | | |
| IM | No. of Persons Homeless | | No. of Businesses Unusable | | Lost Time of Business | | | |
| IN | Property Management | | | | Estimated Total Dollar Loss | | | |
| IO | If Person Involved in Ignition | Age | Sex | Race | Relationship to Property | | Activity Involved | |
| IP | Principal Ins. Carrier-Structure | | | Principal Ins. Carrier-Contents | | | Check Box if Overinsurance Indicated <input type="checkbox"/> | |
| IQ | Property Security | | | | Method of Initiation | | | |
| IR | Sabotage | | | | Motive | | | |
| IS | Available Information: | | <input type="checkbox"/> Police Rpt. | <input type="checkbox"/> Autopsy Rpt. | <input type="checkbox"/> Plan, Sketch | <input type="checkbox"/> Ins. File | <input type="checkbox"/> Other | |
| IT | Investigator | | Agency | | Date | | | |
| IU | Remarks: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <input type="checkbox"/> Remarks continued on reverse side. | | | | | | | | |

COMPLETE IF
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SUSPICIOUS

902F Revised

902G Revised

902H Revised

This form is for use with NFPA 904M, *Incident Follow-up Report Manual*. Users should also refer to NFPA 901, *Uniform Coding for Fire Protection*, for information on fire reporting systems and classifications for information entered on this form.

LINE IA DATA

| | | | | | | | |
|----|-------|--------------|-----------|-----|-----|------|---|
| IA | FD ID | Incident No. | Index No. | Mo. | Day | Year | <input type="checkbox"/> Revised Report |
|----|-------|--------------|-----------|-----|-----|------|---|

Fire Department Identification

| |
|-------|
| FD ID |
|-------|

This space is provided for fire departments that participate in regional or state systems. The identification number will normally be obtained from the Basic Incident Report, Form 902F. If the fire department does not forward reports to a regional or state center, this data space can be left blank.

Incident Number

| |
|--------------|
| Incident No. |
|--------------|

The incident number is a unique number assigned to an incident such that no two incidents in a given year have the same number.

Enter the identification number assigned to this incident from the existing fire department Basic Incident Report, Form 902F.

Index Number

| |
|-----------|
| Index No. |
|-----------|

The index number, if any, may be obtained from the Basic Incident Report, Form 902F.

Month

| | | |
|-----|-----|------|
| Mo. | Day | Year |
|-----|-----|------|

Enter the month of year when the incident occurred using its numeric designation:

| | | | |
|---------------|------------|----------------|---------------|
| January = 01 | April = 04 | July = 07 | October = 10 |
| February = 02 | May = 05 | August = 08 | November = 11 |
| March = 03 | June = 06 | September = 09 | December = 12 |

Day

Enter the day of month when the incident occurred.

Year

Enter the last two digits of the year of century when the incident occurred.

Example:

An incident occurring on July 8, 1981, would be entered as

| | | |
|-----|-----|------|
| Mo. | Day | Year |
| 07 | 08 | 81 |

The incident date should be the same as that given on the Basic Incident Report, Form 902F.

Revised Report

| |
|---|
| <input type="checkbox"/> Revised Report |
|---|

If any information on the report is to be updated once the report has been submitted, obtain a copy of the original report, enter the new information in red, date and initial the change, check the Revised Report block, and resubmit the report.

LINE IB DATA

| | | | |
|----|------------------|-----------|----------------------|
| IB | Location/Address | City/Town | Year of Construction |
|----|------------------|-----------|----------------------|

Correct Address

| | |
|------------------|-----------|
| Location/Address | City/Town |
|------------------|-----------|

This information is used primarily for cross reference and manual identification purposes. The address should be cross checked with that on the Basic Incident Report.

Year of Construction

| |
|----------------------|
| Year of Construction |
|----------------------|

Enter the actual year of construction of the property, for example, 1968. If multiple years of construction exist, enter the year of construction of the area where the fire originated and note the other years in the Remarks.

LINE IC DATA

| | | | |
|----|-----------|-----------------|---------------------|
| IC | Requestor | Date of Request | Reason for Followup |
| | | | |

Requestor

| | |
|-----------|-----------------|
| Requestor | Date of Request |
| | |

Reason for Follow-up

| |
|---------------------|
| Reason for Followup |
| |

Space is provided here to indicate the name, agency, or other identifier of the requestor of the follow-up investigation, and the date of the initial request.

The reason a follow-up has been initiated is recorded here. The reason could be due to the size of the fire, the number of deaths, the fire's suspicious origin, or any other reason.

