



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**



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

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

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 _____