



# NATIONAL FIRE FIGHTER NEAR-MISS REPORTING SYSTEM

## SECTION 1: REPORTER INFORMATION

### Department type: (Required)

(Select only one.)

- Volunteer
- Paid, Municipal
- Paid, Federal
- Combination, Mostly paid
- Combination, Mostly volunteer
- Wildland/Forestry
- Industrial
- Other \_\_\_\_\_

(If other, please provide detail.)

### Your fire service experience:

- 0-3
- 4-6
- 7-10
- 11-13
- 14-16
- 17-20
- 21-23
- 24-26
- 27-30
- 30+

### Department shift:

- 24 hours on - 24 hours off
- 24 hours on - 48 hours off
- 24 hours on - 72 hours off
- 10 hour days, 14 hour nights (2-2-4)
- 10 hour days, 14 hour nights (3-3-3)
- 12 hour days, 12 hour nights
- 48 hours on - 96 hours off
- Straight days (8 hour)
- Straight days (10 hour)
- Straight days (12 hour)
- Stand-by (in-station)
- Duty night (in-station)
- Respond from home
- Other \_\_\_\_\_

(If other, please provide detail.)

### Your age:

- 16-24
- 25-33
- 34-42
- 43-51
- 52-60
- 61+

### Service area:

- Urban
- Suburban
- Rural

### Job or rank: (Required)

- Assistant Chief
- Battalion Chief
- Captain
- Deputy Chief
- Driver/Engineer
- Fire Chief
- Fire Fighter
- Lieutenant
- Sergeant
- Other \_\_\_\_\_

(If other, please provide detail.)

### State:

\_\_\_\_|\_\_\_\_|\_\_\_\_

## SECTION 2: EVENT INFORMATION

### Event date and time: (Required)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

\_\_\_\_:\_\_\_\_  
24Hr Time (HH:MM) with 00:00 Midnight

### Event type: (Required)

(Select only one.)

- Fire emergency event: structure fire, vehicle fire, wildland fire, etc.
- Non-fire emergency event: auto extrication, technical rescue, emergency medical call, service call, etc.
- On-duty activities: apparatus and station maintenance, meetings, tours, etc.
- Training activities: formal training classes, in-station drills, multi-company drills, etc.
- Vehicle event: responding to, returning from, routine driving, etc.
- Other \_\_\_\_\_

(If other, please provide detail.)

### How many hours into the shift were you when the event happened?

(Select only one.)

- 0-4
- 5-8
- 9-12
- 13-16
- 17-20
- 21-24
- 24+
- Volunteer

### Loss potential:

(Select no more than 5.)

- Environmental
- Life threatening injury
- Lost time injury
- Minor injury
- Other \_\_\_\_\_
- Property damage
- Unknown

(If other, please provide detail.)

### What was your event participation? (Required)

(Select only one.)

- Involved
- Witnessed event but not directly involved in the event
- Told of event, but neither involved nor witnessed event

### Do you think this will happen again?

(Select only one.)

- Yes
- No
- Uncertain

### Event cause:

(Select no more than 5.)

- Accountability
- Command
- Communication
- Decision Making
- Equipment
- Fatigue
- Horseplay
- Human Error
- Individual Action
- Other \_\_\_\_\_
- Protocol
- Situational Awareness
- SOP / SOG
- Staffing
- Task Allocation
- Teamwork
- Training Issue
- Unknown
- Weather

(If other, please provide detail.)

Please submit report and any attachments via mail or fax to:

**NATIONAL FIRE FIGHTER NEAR-MISS REPORTING SYSTEM**  
**4025 Fair Ridge Dr.** Phone **571-238-8287**  
**Fairfax, VA 22033-2868** Fax **703-273-9363**



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## SECTION 3: EVENT DESCRIPTION

### Describe the event.

(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.)

Keep in mind the following topics when preparing your narrative:

- \* Chain of events
- \* Communication
- \* Decision making
- \* Equipment
- \* Incident command
- \* Role
- \* Sleep patterns
- \* Situational awareness
- \* SOP / SOG
- \* Staffing
- \* Task allocation
- \* Teamwork
- \* Training
- \* Weather

Please provide narrative below, if additional space is needed, please attach additional pages and title SECTION 3: EVENT DESCRIPTION

## SECTION 4: LESSONS LEARNED

### Describe the lessons learned as a result of the incident.

(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. A reviewer will remove all identifying department indicators, names or other information that may identify you or your department.)

Keep in mind the following topics when preparing your narrative:

- \* Chain of Events
- \* Communication
- \* Decision making
- \* Equipment
- \* Incident command
- \* Role
- \* Sleep Patterns
- \* Situational awareness
- \* SOP / SOG
- \* Staffing
- \* Task allocation
- \* Teamwork
- \* Training
- \* Weather

## CONTACT INFORMATION (OPTIONAL AND CONFIDENTIAL):

(Providing your contact information is strictly up to you. If you provide your information, it will not be shared with anyone. A system reviewer may contact you one time if there are questions regarding your report.)

Name \_\_\_\_\_

Telephone Number ( ) - \_\_\_\_\_  
(Including area code)

Email \_\_\_\_\_