Refer to NFPA 901, Section JDC, for classifications for Reason for Follow-up.

LINE ID DATA

| | | | | | |
|----|---------|-------------|----------|----------------|------------|
| ID | Weather | Temperature | Humidity | Wind Direction | Wind Speed |
| | | | | | |

Weather

| |
|---------|
| Weather |
| |

Enter the type of weather at the time the fire started. Refer to NFPA 901, Section JIA, for classifications for Weather.

Wind Direction

| |
|----------------|
| Wind Direction |
| |

Wind direction should be recorded to the closest 45 degree compass point, and at the time the fire started. Wind direction is the direction the wind is coming from.

Refer to NFPA 901, Section JID, for classifications for Wind Direction.

Temperature

| |
|-------------|
| Temperature |
| |

Enter the air temperature at the time the fire started. Temperature may be recorded in Fahrenheit or Celsius, but be sure to indicate which, by using an "F" or "C."

Refer to NFPA 901, Section JIB, for classifications for Temperature.

Wind Speed

| |
|------------|
| Wind Speed |
| |

Enter the wind speed at the time the fire started. Refer to NFPA 901, Section JIE, for classifications for Wind Speed.

Humidity

| |
|----------|
| Humidity |
| |

Enter the relative humidity at the time the fire started. Refer to NFPA 901, Section JIC, for classifications for Relative Humidity.

LINE IE DATA

| | | | |
|----|------------------------------|------------------------------|-------------------------|
| IE | Form of Material 2nd Ignited | Type of Material 2nd Ignited | Method of Heat Transfer |
|----|------------------------------|------------------------------|-------------------------|

Form of Material Second Ignited

| |
|------------------------------|
| Form of Material 2nd Ignited |
|------------------------------|

The Basic Incident Report, Form 902F, records the first material ignited. The material ignited next in the burning sequence should be recorded here.

Record the form or use of the second material that became ignited.

Refer to NFPA 901, Section HA, for classifications for Form of Material.

Type of Material Second Ignited

| |
|------------------------------|
| Type of Material 2nd Ignited |
|------------------------------|

Record the type or composition of the second material that became ignited. This must be the same material whose form or use was recorded in the previous data space.

Refer to NFPA 901, Section HB, for classifications for Type of Material.

Example:

A fire that starts in an upholstered chair and spreads to plywood wall paneling.

| | | | |
|------------------------------|------|------------------------------|------|
| Form of Material 2nd Ignited | | Type of Material 2nd Ignited | |
| Wall paneling | 1, 5 | Plywood | 6, 4 |

Method of Heat Transfer

| |
|-------------------------|
| Method of Heat Transfer |
|-------------------------|

Enter here the method by which the fire spread from the material first ignited to the material second ignited. This can include direct flame, convection currents, radiated heat, heat from embers or sparks, or conducted heat.

Refer to NFPA 901, Section JFC, for classifications for Method of Heat Transfer.

Examples:

Flame from a burning wastebasket ignited curtains above wastebasket.

| | |
|-------------------------|---|
| Method of Heat Transfer | |
| Direct flame | 1 |

Heat radiated from a burning chair ignites nearby wall paneling.

| | |
|-------------------------|---|
| Method of Heat Transfer | |
| Radiant heat | 2 |

LINE IF DATA

| | | | |
|----|--------------------------|-----------------------|----------------|
| IF | Time in Smoldering Stage | Time Flame to Ceiling | Ceiling Height |
|----|--------------------------|-----------------------|----------------|

Time in Smoldering Stage

| |
|--------------------------|
| Time in Smoldering Stage |
|--------------------------|

Record the estimated time smoldering fire conditions existed, i.e., the time from ignition to open flaming. Classify open flaming ignitions as "Did Not Pass Through Smoldering Stage."

Refer to NFPA 901, Section JGI, for classifications to use for Time in Smoldering Stage.

Time Flame to Ceiling

| |
|-----------------------|
| Time Flame to Ceiling |
|-----------------------|

Record the estimated time from the first open flaming until the flame height reached the ceiling. For smoldering ignitions this will be the time from the transition from smoldering, to flaming combustion, to the attainment of flame at the ceiling level. For open flaming ignitions it will be the time from ignition to flame at the ceiling level.

Refer to NFPA 901, Section JGI, for classifications to use for Time to Ceiling.

