

<b>I1 Structure Type</b> ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Enclosed building</li> <li>2 <input type="checkbox"/> Portable/mobile structure</li> <li>3 <input type="checkbox"/> Open structure</li> <li>4 <input type="checkbox"/> Air-supported structure</li> <li>5 <input type="checkbox"/> Tent</li> <li>6 <input type="checkbox"/> Open platform (e.g., piers)</li> <li>7 <input type="checkbox"/> Underground structure (work areas)</li> <li>8 <input type="checkbox"/> Connective structure (e.g., fences)</li> <li>0 <input type="checkbox"/> Other type of structure</li> </ul>	<b>I2 Building Status</b> ☆ <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Under construction</li> <li>2 <input type="checkbox"/> Occupied &amp; operating</li> <li>3 <input type="checkbox"/> Idle, not routinely used</li> <li>4 <input type="checkbox"/> Under major renovation</li> <li>5 <input type="checkbox"/> Vacant and secured</li> <li>6 <input type="checkbox"/> Vacant and unsecured</li> <li>7 <input type="checkbox"/> Being demolished</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>I3 Building Height</b> ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> / <input type="text"/>  <small>Total number of stories at or above grade</small> </div> <div style="margin-top: 10px;"> <input type="text"/> / <input type="text"/>  <small>Total number of stories below grade</small> </div>	<b>I4 Main Floor Size</b> ☆ <div style="border: 1px solid black; padding: 2px; width: fit-content; float: right;">NFIRS-3 Structure Fire</div> <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> , <input type="text"/>  <small>Total square feet</small> </div> <p style="text-align: center; font-weight: bold; margin: 10px 0;">OR</p> <div style="margin-top: 10px;"> <input type="text"/> , <input type="text"/> BY <input type="text"/> , <input type="text"/>  <small>Length in feet                      Width in feet</small> </div>
---	--	---	---

<b>J1 Fire Origin</b> ☆ <input type="text"/> / <input type="text"/> <small>Story of fire origin</small>	<b>J3 Number of Stories Damaged by Flame</b> ☆ Count the roof as part of the highest story. <div style="margin-top: 10px;"> <input type="text"/> / <input type="text"/> / <input type="text"/>  <small>Number of stories w/minor damage (1 to 24% flame damage)</small> </div> <div style="margin-top: 10px;"> <input type="text"/> / <input type="text"/> / <input type="text"/>  <small>Number of stories w/significant damage (25 to 49% flame damage)</small> </div> <div style="margin-top: 10px;"> <input type="text"/> / <input type="text"/> / <input type="text"/>  <small>Number of stories w/heavy damage (50 to 74% flame damage)</small> </div> <div style="margin-top: 10px;"> <input type="text"/> / <input type="text"/> / <input type="text"/>  <small>Number of stories w/extreme damage (75 to 100% flame damage)</small> </div>	<b>K Type of Material Contributing Most to Flame Spread</b> ☆ <input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">           Skip to Section L         </div> <div style="margin-top: 10px;"> <b>K1</b> <input type="text"/> / <input type="text"/>  <small>Item contributing most to flame spread</small> </div> <div style="margin-top: 10px;"> <b>K2</b> <input type="text"/> / <input type="text"/>  <small>Type of material contributing most to flame spread      Required only if item contributing code is 00 or &lt;70.</small> </div>
<b>J2 Fire Spread</b> ☆ If fire spread was confined to object of origin, do not check a box (Ref. Block D3, Fire Module). <ul style="list-style-type: none"> <li>2 <input type="checkbox"/> Confined to room of origin</li> <li>3 <input type="checkbox"/> Confined to floor of origin</li> <li>4 <input type="checkbox"/> Confined to building of origin</li> <li>5 <input type="checkbox"/> Beyond building of origin</li> </ul>		

