MABAS Divisions 4 & 5 SRT
Fire Investigation Team

FORM 1: CASE SUPERVISION

Incident Date: Case Number:

Incident Location:

Incident Town:

Fire Department Jurisdiction:

Fire Department Contact:

Police Jurisdiction:

Police Contact:

This form will assist in keeping track of the progress of the investigation. Not every form and appendix will be applicable to every investigation. Not every field will be applicable for every form that is used.

Form #	Description	Complete	Date		Investigator
Form 1	Case Supervision	☐ Complete	Date:	☐ N/A	
Form 2	Investigators	☐ Complete	Date:	☐ N/A	
Form 3	Property Information	☐ Complete	Date:	☐ N/A	
Form 4	Key Contacts	☐ Complete	Date:	☐ N/A	
Form 5	Utilities/Weather	☐ Complete	Date:	☐ N/A	
Form 6	Doors & Windows	☐ Complete	Date:	☐ N/A	
Form 7	Photo Log	☐ Complete	Date:	☐ N/A	
Form 8	Electrical Panel	☐ Complete	Date:	☐ N/A	
Form 9	Sketch	☐ Complete	Date:	☐ N/A	
Form 10	Witness Statement	☐ Complete	Date:	☐ N/A	
Form 11	Fire Investigation Summary	☐ Complete	Date:	☐ N/A	
Form 12	Signature Page	☐ Complete	Date:	☐ N/A	
Appendix	**Appendix**	**Appendix**	**Appendix**		
Appendix A	Investigation Notes	☐ Complete	Date:	☐ N/A	
Appendix B	Additional Occupants	☐ Complete	Date:	☐ N/A	
Appendix C	Insurance	☐ Complete	Date:	☐ N/A	
Appendix D	Entry Log	☐ Complete	Date:	☐ N/A	
Appendix E	Injury/Casualty	☐ Complete	Date:	☐ N/A	
Appendix F	Wildland Fire	☐ Complete	Date:	☐ N/A	
Appendix G	Evidence	☐ Complete	Date:	☐ N/A	

MABAS Divisions 4 & 5 SRT Fire Investigation Team

FORM 1: CASE SUPERVISION

Incident Date: Case Number:

Incident Location:

Incident Town:

Fire Department Jurisdiction:

Fire Department Contact:

Police Jurisdiction:

Police Contact:

This form will assist in keeping track of the progress of the investigation. Not every form and appendix will be applicable to every investigation. Not every field will be applicable for every form that is used.

Form #	Description	Complete	Date		Investigator
Appendix H	Vehicle Information	☐ Complete	Date:	☐ N/A	
Appendix I	Voluntary Statement	☐ Complete	Date:	☐ N/A	
Appendix J	Consent to Search	☐ Complete	Date:	☐ N/A	
Appendix K	Photo Layout	☐ Complete	Date:	☐ N/A	

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

FORM 2: INVESTIGATORS

Lead Investigator	Photos	Video
Sketch	Interviews	
Investigator Other		

INVESTIGATION INITIATION

Request Date	
Request Time	
Request By	

OTHER AGENCIES INVOLVED

	Department	Incident #	Contact	Phone #
Primary Fire Dept				
Assist Fire Dept				
Assist Fire Dept				
Assist Fire Dept				
Assist Fire Dept			Murphy	
Assist Fire Dept				
Assist Fire Dept				
Assist Fire Dept				
Law Enforcement				
Insurance Company				
Private Investigator				

Additional Notes:

SCENE INFORMATION

Arrival Information	Date: Time: Comments:
Scene Secured	Yes ☐ No ☐ Securing Agency Manner of Security
Authority to Enter	Contemporaneous to exigency Yes ☐ No ☐ Consent: Written ☐ Verbal ☐ Warrant: Administrative ☐ Criminal ☐ Other ☐

MABAS Divisions 4 & 5 SRT Fire Investigation Team

FORM 3: PROPERTY INFORMATION

Location Address	550 East Rollins rd Round Lake Beach
Property Description	☐ Structure ☐ Residential ☐ Commercial ☐ Vehicle ☐ Wildland ☐ Other
Other Relevant Information:	

