



NATIONAL FIRE FIGHTER NEAR-MISS REPORTING SYSTEM

Revised Dec. 1, 2011 (Page 1 of 2)

SECTION 1: REPORTER INFORMATION

Department type: (Required)

(Select only one.)

- Volunteer
- Paid, Municipal
- Paid, Federal
- Combination, Mostly paid
- Combination, Mostly volunteer
- Wildland/Forestry
- Industrial
- Training Academy
- Paid-on-Call
- Rescue/Ambulance Squad
- Other _____
(If other, please provide detail.)

Job or rank: (Required)

- Assistant Chief
- Battalion Chief
- Captain
- Deputy Chief
- Driver/Engineer
- Fire Chief
- Fire Fighter
- Lieutenant
- Sergeant
- District Chief
- Training Officer
- Safety Officer
- ALS Provider
- BLS Provider
- Other _____
(If other, please provide detail.)

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.)

Age at time of Event

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

Experience at time of Event (in years)

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

Service Area

- Urban
- Suburban
- Rural

State

FEMA Region

SECTION 2: EVENT INFORMATION

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.)

Event date and time: (Required)

MM/DD/YY

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

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

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
- Told To and Submitted by Safety Officer

Weather at time of Event

- Clear and dry
- Clear with wet surfaces
- Clear with frozen surfaces
- Cloudy and dry
- Cloudy and rain
- Cloudy and snow
- Cloudy and sleet
- Cloudy and freezing rain
- Fog with reduced visibility
- Fog with poor visibility
- Not reported

Contributing Factors

(Select no more than 5.)

- Accountability
- Command
- Communication
- Decision Making
- Equipment
- Fatigue
- Horseplay
- Human Error
- Individual Action
- Procedure
- Protocol
- Situational Awareness
- SOP / SOG
- Staffing
- Task Allocation
- Teamwork
- Training Issue
- Unknown
- Weather
- Other _____
(If other, please provide detail.)

Loss Potential

(Select no more than 5.)

- Environmental
- Life threatening injury
- Lost time injury
- Minor injury
- Property damage
- Unknown
- Other _____
(If other, please provide detail.)

Do you think this will happen again?

(Select only one.)

- Yes
- No
- Uncertain

Please submit report and any attachments via mail or fax to: NATIONAL FIRE FIGHTER NEAR-MISS REPORTING SYSTEM

4025 Fair Ridge Dr.
Fairfax, VA 22033-2868

Phone 571-238-8287
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	Equipment	Sleep patterns	Staffing	Training
Communication	Incident command	Situational awareness	Task allocation	Weather
Decision making	Role	SOP / SOG	Teamwork	

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

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 (_____) _____ E-mail _____