Ceiling Height

Record the height of the ceiling in feet. If the ceiling height exceeds 99 feet, record the actual height, but enter 99 as coded data.

| |
|----------------|
| Ceiling Height |
|----------------|

LINE IG DATA

| | | | |
|----|----------------------------|---------------------|-------------------------|
| IG | Time Ignition to Detection | Method of Detection | Time Detection to Alarm |
|----|----------------------------|---------------------|-------------------------|

Time from Ignition to Detection

Refer to NFPA 901, Section JGB, for classifications for Method of Detection.

| |
|----------------------------|
| Time Ignition to Detection |
|----------------------------|

Time from Detection to Alarm

Ignition occurs the moment heat or overheat reaches the point of self-perpetuated combustion in the combustible ignited, whether or not there is open flame.

| |
|-------------------------|
| Time Detection to Alarm |
|-------------------------|

Detection occurs the moment a person senses the danger or an automatic detector closes its contacts.

Alarm occurs the moment the first signal light or sound arrives at the fire alarm center of the officially responding organization. This is generally a public fire department facility, but could be an organized and manned private fire department. It is not a building guard, a building manager, telephone operator, or a maintenance shop.

Estimate and record the time lapse from the moment of ignition until detection takes place.

Record here the time lapse from detection to the first receipt of the alarm. Sometimes no alarm will be transmitted, as in the case where a fire has burned itself out when detected.

Refer to NFPA 901, Section JGA, for classifications for Time from Ignition to Detection.

Refer to NFPA 901, Section JGC, for classifications for Time from Detection to Alarm.

Method of Detection

| |
|---------------------|
| Method of Detection |
|---------------------|

If a person detected the fire, record the relationship of that person to the fire area, e.g., occupant, watchman, passerby. If an automatic system detected the fire, indicate the type of system. If the fire was not detected until after it self-terminated, indicate that fact.

LINE IH DATA

| | | | |
|----|----------------|---------------------------|------------------|
| IH | Delay in Alarm | Time Alarm to Agent Appl. | Delay in Arrival |
|----|----------------|---------------------------|------------------|

Delay in Alarm

Time from Alarm to Agent Application

| |
|----------------|
| Delay in Alarm |
|----------------|

| |
|---------------------------|
| Time Alarm to Agent Appl. |
|---------------------------|

Record here the cause for any unusual delay in transmission of alarm to the fire department once the fire has been detected. If the alarm was transmitted promptly or no unusual delays occurred, indicate that to be the case.

The time of extinguishing agent application is when the agent first hits the flame.

Refer to NFPA 901, Section JGD, for classifications for Delay in Alarm.

Estimate and record the time lapse from the first receipt of the alarm to the application of an extinguishing agent. Sometimes an agent will be applied before the alarm, as in the case of automatic systems, but in most cases the first agent will be applied by the fire

department. Do not consider the sporadic application of an agent, such as an attempt to use a fire extinguisher before calling the fire department, unless such application is continuous or successfully controls or extinguishes the fire.

Refer to NFPA 901, Section JGE, for classifications for Time from Alarm to Extinguishing Agent Application.

Delay in Arrival

| |
|------------------|
| Delay in Arrival |
|------------------|

Record here the cause for any unusual delay in arrival of the first fire apparatus at the scene. If no unusual delays in response occurred, indicate so.

Refer to NFPA 901, Section JGF, for classifications for Delay in Arrival.

LINE II DATA

| | | | |
|----|----------------------|------------------------------|------------------------------|
| II | Delay in Agent Appl. | Time Agent Appl. to Blackout | Size of Fire When Discovered |
|----|----------------------|------------------------------|------------------------------|

Delay in Application of Extinguishing Agent

| |
|----------------------|
| Delay in Agent Appl. |
|----------------------|

Record here the cause for any unusual delay after the arrival of fire fighting apparatus before extinguishing agents are applied to the fire. If no unusual delays in extinguishing agent application occur, indicate so.

Refer to NFPA 901, Section JGG, for classifications for Delay in Application of Extinguishing Agent.

Record here the time lapse between the first agent application to the fire blackout. Sometimes no agent application will be necessary, as when the fire self-terminates.

Refer to NFPA 901, Section JGH, for classifications for Time from Extinguishing Agent Application to Fire Blackout.

Size of Fire when Discovered

| |
|------------------------------|
| Size of Fire When Discovered |
|------------------------------|

Describe the extent (confined to Object of Origin, confined to Structure, etc.) to which the fire had grown when first discovered.

Refer to NFPA 901, Section KB, and use the classifications for Extent of Flame Damage to classify Size of Fire when Discovered.