Residential ☐ Yes ☐ No	Single Family ☐ Yes ☐ No	Multiple Family ☐ Yes ☐ No	Commercial ☐ Yes ☐ No	Governmental ☐ Yes ☐ No
Church ☐ Yes ☐ No	School ☐ Yes ☐ No	Other		
Estimated Age	Height (stories)	Length	Width	

PROPERTY STATUS

Occupied at time of fire? ☐ Yes ☐ No	Unoccupied at time of fire? ☐ Yes ☐ No	Vacant at time of fire? ☐ Yes ☐ No

BUILDING CONSTRUCTION

Foundation Type	☐ Basement ☐ Crawl Space ☐ Slab ☐ Other
Material	☐ Masonry ☐ Concrete ☐ Stone ☐ Other
Exterior Covering	☐ Wood ☐ Brick/Stone ☐ Vinyl ☐ Asphalt ☐ Metal ☐ Concrete
Roof	☐ Asphalt ☐ Wood ☐ Tile ☐ Metal ☐ Other
Construction Type	☐ Wood Frame ☐ Balloon ☐ Heavy Timber ☐ Ordinary ☐ Fire Resistive ☐ Non-Combustible ☐ Other

ALARM-PROTECTION-SECURITY

Sprinklers ☐ Yes ☐ No	Stand Pipes ☐ Yes ☐ No	Security Cameras ☐ Yes ☐ No
Smoke Detectors ☐ Yes ☐ No	Hard Wired ☐ Yes ☐ No	Battery ☐ Yes ☐ No
Batteries in place?	Locations:	
☐ Yes ☐ No		
Hidden Keys	Security bars on windows	Security bars on doors
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Where were the hidden keys?		

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

FORM 4: KEY CONTACTS

FIRE REPORTED BY

Name:	Date of Birth:
Address:	
Home Phone:	Business Phone:
Cell Phone:	Alternate Phone:

FIRE DISCOVERED BY

Name:	Date of Birth:
DBA:	Drivers License #:
Address:	Social Security #
Home Phone:	Business Phone:
Cell Phone:	Alternate Phone:

PROPERTY OWNER

Name:	Date of Birth:
DBA:	Drivers License #:
Address:	Social Security #
Home Phone:	Business Phone:
Cell Phone:	Alternate Phone:

PROPERTY OCCUPANT

Name:	Date of Birth:
DBA:	Drivers License #:
Address:	Social Security #
Home Phone:	Business Phone:
Cell Phone:	Alternate Phone:

FIRE DEPARTMENT OBSERVATIONS

Name of first on scene	Department
General observations	
Obstacles to extinguishment? ☐ Yes ☐ No Remarks:	First in report attached? ☐ Yes ☐ No

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

FORM 4: KEY CONTACTS

First in Report

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

FORM 5: UTILITIES/WEATHER

Electric	☐Yes ☐No Electric service provided to scene at the time of the fire? ☐Yes ☐No Electric meter at scene? ☐Yes ☐No Fire damage at meter? Electric meter number_____ Electric service provider_____ Location of meter_____ Type of service feed ☐Overhead ☐Underground
Gas/Fuel	<u>Natural Gas Service:</u> ☐Yes ☐No Natural gas at scene? ☐Yes ☐No Natural gas provided to scene at time of fire? ☐Yes ☐No Fire damage at gas meter? ☐Yes ☐No Fire damage to gas line riser? Gas meter number_____ Gas service provider_____ Gas meter location_____ Gas meter riser location_____ <u>LP Gas Service:</u> ☐Yes ☐No LP gas tank at scene? ☐Yes ☐No LP gas provided to scene at time of fire? ☐Yes ☐No Fire damage to LP gas tank? ☐Yes ☐No Fire damage to LP gas line riser? Percent of product in tank_____ Date of Tank_____ Tank location_____ Location of LP gas riser_____

WEATHER CONDITIONS

Indicate Relevant Weather Information	Visibility	Rel Humidity	Lightning	Elevation
	Temperature	Wind Direction	Wind Speed	Precipitation

