

# Firefighter Observation Report

(Supplemental Report Required for Investigations)

Date of Incident: \_\_\_\_\_

Location of the fire scene: \_\_\_\_\_

GPS coordinates of the scene: N: \_\_\_\_\_ degrees \_\_\_\_\_ min \_\_\_\_\_ sec

W: \_\_\_\_\_ degrees \_\_\_\_\_ min \_\_\_\_\_ sec

Name of Owner: \_\_\_\_\_

Name(s) of Occupants:

\_\_\_\_\_  
\_\_\_\_\_

Name, Rank, Address, Phone Number, and E-mail of person completing this report:

\_\_\_\_\_

## Fire Discovery:

1. Who discovered the fire, how was it discovered, and when was it discovered? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Who reported the fire, when was the fire report, and to whom was the fire reported? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. What was the dispatch time of the fire department? \_\_\_\_\_
4. What was the arrival time of the first arriving unit? \_\_\_\_\_

**Arrival at the Scene:**

1. Describe any persons or vehicles that were seen leaving the fire scene upon arrival or while enroute: \_\_\_\_\_  
\_\_\_\_\_
2. Describe any incident, of any kind, that delayed the fire department from getting to the scene timely: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Describe any vehicles at the scene upon arrival: \_\_\_\_\_  
\_\_\_\_\_
4. Was there anyone at the scene upon arrival? \_\_\_\_\_ if yes, identify: \_\_\_\_\_  
\_\_\_\_\_
5. Describe anyone on the scene acting suspicious: \_\_\_\_\_  
\_\_\_\_\_
6. Name of first firefighter on the scene: \_\_\_\_\_
7. Name of Incident Commander: \_\_\_\_\_

**Observations During Attack and Suppression:**

1. What was the overall condition of the building upon arrival?  
\_\_\_\_\_
2. Where was the most intense area of burning upon arrival?  
\_\_\_\_\_

3. Were the doors locked or unlocked, standing open or closed, upon arrival? \_\_\_\_\_
4. Were the windows locked or unlocked, open or closed upon arrival? \_\_\_\_\_
5. Identify and discuss the condition of any doors or windows that were forced open by the fire department, including specifically who forced open: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Was there electrical service to the residence? \_\_\_\_\_ If so, was the meter pulled? \_\_\_\_\_ If yes, who pulled it? \_\_\_\_\_
7. Was there gas service to the residence? \_\_\_\_\_ If so, was the meter turned off? \_\_\_\_\_ If yes, who turned it off? \_\_\_\_\_
8. Were any appliances on? \_\_\_\_\_ If yes, please list them: \_\_\_\_\_  
\_\_\_\_\_
9. Were any lights on? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
10. Were any alarms sounding? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
11. Where was the fire initially attacked? \_\_\_\_\_
12. What units or departments responded? \_\_\_\_\_  
\_\_\_\_\_

13. Describe the method of attack and suppression tactics used by the fire department: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Was anything removed from the building by fire personnel? \_\_\_\_\_ If yes, describe what it was, who removed it, and what was the reason for removal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Suspicious or Unusual Circumstances:**

1. Was there any odor of flammable liquids? \_\_\_\_\_ If yes, what type and where? \_\_\_\_\_

2. Were any containers found either inside or outside of the building? \_\_\_\_\_ If so, describe where, what, who found them and what was done with the containers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Was there any evidence of an explosion? \_\_\_\_\_ If so, describe: \_\_\_\_\_

\_\_\_\_\_

4. Was there more than one fire in the building? \_\_\_\_\_ If yes, describe the locations: \_\_\_\_\_

\_\_\_\_\_

5. Were there any trailers, pour patterns, etc.? \_\_\_\_\_ If yes, give type and location: \_\_\_\_\_  
\_\_\_\_\_
6. Was there any unusual arrangement of contents? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
7. Were there any unusual extinguishment problems such as flashback, re-ignites, or areas unusually hard to extinguish? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
8. Was there any evidence of forced entry prior to fire department arrival? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
9. Was there any evidence of vandalism? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
10. Was there any evidence of items being removed prior to the fire? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

11. Was any evidence removed or photographed by the fire department or other officials at the scene? \_\_\_\_\_ If yes, what and by whom? \_\_\_\_\_  
\_\_\_\_\_

12. If the occupants were at the residence, was anyone wearing clothing that was not typical for time of day? \_\_\_\_\_, If so, explain: \_\_\_\_\_  
\_\_\_\_\_

**Owner and Occupant Information:**

1. List all known occupants of the structure: \_\_\_\_\_  
\_\_\_\_\_

2. Were any of the occupants present at the scene? \_\_\_\_\_ If yes, list names: \_\_\_\_\_

3. Was anyone injured or burned? \_\_\_\_\_ If yes, please list names and describe injuries: \_\_\_\_\_  
\_\_\_\_\_

4. Was the owner (if different than occupants) present at the scene? \_\_\_\_\_

5. Summarize any pertinent statements made by either the owner or occupants relating to the fire: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheets if needed)

6. Summarize any pertinent statements made by anyone else regarding the fire: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheets if needed)

7. Are you aware of any previous fires at this location? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

8. Are you aware of any previous fire involving either the owner or occupants? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

9. Did either the owner or occupants remove anything from the building? \_\_\_\_\_ If yes, list who removed and what items:

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**Cause and Origin of Fire:**

1. What, if any, determination was made for the cause and origin of the fire by the fire department? \_\_\_\_\_

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2. If a cause and origin determination was made, who made it?

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3. Were any other agencies or departments involved with the investigation of the this fire? \_\_\_\_\_ If yes, please list:

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**Other Comments/Additional Information:**

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I certify all information contained in this report is true and accurate to the best of my knowledge.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_