Time from Extinguishing Agent Application to Fire Blackout

| |
|------------------------------|
| Time Agent Appl. to Blackout |
|------------------------------|

Blackout is when all evidence of open flame or glow of burned material has been removed.

LINE IJ DATA

| | | | |
|----|-------------------------|----------------------------|----------------------------------|
| IJ | Size of Fire on Arrival | Obstacles Affecting Rescue | Obstacles Affecting Fire Control |
|----|-------------------------|----------------------------|----------------------------------|

Size of Fire on Arrival

| |
|-------------------------|
| Size of Fire on Arrival |
|-------------------------|

Describe the extent to which the fire had grown at the time of arrival of the first fire service apparatus at the scene.

Refer to NFPA 901, Section KB, and use the classifications for Extent of Flame Damage to classify Size of Fire on Arrival.

Obstacles Affecting Rescue

| |
|----------------------------|
| Obstacles Affecting Rescue |
|----------------------------|

Indicate any obstacles that impeded rescue operations or restricted fire service or other rescue capabilities.

Refer to NFPA 901, Section DJE, for classifications for Obstacles Affecting Rescue.

Obstacles Affecting Fire Control

| | |
|----------------------------------|--|
| Obstacles Affecting Fire Control | |
|----------------------------------|--|

Indicate any obstacles that impeded or restricted fire control operations.

Refer to NFPA 901, Section DJE, for classifications for Obstacles Affecting Fire Control Operations.

LINE IK DATA

| | | | |
|----|--|--------------------------------------|----------------------------|
| IK | Performance of Fire Spread Limit Devices | Performance of Special Hazard System | Performance of Exit System |
|----|--|--------------------------------------|----------------------------|

Performance of Fire Spread Limitation Devices

| | |
|--|--|
| Performance of Fire Spread Limit Devices | |
|--|--|

Fire spread limitation devices include enclosing walls, doors, dampers, and the like. If fire spread limitation devices were present, evaluate their performance in terms of their designed function. If no fire spread limitation devices were present, indicate so.

Refer to NFPA 901, Section JHE, for classifications for Performance of Fire Spread Limitation Devices.

Performance of Special Hazard System

| | |
|--------------------------------------|--|
| Performance of Special Hazard System | |
|--------------------------------------|--|

A special hazard system is one that is designed and installed to protect a specific fire hazard or operation. Examples are a Halon system protecting a computer room, or a water spray deluge system protecting a processing operation. If such a system was present in the area of origin, evaluate and record its performance. If none was present, indicate "no special hazard system in area of origin."

Refer to NFPA 901, Section JHD, for classifications for Performance of Special Hazard System.

Performance of Exit System

| | |
|----------------------------|--|
| Performance of Exit System | |
|----------------------------|--|

Evaluation of the exit system performance should take into account all building factors relating to the egress of occupants from a building under fire conditions. Record exit system performance when occupants were required to leave the structure or fire area. If no occupants were present, or if egress was not required, record "not a factor."

Refer to NFPA 901, Section JHF, for classifications for Performance of Exit System.

Examples:

Stairway filled with smoke due to blocked door, and several occupants were rescued by fire department ladder.

| | |
|----------------------------|---|
| Performance of Exit System | |
| Restricted egress | 2 |

An occupant trapped in a dead end corridor dies from the effects of fire.

| | |
|----------------------------|---|
| Performance of Exit System | |
| Prevented egress | 3 |

The single exit path filled with smoke from the fire in an adjacent room. Occupants made their way through the smoke and escaped, suffering minor smoke inhalation.

| | |
|----------------------------|---|
| Performance of Exit System | |
| Restricted egress | 2 |

LINE IL DATA

| | | | |
|----|------------------------------|---------------------------|----------------------------|
| IL | No. of Occupants at Ignition | Occupant Condition Factor | Number of Persons Assisted |
| | | | |

Number of Occupants at Ignition

| |
|------------------------------|
| No. of Occupants at Ignition |
| |

Record here the actual or estimated number of occupants in the structure at the time the fire started, regardless of what they did or what happened to them after ignition. Do not include persons who entered the structure after ignition.

Occupant Condition Factor

| |
|---------------------------|
| Occupant Condition Factor |
| |

Record here the occupant condition factor that describes the dominant occupant condition, as in the following examples.

Note that when a responsible adult is present, it is relevant whether the adult is awake or asleep. Whether non-mobile (young children, etc.) or impaired (intoxicated, senile, etc.) occupants are awake or asleep is not relevant.