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

FORM 6: DOORS AND WINDOWS

Doors	Locked	Unlocked but closed	Open	
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	
Windows	Secured	Unlocked	Open	Broken
	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Comments

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

FORM 7: PHOTO LOG

Camera Make: Camera Type:

Number	Description	Location

Photos taken by:	Department:

Notes:

Photo log page ___ of ___

MABAS Divisions 4 & 5 SRT Fire Investigation Team

Incident Date: **FORM 8: ELECTRICAL PANEL** Case Number:

Panel Location	Main Size	
		Fuses:
		Circuit Breakers

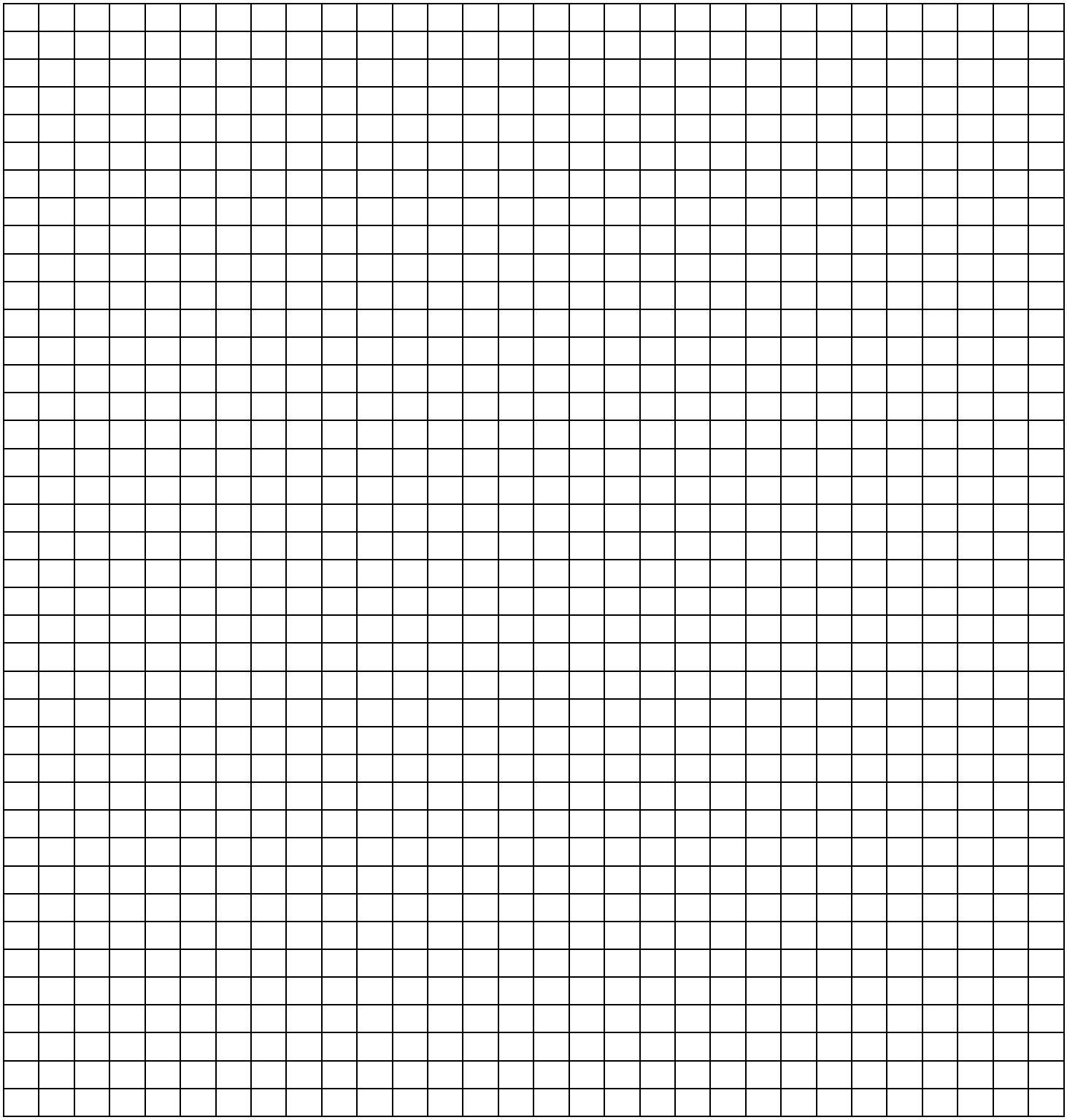
#	Rating Amps	Labeled Circuit	Status	#	Rating Amps	Labeled Circuit	Status
1				2			
3				4			
5				6			
7				8			
9				10			
11				12			
13				14			
15				16			
17				18			
19				20			
21				22			
23				24			
25				26			
27				28			
29				30			
31				32			
33				34			
35				36			
37				38			
39				40			
41				42			

