



FIRE | NEAR MISS

LESSONS LEARNED BECOME LESSONS APPLIED

REPORTER INFORMATION:

Department type: (Select only one.) <input type="checkbox"/> Volunteer Paid <input type="checkbox"/> Municipal Paid, <input type="checkbox"/> Federal <input type="checkbox"/> Combination, Mostly paid <input type="checkbox"/> Wildland/Forestry <input type="checkbox"/> Combination, mostly volunteer <input type="checkbox"/> Industrial <input type="checkbox"/> Other: _____		Department service area: <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Other: _____	
Age: <input type="checkbox"/> 21 or under <input type="checkbox"/> 22-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 60+	Experience: <input type="checkbox"/> 1 year or less <input type="checkbox"/> 2-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 16-20 years <input type="checkbox"/> 21-25 years <input type="checkbox"/> 26+ years	Rank: (At time of incident) <input type="checkbox"/> Firefighter <input type="checkbox"/> EMT <input type="checkbox"/> Driver/Eng. <input type="checkbox"/> Paramedic <input type="checkbox"/> Lieutenant <input type="checkbox"/> Sergeant <input type="checkbox"/> Chief Officer <input type="checkbox"/> Captain <input type="checkbox"/> Recruit <input type="checkbox"/> Other: _____	State/ Province: _____ Country: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<p style="text-align: center;">PLEASE LEAVE YOUR CONTACT INFO FOR POSSIBLE CLARIFICATION / FOLLOW-UP QUESTIONS?</p> Name: _____ Phone # _____ Email: _____			

EVENT INFORMATION:

Date: _____ Time: _____	Contributing Factors to the Event: <input type="checkbox"/> Decision Making <input type="checkbox"/> Situational Awareness <input type="checkbox"/> Human Error <input type="checkbox"/> Individual Action <input type="checkbox"/> Communication <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Fatigue <input type="checkbox"/> Lack of Resources <input type="checkbox"/> Structural/ physical condition of building <input type="checkbox"/> Other: _____
Your participation: <input type="checkbox"/> Directly Involved <input type="checkbox"/> Witnessed Event <input type="checkbox"/> Told of Event	
Did an injury occur during the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe the injury: (Include #of firefighters injured, # days lost time, severity of injuries, etc.) _____
Was Department property damaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe the damage/ cost of damage: _____



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EVENT DESCRIPTION

Describe the event in the space provided. Your narrative will be reviewed for quality and content. A reviewer will remove all identifying department indicators, names or other information that may identify you or your department. In the next section, you will be asked for suggestions on preventing similar events. Use additional sheets if necessary.

Keep in mind the following topics when preparing your narrative:

- * Chain of events
- * Communication
- * Decision making
- * Incident command
- * Role
- * Weather
- * Equipment
- * Operating Guidelines
- * Staffing
- * Task allocation
- * Teamwork
- * Training
- * Sleep patterns

LESSONS LEARNED:

What lessons were learned? What are your suggestions to prevent a similar event? What actions can correct the situation? This will be reviewed for quality and content. Use additional sheets if necessary.

Mail, e-mail, or fax completed form to:

NATIONAL FIRE FIGHTER NEAR MISS REPORTING SYSTEM
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