Refer to NFPA 901, Section JED, for classifications for Occupant Condition Factor.

Examples:

Two adults — one sleeping, one awake

| |
|---------------------------|
| Occupant Condition Factor |
| Mobile, awake 1 |

Two adults — both sleeping

| |
|---------------------------|
| Occupant Condition Factor |
| Mobile, asleep 2 |

Two adults, one three-year-old child, adults awake, child asleep

| |
|-----------------------------|
| Occupant Condition Factor |
| Mobile/nonmobile, awake 3 |

Two adults, one child, all asleep

| |
|------------------------------|
| Occupant Condition Factor |
| Mobile/nonmobile, asleep 4 |

Three children under five years old, one adult in intoxicated state. Adult and one child awake, two children asleep.

| |
|---------------------------|
| Occupant Condition Factor |
| Nonmobile, impaired 5 |

Number of Persons Assisted

| |
|----------------------------|
| Number of Persons Assisted |
| |

Record here the number of persons assisted in leaving the building by the action of the fire department.

Refer to NFPA 901, Section KF, for classifications for Number of Persons Assisted.

LINE IM DATA

| | | | |
|----|-------------------------|----------------------------|-----------------------|
| IM | No. of Persons Homeless | No. of Businesses Unusable | Lost Time of Business |
| | | | |

Number of Persons Made Homeless

| |
|-------------------------|
| No. of Persons Homeless |
| |

Record the number of persons who could not reside in their building the night after the fire.

Refer to NFPA 901, Section KG, for classifications for Number of Persons Made Homeless.

Number of Businesses Made Unusable

| |
|----------------------------|
| No. of Businesses Unusable |
| |

Record the number of businesses that could not operate over 60 percent of their facility the first working day following the fire.

Refer to NFPA 901, Section KH, for classifications for Number of Businesses Made Unusable.

LINE IO DATA

| | | | | | | |
|----|--------------------------------|-----|-----|------|--------------------------|-------------------|
| IO | If Person Involved in Ignition | Age | Sex | Race | Relationship to Property | Activity Involved |
|----|--------------------------------|-----|-----|------|--------------------------|-------------------|

Age

| | | |
|-----|--|--|
| Age | | |
|-----|--|--|

If a person or persons were involved in the ignition, enter the age of the person most principally involved.

Sex

| | |
|-----|--|
| Sex | |
|-----|--|

If a person or persons were involved in the ignition, enter the sex of the person most principally involved.

Refer to NFPA 901, Section LB, for classifications for Sex.

Race

| | |
|------|--|
| Race | |
|------|--|

If a person or persons were involved in the ignition, enter the race of the person most principally involved.

Refer to NFPA 901, Section LC, for classifications for Race.

Relationship to Property

| | |
|--------------------------|--|
| Relationship to Property | |
|--------------------------|--|

If a person or persons were involved in the ignition, enter the relationship of the person primarily involved to the property.

Refer to NFPA 901, Section LF, for classifications for Relationship to Property.

Activity Involved in Fire Ignition

| | |
|-------------------|--|
| Activity Involved | |
|-------------------|--|

If a person or persons were involved in the ignition, enter the nature of the activity of the person most principally involved as it related most directly to the ignition.

Refer to NFPA 901, Section JEC, for classifications for Activity Involved in Fire Ignition.

LINE IP DATA

| | | | |
|----|----------------------------------|---------------------------------|---|
| IP | Principal Ins. Carrier-Structure | Principal Ins. Carrier-Contents | Check Box if Overinsurance Indicated <input type="checkbox"/> |
|----|----------------------------------|---------------------------------|---|

Principal Insurance Carrier — Structure

| |
|----------------------------------|
| Principal Ins. Carrier-Structure |
|----------------------------------|

Enter the name of the insurance company with the principal insurance coverage of the structure.

Principal Insurance Carrier — Contents

| |
|---------------------------------|
| Principal Ins. Carrier-Contents |
|---------------------------------|

Enter the name of the insurance company with the principal insurance coverage of the contents of the structure.

Overinsurance Indication

| |
|---|
| Check Box if Overinsurance Indicated <input type="checkbox"/> |
|---|

If there exists any indication of overinsurance in an incendiary or suspicious fire (such as insured values significantly greater than actual value), check box.