Notes:

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date: Case Number:

FORM 9: SKETCH



Not to scale

By: _____ Department: _____

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date: Case Number:

FORM 10: WITNESS STATEMENT

Name	Address	Home Phone	Cell Phone

Race	Sex	Age	Date of Birth	SS Number	Drivers Lic #

Employer	Address	Phone

Relationship to scene	Can be contacted at
Statement taken by	Location, date, & time of statement

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date: Case Number:

FORM 10: WITNESS STATEMENT

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

FORM 11: FIRE INVESTIGATION SUMMARY

Exterior Examination:

Interior Examination:

Fire Spread:

Origin (fire patterns, fire dynamics, excavation/reconstruction):

Fire Cause (identification of those factors necessary for the fire to occur. First fuel, ignition source, ignition sequence):

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

FORM 12: SIGNATURE PAGE

Incident Date: Case Number:

Investigator Signature: _____

Reviewed by:_____

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date: Case Number:

APPENDIX A: INVESTIGATION NOTES

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date: Case Number:

APPENDIX B: ADDITIONAL OCCUPANTS

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

Name:		Date of Birth:	
Doing Business As (DBA)		Drivers License #:	
Address:		Social Security #:	
Telephone:	Home:	Business:	Cell:

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date: Case Number:

APPENDIX C: INSURANCE INFORMATION

Company

Name: Policy Number:	Address: Effective Date:	Phone Expiration Date
Name: Policy Number	Address: Effective Date:	Phone Expiration Date

COVERAGE

Owner, rental, home, auto

☐ Structure ☐ Vehicle ☐ Contents ☐ Personal Property ☐ Business Interruption ☐ Loss Earnings ☐ Living Expenses			
Status ☐ New ☐ Renewal	Name of Insured		Address of Insured
Previous insurance Carrier	Address		Phone No.
Structure $	Vehicle $	Contents $	Other $
Previous losses, cancellations:			

Insurance Agent

Name	Address	Phone
1.		
2.		

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date: Case Number:

APPENDIX D: ENTRY LOG

Name	Dept	Time in	Time Out	Reason

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

APPENDIX E: INJURY/CASUALTY

Incident Date: Patient's Description Case Number:

Name:	DOB:	Sex/Race
Address		Phone
Other Identifiers		
Description of clothing or jewelry		
Occupation	Place of employment	
Marital status		
Victim's Doctor	Victim's Dentist	
Smoker ☐ Yes ☐ No ☐ Unknown		

Casualty Treatment

Treated at Scene ☐ Yes ☐ No	Treated By
Transported to:	Remarks

Severity of Injury

☐ Minor ☐ Moderate ☐ Severe ☐ Death
Describe Injury

Next of Kin

Name:	Address:	Phone:
Relationship:	Notified On:	By:

Fatality Information

Where was victim found:	
Who Located the body:	
Body position when found:	
Victim's appearance:	
Body removed by:	To:
Photographed in place: ☐ Yes ☐ No	
Significant blood present under/near victim: ☐ Yes ☐ No	

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date:

APPENDIX E:
INJURY CASUALTY

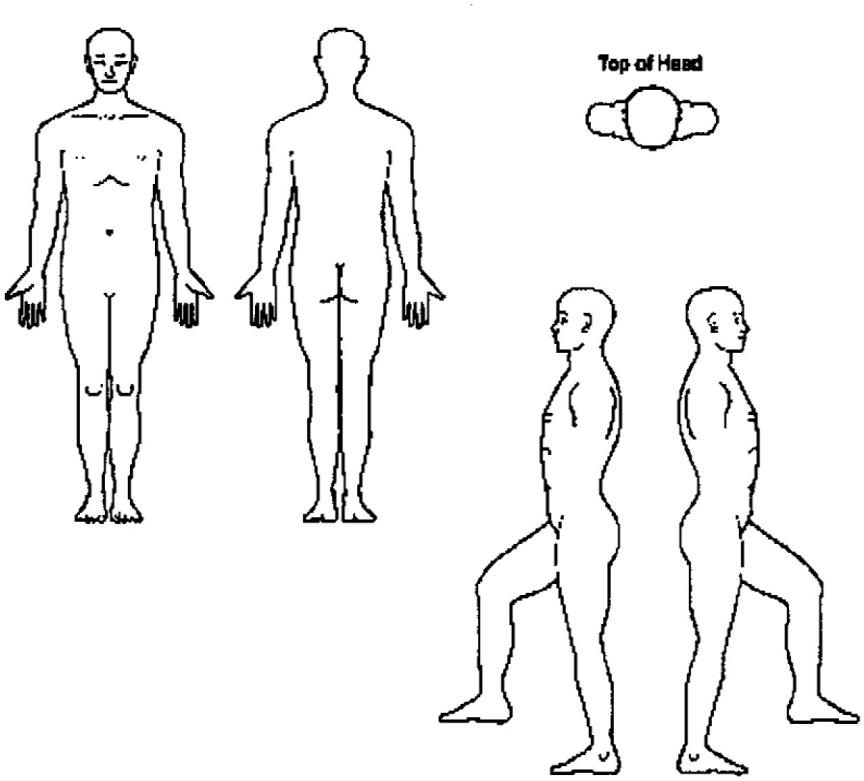
Case Number:

Remarks:

Body Diagram

Indicate parts of body injured

☐ None ☐ Blisters (red marks) ☐ Burns (black marks)



MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date: **APPENDIX F: WILDLAND FIRE** Case Number:

Property Description:

Fire Damage

☐ Less than one acres # of acres	Other properties involved
Security ☐ Open ☐ Fenced	Comments

Fire Spread Factors

Type Fire ☐ Ground ☐ Crown	Factors ☐ Wind ☐ Terrain

Remarks:

Area of Origin:

People in Area

At time of fire ☐ Yes ☐ No ☐ Unknown	Comments

Ignition Source

Heat of ignition			
Material ignited			
Ignition factor			
If equip involved	Make	Model	Serial #

Remarks

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date: Case Number:

APPENDIX G: EVIDENCE

Storage Location

Item#	Description	Location	
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released
			☐ Destroyed ☐ Released

Date Received Date Stored

How was evidence received?

☐ Removed from scene by investigator

☐ Received by investigator From

Name, Company or Department

Received via: ☐ UPS ☐ Fedex ☐ Airborne ☐ US mail ☐ In Person

☐ Freight company (name of company)

☐ Other (describe)

_____ _____

Received By Case Investigator

LOCATION EVIDENCE REMOVED

Owner:

Company:

Address:

City, State, Zip:

Phone:

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date: Case Number:

APPENDIX H: VEHICLE INFORMATION

Insured:
Address:
City, State, Zip:
Phone #:
Loss Location:
Stolen?_☐_Yes_☐_No
Recovered by:

Date of Inspection:
Inspection Location:
Fire Report:
Police Report:
Number of Keys:
Alarm Type:
Location:

VEHICLE INFORMATION

Make:	Model:	Year:
VIN:	Odometer:	

EXTERIOR

Tires	Tire Type	Wheel Type	Tread Depth	Lugs	Missing
Left Front					
Left Rear					
Right Front					
Right Rear					
Spare					

DOORS

Doors	Glass Y/N	Window Up/Down	Locked?	Open	Prior Damage
Left Front					
Left Rear					
Right Front					
Right Rear					

BODY PANEL

Body	Construction	Condition	Prior Damage
Front Bumper			
Grill			
LF Fender			
Rear Bumper			
LR Quarter			
RR Quarter			
RF Fender			
Hood			
Roof			
Truck			

