



National Indigenous
Fire Safety Council Project
Projet du conseil national
autochtone de la sécurité-incendie

National Incident Reporting System (NIRS) Incident - Form A

National Incident Reporting System - Incident - Form A - Revised on Jan 12th, 2021

Line 1

Band #: _____ Fire Department name: _____ Fire Department ID: _____

Injuries: *(if checked please provide number)* Submit a Form B for each causality

Deaths: *(if checked please provide number)* Submit a Form B for each death

Line 2

Address of fire: *(street address / lot, block and plan #/ land location description)*

Community / Town / City / Village / Hamlet: _____ Postal code: _____

Line 3

Date fire occurred: _____ Time of fire: *(use 24hr clock)* _____

Line 4

RCMP / Municipal Police notified? yes no *(If yes, provide contact details below)*

Officer name: _____ Detachment or Municipality: _____

Phone number: _____

Line 5

Is the property insured yes no *(If yes, provide contact details below)*

Insurance company name: _____ Contact person: _____

Phone number: _____ Estimated property value: \$ _____

Estimated damage: \$ _____ Insurance claim #: _____

Line 6

Name of person reporting the fire or raising the alarm: _____

How was fire reported: _____ Phone Number: _____

Line 7

Legal home owner: *Name/Band/Organization*

Phone number: _____

Line 8

Address of homeowner: *(IR Number, street address, community, postal code)*

Line 9

Main occupant contact: Age: Phone number:

If more than one occupant is involved (ie. fire involving an apartment building) attach additional sheet(s) listing all occupants.

Same as Homeowner

Line 10

Property use: (apartment, private dwelling, barn, store, business offices, hospital, restaurant, educational facility, manufacturing, hotel, motel, arena, rink, elevator, crops, grass, bush, forest, etc.)

Describe property: Please be as specific as possible in description.

Line 11

Building height (stories): Building area (sq,ft): Year built:

Line 12

Building occupancy load: Number of people in building at time of fire:

Line 13

Describe construction of building:

Line 14

Description of vehicle/equipment involved: Please be as specific as possible in description. (See instructions in Guide for Line 14)
If a vehicle list type (ie. car, truck, airplane, boat etc.) If equipment list type (ie. furnace, wood stove, motor, pump, clothes, etc.)

Line 15

Serial number: License plate number: (if a vehicle)

Line 16

Name of the manufacturer of vehicle or equipment involved:

Line 17

Model number or name: Year manufactured:

Line 18

Date of purchase: Time in service: (years) Where installed:

Line 19 If Equipment

Installed by: (ie. name of owner, electrician, gas fitter etc.)

Certification label and number: (ie. ULC, CSA, WHI, ULI etc.)

Line 20 If Equipment

Last inspection/maintenance: *(day, month, year)*

By whom: *(Example: name of owner, electrician, gas fitter etc.)*

Line 21 If Equipment

Action taken as a result of last inspection/maintenance:

Line 22

Please be as specific as possible in description of circumstances of fire

Area of origin:

Igniting object: *(What caused ignition? Example: cooking equipment, heating equipment, electrical distribution equipment, smokers material etc.)*

Fuel/energy associated with ignited object: *(What fuel/energy powered the object? Example: coal, wood, fuel oil, gasoline, natural gas, electricity, open flame, lightning etc.)*

Energy causing ignition: *(How did the igniting object cause the fire? Example: sparks, ember, electricity, open flame, friction, hot object etc.)*

Material first ignited: *(Describe what was ignited? Example: structural component, interior finishes, furniture, clothing, flammable liquid or gas etc.)*

Act or omission: *(What action or inaction started the fire? Example: incendiary, suspicious, misuse of ignition source, electrical fault, human error etc.)*

Use this area for additional remarks if needed:

Line 23

Did the building have smoke alarms: yes no

If yes, what type: Battery Hardwired Interconnected

If yes, where was the alarm located: In room of origin Not in room of origin Not on the level of origin

Did the smoke alarms operate: yes no

If not, why not: Battery dead/missing Improperly located Circuit switched off Other

Indicate any additional fire safety systems present in the structure:

Fire alarm system (including smoke/heat detectors, pull stations, alarms) Fire extinguisher(s) Standpipe system

Sprinkler System - Indicate Type 13 13D 13R If Other Describe:

Did the fire safety systems operate as designed/intended: yes no

If not explain why, if known:

Line 24

How was the fire discovered:

Line 25

If the fire involved grasslands, crops or forest/wildland, indicate type(s) of vegetation burned and total acres burned:

Acres of grassland: Acres of crops: Acres of forest/wildland: Total acres burned:

Person completing this report (or contact person for this fire) if further information is needed:

Name: Title:

Phone Number: Work Number:

Representing: Fire Police Insurance Office of the Fire Commissioner Community member

If other, explain:

Other forms included with this report: Form B Casualty Report

Date this form was completed:

Incident #: (Band # followed by date this form was completed mmdyyyy no spaces)

Use this area for additional remarks if needed:



Note: You do not need to complete lines 1-2 if this form is attached to a Basic Fire Incident Report - Form A

Line 1

Band #: _____ Fire Department name: _____ Fire Department ID: _____
Date fire occurred: _____ Time of fire: (use 24hr clock) _____

Line 2

Address of fire: (IR Number, street address, community, postal code)

Line 3

Casualty is a: Civilian* Firefighter

*Civilian casualties include emergency personnel (police, ambulance) who are not Firefighters.

Line 4

Casualty's age: _____

Casualty's gender: Male Female

Casualty's injuries: Minor injuries Light injuries Serious injuries Death

Use this area for additional remarks if needed:

Read Privacy Policy Here:

<https://indigenousfiresafety.ca/nirs-privacy-policy/>

I Agree to the Privacy Policy