LINE IQ DATA

| | | |
|----|-------------------|----------------------|
| IQ | Property Security | Method of Initiation |
|----|-------------------|----------------------|

Property Security

Method of Initiation

| |
|-------------------|
| Property Security |
|-------------------|

| |
|----------------------|
| Method of Initiation |
|----------------------|

If the fire was incendiary or suspicious, indicate the secured or unsecured condition of the building at the time the fire department arrived on the scene.

Refer to NFPA 901, Section JJA, for classifications for Property Security.

This space is used to record the presence of accelerants or incendiary devices in an incendiary or suspicious fire.

Refer to NFPA 901, Section JJB, for classifications for Method of Fire Initiation.

LINE IR DATA

| | | |
|----|----------|--------|
| IR | Sabotage | Motive |
|----|----------|--------|

Sabotage

Motive

| |
|----------|
| Sabotage |
|----------|

| |
|--------|
| Motive |
|--------|

Record any attempts to sabotage fire protection systems or fire suppression activities (valves closed, doors barred, floors undercut, etc.)

Refer to NFPA 901, Section JJC, for classifications for Sabotage.

When the motive for an incendiary act is known, record it here.

Refer to NFPA 901, Section JJD, for classifications for Motive.

LINE IS DATA

| | | | | | |
|----|------------------------|--------------------------------------|---------------------------------------|---------------------------------------|------------------------------------|
| IS | Available Information: | <input type="checkbox"/> Police Rpt. | <input type="checkbox"/> Autopsy Rpt. | <input type="checkbox"/> Plan, Sketch | <input type="checkbox"/> Ins. File |
| | | <input type="checkbox"/> Lab Rpt. | <input type="checkbox"/> Credit Rpt. | <input type="checkbox"/> Photos | <input type="checkbox"/> Other |

Available Information

This line is used to record the presence of supporting information in case files. It is not coded, but is used for reference only. Check all the blocks on this line that apply.

LINE IT DATA

| | | | |
|----|--------------|--------|------|
| IT | Investigator | Agency | Date |
|----|--------------|--------|------|

Investigator

The investigator should sign and date the report, and indicate his affiliation.

LINE IU DATA

| | |
|----|---|
| IU | Remarks <hr/> <hr/> <hr/> <hr/> <hr/> |
| | <input type="checkbox"/> Remarks continued on reverse side. |

902F Revised

902G Revised

902H Revised

Remarks

No one form can ever be designed to meet the needs of all who use it or provide sufficient space and data elements to accurately describe the incident for all uses. The Remarks area can fit this need and is provided for the specific purpose of:

1. Explaining in greater detail the data elements already on the form.
2. Expanding the data already collected where room for only the most significant was provided.

3. Recording data significant to the incident when no specific spot on the form was provided.

Use the reverse side of the form if sufficient room is not available on the face of the form. If the reverse side is used, check the block at the bottom of the page.

If the 902F Form, 902G Form or 902H Form was revised as a result of data collected during the follow-up, check the appropriate boxes to indicate which forms have been updated.

SUBMITTING PROPOSALS ON NFPA TECHNICAL COMMITTEE DOCUMENTS

**Contact NFPA Standards Administration for final date for receipt of proposals
on a specific document.**

INSTRUCTIONS

**Please use the forms which follow for submitting proposed amendments.
Use a separate form for each proposal.**

1. For each document on which you are proposing amendment indicate:
 - (a) The number and title of the document
 - (b) The specific section or paragraph.
2. Check the box indicating whether or not this proposal recommends new text, revised text, or to delete text.
3. In the space identified as "Proposal" include the wording you propose as new or revised text, or indicate if you wish to delete text.
4. In the space titled "Statement of Problem and Substantiation for Proposal" state the problem which will be resolved by your recommendation and give the specific reason for your proposal including copies of tests, research papers, fire experience, etc. If a statement is more than 200 words in length, the technical committee is authorized to abstract it for the Technical Committee Report.
5. Check the box indicating whether or not this proposal is original material, and if it is not, indicate source.
6. If supplementary material (photographs, diagrams, reports, etc.) is included, you may be required to submit sufficient copies for all members and alternates of the technical committee.

NOTE: The NFPA Regulations Governing Committee Projects in Paragraph 10-10 state: Each proposal shall be submitted to the Council Secretary and shall include:

- (a) identification of the submitter and his affiliation (Committee, organization, company) where appropriate, and
- (b) identification of the document, paragraph of the document to which the proposal is directed, and
- (c) a statement of the problem and substantiation for the proposal, and
- (d) proposed text of proposal, including the wording to be added, revised (and how revised), or deleted.