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date:

APPENDIX H: VEHICLE INFORMATION

Case Number:

UNDER HOOD

	Intact	Missing	Parts Missing	Condition
Engine				
Battery				
Belts & Hoses				
Wiring				
Accessories				

FLUIDS

OIL				
Transmission				
Power Steering				
Brake				
Clutch				
Radiator				

INTERIOR

	Intact	Missing	Parts Missing	Condition
Dash Pod				
Glove Box				
Steering Column				
Ignition				
Front Seat				
Rear Seat				
Rear Deck				
Stereo				
Speakers				
Accessories				

FLOOR

	Intact	Missing	Parts Missing	Condition
LF				
LR				
RL				
RF				

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

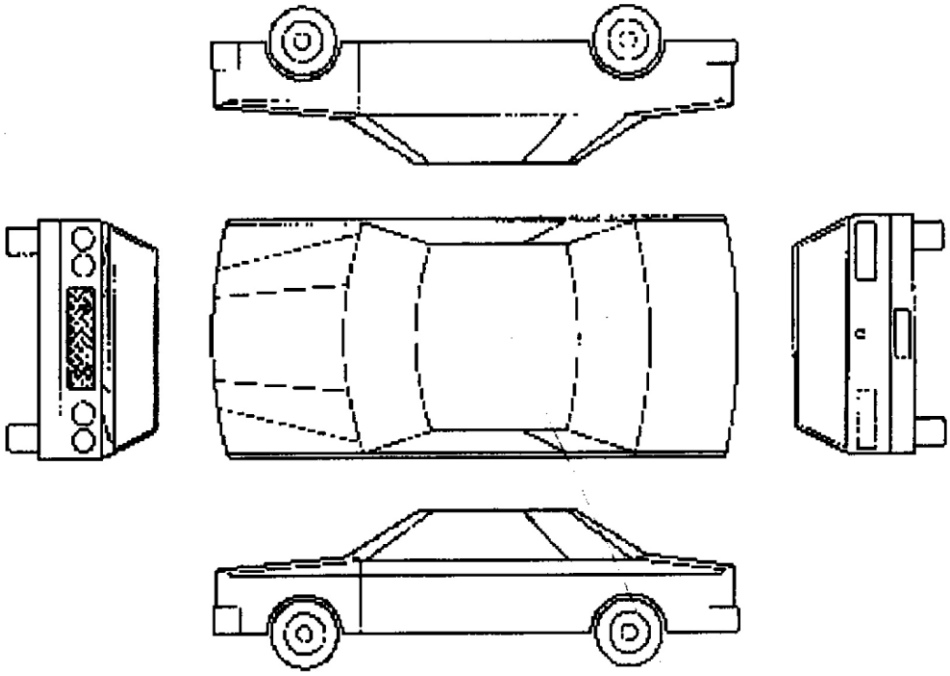
Incident Date: Case Number:

APPENDIX H: VEHICLE INFORMATION

Personal Effects in the interior:

Truck or cargo area:

Aftermarket items not previously described:



MABAS Divisions 4 & 5 SRT Fire Investigation Team

Incident Date:

Case Number:

APPENDIX H: VEHICLE INFORMATION

V.I.N. CHECK DIGIT FORM

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
A																	
B																	
C	8	7	6	5	4	3	2	10	0	9	8	7	6	5	4	3	2
D																	

= _____
FINAL SUM

On line "A", enter the 17 Digit VIN.

On line "B", enter the "Assigned value" of each character of the VIN, utilizing table "B" shown below.

11 ⌐ _____

*** Multiply the numbers in line "B" with the numbers in line "C", for each of the 17 digits in the VIN. Record the product of each of these separate computations in the appropriate boxes in line "D".**

*** Add together all of the numbers recorded in line "D" and enter the final sum in the space provided.**

*** Divide the final sum by the number "11". The remainder of this division is the "Check Digit", (the 9th character of the 17 digit VIN). If the remainder of the division is a single digit number then it should match the "check digit" in the VIN exactly, if the remainder number is "10" then the "check digit" is the letter "X".**

TABLE "B"

A-1	M-4	Z-9
B-2	N-5	1-1
C-3	P-7	2-2
D-4	R-9	3-3
E-5	S-2	4-4
F-6	T-3	5-5
G-7	U-4	6-6
H-8	V-5	7-7
J-1	W-6	8-8
K-2	X-7	9-9
L-3	Y-8	0-0

Assign to each number in the VIN its actual value and record that value in the appropriate box in line "B".

