

A

FDID ☆ State ☆ MM DD YYYY Incident Date ☆ Station Incident Number ☆ Exposure ☆

Delete Change

**NFIRS-5
Fire Service
Casualty**

B Injured Person

Identification Number: _____

1 Male ☆ 1 Career
2 Female 2 Volunteer

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

C Casualty Number ☆

Casualty Number: _____

D Age or Date of Birth ☆

Age: _____ OR Date of Birth: _____

In years Month Day Year

E Date and Time of Injury ☆ Midnight is 0000.

Date of Injury: _____ Time of Injury: _____

Month Day Year Hour Minute

F Responses

Number of prior responses during past 24 hours: _____

G1 Usual Assignment

1 Suppression
2 EMS
3 Prevention
4 Training
5 Maintenance
6 Communications
7 Administration
8 Fire investigation
0 Other

G2 Physical Condition Just Prior to Injury

1 Rested 0 Other
2 Fatigued U Undetermined
4 Ill or injured

G3 Severity ☆

1 Report only, including exposure
2 First aid only
3 Treated by physician (no lost time)
4 Moderate (lost time)
5 Severe (lost time)
6 Life threatening (lost time)
7 Death

G4 Taken To Not transported

1 Hospital
4 Doctor's office
5 Morgue/Funeral home
6 Residence
7 Station or quarters
0 Other

G5 Activity at Time of Injury

Activity at time of injury: _____

H1 Primary Apparent Symptom

Primary apparent symptom: _____

H2 Primary Part of Body Injured None

Primary injured body part: _____

I1 Cause of Firefighter Injury

Cause of injury: _____

I2 Factor Contributing to Injury None

Contributing factor: _____

I3 Object Involved in Injury None

Object involved in injury: _____

J1 Where Injury Occurred

1 En route to FD location
2 At FD location
3 En route to incident scene
4 En route to medical facility
5 At scene in structure
6 At scene outside
7 At medical facility
8 Returning from incident
9 Returning from med facility
0 Other
U Undetermined

J2 Story Where Injury Occurred

1 Check this box and enter the story if the injury occurred inside or on a structure

_____ Story of injury Below grade

2 Injury occurred outside

J3 Specific Location Where Injury Occurred

65 In aircraft
64 In boat, ship, or barge
63 In rail vehicle
61 In motor vehicle
54 In sewer
53 In tunnel
49 In structure
45 In attic 00 Other
36 In water UU Undetermined
35 In well
34 In ravine
33 In quarry or mine
32 In ditch or trench
31 In open pit
28 On steep grade
27 On fire escape/outside stairs
26 On vertical surface or ledge
25 On ground ladder
24 On aerial ladder or in basket
23 On roof
22 Outside at grade

Complete Block J4

J4 Vehicle Type

1 Suppression vehicle
2 EMS vehicle
3 Other FD vehicle
4 Non-FD vehicle

Complete ONLY if Specific Location code is >60

Remarks

If protective equipment failed and was a factor in this injury, please complete the other side of this form.

NFIRS-5 Revision 01/01/05

K1 Did protective equipment fail and contribute to the injury?

Please complete the remainder of this form ONLY if you answer YES.

Yes Y No N Equipment
Sequence
NumberNFIRS-5
Fire Service
Casualty**K2 Protective Equipment Item**

Head or Face Protection

- 11 Helmet
 12 Full face protector
 13 Partial face protector
 14 Goggles/eye protection
 15 Hood
 16 Ear protector
 17 Neck protector
 10 Other

Coat, Shirt, or Trousers

- 21 Protective coat
 22 Protective trousers
 23 Uniform shirt
 24 Uniform T-shirt
 25 Uniform trousers
 26 Uniform coat or jacket
 27 Coveralls
 28 Apron or gown
 20 Other

Boots or Shoes

- 31 Knee length boots with steel baseplate and steel toes
 32 Knee length boots with steel toes only
 33 3/4 length boots with steel baseplate and steel toes
 34 3/4 length boots with steel toes only
 35 Boots without steel baseplate and steel toes
 36 Safety shoes with steel baseplate and steel toes
 37 Safety shoes with steel toes only
 38 Non-safety shoes
 30 Other

Respiratory Protection

- 41 SCBA (demand) open circuit
 42 SCBA (positive pressure) open circuit
 43 SCBA closed circuit
 44 Not self-contained
 45 Cartridge respirator
 46 Dust or particle mask
 40 Other

Hand Protection

- 51 Firefighter gloves with wristlets
 52 Firefighter gloves without wristlets
 53 Work gloves
 54 HazMat gloves
 55 Medical gloves
 50 Other

Special Equipment

- 61 Proximity suit for entry
 62 Proximity suit for non-entry
 63 Totally encapsulated, reusable chemical suit
 64 Totally encapsulated, disposable chemical suit
 65 Partially encapsulated, reusable chemical suit
 66 Partially encapsulated, disposable chemical suit
 67 Flash protection suit
 68 Flight or jump suit
 69 Brush suit
 71 Exposure suit
 72 Self-contained underwater breathing apparatus (SCUBA)
 73 Life preserver
 74 Life belt or ladder belt
 75 Personal alert safety system (PASS)
 76 Radio distress device
 77 Personal lighting
 78 Fire shelter or tent
 79 Vehicle safety belt
 70 Special equipment, other
 00 Protective equipment, other

Was the failure of more than one item of protective equipment a factor in the injury? If so, complete an additional page of this form for each piece of failed equipment.

K3 Protective Equipment Problem

Check one box to indicate the main problem that occurred.

- 11 Burned
 12 Melted
 21 Fractured, cracked or broken
 22 Punctured
 23 Scratched
 24 Knocked off
 25 Cut or ripped
 31 Trapped steam or hazardous gas
 32 Insufficient insulation
 33 Object fell in or onto equipment item
 41 Failed under impact
 42 Face piece or hose detached
 43 Exhalation valve inoperative or damaged
 44 Harness detached or separated
 45 Regulator failed to operate
 46 Regulator damaged by contact
 47 Problem with admissions valve
 48 Alarm failed to operate
 49 Alarm damaged by contact
 51 Supply cylinder or valve failed to operate
 52 Supply cylinder/valve damaged by contact
 53 Supply cylinder—insufficient air/oxygen
 94 Did not fit properly
 95 Not properly serviced or stored prior to use
 96 Not used for designed purpose
 97 Not used as recommended by manufacturer
 00 Other equipment problem
 UU Undetermined

K4 Equipment Manufacturer, Model and Serial Number
Manufacturer
Model
Serial Number