<b>L1 Presence of Detectors</b> ☆ (In area of the fire) <ul style="list-style-type: none"> <li>N <input type="checkbox"/> None Present</li> <li>1 <input type="checkbox"/> Present</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>L3 Detector Power Supply</b> ☆ <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Battery only</li> <li>2 <input type="checkbox"/> Hardwire only</li> <li>3 <input type="checkbox"/> Plug-in</li> <li>4 <input type="checkbox"/> Hardwire with battery</li> <li>5 <input type="checkbox"/> Plug-in with battery</li> <li>6 <input type="checkbox"/> Mechanical</li> <li>7 <input type="checkbox"/> Multiple detectors &amp; power supplies</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>L5 Detector Effectiveness</b> ☆ Required if detector operated. <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Alerted occupants, occupants responded</li> <li>2 <input type="checkbox"/> Alerted occupants, occupants failed to respond</li> <li>3 <input type="checkbox"/> There were no occupants</li> <li>4 <input type="checkbox"/> Failed to alert occupants</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>
<b>L2 Detector Type</b> ☆ <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Smoke</li> <li>2 <input type="checkbox"/> Heat</li> <li>3 <input type="checkbox"/> Combination smoke and heat</li> <li>4 <input type="checkbox"/> Sprinkler, water flow detection</li> <li>5 <input type="checkbox"/> More than one type present</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>L4 Detector Operation</b> ☆ <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Fire too small to activate</li> <li>2 <input type="checkbox"/> Operated</li> <li>3 <input type="checkbox"/> Failed to operate</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>L6 Detector Failure Reason</b> ☆ Required if detector failed to operate <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Power failure, shutoff, or disconnect</li> <li>2 <input type="checkbox"/> Improper installation or placement</li> <li>3 <input type="checkbox"/> Defective</li> <li>4 <input type="checkbox"/> Lack of maintenance, includes not cleaning</li> <li>5 <input type="checkbox"/> Battery missing or disconnected</li> <li>6 <input type="checkbox"/> Battery discharged or dead</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>

<b>M1 Presence of Automatic Extinguishing System</b> ☆ <ul style="list-style-type: none"> <li>N <input type="checkbox"/> None Present</li> <li>1 <input type="checkbox"/> Present</li> <li>2 <input type="checkbox"/> Partial System Present</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>M3 Operation of Automatic Extinguishing System</b> ☆ Required if fire was within designed range <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Operated/effective (go to M4)</li> <li>2 <input type="checkbox"/> Operated/not effective (go to M4)</li> <li>3 <input type="checkbox"/> Fire too small to activate</li> <li>4 <input type="checkbox"/> Failed to operate (go to M5)</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>M5 Reason for Automatic Extinguishing System Failure</b> ☆ Required if system failed or not effective <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> System shut off</li> <li>2 <input type="checkbox"/> Not enough agent discharged</li> <li>3 <input type="checkbox"/> Agent discharged but did not reach fire</li> <li>4 <input type="checkbox"/> Wrong type of system</li> <li>5 <input type="checkbox"/> Fire not in area protected</li> <li>6 <input type="checkbox"/> System components damaged</li> <li>7 <input type="checkbox"/> Lack of maintenance</li> <li>8 <input type="checkbox"/> Manual intervention</li> <li>0 <input type="checkbox"/> Other</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>
<b>M2 Type of Automatic Extinguishing System</b> ☆ Required if fire was within designed range of AES <ul style="list-style-type: none"> <li>1 <input type="checkbox"/> Wet-pipe sprinkler</li> <li>2 <input type="checkbox"/> Dry-pipe sprinkler</li> <li>3 <input type="checkbox"/> Other sprinkler system</li> <li>4 <input type="checkbox"/> Dry chemical system</li> <li>5 <input type="checkbox"/> Foam system</li> <li>6 <input type="checkbox"/> Halogen-type system</li> <li>7 <input type="checkbox"/> Carbon dioxide (CO<sub>2</sub>) system</li> <li>0 <input type="checkbox"/> Other special hazard system</li> <li>U <input type="checkbox"/> Undetermined</li> </ul>	<b>M4 Number of Sprinkler Heads Operating</b> ☆ Required if system operated <div style="margin-top: 10px;"> <input type="text"/> / <input type="text"/> / <input type="text"/>  <small>Number of sprinkler heads operating</small> </div>	