The letters of "I", "O" and "Q" are never used in the new 17 digit VIN's.

To determine the year of the manufacture from the 17 digit VIN (character of #10 of the VIN) use the below listed table.

1980-A	1981-B	1982-C	1983-D	1984-E	1985-F	1986-G
1987-H	1988-J	1989-K	1990-L	1991-M	1992-N	1993-P
1994-R	1995-S	1996-T	1997-V	1998-W	1999-X	2000-Y
2001-1	2002-2	2003-3	2004-4	2005-5	2006-6	2007-7

The decoding chart, shown above, may be photocopied to provide multiple blank work sheets for computing the check digits of the new 17 digit VIN's.

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date: Case Number:

APPENDIX I: VOLUNTARY STATEMENT

Date:_____ Time:_____Taken At: _____

I,_____, am_____years of age and my address is:

_____ _____ _____ _____ _____
Street Number Street Name City State Zip

I have been duly warned by_____of the _____ that I do not have to make any statement, that I am entitled to a lawyer before giving a statement and that I do not have to incriminate myself in any manner. Without promise of hope or reward, without fear or threat of physical harm, and waiving my Rights to have a lawyer present,
I freely volunteer the following statement to the above named officer, knowing this statement may be used against me in a trial or trials concerning the offense mentioned in this statement.

_____ _____
Signature Date

I have read this statement consisting of _____ page(s) and the facts contained therein are true and correct. This statement was completed on _____ .

_____
Signature of Person Giving Voluntary Statement

Witness:_____ Date:_____

Witness:_____ Date:_____

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date:

APPENDIX I: VOLUNTARY STATEMENT

Case Number:

Continuation Sheet

MABAS Divisions 4 & 5 SRT
Fire Investigation Team

Incident Date: Case Number:

APPENDIX J: CONSENT TO SEARCH

I,_____, have been requested to consent to a search
(name)

of my property located at: _____

_____
(full description and exact address of property)

This fire scene examination will be conducted in order to determine the origin, cause and circumstances surrounding a fire and/or explosion, which occurred, on this property on _____ day of_____,_____at approximately_____hours.

I am the lawful owner / occupant / agent of this property. I have been advised of my constitutional rights to refuse any further entry into the property. And while the investigation is in progress, I may withdraw my consent at any time prior to the conclusion of the fire and/or explosion examination and to require that a search warrant be obtained prior to any further examination.

I have been further advised that if I do consent to this examination, any evidence found as a result of such examination can be seized and used in a court of appropriate jurisdiction, and authorize the _____, Police Department having jurisdiction, or any other agency associated with the investigation, to conduct a complete fire and/or explosion examination of the described property including but not limited to the primary building, garage(s), shed(s), attic(s), or any container(s) on the premises. This consent also will include the examination of any vehicle(s) or part of the vehicle(s) that I own, including the trunk, engine compartment, glove compartment or any containers located therein on the premises. Further permission is granted to remove from this property any documents, papers, objects or materials deemed pertinent to the investigation of this fire and/or explosion.

_____
(Name) (Date)

_____
(Investigator)

_____
(Witness)

Start Time of Examination:_____ Date:_____

Ending Time of Examination:_____ Date:_____

MABAS Division 4
Fire Investigation

Incident Date: Case Number:

APPENDIX K: PHOTO LAYOUT

Not to scale

By: _____ Department: _____

MABAS DIVISIONS 4 & 5 SRT F.I. AIR SAMPLING LOG

Incident #: _____

Location: _____

Sampling completed by another agency: _____

SAMPLE/GAS	TIME & READING	TIME & READING	TIME & READING	TIME & READING
TIMES →				
LEL **%** **Lower Explosive Limit**				
O2 **%** **Oxygen**				
CO **PPM** **Carbon Monoxide**				
H2S **PPM** **Hydrogen Sulfate**				
SO2 **PPM** **Sulfur Dioxide**				
HCN **PPM** **Hydrogen Cyanide**				

