

FIRST ON SCENE REPORT

Incident Number	Location	Date of Incident	Time Arrived
Name	Position/Rank	Contact Phone Number	

ARRIVING ON SCENE

I arrived from the: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Route of arrival as approached scene:
Did you see anyone or any vehicles leaving area as you arrived <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Were other first responders on scene upon your arrival <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify:	
Was anyone other than first responders on scene when you arrived <input type="checkbox"/> Yes <input type="checkbox"/> No If yes describe or identify:	

GENERAL OBSERVATIONS

Was smoke showing outside <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke color:	Which side was the most smoke coming from: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Roof Specific location if possible:
Was flame showing outside <input type="checkbox"/> Yes <input type="checkbox"/> No	Color of flame:	Greatest amount of flame was from: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Roof Specific location if possible:
Did you notice anything unusual outside the structure, including footprints, containers, etc <input type="checkbox"/> Yes <input type="checkbox"/> No If yes describe:		
Where did the heaviest concentration of the fire appear to be:	Were there separate and unrelated fires <input type="checkbox"/> Yes <input type="checkbox"/> No if yes where	
Did any explosions occur while you were present <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, can you identify the source or location:		
Did you see any unusual smoke or flame color <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you smell any unusual odors <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you observe any unusual fire behavior <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you hear any smoke detectors <input type="checkbox"/> Yes <input type="checkbox"/> No if yes location	Did you hear other alarms <input type="checkbox"/> Yes <input type="checkbox"/> No if yes describe	
Did you notice anything unusual inside including missing contents, prefire damage, obstacles to entry, etc <input type="checkbox"/> Yes <input type="checkbox"/> No if yes describe:		

CONDITION OF DOORS AND WINDOWS

Were any exterior doors open when you arrived <input type="checkbox"/> No <input type="checkbox"/> Yes (which):		
Were the exterior doors unlocked <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (which):		
Were any windows open or broken when you arrived <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which were open or broken:		
Did you force entry <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, where:	Did you see anyone force entry <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where:	Did anyone provide keys to enter <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, who:

UTILITIES

Did you shut off or remove breakers/fuses <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you shut off LP/Natural gas supply <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you unplug any appliances <input type="checkbox"/> Yes <input type="checkbox"/> No if yes which:
--	---	---