ALERT RANGES		
	LOW	HIGH
LEL	10%	20%
O2	19.5%	23.5%
CO	35 ppm	70 ppm
H2S	10 ppm	20 ppm
SO2	2 ppm	4 ppm
HCN	5 ppm	10 ppm

Site Safety Survey

Fire Investigation Team

20 W. North Street

Hainesville, IL 60030

DATE:	
INCIDENT NUMBER:	
LEAD INVESTIGATOR:	
ASSISTING INVESTIGATOR AND SURVEY PREP:	
ASSISTING INVESTIGATOR:	

Investigation guides, such as NFPA 921, states that a thorough site safety survey is crucial for ensuring the safety of investigators and the integrity of the investigation. This survey involves assessing potential hazards, determining necessary safety measures, and using appropriate personal protective equipment. This survey analysis identifies the hazards observed by investigators and the recommended precautions that were put into place to conduct the investigation.

1. Exterior Examination/Walk-Around

Alpha Division (Direction):

Bravo Division (Direction):

Charlie Division (Direction)

Delta Division (Direction):

2. Internal Assessment

3. Atmospheric Monitoring

4. Incident Command

5. Identifying Hazards to the FI Team

Utilities and Electrical Hazards:

Standing Water:

Hazardous Materials:

Potential Explosives:

Respiratory Hazards:

Bystanders:

6. Safety Plan Implementation

Given the above evaluation, a safety meeting was conducted on the scene with all members of the FI Team. All hazards were identified, and as a result the following safety procedures were put into place;

Gear for Interior Assessment:

- The use of structural firefighting turnout gear, Tyvek suites, or similar are to be worn for the interior assessment.
- Steel toe/Shank Boots were required
- Puncture proof/waterproof gloves, or the use of Nitrile-like PPE to be worn under the aforementioned gloves, are required.
- Eye protection
- Approved hardhat or structural firefighting helmet

Respiratory Protection:

- SCBA required for the first two hours, post fire event. This resulted in an SCBA being worn for the initial assessment.
- P100 or likened full respiratory protection shall be worn throughout interior operations once the air values are cleared and the SCBA will be deemed to no longer be required.

7. Decontamination

Site Safety Survey Prepared by: *(Signature)*	

MABAS DIVISIONS 4 & 5
SPECIALIZED RESPONSE TEAMS
FIRE INVESTIGATION REPORT

MABAS DIVISIONS 4 & 5 SRT F.I. CALL OUT ACCOUNTABILITY

Date: _____ Incident #: _____ Alarm Time: _____

Location: _____

Box Alarm: _____ F.I.-4 SINGLE-FAMILY MULTI-FAMILY TARGET

FI-4 Operator: _____ FROM: _____

F.I. Safety/Logistics Branch: _____

LEAD INVESTIGATOR / REPORT WRITER: _____

Get dispatch ticket & NFIRS from host department

Response Log: ___Have all investigators sign sign-in log

Air Monitoring: ___Please complete air sampling with meter(s) and complete Log

SCENE SECURED: ___ Scene or entrance way secured by "Do Not Cross" or "Fire Line" tape

OFSM: At Scene: 1._____ 2._____

Entry & Log: At Scene: 1._____ 2._____

Sketch: At Scene: 1._____ 2._____

Interviews: At Scene: 1._____ 2._____

Remotely: 1._____ 2._____

Hospital: 1._____ 2._____

Photographs: At Scene: 1._____ 2._____

Uploaded to USB drive____ Remotely: 1. _____ 2. _____

Evidence: At Scene: 1._____ 2._____

Remotely: 1._____ 2._____

Additional: ☐ Equipment to another location for photographs or inventory: _____

Police: At Scene: 1._____ 2._____

Remotely: 1._____ 2._____

Additional Investigators:

Dig out or assisted

1.		2.		3.	
4.		5.		6.	
7.		8.		9.	

Other: _____